

Voices of Youth Count Comprehensive Report:

Youth Homelessness in America



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VOICES OF YOUTH COUNT COMPREHENSIVE REPORT: YOUTH HOMELESSNESS IN AMERICA

Report to the U.S. Department of Housing and Urban Development

Matthew Morton, Amy Dworsky, Gina Miranda Samuels, and Sonali Patel

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The substance and findings of the work are dedicated to the public.

Chapin Hall is solely responsible for the accuracy of the opinions, statements, and interpretations contained in this publication and these do not necessarily reflect the views of the government or any of Chapin Hall's partners.

Disclaimer

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Foreword

The Fiscal Year 2016 HUD Appropriations conference report language specified that HUD provide “\$2 million for homeless youth research activities authorized under section 345 of the Runaway Homeless Youth Act.” Section 345 calls for development of an estimate of the “incidence and prevalence of runaway and homeless individuals who are not less than 13 years of age but are less than 26 years of age” and an “assessment of the characteristics of such individuals.” It also requires the study to look at barriers to obtaining housing, health services, and other public benefits.

In addition, the United States Interagency Council on Homelessness (USICH) *Opening Doors* includes a *Framework to End Youth Homelessness* that calls for “better data on the numbers and characteristics of youth experiencing homelessness,” and an integrated national study that would “estimate the number, needs, and characteristics of youth experiencing homelessness.”

With funding from HUD and multiple philanthropic partners, Chapin Hall at the University of Chicago launched the Voices of Youth Count (VoYC)—a large, multicomponent study that attempts to document the prevalence and experiences of homeless youth in the United States.

The study’s authors present a broader definition of homelessness than is HUD policy. Specifically, in addition to the youth living on the street, in shelters, or transitional housing, the estimates in this report include youth in other precarious housing situations that are outside of HUD’s homeless definition. This most notably includes “couch surfing,” which is defined by Chapin Hall as “staying with others and lacking a safe and stable living arrangement.”

The study’s broader definition estimates *4.2 million youth were homeless* in the previous year (700,000 homeless youth ages 13-17 and 3.5 million homeless youth ages 18-25). Over half of this estimate is based on youth “couch surfing.” The count for youth who were on-the-street or in shelters is also much higher than HUD’s other counts. HUD’s 2018 national point-in-time count found 36,361 youth experiencing sheltered and unsheltered homelessness on a single night in January. HUD’s 2017 Annual Homeless Assessment Report (AHAR) found an estimated 211,142 people between the ages of 13 and 24 accessed shelter during the year.

These inconsistent findings suggest that we have much more work to do to understand both the extent of youth homelessness and what policies are most appropriate to address the problem. To that end, this study can help us shape further research.

Two recent HUD initiatives speak to the issue of youth homelessness. In July of 2019, HUD launched the Foster Youth to Independence (FYI) initiative that will offer housing choice vouchers to local public housing authorities for adult youth who are exiting the foster care system. This Fall of 2019, the Youth Homelessness Prevention Demonstration (YHPD) is continuing with a third round of grants to develop and execute local coordinated approaches for serving homeless youth and strengthening preventive interventions. Evaluations of both initiatives are expected.

HUD deeply appreciates the efforts of Chapin Hall, as well as the youth, service providers, and communities who contributed to this study.



Seth D. Appleton
Assistant Secretary for Policy Development and Research
U.S. Department of Housing and Urban Development

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Executive Summary

Youth homelessness is a serious concern. To date, a concerted national response to youth homelessness has been constrained by the lack of credible evidence on the scale and dimensions of the challenge and of possible solutions. Voices of Youth Count (VoYC), led by Chapin Hall at the University of Chicago, is an unprecedented research and policy initiative intended to fill critical knowledge gaps about youth and young adult homelessness in America. VoYC focuses on unaccompanied homelessness among youth ages 13 to 25. The initiative involved vast, mixed-methods data collection and integrated a wide range of perspectives.

In this report, we present detailed methods and findings for seven VoYC research components. In addition to this technical report, the VoYC team has produced topical Research-to-Impact briefs that are geared toward a wide audience and include policy and practice recommendations, along with other resources. These and more can be found at www.voicesofyouthcount.org.

Key findings

Youth homelessness is a broad and hidden challenge. Our nationally representative survey estimates reveal that at least 700,000 adolescent minors, or 1 in 30 of the population of 13- to 17-year-olds, experienced some form of homelessness within the year preceding our survey. These included experiences described as homelessness (running away or being asked to leave and staying away for at least one night) and/or couch surfing (moving from place to place without a safe and stable living arrangement). Among young adults ages 18–25, the annual prevalence of any homelessness is more than 3.5 million, or 1 in 10 young persons. About one-half of these experiences were described as “homelessness” and the other half involved couch surfing. These estimates include a broad spectrum of experiences, including varying

degrees of risk, duration, and frequency of homelessness experiences.

Youth in rural communities are just as likely to experience homelessness as their counterparts in urban communities. Youth homelessness is truly a national challenge. In predominantly rural counties, 9.2 percent of young adults ages 18–25 reported any homelessness during a 12-month period. In predominantly urban counties, the prevalence rate was 9.6 percent. The household prevalence rates for any homelessness during a 12-month period for 13- to 17-year-olds were also statistically equal between rural and urban counties (4.4 percent and 4.2 percent, respectively). The overall proportions or prevalence rates of youth homelessness are similar across rural and non-rural communities; at the same time, the sheer numbers of youth experiencing homelessness are smaller in rural communities, because the populations are smaller. Youth homelessness in rural communities is especially hidden. The brief youth surveys we administered across 22 counties revealed that, compared with more densely populated counties, youth in counties with smaller populations were twice as likely to stay with others and about one-half as likely to be sheltered on a given night. Youth in small counties were also more likely to be sleeping outside.

Some youth are at higher risk for experiencing homelessness. These include young parents; Black, Hispanic, American Indian, or Alaska Native youth; and lesbian, gay, bisexual, or transgender (LGBT) youth. Young adults who had not graduated from high school were found to be especially vulnerable. Moreover, belonging to multiple high-risk subpopulations was associated with compound risk for homelessness. For example, some of the highest rates of homelessness were found

among Black young men who identified as LGBT. The results highlight the need to center issues of equity along multiple dimensions in efforts to prevent and end youth homelessness.

Many youth experiencing homelessness had several practical disadvantages working against their ability to achieve housing stability. For example, they were much more likely than youth in the general population to be “NEET” (not in education, employment, or training), and more than one-third of young adults experiencing homelessness lacked a high school diploma or equivalent. At the same time, many youth were still simultaneously employed and homeless, underscoring that a job is not enough. The quality of jobs, including income, benefits, predictability, and/or stability, are important factors driving the extent to which employment helps youth sustainably exit homelessness.

Snapshots in time of sleeping arrangements are generally inadequate to characterize youth experiencing homelessness. Through our national survey and in-depth interviews, we found fluidity to be commonplace: in and out of homelessness, between different sleeping arrangements, all while unstably housed. This reinforces the need to assess and understand youth housing situations and broader circumstances over a longer period of time. Many youth experienced homelessness and housing instability across a range of different types of living arrangements. Nearly all youth in the in-depth interviews (93 percent) experienced couch surfing at some or multiple points across their stories.

The VoYC in-depth interviews shed light on the significant exposure to trauma and adversity that nearly all youth experiencing homelessness experienced, not only during homelessness but also before homelessness. The root causes of instability typically begin in childhood and include early disruptions in one’s literal and psychological sense of home. Nearly

all youth reported chronic childhood adversity. About one in three youth interviewed had lost at least one parent or caregiver. Families could be a source of both adversity and support, underscoring the importance of positively engaging families in the lives of many youth experiencing homelessness.

Youth experiencing homelessness have interacted with other public systems at high rates. According to the brief youth surveys of youth experiencing homelessness across 22 counties, 46 percent had ever spent time in juvenile detention, jail, or prison, and 29 percent had been in foster care at some point. Approximately 17 percent of youth had been involved in both justice and child welfare systems. Although these statistics do not reveal the nature of relationships between systems and homelessness, they do suggest that these systems offer important entry points for preventing large numbers of youth from becoming homeless.

Interventions can and do measurably prevent and reduce youth homelessness. The VoYC systematic evidence review found that some intensive case management and support interventions reduced youth homelessness without any direct housing interventions, reinforcing that interventions beyond housing assistance can have an impact. However, these effect sizes were modest for housing stability. On the other hand, some interventions that included housing, such as a rental assistance and wrap-around services program in Canada, and a supportive housing program in the United States, demonstrated larger effects on reducing youth homelessness or housing instability. Nonetheless, many youth continued to experience homelessness and housing instability by the end of the interventions. This suggests that further experimentation and evaluation are needed to determine the optimal design and delivery of housing assistance, case management, and other supports and services needed to truly end youth homelessness.

Evaluation is sparse among some of the most common program models for youth experiencing homelessness. The VoYC evidence review revealed significant knowledge gaps that present blind spots for evidence-based decision-making. Areas in which we found little-to-no evidence from rigorous impact evaluations of interventions addressing youth homelessness include common housing program models for youth (such as short-term youth shelters, transitional living programs, and rapid rehousing), homelessness prevention interventions, education and employment programs, and interventions for rural contexts or many of the high-risk subpopulations described previously.

The engagement of youth with lived experience underscored their value-added as collaborators, not just research subjects or recipients of services. The success of youth counts across 22 counties largely hinged on partnering with youth in determining where, when, and how counts and surveys were conducted, and in implementing the counts and surveys in the field. Similarly, the in-depth interviews reinforced the essential wisdom and insights that can be gained from deeply listening to the voices of youth with lived experience of homelessness.

Policy recommendations

More broadly, our initial results underscore several opportunities for policy action that are likely to accelerate progress toward ending youth homelessness—

- Conduct national estimates of youth homelessness biennially to track our progress as a nation toward ending youth homelessness and trends for specific subpopulations.
- Fund housing interventions, services, outreach, and prevention efforts in accordance with the scale of youth homelessness, accounting for different needs.

- Build prevention efforts in systems where youth likely to experience homelessness are in our care: child welfare, juvenile and criminal justice, and education.
- Tailor supports for youth experiencing homelessness in rural communities and small towns to account for more limited service infrastructure over a larger terrain.
- Improve data and devise strategies to understand and address the disproportionate risk for homelessness among specific subpopulations, including pregnant and parenting, LGBT, American Indian or Alaska Native, Black, and Hispanic youth.
- Increase resources for the rigorous monitoring and evaluation of interventions to prevent and address youth homelessness, and to strengthen the evidence base on what works, what doesn't, and for whom.

Conclusion

VoYC offers unprecedented insights into the scale, scope, characteristics, and experiences of youth homelessness in America. Although every experience is unique, the youth in this study are far from alone in their struggles with homelessness. The challenge involves a scale that requires greater coordination and resourcing of multiple systems and programs—behavioral and physical health, child welfare, education, employment, housing, justice, and outreach—at local, state, and Federal levels to drive these numbers toward zero. There are no silver bullets, but the efforts and investments to end youth homelessness are worth it—for the millions of youth exposed to homelessness, and for our country, which stands to gain from helping all our youth achieve their full potential.

Chapter 1. Introduction

Motivation

Youth homelessness is a significant national challenge. Previous research has shown that young people experiencing homelessness, while often very resilient, are at risk for a range of negative outcomes including physical and mental health problems, violence, early pregnancy, substance use, and early mortality (Medlow, Klineberg, and Steinbeck, 2014; Morton et al., 2017). Homeless and unstably housed youth, on average, also have low education attainment and high unemployment, compounding the challenges for them to escape poverty and contribute to the competitiveness of their local and national economies (Gaetz and O’Grady, 2013).

Furthermore, adolescence and young adulthood represent key developmental stages in the life cycle (The Jim Casey Youth Opportunities Initiative, 2011). This is a period of significant brain development, as the skills, interactions, and experiences that individuals acquire during these years can have profound effects on their life trajectories. While development can be profoundly positive during adolescence and young adulthood with the right supports and resources, homelessness, housing instability, and associated adversities can undermine the potential of youth to achieve positive transitions to adulthood and make productive contributions to their communities and economies. Previous research has also shown that youth homelessness is a foremost pathway into adult homelessness, and that the longer youth experience homelessness, the harder it is for them to exit homelessness (Chamberlain and Johnson, 2013; Johnson and Chamberlain, 2008). This underscores the importance of tackling homelessness early, often among youth, to help curb the overall problem of homelessness in America.

At the same time, efforts to end youth homelessness have been stymied, in part, by significant knowledge gaps regarding even basic questions around youth homelessness. These include the following questions, to which the research initiative described in this report aims to contribute better evidence—

- How many youth, ages 13–25, experience homelessness?
- What populations are overrepresented among youth experiencing homelessness?
- What are the characteristics of youth experiencing homelessness, and what are their experiences?
- How many youth experiencing homelessness have been involved in systems like justice systems and child welfare, and how do these experiences relate to housing instability?
- What policies and interventions can make a difference?

Voices of Youth Count

Voices of Youth Count (VoYC) is a national, multicomponent research and policy initiative designed to fill critical knowledge gaps about unaccompanied homelessness among youth and young adults, ages 13 to 25. The purpose of the initiative is to accelerate progress toward ending youth homelessness by informing the development of Federal, state, and local policies related to youth homelessness; improving service provision; and building a foundation for future research. The initiative involved vast, mixed-methods data collection and integrated a wide range of perspectives. This report presents the methods and findings of all the VoYC research components, which include the following—

- **National survey:** A nationally representative phone-based survey that interviewed 25,492 people about their self-reported experiences of youth homelessness or the experiences of youth in their households. Detailed follow-up interviews were also conducted with a subsample of 150 people who reported any youth homelessness or couch surfing (staying with others and lacking a safe and stable living arrangement). See Chapter 2.
 - **Youth counts and brief youth survey:** Point-in-time counts of youth experiencing homelessness in 22 counties across the country with 4,139 brief surveys of youths’ self-reported experiences and characteristics. Administrative data were also analyzed for the 22 counties to complement youth counts, including data from the Homelessness Management Information System (HMIS) that all HUD-funded homeless services agencies and organizations are required to use and from the U.S. Department of Education data on student homelessness that are reported by school systems. See Chapter 3.
 - **In-depth interviews:** Detailed qualitative and quantitative interviews with 215 youth experiencing homelessness in five of the VoYC partner communities. See Chapter 4.
 - **Continuum of Care survey and service provider survey:** Surveys with 25 Continuums of Care (CoCs) lead agencies and 523 diverse service providers on services and programs delivered in the 22 Youth Count Communities. See Chapter 5.
 - **Foster Care Data Archive analysis:** Analysis of a longitudinal data warehouse containing decades of state data on children in more than two dozen states who spent time in foster care to understand runaway occurrences and patterns. See Chapter 6.
 - **Systematic evidence review:** A comprehensive synthesis of evidence on programs and practices from evaluations of interventions to prevent or address youth homelessness. See Chapter 7.
 - **Policy and fiscal review:** Analysis of statutory and regulatory entry points for policy action on youth homelessness and focus group discussions with 25 cross-system stakeholders in five communities. See Chapter 8.
- To our knowledge, this is the most in-depth and comprehensive research undertaking on youth homelessness in the United States to date. Figure 1.1 shows the timing of data collection for each research component that involved primary data collection.

Figure 1.1. Timing of data collection for VoYC research components

	2016							2017							
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
National survey															
Youth counts															
In-depth interviews															
CoC & provider surveys															
Policy & fiscal review															

Note: Research components that did not involve primary data collection are excluded.

All activities were reviewed by the Institutional Review Board of the School of Social Service Administration at the University of Chicago. Any activities that involved new data collection from people for research purposes included approved informed consent procedures.

Report Contents

This report serves as a technical source document reporting underlying methods and initial results and findings from the full range of research components that collectively comprise the VoYC initiative. The data collected are both vast and rich, and the team will continue to analyze these data and glean implications for policy and practice over the months and years ahead. As such, this report marks a starting point, rather than an ending point, of drawing out lessons from this unprecedented body of evidence. Moreover, Chapin Hall will continue to distill findings and implications through more specific academic publications (for example, scholarly journal articles) and impact products (for example, through the VoYC *Research-to-Impact* series of user-friendly briefs on specific topics concerning youth homelessness). The *Research-to-Impact* briefs and other products will draw on the range of VoYC evidence for integrated storylines and, following more in-depth policy analysis based on the key findings for each brief as well as consultations with a range of stakeholders, will include more specific policy and practice recommendations than are presented in this report.

This report is organized by chapters associated with each VoYC research component. For every component chapter, we briefly describe: the background and impetus for the study, the methodology underlying the work, the results from the analysis to date, the implications of the findings for policy, practice, and/or future research, and the strengths and limitations of the study. At the end, this report has a chapter devoted to the overall conclusions that integrates

themes and remaining questions from across the different components.

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Chapter 2. National Survey

Highlights

- Voices of Youth Count (VoYC) conducted the first nationally representative survey of 12-month homelessness prevalence and incidence among adolescence and young adults, ages 13–25.
- Youth homelessness is a broad and hidden challenge in America. We estimate that at least one in 30 youth, ages 13–17, and nearly one in 10 young adults, ages 18–25, experienced some form of homelessness during a 12-month period (inclusive of explicitly reported homelessness experiences, running away, being kicked out, and couch surfing).
- Youth homelessness involves diverse experiences and circumstances. Our estimates capture a wide spectrum of sleeping arrangements, degrees of risk, durations, and frequency of episodes during a one year period.
- The scale of the estimates, and the high rate of first-time experiences, underscore the importance of prevention and early intervention to truly end youth homelessness. Approximately one-half of youth that experienced homelessness in the last 12 months faced homelessness for the first time.
- Youth homelessness is similarly prevalent between rural and urban counties. Although population sizes may be larger in urban communities, as a share of the population, rural communities are just as affected by youth homelessness.
- Some youth are at a higher risk for experiencing homelessness, including parenting youth; American Indian or Alaska Native, Black, and Hispanic youth; lesbian, gay, bisexual, or transgender (LGBT) youth; and youth who did not complete high school.

Background

The absence of credible data on the size and characteristics of the population and reliable means to track youth homelessness over time has partly constrained efforts to solve youth homelessness. In response, this study was undertaken as part of VoYC. The research was designed to address critical evidence gaps while also responding to the Federal Runaway and Homeless Youth Act (RHYA; Public Law [P.L.] 110-378), which calls for replicable national prevalence and incidence estimates of youth homelessness and data concerning the population’s needs and characteristics.

Federal definitions encompass distinct aspects of youth homelessness. HUD’s definition, according to the McKinney-Vento Homeless Assistance Act, for example, defines

homelessness partly by individuals’ sleeping arrangements—mainly unsheltered (for example, sleeping in public places) or sheltered (for example, homeless shelter or transitional housing). Moreover, it includes youth staying with others (for example, couch surfing or doubling up) if they are considered homeless under other Federal definitions and meet additional conditions, or if they are fleeing unsafe situations (ACYF, n.d.). Conversely, the RHYA definition makes no reference to sleeping location. It defines youth homelessness exclusively by the circumstances of the experience: a person within the defined age range “for whom it is not possible to live in a safe environment with a relative, and who has no other safe alternative living arrangement” (ACYF, n.d.). Similarly, studies have used a range of parameters and indicators to estimate youth homelessness in

the absence of any “gold standard” measures (Ringwalt et al., 1998; Cutuli et al., 2015; Sznajder-Murray et al., 2015).¹

Moreover, previous estimates of youth homelessness have involved varying age ranges. For example, HUD’s Annual Homeless Assessment Report (AHAR) documents youth homelessness up to age 24; other national estimates focus on adolescent years (Ringwalt et al., 1998; Cutuli et al., 2015). The RHYA called for estimates among 13- to 25-year-olds, which determined the age parameters of this study.

Methods for identification and sampling have further implications for the reliability and inclusiveness of estimates (Greene et al., 2003). Point-in-time counts, which are required of communities funded by HUD to deliver homelessness programs, enumerate the number of people experiencing homelessness on a specific night in January and rely largely on street- and shelter-based identification. This reliance means that youth experiencing homelessness on other nights or more hidden forms of homelessness on the night of the count—such as couch surfing, sleeping in discreet or remote locations, and youth who actively avoid services and being counted—are not reflected in the estimates (Auerswald et al., 2013). School-based data, such as the U.S. Department of Education’s data on student homelessness, have the advantage of offering important annual data and capturing more information on minors. However, these estimates also inherently exclude out-of-school youth and young adults (Cutuli et al., 2015; NCHE, 2016).

Given such differences, previous national estimates of the size of the youth population experiencing homelessness have varied widely. Table 2.1 includes a summary of previous national estimates of youth homelessness and brief details on their varying design features and measurement parameters.

The present study addressed two primary research questions:

1. What is the estimated 12-month prevalence of unaccompanied youth homelessness?
2. What youth and household characteristics are associated with an increased risk of a homeless experience?

We both examine youth homelessness broadly and segment different forms of homelessness. The broad estimates include individuals, ages 13–25, living in places not meant for human habitation, in shelters or transitional housing (or other temporary housing arrangement), or couch surfing (staying with others while lacking a safe and stable alternative living arrangement). However, because some classifications include staying with others under broader concepts of housing instability rather than homelessness (Kushel et al., 2006), we report prevalence with and without youth that only reported couch surfing experiences. Running away, also taken as a subset of youth homelessness experiences, is defined by RHYA as a minor “who absents himself or herself from home or a place of legal residence without the permission of a parent or legal guardian.” Unaccompanied, which is variably defined in the literature, refers in this case to the absence of a parent or legal guardian.

¹ Additional information on different Federal definitions of homelessness can be found at <https://youth.gov/youth-topics/runaway-and-homeless-youth/federal-definitions>.

Table 2.1. Previous estimates of the scale of youth homelessness

Estimate	Time period covered	Age Range (country)	Citation
17% 12-month prevalence of “literal” homelessness (10% for > 1 night); 20% for couch surfing (15% for > 1 week)	12 months	16–25 (UK)	Clarke, Anna, et al. 2016. <i>Estimating the scale of youth homelessness in the UK</i> . Cambridge, UK: Cambridge Centre for Housing and Planning Research.
2.2–2.9% 1-month prevalence of unaccompanied student homelessness, stricter definition (“typically” staying somewhere other than home)	1 month	High school students (CT, DE, and Philadelphia)	Cutuli, J. J., et al. 2015. “Youth homelessness: Prevalence and associations with weight in three regions,” <i>Health and Social Work</i> 40 (4): 316–324.
6.9% (1.7 million) 12-month prevalence of running away/kicked out in 1999	12 month	12–17 (US)	Hammer, Heather, David Finkelhor, and Andrea J. Sedlak. 2002. <i>Runaway/throwaway children: National estimates and characteristics</i> . Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.
4.1% prevalence of 5-year “literal homelessness” and 6.3% any homelessness (including doubled up)	5 years	18–35 (US)	Link, Bruce G., et al. 1994. “Lifetime and five-year prevalence of homelessness in the United States,” <i>American Journal of Public Health</i> 84 (12): 1907–1912.
95,032 unaccompanied students in the 2014–2015 school year based on school reports	School year	≤ 18 (US)	National Center for Homeless Education (NCHE). 2016. <i>Federal data summary: School years 2012–13 to 2014–15: Education for Homeless Children and Youth</i> . Washington, DC: U.S. Department of Education.
5.0% (1.0 million) 12-month prevalence of homelessness, including accompanied and unaccompanied in 1992	12 months	12–17 (US)	Ringwalt, Chris L., et al. 1998. “The prevalence of homelessness among adolescents in the United States,” <i>American Journal of Public Health</i> 88 (9): 1325–1329
6.4% 12-month prevalence of running away in 1995	12 months	12–17 (US)	Sanchez, Rebecca P., Martha W. Waller, and Jody M. Greene. 2006. “Who runs? A demographic profile of runaway youth in the United States,” <i>The Journal of Adolescent Health</i> 39 (5): 778–81.
4.6% reported ever homelessness (stricter measure—at least 1-week experience—and longitudinal survey)	Lifetime	18–28 (US)	Shelton, Katherine H., et al. 2009. “Risk factors for homelessness: Evidence from a population-based study,” <i>Psychiatric Services</i> 60 (4): 465–472.
18% reported running away and 2.6% reported a homelessness experience before age 25 (stricter measure) 3+ nights of consecutive homelessness and had to identify the experience as homelessness (and longitudinal survey)	Lifetime	< 25 (US)	Sznajder-Murray, Brittany, et al. 2015. “Longitudinal predictors of homelessness: Findings from the National Longitudinal Survey of Youth-97,” <i>Journal of Youth Studies</i> 18 (8): 1015–1034.
3,916 (< 0.02%) unaccompanied minors and 41,662 (0.14%) youth ages 18–24, based on nationally-aggregated 2016 point-in-time counts of youth (including parenting youth)	Point in time	≤ 24 (US)	U.S. Department of Housing and Urban Development. 2016. <i>Homelessness in the United States: The 2015 Annual Homeless Assessment Report (AHAR) to Congress</i> . Washington, DC: Author.

Methodology

Sample

We surveyed a nationally representative sample of adults whose households included 13–25-year-olds during the preceding 12 months. During two rounds of data collection, each involving different random samples, from July to September 2016 (round one) and May to July 2017 (round two), a homelessness module was added to Gallup,

Inc.’s U.S. Politics and Economics Daily Tracking Survey (DTS) (Gallup, 2016). Because we captured 12-month prevalence, we do not suspect that a lack of seasonal variation in the timing of data collection was consequential for estimates, although this would be worth exploring in future research. The DTS used a dual-frame (cellular and landline) random-digit dial telephone sample to interview a national quota of 500 adults per day. Daily samples included quotas of 60 percent cellphone respondents and 40 percent landline respondents. The DTS response rate averages 12 percent. Whereas prior research has found response rate to be an unreliable indicator of bias, this response rate is also typical of, or slightly higher than, other phone-based surveys (Keeter et al., 2017).

The overall sample size in round two was increased for greater precision and included follow-up interviews. Follow-up interviews were conducted with a random sample of respondents who reported any youth homelessness (explicitly) or couch surfing, and were generally conducted within two to three days after the respondent’s completion of the DTS. We established quotas of 50 completed follow-up interviews for each of three groups: (1) respondents who reported that a household member age 13–17 experienced homelessness or couch surfing, (2) respondents who reported that a household member age 18–25 experienced homelessness or couch surfing, and (3) 18–25-year-olds who reported that they

experienced homelessness or couch surfing. The follow-up interviews’ response rate was 32 percent. While the responses to the follow-up interviews were a relatively small subset of a larger sample, accumulating a substantially larger subsample would have required a much longer time period and increased cost burden. Nonetheless, using the follow-up interviews for estimating inclusion errors and examining experiences allowed for markedly greater accuracy and understanding of the prevalence estimates.

Measures

This study involved three instruments: the DTS, a brief 19-item youth homelessness prevalence and incidence module, and a more detailed follow-up interview protocol. The latter two instruments are included in Appendix A, while the full DTS instrument is available from Gallup, Inc., or the authors upon request. The DTS solicited demographic characteristics on respondents, including age, sex, race/ethnicity, household income, employment, education, county population density, sexual orientation and gender identity, and marital and parenting status.

The brief youth homelessness module was administered to adult respondents who themselves were ages 18–25, or whose households included members ages 13–17 or 18–25. Reflecting different experiences of homelessness, we asked adults whose households included at least one person age 13–17 if any of those individuals had (a) run away, (b) left home because they had been asked to leave, (c) couch surfed, or (d) been homeless in the last 12 months. Adults whose households had at least one individual age 18–25 were asked if any of those individuals had (a) couch surfed or (b) been homeless. Adults who themselves were ages 18–25 were asked if they had (a) couch surfed or (b) been homeless. The literature notes stigmatization and varied interpretations sometimes associated with the term “homeless,” hence the inclusion of additional indicators

(Perlman et al., 2014). Prior to the study, interviewers field-tested the homelessness module (n=20); modest changes were made based on this cognitive testing.

The follow-up interviews involved a mixed-methods approach, using questions with closed and open-ended response options. Closed queries addressed youth characteristics, sleeping arrangements, duration, frequencies, vulnerabilities, service utilization, and causes. Open-ended questions elicited additional detail about the young person's homelessness or couch surfing experiences, causes, and occurrences in which the young person felt unsafe or in distress. These data also increased our ability to account for inclusion errors, which occurred if a person or experience was inappropriately captured in the initial prevalence estimates.

Analyses

For our first research question, we estimated the prevalence of homelessness by calculating sample proportions along with associated uncertainty (95-percent confidence intervals) in these estimates. Population or household weights were used for descriptive statistics to compensate for disproportionalities in selection probabilities and non-responders. Based on the proportion of inclusion errors among the follow-up interviews, we made subsequent adjustments to prevalence estimates. We present segmented estimates of certain types of homelessness, namely, experiences that the respondent described as explicit homelessness² and experiences that were restricted to couch surfing. Further, we include a broader estimate of any homelessness that combines both explicit homelessness and couch surfing. For 13–17-year-olds, the explicit homelessness category includes experiences of having been away from home for at least one night due to

running away, being asked to leave, as well as experiences described as “homelessness”.

We estimated two types of 12-month prevalence: (1) *household* prevalence, that is, the share of households with youth members in the specified age groups in which any of those members had experienced homelessness, and (2) *population* prevalence—that is, the share of the youth population of the specified age group that experienced homelessness. Because this survey was administered to adults (ages 18 and over), we could estimate only household prevalence for the 13–17 age group. For 18–25-year-olds, we estimated both household and population prevalence. Because divergent life stages, normative expectations, and legal statuses distinguish the subsets of adolescent minors (13–17) and young adults (18–25), we separated these groups in analyses.

We used NVivo 11 (NVivo, 2015) to conduct qualitative analysis of responses to open-ended questions in the follow-up interviews. Based on the broad operational definition of unaccompanied youth homelessness, two researchers independently reviewed and compared decisions for including or excluding reported experiences of homelessness from the initial survey. Inter-rater reliability agreement was 92 percent, and remaining cases were discussed and conferenced with a third researcher until 100 percent consensus was achieved. We then calculated inclusion error rates and used these to adjust initial prevalence estimates.

To estimate the number of households with youth ages 13–17 and 18–25 who had experienced homelessness in the last 12 months, we applied the relevant household prevalence rates to the number of households in the United States with any occupants belonging to corresponding age groups, according to the U.S. Census Bureau's 2015 American Community Survey (ACS) data

² We use the term “explicit homelessness” rather than the term “literal homelessness” because the latter is generally used to refer specifically to sleeping in places not meant for human habitation, in a homelessness shelter, or in transitional housing. Respondents may or may not have referred to these types of sleeping arrangements when responding “yes” to the question on homelessness experiences.

(Ruggles et al., 2010).³ To produce a population estimate for individuals ages 18–25, we applied the population prevalence rates to the number of 18- to 25-year-olds in the United States according to 2015 ACS data.⁴

For our second research question, we used Stata 14.0 (StataCorp, 2015) for descriptive statistics and logistic regression, examining cross-sectional bivariate associations of homelessness with various demographic characteristics and producing unadjusted and adjusted risk ratios, reporting 95 percent confidence intervals (CIs) for each. To ease interpretation, we used the Stata command “oddsrisk” to convert odds ratios to risk ratios with associated CIs (Grimes and Schulz, 2008). The logistic regression model was based on the self-reported data for

respondents ages 18–25; these data contained the most information about the youth themselves because DTS questions referred to the respondent. Additionally, the dependent variable was limited to explicitly reported homelessness because these reports involved the fewest inclusion errors.

Results

Sample Characteristics

The homelessness module was administered to 25,492 of 68,541 DTS respondents (37.2 percent) who met the eligibility criteria. The sample was broadly representative of the U.S. population with respect to sex, race/ethnicity, income, and employment (see Table 2.2).

Table 2.2. National Survey sample characteristics compared with U.S. Census Bureau data

	DTS Weighted Sample	U.S. Census (aged 18+)
Female	51.0%	51.3%
White	68.1%	67.2%
Black or African-American	12.8%	12.8%
Asian	2.1%	6.2%
Hispanic or Latino	15.4%	15.0%
Reside in rural counties	13.5%	14.4%
Median household annual income	\$60,000 to \$89,999	\$53,889
Unemployment rate	5.0%	4.9%

Notes: The Daily Tracking Survey (DTS) N=68,541. U.S. Census statistics are all for 2015 and extracted from: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2016_PEPASR5H&prodType=table. The unemployment reference statistic was extracted from U.S. Bureau of Labor Statistics data for July to September 2016 (<https://data.bls.gov/timeseries/LNS14000000>). The median annual income is presented as a range because the DTS queried on income as a categorical variable; respondents were asked to describe annual income in relationship to ranges rather than to give an actual value.

³ Based on the U.S. Census Bureau’s American Community Survey data, there were approximately 15,209,000 households with occupants aged 13–17, and approximately 19,223,300 households with occupants ages 18–25, in the United States in 2015. We calculated these numbers using iPUMS. Steven Ruggles, J. Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder, and Matthew Sobek. 2010. Integrated Public Use Microdata Series: Version 5.0 [Machine-readable database]. Minneapolis, MN: Minnesota Population Center [producer and distributor].

⁴ Based on ACS from July 1, 2015, 20,870,650 13- to 17-year-olds and 35,949,456 18- to 25-year-olds were in the United States.

Prevalence estimates were drawn from three subsamples of respondents: (1) 12,693 with at least one member age 13–17, (2) 16,125 with at least one other household member age 18–25, and (3) 6,295 who were 18–25 years old (some respondents belonged to more than one subsample). The sample size for the follow-up interviews was 150. We tested for differences on a range of variables including education, employment, income, and other demographics between the follow-up interview subsample and the overall sample, and found no significant differences apart from the modestly younger mean age of follow-up interview respondents (due to quotas).

Prevalence and Incidence

Based on initial household prevalence estimates, during a 12-month period, approximately 3.7 percent of households with 13–17-year-olds explicitly reported homelessness experiences (including running away or being asked to leave) among them, and 2.2 percent reported experiences that solely involved couch surfing, resulting in an overall 5.8 percent household prevalence. For ages 18–25, household prevalence estimates were 6.7 percent for explicitly reported homelessness, 14.3 percent for couch surfing-only, and 21.0 percent overall. The initial 12-month population prevalence estimates, available only for ages 18–25, were 5.9 percent, 9.7 percent, and 15.6 percent, respectively. Additionally, among those reporting explicit homelessness, we found substantial overlap of couch surfing. Specifically, 64.7 percent of 18–25-year-old respondents self-reporting homelessness also reported couch surfing.

The combined incidence rates (shares of respondents reporting first-time youth homelessness and/or couch surfing cases in the last 12 months) were 3.0 percent for respondents reporting experiences of anyone ages 13–17 in their households, 11.3 percent for respondents reporting experiences of anyone

ages 18–25 in their households, and 8.3 percent for respondents ages 18–25 self-reporting experiences. These were about one-half as high as the corresponding prevalence rates.

Follow-up interview results showing different types of identified inclusion errors for different reporting groups are presented in Table 2.3. Inclusion errors comprised reports of experiences while accompanied by a parent or guardian (for minors only), misreporting (or misunderstanding) regarding the age or timeframe of interest, or, most commonly, reporting apparently safe and normative experiences that did not involve a lack of access to stable housing as couch surfing. The inclusion error rates were substantially lower among respondents reporting explicit homelessness (12 percent) than they were for respondents who reported couch surfing-only (54 percent). Many couch surfing-only experiences involved normative situations with access to safe and stable housing and needed to be deducted.

Inclusion error rates between the three quota groups were similar, although we found a somewhat higher error rate among respondents reporting explicit homelessness for 13–17-year-olds than with respondents reporting on 18–25-year-olds. Given the small subsamples and general consistency, we applied the inclusion error rates of the overall follow-up interview sample to the final prevalence calculations, reducing the estimates for explicitly reported homelessness by 12 percent and the estimates for couch surfing-only by 54 percent.

Adjusting for inclusion errors, we estimate that approximately 4.3 percent of households with 13–17-year-olds, and 12.5 percent of households with 18–25-year-olds, had people in those age groups that experienced some form of explicit homelessness and/or couch surfing without safe and stable housing in the last 12 months. Additionally, 9.7 percent of 18–25-year-olds self-reported homelessness and/or couch surfing in the last 12 months. Converted to

counts based on ACS data, these estimates translate to approximately 650,000 households with 13–17-year-olds, 2.4 million households with 18–25-year-olds, and 3.5 million youth ages 18–25. Table 2.4 provides these results and segmented estimates for explicit homelessness and couch surfing-only.

To simplify estimates to support broad public awareness, we can present the overall prevalence findings as about 1 in 30 adolescent minors⁵, and 1 in 10 young adults, having experienced some form of homelessness during a 12-month period.

Table 2.3. Summary of identified inclusion errors in the follow-up interview sample

Reason for error of inclusion	N 13–17 Household Reports		N 18–25 Household Reports		N 18–25 Self-Reports		N Total	
	H	C-o	H	C-o	H	C-o	H	C-o
Total=N	35	15	17	33	29	21	81	69
Accompanied by a parent/guardian	2	2	0	0	0	0	2	2
Misunderstanding: Person outside age range	0	0	1	2	1	1	2	3
Misunderstanding: Misreported experience	0	0	0	2	0	0	0	2
Misunderstanding: Experience occurred beyond 12-month reporting period	1	1	0	0	0	0	1	1
Interpreted safe/normative/stably housed experience as couch surfing for ages 13–17	3	4	0	0	0	0	3	4
Interpreted safe/normative/stably housed experience as couch surfing for ages 18–25	0	0	0	14	2	11	2	25
Total inclusion errors, N (%)	6 (17%)	7 (47%)	1 (6%)	18 (55%)	3 (10%)	12 (57%)	10 (12%)	37 (54%)

Notes: This table is based on the full follow-up interview sample (n=150). In the category row, H=homelessness, which includes respondents who responded “yes” to the questions explicitly asking about any youth homelessness, including those who reported both homelessness and couch surfing, and C-o=couch surfing-only, which includes respondents who responded “yes” to youth couch surfing and “no” to youth homelessness. Safe/normative/stably housed experiences that were interpreted as couch surfing included situations such as staying with friends or relatives recreationally, or traveling for recreation or work while having access to a safe and stable living arrangement.

⁵ Because we lack population prevalence for adolescent minors, to form these more publicly translatable statistics, we took the household estimate for adolescent minors as a minimum population estimate (because we would expect some households to have more than one adolescent that experienced some form of homelessness). We divided 650,000 by 20,870,640 (the estimated number of 13–17-year-olds in the United States according to the American Community survey) to get a lower bound population prevalence estimate of 3.1% (1 in 32, which we rounded to 1 in 30).

Table 2.4. 12-month national prevalence estimates adjusting for inclusion errors

Explicit homelessness	Age Group	Initial Rate	95% Confidence Intervals	Final Estimate, % (12% Inclusion Error Reduction)	Final Estimate, N (12% Inclusion Error Reduction)
Household	13–17	3.7%	3.3-4.1%	3.3%	0.50 million
- Homelessness"-only		0.9%	0.7-1.1%	0.8%	
- Runaway/asked to leave-only		2.2%	0.2-2.6%	1.9%	
- "Homeless" and runaway/A.T.L.		0.6%	0.4-0.7%	0.5%	
Household	18–25	6.7%	6.3-7.2%	5.9%	1.13 million
Population	18–25	5.9%	5.2-6.6%	5.2%	1.87 million
Couch surfing-only	Age Group	Initial Rate	95% Confidence Intervals	Final Estimate, % (54% Inclusion Error Reduction)	Final Estimate, N (54% Inclusion Error Reduction)
Household	13–17	2.2%	1.9-2.6%	1.0%	0.15 million
Household	18–25	14.3%	13.7-14.9%	6.6%	1.27 million
Population	18–25	9.7%	8.9-10.5%	4.5%	1.61 million
Overall	Age Group	Initial Rate	95% Confidence Intervals	Final Estimate, % (Sum of above prevalence types with inclusion error reductions)	Final Estimate, N (Sum of above prevalence types with inclusion error reductions)
Household	13–17	5.8%	5.4-6.3%	4.3%	0.65 million
Household	18–25	21.0%	20.3-21.7%	12.5%	2.40 million
Population	18–25	15.6%	14.6-16.6%	9.7%	3.48 million

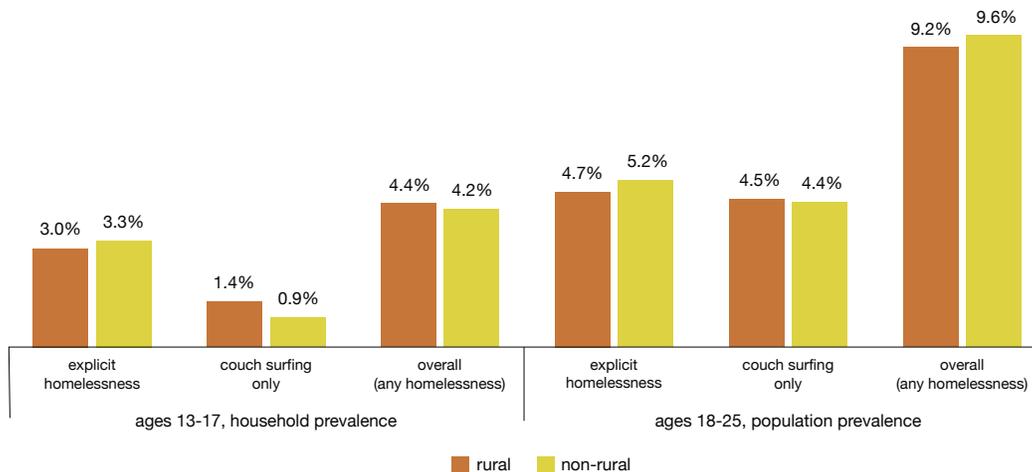
Notes: A.T.L. = asked to leave. For ages 13–17, the "explicit homelessness" estimates include experiences of having run away and been asked to leave; for both ages 13–17 and 18–25, it includes "yes" responses to the explicit question on homelessness experiences. The revised estimates for "explicit" use a smaller deduction (12 percent) because this was the inclusion error rate calculated for this subgroup of experiences based on follow-up interviews. The revised estimates for "couch surfing-only" use a larger deduction (54 percent) because this was the inclusion error rate calculated for this subgroup of experiences, which included a high proportion of experiences, which were not couch surfing as a form of homelessness—that is, the youth did not lack a safe and stable place to stay.

Spatial Analysis

For the second research question, we examined whether youth in rural communities were more likely than those in urban communities to experience homelessness, and we investigated the correlations between other characteristics and homelessness. Figure 2.1 displays the explicitly reported homelessness, couch surfing-only, and combined “any homelessness” household prevalence rates (adjusting for inclusion errors) in rural and non-rural (“urban”) counties for ages 13–17 and the population prevalence rates for 18–25-year-olds. In predominantly rural counties, 9.2 percent of young adults ages 18–25 reported any

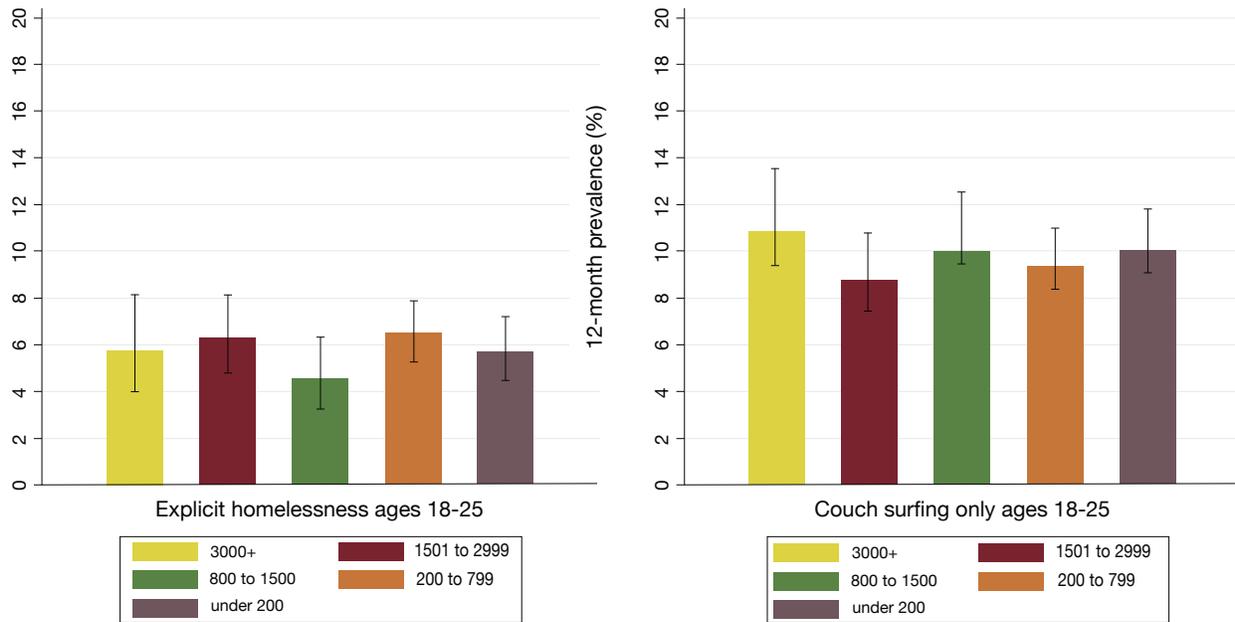
homelessness during a 12-month period. In predominantly urban counties, the prevalence rate was 9.6 percent. The household prevalence rates for any homelessness during a 12-month period for 13–17-year-olds were also statistically equal between rural and urban counties (4.4 percent and 4.2 percent, respectively). In all reporting categories, chi-square goodness of fit tests revealed no significant between-group differences between rural and urban counties ($p > .05$). Even when we incorporate a more granular analysis, breaking down counties into different levels of population density, we observe little variation in prevalence estimates (see Figure 2.2, based on self-reported prevalence among young adults, ages 18–25).

Figure 2.1. Prevalence rates in rural versus non-rural counties



Notes: The presented prevalence rates include adjustments for inclusion errors. Rural versus non-rural distinctions are based on U.S. Census data providing the number and percentage of people in each county living in rural and urban areas. Mostly rural means that at least 50 percent of the county’s population lives in non-urban areas as classified by the U.S. Census Bureau.

Figure 2.2. Unadjusted prevalence by levels of county population density



Note: These estimates do not include adjustments for inclusion errors. Levels of population density indicate the groupings of counties by the number of people per square mile. The bracketed vertical lines in the middle of the bars represent the 95 percent confidence intervals for each estimate.

Although prevalence *rates* of youth homelessness are similar between rural and non-rural communities, the *numbers* of youth experiencing homelessness are smaller in rural communities because the population sizes are smaller in those communities. Using the U.S. Census Bureau’s definition of a rural county, only about 14 percent of the U.S. population overall—and only 9 percent of young adults, ages 18–25—live in a predominantly rural county. Likewise, only 9 percent of young adults who reported homelessness resided in a rural county when interviewed. Importantly, using the broader HUD fiscal year (FY) 2017 Youth Homelessness Demonstration Project criteria for a rural county, this increases to 17 percent of young adults experiencing homelessness residing in rural counties (about 1 in 6). The definition of a rural community can significantly alter the number of youth implicated. Further, even within mainly urban counties, many youth experiencing

homelessness live in less densely populated areas that are likely to lack the services and resources of more urban parts of the county.

Risk Correlates

Results of logistic regression indicated that the unadjusted relative risk of experiencing homelessness (denoted here as RR, with 95 percent CI) was significantly greater for youth who reported the following characteristics: unmarried with children of their own (RR=3.00; 2.37–3.76); lesbian, gay, bisexual, or transgender (LGBT; RR=2.20; 1.67–2.89); Black or African-American (RR=1.83; 1.42–2.35); had not completed high school or a GED (RR=4.46; 3.54–5.57); and annual household income of less than \$24,000 (RR=2.62; 2.10–3.24). Youth of Hispanic origin also had higher risk of experiencing homelessness (RR=1.32; 1.04–1.67), but the relationship was no longer statistically significant once the model controlled

for education and parenthood. Figure 2.3 includes forest plots depicting relative risk (unadjusted and adjusted RRs) for specific demographic groups. Furthermore, while not presented in the graph, we also found that American Indian or Alaska Native young adults had more than twice the risk of reporting explicit homelessness in the last 12 months as other young adults (RR=2.23; 1.58-3.12).

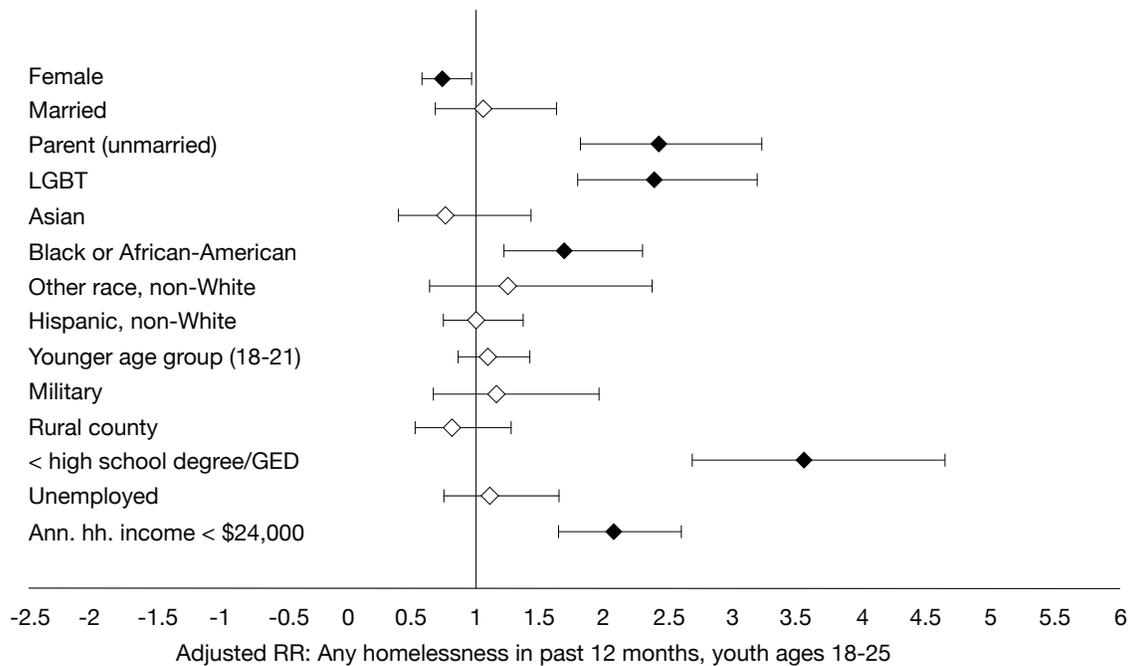
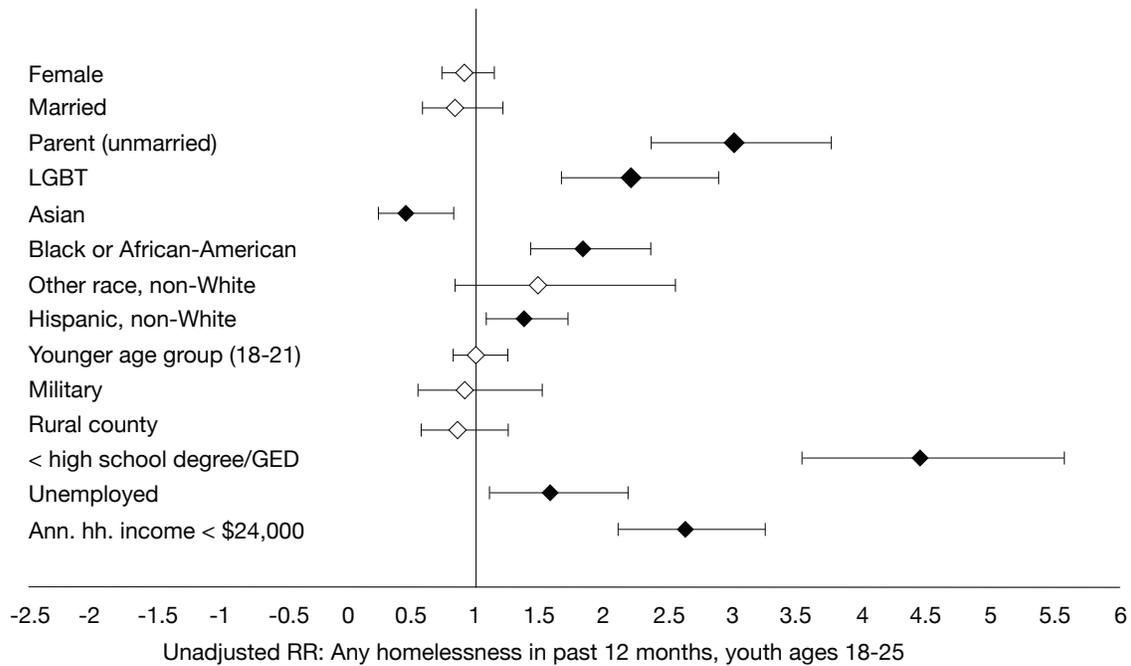
Diversity of Experiences

We used the survey data collected during the follow-up interviews with respondents reporting any youth homelessness or couch surfing to further analyze these experiences (see Figure 2.4). We excluded 31 percent of the follow-up interview sample whose responses were identified as inclusion errors.

Overall, 45 percent of the respondents reported on youth who HUD would consider to have been literally homeless based on where they slept—that is, they slept in a shelter or transitional housing or in places not meant for human habitation. Forty-six percent of the respondents reported on youth who they believed to have slept somewhere unsafe. Only 3 percent reported on youth who had been homeless for only one night, while 69 percent reported on youth who had experiences of homelessness or instability that lasted more than one month. At least 36 percent reported on youth who had experienced more than one episode of homelessness over the 12-month period. One-third (33 percent) reported on youth who were still experiencing homelessness or housing instability at the time of the interview, and over one-fourth (27 percent) reported on youth who were stably housed for less than 30 days within the last 6 months.⁶

⁶ Seven percent did not know if the youth they had reported on were still homeless or unstably housed, and 6 percent did not know how many days the youth had been stably housed during the last 6 months.

Figure 2.3. Logistic regressions for youth homelessness (ages 18–25, self-report)

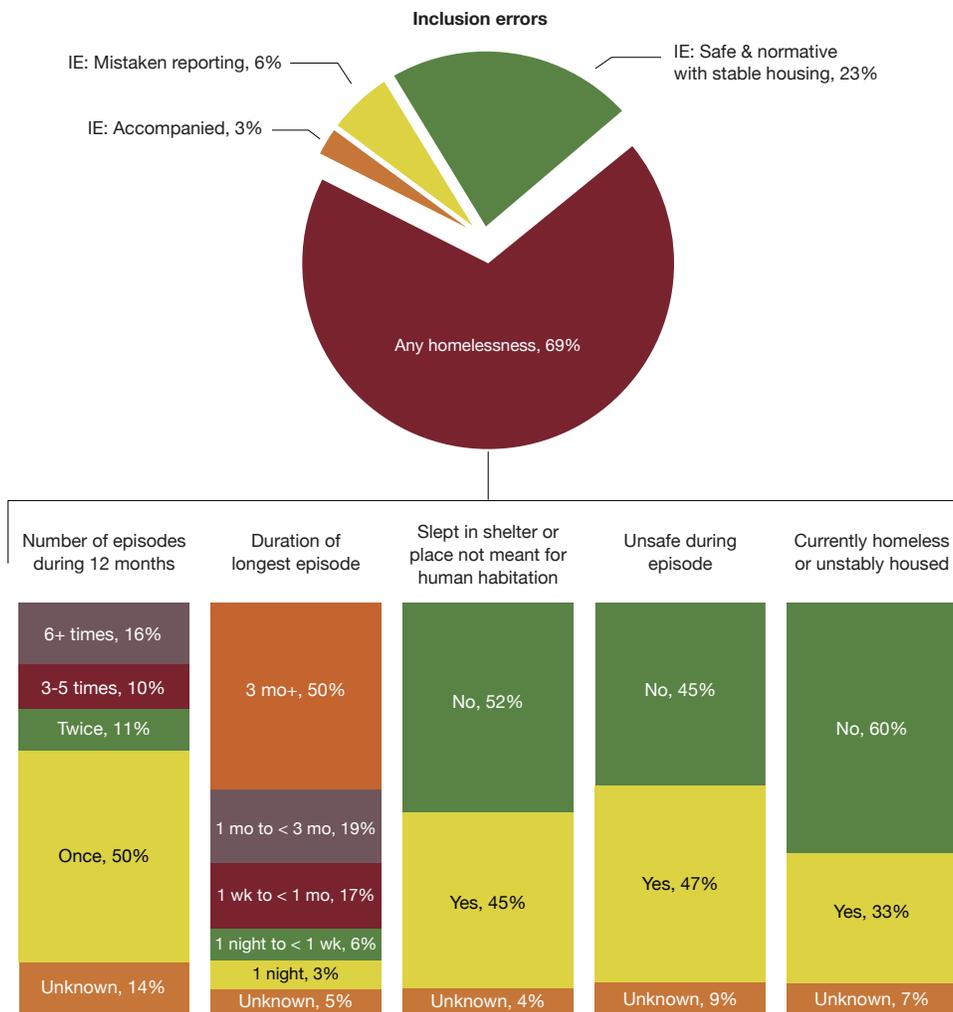


Notes: The dependent variable is explicitly reported homelessness (excluding couch surfing-only). Unadjusted RRs express associations between homelessness and one other variable only (for example, female). Adjusted RRs present variable-wise RRs having controlled for all other variables in the model. Diamonds represent the RR while the extending lines on either side of the diamonds represent corresponding 95 percent confidence intervals. A filled diamond indicates that the RR is statistically significant ($p < .05$). An RR of 1.0 means that risk is even between two groups. Each RR represents the difference in risk of having experienced homelessness between the group described by the variable (for example, females) and its opposite reference group (for example, males). The reference group for the “younger age group (18–21)” is respondents ages 22–25. Race variables compare to all others, of which the majority are White non-Hispanic (for example, for Black or African-American, the reference group is all youth who were not Black or African-American). For the unemployed variable, the reference group is all youth who were not unemployed, including those who were employed or who were not in the labor force. “Parent (unmarried)” = the youth was an unmarried parent. Ann. hh income = annual household income.

The graphs in Figure 2.4 are based on the follow-up interviews (n=150) with National Survey respondents who indicated any youth homelessness or couch surfing in the prior 12 months including self-reports by 18–25-year-olds (n=50), third-party household reports

of 18–25-year-olds (n=50), and third-party household reports of 13–17-year-olds (n=50). All five lower stacked bar graphs represent breakdowns of the 69 percent of the sample who reported on youth who had been homeless.

Figure 2.4. Breakdown of homelessness experiences after omitting inclusion errors



Breakdowns of youth who experienced any homelessness (i.e., no inclusion errors detected)

Notes: Follow-up interviews sample n=150. The stacked bar graph breakdowns are of the sample of 103 respondents (69 percent) for which inclusion errors were not identified. “Accompanied” refers to the estimated percentage of minors who were indicated as having experienced homelessness, but who were accompanied by a parent/guardian at the time.

Discussion

Key findings

This study produced the first national estimates of 12-month prevalence of youth homelessness in the United States for ages 13–25. Although they encompass a spectrum of experiences, our prevalence estimates imply a much broader national challenge than do point-in-time counts, homelessness systems data, or public schools data. Apart from the focus that point-in-time counts have on certain types of homelessness (unsheltered, sheltered, or transitional housing), substantial differences are likely due to the facts that our survey captures 12-month prevalence and uses a population-based sampling approach to study a largely hidden and dynamic phenomenon.⁷ Our estimates for adolescents also significantly exceed the national public schools count of unaccompanied students (95,032 in the 2014–2015 school year, NCHE, 2016), conceivably because a representative survey approach does not depend on formal reports or school identification of homelessness.

Looking to other representative surveys—only available for adolescents—our estimates are more similar. For example, Ringwalt et al. (1998) found a 5.0 percent 12-month prevalence rate of homelessness among 12- to 17-year-olds in 1992–1993, although this included self-reports (population prevalence) and both accompanied and unaccompanied homelessness. More recently, local and state estimates of prevalence of unaccompanied homelessness among high school students from representative school-based surveys have ranged from 2.2–2.9 percent, although these were based on a stricter measure of unaccompanied homelessness: *typically* sleeping somewhere other than home without a

parent or guardian over the last *month* (Cutuli et al., 2015).

Although highly concerning, understanding our large prevalence estimates may be assisted by understanding the broader socio-economic context from which these estimates emerge. High housing costs disproportionately affect young households, especially in the 100 largest metro areas (JCHS, 2016). In more rural areas where housing costs may escalate less rapidly, poverty rates also tend to be higher and economic opportunities fewer for youth, which could contribute to comparable youth homelessness rates in these communities (JCHS, 2016). Equally concerning is the fact that young adult householders have among the highest poverty rates in the country—especially unmarried young householders. Unmarried male household heads under 25 years old have a poverty rate of 36 percent, and unmarried female household heads under 25 years old have a staggering poverty rate of 49 percent. These are well above the national poverty rate of 13.5 percent.⁸ About 4 in 10 adults, ages 18 to 29, have student loan debt (Cilluffo, 2017), and student loan balances have more than tripled since 2004, with an average balance per borrower of nearly \$30,000 (Brown et al., 2015).

Taking these factors into account, it is perhaps less surprising that, according to the American Community Survey and the Current Population Survey, the share of young adults continuing to live with their parents has risen sharply over the last decade, with one-half of 20- to 24-year-olds living with their parents in 2015 (JCHS, 2016). Cost burden was a commonly cited reason for young adults continuing to live with their parents. On top of this trend, many youth cannot rely on parents for safe and stable housing throughout

⁷ Notably, our calculations suggest that, if we use the “explicit homelessness” results for young adults only (ages 18–24), assumed, as our follow-up interviews suggest, that 81 percent of those “explicit homelessness” experiences involved “literal homelessness” that would be more readily picked up by a point-in-time count, and assumed that the average literal homelessness experience was about 12 days, our backwards calculated point-in-time count for 18- to 24-year-olds would be about the same as the estimate reported in the 2015 AHAR. In other words, if we focus on the aspects of homelessness that point-in-time counts are designed to capture, our estimates are not necessarily very inconsistent. For unaccompanied minors, the differences between point-in-time counts and population-based survey methods are harder to reconcile and warrant further investigation.

⁸ Authors’ calculations based on American Community Survey data.

the year when their other options are exhausted. Take, for instance, nearly 1 million youth ages 14–26 that have spent time in foster care since their 14th birthday (AECF, 2017).

All the aforementioned trends disproportionately affect racial and ethnic minorities whom are also at higher risk for experiencing homelessness. Due to data limitations, it is difficult to empirically assess the extent to which each of these factors contributes to the prevalence of youth homelessness, but they illustrate an important backdrop against which high annual estimates of homelessness experiences can be better understood.

Nearly two-thirds of youth who reported explicit homelessness also reported couch surfing over the last 12 months. This underscores the fluidity of arrangements among youth experiencing homelessness over time. Many youth do not fit squarely into any single type of homelessness experience. Still, a sizeable share of the overall prevalence rates also involved couch surfing-only without a safe and stable living arrangement. These experiences likely include a wide range of degrees of vulnerability—from lower risk experiences of leveraging social networks during periods of housing instability to high-risk or exploitative arrangements (McLoughlin, 2013; Curry et al., 2017). Additionally, some couch surfing could function as a precursor to more entrenched homelessness (Clarke, 2016). Given these complexities, assessments of youth circumstances beyond their sleeping arrangement at a given time are important in determining their levels of risk and service needs.

Our results indicate that youth homelessness is similarly prevalent in rural and urban areas. Prior to this study, little was known about how the prevalence of youth homelessness in rural areas compared with non-rural areas. Tailored policies and programs to address the unique circumstances of youth homelessness in rural communities—such as a lack of service infrastructure and lower visibility due to absence

of youth-friendly shelters or urban magnet spots that attract youth—may be needed.

Our findings reinforce growing evidence on the heightened risk of experiencing homelessness among LGBT youth (Van Leeuwen et al., 2006; Whitbeck et al., 2016). Disproportionality of homelessness experiences among Black youth mirrors racial disparities documented elsewhere, such as with school suspensions, juvenile justice involvement and sentencing, and foster care placements (Raffaele-Mendez and Knoff, 2003; Wildeman and Emanuel, 2014). Furthermore, while Hispanic youth were at higher risk than non-Hispanic youth of experiencing homelessness (and comprised 34 percent of 18- to 25-year-olds reporting homelessness), only 19 percent of youth served by Federally funded runaway and homeless youth programs in FY 2014 were Hispanic (ACYF, n.d.). Of all racial and ethnic subpopulations studied, American Indian or Alaska Native youth had the highest prevalence rates of homelessness. The findings mirror similar trends related to poverty and other deprivations showing American Indian or Alaska Native populations having the worst indicators, even slightly worse than the situation for Black or African-American citizens (Macartney, Bishaw, and Fontenot, 2013).

One of the strongest risk correlates for homelessness was a lack of a high school diploma or GED. Although we cannot make causal inferences, this finding reinforces the extent to which education, and underlying factors that support educational attainment, might protect youth from becoming homeless. Young parents were also at high risk for homelessness relative to their non-parenting peers.

Limitations

A particular strength of this study lies in its methodology, which is replicable and cost-efficient, given that it builds on existing sampling and survey infrastructure and does not require on-the-ground data collection. This enables the option of repeated national estimates over time to

track progress toward the Federal Government’s goal of ending youth homelessness (USICH, 2015). However, some limitations of the study should be kept in mind when interpreting the results and considering enhancements of future national estimates.

First, because Gallup’s DTS surveys adults, we relied on third-party household reports of experiences of individuals ages 13–17, which could have been influenced by social desirability and recall biases. Second, only household prevalence estimates could be generated for ages 13–17 because the survey module asked about the experiences of *any* youth in the household, not *each* 13–17-year-old who lived there. To the extent that more than one 13–17-year-old in some households had experienced homelessness, this might have resulted in a more conservative estimate of the population size. Conversely, reporting households could have functioned as either “sending” households (from which youth left into homelessness) or “receiving” households (where youth stayed during or after homelessness), and this could contribute to a degree of inflation.

Third, we found and corrected for a large inclusion error rate of 54 percent for respondents reporting couch surfing-only, and a much smaller inclusion error rate of 12 percent for explicitly reported homelessness. A more detailed homelessness and housing module would allow for improved precision of initial prevalence estimates (that is, fewer inclusion errors), particularly in terms of capturing forms of couch surfing that reflect homelessness. This would be preferable to post hoc deductions based on estimated inclusion errors from a smaller subsample.

Finally, sampling biases were possible if youth experiencing homelessness were less likely to have phones or respond to a phone-based survey than their stably housed peers. Yet, this approach is likely preferable to sampling based on mailing or visiting homes for reaching

unstably housed youth, and research suggests that many youth experiencing homelessness are technology-connected (Rice, Lee, and Taitt, 2011). Nonetheless, this survey likely yields underestimates of homelessness to the extent that it misses youth who lack working cellphones and have been totally disconnected from households that could report on their experiences.

Conclusion

Although individual experiences vary, homelessness and housing instability clearly have adverse consequences for youth and their futures. This effort demonstrates the feasibility of estimating national prevalence and incidence of youth homelessness using a cost-efficient methodology with potential for enhancement and replication to track progress and target solutions to preventing and ending this hidden problem. Our findings reveal that the challenge involves a scale that necessitates greater coordination and resourcing of multiple systems and programs—behavioral and physical health, child welfare, education, employment, housing, justice, and outreach—at local, state, and Federal levels to drive these numbers toward zero.

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Chapter 3. Youth Counts and Surveys

Highlights

- We partnered with 22 diverse counties across the country to conduct youth-focused point-in-time counts of homelessness and brief youth surveys.
- After adjustments, a total of 5,970 youth were counted as experiencing homelessness on a single night across the 22 counties. Survey data were collected from 4,139 of these youth, with the nine largest counties accounting for 67 percent of the sample.
- Based on where they had slept the night before the count, 48 percent of the youth were categorized as sheltered, 24 percent as unsheltered, 19 percent as staying with others, and 10 percent as “other”.
- The youth were predominantly 18 to 25 years old (87 percent), and both African-American youth (47 percent of the sample) and youth who identified as lesbian, gay, or bisexual (21 percent of the sample) were over-represented.
- Forty-six percent of the youth experiencing homelessness had spent time in juvenile detention, jail, or prison, and 29 percent had been in foster care.
- Forty-four percent of the 18- to 25-year-old females reported being pregnant or a parent.
- Youth experiencing homelessness in less populated counties were generally different from their counterparts in more populated counties along several dimensions, including race and ethnicity, sexual orientation, pregnancy and parenthood, and their sleeping arrangements on the night of the count.

Background

This chapter focuses on the results of the youth counts and the brief youth surveys (BYS). The aims were to estimate the number of youth experiencing homelessness in each of the 22 counties at a point-in-time and to gather basic information about their characteristics and experiences. The youth count and BYS data complement the data that were collected from service providers about the programs and services available to runaway and homeless youth in the same 22 counties (see Chapter 4).

The need for accurate data on homelessness among youth is widely recognized. Recently, this need was encapsulated by the U.S. Interagency Council on Homelessness (USICH)’s revised *Criteria and Benchmarks for Achieving the Goal of Ending Youth Homelessness*, which calls for communities to implement regular censuses of youth experiencing homelessness

that include all unaccompanied youth “that meet any federal definition of homelessness, including youth identified by local education agencies and runaway and homeless youth programs” (USICH, 2018). However, youth experiencing homelessness have historically been undercounted when the same methods that are commonly used to count homeless adults have been used (USICH, 2013).

Contributing to this undercount are the “hidden” nature of youth homelessness and the transiency of these youth (Raleigh-DuRoff, 2004; Slavin, 2001). Compared with homeless adults, they tend to move around more frequently and cycle more frequently between being homeless and being housed (Morgan, 2013). Youth experiencing homelessness do not congregate in the same places or at the same times as older adults experiencing homelessness and may be reluctant to self-identify as homeless due to the stigma attached to that identity (Hickler and

Auerswald, 2009; Kidd and Scrimenti, 2004). Many youth experiencing homelessness do not seek services (Baer et al., 2007; Pergamit and Ernst, 2011; Street Youth Task Force, 2002; Levin et al., 2005; McManus and Thompson, 2008). They may distrust authority figures, fear being returned home or placed in foster care if they are under age 18 or try to avoid being found because of the illicit survival behaviors in which they are engaged (De Rosa et al., 1999; McManus and Thompson, 2008; Kurtz et al., 2000; Harter et al., 2007).

However, interest is growing, particularly at the Federal level, in developing better methods for counting youth experiencing homelessness—methods that can be replicated across place and over time. In February 2013, USICH published a *Framework to End Youth Homelessness*, which called for two complementary strategies for ending youth homelessness by 2020. One of those strategies is collecting “better data on the numbers and characteristics of youth experiencing homelessness” (USICH, 2013).

To help kick-start this effort, USICH, together with the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of Health and Human Services (HHS), and the U.S. Department of Education (ED) launched *Youth Count!* as part of the 2013 point-in-time count to identify promising practices for conducting collaborative youth counts that could be adapted and taken to scale with the ultimate goal of producing a national estimate. Nine communities representing a mix of urban, suburban, and rural areas participated (Pergamit et al., 2013). Although several promising practices for counting youth experiencing homelessness emerged, shortcomings of the local counts were also evident. These included insufficient planning time and the challenge of covering large geographic areas. Additionally, the lack of consistent methodology made it difficult to make cross-site comparisons.

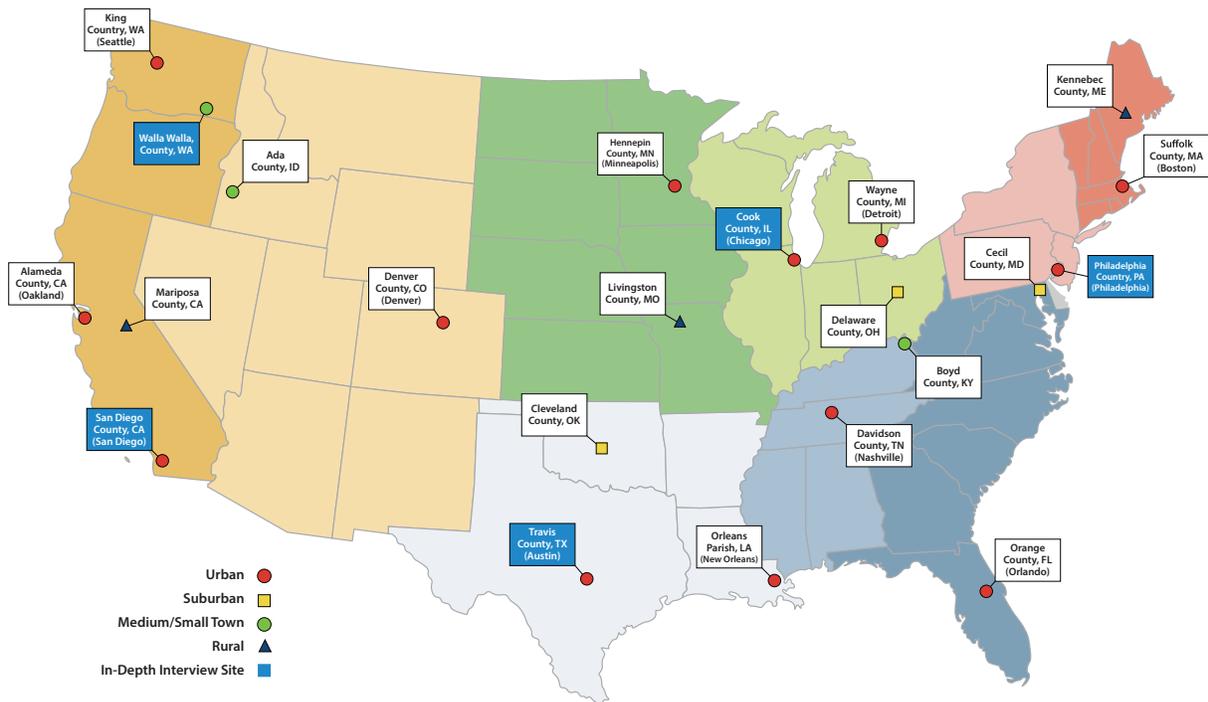
VoYC was undertaken, in part, to develop a more consistent methodology that would address some of the shortcomings uncovered by the *Youth Count!* initiative and that could be replicated in communities across the United States.

Methodology

Design and Data Collection

Data collection for the youth count and BYS took place over a 24-hour period on different dates in each of the 22 counties (see Figure 3.1). The 22 counties were selected using a stratified random sampling approach that was designed to ensure diversity across geography, population density, and homeless youth services infrastructure. The VoYC team had conversations with a broad group of stakeholders—including city or county officials, service providers, public systems representatives (for example, child welfare, juvenile justice, or education), Continuum of Care (CoC) representatives, and foundations—in each of those counties. Each county entered into a Letter of Agreement and identified a lead agency to work closely with VoYC site coordinators and other members of the team.]

Figure 3.1. VoYC partner counties



Although HUD requires communities to conduct their annual point-in-time counts during the month of January, when individuals and families experiencing homelessness are more likely to seek shelter (particularly in colder environments), all of the VoYC counts were conducted during the summer (June through August) of 2016. We decided to conduct the counts during the summer based on two considerations. First, we wanted the counts to be as uniform as possible across the 22 counties. This meant that we could either conduct all the counts during the summer, or we could conduct all the counts during the school year. Second, because selecting the counties took longer than we had expected, conducting all the counts during the school year would have meant delaying the counts even further until after summer (or the start of the following school year). Going forward, however, many communities could incorporate the youth count lessons and toolkit resources into their broader January point-in-time counts to make them more youth-inclusive.

The BYS was similar to surveys used during prior counts of youth experiencing homelessness. It included only 16 items and generally took about 5–10 minutes to complete. It was designed to fit onto one side of a single sheet of paper so that it could be administered to many youth across a range of settings. The survey was also kept brief to avoid volunteer interviewer or interviewee fatigue and to minimize missing data. The survey asked youth where they had slept the night before and about their demographic characteristics, their education and employment, and their prior systems involvement. The full instrument is provided in Appendix B.

Each youth count included three components: a street count, an organizational count, and a community count. Chapin Hall contracted with Applied Survey Research (ASR) to help implement the youth count and BYS.

Street Count. The street count involved visual counts of youth in identified “hot spots”—locations where youth experiencing

homelessness were likely to be found (for example: libraries, parks, agencies that provide health or mental health services, specific street corners, places that are open 24 hours a day, and places with free Wi-Fi). Youth who had experienced homelessness and local service providers participated in focus groups a few weeks prior to the youth count to identify the hot spots. A total of 2,483 hot spots were identified; the number identified in each county ranged from 25 to 372.

On the day of the count, teams composed of two or three 18–25-year-olds who had experienced homelessness, accompanied by a supportive adult volunteer, were given maps of the hot spots where they were to count and survey youth. Teams conducted a visual count of youth who appeared to be homeless in the areas to which they were assigned. The teams used tally sheets to record the number of youth they observed, the gender and race/ethnicity of the youth, whether the youth appeared to be 13 to 17 years old or 18 to 25 years old, the presence of any children, and other characteristics that might assist with de-duplication.

Immediately following the visual count, youth who remained in the vicinity were approached and invited to complete the BYS. Youth who completed the survey received a \$5 gift card.

Organizational Count. Staff or other volunteers administered the BYS to unaccompanied youth in shelters, transitional living programs, drop-in centers, and other organizations from which youth experiencing homelessness may have received services on the day of the count. Youth who completed the survey received a \$5 gift card. A visual count was not conducted in these locations.

Community Count. Volunteers administered the BYS to youth at “Come and Be Counted” locations in the community where youth

experiencing homelessness were known to congregate or that they could easily access (for example, parks and libraries). Youth were notified of these opportunities to be surveyed through service providers, social media, and other forms of outreach. Youth who completed the survey received a \$5 gift card. A visual count was not conducted at these sites.

We intentionally developed a method for conducting youth counts that could be replicated by communities across the United States. The Youth Count Toolkit provides a step-by-step roadmap for conducting a youth count using the VoYC methodology.⁹ It also includes links to the templates, protocols, worksheets, flyers, and other documents we used.

Data analysis

The BYS data were the primary source of data used to estimate the number of youth experiencing homelessness in each county on the date of the count. For each county, we dropped the records of youth who (1) did not give consent, (2) were under age 13 or over age 25, or (3) said that they had completed the survey before. We also dropped the records of youth who indicated that they had spent the previous night in a potentially permanent housing situation (that is, their own apartment, home of parent or other relative, boyfriend or girlfriend’s home, friend’s home, foster or group home) *only if* they also indicated that where they had stayed the night before was a stable place to stay. Finally, we used initials and date of birth to de-duplicate the data; if two or more records appeared to belong to the same youth based on initials, birthdate, and responses to the survey questions, the duplicate records were removed.

Because some youth were counted but not surveyed, the BYS data were supplemented with the tally sheet data.¹⁰ To determine the number of tally sheet records that should be added to each

⁹ The toolkit can be downloaded free of charge at <http://voicesofyouthcount.org/resource/conducting-a-youth-count-a-toolkit/>.

¹⁰ Some youth who arrived at the hot spot after survey administration had begun were surveyed but not counted.

county's BYS total, we calculated the percentage of youth surveyed by each team whose records were dropped because they did not meet the VoYC inclusion criteria for homelessness and applied those percentages to the number of youth each team observed who did not complete the survey. In other words, if the survey records for X percent of the youth surveyed by a given team were dropped, we dropped X percent of the tally sheet records for that team's non-surveyed youth. Finally, the total number of tally sheet records that were retained across the teams was added to the BYS total for each county.

Another supplemental data source was the Homeless Management Information Systems (HMIS). HMIS data, which are collected by Continuum of Care (CoC) agencies that serve individuals and families experiencing homelessness, include demographic information as well as the name of the agency providing the service, the type of service provided, and program entry and exit dates. The agency (or agencies) responsible for the HMIS in each of the 22 counties was asked to provide individual level HMIS data for all 13- to 25-year-olds who received services between September 1, 2015, and August 31, 2016—a 12-month period inclusive of all the youth count dates. Some agencies could not share individual-level data without client consent; others could not share data because the HMIS was undergoing a major change. In the end, HMIS data were provided by only eight counties.¹¹

To incorporate the HMIS data into the count totals for those eight counties, we dropped the HMIS records for youth who were not 13 to 25 years old on the day of the count and for youth who were not enrolled in an emergency shelter, street outreach program, or transitional housing program on the night before the count. This meant dropping the records for youth who entered the program after, or exited the

program before, that date and for youth who had “permanent housing” (that is, no time limit on how long the youth could remain in the housing unit or receive the housing assistance). We also dropped the HMIS records of youth who had completed the BYS by comparing the birth dates, gender and race/ethnicity of youth who completed the survey to the birth dates, gender and race/ethnicity of youth for whom we had HMIS records. HMIS records for which there were exact matches on all three identifiers were dropped.¹²

The BYS data from each of the 22 counties were aggregated and analyzed to generate descriptive statistics. Because the size of the 22 VoYC counties varies so much, we divided the counties into three groups based on population size: six counties with populations ranging from 15,028 to 119,980, seven counties with populations ranging from 193,013 to 778,121, and nine counties with populations ranging from 1,176,558 to 5,238,216 (see Table 3.1). Some analyses were also run separately for each of the three groups. Additionally, county-level statistics are provided in Appendix A.

¹¹ The CoC for Kennebec County could not provide individual level HMIS data, but one of the agencies that is part of the CoC did share individual data for the youth it served.

¹² This conservative approach to identifying potential duplicates may have resulted in some youth being double counted.

Table 3.1. Counties by population size

Small		Medium		Large	
Livingston, MO	15,028	Delaware, OH	193,013	Travis, TX	1,176,558
Mariposa, CA	17,531	Cleveland, OK	274,458	Hennepin, MN	1,223,149
Boyd, KY	48,325	Orleans, LA	389,617	Orange, FL	1,288,126
Walla Walla, WA	60,338	Ada, ID	434,211	Philadelphia, PA	1,567,442
Cecil, MD	102,382	Davidson, TN	678,889	Alameda, CA	1,638,215
Kennebec, ME	119,980	Denver, CO	682,545	Wayne, MI	1,759,335
		Suffolk, MA	778,121	King, WA	2,117,125
				San Diego, CA	3,299,521
				Cook, IL	5,238,216
Total	363,584	Total	3,430,854	Total	19,307,687

Results

Aggregate Count Results

Across the 22 VoYC counties, 7,389 surveys were completed (see Table 3.2), and 3,103 of those surveys were dropped for one of four reasons: (1) 2,717 youth did not meet the VoYC criteria for being homeless (for example, they had spent the night before the count with family or friends and had a stable place to stay), (2) 245 youth did not consent, (3) 133 youth were not 13 to 25 years old, and (4) 8 youth had already been surveyed. Another 147 were dropped during de-duplication.

The total number of surveyed youth experiencing homelessness on the night of the count was 4,139 and ranged from 10 to 689 across the 22 counties. As shown in Figure 3.2, the small counties accounted for 6 percent of the 4,139 surveyed youth experiencing homelessness, the medium-sized counties accounted for 27 percent, and the large counties accounted for 67 percent (see Table 3.2). Fifty-six percent of youth experiencing homelessness were surveyed during the Street Count, 21 percent were surveyed during the Organizational Count, and 23 percent were surveyed during the Community Count.

Table 3.2. BYS records by county size

	Total	Small Counties	Medium Counties	Large Counties
Total number of survey records	7,389	477	1,762	5,150
Number of survey records dropped	3,103	214	608	2,281
Number of surveys dropped during de-duplication	147	8	42	97
Number of youth experiencing homelessness	4,139	255	1,112	2,772

Of the 6,291 youth who were tallied during the visual street count, 1,641 were not surveyed (see Table 3.3). From the tally sheet records, 833 were retained after applying the percentage of surveyed youth whose survey records were dropped because they did not meet the VoYC inclusion criteria. The HMIS data for the eight counties that provided HMIS data included records for 1,401 13- to 25-year-olds who were enrolled in an emergency shelter, street outreach

program, or transitional housing program on the night before their county’s youth count, and 998 of those records were retained after de-duplication. Adding the non-surveyed youth to the BYS total brought the count total to 5,970, including 359 youth in the small counties, 1,326 in the medium-sized counties, and 4,285 in the large counties. Across the 22 counties, the number of youth experiencing homelessness ranged from 12 to 911.

Figure 3.2. Breakdown of BYS sample by county size

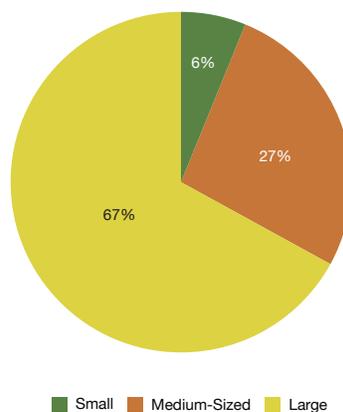


Table 3.3. Integration of BYS, tally sheet, and HMIS data by county size

	Total	Small Counties	Medium-Sized Counties	Large Counties
Unduplicated number of youth experiencing homelessness surveyed	4,139	255	1,112	2,772
Total number of tally sheet records	6,291	441	1,336	4,514
Number of tally sheet records for youth not surveyed	1,641	145	362	1,134
Number of tally records retained	833	65	201	567
Number of HMIS records for 13- to 25-year-olds on the night before the count	1,411	45	22	1,344
Number of HMIS records retained	998	39	13	946
Number of youth experiencing homelessness	5,970	359	1,326	4,285

Aggregate Brief Youth Survey Results

Below we present findings from the BYS and, where relevant, compare the responses of the surveyed youth experiencing homelessness with data from the 2015 American Community Survey, the National Longitudinal Survey of Adolescent Health (Add Health), or from a recent (2016-2017) Gallup poll of 18- to 25-year-olds across the United States.¹³

Demographic Characteristics of Surveyed Youth

Table 3.4 provides a summary of aggregated demographic characteristics of the surveyed youth experiencing homelessness across the 22 counties. Eighty-seven percent of the youth were at least 18 years old. Youth under age 18 are likely to have been undercounted, however, we do not know by how much. This is because counties did not have data on the number of youth under age 18 experiencing homelessness, with which our count results could be compared. Most youth identified as Black or African-American (47 percent) or White (25 percent). Compared to the general U.S. population, Black and multiracial youth were substantially overrepresented (see Table 3.4).¹⁴ Most of the youth identified as male. Less than three percent identified as transgender, genderqueer, or gender nonconforming. Seventy-seven percent of the youth experiencing homelessness identified as 100 percent heterosexual and 21 percent identified as lesbian, gay, or bisexual (LGB).¹⁵ The latter is considerably higher than the percentage of young adults who identify as LGB in the general population.¹⁶ Moreover, these data may underestimate the percentage of

youth who identify as LGB because some youth may have felt uncomfortable sharing information about their sexual orientation. Because only six youth identified as both 100 percent heterosexual and transgender, the percentage of youth who identified as LGBT is virtually the same as the percentage who identified as LGB.

¹³ Add Health is a Federally funded study designed to examine how social contexts (families, friends, peers, schools, neighborhoods, and communities) influence the health-related behaviors of adolescents and how those health-related behaviors are related to young adult outcomes. A nationally representative sample of 7th through 12th graders completed in-home interviews in 1994. Study participants were interviewed a second time in 1996, a third time in 2001–2002, and a fourth time in 2007–2008.

¹⁴ The general population data come from the 2011–2013 3-Year American Community Survey (ACS) and include all U.S. residents, not just 13- to 25-year-olds. The ACS is conducted by the U.S. Census Bureau to gather information about demographic characteristics, education, employment, income, housing, and other topics. The ACS data can be used to estimate characteristics of the population at national, state, county, or other geographic levels over 1-, 3- or 5-year periods.

¹⁵ Youth were categorized as LGB if they identified as mostly heterosexual, bisexual, mostly gay or lesbian, or 100% gay or lesbian.

¹⁶ A recent Gallup poll found that approximately 7 percent of millennials in the United States identify as lesbian, gay, bisexual, or transgender (http://www.gallup.com/poll/201731/lgbt-identification-rises.aspx?g_source=Social%20Issuesandg_medium=newsfeedandg_campaign=tiles).

Table 3.4. Demographic characteristics of surveyed youth

	Percentage	Missing data
Age group		
13–17	13%	223
18-21	43%	
22-25	44%	
Race and ethnicity*		
White	25%	103
Black or African-American	47%	
Multiracial	9%	
Other	6%	
Hispanic	12%	
Gender identity**		
Female	37%	470
Male	59%	
Other	3%	
Sexual orientation***		
Lesbian, gay, or bisexual	21%	269
100% heterosexual	77%	
Other	3%	
Gender identity and sexual orientation****		
LGBT	21%	579
Non-LGBT	77%	
Other	3%	

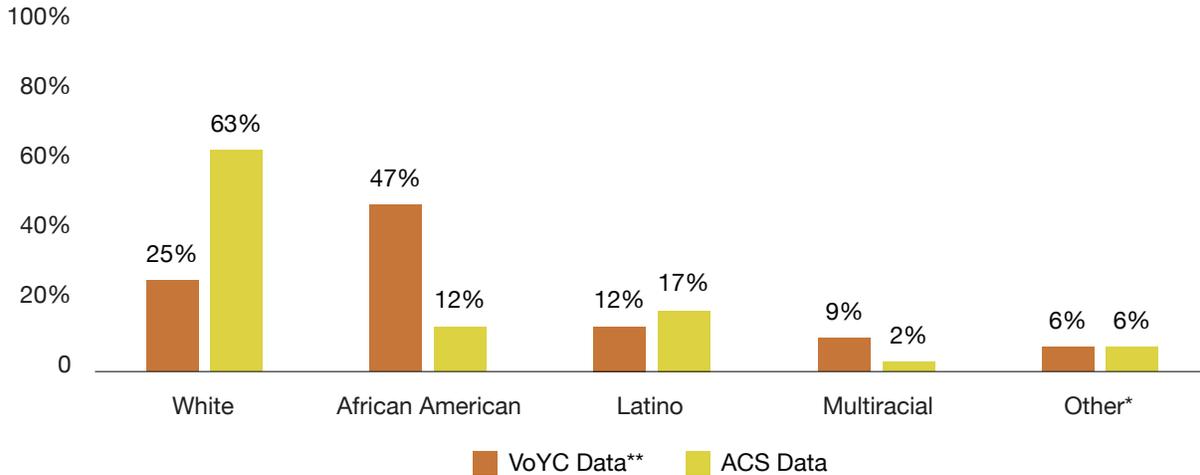
* Other includes youth who identified as American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, Asian, or other as well as youth who did not know their race/ethnicity.

** Other includes youth who identified as transgender, genderqueer/nonconforming, intersex, or other as well as youth who did not know their gender identity.

*** LGB youth include youth who identified as mostly heterosexual, bisexual, mostly gay or lesbian, or 100 percent gay or lesbian. Other includes youth who identified as not sexually attracted to either males or females, identified their sexual orientation as other, or did not know their sexual orientation.

**** LGBTQ youth include youth who identified as mostly heterosexual, bisexual, mostly gay or lesbian, 100 percent gay or lesbian, transgender, or genderqueer/nonconforming. Non-LGBTQ includes youth who identified as male or female and 100 percent heterosexual.

Figure 3.3. Race and ethnicity



*Other includes youth who identified as American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, Asian, or other as well as youth who did not know their race/ethnicity.

**Data were missing for 103 respondents.

Where youth slept the night before the count

We categorized youth as belonging to one of four groups based on where they reported sleeping the night before the count:

- The homeless **sheltered** category includes youth who slept in emergency shelters, transitional housing, and hotels or motels.
- The homeless **unsheltered** category includes youth who slept in vehicles, abandoned buildings/vacant units, on trains/buses or in train/bus stations, at 24-hour restaurants, laundromats or other business/retail establishments, or anywhere outside including on the street or in a park.¹⁷
- The **staying with others** category includes youth who explicitly reported not having a stable place to stay and slept in the home of a parent or other relative, the home of a friend/girlfriend/boyfriend, or a foster/group home. It also includes youth who stayed in

the home of someone s/he was having sex with regardless of whether they reported having a stable place to stay.

- The **other** category includes youth who explicitly reported that they lacked a stable place to stay but did not fall neatly into any of the other categories. These are youth who had spent the night before the count in their own apartment, a hospital or emergency room, a residential treatment facility, a juvenile detention center or jail, and youth who did not know where they had slept or who refused to answer.

Based on these categories, 48 percent of the youth were categorized as sheltered, 24 percent as unsheltered, 24 percent as staying with others, and three percent as “other” the night before the count (see Figure 3.4). A more detailed breakdown of where youth slept the night before the count is shown in Table 3.5

¹⁷ HUD’s final rule on the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act that included four categories under which individuals and families may qualify as homeless: (1) Individuals and families who lack a fixed, regular, and adequate nighttime residence; (2) individuals and families who will imminently lose their primary nighttime residence; (3) unaccompanied youth and families with children who are defined as homeless under other Federal statutes; and (4) individuals and families who are fleeing, or are attempting to flee dangerous or life-threatening conditions. Our sheltered and unsheltered categories map onto category one of HUD’s definition of homeless, which includes individuals sleeping in cars, parks, abandoned buildings, bus or train stations, airports, or camping grounds as well as those sleeping in shelters, transitional housing, or hotels and motels paid for by charitable organizations or government programs.

Figure 3.4. Where youth slept the night before the count

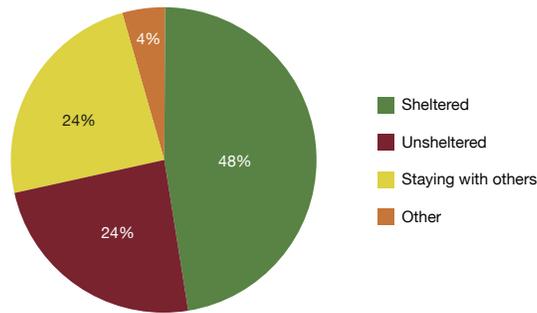


Table 3.5. Detailed breakdown of where youth slept the night before the count

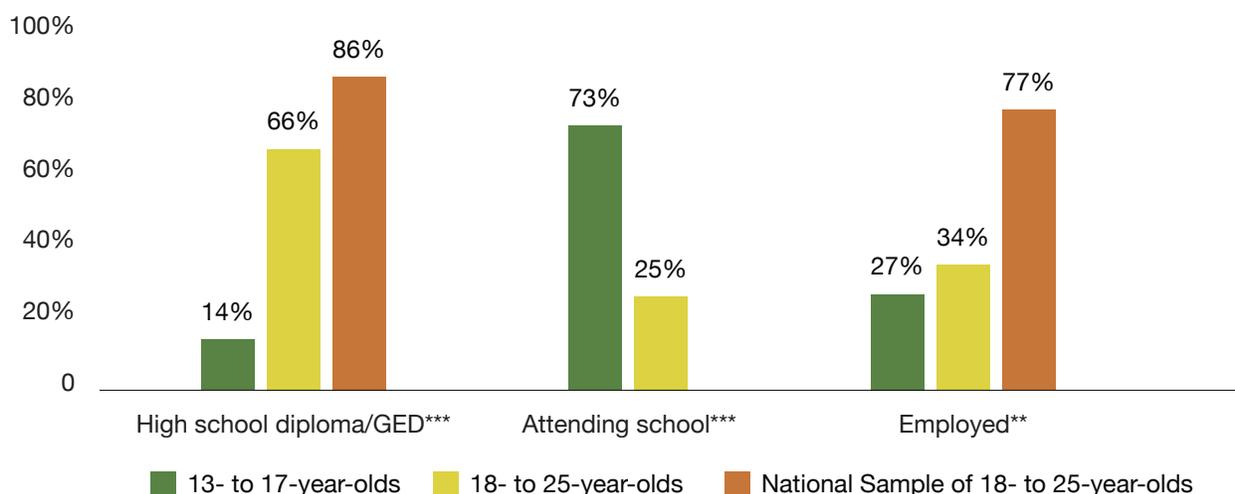
	Number	Percentage
Sheltered (n=1,968)		
Emergency shelters	1,179	28.5%
Transitional housing	582	14.1%
Hotels/motels	207	5.0%
Unsheltered (n=998)		
On the street, in parks, or otherwise outside	691	16.7%
In a vehicle	147	3.6%
Abandoned buildings/vacant units	89	2.2%
On trains/buses or in train/bus stations	54	1.3%
24-hour retail establishments	17	0.4%
Staying with others (n=990)		
Home of parent	109	2.6%
Home of relative	84	2.0%
Home of friend/partner	520	12.5%
Foster or group home	9	0.2%
Home of person youth was having sex with	268	6.5%
Other (n=183)		
Own apartment, but arrangement was not stable	52	1.3%
Hospital or emergency room	29	0.7%
Residential treatment facility	45	1.1%
Detention or jail	22	0.5%
Unknown/refused, but no stable place to stay	35	0.8%

Education and employment

Seventy-three percent of 13- to 17-year-olds and one-fourth of 18- to 25-year-olds who were homeless reported that they were currently attending school (see Figure 3.5). Because the BYS was administered during the summer, and we asked about attendance rather than enrollment, these data probably underestimate the percentage of youth who were connected to school.¹⁸ Two-thirds of 18- to 25-year-olds who

were homeless reported having a high school diploma or GED compared with 86 percent of 18- to 25-year-olds who responded to a recent national Gallup poll.¹⁹ Twenty-seven percent of 13- to 17-year-olds and 34 percent of 18- to 25-year-olds who were homeless reported that they were currently employed. By comparison, the employment rate was 77 percent among 18- to 25-year-old Gallup national survey respondents.²⁰

Figure 3.5. Education and employment by age



***Differences between 13- to 17-year-olds and 18- to 25-year-olds is statistically significant at $p < .001$

**Differences between 13- to 17-year-olds and 18- to 25-year-olds is statistically significant at $p < .01$

Notably, 48 percent of the homeless 16- to 24-year-olds were disconnected from work and school compared with 13 percent of 16- to 24-year-olds in the general population (see Figure 3.6).²¹

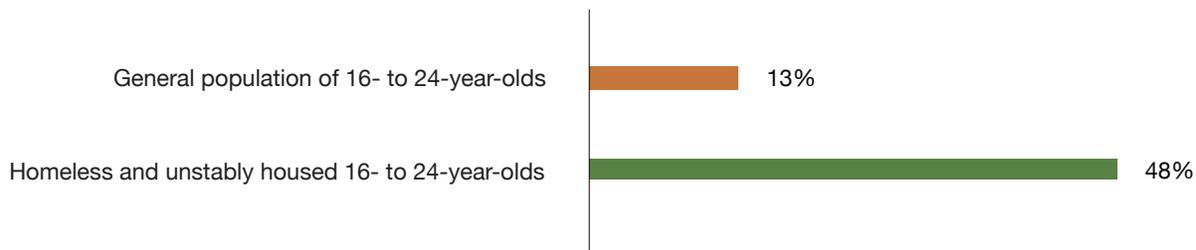
¹⁸ The Gallup survey does not ask about school attendance so data on school attendance were not available for the national sample.

¹⁹ Gallup, Inc. Daily Tracking Poll data from July–September 2016.

²⁰ Gallup, Inc. Daily Tracking Poll data from July–September 2016.

²¹ Measure of America analysis of data from the U.S. Census Bureau, American Community Survey PUMS Microdata. See <http://opportunityindex.org/app/uploads/2016/12/Opportunity-Index-2016-Briefing-Book-FINAL.pdf>.

Figure 3.6. Disconnected 16- to 24-year-olds

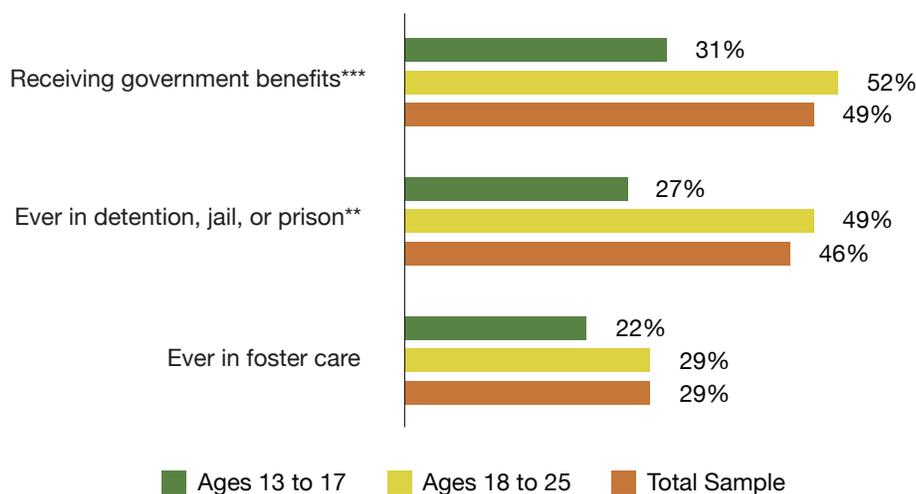


Systems involvement

Forty-nine percent of the youth experiencing homelessness were currently receiving government benefits (for example, Medicaid, food stamps, SSI, or cash assistance); 46 percent had ever spent time in juvenile detention, jail, or prison; and 29 percent had ever been in foster care (see Figure 3.7). However, 18- to 25-year-olds were much more likely to be

receiving government benefits and to have spent time in juvenile detention, jail, or prison than 13- to 17-year-olds. This probably reflects differences in their eligibility for benefits as well as differences in their period of exposure to risk. However, because 18- to 25-year-olds would no longer be at risk of foster care placement, the difference was much smaller between the two groups in the percentage who had ever been in foster care.

Figure 3.7. Systems involvement



***Difference between 13- to 17-year-olds and 18- to 25-year-olds is statistically significant at $p < .001$

**Difference between 13- to 17-year-olds and 18- to 25-year-olds is statistically significant at $p < .01$

To appreciate how high these percentages are, consider that two percent of the 18- to 28-year-olds in a nationally representative survey sample—the third wave of the Add Health Study—had ever lived in a foster home,²² and that 15 percent of the 24- to 34-year-olds

who participated in the fourth wave of the Add Health Study had ever spent time in a jail, prison, juvenile detention center, or other correctional facility (Harris, 2009). We also looked at the overlap between youth who had spent time in foster care and youth who had spent time in

²² The Add Health figure does not include young adults who were in group care settings, but not in foster homes (Harris, 2009).

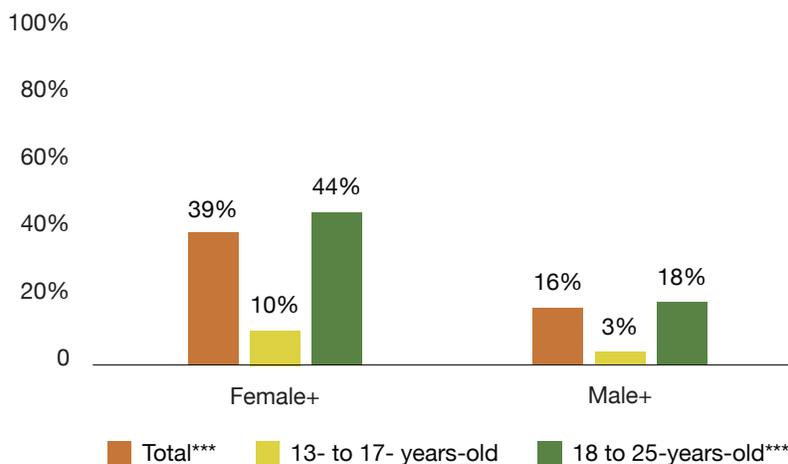
juvenile detention, jail, or prison and found that 17 percent of youth had experienced both.

Pregnancy and Parenthood

Thirty-nine percent of the females and 16 percent of the males reported that they were pregnant, had a pregnant partner, or were a parent (see Figure 3.8). Regardless of gender,

the percentage of youth who were pregnant, who had a pregnant partner, or who were a parent was considerably higher among 18- to 25-year-olds than among 13- to 17-year-olds. Seventy-nine percent of the young women and 47 percent of the young men who were pregnant, who had a pregnant partner, or who were a parent reported having custody of their child(ren).

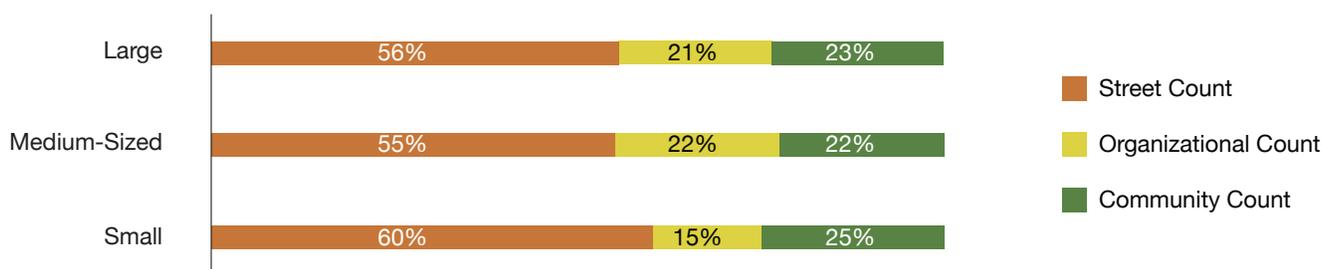
Figure 3.8. Pregnant or a parent by gender



***Difference between males and females is statistically significant at $p < .001$

+Data on pregnancy and parenthood were missing for 44 female respondents and 92 male respondents.

Figure 3.9. Location of surveyed youth by county size



Brief youth survey results by county size

Location of surveyed youth by county size²³

Youth in small counties were somewhat more likely to be captured by the Street Count and less

likely to be captured by the Organizational Count than youth in medium-sized or large counties (see Figure 3.9).

²³ All the county-level results reported in this chapter are based on the de-duplicated survey data.

Demographic characteristics of surveyed youth by county size

Table 3.6 provides a comparative breakdown of demographic characteristics between counties grouped by population sizes. Small counties had a higher percentage of youth under age 18 than either medium-sized or large counties. Youth in small counties were more likely to identify as White, and less likely to identify as Black or

African-American, than youth in medium-sized or large counties. The percentage of youth who identified as male was higher in medium-sized counties than in small or large counties. Youth in large counties were more likely to identify as LGB than those in small or medium-sized counties. This might reflect a greater willingness to identify as LGB in large urban areas as well as a migration of homeless LGB youth to those areas.

Table 3.6. Demographic characteristics of surveyed youth by county size

	Percentage			Statistically significant differences ($p < .05$)*
	Small	Medium	Large	
Age group				
13–17	13%	11%	22%	SIM, SIL
18–25	87%	90%	79%	
Race and ethnicity				
White	80%	32%	18%	SIM, SIL, MIL
Black or African-American	8%	44%	52%	SIM, SIL, MIL
Multiracial	6%	7%	10%	
Other	4%	6%	7%	
Hispanic	3%	11%	13%	SIM, SIL
Gender identity				
Female	43%	30%	40%	SIM, SIL
Male	56%	69%	56%	
Other	2%	2%	4%	
Sexual orientation				
Lesbian, gay, or bisexual	14%	18%	23%	SIL, MIL
100% heterosexual	85%	80%	74%	
Other	1%	2%	3%	

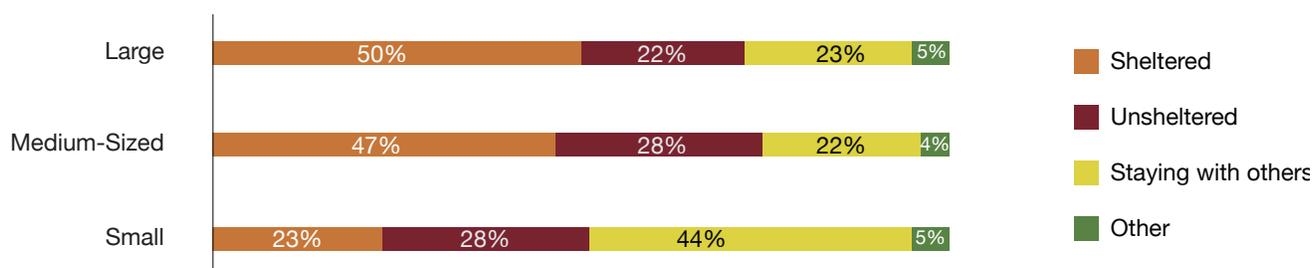
* SIM = statistically significant difference between small and medium-sized counties, SIL = statistically significant difference between small and large counties, and MIL = statistically significant difference between medium-sized and large counties.

Where youth slept the night before the count by county size

Figure 3.10 shows where youth who were surveyed in counties of different sizes slept the night before the count. Youth who were surveyed in larger (more urban) counties were about twice as likely to be sheltered as youth who were surveyed in smaller (more rural) counties.

Youth who were surveyed in smaller (more rural) counties were about twice as likely to be staying with others as youth who were surveyed in larger (more urban) counties. These data underscore the extent to which youth experiencing homelessness tend to be more hidden in smaller (more rural) counties where there are relatively few service providers.

Figure 3.10. Where youth slept the night before the count by county size



Education and employment by county size

Table 3.7 provides a comparative breakdown of education and employment indicators between counties grouped by population sizes and disaggregated by age groups. The 13- to 17-year-olds in medium-sized counties were more likely to have a high school diploma or GED than 13- to 17-year-olds in large counties and more likely to be employed than 13- to 17-year-olds in small

counties. Although school attendance varied less by county size, 13- to 17-year-olds in small counties were the least likely to be attending school. The 18- to 25-year-olds in small counties were less likely to be attending school and less likely to be employed than 18- to 25-year-olds in large counties. This could reflect a general lack of opportunities for education or employment in more rural as compared with more urban areas.

Table 3.7. Education and employment indicators by county size

	Percentage			Statistically significant differences (p < .05)*
	Small	Medium	Large	
13-17-year-olds				
High school diploma/GED	15%	23%	10%	SIL, MIL
Attending school	65%	72%	74%	

(continued)

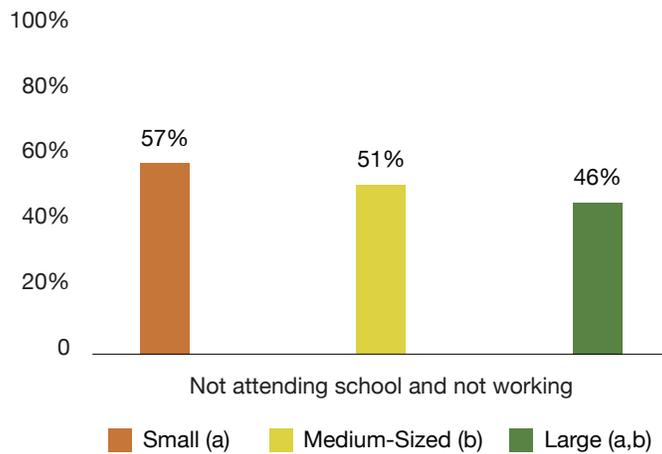
(Table 3.7. Education and employment indicators by county size continued)

	Percentage			Statistically significant differences ($p < .05$)*
	Small	Medium	Large	
Employed	13%	33%	27%	SIM
18–25-year-olds				
High school diploma/GED	59%	67%	66%	
Attending school	17%	21%	27%	SIL, MIL
Employed	23%	34%	35%	SIM, SIL

* SIM = statistically significant difference between small and medium-sized counties, SIL = statistically significant difference between small and large counties, and MIL = statistically significant difference between medium-sized and large counties.

The percentage of 16- to 24-year-olds who were not connected to school or work was lower in large counties than in either small or medium-sized counties (see Figure 3.11).

Figure 3.11. Disconnected 16- to 24-year-olds by county size



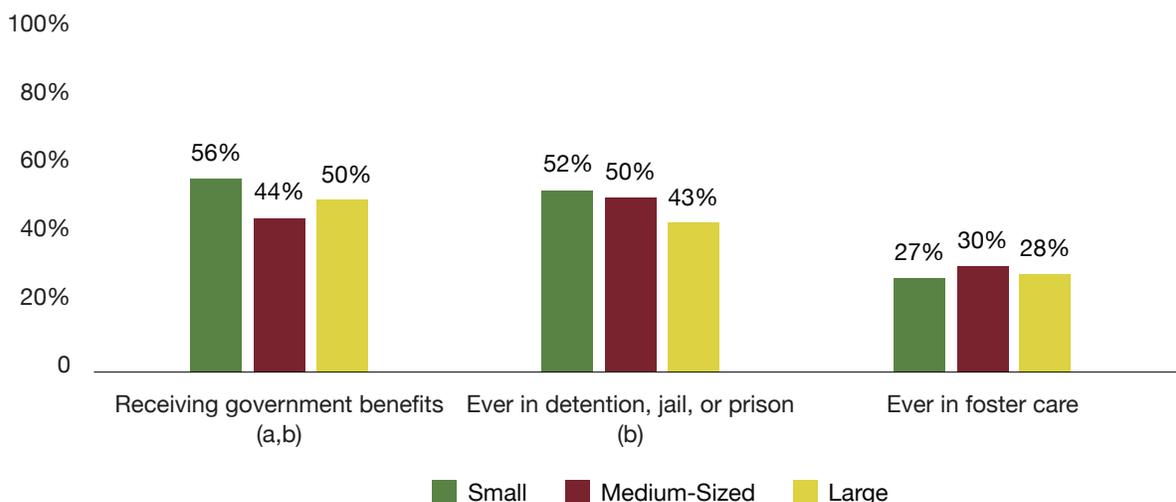
^a Difference between small and large counties statistically significant at $p < .05$

^b Difference between medium and large counties statistically significant at $p < .05$

Systems involvement by county size

The percentage of youth who had ever been in foster care varied relatively little by county size, but youth in large counties were less likely to have spent time in juvenile detention, jail, or prison than youth in either small or medium-sized counties (see Figure 3.12). Additionally, youth in medium-sized counties were less likely to be receiving government benefits than youth in small or large counties.

Figure 3.12. Systems involvement by county size



^a Difference between small and medium-sized counties statistically significant at $p < .05$

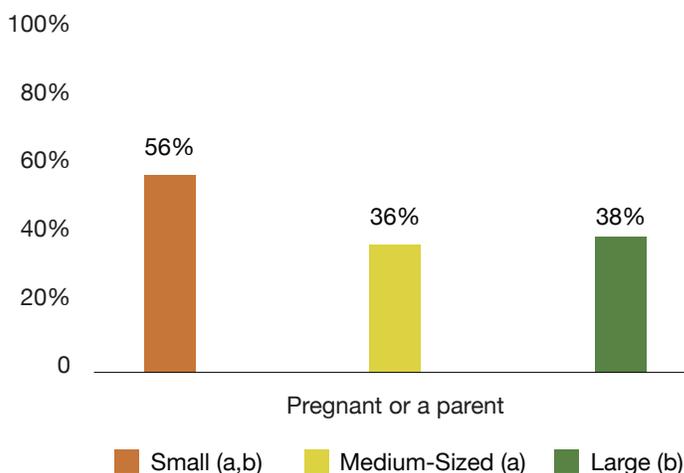
^b Difference between medium-sized and large counties statistically significant at $p < .001$

Pregnancy/parenthood by county size

The percentage of homeless females who were

pregnant or a parent was higher in small counties than in either medium-sized or large counties (see Figure 3.13).

Figure 3.13. Pregnancy and parenthood (females only)



^a Difference between small and medium-sized counties statistically significant at $p < .001$

^b Difference between small and large counties statistically significant at $p < .001$

Discussion

Key Findings

Survey data were collected from 4,139 youth experiencing homelessness across 22 counties that partnered with VoYC. An additional 833 youth were observed (that is, tallied) but not

surveyed. HMIS data provided by eight counties brought the count total to 5,970.

Based on where the youth had slept the night before the count, 48 percent were categorized as sheltered homeless, 24 percent as unsheltered homeless, 19 percent as “staying with others,” and 10 percent as “other.” These data suggest

that youth who have traditionally been excluded from HUD's CoC point-in-time counts represent a substantial proportion of the youth homelessness population.

Eighty-seven percent of the youth experiencing homelessness were 18 to 25 years old, and 59 percent were male. Although 13 to 17 year olds are likely to have been undercounted, we do not know by how much. The gender imbalance may be an artifact of age and location. Most of the youth were surveyed during the street count, and prior studies have found that samples of street youth or older youth experiencing homelessness tend to be disproportionately male (Toro, Fowler, and Dworsky, 2007).

Black or African-American youth, and youth who identified as LGBTQ, were disproportionately represented among youth experiencing homelessness. African-Americans comprise 12 percent of the U.S. population, but 47 percent of the youth experiencing homelessness identified as Black. Twenty-one percent of the youth experiencing homelessness identified as LGBTQ. This is at the low end of the 20 percent to 40 percent range that is cited by many LGBTQ youth advocates, but considerably higher than the percentage of young adults who identify themselves as LGBTQ in the general population.²⁴ Moreover, the percentage of youth who identify themselves LGBTQ may be higher than these data suggest.

One-third of the homeless 18- to 25-year-olds did not have a high school diploma or GED, and only 34 percent were currently employed. By comparison, a recent national Gallup poll found that only 14 percent of 18- to 25-year-olds did not have a high school diploma or GED and 77 percent were employed.²⁵ Likewise, 48 percent of the homeless 16- to 24-year-olds would be categorized as disconnected (that is, neither working nor in school) compared to 13 percent of

16- to 24-year-olds in the general population.

The youth experiencing homelessness that we surveyed had a high rate of systems involvement. Forty-nine percent were currently receiving government benefits, 46 percent had ever spent time in juvenile detention, jail, or prison, and 29 percent had ever been in foster care. They also had a high rate of pregnancy and parenthood. Thirty-nine percent of females (44 percent of females who were 18 to 25 years old) reported being pregnant or having at least one child.

Youth experiencing homelessness in less populated counties look different from their counterparts in more populated counties along several dimensions including race/ethnicity, sexual orientation, and pregnancy/parenthood. However, these differences should not be overstated because we also found a significant amount of variability on some dimensions, even between counties with similar population sizes.

Process lessons for conducting point-in-time youth counts were also important. At least three factors contributed to the success of the youth counts. First, VoYC site coordinators worked collaboratively with the lead agency and local planning committee in each county to engage local stakeholders in the planning and execution. Second, youth played a central role in planning for, and executing, the counts. Third, mapping the "hot spots" where youth experiencing homelessness were likely to be found resulted in an efficient use of resources, particularly in counties that cover a very large geographic area. Covering every inch of a large geographic area requires very large numbers of people, a lot of time, and significant resources. Given that people, time, and resources for youth counts are virtually always constrained, it helps to focus limited assets on hot spots, knowledgeable staff, and youth with lived experiences.

²⁴ A recent Gallup poll found that approximately 7 percent of millennials in the United States identify as lesbian, gay, bisexual, or transgender (http://www.gallup.com/poll/201731/lgbt-identification-rises.aspx?g_source=Social%20Issuesandg_medium=newsfeedandg_campaign=tiles).

²⁵ Gallup, Inc. Daily Tracking Poll data from July–September 2016.

Combining the visual count with the brief youth survey (BYS) had several advantages. First, the BYS data allowed us to determine whether youth were homeless based on where they slept the night before the count rather than on visual cues. This proved to be important because 37 percent of the surveyed youth did not meet the criteria for homelessness. Second, the data on where youth had slept the night before the count also allowed us to distinguish between youth who met the HUD definition of homelessness and youth who did not. Third, the demographic and other data we collected allowed for us to examine the heterogeneity of the population and cross-county variation in its composition. Fourth, administering the survey in shelters, transitional living programs, and community locations allowed for a more inclusive count. Finally, because the survey asked youth for their initials and date of birth, we were able to de-duplicate the data and minimize the chance that youth were counted more than once.

For several reasons, it is difficult to compare either the youth counts or the estimates it produced with prior counts and estimates of youth homelessness including—

- Never have so many geographically diverse communities participated in a single effort specifically to incorporate methods aimed at better counting and surveying youth experiencing homelessness (that is, apart from more general counts of homeless individual and families).
- Although some elements of the VoYC methodology have been implemented as part of prior youth counts, and even identified as best practices for counting youth experiencing homelessness (for example, involving youth in the counts and hot spot mapping), they had never been combined into a single approach across multiple counties (Auerswald et al., 2013).
- Unlike HUD-required January point-in-time counts, the youth counts captured

not only sheltered and unsheltered youth, but also youth who were couch surfing or doubled up. This is consistent with the revised USICH *Criteria and Benchmarks for Achieving the Goal of Ending Youth Homelessness*, which calls for communities' censuses of youth experiencing homelessness to include all unaccompanied youth "that meet any federal definition of homelessness (USICH, 2018)."

- Unlike the HUD point-in-time count or prior stand-alone youth counts that took place during the school year, the youth counts in this study all took place during the summer. It is possible that there could be significant seasonal variations in youths' sleeping arrangements and how well counts are able to identify them. These variations, however, can be very context-dependent. For example, a well-resourced Northern urban community might have harsher winters and more shelter facilities for youth, and therefore might be able to identify youth more easily during the winter if they congregate more in shelter facilities (this is part of the logic of January counts for homeless adults and families). However, this logic would be less applicable to parts of the country with moderate winter climates, and many communities—especially more rural communities—lack adequate shelter facilities for youth. In these communities, youth might be driven into less identifiable sleeping arrangements during colder months—for example, couch surfing, doubling up, or staying in buildings, vehicles, or public transport vehicles or facilities—rather than sleeping outside in the absence of adequate youth-friendly shelter options. In communities with high youth transience or seasonal migration, understanding how timing relates to local youth mobility patterns could also be important for selecting timing to maximize identification. Furthermore, the potential of

engaging schools and colleges should be weighed in planning the timing of counts, including considerations regarding when schools and colleges are in session and when their staff can be most available to support a community youth count. Communities should consider trade-offs related to their unique contexts and when planning the timing of their youth counts.

- VoYC included as youth ages 13–25 whereas prior counts have often had different upper and/or lower age bounds. For example, HUD’s estimates of youth homelessness apply to individuals up to age 24 who are unaccompanied by a parent or guardian.

Limitations

Despite the strengths of this 22-county Youth Counts Initiative, it also had several limitations, which should be considered in both interpreting the results and enhancing youth counts in the future.

First, youth who were couch surfing, doubling up, or experiencing other more hidden forms of homelessness were probably missed, particularly if they were not connected to service providers and did not frequent hot spots. Second, because the youth counts took place during a 24-hour period, they may not have captured youth who are intermittently homeless or highly mobile. Third, engagement of McKinney-Vento school homeless liaisons and other school personnel was limited because all the youth counts were conducted during the summer. This may have contributed to an undercount of youth under age 18. Fourth, in counties where the hot spot mapping took place several weeks before the count, some of the locations where youth were likely to be found had changed (and, in some cases, hot spots can even vary according to the time of day). This was especially true in counties that experienced bad weather during the days leading up to or on the day of the count.

Fifth, we took a compromise approach to handling the observational visual counts. Youth who were tallied but not surveyed were included in the visual count. This approach has the disadvantage of susceptibility to biases related to count volunteers’ perceptions of what a youth experiencing homelessness “looks like” and to inclusion errors (counting youth who were not really homeless). However, it has the advantage of including youth who are obviously or very likely homeless, but for a variety of reasons, cannot safely or readily be surveyed during the count. We included the visual counts, but we adjusted the count numbers based on the percentage of surveyed youth who were categorized as homeless by each count team. Nonetheless, it is possible that those tallied but not surveyed by count teams were systematically different from those surveyed by count teams, and therefore the adjustments made could have been flawed. Finally, because only eight counties provided us with HMIS data, we did not integrate those data into the aggregate count.

Specifically, with respect to the brief youth surveys, there were also important limitations. First, because the survey needed to be brief if it was to be administered in conjunction with the counts, questions about important topics such as perceived causes of homelessness, experiences with homelessness (for example, age at first homeless, number of times homeless, and length of current spell), service utilization, and unmet needs could not be asked (although some of these questions were included in the survey that was administered as part of the VoYC in-depth interview component). Second, although the focus of VoYC is on unaccompanied youth, the youth who completed the survey were not asked if they were staying with a parent or legal guardian. This means that some of the youth we counted as homeless may not have been unaccompanied. Future *Youth Count!* surveys should aim to include item(s) to capture status regarding accompaniment while homeless. Third, these data provide a snapshot of youth who were homeless at a point-in-time;

they do not necessarily reflect the experiences of all youth who were homeless during the course of a period of time, such as a year. Fourth, the BYS was administered in relatively few shelters and transitional housing programs for homeless adults and families that also serve youth.

Finally, despite being piloted with youth in two of the counties and reviewed by several partners, three of the questions may have been problematic. First, our sexual orientation question, which comes from the National Longitudinal Survey of Adolescent Health, may not have adequately captured the way some youth think about their sexual orientation. Second, because the survey was administered during the summer, some youth who had attended school during the academic year that just ended and who were planning to attend school when the new academic year began may have responded “no” to the school attendance question. Third, youth were asked if they were pregnant or a parent, but not if their partner was pregnant. Although some males gave an affirmative response, others who had a pregnant partner may have responded “no.” Additionally, this question did not distinguish between the youth who are pregnant (or whose partners are pregnant) and those who are parents, but the question about custody is only relevant to the latter.

Considering these limitations, some of the lessons we learned from our efforts to count and survey youth experiencing homelessness in 22 counties across the United States are briefly described in the following points—

- **Count over a period of several days.** Because homeless youth are a transient population and frequently move into and out of housing, extending the count beyond a 24-hour period makes it more likely that youth experiencing homelessness will be counted. In fact, some communities have conducted week-long counts of youth experiencing homelessness. Notably, this would require more resources and count personnel. Although this increases the chance that the same youth will be counted multiple times, collecting data that can be used for de-duplication can mitigate this risk.
- **Conduct a survey-based count rather than an observation-based count.** Our experience suggests that visual cues alone should not be used to determine whether a youth is homeless. Moreover, surveying youth provides an opportunity to gather information not only about their housing status, but also other characteristics.
- **Involve homeless adult and family service providers.** Many homeless adult and homeless family service providers serve homeless youth, particularly homeless youth age 18 and older. Involving these homeless providers increases the chance that the youth they serve will be captured by the count.
- **Engage youth in all aspects of the process—including instrument development.** Youth engagement was central to the success of the VoYC approach. Youth were involved in both the planning of the count (for example, identifying hot spots) and in its execution (for example, collecting survey data). Problems with some of the survey questions might have been avoided had youth been more involved in developing the instrument.
- **Pilot the survey instrument.** More thorough piloting of the survey instrument, and closer to the time of the actual counts, might have surfaced some of the problems with the survey questions that only became evident in retrospect.

- **Explore the use of web-based survey applications.** VoYC used paper and pencil surveys that were electronically scanned. However, an increasingly viable option is to use a web-based survey instrument that can be accessed via a tablet or mobile phone. Electronic data collection has several advantages, including the ability to reduce labor and human error involved in data entry from paper surveys to data files, allowing for instantaneous data uploads for speedier data analysis and reporting of results back to communities, and ability to collect precise geographic (Geographic Information System) data on homelessness for spatial outreach and targeting of services and supports. However, electronic data collection can also require upfront investments in technology and hardware (unless count volunteers can use their own devices), may pose risks to volunteers if using technology for the count makes them more susceptible to theft or harm, and can require additional training for volunteers that are less adept at using such technology. Careful discussions, detailed costing of both paper and electronic data collection options, youth input, and piloting of electronic data collection could inform whether this shift is the right choice for a community. The length of the survey instrument can also influence the viability of electronic data collection (for example, conducting a short survey with a smart phone is likely to be easier than conducting a long survey with a smart phone).
- **Review hot spots and/or allow for flexibility.** Revisit the list of identified hot spots immediately before the count to ensure that they are locations where youth are still likely to be found. This is particularly important if hot spot mapping had occurred several weeks before or if there had been inclement weather in the days leading up to the count. Ask youth and frontline staff whether specific hot spots are best visited at certain times. Flexibility is also needed because youth may be congregating in unmapped locations on the day of the count.
- **Integrate HMIS data.** HMIS data can supplement a visual count or survey data, particularly if some shelters or transitional housing programs do not participate in the count, but access can be a challenge because not all CoCs are equally willing or able to share their HMIS data.
- **Involve other service providers.** Involving a variety of youth-serving organizations, such as health clinics, behavioral health centers, and LGBTQ-focused agencies, because many homeless youth—especially those who are couch surfing or doubled up—are not connected to homeless service providers.
- **School engagement.** The Family Education Rights and Privacy Act (FERPA) restricts the ability of schools to share student information without parental consent, and the Protection of Pupil Rights Amendment to the General Education Provisions Act requires school districts to obtain parental consent for youth to participate in a survey.²⁶ These requirements limit how schools can assist with counting or surveying unaccompanied youth who, by definition, do not live with a parent or legal guardian. However, schools can raise awareness and encourage students to participate in counts. If counts are conducted while schools are in session, these collaborations are more viable. Given that many youth experiencing homelessness are also enrolled in post-secondary education, the engagement of local colleges and universities—especially community colleges that tend to have

²⁶ Some school districts will not share any disaggregated data; others will provide de-identified individual-level data.

higher rates of lower income and minority youth—can also significantly improve counts’ identification.

- **Counting homeless minors.** Although McKinney-Vento data on homeless student enrollment are a potential source of information about homeless youth under age 18, those data only capture youth who are still enrolled in school and who choose to disclose their housing status to school personnel. An alternative approach to estimate the number of minors who are homeless is to embed questions about homelessness in ongoing National Surveys of youth. Examples include the Youth Risk Behavior Surveillance System (YRBSS), Monitoring the Future, and the National Survey on Drug Use and Health (NSDUH).

Conclusion

Data on the number of youth experiencing homelessness and the characteristics of those youth are essential to preventing and ending youth homelessness. They can be used to guide policy decisions about spending on programs for youth experiencing homelessness and to measure changes in the size and composition of the youth homelessness population over time. Data can also inform the development of prevention and intervention strategies, enhance the ability of advocates to effectively lobby for resources, and help service providers build capacity to address the needs of homeless youth.

Motivated, by this need for better youth homelessness data, VoYC developed a replicable methodology for counting youth experiencing homelessness and implemented that methodology in a diverse set of communities across the United States. Because of this unprecedented effort, we now have a snapshot of youth homelessness in 22 diverse counties that highlights the heterogeneity of this population, both between and within communities, and at the same time, points to

important overall differences between youth who experience homelessness and their general population peers.

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Chapter 4. In-depth Interviews

Highlights

- We conducted 215 in-depth interviews with youth experiencing homelessness in five diverse communities across the country about their trajectories into and through homelessness, and their experiences with systems and services.
- The root causes of instability begin in childhood and include early disruptions in one's literal and psychological sense of home.
- Nearly all youth experiencing homelessness reported chronic childhood adversity; more than one in three experienced the death of a parent or caregiver before the age of 25.
- Emerging adulthood was a high-risk period and parents struggled with youths' emerging sexuality and/or youths' inability to financially contribute to the household.
- Evaluating potential gains and the management of risk informs youths' logics of engaging or avoiding resources.
- We recommend youth-centered approaches, attuned to youths' family contexts, distinct developmental needs, and youths' own preferences.
- We highlight the need for increased focus on identity and personal agency, as this is often a hidden element of youth resilience and risk.

Background

The previous two chapters reported high-level statistics on the scale, scope, and characteristics of youth homelessness in America based on a nationally representative survey and youth counts in 22 counties across the country. This chapter goes deeper into the trajectories, experiences, and viewpoints of youth experiencing homelessness using in-depth interviews (IDI) in five diverse communities. Additionally, this IDI component attempts to address some limitations and gaps in the existing knowledge base by expanding the interdisciplinary research, theory, and literature within and beyond the field of youth homelessness.

The IDI component has at least four strengths in how it advances existing empirical knowledge to change policy, practices, and scientific methods. First, this study responds to the call within contemporary literature (Tyler, Fagan, and Geller, 2014) to engage a broad definition of homelessness to capture the full spectrum of

experiences; as with the nationally representative survey and the youth counts, the IDI sample includes youth who couch surf, an often “hidden” population (Tyler, Fagan, and Geller, 2014). The IDI also explores youths' own understanding of the label “homeless.” This, along with a sample spanning the ages of 13 to 25, helps this study contribute a broader, more complex and youth-centered representation of housing instability and its early beginnings.

Second, the IDI is deeply linked to, and expands the emerging conceptual work in, this and other fields that attempt to contextualize youth outcomes and experiences developmentally and ecologically (Auerswald and Eyre, 2002; Coward Bucher, 2008; Slesnick et al., 2007). Relatedly, the IDI draws upon intersectional understandings of human diversity and social power. Taking this approach, we recognize youths' multiple identities and the power or stigma attached to each (Collins, 1999: 261-284; Samuels and Ross-Sherriff, 2007). The IDI's analyses considered not only how stigma is tied to “homelessness,” but

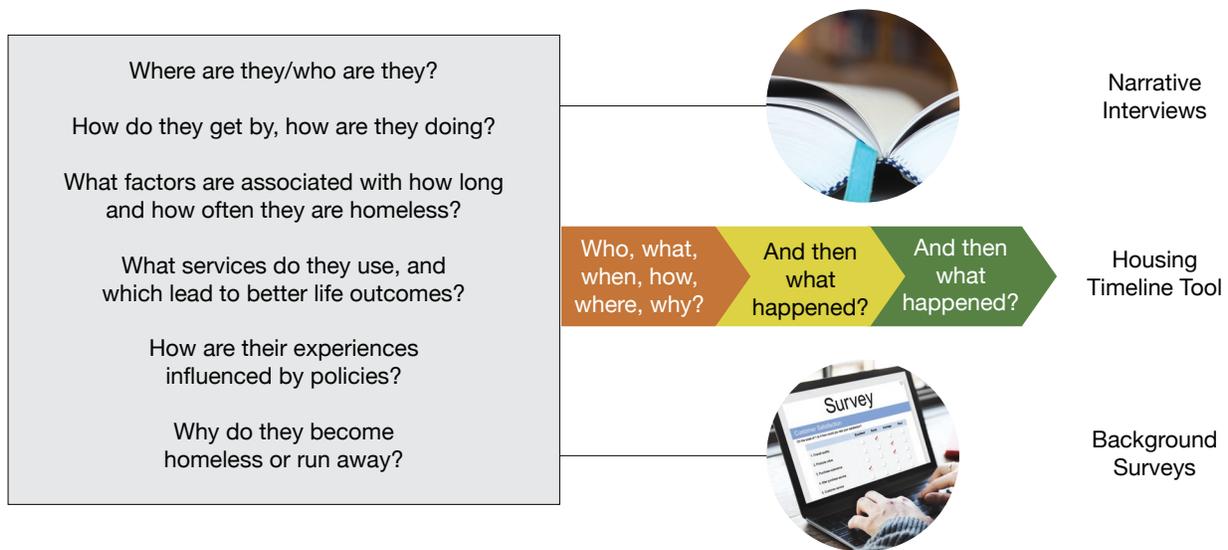
also how it is complicated by other marginalized and privileged identities among youth, including race, class, sexuality, gender expression, and ability. This approach to human diversity is only beginning to appear in the field of homelessness (Abramovich and Shelton, 2017; Zufferey, 2017). Using this more complex approach is critical to informing practices and policies that more accurately reflect the lived diversity of youth.

Third, this component is novel in its use of multiple methods, and in its size and scope. The IDI is truly a mixed-method and mixed-model component. This is reflected in our use of youth-driven narrative protocol, interactive timeline tools, background surveys, and integration of the different kinds of data produced throughout the research process. It is also driven by a research approach that centers youth perspectives both in the kind of data collected and in the presentation of findings. This approach complements a small

group of studies (for example, Hyde, 2005; Williams and Frederick, 2009) that also claim this youth-centric focus.

Fourth, during the past decade, a body of literature exploring pathways in or out of homelessness and housing (in)stability has emerged (Coward Bucher, 2008; Hyde, 2005; Mallett et al., 2010; Patterson, Markey, and Somers, 2012), trajectories of recovery (Padgett et al., 2016) and a focus on early adversity that shapes later trajectories (Schafer, Ferraro, and Mustillo, 2011). This study builds and expands upon that work, as well as a longer history of trajectory and narrative methods outside of homeless scholarship. Taken together, the IDI represents a comprehensive analysis of the experience of youth homelessness and contributes answers to all the main VoYC initiative’s research questions (see Figure 4.1).

Figure 4.1. VoYC research questions and IDI data collection elements



Methodology

Site selection

The IDI’s selection of sites builds on the first phase of the VoYC initiative launched in the early

summer of 2016 (see Chapter 3). The IDI used “purposive methods” to select 5 of the VoYC’s 22 counties (selected intentionally rather than randomly). We considered each county’s ability to support extended data collection activities and unique local factors that could shape distinctive

experiences of housing instability among youth. Ultimately, the following five counties were selected and agreed to participate in the IDI component: Cook County, Illinois; Philadelphia County, Pennsylvania; San Diego County, California; Travis County, Texas; and Walla Walla County, Washington.

The IDI also built upon the relationships and knowledge gained from the youth counts. For example, the VoYC team conducted focus groups with providers and youth to identify “hot spots.” The IDI also used this information to inform our field teams’ recruitment strategies.

Building a local field team

We hired, rigorously trained, and supervised a local field team of interviewers and transcribers in each of the five sites. Each site team included two interviewers and two transcribers who worked together as a team. All teams had at least one bicultural-bilingual interviewer and transcriber. All five sites identified at least one “Lead Agency” and a lead agency staff contact. Lead agencies and staff contacts were critical to the recruitment process (described later). Each site field team was overseen and supported, including weekly meetings, by a member of the research team at Chapin Hall who served as site lead.

Recruitment

We used many recruitment strategies to recruit a diverse group of youth in age, school involvement, sexual identity, race-ethnicity, service system involvement, gender identity, and in histories of homelessness and housing instability. Initially and throughout, Lead Agencies were critical in connecting interviewers with youth and with other providers and school personnel who work with homeless or unstably housed youth. Other strategies included posting recruitment flyers in public spaces and online, and making direct contact with youth on the streets. We also used peer-driven methods by handing out cards with interviewer contact

information after youth completed interviews to spread the word about the study. We ultimately recruited most youth through referrals from staff from agencies (n=50) and schools (n=9), direct contact with youth at agencies (n=48), and peer referrals from participants (n=36). The next most common sources were interviewers making direct contact with youth on the streets (n=28), flyers (n=23), and youth who were involved in focus groups during the youth count (n=17).

Data collection

All youth were informed about the study, their rights, and the voluntary nature of their participation. Interviews were conducted from July 2016 through March 2017 and lasted anywhere from 1 to 4 hours, with the average interview lasting 1.5 hours. Participants received a \$25.00 Visa gift card as well as a local service/resource guide. The IDI component includes four interwoven data collection methods described in the following points.

Narrative Interviews. All interviews began in the same way, by asking youth: “If you were to think about your experiences with housing instability as a story, where does your story begin?” After posing this question, the interviewer uses the Housing Timeline Tool described next to document their housing instability stories starting with their chosen beginning through present time.

Housing Timeline Tool. The narrative interview is paired with the Housing Timeline Tool, appearing as a wide and blank arrow on 11-x-14-inch paper. The timeline tool was used collaboratively with youth to plot who, what, where, when, and how of their moves in and out of places they stayed (see Figure 4.2). For each new living experience, youth were asked where and with whom they were staying, how long they stayed there, and the reasons they left, ran away, or got kicked out.

The IDI was interested in understanding more than the “facts” of their moves. We also used

the timeline tool to explore the contexts that youth were navigating that were critical to their housing instability experiences. Using the acronym JoFFiSSH (pronounced Joe Fish), the interviewers also probed these seven key areas across the timeline—

Jo: Jobs, employment, finances, and access to money

F: Family ties and relationships

Fi: Friends/peers, intimate partners

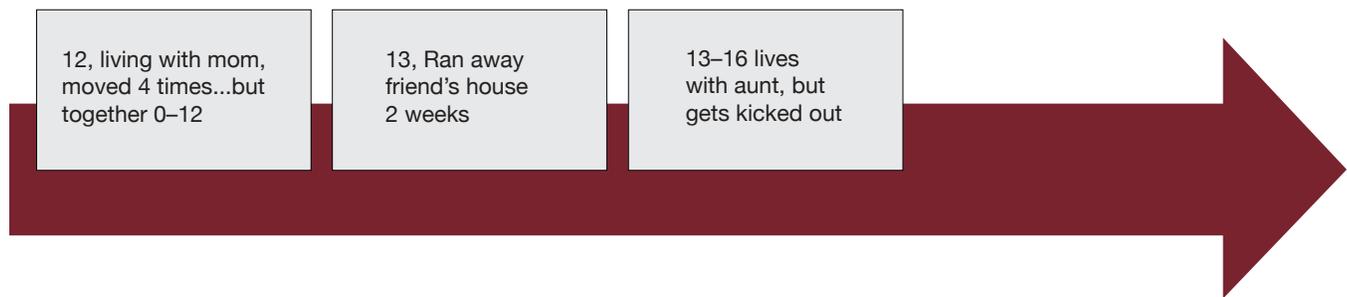
S: Connections to school and education

S: Formal or informal services, supports, resources

H: Health and wellbeing

Figure 4.2. Housing timeline tool example

Throughout, the interviewer writes the youth's age, place, and length of stay (for example, 2 days, 1 month) on the arrow and draws lines to delineate a change in housing, as shown in the figure below.



Background Survey. The third data collection effort is a background survey that includes the same demographic questions appearing on the brief youth survey as part of the youth count. However, the background survey included additional questions about eight types of adversities youth may have experienced both while stably and unstably housed, their receipt of services and specific government benefits, what other services and supports they have used, and what factors make it hard to achieve housing stability. The full background survey instrument is provided in Appendix D. All youth in each site had the option of completing interviews in either Spanish or English. To address differences in reading abilities for the survey, we used iPads with RedCap audio survey software technology. Participants could privately listen to the survey questions spoken in English or Spanish through ear buds, or read the survey questions themselves.

Reflection Logs. After the interview, interviewers completed reflection logs recording observational data. These included elements of the interview not captured on tape and reflections on the interview.

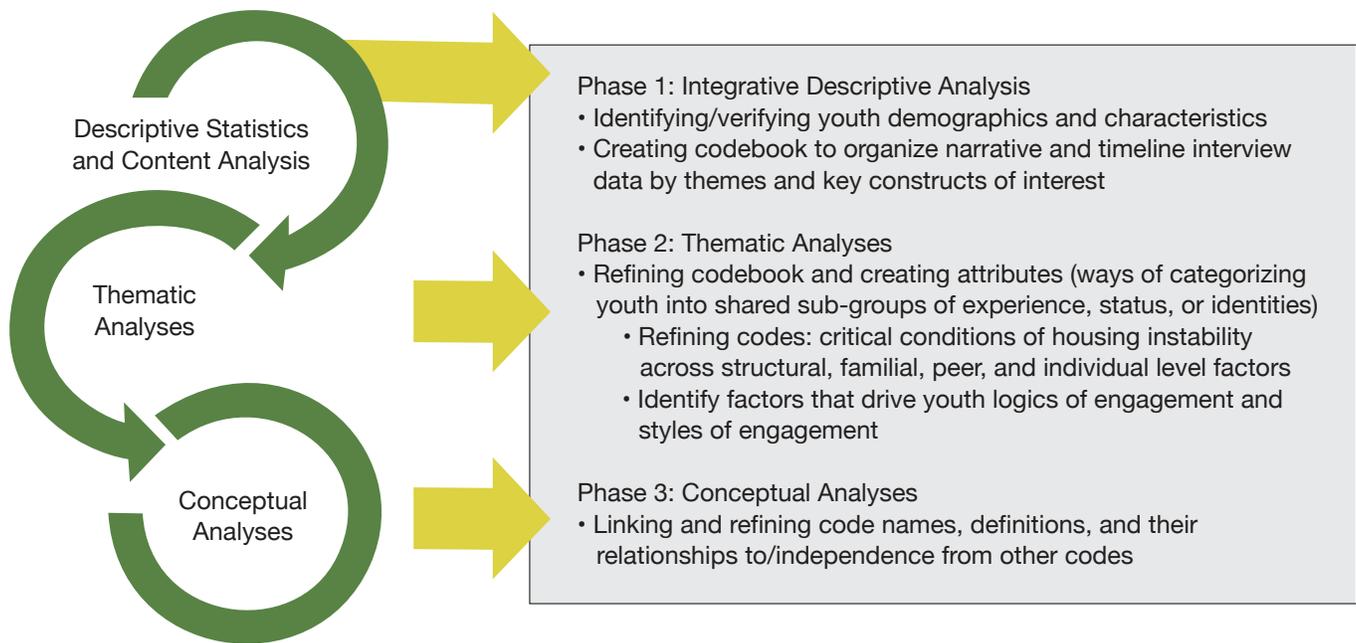
Data analysis

We used survey analysis procedures to analyze the survey data. All survey responses were reviewed, and any inaccurate or incomplete responses were modified or deleted from the dataset. We then used the interview data to fill in missing values and responses (for example, age and foster care history) based on our narrative interviews. When responses could not be reliably imputed, they are coded as “missing” or “unassigned.” We created cumulative adversity scores (based on survey data) across key demographic characteristics and tested for significance of differences.

Our approach to analysis ultimately integrates all the IDI data to produce the following: “youth logics” of engaging resources, trajectories of housing instability, and critical conditions that point to opportunities for intervention within youths’ trajectories. We followed a three-phase

process using several analytic methods including content and descriptive analyses, thematic analyses, and ultimately, more conceptual analyses informed by both Narrative and Grounded Theory Methods (see Figure 4.3).

Figure 4.3. IDI’s multi-phase approach to analysis



Midway through data collection, members of the IDI research team completed three-day debrief meetings in all five sites. We also shared preliminary reports of the survey data to all five sites. The analytic plan and final analyses within this report are significantly informed by the feedback we received.

Results

The goal was to interview approximately 40 youth ages 13 to 25 years old in each of the five sites for a total sample of 200. We ultimately interviewed 215 youth: 40 youth each in Cook and San Diego Counties, 55 in Philadelphia County, 39 in Travis County, and 41 in Walla Walla County (see Appendix E for full reporting of demographic information). Most participants (86 percent) were age 18 or older. More than

one-half identified as either Black or African-American (31 percent) or White (23 percent), and 21 percent identified as multiracial. Many youth reported gender identities as either male (52 percent) or female (41 percent).

Youth were able to report their sexual identities on a spectrum. While 58 percent identified as 100 percent heterosexual/straight, 38 percent did not. Among those, 11 percent identified as bisexual and 10 percent identified as 100 percent gay or lesbian. Nearly one-fourth reported that they were the parent of at least one child. An additional 8 percent of youth (n=18) reported that they or their partner were currently pregnant.

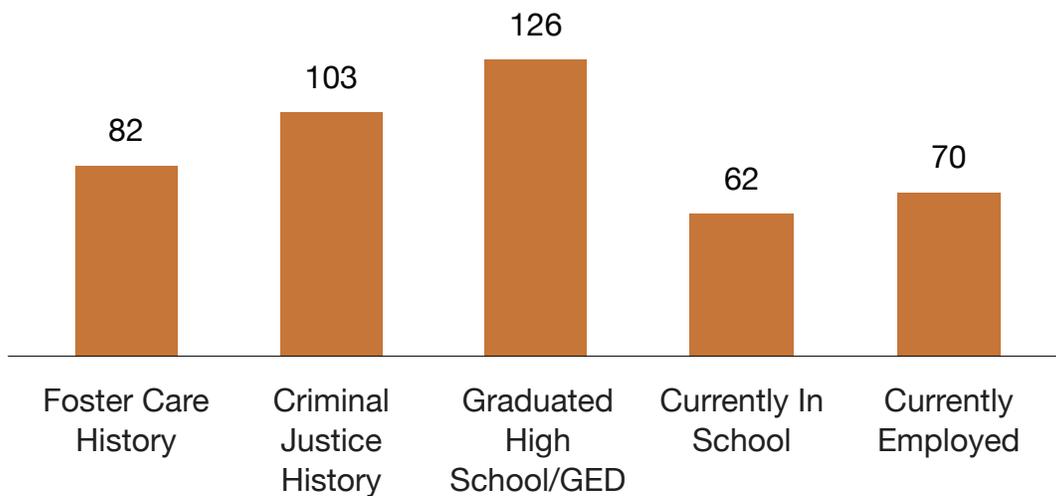
Finally, of the 211 youth who responded to the survey question “where did you sleep last night?” the most common responses youth

reported included couch surfing in the home of peers (n=34) or family (n=17), sleeping in a shelter (n=39), in transitional housing (n=39), on the streets (n=28) or in a car, abandoned building, or on public transportation (n=12). Less common responses (with two youth in each category) included hotel/motel, group home, residential treatment facility, detention center/jail/prison, and hospital or emergency room.

Youth involvement in key systems and institutions

It is important to understand the degree to which youth are engaged in institutions that critically shape their development and stability or enter into systems serving as interventions targeting children and youth. In our survey, we asked youth about their educational experiences, completion of high school, involvement in the formal workforce, and if they had histories in foster care, or the criminal justice system. Figure 4.4 reports how many youth answered “yes” within each category.

Figure 4.4. Youth involvement and connection to systems and institutions (N=211)



It is important to note that 23 percent of IDI participants reported dual involvement in criminal justice and foster care systems at some point in their childhoods. Later sections of this report will discuss more general police contact and patrolling as a critical structural condition of housing instability among youth.

At the time of our interview, only 30 percent of youth were enrolled in school. Most of those youth (53 percent) were in a regular high school (31 percent), alternative school (11 percent), or completing a GED/high school equivalency program. Only 14 youth were currently attending two-year community colleges, and six were attending a four-year college. Approximately 60

percent of participants had already completed high school or a GED.

Our survey asked youth if they were currently employed in a place where they received a pay stub. This was intentionally phrased this way because we wanted to know how many youth were connected to more formal institutions of employment. Only one-third of youth were formally employed. Disconnected youth are 16- to 24-year-olds who are neither working nor in school. Of the 16- to 24-year-olds who participated in the IDI, 46 percent were disconnected.

Survey responses to eight adverse experiences

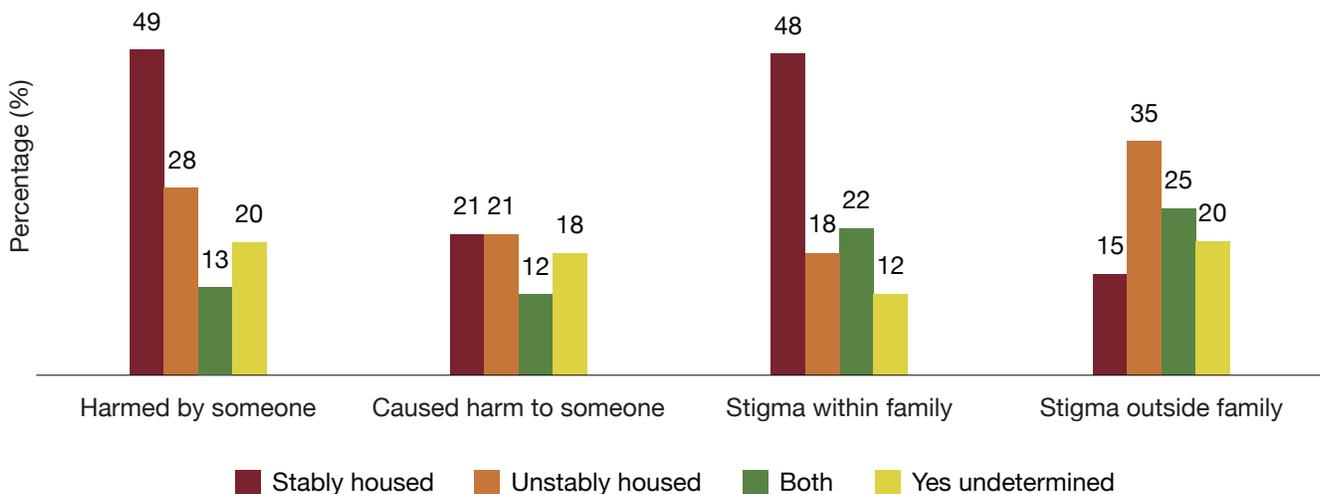
Although the narrative interviews capture a larger array of adversities, we systematically surveyed youth about a subset of experiences that unstably housed youth might encounter—

- Have you been physically harmed by someone?
- Who: parent or guardian, another relative, dating partner, friend or peer, stranger, other, refuse to answer.
- Have you physically harmed someone or yourself?
- Who: parent or guardian, another relative, dating partner, friend or peer, stranger, myself, other, refuse to answer.

- Have you experienced discrimination or stigma?
- Within your family?
- Outside your family?
- Have you experienced the death of a parent or caregiver?
- Have you exchanged sex for basic needs?
- Have you been forced to have sex with someone?
- Have you been taken, transported, or sold for sex?
- Have you belonged to a gang?

Youth were asked if these occurred while stably housed, unstably housed, or both. Figures 4.5 through 4.7 present those results. Appendix F presents more detailed results on adversities by key demographic characteristics.

Figure 4.5. Physical harm and discrimination/stigma



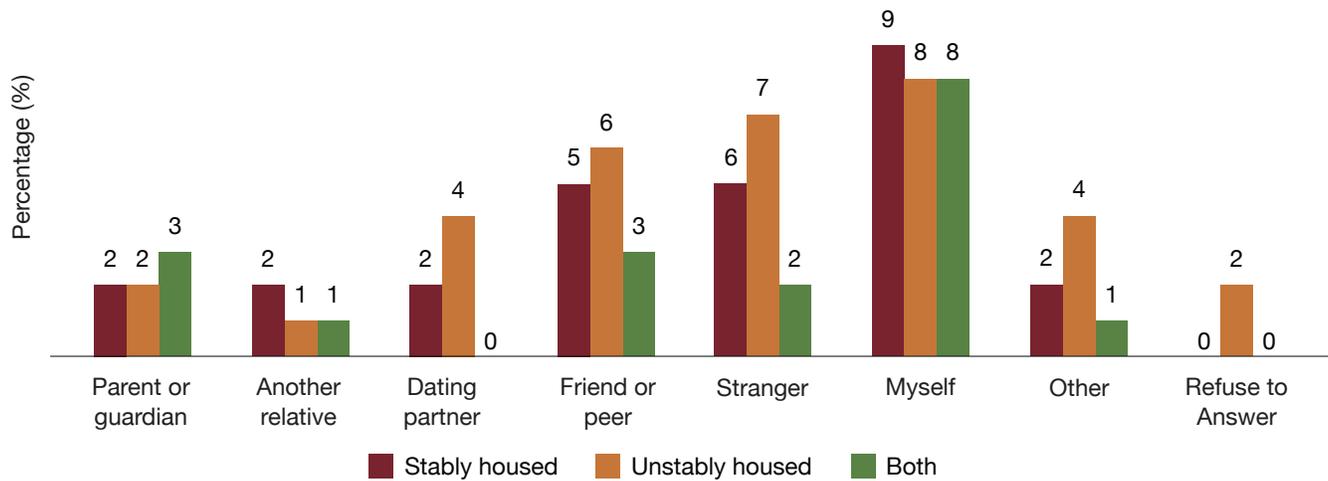
Experiencing discrimination and stigma was a common experience. One hundred youth (47 percent) experienced some form of stigma or discrimination within their families, most while

stably housed, and 95 youth reported stigma and discrimination from outside of their families. It is likely that this increase in discrimination from non-family while unstably housed is capturing

their new stigmatized status of “homeless.” This becomes an additional status that they must navigate while unstably housed. The largest groups of perpetrators of harm are parents while

stably housed (n=29) and other relatives while stably housed (n=15). The most common victim of harm caused by youth is themselves (see Figure 4.6).

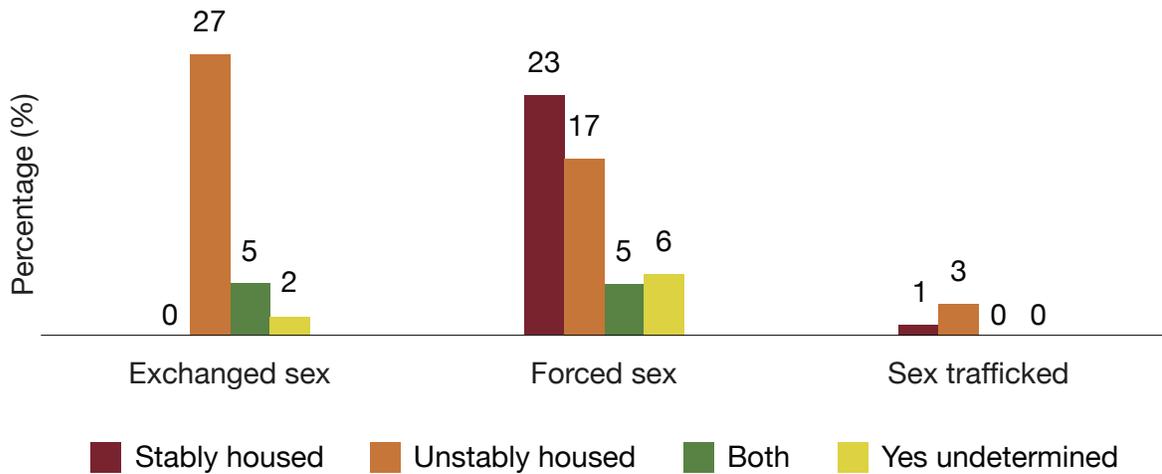
Figure 4.6. Victim of physical harm caused by youth



We asked several questions about the role of sex for survival, sexual violence, and involvement in the sex trade. As shown in Figure 4.7, the largest category was youth who had been forced to have sex (24 percent). A very small number of youth (n=4) reported being taken, transported, or sold for commercial sex.

It is likely that the low number of youth reporting involvement in what would be labeled “sex trafficking” is an undercount. Youth in this study were open in disclosing a host of adverse experiences during their interviews. However, reaching those deeply entrenched specifically in sex trafficking would have required a longer engagement in the field and a more targeted recruitment effort to gain access to this highly regulated and controlled subpopulation.

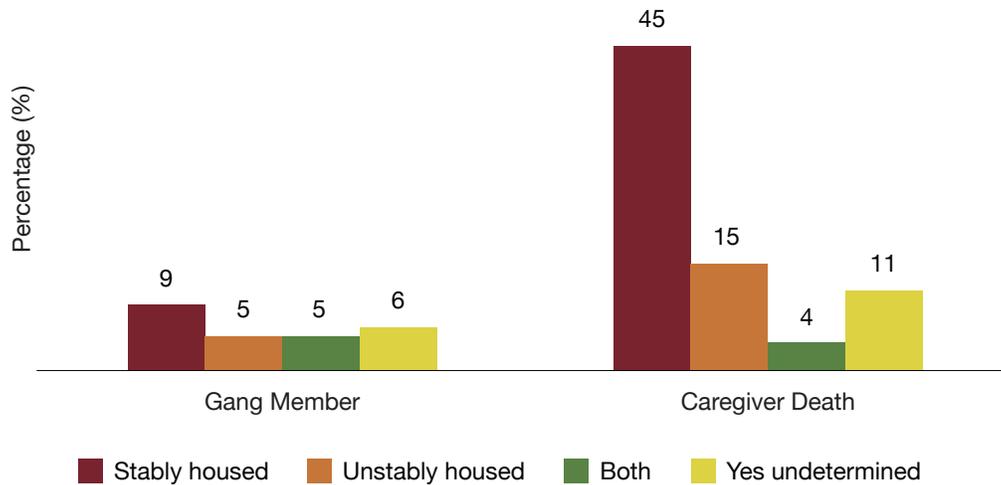
Figure 4.7. Adversities tied to sex



Perhaps surprising is the degree of parental death reported among youth (see Figure 4.8). In our survey, 35 percent of youth indicated experiencing the death of a parent or caregiver;

this percentage rose to 43 percent in Cook County, IL. Very few of our participants reported involvement in gangs at any point in their lives.

Figure 4.8. Gang involvement and parental loss



In reviewing Figures 4.5 through 4.8, it is important to note that many of the adversities actually decrease as youth leave stable housing (for example, harm from others, stigma within family, forced sex, gang membership, and parental/caregiver death). This challenge’s conceptions of risk as solely existing outside of stable housing contexts. As later sections will

illustrate, youth experienced a host of adversities and risks both while stably and unstably housed.

Cumulative adversity scores

To understand how the surveyed adversities differed across demographic groupings of youth listed in Table 4.1, we calculated mean scores.²⁷

²⁷ This analysis is based on 201 youth. Of the 211 completed surveys, 10 of those youth did not answer four or more of the adversity questions and were omitted.

This allows us to know if some of the differences between their scores are statistically significant. The average cumulative adversity score for the entire sample was 2.8. Several groups of youth have higher scores. However, significance testing

of these differences indicates the following three subgroups of youth had significantly higher than average cumulative adversity scores: youth who identified as sexual minorities (LGBQ)²⁸, foster youth, and youth with criminal justice history.

Table 4.1. Cumulative experiences of adversities

	n	Mean
Total	201	2.8
Gender (n=196)		
Female	78	2.9
Male	105	2.6
Other	13	3.2
Age (n=198)		
13 to 17 years old	29	2.3
18 to 25 years old	169	2.9
Race/Ethnicity (n=192)		
Black	63	2.7
White	50	3.0
Latin@	28	2.1
Multiracial	40	3.2
Other	11	2.6
Sexual Orientation (n=191)		
100% Heterosexual	118	2.3
LGBQA	73	3.6***
Foster Care History (n=200)		
Yes	81	3.2**
No	119	2.5
Ever Spent Time in Detention, Jail, or Prison (n=197)		
Yes	97	3.1*
No	100	2.5

*Significant at $p < .05$; **Significant at $p < .01$; ***Significant at $p < .001$

When responses differ from 201, we note that total n in the corresponding cell within the table.

²⁸ Sample sizes of transgender youth were not large enough to enable such statistical analysis.

While the survey provides important insights, the narrative interviews add necessary context and detail to unpack these adversities and many others, as well as understanding critical strengths and resiliencies within these youths' stories.

Beginnings of housing instability

Over one-half (54 percent) of our participants experienced homelessness on their own during their late adolescence between ages 16–18. Another 21 percent experienced their first homeless episode during early adolescence, ages 13–15. Taken together, 75 percent of youth in our study experienced adolescent onset of homelessness (ages 13–18). A small proportion of youth experienced their first spell of homelessness prior to age 12 (seven percent). Knowing one's age of first homelessness, however, tells us very little about the “why” behind these numbers. Youth described these beginnings within a web of early life challenges within their families of origin. These realities were the early seeds of the instability they currently navigated.

Where does your story begin?

It is fair to assert that 100 percent of youth named family-related issues as core to their instability. No interview started without naming parents, extended family, siblings, or foster families within the first few sentences. The five most common sub-themes included: foster care, family homelessness, chronic parent-child conflict, youth running away/leaving, and parental struggles. Some responses were double-coded across these categories when youth themselves attributed the beginnings to more than one event happening simultaneously.

These themes are not mutually exclusive and the beginnings often not singular. Even in the quotes, youth name a cascade of other experiences that followed or preceded their chosen beginnings. For example, experiencing foster care was often embedded within prior experiences of a family

dynamic of abuse and neglect, parental struggles with addiction or mental health, often poverty, and sometimes, family homelessness. In their quotes, readers will see these issues and will likely sense other hidden or unspoken challenges and dynamics.

Foster care

“And you know, sometimes foster parents want you, sometimes they don't. Sometimes youth might do a little something off the wall, they send you to another house. ... I have been in at least seven or more houses, so you know it can be pretty emotionally and mentally traumatizing...”
El Chapo, Cook County

Of the 82 youth with foster care histories, 38 (46 percent) reported that simply being removed from their home and being placed in foster care was the beginning of their homelessness. The experience of family disruption, and “bouncing” around from one foster home to another, especially for those removed at very young ages, caused many of these youth to feel they had been experiencing a form of instability in their sense of home nearly all their lives.

Family homelessness

“I was around like 12... my mom was going through some domestic violence, and we had to relocate... No matter wherever we went, my dad would have like found us. And so we moved THERE 'cause he didn't know anything about Wisconsin. And from there it was just like (pause) that's when I really experienced being homeless.”
Naomi, Cook County

Nearly one in every four youth (24 percent) experienced homelessness in their families before becoming homeless on their own. More than one-half of these youth named this experience as where their homelessness began. Youth often recalled stories of being homeless due to poverty, a parent fleeing domestic violence, or a parent's struggles with mental health, addiction, infidelity, or an emotional need

to follow an unstable partner. Like foster youth, they too moved “all over” and endured a highly unstable childhood context for development.

Chronic conflict

As the largest category, 65 youth reported experiences of ongoing conflict with a parent or a stepparent as the core issue behind their homelessness. Sometimes youth noted their own issues with “anger” or drug use. Just as often, however, it marked a coming of age story in which economically struggling parents conveyed expectations that the young person (particularly boys) contribute to the household after turning 18. This was true for John Walker, a 20-year-old San Diego youth who identified as White, male, and heterosexual. His mom kicked him out at 19:

I got kicked out of my house because... me and my mom don't get along. I mean we do, but she has a stressful job, she comes home from work all stressed out. ...and so when I get home, you know, I have done nothing all day so, when I talk to her sometimes she just yells at me. When I was 18 and I came home ...didn't do nothing all day because I'm tired of school...I graduated at 17 but never really looked for a job. ...I started looking for a job...and that made my mom more proud of me. And, one time (at work)...I fell asleep at like 2:30. It was my break and I woke up at 4:30pm and they fired me and my mom got mad. That's when I got kicked out.

A second core subtheme was that parents and family members deeply struggled with, or outright rejected, their emerging adult child's sexuality. Sometimes youth left on their own accord; other times parents kicked youth out or issued frustrated ultimatums causing a young person's departure. For Juan in Philadelphia County, it was his dad and his mom's boyfriend who rejected his identity as gay that caused ongoing conflict, ultimately leading to being kicked out:

It was the conflict of me being the oldest child and then the fact that I was gay. So it was one

of them things where my father didn't approve of it, so he was like, 'Oh, I'm not approving of it, so I don't wanna talk to you. I don't wanna see you.' And then my mother at the time was going through a relationship where her partner didn't accept the fact that I was gay. I was able to stay with my mom, but it was more so the fact that her partner didn't accept me being gay or, like, bringing my boyfriend over. ...And my mom just, like, agreed with him.

Running away or leaving

"I (first) ran away when I was seven, for like eight hours. ...my parents didn't even notice I was gone. ...like thirteen to like sixteen, I'd be gone for weeks. I was gone for two and a half months, and I came home, and my mom goes, 'I asked you to do the dishes yesterday.' I was like, 'I've been gone.'" Anastasia, Walla Walla County

When youth chose the beginning of their stories as “I ran away” (n=21) or “I left” (n=26), it was always linked to their own sense of having to take initiative to escape or just disappear from a harmful or neglectful family dynamic, or to search out a better or safer place to live. Sometimes what distinguished leaving from running away was age (older youth describing departure as leaving). Other times youth sought a general disconnection from their homes or parents. This also captured experiences of youth who felt unsafe or unwanted at home because of a stigmatized sexual or gender identity. These youth left to find a more nurturing and safer place for their development but were typically not kicked out as the youth previously described. The following narrative, although long, is important as it represents the minority of youth who left on their own in search of a place that could nurture an emerging identity. Now living in San Diego, California, “Jess,” who identifies as a “3rd gender person,” details a multistate journey:

I still didn't wanna be around like my family, and um, I'm also like a third gender person and I wanted to be able to medically transition ...And the laws (in Florida) regarding like psychiatric

care and psychological care are much more stringent; there was only like one doctor around like all these different cities, and, who treated like trans, third gender or like people like that were not comfortable with um their gender identity and wanted to pursue some sort of hormone replacement therapy. And he knew that, and charged a ridiculous amount of money. So it was practically impossible to transition medically and get the help that I needed and the respect that I needed. Because it's like a very Republican, conservative, like backwoods, like very dangerous place. I lived in a very, very tiny town and it was not good to be gay or trans. Basically, if you weren't White and straight and Christian, then you weren't safe. It wasn't good for you. So moving to San Diego, the weather was great. I had this idea that all of California was like this Liberal utopia and everything was gonna be perfect. And there were like gay people everywhere...I took a trip here and I researched about medical care and realized there were a lot of resources for LGBT people and um, the Family Health Center Clinic, which offers free hormone um, replacement therapy for trans people that are like low-income. (Later in the interview, once Jess describes becoming homeless after arriving to San Diego.) Like at the time I thought, "Oh God I'm-I'm 19 like I'm already a year behind," like my plan. Ever since I was like four I knew. I just had a deep sense of knowing like, 'When I'm 18 I'm leaving and I will never see these people again.' What-what sort of like four or five-year-old thinks like that? You know, it's very sad. Um, but yeah so 19 was old for me. I look now and I'm like, 'Oh my gosh!' Like, that is pretty young to like move all the way across the country like by yourself with no support and no help, no encouragement, no support base. Just like, all on my own. You know?

Parent struggles

"...my mother she um she had a nervous breakdown when I was about nine. It was very unstable at that point, like we lost everything."
Rocky, Cook County

"Um, I didn't really run away or be kicked out—I just chose to leave when I was 15. My mom turned our family home into a trap house."²⁹
Mackenzie, Walla Walla County

This last group of youth chose their beginnings by naming parental struggles with health, mental health, and various addictions as the primary cause of their instability. Sometimes parents also struggled around competing obligations to their children versus their partners or other attachments. These struggles created ongoing instability, trauma, and loss in the parenting youth were able to receive and depend on early in their lives. This was also true for Mary from San Diego, whose mother often left her and her siblings to pursue companionship or to indulge an addiction to gambling:

I feel like...unstable housing has kind of always been a thing... because my mom was um, she was like – she lived off the people that she was dating. ...she was never able to like hold down a job for very long, because she would be like, 'Oh, they're making me work, like, these hours and it's horrible. And I just need to like quit.' ... But um, she also had a gambling problem. Soooo, if she like got money for rent ... she would go gamble at a casino and sometimes she would spend all of it.

Summary

Taken together, these answers to where their stories began start to represent a larger finding that is emphasized throughout this report—that youth homelessness cannot be

²⁹ The phrase "trap house" was colloquial referenced frequently to describe shelter used intermittently by study participants. Contemporary rap and hip-hop artists have made use of the phrase, expanding its consumption and meaning. The definition or description of a trap house may differ slightly from youth to youth, and location to location. Typically it refers often to a sheltered, sometimes abandoned, space that (a) is out of the public eye, (b) facilitates the using and selling of drugs, and (c) enables delinquency and crime. Occasionally trap houses are actual homes and apartments of family or acquaintances that become overtaken by its unstably housed residents and a host of illegal activities.

reduced to a single event. It is preceded by, and contextualized within, often chronic and deeply complex social and familial challenges related to poverty, cycles of family violence, abuse, or neglect; intra-familial discrimination; parental mental health and addiction; and youths' own development processes or struggles. We now turn to understanding how these beginnings unfolded across time, and the conditions that youth believed were critical to their trajectories.

Trajectories of housing instability

Drawing primarily from the narrative interviews and timelines, this section reports findings about the respondents' housing instability. We begin by identifying the levels of instability they experienced (for example, couch surfing, shelters, and streets). We then present the analysis of the critical conditions that shaped their trajectories of housing instability. Two youths' trajectories are mapped out to illustrate how these critical conditions unfolded over time in Figure 5.8.

Understanding types of instability and mobility

Nearly all youth in our study (93 percent) experienced couch surfing at some point, or at multiple points, across their stories. Few youth experienced only one kind, or level, of homelessness (for example, couch surfing, streets, shelters or transitional housing). Youth in Walla Walla, our one rural site, reported that their community lacked critical supports and resources. Consequently, these youth faced the highest rates of staying on the streets or outdoors (85 percent) when compared to the other four counties (67 percent) (see Appendix G).

Youths' experiences with housing instability also included high degrees of geographic mobility. In fact, only 19 percent of youth stayed within their cities or towns. Instead, youth reported multistate (28 percent), within county multitown (23 percent), multicounty (27 percent), and even multinational (3 percent) stories (Appendix G,

Figure G.3). This has important implications for homelessness systems' efforts to reliably track youth homelessness, given that Continuums of Care (CoCs) typically do not share data across their systems. In other words, if a youth exits homelessness in one CoC and re-enters homelessness in another CoC, the youth would not be recorded in the Homelessness Management Information System (HMIS) as having a return to homelessness.

Exploring critical conditions of youth homelessness

Although each person's experience of instability was certainly unique, our analysis identified a set of shared themes that they all navigated. We refer to these as "critical conditions" of housing instability. We categorize and color-code the themes of their responses within four levels: individual, family, peer, and structural factors. Altogether, these factors of influence are labeled "multilevel critical conditions." All youth navigated some combination of each (see Figure 4.9).

Individual

These are conditions tied to a young person's own attributes, both positive and negative, that shape their housing instability. Youth identified personal characteristics of health (addictions and mental health), attitudes/beliefs and worldviews, core identities, and their own behaviors and feelings. The most commonly mentioned were mental health challenges (n=66) and drug use or addiction (n=46). Youth also talked about persistently feeling like a burden or being unwanted (n=40), or that they felt strong desires to escape to pursue a better life (n=45). Further, youth named personal characteristics as getting in their way or as helpful mechanisms for identity protection or general risk management. These often included choosing to avoid or self-isolate (n=30), being "too prideful" and independent (n=40), or getting "angry" too easily (n=34).

Peers

These themes articulate the role that peers play in housing instability both positively and negatively. Youth reported becoming or staying homeless to stay with or follow a peer or intimate partner who was also homeless (n=45). The most commonly mentioned role peers played was as a link to services or skills or as a source of knowledge while homeless (n=149). Peers also were named as the primary reason youth lost many of those same resources (n=78). Just as peers were portals to supports, a few were sometimes portals to illegal activity including sex work (n=4) or drug use and sales (n=17). While youth reported peers as sometimes abusive, controlling, or violent (n=34), they also just as often named peers as their rescuers, protectors, and being a source of mutual support (n=39).

Family

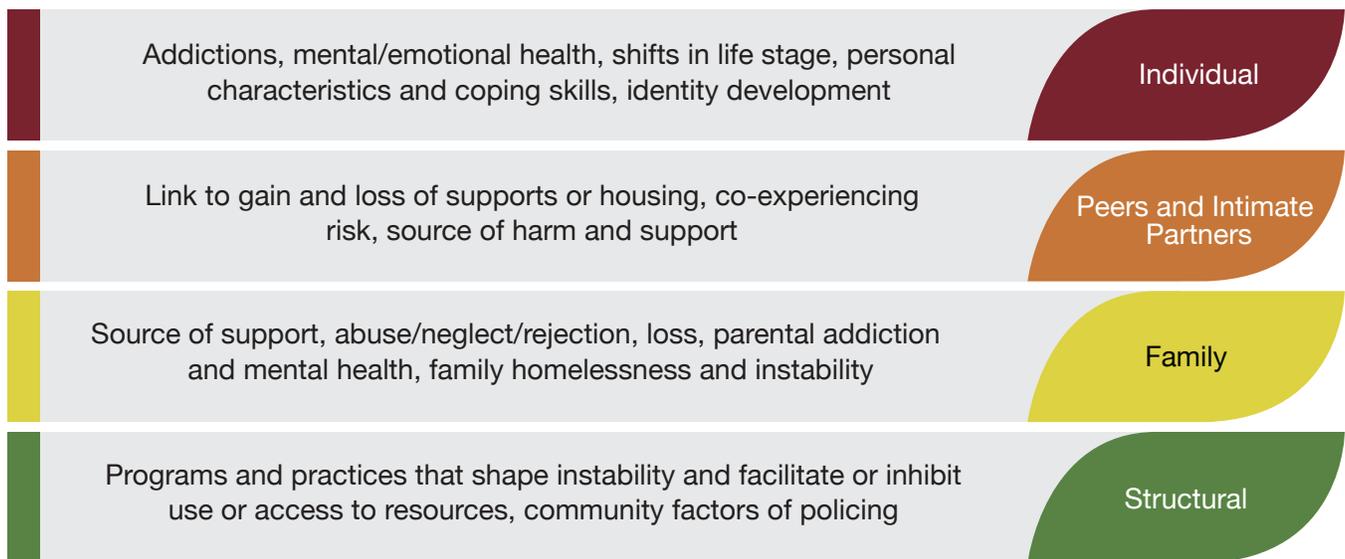
These themes identify how youth perceived their family systems and their members to contribute to their housing instability. This included youth reports of parental mental illnesses (n=19), addictions (n=55), death of a parent (n=75), loss of important family supports (n=35), cycles of abuse/neglect or violence (n=61), and family economic conditions that created instability (n=35). Many of these conditions were named in contributing to a general family experience of intense conflict and discord. Youth also referenced their families' bias, discrimination, and bigotry, particularly toward gay, lesbian, and transgender youth. Some youth also reported feeling rejected by a parent who chose a new intimate partner over them, resulting in the youth's getting kicked out or running away (n=36). At the same time, extended family (typically an aunt or grandmother) was often a critical source of housing and social support (n=48) as youth navigated these dynamics.

Structural

These themes identify societal and structural conditions that contribute to youths' instability. Agency staff were critical sources of connecting youth to other formal services (n=46). However, youth also named structural barriers, including practices and policies in foster care that disconnect youth from family resources (n=31). These barriers include rules and conditions of groups living in shelters and congregate care that are "controlling," unsafe, or unsanitary (n=82). Many youths' trajectories illuminate serious gaps in transition services in or out of a system or service system siloes that complicate accessing services (n=48). Youth also named societal or community bias and discrimination as critical to feeling a community or its institutions are (un) safe or (un)welcoming places (n=34). Some youth also named the level of surveillance or policing of public spaces (n=22) as causing added instability.

Taken together, Figure 4.9 illustrates these multisystemic critical conditions of their housing instability. We will ultimately return to these multilevel conditions to identify the potential points of intervention, gaps in services, and supports that could potentially prevent or interrupt youths' housing instability.

Figure 4.9. Multisystem factors shaping trajectories of housing instability



Understanding critical conditions across trajectories of housing instability

This section offers two examples of how these multilevel critical conditions shaped youths' trajectories of housing instability. Each example is organized in the following way. We first present a narrative of the young person's story. A "Trajectory of Housing Instability" follows. We discuss the critical conditions that play out within that trajectory. Next, the same youth's story is mapped within a trajectory that illustrates the levels of homelessness that she or he experienced. We then identify how each example represents, or departs from, the larger IDI and site-specific findings. We conclude by summarizing the potential opportunities for intervention and prevention that these examples illustrate.

The Story of "Natalie," Walla Walla County, Washington, age 17

Natalie identified as White and female. Her story of housing instability spans the towns of Walla Walla, Dayton, and Milton. Natalie was born in Kentucky, but moved to Dayton at 13 when her parents decided to return to their hometown. At 14, Natalie's dad left their family to live with his new girlfriend. Subsequently, Natalie's mom went into a depression and started using methamphetamines, "*[I]f she wasn't drunk or high, she was gone...then I started using cuz I felt like I had nothing.*" For the next 6 months, Natalie took responsibility for the care of her four younger siblings. She started to miss school and ultimately, dropped out. To cope with her stress, Natalie's friends introduced her to methamphetamines and this only added to her conflicts with her mom. After a fight with her mom's new boyfriend, Natalie was kicked out of her home. Neither of Natalie's parents allowed her to live with them while she was using drugs.

She cycled between couch surfing and trap houses for the next 2 years. She also stayed with an older man and exchanged sex for this arrangement so she could, “*have a roof over [her] head.*”

At age 16, Natalie, on her own accord, stopped using meth and returned home to her mom who had also been clean for the past 8 months. Natalie enrolled in an Alternative Education Program at the local community college. For a short time, she did well. But after resuming contact with an old friend, she relapsed and her mom kicked her out again.

For the next year, Natalie cycled through many informal housing arrangements. She couch-surfed at her aunt’s house and friends’ homes, both of which she described as trap houses. She again occasionally exchanged sex for a place to stay. Then, a friend, recently drug-free himself, expressed concern about her living arrangement. He offered to house Natalie in his shed in Dayton while they both tried to locate stable housing. She agreed and moved into the shed. Soon, however, this shed became overrun with people and drug use. Local police increased their surveillance of the shed’s activity, which ultimately resulted in her arrest for a truancy warrant and possession of drugs. This began a year-long cycle where monthly, Natalie was sent to juvenile detention. “*I practically live here,*” she described, “*I’m grateful to be here...I have a bed to sleep, I’m safe here....I have nowhere safe to go when I leave... This [detention facility] is like a second home to me.*” Natalie indicated upon release she will be discharged to the closest appropriate residential drug treatment facility 180 miles away in Spokane, Washington

Natalie’s timeline trajectory of housing instability

Figure 4.10 presents Natalie’s timeline trajectory of housing instability. Circles in the center of the arrow are used to display periods of time in Natalie’s story of housing instability. Each

circle is colored to illustrate the critical factors or conditions that contributed to her housing instability at that time. The proportion of color within each circle represents the degree to which a multilevel critical condition impacted Natalie’s trajectory into homelessness. Arguably, all levels of influence (structural, familial, peer, individual) are always operating at any given time. However, our approach to analysis was to identify the primary or dominant factors that youth named, and that could inform action steps for intervention or prevention.

At age 14, Natalie’s father left her mother. Her mother went into a depression, began to use methamphetamines, and neglected Natalie and her siblings. The first circle in her timeline is colored orange to represent that it was her family context that first led her to become homeless. The second circle in Natalie’s trajectory is red. This reflects her individual decision to quit using drugs, so she could move back in with her mom. The third circle is colored part orange (peers) and red (individual) to indicate the influence of her peers and her own role in using meth again which, in turn, led her mom to kick her out. The fourth circle is also colored part orange (peers) and part red (individual) to indicate the dual influence of her friend and her own decision to stop exchanging sex for a place to stay and move into her friend’s shed. The final circle in Natalie’s trajectory is colored green (structural) to indicate the heavy presence of the criminal justice system in Natalie’s housing trajectory for the last year of her life, and how she began to view it as a “second home”.

Figure 4.10. Natalie’s timeline trajectory and critical conditions of housing instability

“Natalie” from Walla Walla

“My mom was so depressed... she was gone... then I started using ‘cuz I felt like I had nothing.”

- Mom starts using meth after Natalie’s dad leaves
- Natalie forced to care for siblings and starts missing school; has a warrant out because of truancy
- Dad picks up siblings, Natalie starts using meth and leaves home to couch surf and stay in trap houses

“I let *one* of my old friends come over...and that was the end of it.”

- Relapses after inviting over a friend, who invites over others to use meth
- Mom kicks her and friends out; Natalie starts cycling again through trap houses, couch surfing, sometimes exchanging sex for place to stay at 31-year-old “boyfriend’s” house
- In and out of juvenile detention because of warrant for truancy, drug use

“I have nowhere safe to go when I have to leave... I call [juvenile detention] my second home.”

- Friend tries to get her a hotel room, but police pick her up first
- Prefers being in juvenile detention to being out on the streets or in trap houses, because it’s safer
- Close to finishing both sentence and probation; plans to transfer to a drug treatment center



- Structural
- Peer/Family
- Individual

“I’m [allowed] home only when I’m clean... and I was clean for six months.”

- Natalie gets clean; Mom gets clean and lets Natalie stay at home
- Enrolls in the Alternative Education Program at the community college

“[My friend] knows what [he] does to me... and [said], ‘I’m not lettin’ you go back’.”

- Friend takes her away from sexually exploitive arrangement, takes her to live with him in a shed on his property
- Shed is essentially abandoned, with a partial roof and no heat or water
- Quickly gets overrun with other youth with warrants, drug use escalates, becomes trap house, police begin to take notice

Natalie’s trajectory across four levels of housing instability

This illustration, however, hides the variations of housing instability Natalie navigated during her lifetime. The housing trajectory in Figure 4.11 takes the narrative and condenses it further to highlight movement across types of housing instability over the course of a story.

Defining the levels. Each of the grey rows, labeled by an icon on the left, represents a different kind of housing (in)stability. The top row’s icon represents stable housing, including staying with parents or foster parents, institutional placements like group homes, criminal justice centers, and residential treatment centers or hospitals. The second row and icon indicate informal temporary/transient housing—primarily couch surfing with family members, peers or acquaintances. The next level, sheltered, includes formal temporary housing

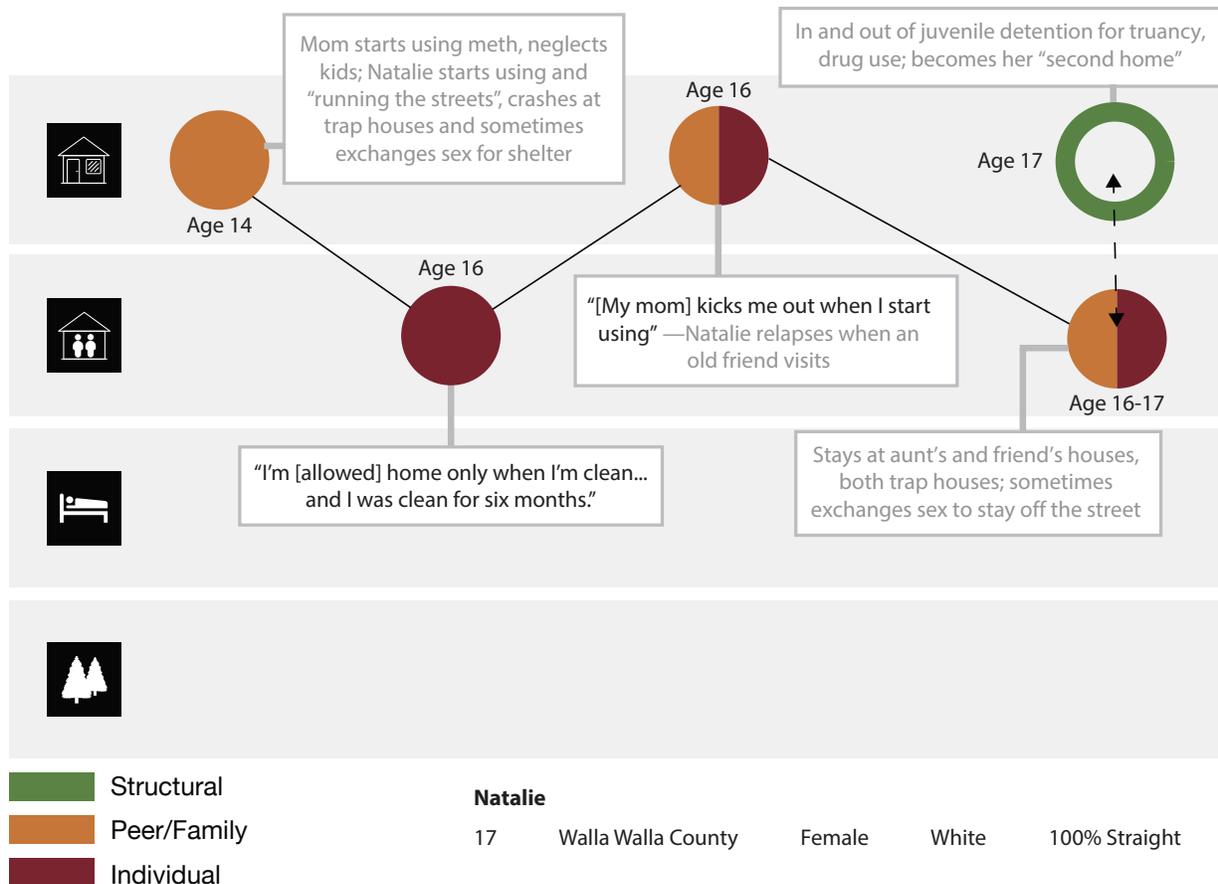
resources such as shelters, transitional living programs (TLPs), and hotels. Lastly, unsheltered includes living on the street and transient shelter like cars and abandoned buildings.

Again, each circle represents a key moment. The final circle depicts the youth’s situation at the time of the interview. That circle isn’t filled in because the next tipping point in the young person’s trajectory is partially unknown. When understanding her trajectory across levels of instability, we see that Natalie never stayed on the streets, but spent most of her 3 years of housing instability cycling between more stable living arrangements with her mom and juvenile detention (the first row) and informal living arrangements such as couch surfing including trap houses, all contained in the second row. Never staying in shelters was a characteristic Natalie shared with Walla Walla County participants due to scarce availability. But

Natalie differed from many Walla Walla County participants in that she had no experiences of staying on the streets. Most Walla Walla

participants reported staying on the streets (85 percent) at a rate much higher than all other IDI sites (67 percent).

Figure 4.11. Trajectory of Natalie across levels of homelessness



Understanding Natalie's trajectory

The critical conditions present in Natalie's story provide insight into her needs at each critical point of her housing trajectory, what gaps existed, and what types of interventions may have been implemented to prevent Natalie's movement into homelessness. For example, supports and interventions targeting family and individual struggles with mental health earlier in Natalie's life might have prevented Natalie and her mother from turning to the use of methamphetamines to cope with the loss of divorce. Addressing these struggles might also have provided Natalie with better support to stay

in school and forgo her warrant for her arrest for truancy in school thereby avoiding juvenile detention altogether.

Natalie's story represents several characteristics that are unique to Walla Walla County. The presence of drugs in Natalie's story, particularly methamphetamines, is a characteristic she shared with most Walla Walla interview participants. Of the 41 youth from Walla Walla County, 11 (27 percent) discussed using meth, seven (17 percent) discussed their parent or family member using it, and eight (20 percent) discussed both personal and family use. Additionally, nearly twice as many Walla Walla

County participants reported currently receiving services for drug/alcohol treatment (29 percent compared with 16 percent in the full IDI sample).

Natalie's use of trap houses as a place to couch surf was also a common experience among multiple interview participants in Walla Walla. The pervasive use of trap houses in general was unique to Walla Walla County and was rarely mentioned in other IDI sites. Of the 41 Walla Walla youth participants, 93 percent reported couch surfing and, of those who couch surfed, 16 (42 percent) stayed in trap houses run by family, friends, or acquaintances. This was in part a feature of rural homelessness when there are limited formal services for youth experiencing homelessness.

Walla Walla County participants reported greater involvement in criminal justice systems than other IDI sites. Natalie's frequent stays in jail and detention reflect this trend. Approximately 68 percent of Walla Walla youth reported involvement in the justice system, whereas 48 percent of the full IDI sample reported such involvement. One reason for Natalie's arrests was for truancy—a factor stemming from Washington State's school truancy law known as the Becca Bill. Legislation has since been passed to diminish the harsh consequences for missing school, but the prior strict truancy law may be a contributing factor to some Walla Walla participants' greater involvement in detention, jail, or prison.

The story of Dilinger, Cook County, Illinois, Age 19

Dilinger self-identified as a heterosexual African-American male. He was born and raised in Cook County. His early years in the city of Chicago were idyllic—he played soccer, had good friends, and enjoyed school. However, a pronounced theme of chronic loss characterized Dilinger's teen years, leading to his housing instability. With parents navigating a strained relationship plagued by drugs and mental illness, Dilinger went to live with his paternal grandparents. Sadly,

his grandmother passed away when he was 15, and his grandfather died shortly thereafter. These losses resulted in his move to the suburbs to live with his father. But, after only 2 years, his father was arrested on drug charges. Not long after the arrest, his father also died. In the wake of these losses, Dilinger, age 17, returned to Chicago to live with his mother for the first time since he was a toddler.

The next year of his life was chaotic. He described a cycle of being kicked out by his mother, the police bringing him home, just to be kicked out again days later. Dilinger believed it was because he was too much like his father—he was loud like him, he looked just like him, and his mother resented him for it. He also began dating a transgender woman who was transitioning—a relationship his mother said was “disgusting.” She kicked Dilinger out for good once he turned 18. Although their time together was characterized by conflict and verbal abuse, he was still hopeful that one day they would repair their relationship. He said of this hope, *“Maybe a few years down, when I’m older, more grown manly-ish, we can sit down, have a cup of tea, talk about it. But, as of now, she’s not helping me, she’s not supportive, she completely cut me OFF and she dipped out on me. So, it’s nothing really I can do.”*

With few places to turn, and most biological family members passed on, Dilinger couch surfed. He lived briefly with his sister's father and stayed with high school friends for as long as he was welcomed. He even befriended a deacon of a local church and lived with him for a few months. Eventually, however, Dilinger was forced to find other living arrangements once the deacon married. Dilinger was resourceful. He learned where to find free meals and made his way to a shelter for homeless young adults. Shelter staff helped him obtain food stamps, a Medicaid card, and a public transit pass. Through all of this, he remained employed part-time and hopeful that his housing instability was only a temporary setback. He credited

his current optimistic disposition to his strong religious foundation. As he reflectively answered the question, “what would you want us to most remember about your story?” he exclaims, *“Remember the fact that, I’ve kept up with the promises I’ve made. I made sure to fulfill everything that my grandmother wanted me to do, my father wanted me to do, and my grandfather wanted me to do. And that...this experience is gonna make me a better person than a lot of people in the world.”*

Dilinger’s Timeline of Housing Instability

Like Natalie, Dilinger’s timeline also began with the age and moment he identified as the beginning of his housing instability. At age 15, Dilinger’s grandmother passed away and he moved in with his father. The first circle in his timeline (Figure 4.12) is colored orange to represent that it was his family context (both

parental struggles and death of grandparents) that first led him to become unstably housed. The second circle is orange as well, indicating that family instability continued with the passing of his father and moving in with his mother and sister. The third circle is colored part orange (family) to indicate the continual conflict between Dilinger and his mother, and green (structural) to indicate police intervention in his life. This circle also depicts being permanently kicked out of his mother’s house at age 18. The fourth circle is also colored part orange (family) and part red (individual) to depict the turbulent time he spent couch surfing with distant family members. The final circle in Dilinger’s trajectory is colored green (structural) for the heavy presence of service providers and the role of government benefits in his life. It is also red (individual) to indicate his individual hopefulness and personal ability to work and save for stable housing.

Figure 4.12. Dilinger’s trajectory and critical conditions of housing instability

“Dilinger” from Cook

“Without [my grandma], I probably would’ve never succeeded in life”

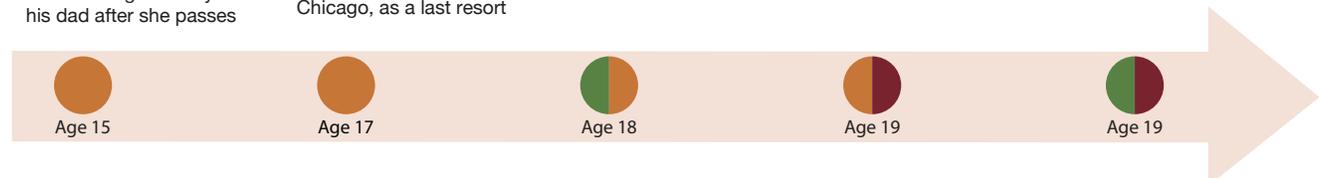
- Grandma takes him in after conflict with mother
- She acts as a stable, positive force in his life until her death
- Moves to Elgin to stay with his dad after she passes

“You involved with this lifestyle... that’s going to lead you to either prison or a six foot grave.”

- Dad involved in drug trafficking and a gang, which leads to his arrest and death
- Forced to move in with his mother and half sister in Chicago, as a last resort

“He assumed that I was sleeping with his wife... I think he was legit losing his mind.”

- Living with half sister’s father, who starts experiencing mental health issues after his father dies
- When accused of sleeping with half sister’s stepmother, Dilinger punches half sister’s father and leaves



- Structural
- Peer/Family
- Individual

“I told the truth. which, I guess, gets you in trouble”

- Continual conflict over his attitude and later, his trans girlfriend
- Stays at youth shelter the handful of times his mom kicks him out
- Police intervene because of his minor status, forcing her to keep him in the house
- Kicked out for good as soon as he turns 18

“[My mindset] is how I basically been taking the steps to get my life back on track”

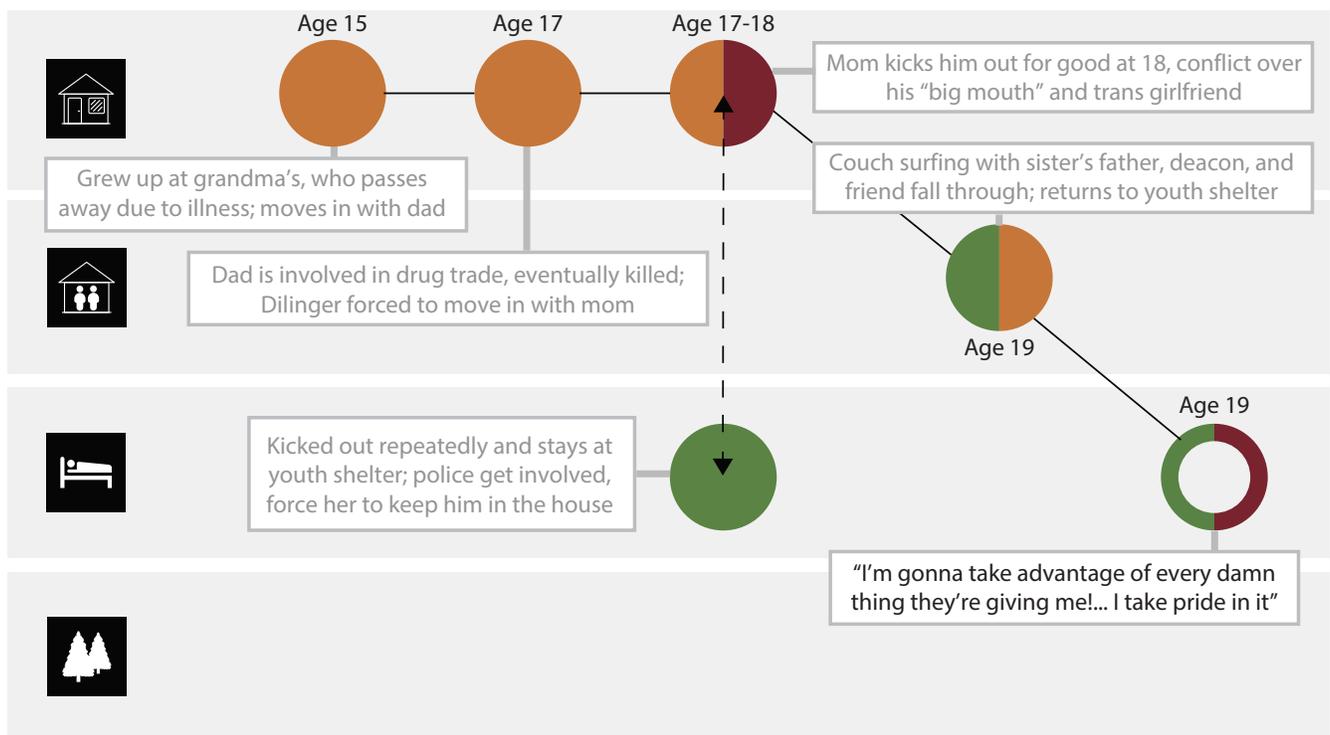
- Couch surfs with friends and church members, eventually moves back into youth shelter
- Uses resources at children’s Catholic charity, connected with SNAP and health insurance
- Finds a job and is saving up for stable housing

Dilinger: Trajectory across Four Levels of Instability

Dilinger’s trajectory across levels of instability (Figure 4.13) illuminates the fact that he never stayed on the streets. Instead, he spent most of his 4 years of housing instability rotating between insecure and informal living situations with his father, and after his father dies, his mother (the first row). Once 17, he endured a cycle of being

kicked out of his mother’s house, living at a youth shelter, and moving back in with his mother (the third row). The dotted line depicts the back-and-forth nature of this housing situation. Once he is kicked out for good, he couch surfs with people (the second row), until finally landing once again at a youth shelter at 19 years old (the third row). The solid line depicts this one-way, downward move.

Figure 4.13. Trajectory of Dilinger across levels of homelessness



- Structural
- Peer/Family
- Individual

Dilinger

19 Cook County Male Black/African American 100% Straight

Understanding Dilinger’s Story in the Context of Cook County and the Larger IDI Sample

Dilinger’s trajectory of housing instability was indicative of both the larger IDI sample and Cook County participants in several ways. First, Cook County represented the highest rate of

youth experiencing parental death (43 percent). Like Dilinger, many of these youth, both in Cook County and in the larger sample, identified this as the beginning of their housing instability. Unfortunately, many youth experienced pronounced instabilities following the death of a parent, or of a key matriarch whose

house provided refuge and stability for many generations in their families. Had Dilinger’s family received such supports, they might have been able to retain stable housing. Such common situations elevate a need for more pointed interventions to identify and assist these families and youth as they grieve their loved ones and seek a semblance of security and stability in the wake of these critical losses.

Dilinger is also representative of 54 percent of youth in our study who experienced adolescent onset of unaccompanied homelessness between the ages of 16–18. Dilinger is like most youth (61 percent) in our larger sample and in Cook County (63 percent) who reported no foster care history. His lack of criminal justice system involvement, however, departs from the 49 percent of IDI youth who indicated this history. Roughly one-third of both Cook County youth and the IDI participants reported being currently employed. Dilinger represents this minority of youth who held formal employment.

Finally, similar to youth in Cook County and in the larger sample, Dilinger experienced stigma and discrimination within his family. In his case, it was tied to his assumed sexual orientation. Although he identified in our background survey as “100% heterosexual,” his transgender partner who transitioned from male to female, caused his mother to stigmatize the relationship. And while this did not immediately cause him to be kicked out, given an already conflictual relationship, his eighteenth birthday prompted his mother to evict him from her home.

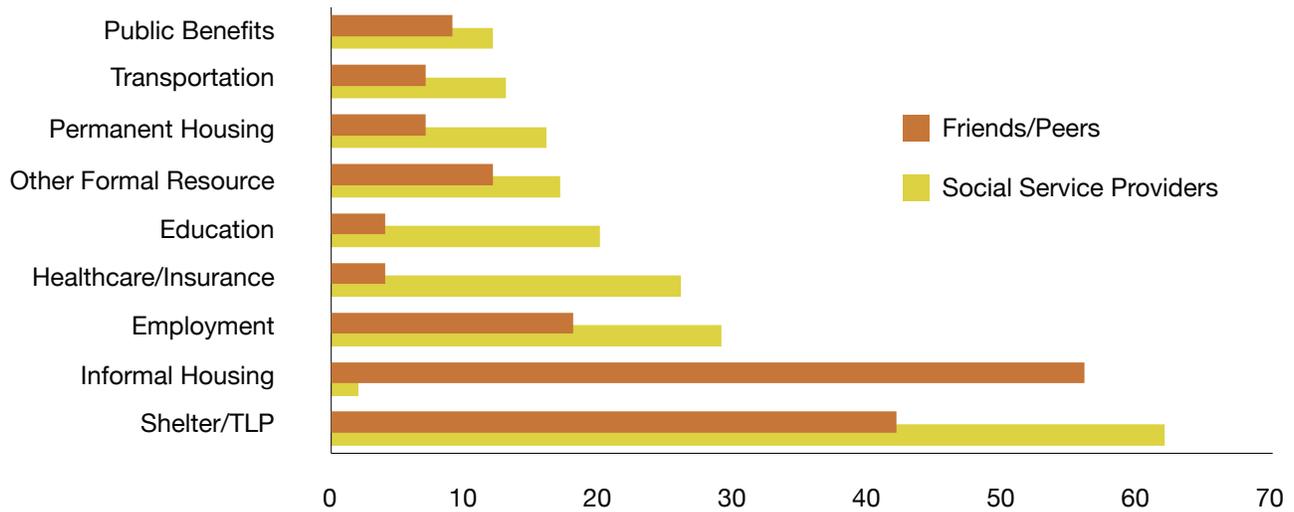
Taken together, our findings on youth trajectories into and through homelessness represent a larger observation—that youth homelessness is not an event. It is preceded by and contextualized within an often chronic and deeply complex structural, familial, and personal challenges—including poverty, cycles of violence, abuse, oppression and neglect, societal and familial stigma and discrimination, mental health and addiction, and youths’ own struggles and development processes.

Engagement with services, resources, and support

The survey asked youth about their lifetime use of services including school-based services, lifetime and current use of government benefits, and reasons for service receipt (Appendix H). Participants reported mental health as the most frequent reason for using services (38 percent). Nearly 16 percent reported using services for alcohol or drug use. Among lifetime use of government benefits, food stamps (63 percent) were the most commonly used, followed by Medicaid (34 percent) and WIC (16 percent). These were also the most used benefits reported at the time of our interview (44 percent, 24 percent, and 10 percent, respectively). We also asked youth if they had received services through school. More than one-half (58 percent) indicated receiving subsidized lunch, followed by transportation (45 percent). Only 8 percent of youth indicated they received food vouchers.

Throughout the narrative interviews, youth shared who connected them to services. Friends, peers, and social service providers were overwhelmingly the most frequently named sources of information about local resources (see Figure 4.14).

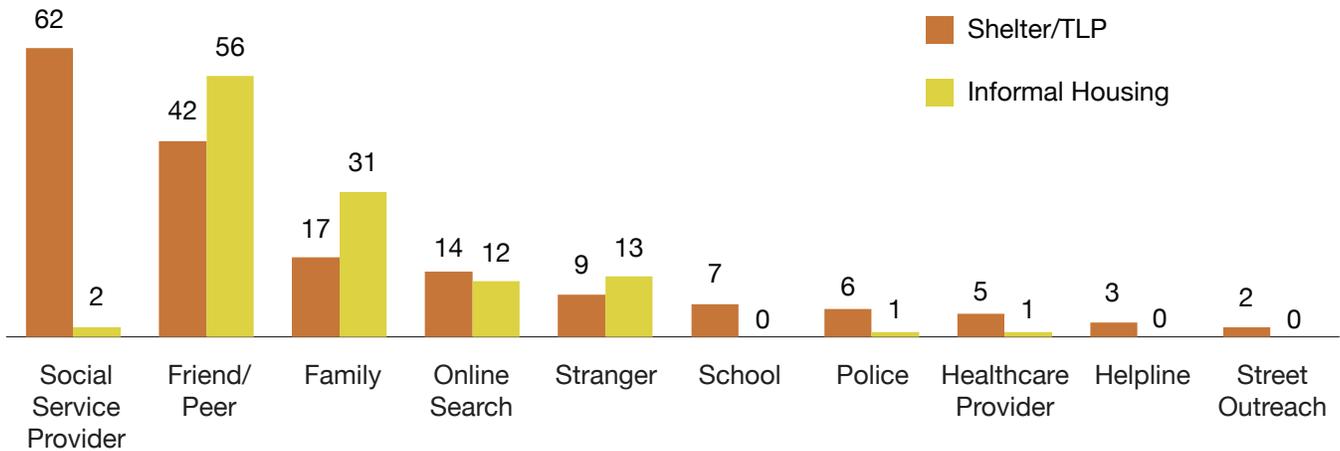
Figure 4.14. Sources of resource referrals



Regarding housing, overwhelmingly, professionals and peers followed by family and online searches are the most often named as connectors to housing (see Figure 4.15). Youth

were least likely to name public advertising, street outreach, and helplines as their portals to housing services.

Figure 4.15. Facilitators of accessing housing



Youth logics of engagement with resources

“I didn’t enroll in a shelter. I had too much pride. I just slept on the streets...” Angel, Travis County

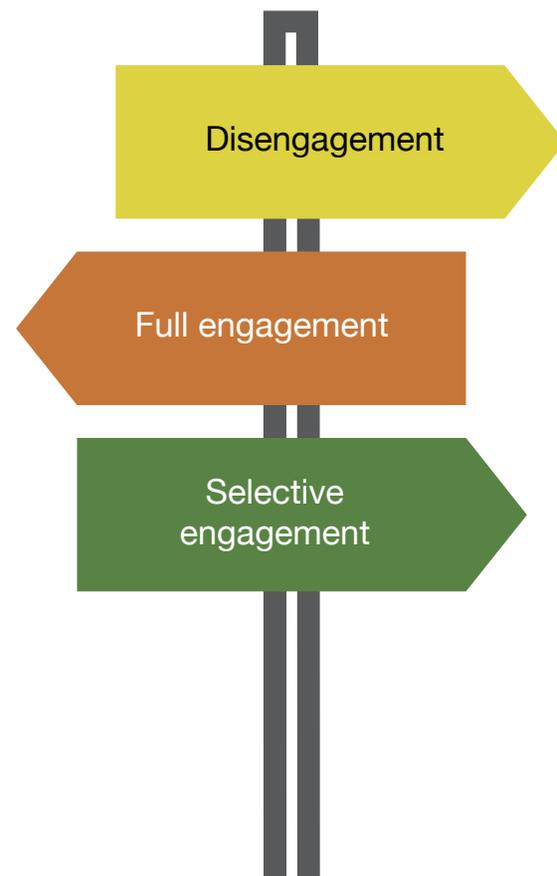
“I’ve never tried to find anyone as a support because people have their own agendas and I understand that and, I can do things alone.” Kyle, San Diego County

“Never depend on nobody...Basically...I’m on my OWN. Just stay—just get on your own!” Paris, Cook County

Like Kyle, Angel, and Paris, youth sometimes rejected resources even when they were available. An important part of our analysis was to understand why. We refer to this decision-making process as “youth logics of engagement.” This analysis identifies three different styles of engagement (Figure 4.16) and explores often hidden factors within this process (Figure 4.17). We find youth logics are, understandably, shadowed by a heightened attunement to managing risk. For participants, risk was evaluated through the lens of their identities, accumulated lived experience, and sense of personal agency and independence.

As we present these findings, we emphasize throughout that these are not “types of youth,” but rather patterns in the way they engaged a resource. Any individual youth may use all three of these styles (Figure 4.16) or change styles over the course of their housing instability. We intentionally use the word resource to include both formal and informal sources and kinds of assistance. It is a term that does not assume its receipt is experienced by youth as supportive or as helpful. In this section, the term resource includes services from professionals (for example, counseling, shelters/housing, schools, healthcare) as well as resources from informal social network members like friends and family (for example, housing, emotional support, money).

Figure 4.16. Three youth engagement styles



As youth contemplated the available resources in their local and social environments, they faced difficult choices about using them. This section defines the three patterns in how participants engaged resources. We then unpack these styles, using case examples, to understand the factors informing their choices and behaviors.

Full Engagement: Sometimes youth described deeply immersing themselves within an array of resources, rotating across different agencies. Other youth attached themselves (when available) to a single agency that provided many services. Youth who exercised both patterns with formal services often described themselves as open to help-seeking and people in general. Sometimes full engagement was tied to exclusively relying on one’s informal network (that is, family, friends, non-professionals), decreasing

the need to rely on formal sources of support (that is, agencies, shelters). Other times youth would proclaim loyal attachments to a particular agency or organization and make use of all of their resources.

Disengagement: Sometimes youth rejected certain services or resources. When youth reported this style, they often referenced past experiences of service systems (or their family systems) that left them less open to, or trusting of, help-seeking/receiving in general. This was the only pattern of engagement where some youth did use this style exclusively, and fully disengaged from all resources (formal and informal). The previous quotes from Kyle, Paris, and Angel are examples of this. In these cases, youth only used resources when externally forced, due to harsh weather, an arrest, a pregnancy, or because their literal survival depended upon it. Often these patterns were explained by youth reporting high degrees of self-reliance, blaming their own “pride” or insistence on doing things independently or “on my own.” This perception of risk to one’s personal agency seemed to be a powerful driver behind their insistence to avoid using resources.

Selective engagement: Selective engagement was by far the most common style of engaging. Selective engagement refers to a pattern of using specific criteria or conditions to engage or disengage on a case-by-case basis. This resulted in either selectively engaging an array of formal or informal services or being selective within a category (for example, shelters) in choosing one resource over another. For example, sometimes youth might only go to a particular shelter if it specifically served LGBTQ youth, or only if important relationships could be retained or preserved (for example, shelter allows baby to stay with them, or will also accept a partner or friend). When these conditions were not met, youth rejected the resource, often choosing to stay on the streets instead. The following pages will now explore how these engagement styles were deeply

informed by three underlying factors: identity protection, accumulated lived experience, and personal agency (that is, sense of independence and autonomy). These factors shaped their perceptions of the gains and risks of engaging the actual resources in their environments.

Risk management: The role of identity, experience and personal agency

“I mean anything is better than being out on the street. But if it’s not geared for LGBT people, I can’t do it. Cause I’m just-uh-I just can’t not be myself.” London, Philadelphia County, selectively engages shelters

“I just wanted to stay out on the street ‘cuz I don’t trust people and everybody.” Selena, Walla Walla County, generally disengages from all formal resources

“I’m gonna take advantage of every damn thing they’re giving me! I’m gonna use it.” Dilinger, Cook County, fully engaged with local provider agency

“...My mom raised me to take nothing and that nothing is for free.” D, San Diego County disengages from all formal and informal resources

As youth considered their available options and access to resources, their decision-making processes were overshadowed by a need to manage risk against the gains (Figure 4.17). Like the previous quotes indicate, youth varied in how they made meaning of and weighed the possible risks. Due to prior systems involvement or simply an accumulated lived experience with housing instability, all youth in our study had prior experiences of receiving or being offered assistance from peers, adults, and/or professionals.

Participants also shared a history of navigating complex and chronically stressed or even toxic relationships with parents or adult family members. Understandably, most remained leery of the hidden or explicit costs of receiving “help.”

If someone offers a place to stay, what will they want in exchange? Was returning home to a parent addicted to drugs, or whose boyfriend is homophobic, riskier than sleeping on the streets? Was disclosing one's homelessness to a teacher worth risking a call to child protective services? These were among the commonly articulated risks that youth mentioned as they considered making use of a resource.

Just as youth differed in weighing the possible risks against the gains, so too did they vary in their individual degrees of openness to a resource and help in general. Not all youth had to navigate the same kinds of risks. This analysis identified three factors that commonly featured across all interviews and shaped their assessments of risks and gains of engaging resources: identity protection, experience, and personal agency.

Identity Protection: While all youth had identities that mattered to them, some youth held identities that they felt needed extra protection. This was overwhelmingly true for the youth in our study who identified as gender minorities (transgender youth), and as sexual minorities—in particular, youth who identified as gay or lesbian. As London's quote earlier illustrates, an agency's reputation for being a safe space for "LGBT people" was often a filter through which they assessed risk versus gains. Some of our vignettes will highlight the ways in which youth managed risk through the lens of a stigmatized, marginalized, or discredited identity.

Accumulated Experience: Despite their young ages, youth also had acquired lived experiences that factored significantly into how they perceived the risks attached to the people and resources in their environments. The emotional and relational residue, both positive and negative, that these lived experiences deposited were important reference points for youth. Specifically, it contributed to a youth's level of openness or trust. For some, like Selena earlier who self-describes as distrustful of "people

and everybody," this emerges as often-shaped reticence to fully engage anyone. However, some examples of youth, like Dilinger, who despite equally challenging lived experience, remained open to the potential gains from using resources. In the case vignettes later, readers will hear youth reference their accumulated experiences as they weigh the risk and benefits, and explain why they rejected or used a resource.

Personal Agency: Finally, youth varied in their sense of personal agency—how one makes use of and understands their own power to act, resist, and create change in their external world. Again, for Dilinger earlier who remains open to resources, his personal agency contributes to, and is affirmed by, actively engaging resources. This generates a corresponding positive experience. For others like Selena who are less open, it causes her to steadfastly avoid shelters and acquire a resulting experience of avoiding the risk she fears. Youth also varied in the degree to which they believed their personal agency was threatened by receiving help; that their pride and independence (that is, personal agency) would be at risk by engaging a particular resource.

In Figure 4.17, we intentionally locate these three factors—identity, experience, and personal agency—within the backpack of the young person. It was indeed carried around as part of their essential toolkit for navigating their housing instability; it was ever-present as they anticipated the gains against the looming risks of using resources. We recognize youth likely carry other things with them as they move through their environments and assess risk and gain. These three, however, were the most frequently mentioned by our participants. Taken together, these factors fueled their logics of engagement. The following three examples are presented to illustrate how these factors show up in the logics of individual participants.

Figure 4.17. Youth logics of engagement through risk management



Putting it all together: Understanding youth logics of engagement in context

Following, we offer three examples of youth and the logics of their own choices to engage and disengage from resources within their environments.

Vignette 1: Jax

Disengages from informal resources, selectively engages one formal service

Jax, 18, identified as a heterosexual male. Born in México; he and his family arrived to the United States as undocumented immigrants. In addition to the strong confidence Jax exuded throughout his interview, his sense of autonomy and independence was further affirmed by the tattoo he pridefully displayed, “TRUST NOBODY.” This extreme sense of personal agency paired with his general distrust of others has caused him to reject adoption, and to turn down educational opportunities. “I just didn’t wanna depend on anybody no more and kind of just be independent.”

Yet, Jax has actually been independent most of his life—an accumulated lived experience of loss and sense of rejection that shows up throughout his story. His mother abandoned the family when Jax was six. His father would often leave Jax and his older siblings alone for weeks at a time while he was away working. Eventually, Jax’s father was deported when Jax was 12; this is the same year he notes getting his tattoo. Now parentless and undocumented in the United States, Jax and his remaining brother spent most of their time fully disengaged from school to avoid being discovered. As the years went on, he and his brother began selling drugs to survive. Eventually, to avoid arrest, his brother ran away to México. By 14, Jax was living alone in his family trailer. “It’s like my brother just kind of left out on me, and ... it kind of hurt, you know?” For a while, he rotated between staying at the trailer, couch surfing at friends, and living on the streets. Then one-day a friend’s dad reached out and tried to convince Jax to receive his help in finding a job and reenrolling in school. Jax refused. He expressed his own dismay as to why he rejected the help. “To be

honest, I didn't—I didn't—I don't know! I don't know why I never decided to go back, to be honest.” Then later a cousin also reached out and invited Jax to come live with them and reenroll in high school. Jax explained that he again rejected this resource and big opportunity. *“It was weird to be honest...I was again... here I am I'm by myself. You know it was a big window. ...I mean it was—it was big. It was something big, but I didn't take it.”* Months later, exhausted by surviving on his own, he moved to a small nearby town to work, but instead uses what money he had to buy drugs and alcohol to commit suicide by overdosing. *“I tried killing myself, I'm not gonna lie to you, yeah I did. ...I was done...I just didn't see no point in life no more...I didn't feel happy...I didn't see why God took everything from me like that.”* Police eventually discovered Jax and took him to the hospital. Once stable, he entered foster care. Although the case plan was to obtain his paperwork for citizenship, Jax believed the paperwork fell through the cracks after his caseworker left. At 16 years old, his foster parents offer to adopt him. But Jax also rejected this. *“They were good foster parents, there was nothing wrong with them. They wanted to adopt me hard. I'd be like, 'no, no'...They tried a lot. I can't really see why they want anybody else except me.”*

Despite this history of disengagement, strongly rooted in his accumulated experiences of rejection, Jax has selectively engaged in a transitional living placement (TLP). This was only

because it preserved his relationship with his fiancé. It also protected his newly emerging identity as a father, *“I don't have family, you know, and I have my own family you know with my girl and our baby...no drug use, no alcohol use. Everything is good. She's my happiness, you know?”* This selective engagement is made possible only because the TLP allowed him to be in close contact with his fiancé who lives in the same town in her own foster placement.

During the interview, he shared that most of the TLP staff affirm his emerging identity as a new parent. *“They think I'm gonna be a really good father, so I mean I have like tons of books, I'm ready for this now...I have people that talk down on me...but I tell them, 'you never know you're ready until it actually happens'.”* To prepare for fatherhood, Jax has read, *“eight books for babies and stuff, and I'm trying to prepare myself ...and I had sympathy symptoms. I don't know if you even know what that is. The sympathy symptoms—I'm the one that has the nausea and stuff like that!”*

Vignette 2: Brad

Disengages from most formal services, selectively engages informal networks

Brad identified as a White heterosexual male who currently lives in Walla Walla County, Washington. He named parental struggles (mom's addiction to methamphetamines) and family homelessness as the beginning of his own instability. *“I lost my place when I was seventeen with my mom ... my mom got really bad into drugs and so we were just kinda just bouncing from uh, you know, tweaker houses³⁰ to park benches...”* Before he and his mom experienced homelessness, Brad and his younger brother were removed from their mother's care when she *“called the system on herself. She called [Child Protective Services] and told them that she couldn't take care of me or my brother anymore...she was on a bunch of medications. ...she wasn't mentally stable...”* Brad cycled through five placements during his time in foster care and ultimately, he was returned home. His brother is currently still in foster care out of state. As he reflected on his childhood, despite experiencing abuse in one of his placements, Brad noted foster care as mostly a positive experience. It gave him a respite from his mom's struggles with addiction and allowed him to re-engage with school. However, when he returned home to his mom, she relapsed into drug use, and their ultimate homelessness also

³⁰ “Tweaker houses” are houses, sheds, or abandoned buildings where individuals gather to use stimulants (most commonly methamphetamine and amphetamine).

resulted in his dropping out of school.

At 16, Brad experienced a whirlwind of life transitions. He re-engaged with his father, re-entered high school, and himself became a father. For a short while, the young couple lived together at his mom's house with their baby. But then his maternal grandmother died, and this caused his own mother to spiral downward, *"Her whole demeanor changed, you could just tell she wasn't ...even there mentally. She started getting really depressed, started cutting herself really bad. ...I'd come home and she'd be in the bathroom in like the bathtub...passed out and there'd just be the whole—the whole—the whole bathtub would just be red...I didn't know what to do."*

When asked if he ever reached out for help, Brad was afraid that the risk would outweigh the gain, *"I was always afraid to tell anybody because I didn't wanna—didn't want my mom to you know, get in trouble or have—have somebody come in and take her to like some facility or something."* Brad also explained that his negative past experiences with counseling services in foster care made him doubt the gains of seeking help for himself would be worth it, *"...but on top of that my—my counselors never really lasted. It was more, it was more their budgets. You know, they'd be like, 'Oh well, this is our last appointment cause we're no longer being paid for it.' And then at that point I'd just realize, 'oh yeah, it's all about money so I don't really want to sit and talk to you anyways'."*

When asked how or where he now gets support or what helps him to survive, Brad said he mainly coped on his own by using distractions, *"I think about all the shit that I've been through...I've never wanted to end my life. But...I would you know I'd sit and pity myself sometimes... I don't know what the hell I'm doing here...what my purpose is or why I'm even still here right now... It's when I'm alone that it starts getting bad like that so I always try to keep myself occupied. I'm*

always trying to like hang out with somebody or do something..." At the time of our interview, Brad was still connected to his dad, and his dad's girlfriend had hired him to work in her seasonal landscaping business. He referred to her as not only his boss, but also a mentor. She had helped him to get his state identification card and re-engage in school. He shared that he was expecting another baby with his current girlfriend, but was estranged from his first daughter who was placed into foster care with the maternal grandmother.

Today, Brad is still unstably housed and still has some nights on the streets. He makes minimum selective use of a local church's meals and their health services and sometimes goes to the hospital for "panic attacks." He is ambivalent about ending his homelessness and talks at length about its benefits including allowing him to develop a lifestyle of not feeling "confined;" a sense of unbridled freedom and autonomy that he "liked too much." He now thinks this is problematic in part because *"there's a lot of stigma with homeless people. ...it kinda sucks because...they don't see each person as themselves."* While he appreciates the stability of times when he has been housed, he explains being stable includes risks to his own independence and feeling of autonomy. *"It took me a little while to transition into not being homeless again...I felt confined when I lived in a place...I don't wanna be in a house, you know? Like what the hell is this?! But then I got used to it again and like now I can kinda see it from both—both angles"* Brad's personal agency also causes him to reject formal housing services as a critical resource to support his stability. Instead, he asserts the key to ending his, and other youths' homelessness, is individual effort and will. *"I think to achieve the stability you would... need to want it."*

Vignette 3: Jamal

Full engagement with formal services, selective engagement with informal networks

Jamal, age 21, identified as an African-American male living in Philadelphia County. Jamal began his story of instability when he first came out as gay at the age of 14. However, this early family awareness of his identity brewed in his extended family for three years until it resulted in Jamal's first episode of unaccompanied homelessness at age 17. Jamal was never kicked out for being gay, but he left a home that was certainly a source of stigma and discrimination because of this identity. As Jamal recalled, *"My mom, when she found out that I was gay, she didn't really have a big problem with it. She did accept me, took me in, like with open arms. My dad, he was a little on edge about it, but he finally came around. But um my older brothers and like my grandmother were...against it...My grandma she would claim it was a phase or...it was like a disgrace or disgust to her. My brother...one of my older brothers when he found out, (pauses) he stopped speaking to me."*

As Jamal spoke of this 3-year period, the emotional and literal cutoffs from his grandmother and brothers made Jamal feel like he no longer had a home. He said these years were like "hell." From the ages of 15–17, as he attempts to protect his identity, Jamal cycled between couch surfing at a cousin's house and living with his grandma (where his mother and siblings also lived). But when his cousin died, Jamal, then 17, was forced to live full-time with his grandmother. Unaware of local resources, he left home to couch surf with a friend to avoid the "hell" he endured in his grandmother's home.

Eventually, he came out to this friend, telling him he was gay. This friend then told him about a local agency that serves unstably housed gay youth. Jamal was elated to discover this resource, *"I went and I had fun. Then I kept going back and I kept going back and it was like before you knew—(snaps fingers)—years*

and years came." In finding a safe space that affirmed an identity that was unprotected in his own home, he says, *"I gained family and friends there...I'd rather see them more than my friends, my brother's friends, and him any day!"* After this awareness, he fully engaged with and trusted this provider and made use of all of their resources, *"They gave me resources and staff to talk to... [name of staff at agency] was real kind in really helping me out. And she still helps me out...to this day."*

Jamal spent less and less time at his grandmother's and more time at shelters and couch surfing. He continued to think of his mother as a support, though she could provide limited emotional support because she lived in the grandmother's house. However, she insists, and Jamal accepts, that he is welcomed there. *"One thing about my mom... my mom wasn't like... 'I don't want gays in my house' and stuff like that. She was very inviting. My mom used to always tell me if I ever had a boyfriend or a friend...and I wanted them to come over, she'd rather us be there in the house safe than to be out any other place that is unsafe."* When asked how she reacted to Jamal's choices to stay elsewhere, in places he indeed felt safer than at his grandmother's, *"I think that she felt that as though I was older now. And maybe I needed to find my way."* With Jamal's continued accumulated positive experience with the provider, he fully engaged other services, even those not specifically targeting LGBTQ youth.

After graduating from high school, he engaged with job training and placement services at another agency. At the time of his interview, Jamal had just learned he was accepted to a TLP and was already working three part-time jobs. He particularly found meaning in one of his jobs where he helped persons with disabilities and special needs, *"That's one of my greatest joys, like to help people...if I was helping other peoples' family members, um and making them happy, I was happy."* Jamal was also attending therapy sessions and completing a life skills

course.

With an offer to live with a friend also transitioning out of homelessness, he was leery of a roommate situation and was curious about the added benefits of living on his own. With an experience of living in tight quarters with his brothers and his grandmother, he worries that the friends of this potential roommate could be problematic. His friend may not pay the bills, and *“then there’s turmoil in the house. Or either something goes missing, something gets broke... So I say, and I used to tell myself all the time, if I was to live by myself, I’d rather...cuz...I know that if I left my house and I washed all the dishes, when I come back, there will be no dishes in the sink.”* As Jamal ends his interview, he expressed his strong personal agency paired with openness to make change in his life. He offered the following wisdom to other youth who might be going through similar struggles, *“And regardless of anything that may come your way, you still have the ability to fight it. Like whether it’s with help by yourself, with friends, family, coworkers, like anything ... know that there’s someone out here...that can relate to you. So, you’re never in this world alone by yourself going through just one thing by yourself...never give up trying to make a better you.”*

Summary

This section examined the ways in which youth make decisions about engaging the resources available to them. When youth had an identity that needed nurturing and protecting, that reality helped to illuminate a unique set of risks and gains. For Jamal as a young gay man and Jax as a young father, they each found a resource where those identities could grow and develop. This also gave access to important relationships with others who validated those identities. These factors were critical gains in their choices to engage, and then stay engaged, with a service provider.

While all three youth had accumulated experiences with formal resources, Brad is the

most disengaged from, and least open to, formal services. He only goes to churches and the hospital to survive. His negative experiences of service providers in counseling as “about the money” and not about helping only reinforces his doubt in any gains by seeking out formal services. He is left to make use of the limited informal support through his dad and stepmom and is consequently cut off from having any counter/positive experiences with service providers. Jax’s undocumented status resulted in limited access to formal resources until he entered foster care. Although this was a mixed experience, his history of rejection in his family of origin shadowed his own interpretation of the risks and gains presented by the potential adoptive family as a trusted resource and so, he rejected it. Jamal is the only one of the three who lacked a childhood experience of formal services. His first contact, through his friend, is exclusively positive and quite transformative. As he accumulates this new experience, it only fuels deeper levels of engagement with service providers.

All three of these youth clearly have a sense of personal agency. Jamal in leaving his family home at 17 convinced of a better more nurturing place, however, still affirms his openness and belief that others can be helpful and supportive. He unquestionably trusts the original provider who then acts as a portal to other services. Jax, with his “TRUST NOBODY” tattoo, and Brad also both exude a strong sense of personal agency. But unlike Jamal, Brad and Jax’s personal agency manifest as extreme self-reliance. Time and again Jax disengages the informal resources in his social network. His experience of being abandoned and let down potentially contributes to his rejection of the occasional informal resources that have come from the few positive adults in his life. They are too risky. This heightens the critical importance of his only informal resource, his fiancé and future child. Similarly, Brad rejects formal services, and still wrestles with the attraction of the free and unconfined lifestyle gained by homelessness; it

is affirming to his sense of independence and self-reliance. His sole support, like Jamal, comes from a small subsystem of his family: his dad and step-mom.

Ending youth homelessness

Just as the in-depth interviews began across all five sites with the same question, “Where does your story begin?” every interview concluded with the counter question, “What would it take to achieve stability?”

The multisystem factors shaping the critical condition trajectories—individual, family, peer, and structural—once again show up as important considerations (Appendix I). As

illustrated in Figure 4.18, all the responses provided by participants highlight potential points of intervention and are clustered around four major themes: a) housing (structural); b) jobs and education (structural and individual); c) informal support (individual, family, peer, and structural); and d) personal changes (individual). Youth clearly conveyed that structural supports—housing, jobs, and education—are critical foundations to ending the instability these youth face. But alone, these foundations were insufficient to ensuring the end of their instability. As Derek from Walla Walla County succinctly stated, “I don’t think I can do it completely on my own.” Indeed, our findings suggest that it “takes a village” to end youth homelessness.

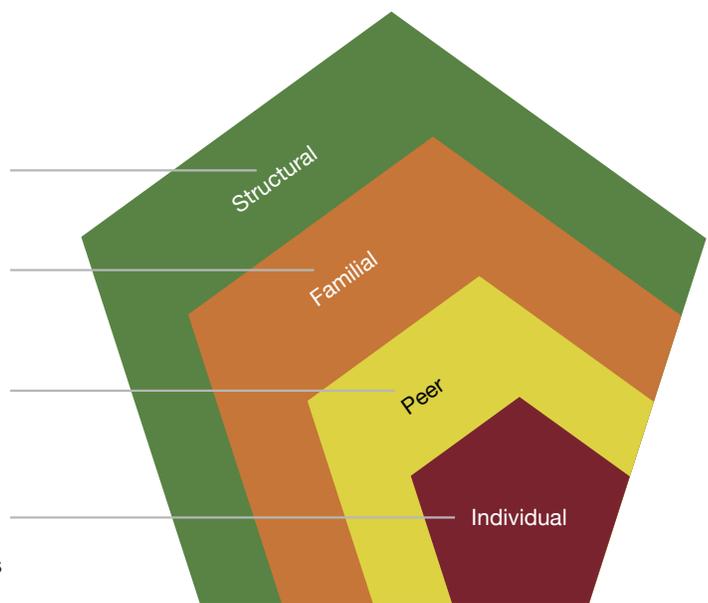
Figure 4.18. A multi-systemic holistic approach to ending youth homelessness

Systems & Communities Play Critical Role in: offering developmentally and cultural attuned supports and services, ensuring safety and stability even across transitions, as portals to other services that promote healing, growth, recovery and wellness in communities, families and children

Family Play Critical Role in: providing stability, safety, and nurturance. Family dynamic that promotes growth, wellness, belonging and healthy development of its members

Peers Play Critical Role in: supporting sense of belonging and family/kinship, providing social support, and portals to accessing resources, information and skill development

Young People Play Critical Role: as resilient actors making meaning of their lives and identities, fully engaging their communities, building or strengthening capacities for decision making that facilitate and protect their own wellness and health



It takes a Village

Although “housing” unsurprisingly appeared in nearly every response, the details provided by youth were more nuanced. The potential points of intervention were linked to other issues. Time-limited housing interventions such as shelters and transitional living programs often were important, but on their own, they were insufficient resources to secure their stability

long-term. Youth had to navigate the centralized, but often isolated location of shelters with the difficulty of accessing affordable and safe public transportation to jobs in other neighborhoods or even towns. Other participants expressed concerns with finding housing that was within their price range, especially given the upfront costs of security deposits and first and last

month's rent. Youth expressed the need for assistance in locating reliable housing options that they could afford alone and where landlords will not take advantage of them.

Youth also expressed the need for jobs that pay a living wage with stable, consistent hours. Many participants who were currently working noted that they were not assigned enough hours or a wage that would enable them to afford stable, secure housing.

Although the youth in this study were concerned with issues of safety, security, and basic needs, they also articulated a desire for higher education. They were aware that more education would help them achieve higher paying and more fulfilling employment. They wanted to pursue this, but they often had to choose between work and education. Many were in some type of schooling (for example, GED program or community college) and unable to work enough to support housing costs. Youth needed financial assistance to complete their educational goals.

In addition to affordable housing, living wage jobs, and higher education, participants noted that they also needed to make personal changes to achieve stability. Some of these changes began with learning better financial management and budgeting skills. Many of them also acknowledged that they needed to “mature” or “grow up” if they wanted to achieve their goals. Equally important, however, they would express their want or need for professional counseling to manage mental health conditions or the emotional residue of their traumatic pasts. Some wanted to “avoid drama” and peers who created a negative and counterproductive environment.

Finally, youth spoke at length of their needs for more and better informal support systems. They wanted people, especially adults, who they could trust, who would help them stay motivated, provide advice and mentorship, challenge them to (continue to) improve themselves, and provide emotional support.

Advice to organizations

One of the key findings of this study is that it will take a village to end homelessness. Critical members of each youth's village are the professionals and organizations that must support their health and wellness in times of need. Three major themes emerged as youth offered insights for improvements in services and supports: location, rethinking outreach, and the need for LGBTQ attuned practices.

Location. Youth want more resources in the neighborhoods in which they live. When youth are required to travel long distances to engage with service providers, they compromise existing connections to school, jobs, and informal resources. Youth also advise organizations to provide more transportation support to maintain these connections and to compensate for lack of local resources. Leo, from Cook County, expresses this well. *“If you noticed, majority of this stuff is in nice neighborhoods. I feel like they shouldn't be...there should be, at least a resource center so that people can go to, in their community.”* For Jesse in Walla Walla, this is only truer, as services he needs are in an entirely different county. *“...I don't want to fucking go all the way up to Yakima to detox!”*

Rethinking outreach. As noted in the section on youth engagement of resources, youth are often connected to housing resources through friends and family or through existing relationships with service providers. They also make use of social media and online resources. According to youth, service providers should rethink their outreach to include youths' social networks. Youth we interviewed first experienced homelessness at an average age of 16, so outreach should begin early and not be restricted to targeting currently homeless youth.

LGBTQ-attuned services. As Jess from San Diego explains, *“...every single other trans person that I know and I've talked to have had, um negative, um, encounters with therapists or*

psychologists or psychiatrists.” The existence of resources and professionals who are skilled in working with gay, lesbian, bisexual, questioning, transgender, and gender nonconforming youth makes an enormous difference to youths’ emotional wellbeing. However, all organizations should strive to be more skilled in working with this population. LGBTQ youth in the IDI are a disproportionately overrepresented group, and they reported higher rates of adversities. Identity protection within the logics of these youth was an important lens through which they assessed the risks and gains of engaging resources and professionals. Agencies and programs need to earn and promote decidedly safe and affirming reputations for LGBTQ youth for many of them to feel comfortable with the idea of engaging them for support.

Discussion

Key findings

In this chapter, we shared findings from in-depth interviews with 215 youth who were homeless and unstably housed within five of the 22 VoYC partner sites. This section discusses some of the highlights of these findings and their significance for understanding unaccompanied youth homelessness.

The findings in this study strongly support a complex understanding of homelessness and one that illuminates its connection to other social challenges and realities. In this way, homelessness is a symptom of accumulated adversities and unmet needs not just within the individual youth, but also their social environments. Their many accumulated life experiences within service systems and within their family systems also disrupt the idea of homelessness as caused by a single event. Youth named involvement in foster care and the removal of home itself as a risk factor to later unaccompanied homelessness. They named it specifically as the beginning of their sense of being homeless.

For LGBTQ youth, while disclosures of stigmatized sexual or gender identities typically did not instantly result in getting kicked out, homelessness often emerged in the context of already stressed parent-child relationships and other parental and family struggles that were years in the making. Many youth eventually left in order to escape the stigma and discrimination they had endured for an extended period of time within their families. Their reporting of the highest rates of adversity scores in our survey, often while stably housed, further points to a need for earlier intervention and prevention during and prior to adolescence, when their first episodes of literal homelessness occurred.

Answers to “Where does your story begin?” clearly conveyed that family wellbeing, and specifically parental health and stability, are critical to shaping early risks for housing instability of youth. Our analysis of these early beginnings points to persistent instability and loss throughout their early childhoods. In fact, many youth indicated within their interviews that they had never experienced stability. Instead, their childhoods, and emerging adulthood, are marked by significant and pronounced loss, ambiguity, and instability. For future research, we recommend a more systematic evaluation of all of the adverse experiences youth navigated, especially parental death, suicide, and a range of experiences of family instability and disruption (Whitbeck and Hoyt, 1999). There is a need for improved measures and assessment tools of the adverse childhood experiences that are relevant to these youths’ normative contexts of development and of their many strengths.

Another important finding is related to emerging adulthood in the context of poverty. Turning 18, particularly for male youth, marked a critical life stage where many economically stressed parents expected participants to start financially contributing to the household. When youth did not or could not, many parents kicked youth out, or youth simply left home to avoid feeling like “a burden.” Sometimes this life

stage intersected with a parent's rejection of a child's sexual identity or sexuality in general. Parents sometimes waited until children were approaching 18 to then issue ultimatums that resulted in getting kicked out or youth leaving. This suggests a distinct phenomenon that departs from some contemporary understandings of emerging adulthood in the context of middle-to-upper-middle-class family norms of social support. It also suggests early opportunities for prevention.

Our analysis of critical conditions and illustrations of the trajectories of housing instability highlight factors that span multiple levels of influence: individual, peer, family, and structural. Although each experience of instability was unique, all youth navigated some combination of these multilevel conditions. In presenting trajectories visually, we were able to illustrate how these factors unfold and what causes tipping points into deeper levels of instability. Additionally, we were able to identify missed opportunities to intervene and support youth across different levels of influence, and to interrupt the instability they navigated. The critical conditions and trajectories of youth only further emphasize that understanding youth homelessness requires understanding the intersections of structural, familial, peer, individual risks, and strengths.

Finally, our findings related to youth logics of engagement introduce to the field an often-hidden process of decision-making. This expands the discussion of barriers to engagement in service beyond access, location, awareness, and personal characteristics such as attitudes or motivation (Mojtabai et al., 2011). We identify *risk-management* as central to their use of both local formal services and informal resources. Even after youth were aware of a service in their local or social environments, some concerns remained about whether using it would bring more harm than good. Sometimes accepting a resource placed an important relationship at risk, or threatened one's sense of autonomy, independence, and

personal agency. Other times, youth felt it would introduce risk to a family member (for example, becoming involved in child welfare system) or bring undue burden to their already stressed households. We highlighted three factors that shaped youths' discernment of the risks versus gains of engaging resources: identity protection, accumulated experience with services, and personal agency. As we consider why youth may not make full use of the available services and resources in their environments, our work must remain sensitive to the real and perceived risks youth face as they are asked to engage with "help" and "supports" that may also bring some degree of risk or loss.

Limitations

There are several limitations to this study that bear noting. First, although the methods we used attempt to collect youths' experiences over time, this was not a longitudinal study. Similarly, we used interview methods of data collection and we did not observe youth beyond the interview. Therefore, we were unable to track the real-time unfolding of their stories to gain precise specificity about key events and timing of those events. Nor did we follow youth to observe dynamics and conditions beyond their own awareness. That said, the analyses and findings presented in this report offer insights into how youth make meaning and interpret events rather than documenting when and exactly how they unfolded. Researchers interested in tracking youth, the geographies of their homelessness, and the precise timing of events would do well to consider observational and longitudinal designs and methods.

Second, while not a limitation of the IDI, it is important to remind readers that the demographic characteristics of the IDI sample (for example, race, age, gender, or sexual identity) are not intended to be used as a nationally representative measure of the homeless youth population in the United States. Instead, the IDI was designed to highlight the

diverse experiences and perceptions of unstably housed youth and young adults.

Third, the IDI's sample has lower numbers of important youth subgroups. These groups include Latino/a youth, transgender youth, and youth who reported involvement in the sex trade. With transgender youth, it is possible that some may have identified with their chosen gender identity (either male or female), instead of identifying as transgender. However, youth were fairly forthcoming about their identities within the qualitative interviews. Therefore, the lower numbers of youth subgroups are more likely related to the need for more strategic recruitment. We engaged multiple methods to actively recruit Latino/a youth across all five sites. Still, the number of these youth in Cook, Walla Walla, and Philadelphia counties were low, even from those reported in our youth count component. Similar under-representations of Latino/a youth among those experiencing homelessness have also been documented with U.S. Departments of Housing and Urban Development and Health and Human Services administrative data and counts. During our recruitment, we were often told that this was a "tight-knit" and hidden population, reticent to engage formal service systems (that is, more likely to couch surf). It is possible that a more prolonged time in the field, and/or hiring someone well known to members of the community might have helped to engage more Latino/a youth participants. Similarly, few youth reported involvement in the sex trade or being trafficked for commercial sex exchange. These are often highly patrolled and regulated youth, and it would have been difficult to access them with the recruitment methods we used. This is an important issue that requires a specific research method and design to gain trust of youth without placing them in increased risk of harm or danger.

Finally, this study is limited by its individual focus on the youth. We lack important data from others who deeply shaped their trajectories. There is a serious need in the field for studies to move

beyond the individual-level focus of designing research and include youths' family systems (adoptive, foster, biological, and families of choice) and key social network members (peers, service providers, teachers) to understand more fully the relational push-pull factors in their instability. The use of case studies, ethnography, and more qualitative methods in general would be essential to this research agenda.

Conclusion

The findings from this study's in-depth interviews with 215 youth with lived experience of homelessness from five diverse communities strongly support a complex understanding of homelessness and one that illuminates its connection to other social challenges and realities. In this way, homelessness is a symptom of accumulated adversities and unmet needs not just within the individual youth, but also their social environments. Their many accumulated life experiences within service systems and within their family systems also disrupt the idea of homelessness as caused by a single event. Our research on the trajectories of youth into and through homelessness highlight numerous opportunities for prevention and early intervention across multiple public systems and aspects of the community. For the youth we interviewed, these were largely missed opportunities. Armed with better evidence and the voices of youth, they need not be missed opportunities for other youth going forward. The implications of this research are many, yet they are made straightforward with an enduring African proverb: it takes a village.

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Chapter 5. Homeless Service Provider and Continuum of Care Surveys

Highlights

- In 22 diverse counties across the country, we administered surveys to Continuums of Care (CoCs) and a range of agencies that offer services to youth experiencing homelessness.
- In general, runaway and homeless youth (RHY) service providers operated a wider range of programs in larger counties than in smaller counties, and some types of programs (for example, transitional housing, street outreach, supportive housing, and emergency shelter) were more widely available than others (for example, host homes, drop-in centers, or rapid rehousing).
- RHY service providers were more likely to operate programs for 18- to 25-year-olds than for 13- to 17-year-olds, and this disparity was particularly acute in smaller counties.
- RHY service providers and broader youth-serving organizations (YSOs) offered a range of services to RHY, with case management, assistance with basic needs, and life skills training being the most common.
- Nearly all the homeless adult and homeless family service providers operated programs that served 18- to 25-year-olds, but most did not operate programs that served 13- to 17-year-olds.
- Most CoCs had a coordinated entry and assessment system (CEAS); one-half of the CoCs with a CEAS allowed unaccompanied youth to access services through their CEAS; and some had dedicated access points through which youth could enter.

Background

This chapter presents the results of two surveys: the service provider survey and the Continuum of Care (CoC) survey. The service provider survey was administered to service providers in each of the 22 partner counties to gather information about the programs and services available to RHY, and to identify gaps in service provision. The CoC survey was also administered to the CoCs in each of the 22 Voice of Youth Count (VoYC) counties and focused on the use of coordinated entry and assessment system (CEAS) with youth experiencing homelessness.

The need for accurate data on homelessness among youth is widely recognized and there is growing interest, particularly at the Federal level, in developing better methods for counting

youth experiencing homelessness (USICH, 2013). Noticeably less attention has been paid to understanding the existing landscape of programs and services for youth experiencing homelessness and how that landscape varies across communities. To the best of our knowledge, only a handful of surveys of service providers for youth experiencing homelessness has been conducted.

Three surveys focused on service providers within a single state. One was a 2005 statewide survey of homeless service providers in Illinois that was designed to estimate the number of unaccompanied homeless youth under age 22 at a point in time and to assess their needs (Johnson and Graf, 2005). The survey, which included questions about provider type, referral sources, populations served, eligibility criteria,

types of services offered, average length of stay, reasons for turning youth away, and the number of youth served, was completed by 215 of the 745 service providers identified by the Illinois Department of Human Services, the CoC, the Chicago Coalition for the Homeless, and the Human Care Services Directory.³¹ A second survey (a follow-up survey) was launched in 2007 to identify service gaps for youth under age 25 experiencing homelessness (Chicago Coalition for the Homeless, 2007). Of the 31 service providers across the state that operate housing programs for youth, 24 completed the survey, which included questions about the number and characteristics of youth served, types of services offered, unmet service needs, underserved populations, and youth outcomes.

A third state-specific provider survey was conducted in New York by the Empire State Coalition of Youth and Family Services to understand the mental health service needs of the state's youth experiencing homelessness and the barriers they face to accessing services (Hirsch and Bolas, 2010). Eight youth homelessness service providers in seven counties that represented a range of upstate and downstate urban, suburban, and rural populations were surveyed. Although many of the questions focused on mental health, including barriers to accessing mental health services faced by youth experiencing homelessness, the survey also asked about the populations served by the service providers and other services available in the community.

Two other surveys of youth homelessness service providers were national in scope and conducted by the Williams Institute in 2012 and 2015, respectively. They aimed to improve understanding of the characteristics and experiences of the lesbian, gay, bisexual, or transgender (LGBT) youth they served, the types of services offered to those youth, the barriers

to providing those services, and to estimate the percentage of supported youth experiencing homelessness who identified as LGBT. The 2012 survey was completed by 381 respondents representing 354 service providers on the National Runaway Switchboard resource list, the Community of LGBT Centers (CenterLink) resource list, and the list of True Colors partner agencies (Durso and Gates, 2012). The 2015 survey was completed by 138 respondents representing 126 service providers registered with the Runaway and Homeless Youth Training and Technical Assistance Center (RHYYTAC) or as part of the True Colors Fund's Forty to None Network (Choi et al., 2015).

The service provider survey built upon these prior efforts to document the landscape of programs and services for youth experiencing homelessness. It complemented the brief youth survey (BYS) that was administered in conjunction with the youth counts to gather information about the number and characteristics of youth experiencing homelessness in each of the 22 VoYC counties.

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Methodology

Sampling

The VoYC research team generated a list of service providers for each of the 22 counties based on recent CoC housing inventory count (HIC) reports for homeless assistance programs.³² The lists were reviewed by the lead

³¹ A 58 percent response rate was reported because some of the service providers to which the survey was sent were determined to be ineligible.

³² These reports include the number of beds and housing units available among homeless programs on the night of the point-in-time count by program type and provider.

agency in each county, and any missing service providers were added. The lists included runaway and homeless youth service providers, homeless adult service providers, homeless family service providers, and organizations that serve other youth populations. The VoYC research team also used the HUD Exchange website to compile a list of contact information for the CoC in each of the 22 counties. The contact information for each CoC was reviewed by the relevant county's lead agency.

Survey instruments

Both surveys were administered using web-based data collection tools designed by the VoYC research team. The service provider survey included questions about the agency and its target populations. Agencies that identified runaway and homeless youth as their target population were asked about the types of programs they operate for runaway and homeless youth, how those programs are funded, and the types of services they provide. Other agencies were asked about the programs they operate for homeless adults, homeless families, or about the services they provide to runaway and homeless youth in the context of serving other youth populations.

The CoC survey included questions about coordinated entry and assessment. CoCs that have a CEAS were asked about the ways in which youth can access that system, the assessment tools that are used with youth, and the types of services youth receive at an access point or to which they are referred.

Data collection

The service provider and CoC surveys were launched on a rolling basis. Soon after the youth count was completed in a county, the VoYC site coordinator for that county, along with one or more members of the research team, held a conference call with the lead agency to finalize the list of service providers and CoC contacts to whom the survey links would be sent. Both

surveys were typically launched one or two days after that call. An email describing the initiative and explaining the purpose of the survey was sent to each service provider and CoC contact on the list. Recipients were asked to complete the survey using a unique survey link that was embedded in the email. Data were collected from June 2016 through October 2016.

To maximize response rates, research team members sent reminder emails and made phone calls to service providers that had yet to complete the survey. Email reminders were also sent by the lead agency in most of the sites. The lead agencies received weekly updates that included the response rate and contact information for the non-respondent service providers. The Service Provider Survey was initially supposed to be kept open for 4 weeks, but was typically kept open for a few additional weeks because response rates were frequently low (for example, less than 50 percent) at the end of week four. The CoC Survey remained open until the final Service Provider Survey had closed.

Because of a skip pattern in the original survey, service providers that had identified RHY as a target population were not asked about programs for homeless adults or homeless families that might serve homeless youth. Consequently, after all the Service Provider Surveys had closed, a follow up survey was sent to the subset of RHY service providers identified by the VoYC site coordinators as being likely to have programs for homeless adults or homeless families. The follow-up survey included questions about those programs, and service providers were given a little more than one week to complete it. The CoC Survey was also briefly reopened to give CoCs that had not completed the survey an opportunity to do so.

The service provider survey link was sent to 822 service providers, and the survey was completed by 64 percent (n=523). The completion rate ranged from 47 percent to 100 percent across

the 22 counties and was higher, on average, in the small counties than in either the medium-sized or large counties (Table 5.1). The follow-up

survey was completed by 48 percent (n=33) or the 69 service providers to whom a link was sent.

Table 5.1. Survey response rates by county size

County size	# surveys	# completed	Response rate
Small counties	75	58	77.3%
Medium-sized counties	222	141	63.5%
Large counties	525	324	61.7%
Total	823	523	63.5%

Suffolk County and Cook County are each served by two CoCs. Wayne County is served by two CoCs plus one alliance that coordinates youth access to housing. Hence, the CoC survey link was sent to 26 potential respondents (that is, one respondent for 19 counties, two respondents for two counties, and three respondents for one county). The CoC survey had a 100 percent completion rate.

Data analysis

The service providers’ data were cleaned and analyzed at the individual provider level as well as aggregated and analyzed at the county level. The 22 counties were further divided into three groups based on population size (six small counties with populations ranging from 15,028 to 119,980; seven medium-sized counties with populations ranging from 193,013 to 778,121; and nine large counties with populations ranging from 1,176,558 to 5,238,216). Some of the analyses were run separately for each group. The survey data collected from the CoCs were also cleaned and analyzed.

Results

Service provider survey: Individual-level data

Service provider characteristics

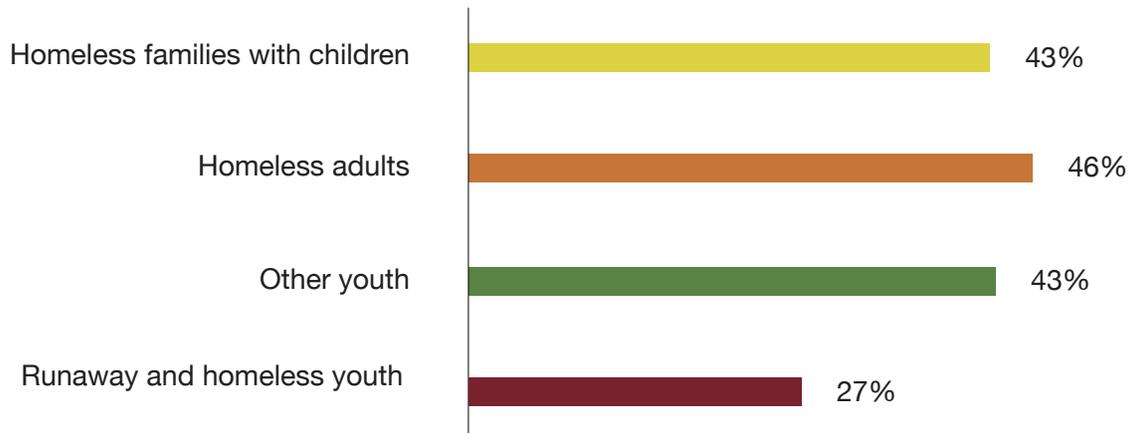
Ninety-three percent of the 523 service providers that completed the survey identified themselves as non-profit organizations (three percent identified as religious/faith-based organizations, three percent identified as public/government agencies, and one percent identified as “other”). In terms of target populations, 27 percent of the service providers reported serving RHY, 43 percent reported serving other youth populations (for example, low-income or disconnected youth, youth in foster care), 46 percent reported serving homeless adults, and 43 percent reported serving homeless families (see Figure 5.1).^{33,34} At least 38 percent of these service providers target more than one population.³⁵

³³ Providers could report serving more than one target population.

³⁴ Four percent of the service providers did not report serving any of the target populations. These include housing developers, housing authorities, and health care centers.

³⁵ The number of agencies that serve homeless adults or homeless families with children is probably higher than these data suggest because only one-half of the RHY service providers who were sent a follow-up survey responded.

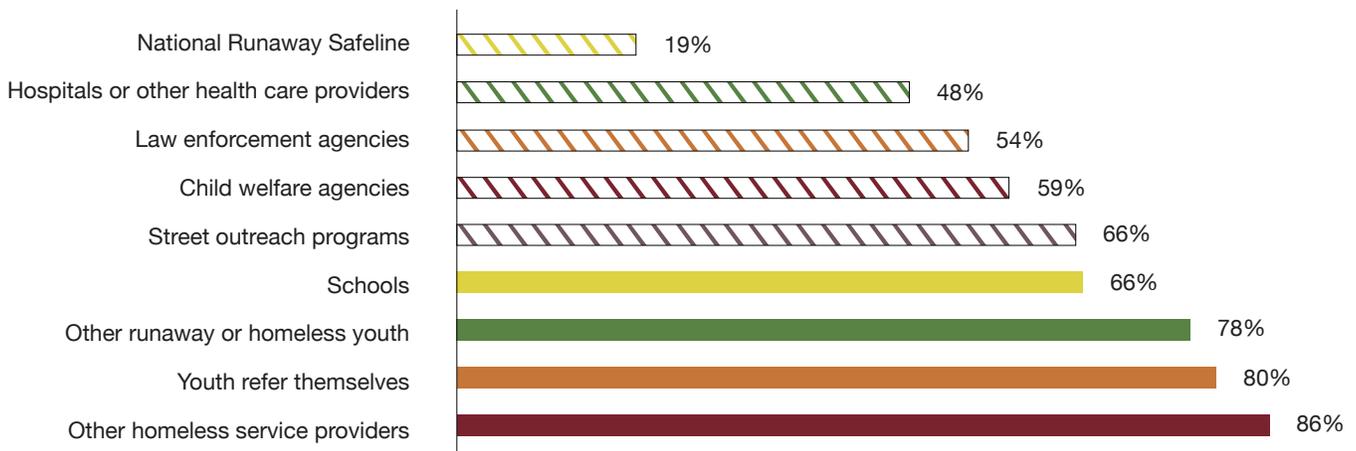
Figure 5.1. Target populations



The most common referral sources for the 142 RHY service providers were other homeless service providers and youth that experienced homelessness themselves (see Figure 5.2). The latter include youth who referred themselves and youth who were referred by peers. Other

common referral sources included schools, street outreach programs, child welfare agencies, and law enforcement. Relatively few (19 percent) RHY service providers received referrals from the National Runaway Safeline.³⁶

Figure 5.2. Referral sources



Programs operated by runaway and homeless youth service providers

The 142 RHY service providers that completed the survey were most likely to operate transitional

housing and street outreach programs and least likely to operate host home or rapid rehousing programs (see Figure 5.3). Most of these RHY service providers operated more than one type of program.

³⁶ Between 211 to 311 helpline centers for essential community services, often including shelter and housing, were not included as a response option for referrals in the survey; this could be useful in future research.

Figure 5.3. Types of programs operated by RHY service providers

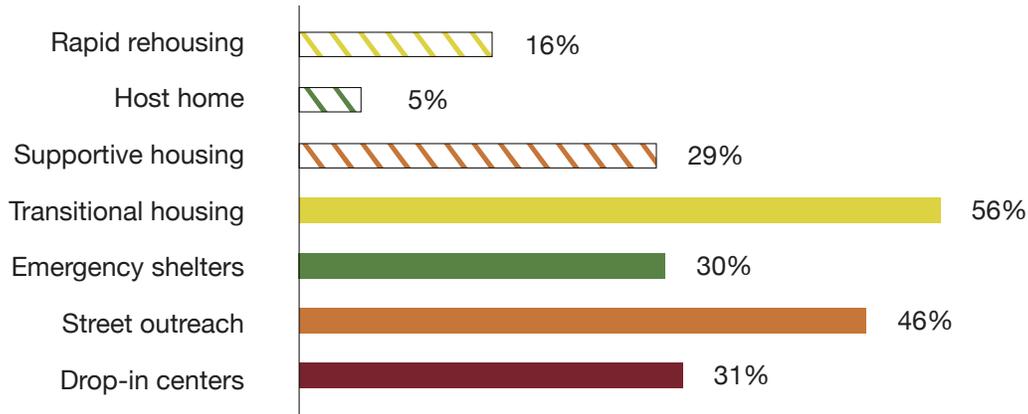
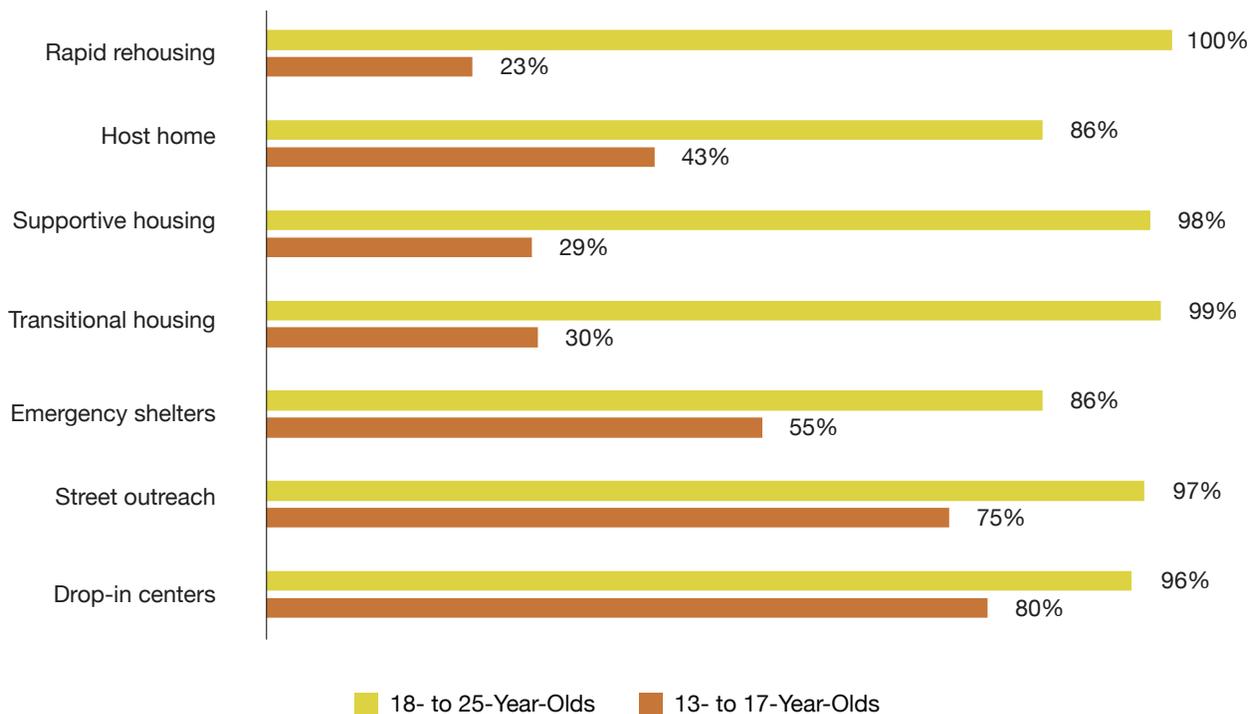


Figure 5.4. Age of youth served by RHY service providers by program type



Availability of programs by age of youth served

The RHY service providers that completed the survey were much more likely to operate programs that served 18- to 25-year-olds than to operate programs that served 13- to 17-year-olds (see Figure 5.4)

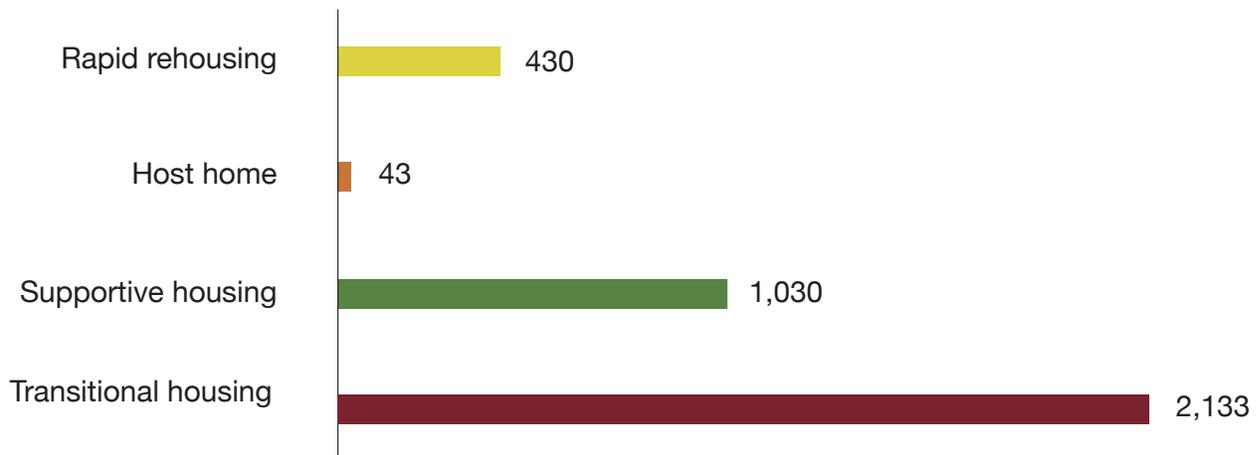
The RHY service providers that completed the survey estimated the number of youth served by their drop-in centers and street outreach programs each day and by their transitional housing, permanent supportive housing, host home, and rapid rehousing programs at a point in time.³⁷ Collectively, their drop-in centers and street outreach programs served approximately 1,230 and 1,206 youth per day, respectively.

³⁷ Permanent supportive housing was defined as “non-time-limited housing assistance with wrap-around supportive services.”

Collectively, their transitional housing, permanent supportive housing, host home, and rapid rehousing programs served more than 3,600

youth (see Figure 5.5), with nearly 90 percent of those youth served by transitional or permanent supportive housing programs.

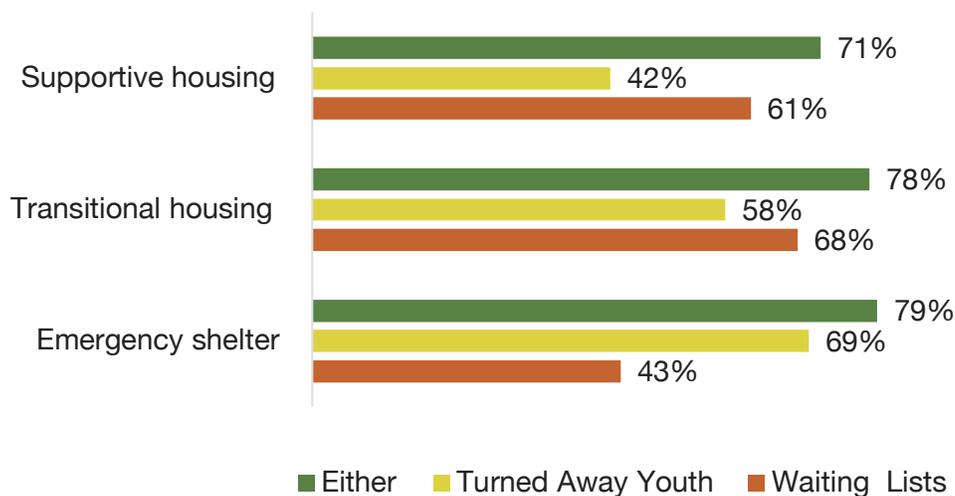
Figure 5.5. Total number of youth served by program type



The RHY service providers that completed the survey were most likely to have waiting lists for their transitional housing programs and most

likely to have turned youth away from their emergency shelters during the past year (see Figure 5.6).

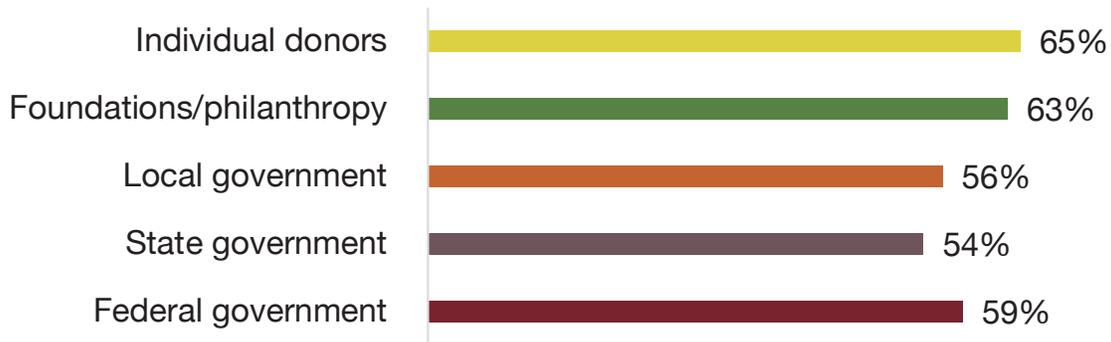
Figure 5.6. Unmet need reported by RHY service providers by program type



The programs operated by the RHY service providers that completed the survey received funding from a mix of public and private sources (see Figure 5.7), and 82 percent received funding from more than one source. The two most

common sources of funding were individual donors and foundations, with 73 percent of the RHY service providers receiving funding from one or both. Eighty-five percent received funding from at least one public source.

Figure 5.7. RHY program funding sources



More of the RHY service providers that completed the survey operated emergency shelters that served 18 to 25-year-olds ($n=36$) than operated emergency shelters that served 13- to 17-year-olds ($n=23$). Emergency shelters that those RHY service providers operated had nearly three times as many beds for 18- to 25-year-olds (810) as there were beds for 13- to 17-year-olds (286). Some of this disparity in the availability of shelter beds may reflect the age distribution of the RHY population. Although 13- to 17-year-olds were likely to have been underrepresented, 82 percent of the youth experiencing homelessness who were surveyed during the 22 VoYC Youth Counts were 18 to 25 years old. Licensing requirements for serving minors are another factor that may contribute to this disparity.

Seventy percent of the RHY service providers whose emergency shelters served 13- to 17-year-olds had time limits on the length of time youth could stay compared with 33 percent of those whose emergency shelters served 18- to 25-year-olds. Additionally, the time limits were 70 percent lower, on average, for 13- to 17-year-olds (35 days) than for 18- to 25-year-olds (115 days). Two factors likely contributed to these differences. First, RHY service providers that received Federal Basic Center Program funding for their emergency shelters cannot serve youth for more than 21 days, and only 13- to 17-year-olds can be served with these funds. Second,

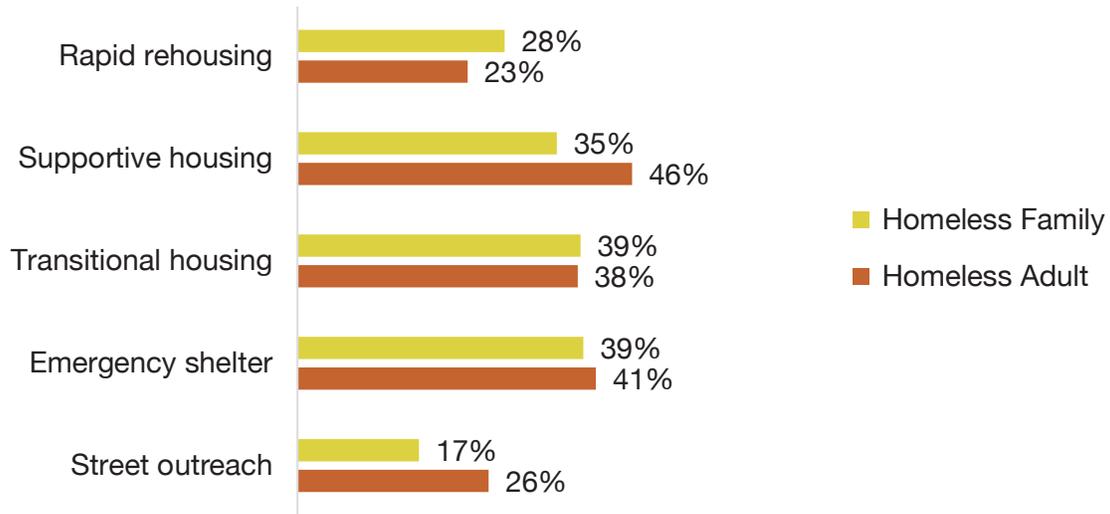
state or local regulations may limit shelter stays for 13- to 17-year-olds as a condition of licensure.

These differences are much smaller in the case of transitional housing programs. Sixty-eight percent of RHY service providers whose transitional housing programs served 13- to 17-year-olds had limits on the length of time youth could stay, compared with 73 percent of RHY service providers whose transitional housing programs served 18- to 25-year-olds. The average time limit for both age groups was about 21 months (that is, 645 days for 13- to 17-year-olds and 668 days for 18 to 25-year-olds). This is about three months longer than transitional living programs (TLPs) funded by the Family and Youth Services Bureau (FYSB) can typically serve youth, although youth can be served by FYSB-funded TLPs for up to 21 months under exceptional circumstances, or longer if they are not yet 18 years old.

Programs Operated by Homeless Adult and Homeless Family Providers

Forty-six percent ($n=241$) of the service providers that completed the survey reported that they operated programs for homeless adults without children, and 43 percent ($n=223$) reported that they operated programs for homeless families with children. Figure 5.8 shows the types of programs the homeless adult and homeless family service providers operated.

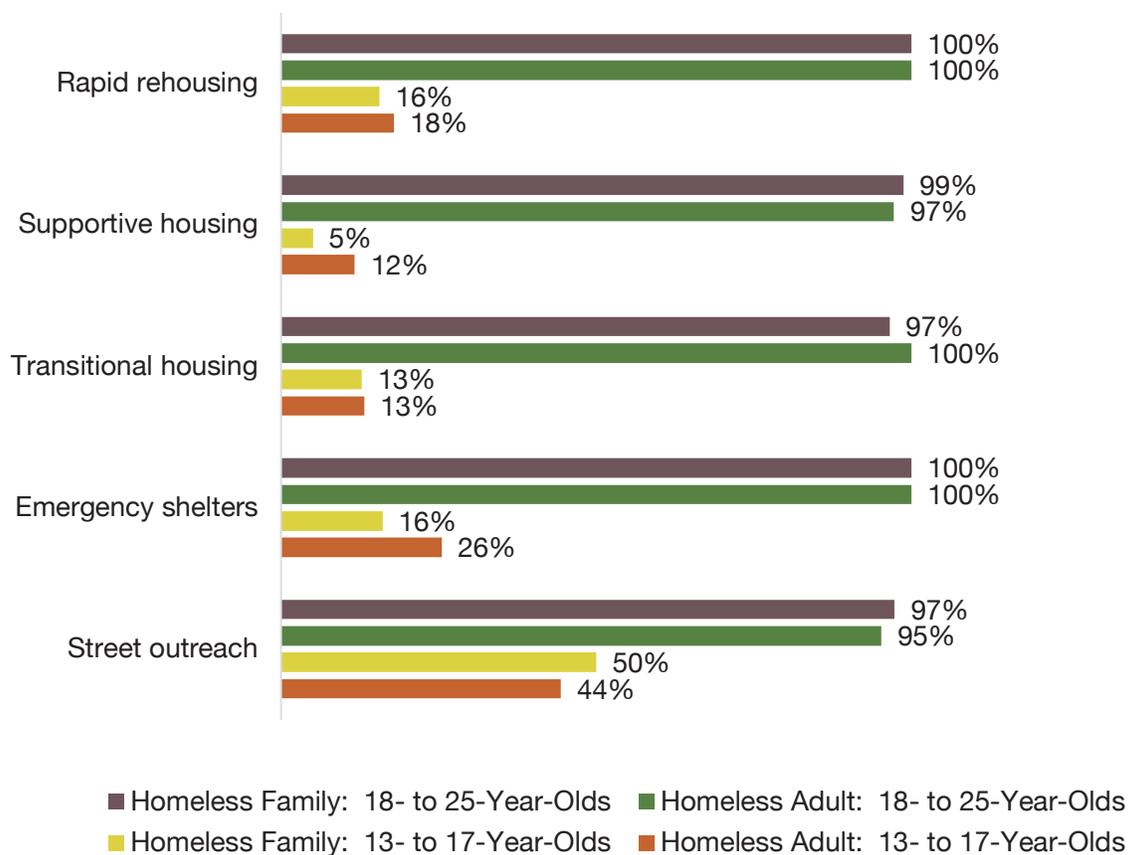
Figure 5.8. Types of programs operated by homeless adult and family service providers



Regardless of program type, nearly all the programs operated by the homeless adult and homeless family service providers served

18- to 25-year-olds, but most did not serve 13- to 17-year-olds (see Figure 5.9). Their street outreach programs were a notable exception.

Figure 5.9. Age of youth served by homeless adult and family service providers by program type

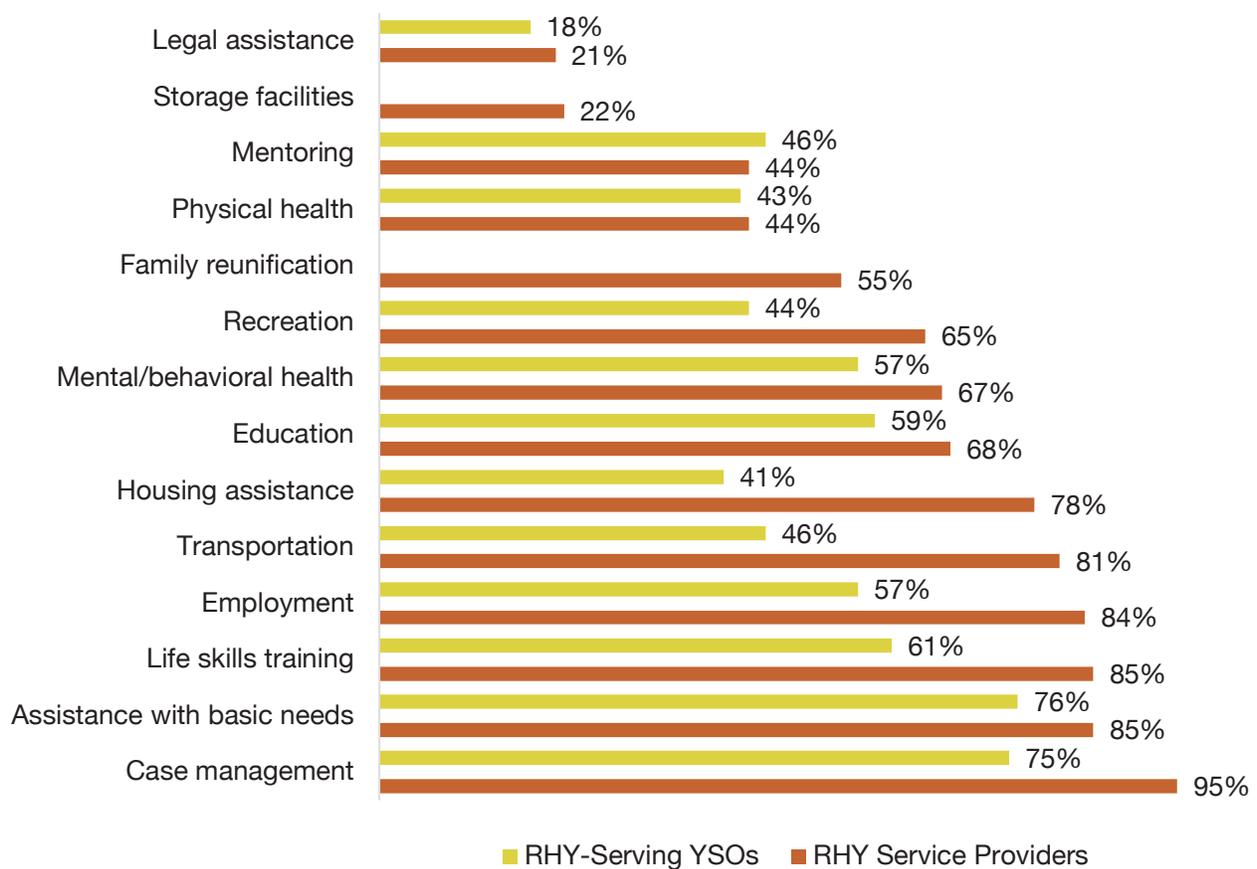


Services available from RHY service providers and youth serving organizations

Forty-nine percent (n=110) of the 226 youth serving organizations (YSOs) that completed the survey reported that some of the youth they served were runaway and homeless youth. Figure 5.10 shows the types of services provided by those 110 YSOs and the 142 RHY service providers.³⁸ With a few exceptions,

these services were more likely to be offered by the RHY service providers than by the YSOs. The biggest differences were in the provision of assistance with housing (78 percent versus 41 percent) and transportation (81 percent versus 46 percent). Smaller, but still substantial differences existed in the provision of employment services, life skills training, case management, and recreation.

Figure 5.10. Types of services available from RHY service providers and YSOs

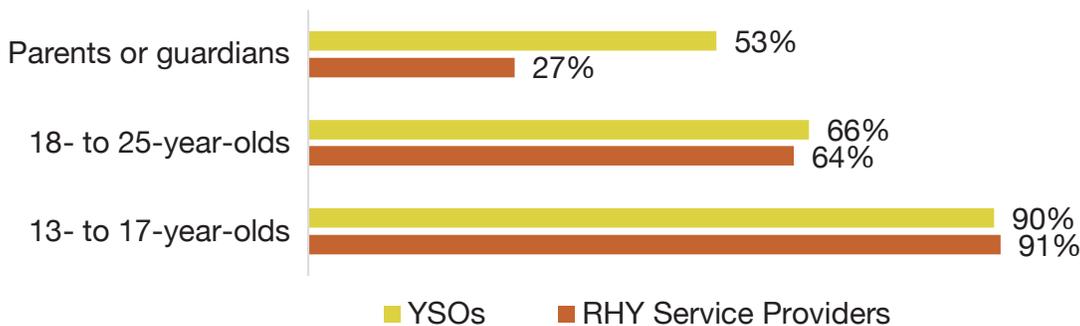


Forty-four percent of the RHY service providers and 26 percent of all the YSOs (including those that do not serve runaway or homeless youth) offered prevention services (see Figure 5.11). Nearly all these RHY service providers and YSOs offered prevention services to 13- to 17-year-

olds, and about two-thirds offer prevention services to 18- to 25-year-olds. However, YSOs were nearly twice as likely as RHY service providers to offer prevention services to parents or guardians.

³⁸ YSOs were not asked if they provide storage facilities or family reunification services.

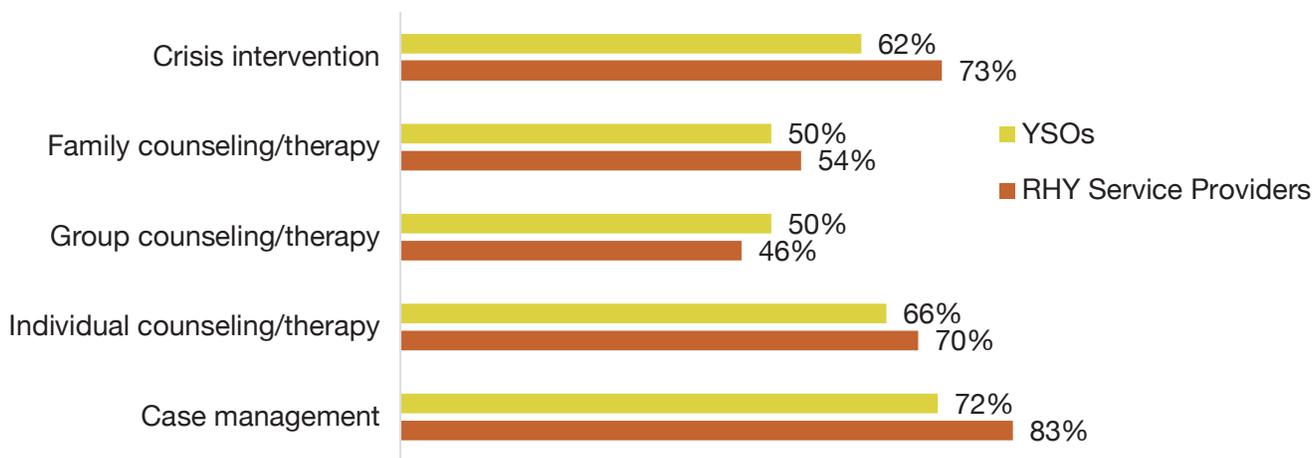
Figure 5.11. Groups eligible for prevention services from RHY service providers and YSOs



Case management and crisis intervention were the two most common types of prevention services offered by RHY service providers and

YSOs, and both were more likely to have been offered by RHY service providers than by YSOs (see Figure 5.12).

Figure 5.12. Prevention services available from RHY service providers and YSOs



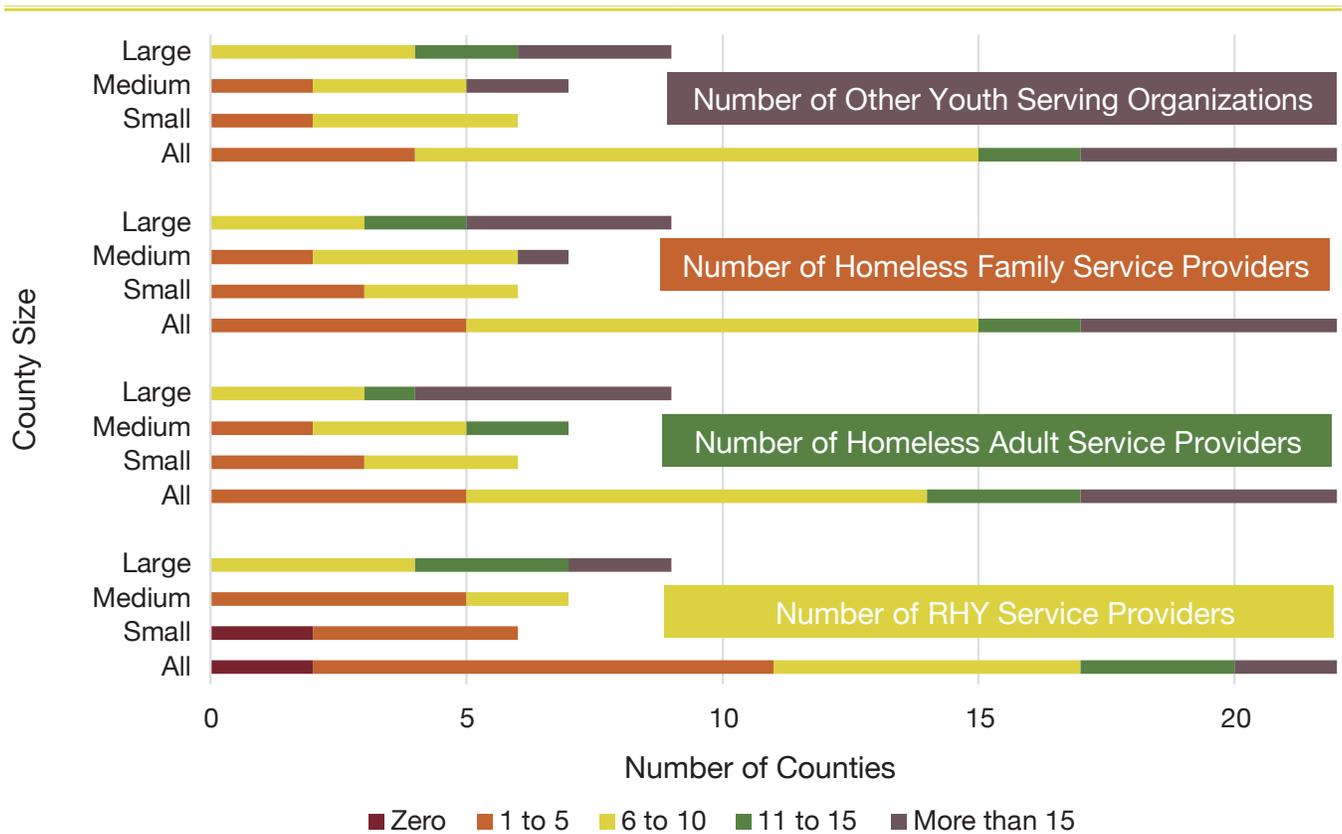
Service provider survey: County-level data

The results of our county-level analysis of the Service Provider Survey data reflect the responses of service providers that completed the survey. Because the completion rate in some counties was well below 100 percent, most counties have more service providers than these data suggest. This is less so with the smaller counties, which typically had higher response rates.

Provider type by county size

In every county, at least one homeless adult service provider, at least one homeless family service provider, and at least one youth-serving organization completed the survey (see Figure 5.13). In two small counties, the survey was not completed by any RHY service providers.

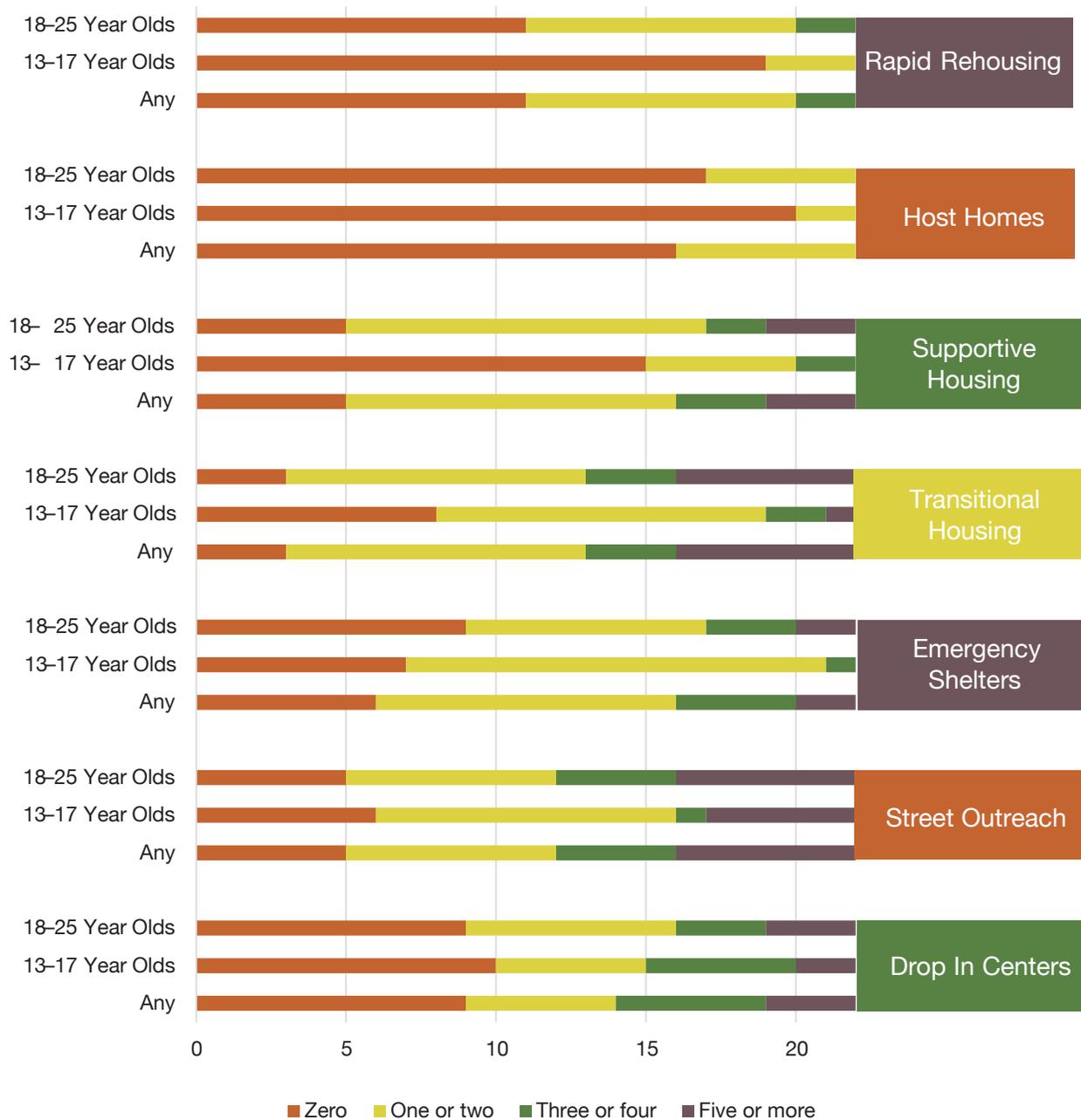
Figure 5.13. County-level data on the number of service providers by provider type: Overall and by county size



Programs operated by RHY service providers by age of youth served

Counties were most likely to have a transitional housing program and least likely to have a host home program operated by an RHY provider that completed the survey (see Figure 5.14). In general, more of the RHY service providers that completed the survey operated programs for 18- to 25-year-olds than for 13- to 17-year-olds. Drop-in centers and street outreach programs were an exception.

Figure 5.14. County-level data on the number of RHY providers by program type and age of youth served



Programs operated by RHY service providers by age of youth served and county size

Gaps in the array of programs operated by the RHY service providers that completed the survey were most evident in small counties, but gaps could also be seen in some medium-sized

and large counties (see Table 5.2). Additionally, with a couple of exceptions, fewer counties had programs operated by an RHY service provider that served 13- to 17-year-olds than had programs operated by an RHY service provider that served 18- to 25-year-olds.

Table 5.2. Number of counties with at least one program operated by an RHY service provider by county size and age of youth served

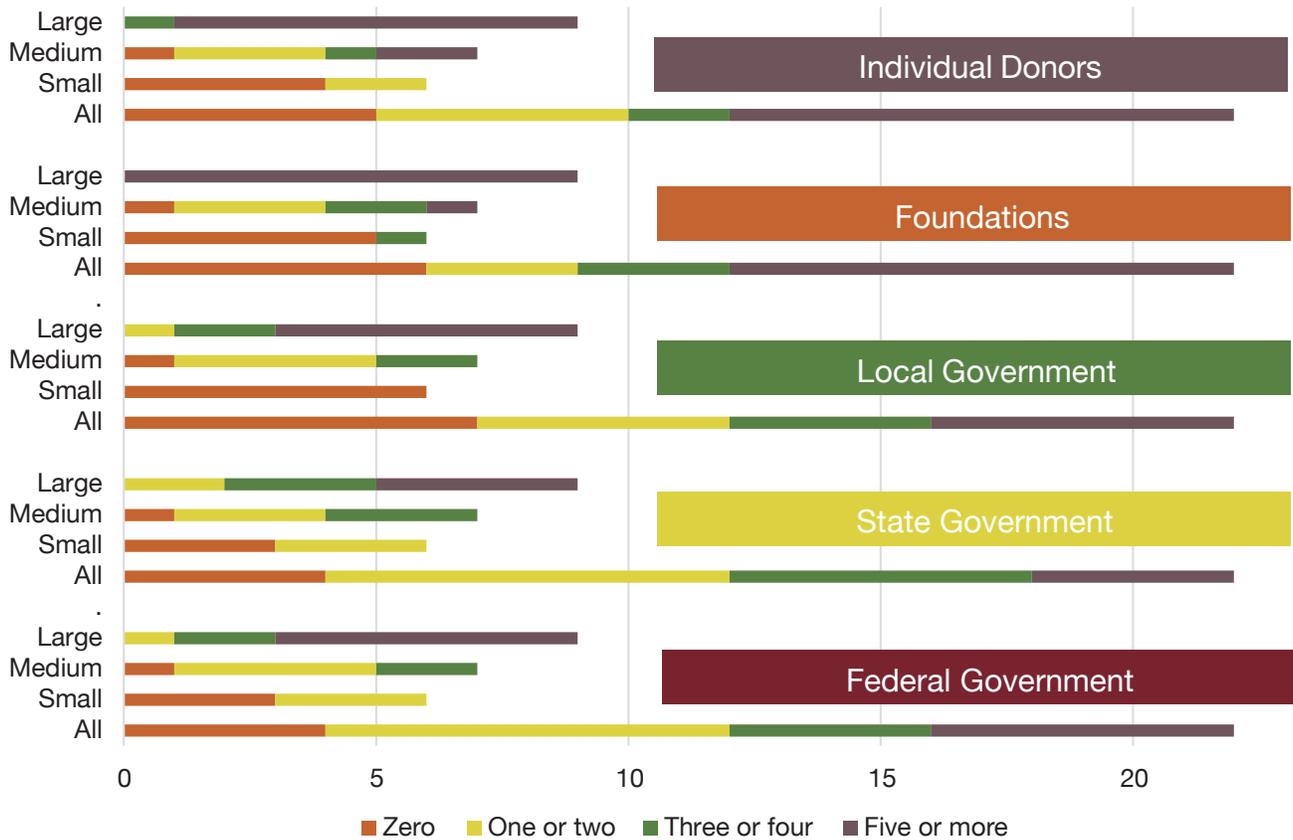
Programs	Small (n=6)*			Medium-sized (n=7)			Large (n=9)		
	# of counties			# of counties			# of counties		
	Any	< 18	≥ 18	Any	< 18	≥ 18	Any	< 18	≥ 18
Drop-in Centers	0	0	0	4	3	4	9	9	9
Street Outreach	3	2	3	5	5	5	9	9	9
Emergency Shelters	1	0	1	6	6	4	9	9	8
Transitional Housing	3	1	3	7	6	7	9	7	9
Supportive Housing	3	0	3	5	2	5	9	5	9
Host Home	0	0	0	2	0	2	4	2	3
Rapid Rehousing	0	0	0	4	2	4	7	1	7

* Includes two counties in which no RHY service providers completed the survey.

Funding for RHY programs by county size

Among the RHY service providers that completed the survey, those in large counties were more likely to receive Federal, state and/or local funding than those in small—and, to a lesser extent, medium-sized—counties (see Figure 5.15). Additionally, the RHY service providers in small counties were also less likely to receive funding from foundations or individual donors than those in medium-sized or large counties.

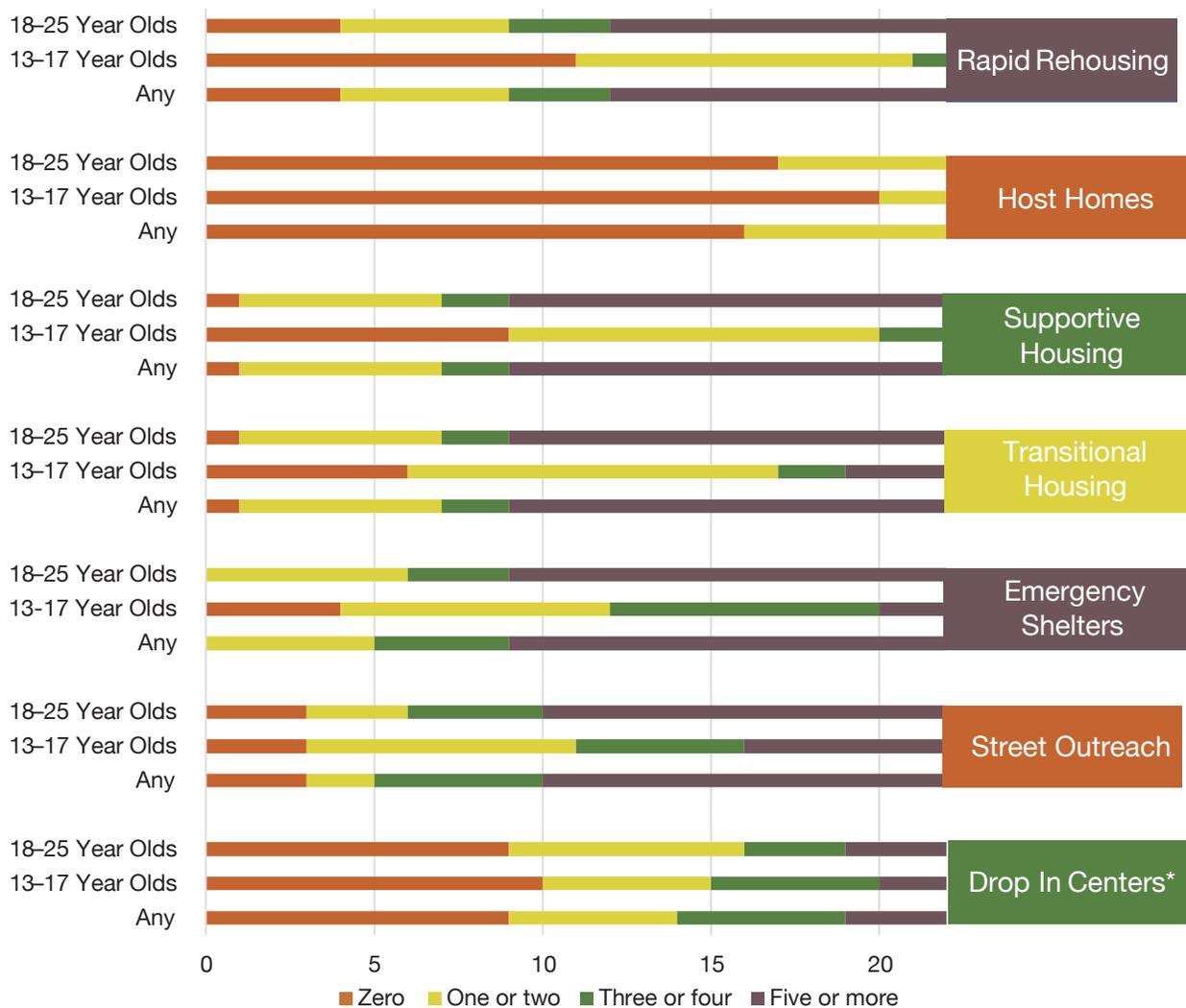
Figure 5.15. County-level data on RHY service provider funding sources by county size



Programs operated by any type of homeless service provider by age of youth served

Figure 5.16 shows the availability of programs that served runaway and homeless youth operated by the RHY, homeless adult, and homeless family service providers that completed the survey at the county level. Counties were most likely to have emergency shelters and least likely to have host home programs that served runaway and homeless youth. However, in several counties, the programs operated by the homeless service providers that completed the survey served 18- to 25-year-olds but not 13- to 17-year-olds.

Figure 5.16. County-level data on the number of RHY providers by program type and age of youth served



*Only RHY service providers were asked about drop-in centers and host home programs

Programs operated by any homeless provider by age of youth served and county size

Most of the gaps in the array of programs available to runaway and homeless youth from the homeless service providers that completed the survey were in small and medium-sized counties, but gaps in some large counties were also evident (see Table 5.3). Moreover, in some counties, the homeless service providers that completed the survey operated programs that served 18- to 25-year-olds, but not 13- to 17-year-olds.

Table 5.3. Number of counties with at least one program operated by a homeless service provider by county size and age of youth served

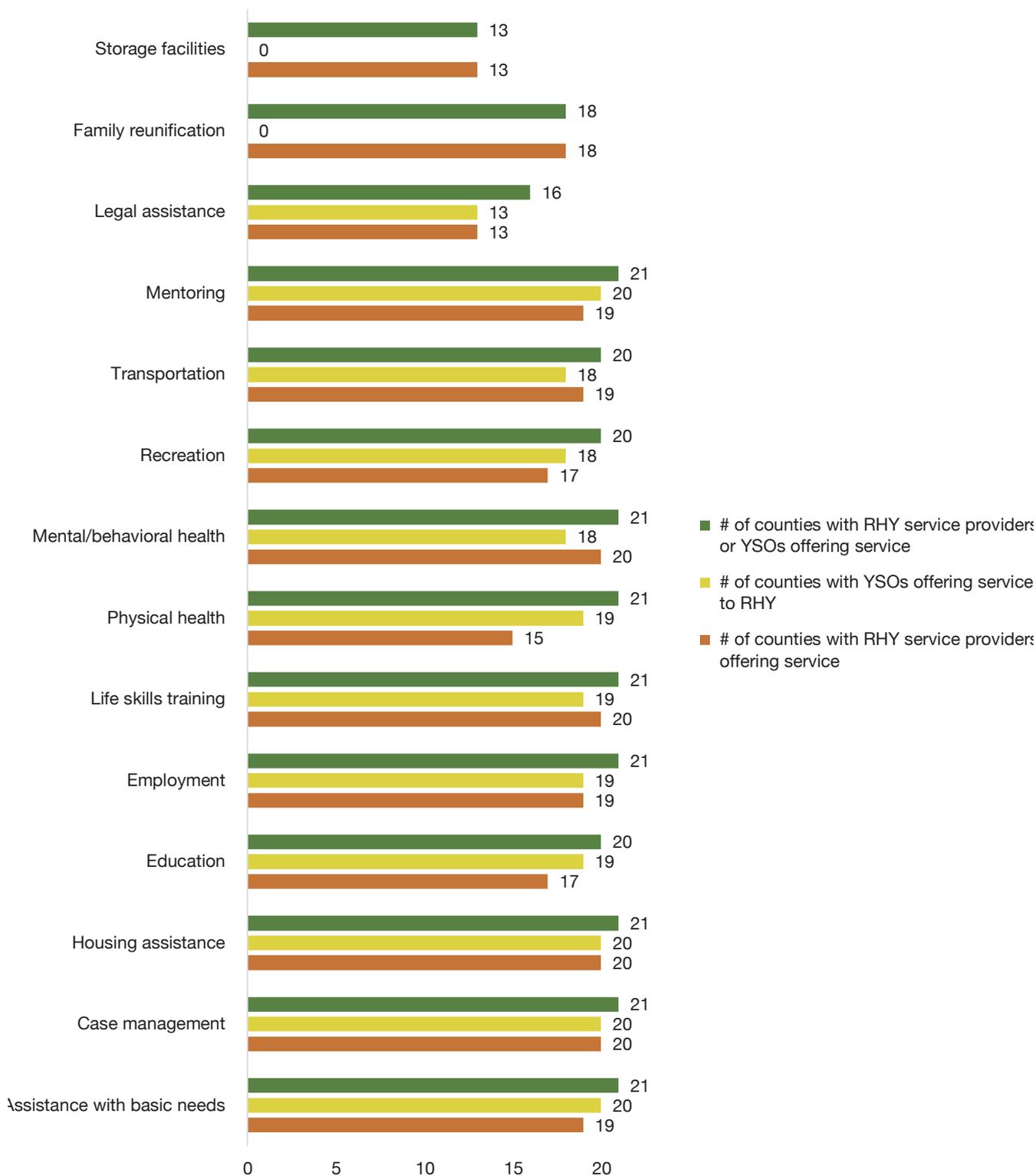
Programs	Small (n=6)*			Medium-sized (n=7)			Large (n=9)		
	# of counties			# of counties			# of counties		
	Any	< 18	≥ 18	Any	< 18	≥ 18	Any	< 18	≥ 18
Drop-in Centers*	0	0	0	4	3	4	9	9	9
Street Outreach	4	4	4	6	6	6	9	9	9
Emergency Shelters	6	2	6	7	7	7	9	9	9
Transitional Housing	5	2	5	7	6	7	9	8	9
Supportive Housing	5	1	5	7	4	7	9	8	9
Host Home*	0	0	0	2	0	2	4	2	3
Rapid Rehousing	2	1	2	7	3	7	9	7	9

*Only RHY service providers were asked about drop-in centers and host home programs.

Services for runaway and homeless youth

In most counties, runaway and homeless youth had access to a wide range of services from RHY service providers, YSOs, or both (see Figure 5.17). The three exceptions were legal assistance, family reunification services, and storage facilities, which were unavailable in several counties.

Figure 5.17. County-level data on the availability of services from RHY service providers and YSOs



In small and sometimes medium-sized counties, some of these services were not available to RHY from either RHY service providers or YSOs. In large counties, all the services were available to RHY; in most cases, they were available through both RHY service providers and YSOs (see Table 5.4). In small counties, runaway and homeless youth were more likely to be able to access

these services from YSOs whereas in medium-sized counties, RHY were more likely to be able to access these services from RHY service providers. In large counties, all the services were available to runaway and homeless youth and, in most cases, they were available from both RHY service providers and YSOs.

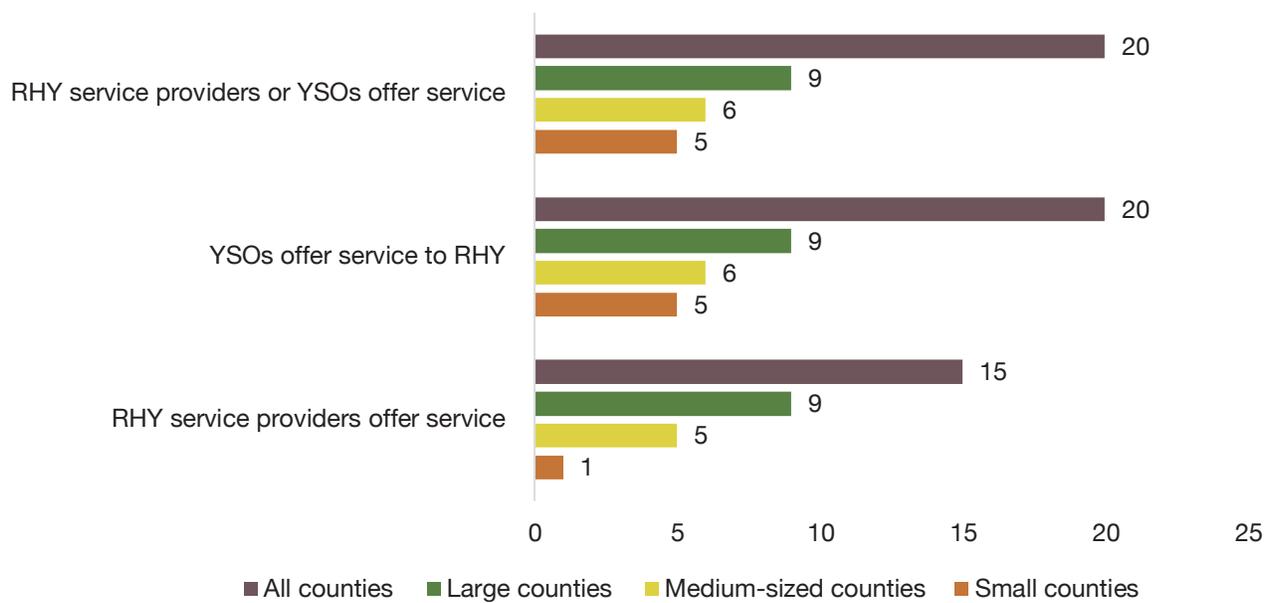
Table 5.4. County-level data on services available from RHY service providers and YSOs by county size

	Number of Counties								
	Type of Provider Offering Service								
	RHY Service Providers			YSOs			Either		
	S	M	L	S	M	L	S	M	L
Assistance with basic needs	3	7	9	5	6	9	5	7	9
Case management	4	7	9	5	6	9	5	7	9
Housing assistance	4	7	9	5	6	9	5	7	9
Education	2	6	9	5	5	9	5	6	9
Employment	3	7	9	5	5	9	5	7	9
Life skills training	4	7	9	5	5	9	5	7	9
Physical health	1	5	9	6	5	8	6	6	9
Mental/behavioral health	3	7	9	5	5	8	5	7	9
Recreation	2	6	9	4	5	9	5	6	9
Transportation	3	7	9	4	5	9	4	7	9
Mentoring	4	6	9	5	6	9	5	7	9
Legal assistance	0	4	9	2	4	7	2	5	9
Family reunification	3	6	9	-----	-----	-----	3	6	9
Storage facilities	0	4	9	-----	-----	-----	0	4	9

Prevention programs

In 15 counties, at least one RHY provider operated a prevention program and, in all but two counties, at least one YSO operated a prevention program (see Figure 5.18). In two counties—one small and one medium-size—no RHY service provider or YSO operated a prevention program.

Figure 5.18. County-level data on prevention services available from RHY service providers and YSOs by county size



Continuum of Care survey results

Twenty of the 26 CoCs that responded to the survey (including the Wayne County alliance) reported that they had a CEAS.^{39,40} Five of those CoCs reported that their CEAS covered one or more cities or towns but not an entire county, nine reported that their CEAS covered a single county, and six reported that their CEAS covered multiple counties.

Access points

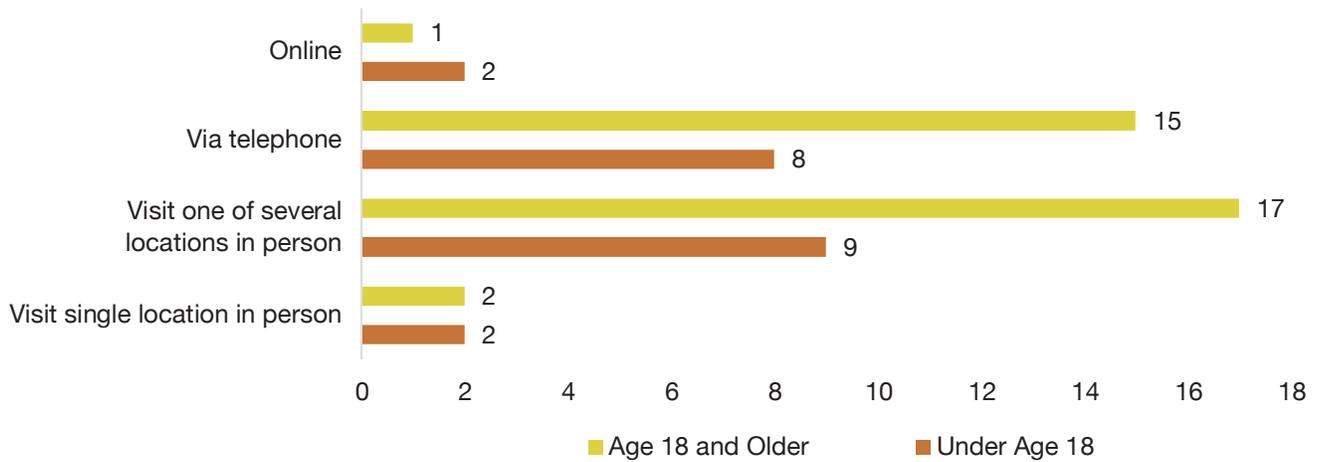
Ten of the CoCs reported that unaccompanied youth under age 18 could access services through their CEAS. Five of those CoCs had dedicated access points for youth under age 18, but four of those five allowed youth to enter the system through other access points as well. Only one CoC reported having a separate CEAS specifically for unaccompanied youth under age 18. Ten CoCs had dedicated access points through which youth age 18 and older could—

but are not required to—enter, and seven of those CoCs reported that the maximum age at which youth could enter through their dedicated access points was 24 years old. Regardless of their age, the two most common ways youth could enter a CEAS were by visiting in-person or by phone (see Figure 5.19).

³⁹ One CoC without a CEAS was piloting a system at two locations that would be operational countywide by September 2017.

⁴⁰ One CoC only used its CEAS for permanent supportive housing.

Figure 5.19. Ways youth enter the CEAS by age

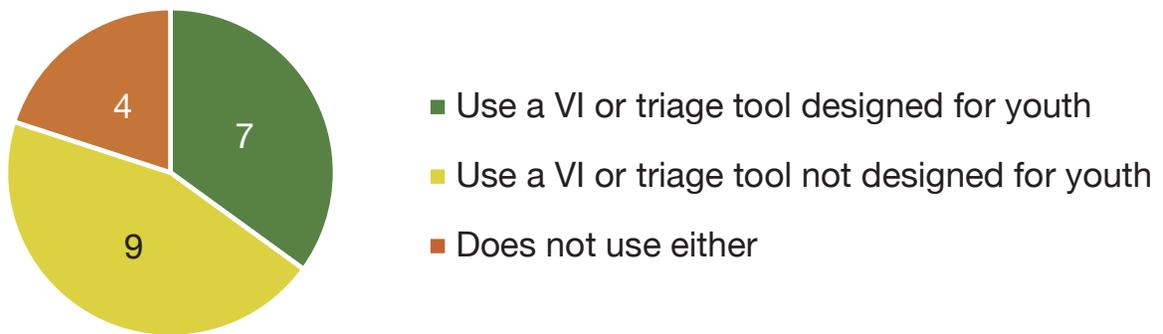


Assessment tools

Eight of the 20 CoCs with a CEAS reported using a vulnerability index (VI) or triage tool designed specifically for youth (see Figure 5.20). Six used the Transition Age Youth – Vulnerability Index – Service Prioritization Decision Assistance Tool (TAY-VI-SPDAT), and one used a Transition Age Youth (TAY) triage tool.⁴¹ Nine reported using

a VI or triage tool not designed specifically for youth to prioritize youth for services. Five used the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT), three used a locally developed tool, and one used a tool developed by the National Alliance to End Homelessness.⁴² Four reported not using any VI or triage tool. Table 5.4 shows the use of these assessment tools broken down by county size.

Figure 5.20. Use of assessment tools



One CoC that used a VI designed specifically for youth did not assess youth under age 18 at its access points. Instead, those youth were referred to one of three RHY service providers that

received funding from the Federal Basic Center Program. These three agencies also served as access points for youth under age 18.

⁴¹ This is a reference to the TAY triage tool developed by Eric Rice. See Rice, Eric, and Angela Rosales. 2015. *TAY triage tool pilots report*. New York, NY: Corporation for Supportive Housing.

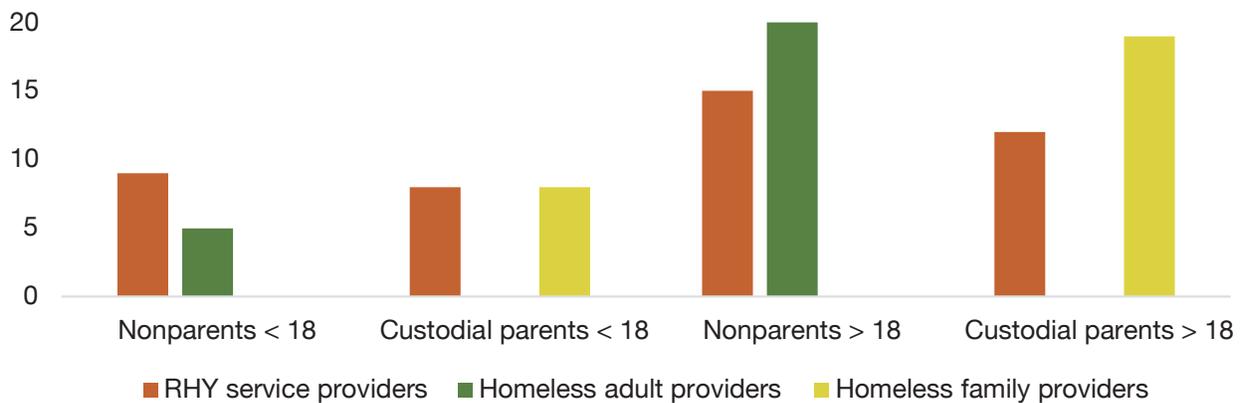
⁴² One of the CoCs that currently uses the VI-SPDAT will be switching to the TAY VI-SPDAT.

Referrals

Nine of the 11 CoCs that had a separate CEAS for youth experiencing homelessness under age 18 or a CEAS through which youth under age 18 could access services, referred youth under age 18 to RHY service providers. Five referred them to providers that served homeless adults, and four referred them to both (see Figure 5.21). Eight of those 11 CoCs referred youth under age 18 who were custodial parents to RHY service

providers, eight referred them to providers that served homeless families, and five referred them to both types of service providers. Fifteen of the 20 CoCs that had a CEAS-referred youth age 18 and older to RHY service providers, and all 20 referred them to providers that served homeless adults. Nineteen of the 20 CoCs had CEAS-referred youth age 18 and older who were custodial parents to providers that served homeless families, and 12 also referred them to RHY service providers.

Figure 5.21. Where CoCs refer youth for services



Five of 11 CoCs that had a separate CEAS for homeless youth under age 18 or a CEAS through which those youth could access services, reported that services were provided to homeless youth under age 18 at CEAS access points (the other 6 did not provide services to youth at their access points). These services included referrals to shelters, transitional housing, and other community resources. Fourteen of the 20 CoCs reported that services were provided to homeless youth age 18 and older at CEAS access points. These services included case management, assistance with basic needs, assistance with employment, and referrals to shelters and other community resources.

Engagement

Ten CoCs reported that some RHY service providers in their county did not participate in their CEAS. Several of these CoCs indicated that their CEAS for youth was either in development, or new and working to engage RHY service providers. Two indicated that some RHY service providers were not required to participate because they do not receive funding from HUD. One CoC that served a small county noted that resource limitations prevented their CEAS from addressing the needs of youth experiencing homelessness under age 18, and that prior efforts to include those youth were unsuccessful, in part, because youth were difficult to engage.

Discussion

Key findings

We undertook the Service Provider Survey to learn more about the landscape of homeless services across the 22 VoYC partner counties. Our aim was to document the range of programs and services available to youth experiencing homelessness as well as gaps in service provision. More than 500 service providers in 22 counties completed the Service Provider Survey. They included service providers that targeted runaway and homeless youth as well as service providers that targeted homeless adults, homeless families, and other youth populations. We collected information about the programs they operated, the age of the youth they served, sources of funding, and the services they provided.

Because the VoYC counties had populations that ranged in size from just over 15,000 to more than five million, the survey data could be used to examine variation by county size in the availability of programs and services that served runaway and homeless youth. Additionally, using the data we collected about the ages of the youth their programs served, we were able to compare the availability of programs that served 13- to 17-year-olds to the availability of programs that served 18- to 25-year-olds. Finally, because the CoC survey had a 100 percent completion rate, we have information about use of CEAS with homeless youth in each of the 22 counties.

Twenty-seven percent of the survey respondents served runaway or homeless youth (that is, RHY service providers), 46 percent served homeless adults, 43 percent served homeless families, and 43 percent served other youth populations. Youth were referred to most of the RHY service providers by other homeless service providers or by other runaway or homeless youth; the National Runaway Safeline was not a major referral source.

Considering that the VoYC identified at least 5,970 youth experiencing homelessness on a single night across the 22 VoYC partner counties, and that the RHY service providers surveyed served 3,636 with shelter or housing programs at a given time, this simple comparison suggests an approximately 39 percent gap of unmet need at a point-in-time. This is an imperfect calculation, as some shelter and housing services for youth could be offered by adult and family homelessness service providers (contributing to smaller gaps), and some youth experiencing homelessness are unlikely to be captured by Youth Counts (contributing to larger gaps). Further, a full supply-and-demand assessment should incorporate detailed assessments of the supply of specific types of shelter and housing services for corresponding needs and eligibility groups. However, even this simple comparison—taken together with the high percentages of agencies indicating waitlists and turning youth away—underscores an urgent scenario of large numbers of youth experiencing homelessness across the country, and going unsupported by the types of programs and services they need.

Runaway and homeless youth service providers tended to operate more than one type of program, and some operated more than one program of a given type. They were most likely to operate transitional housing and street outreach programs and least likely to operate host home or rapid rehousing programs. The vast majority of RHY service providers received funding for those programs from multiple sources, but RHY service providers in larger counties received funding from a wider range of sources, on average, than those in smaller counties.

Far more RHY service providers operated programs that served 18- to 25-year-olds than 13- to 17-year-olds. They also had nearly three times as many shelter beds for 18- to 25-year-olds as for 13- to 17-year-olds. This disparity was even greater among homeless adult and homeless family service providers. Nearly all those service providers operated programs that

served 18- to 25-year-olds, but most did not operate programs that served 13- to 17-year-olds.

The results of the brief youth survey that was administered in conjunction with the Youth Counts in all 22 VoYC counties shed some light on potential reasons for this disparity. Specifically, only 13 percent of the youth experiencing homelessness who completed the survey were 13- to 17-year-olds. Even if 13- to 17-year-olds were undercounted, these and other data (including the VoYC National Survey data) suggest that most youth experiencing homelessness are 18 to 25 years old. Thus, the disparities we found may largely reflect communities' response to the age distribution of the population. Nevertheless, homeless 13- to 17-year-olds may still be underserved, particularly in smaller counties and other areas in which few to no services are available for this younger population.

Runaway and homeless youth service providers and YSOs offered a range of services to runaway and homeless youth, with some services more common than others. Case management, life skills training, and assistance with basic needs were among the most common services, with legal assistance and storage facilities among the limited services. In smaller counties, services for runaway and homeless youth were more likely to be offered by YSOs than by RHY service providers. Nearly one-half of the RHY providers, and one-fourth of the YSOs, offered services to prevent youth from becoming homeless. Case management was the most common preventive service they provided.

Twenty CoCs had administered a CEAS. About one-half of those CoCs allow unaccompanied 13- to 17-year-olds to access services through their CEAS, and some had dedicated access points through which those youth could enter.

Limitations

The primary limitation of the Service Provider Survey was that the results painted a less than complete picture of the programs and services available to youth experiencing homelessness in the 22 VoYC partner counties. Although more than 500 service providers completed the survey, the overall completion rate was 64 percent. One reason the completion rate was not higher was that, rather than focusing on only service providers that target runaway and homeless youth, we cast a broad net to include homeless adult service providers, homeless family service providers, and other youth-serving organizations. Most of the former completed the survey because they were aware of, if not directly involved, in the planning and execution of their county's VoYC survey. By contrast, many of the latter types of organizations were neither aware of, nor involved in, the Youth Count planning and execution and might have felt less invested in the survey.

Several other limitations are also worth noting. First, despite working with the lead agency in each county to compile a comprehensive list of service providers, some service providers—particularly those that primarily served homeless adults or families—were inadvertently omitted. Second, due to the problem with the skip pattern, service providers that identified runaway and homeless youth as a target population were not asked about programs they operated for homeless adults or families that might serve homeless youth. Our efforts to gather this information through a follow-up survey resulted in a completion rate of only 48 percent. Third, the survey included a set of questions designed to identify RHY service providers whose programs targeted special populations, such as pregnant or parenting youth or youth who identify as LGBT. A majority of the RHY service providers reported operating programs targeting each of the special populations about which we asked, leading us to conclude that those questions may have been misinterpreted by some (for example,

perhaps they understood the question to mean that they did not exclude those populations from services, rather than to mean that they actively targeted those populations for services).

Fourth, due to concerns about the length of the survey as well as feedback we received when we piloted the survey with some service providers, we omitted some questions that, in retrospect, should have been retained. For example, except for emergency shelters, we did not ask about the capacity of the programs the RHY service providers operated. Neither did we ask the RHY service providers that reported receiving Federal funding for their programs about particular funding streams (for example, funding from HUD, U.S. Department of Health and Human Services (HHS), or another Federal funding source). These details would have provided useful insights. Finally, conducting an online survey limited the types of questions we could ask. In particular, we did not ask questions about perceived gaps in service provision or the impact of constraints on how certain types of funding can be used that would require an open-ended response. Although these are important questions with both policy and practice implications, they require a different methodology.

The results of the Service Provider Survey raise several important questions that should be addressed by future research. Some could be best addressed with different methodologies such as qualitative methods, while others could be answered with a more focused online survey like the one we used.

First, our findings point to what appear to be gaps in the availability of different types of programs and services for youth homelessness. Eliciting the perspective of youth would enhance our understanding of those gaps and how they affect specific populations. It would also shed light on whether the programs and services that are available are in areas where youth experiencing homelessness can access them—especially subpopulations of youth that the youth counts and national survey components indicate

disproportionate homelessness (for example, Black or African-American youth, Hispanic youth, American Indian or Alaska Native youth, pregnant and parenting youth, and LGBTQ youth).

Second, additional research is needed to better understand when and how eligibility criteria, time limits, or other restrictions limit the ability of service providers to address the needs of runaway and homeless youth. This research should distinguish between constraints that are self-imposed and those that are imposed by different funding sources, as well as identify exclusion criteria that might prevent groups of youth from being served (for example, youth with serious mental health difficulties or youth with a criminal record).

Third, our findings suggest that it is common for RHY service providers to patch together funding from different sources to support their runaway and homeless youth programs. Future studies should gather information about specific Federal and non-Federal funding streams, including the costs, benefits, and implications for sustainability. They should also examine the capacity of RHY service providers to compete for, and administer, Federal grants. Capacity could be particularly limited in smaller, more rural counties. One-half the RHY service providers in the smaller, more rural counties were not receiving Federal funds.

Fourth, although we asked RHY service providers that operated emergency shelters about the number of beds they had for 13- to 17-year-olds and 18- to 25-year-olds, future studies should collect data about the number of youth that housing programs can serve, and whether their programs are at capacity (programs include transitional housing, supportive housing, rapid rehousing, and host homes). This information is critical for understanding the relationship between supply (that is, the housing and support capacity of RHY service providers) and demand (that is, the number of youth in need of housing and support).

Fifth, our results suggest that most homeless adult and homeless family service providers served youth who were at least 18 years old, but relatively few serve youth who were under age 18. Additional research is needed on the extent to which the homeless adult and family service providers that serve homeless youth, address the developmental needs and generational preferences of those youth apart from how other homeless adults and families are treated.

Finally, although our data provide information about the availability of programs and services for youth experiencing homelessness, they offer no evidence as to the effectiveness or quality of those services and programs. Gathering that evidence will require rigorous evaluations, and much more than currently exists—as the systematic evidence review findings in this report underscore.

Conclusions

This study, which is based on data collected from over 500 service providers, offers a snapshot of the availability of programs and services for youth homelessness in 22 counties. Although this snapshot is incomplete, it offers the first look at the availability of programs and services for youth homelessness in a diverse set of communities throughout the United States. It highlights what appear to be gaps in the array of programs and services available to the population, and points to important differences between more and less populated counties. Some of the questions these data raise will need to be addressed by future research. Others are addressed, at least in part, by other VoYC research components.

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Chapter 6. Analysis of Supplementary Data: Youth Who Run Away from Out-Of-Home Care

Highlights

- We undertook an analysis of state child welfare administrative data from 21 states to understand the prevalence and characteristics of adolescents running away from out-of-home care.
- Six percent of youth who entered out-of-home care for the first time when they were 13 to 17 years old experienced a bridged run (that is, a run lasting less than seven days) during their first out-of-home care spell, and 13 percent exited their first out-of-home care spell by running away.
- The likelihood of experiencing a bridged run was greater for Black youth than for White youth, for youth in the most socioeconomically disadvantaged counties than for youth in counties that were less socioeconomically disadvantaged, and for youth who had experienced more placements.
- The percentage of youth who exited their first out-of-home care spell by running away was highest for youth whose last placement was congregate care and lowest for youth whose last placement was a relative foster home.
- The likelihood of exiting their first out-of-home-care spell by running away was greater for Black and Hispanic youth than for White youth, for youth in urban core counties than for youth in urban collar counties (counties surrounding major urban centers) or rural counties, for youth in the most socioeconomically disadvantaged counties, and for youth who had experienced more placements.
- Sixty-three percent of the youth who experienced a bridged run during their first out-of-home care spell experienced only one, but the more bridged runs youth experienced, the more likely they were to experience a subsequent bridged run and the more likely they were to exit out-of-home care by running away.
- Sixty-five percent of the youth who exited their first out-of-home care spell by running away subsequently reentered. More than three-fourths of those youth had reentered out-of-home care within two months of exiting.

Background

This chapter examines a key aspect of early homelessness and housing instability—running away—among a population of youth that is at especially high risk for homelessness—those in foster care. Understanding run away experiences among this vulnerable population is critical to addressing a major source of “inflow” into youth homelessness.

Although a majority of youth who run away from out-of-home care are only absent from their placement for a short period of time, some are gone for a month or more, including some who never return (Biehal and Wade, 2000; Courtney et al., 2005; Courtney and Zinn, 2009; Fasulo et al., 2002; Finkelstein et al., 2004; Nesmith, 2006). These youth may be among the large number of youth experiencing homelessness who report ever having been in an out-of-home

care placement. For example, 29 percent of the youth experiencing homelessness in our BYS sample reported that they had ever been in foster care (see Chapter 3). Moreover, a few studies have found that running away while in out-of-home care is one of the strongest predictors of whether youth become homeless after they “age out” (Dworsky et al., 2013). Taken together, this research suggests that preventing youth from running away from out-of-home care could make a substantial dent in the number of youth that experience homelessness. This chapter aims to enhance our understanding of both the number and characteristics of youth who run away from out-of-home care.

When children are unable to live safely at home with their families, states typically place them in out-of-home care. Out-of-home care placement options exist along a continuum, ranging from the home of relatives to non-relative foster homes, to congregate care settings including shelters, group homes, and residential treatment facilities. Running away is a common experience among youth in out-of-home care (Corliss et al., 2011; Mustanski et al., 2014). Approximately 1 percent of the 427,910 children in out-of-home care at the end of 2015 were currently on the run (HHS, 2016). However, estimates of the percentage of youth in out-of-home care who ever run away range from a low of 23 percent to a high of 71 percent (Biehal and Wade, 2000; Courtney and Barth, 1996; Fasulo et al., 2002; Nesmith, 2006). Youth who run away from out-of-home care also comprise a non-negligible percentage of the overall runaway youth population. Estimates range from a low of 13 percent to a high of 46 percent (Kurtz, Kurtz, and Jarvis, 1991; Whitbeck, Hoyt, and Ackley, 1997; Kennedy, 1991; Lindsey et al., 2000; MacLean, Embry, and Cauce, 1999).

Youth run away from out-of-home care for several reasons (Clark et al., 2008; Miller, Eggertson-Tacon, and Quigg, 1990; Skyles, Smithgall, and Howard, 2007). Youth in out-of-home care might run away to regain control over

their lives (Angenent, Balthasar, and Shane, 1991; Biehal and Wade, 2002; Courtney et al., 2005; Karam and Robert, 2013), to escape a situation in which they are being victimized or otherwise feel unsafe (Nesmith, 2006; Downs et al., 2004, pp. 441–472; Courtney et al., 2005; Etheridge et al., 2001; Folman, 1998; Shirk and Stangler, 2004). Additionally, youth run away from out-of-home care to maintain relationships with family or friends (Biehal and Wade, 2002; Fasulo et al., 2002; Kerr and Finlay, 2006), which might explain why the presence of siblings in the same placement reduces the risk of running away (Courtney and Zinn, 2009).

Research on the relationship between running away from out-of-home care and youth characteristics has consistently found that the likelihood of running away increases with age (Courtney and Zinn, 2009; Nesmith, 2006; Finkelstein, et al., 2004; Witherup et al., 2005) and is higher for females than for males (English and English, 1999; Fasulo et al., 2002; Courtney and Wong, 1996; Courtney et al., 2005; Courtney and Zinn, 2009; Nesmith, 2006; Day and Riebschleger, 2007; Witherup et al., 2005). The relationship between running away and race or ethnicity is not as clear. Some studies have found no racial or ethnic differences in the likelihood of running away from out-of-home care (Fasulo et al., 2002; Biehal and Wade, 2000; Courtney and Wong, 1996), whereas others have found that Black and Hispanic youth (Courtney et al., 2005; Courtney and Zinn, 2009; Day and Riebschleger, 2007) or Native American youth (Nesmith, 2006) are more likely to run away than youth who are White.

The likelihood of running away is also related to several placement history characteristics. Studies have found that youth in congregate care are more likely to run away than youth in foster homes (Courtney and Wong, 1996; Biehal and Wade, 2000; Courtney et al., 2005; Courtney and Zinn, 2009; Clark et al., 2008; English and English, 1999; Witherup et al., 2005; Fasulo et al., 2002; Karam and Robert,

2013; Eisengart, Martinovich, and Lyons, 2008; Zimmerman, Abbey, and Nicholas, 1997). There is also some evidence that youth in kinship care are more likely to run away than youth in non-relative foster homes (Courtney and Zinn, 2009). Other research suggests that the more placement instability youth experience, the greater their risk of running away (Courtney and Barth, 1996; English and English, 1999; Clark et al., 2008; Kashubeck, Pottebaum, and Read, 1994; Courtney and Zinn, 2009). Finally, quality of care, such as the level of warmth or respect that caregivers demonstrate, could affect the likelihood that youth will run away (Biehal and Wade, 2000; Finkelstein et al., 2004; Courtney et al., 2005; Courtney and Zinn, 2009; Angenent, Balthasar, and Shane, 1991; Nesmith, 2006).

Research on the relationship between time spent in out-of-home care and the risk of running away has yielded mixed results. Some studies have found that youth are most likely to run away during the few months after being placed (Courtney and Wong, 1996; Fasulo et al., 2002; Courtney and Zinn, 2009), but other studies have found that the risk of running away increases over time (Nesmith, 2006). What does seem clear, however, is that once youth have run away, their likelihood of running away again is high (Angenent, Balthasar, and Shane, 1991; Clark et al., 2008; Courtney et al., 2005; Fasulo et al., 2002; Nesmith, 2006; Kashubeck et al., 1994), and the likelihood of running increases the more times youth have previously run. Moreover, although at least some research suggests that a majority of youth who run away from out-of-home care only stay away from their placement for a short period (Courtney et al., 2005), youth are sometimes “on run” for a month or more; and the older youth are when they first run away, the longer they tend to remain away (Courtney and Zinn, 2009).

Although researchers have learned much about who runs away from out-of-home care, why they run away, and what impact running away has on their developmental outcomes (Courtney and

Zinn, 2009; Courtney et al., 2005; Finkelstein et al., 2004; Kerr and Finlay, 2006; Miller, Eggertson-Tacon, and Quigg, 1990; Skyles, Smithgall, and Howard, 2007; Zimmerman, Abbey, and Nicholas, 1997), no prior study has used administrative data from multiple states to examine how the characteristics of youth and the counties in which they live are related to their likelihood of running away from out-of-home care.

We undertook an analysis of state child welfare administrative data from 21 states across the United States (Alaska, Arizona, California, Colorado, Connecticut, Georgia, Illinois, Indiana, Missouri, Mississippi, Nebraska, Nevada, New Jersey, New York, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, and Washington State) to address several key questions:

- What is the likelihood that adolescents who enter out-of-home care will run away?
- How is the likelihood of running away from out-of-home care related to individual youth characteristics, county characteristics, and placement history?
- How is the number of prior runs related to the likelihood of experiencing a subsequent run?
- If youth exit out-of-home care by running away, how likely are they to reenter, how soon after running away do they reenter, and where are they placed?

Methodology

Design

The data for this analysis came from the Multistate Foster Care Data Archive (FCDA), a longitudinal database maintained by Chapin Hall’s Center for State Child Welfare Data. The FCDA contains placement records for approximately three million children in 21 states. Those placement records include entry

dates, dates of placement change, exit dates, reasons for exit (including running away), and demographic characteristics (for example, age, gender, and race/ethnicity). The data are integrated at the county-level with a wide range of census data, including measures of population density and socioeconomic disadvantage.

Sampling

The sample for the analysis includes all youth who (1) entered out-of-home care for the first time between January 1, 2009, and December 31, 2011, and (2) had at least one spell that began when they were between 13 and 17 years old.⁴³ The observation period was from the time a youth first entered care until December 31, 2015.

Measures

Independent Measures

Our independent measures include youth characteristics, placement history, and county characteristics. Youth characteristics include gender (female or male), race/ethnicity (Black, White, Hispanic, or other), and age at first entry into out-of-home care. Placement history characteristics include number of placements during first out-of-home care spell, number of out-of-home care spells, and last placement type during first out-of-home care spell (foster home, kinship care, congregate care, or other). County characteristics include population density and socioeconomic disadvantage.

Our measure of population density is based on the six-level scheme the National Center for Health Statistics uses to classify U.S. counties (Ingram and Franco, 2014). The first four levels are for metropolitan counties (that is, large central metro, large fringe metro, medium metro, and small metro), and the last two are for non-metropolitan counties (that is, micropolitan and non-core). Level 1 counties were categorized as urban core counties; Level 2, 3, and 4 counties were categorized as urban collar counties

(generally counties surrounding major urban centers); and Level 5 and 6 counties were categorized as rural counties.

Socioeconomic disadvantage was measured using four county-level indicators: the child poverty rate, the percentage of adults without a high school diploma or GED, the percentage of single parent households, and the unemployment rate. Every county is coded as either better than (indicator = 0) or worse than (indicator = 1) the average for the state in which it is located on each of the four indicators. The four indicators are then summed to create an index, the values of which can range from 0 to 4. In this case, higher scores indicate more disadvantage.

Dependent Measures

Our dependent measures include bridged runs, which occur within an out-of-home care spell and last no more than seven days; exit runs, which last eight days or more and mark the end of an out-of-home care spell; and reentries following an exit run.

Analytic strategy

Our analysis is purely descriptive and focuses primarily on bridged runs and exit runs during the first spell of out-of-home care. We examine the bivariate relationship between both types of runs and several individual- and county-level characteristics. We also examine reentries following an exit run. The results we report do not control for other factors with which those individual- and county-level characteristics might be correlated.

Results

Sample characteristics

More than 55,000 youth between the ages of 13 and 17 years old entered a first out-of-home care spell in the years 2009 through 2011 (see Table 6.1). White youth comprised 39 percent

⁴³ The analysis was limited to this age group because it is rare for children under age 13 to run away from out-of-home care.

of the sample, Black youth 28 percent, and Hispanic youth 25 percent. Females (56 percent) somewhat outnumbered males (44 percent). More youth came from an urban collar county (46 percent) than from an urban core (33 percent)

or rural (14 percent) county. Eighty-nine percent of the youth experienced between one and five placements during their first spell of out-of-home care, and 71 percent experienced only one out-of-home care spell.

Table 6.1. Youth characteristics (N=55,082)

	#	%
Gender		
Female	31,022	56.3
Male	24,058	43.7
Unknown	2	0.0
Race/Ethnicity		
Black	15,412	28.0
White	21,465	39.0
Hispanic	13,902	25.2
Other*	4,303	7.8
Age at First Out-of-Home Care Entry		
13	10,644	19.3
14	11,741	21.3
15	12,904	23.4
16	12,059	21.9
17	7,734	14.0
Socioeconomic Disadvantage		
0	13,003	23.6
1	6,599	12.0
2	7,962	14.5
3	12,135	22.0
4	14,951	27.1
Missing	432	0.8
County Population Density		
Rural	7,781	14.1
Urban Collar	25,249	45.8
Urban Core	18,023	32.7
Missing	4,029	7.3

(continued)

(Table 6.1. Youth characteristics (N=55,082) *continued*)

	#	%
Number of Placements during First Out-of-Home Care Spell		
1–5 placements	49,195	89.3
6–10 placements	4,460	8.1
11–15 placements	897	1.6
>15 placements	530	1.0
Number of Out-of-Home Care Spells		
1	38,916	70.7
2	10,350	18.8
3	3,346	6.1
4 or more	2,470	4.4

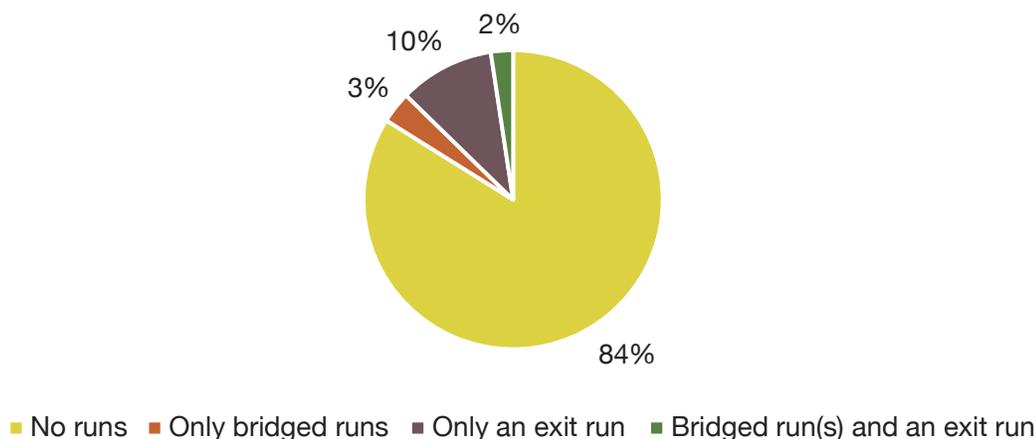
*Other includes youth identified as Native American and Asian as well as youth whose race/ethnicity was identified as other or unknown.

Runaway events during the first spell of out-of-home care

Figure 6.1 shows the percentage of youth who experienced a bridged run, an exit run, or both during their first out-of-home care spell. Eighty-

four percent of the youth never ran away, three percent only experienced a bridged run, 10 percent only experienced an exit run, and two percent exited by running away after one or more bridged runs.

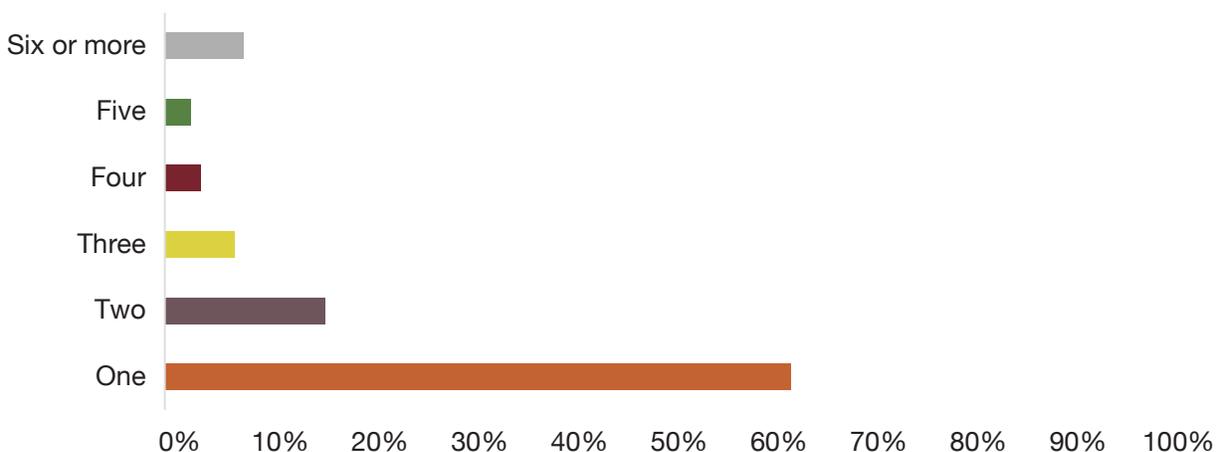
Figure 6.1. Types of runaway events experienced by youth during the first out-of-home care spell



Bridged runs during the first spell of out-of-home care

Sixty-three percent of the youth who experienced a bridged run experienced only one, 16 percent experienced two, and 21 percent experienced three or more (see Figure 6.2).

Figure 6.2. Number of bridged runs during the first out-of-home care spell (among youth who experienced at least one bridged run)

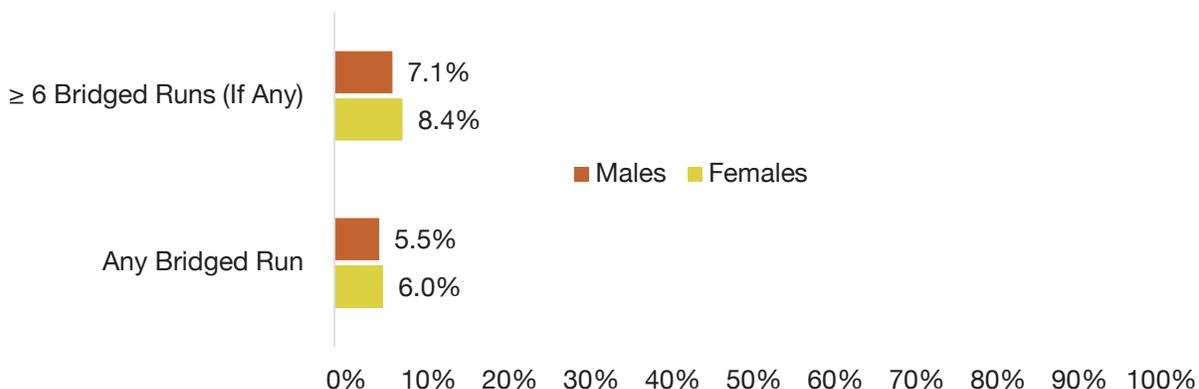


We examined the relationship between the likelihood the youth experienced a bridged run during their first out-of-home care spell, as well as the number of bridged runs they experienced if they experienced at least one, and several individual- and county-level characteristics.

Gender

Regardless of gender, the share of youth experiencing a bridged run during the first out-of-home care spell was approximately six percent (see Figure 6.3). Females and males were almost equally likely to experience six or more bridged runs if they experienced at least one (eight percent and seven percent, respectively).

Figure 6.3. Bridged runs during the first out-of-home care spell by gender

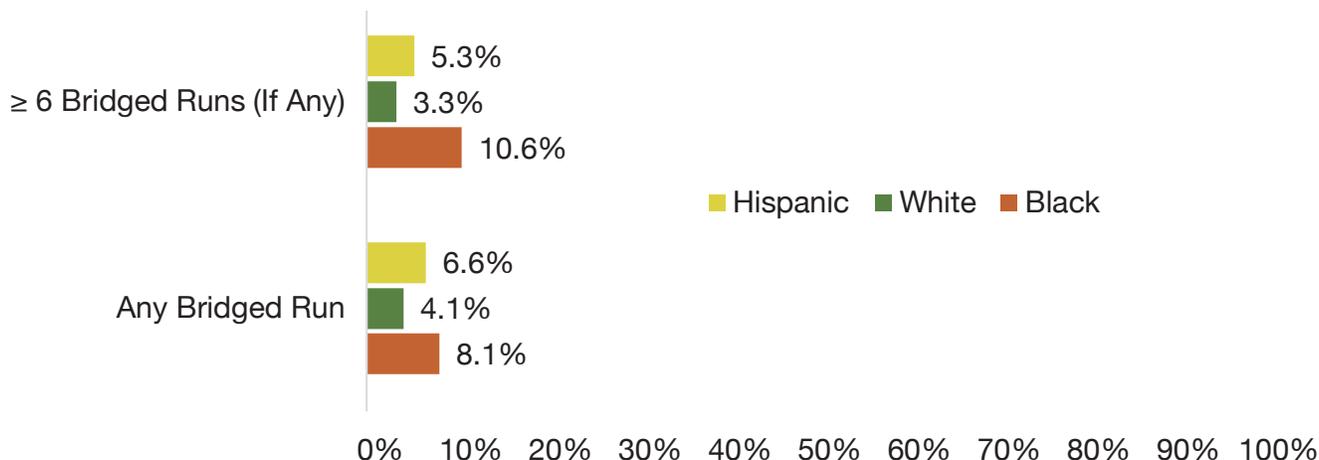


Race/ethnicity

Black youth were about twice as likely as White youth to experience a bridged run during their first out-of-home care spell (eight percent and four percent, respectively). Additionally, among

youth who experienced at least one bridged run, 11 percent of Black youth experienced six or more compared with three percent of White youth, and five percent of Hispanic youth (see Figure 6.4).

Figure 6.4. Bridged runs during first out-of-home care spell by race/ethnicity

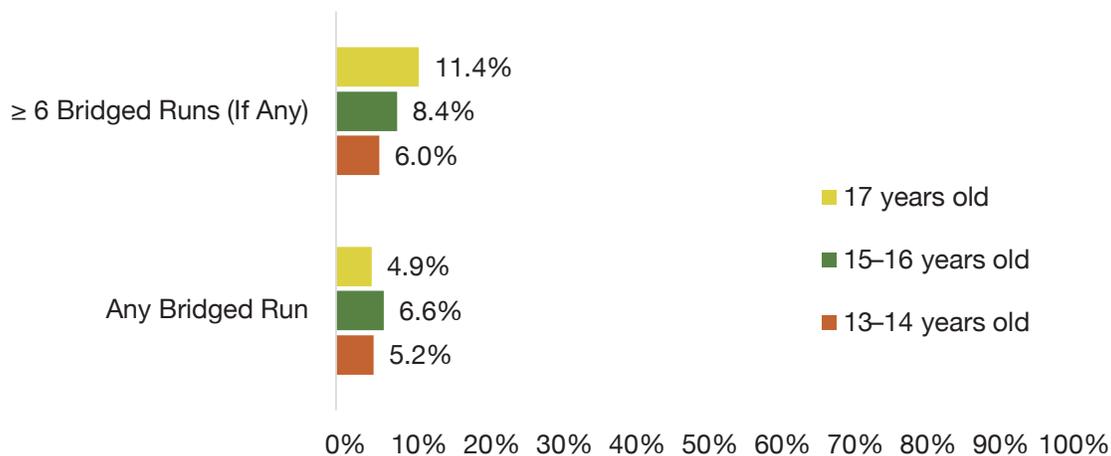


Age at entry into out-of-home care

The percentage of youth who experienced at least one bridged run during their first out-of-home-care spell was unrelated to age at entry

(see Figure 6.5). However, among youth who experienced at least one bridged run, age at entry was positively related to the likelihood of experiencing six or more.

Figure 6.5. Bridged runs during first out-of-home care spell by age at entry

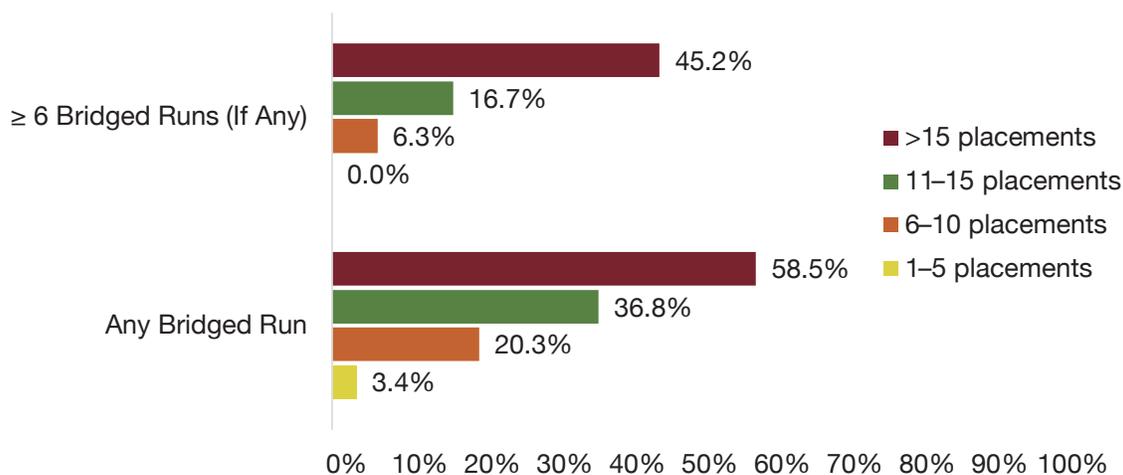


Number of placements

The more placements youth experienced during their first out-of-home-care spell, the more likely they were to experience at least one bridged run (see Figure 6.6). Moreover, among youth who had experienced at least one bridged run, youth

who had experienced more placement instability were more likely to experience six or more bridged runs.

Figure 6.6. Bridged runs during first out-of-home care spell by number of placements

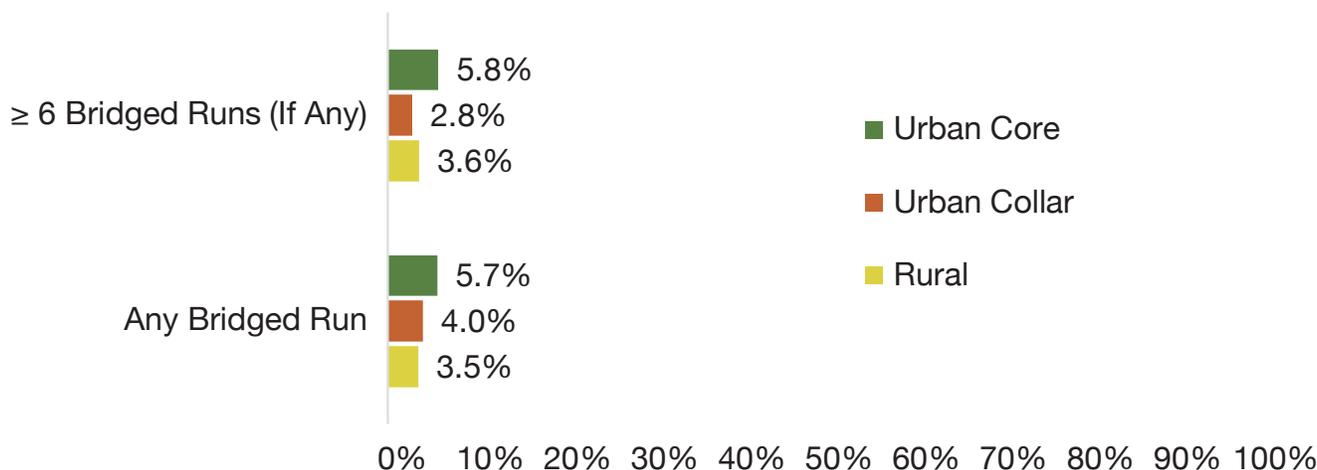


County population density

Regardless of whether youth were in urban core, urban collar, or rural counties, the percentage who experienced at least one bridged run during

their first out-of-home-care spell ranged from 4 percent to 6 percent (see Figure 6.7). Similarly, among youth who experienced at least one, the percentage who experienced six or more bridged runs ranged from 3 percent to 6 percent.

Figure 6.7. Bridged runs during first out-of-home care spell by county population density



County socioeconomic disadvantage

Youth in the most socioeconomically disadvantaged counties were more likely to experience at least one bridged run during their first out-of-home-care spell and more likely to experience six or more bridged runs if they experienced at least one than youth in less

socioeconomically disadvantaged counties (see Figure 6.8). However, youth in the second most socioeconomically disadvantaged counties were the least likely to experience at least one bridged run and the least likely to experience six or more bridged runs.

Figure 6.8. Bridged runs during first out-of-home care spell by county socioeconomic disadvantage

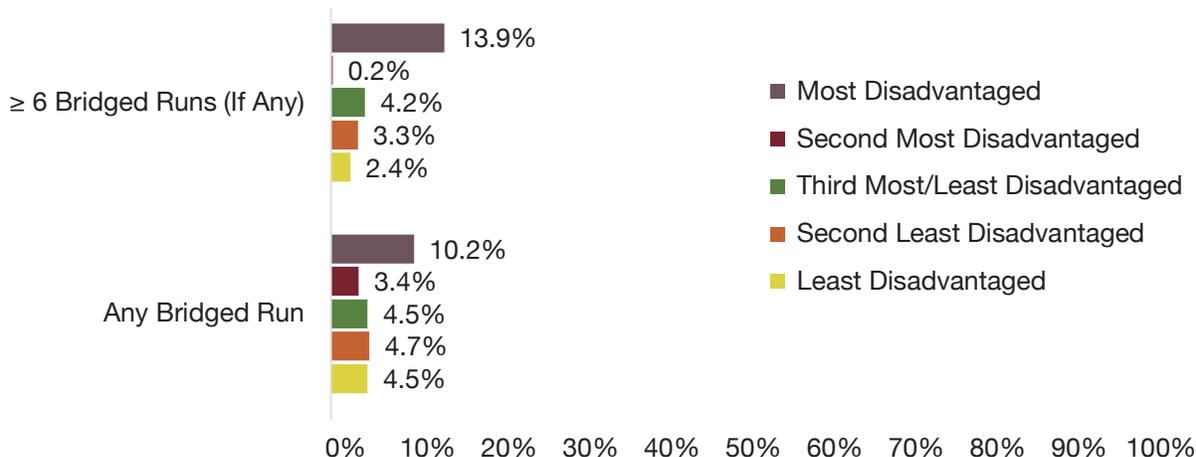
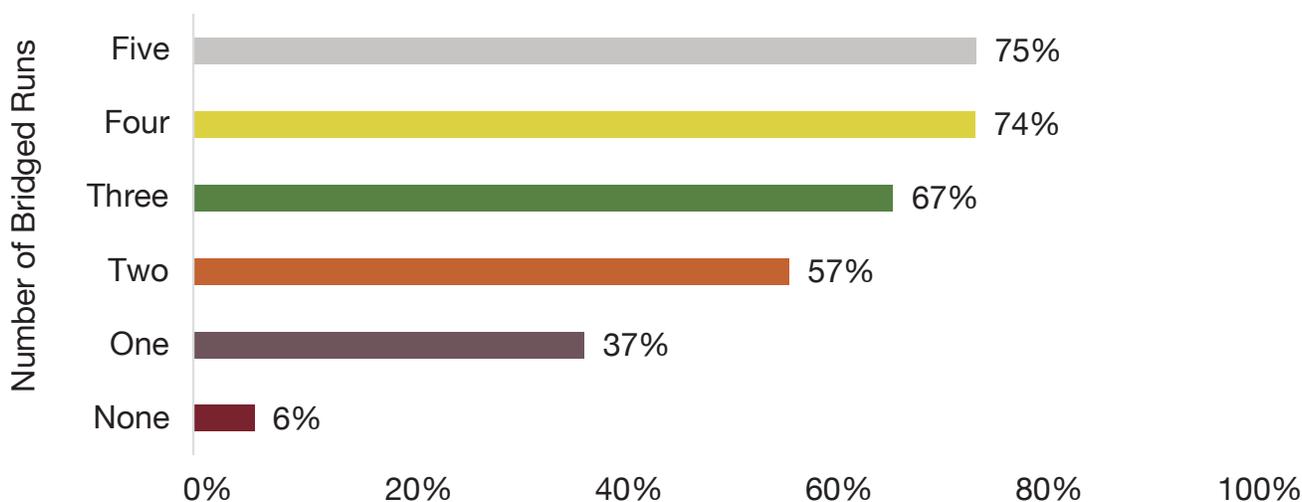


Figure 6.9. Likelihood of experiencing a subsequent bridged run by number of prior bridged runs



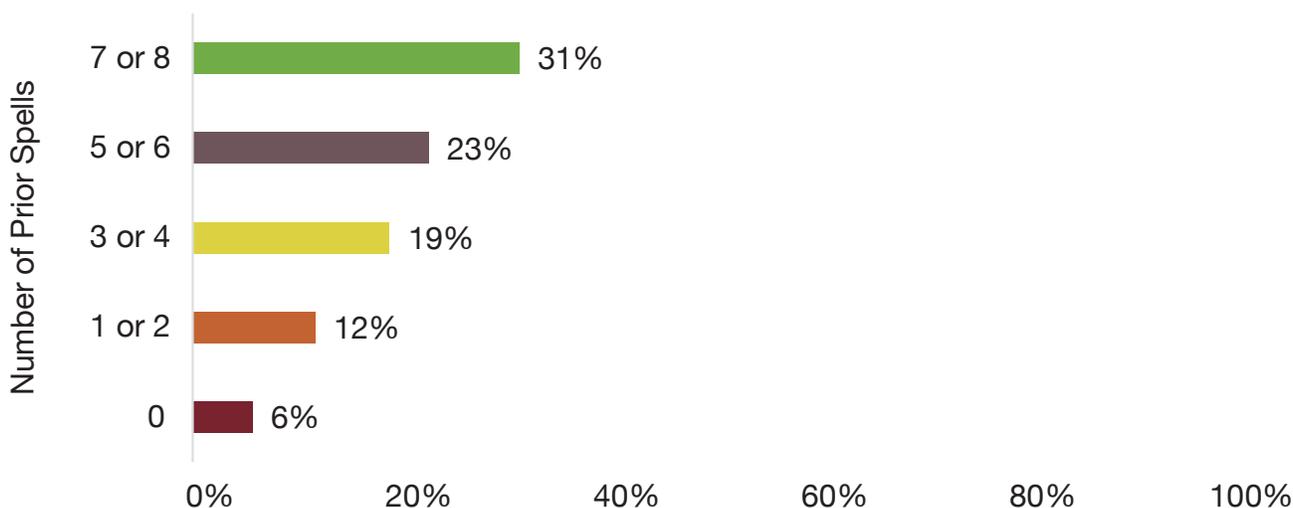
Relationship between the number of bridged runs and the likelihood of a subsequent bridged run.

The likelihood of experiencing a subsequent bridged run increased from 6 percent of youth with no prior bridged runs to 74 percent of youth with four and 75 percent of youth with five (see Figure 6.9).

Relationship between the number of out-of-home care spells and the likelihood of a subsequent bridged run.

The percentage of youth that ran away during an out-of-home care spell increased from 6 percent for youth with no prior out-of-home care spells to 31 percent for youth with 7 or 8 prior spells (see Figure 6.10).⁴⁴

⁴⁴ Twenty-nine percent of the youth experienced more than one spell of out-of-home care.

Figure 6.10. Rates of experiencing a bridged run by number of prior out-of-home care spells

Exit runs

Ninety-seven percent of the youth had exited out-of-home care by the end of the observation period, and 13 percent of those youth exited their last placement by running away. We examined the relationship between the likelihood the youth exited their first out-of-home care spell by running away and several individual- and county-level characteristics.

Table 6.2 compares the likelihood of exiting a first out-of-home care spell by running away according to different demographic characteristics. The percentage of youth who exited their first out-of-home-care spell by running away was slightly higher for females (14 percent) than for males (12 percent). Fifteen percent of Black and Hispanic youth exited their first out-of-home-care spell by running away compared with 10 percent of White youth. Except for youth who first entered out-of-home care when they were 17 years old, the older youth were when they first entered out-of-home care, the more likely they were to exit by running away. Although county population density did not vary much with the number of bridged runs youth experienced, 16 percent of youth in urban core counties exited their first out-of-home care spell by running away compared with 11 percent

of youth in urban collar counties and 7 percent of youth in rural counties. Youth in the most socioeconomically disadvantaged counties were more likely to exit their first out-of-home-care spell by running away than youth in counties that were less socioeconomically disadvantaged.

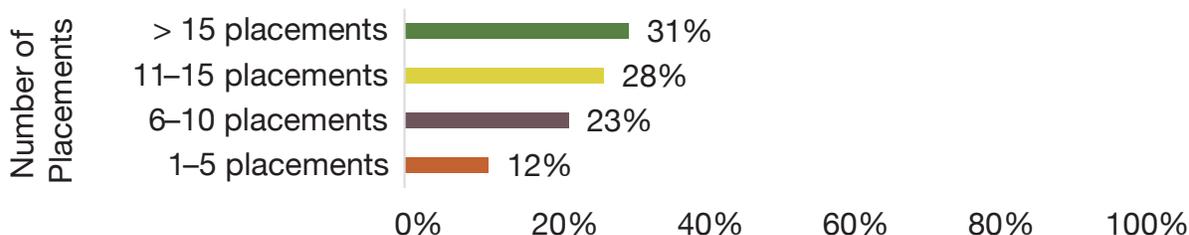
Table 6.2. Relationship between exiting a first out-of-home care spell by running away and demographic characteristics

	%
Gender	
Female	13.8
Male	11.9
Race/Ethnicity	
Black	15.3
White	9.5
Hispanic	15.4
Age at First Out-of-Home Care Entry	
13	9.0
14	12.2
15	14.8
16	15.4
17	12.6
Socioeconomic Disadvantage	
0	13.0
1	11.1
2	10.7
3	11.3
4	16.4
County Population Density	
Rural	6.8
Urban Collar	10.9
Urban Core	16.6

Number of placements

The more placements youth experienced during their first out-of-home care spell, the more likely they were to exit by running away (see Figure 6.11).

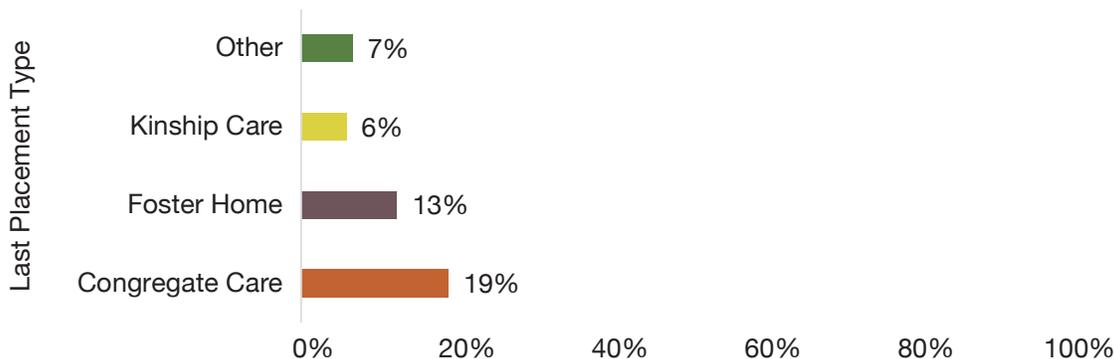
Figure 6.11. Relationship between exiting a first out-of-home care spell by running away and number of placements



Last placement type

Nineteen percent of youth whose last placement was congregate care exited their first spell of out-of-home care by running away compared with 13 percent of youth whose last placement was a foster home and 6 percent of youth whose last placement was kinship care (see Figure 6.12).

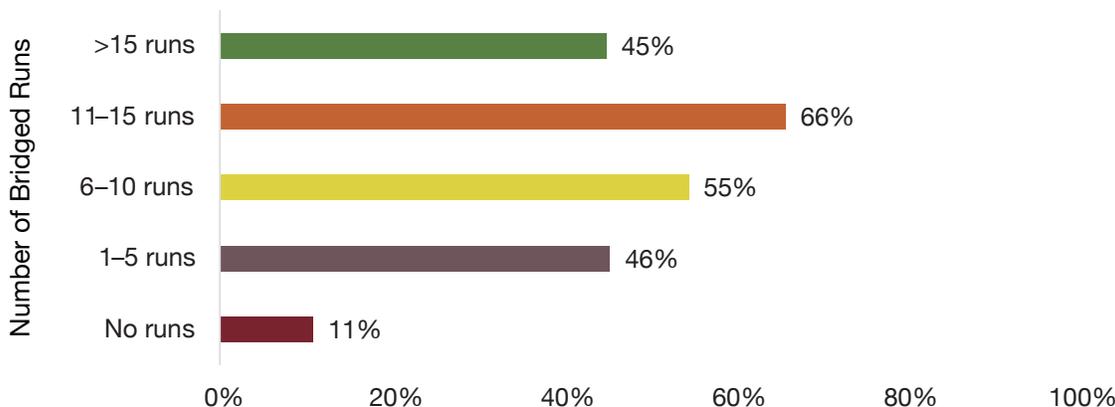
Figure 6.12. Relationship between exiting a first out-of-home care spell by running away and last placement type



Number of bridged runs

Except for the youth who experienced 16 or more bridged runs, the more bridged runs youth experienced during their first out-of-home care spell, the more likely they were to exit by running away (see Figure 6.13).

Figure 6.13. Relationship between exiting a first out-of-home care spell by running away and the number of bridged runs

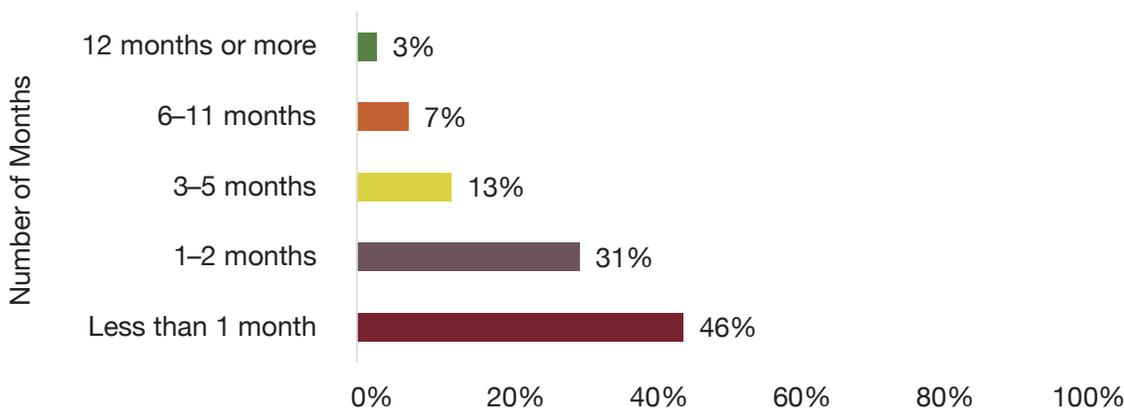


Re-entries into out-of-home care after exiting by running away.

Sixty-five percent (n=4,652) of the 7,145 youth who exited their first out-of-home care spell by running away subsequently reentered. Forty-six

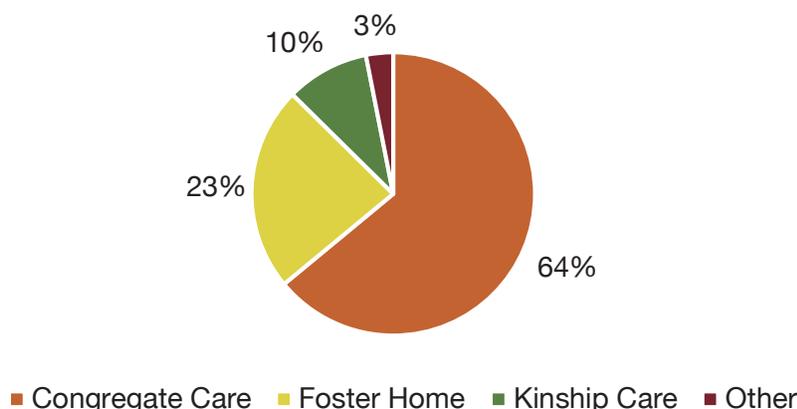
percent of the 4,652 youth who reentered did so within one month of exiting, and 77 percent had reentered within two months (see Figure 6.14). Only 10 percent of the youth who reentered did so six or more months after exiting.

Figure 6.14. Number of months between exiting a first out-of-home care spell by running away and reentering



Sixty-four percent of those 4,652 youth were placed in congregate care when they reentered compared with 33 percent who were placed in a non-relative or kinship foster home (see Figure 6.15).

Figure 6.15. Types of runaway events experienced by youth during the first out-of-home care spell



Discussion

Key findings

We analyzed the placement records of 55,082 youth from 21 states who entered out-of-home care for the first time when they were 13 to 17 years old. Sixteen percent of those youth ran away at least once during their first spell of out-of-home care. Six percent experienced a bridged run (that is, a run lasting no more than seven days), and 13 percent exited out-of-home care by running away.

During their first out-of-home-care spell, Black youth were more likely to experience a bridged run than White youth. Youth in the most socioeconomically disadvantaged counties were more likely to experience a bridged run than youth in counties that were less socioeconomically disadvantaged. Our analysis concluded that youth who experienced more placements were more likely to experience a bridged run than youth who experienced fewer placements.

Black and Hispanic youth were more likely to exit their first out-of-home-care spell by running away than White youth. Youth in urban core counties were more likely to exit their first out-of-home-care spell by running away than youth in

urban collar or rural counties. Youth in the most socioeconomically disadvantaged counties were more likely to exit their first out-of-home-care spell by running away than youth in counties that were less socioeconomically disadvantaged. Additionally, youth who experienced more placements and youth whose last placement was congregated care, were more likely to exit their first out-of-home care by running away than youth who experienced fewer placements and youth whose last placement was kinship care.

One of the best predictors of whether youth will run away is whether they have previously run. Although 63 percent of the youth who experienced a bridged run during their first out-of-home care spell experienced only one, the more bridged runs youth experienced during their first spell of out-of-home care, the more likely they were to experience a subsequent bridged run. As a result, the more likely they were to exit out-of-home care by running away. Finally, 65 percent of the youth who exited their first out-of-home care spell by running away subsequently reentered. More than three-fourths of those youth had reentered out-of-home care within two months of exiting.

Comparisons between our findings and the results of prior studies are problematic due to differences in the type of data that were used, the jurisdictions covered, the characteristics of

the sample, and the way runaway events were defined. That said, some of the differences and similarities between our results and the results of prior studies are worth noting.

Sixteen percent of the 13- to 17-year-olds who entered a first spell of out-of-home care experienced a runaway event. This is considerably lower than the percentage of foster youth who run away that prior studies have reported. Those studies suggest that between 23 percent and 71 percent of youth in out-of-home care have run away (Biehal and Wade, 2000; Courtney and Barth, 1996; Fasulo et al., 2002; Nesmith, 2006). Contrary to prior studies (Biehal and Wade, 2000; Courtney and Wong, 1996; Courtney et al., 2005; Courtney and Zinn, 2009; Day and Riebschleger, 2007; English and English, 1999; Fasulo et al., 2002; Finkelstein et al., 2004; Nesmith, 2006; Witherup et al., 2005), we found no significant gender difference in the percentage of youth who ran away, and no consistent relationship between running away and age (Witherup et al., 2005).

In other respects, our findings were consistent with the results of prior research. Like some other studies, Black youth were more likely to run away than White youth (Courtney et al., 2005; Courtney and Zinn, 2009; Day and Riebschleger, 2007).⁴⁵ Additionally, the more placements youth experienced, the more likely they were to run away (Courtney and Barth, 1996; English and English, 1999; Clark et al., 2008; Kashubeck, Pottebaum, and Read, 1994; Courtney and Zinn, 2009). Additionally, the more times youth ran away, the more likely they were to experience a subsequent run (Angenent, Balthasar, and Shane, 1991; Clark et al., 2008; Courtney et al., 2005; Fasulo et al., 2002; Nesmith, 2006; Kashubeck, Pottebaum, and Read, 1994).

Two of our other findings are also consistent with what previous studies have reported. First, youth whose last placement was congregare care

were the most likely to exit out-of-home care by running away. Likewise, prior research indicates that youth in congregare care are more likely to run away than youth in foster homes (Biehal and Wade, 2000; Courtney and Zinn, 2009; Clark et al., 2008; English and English, 1999; Witherup et al., 2005; Fasulo et al., 2002; Karam and Robert, 2013; Eisengart, Martinovich, and Lyons., 2008; Zimmerman, Abbey, and Nicholas, 1997). Second, more than three-fourths of the youth who reentered out-of-home care after exiting their first out-of-home care spell by running away, began their second out-of-home care spell within 2 months of exiting. This is consistent with the results of Courtney et al. (2005) who found that a majority of youth who run away from out-of-home care are not absent from their placement for very long.

Our findings suggest several areas that are ripe for future research. One is the connections among some of the differences we observed. We found that Black youth, youth in urban core counties, and youth in the most socioeconomically disadvantaged counties, were more likely to run away than White youth. Likewise, youth in urban collar or rural counties, and youth in less socioeconomically disadvantaged counties were more likely to run away than White youth. Because race, population density, and socioeconomic disadvantage are likely to be highly correlated, disentangling their independent effects would require a multivariate, multilevel approach that incorporates both youth and county-level factors.

Another area that would benefit from additional study is the relationship between running away and placement instability. Consistent with the results of several prior studies, we found that the more placements youth experienced, the more likely they were to run away while in out-of-home care. What is not clear from our analysis is the direction of that relationship. Youth may be more

⁴⁵ Although some prior studies have found that Hispanic youth are more likely than White youth to run away (Courtney et al., 2005; Courtney and Zinn, 2009; Day and Riebschleger, 2007), our results for Hispanic youth were mixed. Hispanic youth were more likely than White youth to exit out-of-home care by running away, but no more likely than White youth to experience a run lasting 7 days or less.

likely to run away after experiencing a placement change. Alternatively, youth may be more likely to change placements after running away. It is also possible that both are true. Understanding this relationship will require more research.

More research is also needed to better understand the relationship between running away and placement type. Consistent with the prior research indicating that youth in congregate care are more likely to run away than youth in foster homes, we found that youth were more likely to exit by running away from congregate care than from any other placement type. Future studies should examine whether this relationship can be explained by the characteristics of the youth who are placed in congregate care (for example, youth with mental or behavioral health problems). Moreover, our analysis of this relationship was limited to the last placement. We did not examine the relationship between running away and placement type at other points during an out-of-home care spell. Because placement types can change while youth are in out-of-home care, this would require an approach that can incorporate time-varying covariates.

Because the primary focus of our analysis was on the first spell of out-of-home care, we did not examine the relationship between running away during a first spell of out-of-home care and running away during subsequent spells. Nor did we examine either the trajectories of youth who reentered out-of-home care after exiting by running away beyond their initial post-reentry placement, or how the risk of running away varies over time. However, all of these could be examined using the Foster Care Data Archive (FCDA) data with additional time and resources.

Additionally, our analysis did not look at whether there are differences across states (or between counties within states) in the percentage of youth who run away during their first out-of-home care or the percentage of youth who exit their first out-of-home care spell by running away. Between state (and between county) comparisons are

complicated by differences in policies, practices, and child welfare populations, and examining those differences requires multilevel models that take those other differences into account.

Finally, additional research is needed to better understand the reasons youth in out-of-home care run away or what happens to them while they are on run. That is best done using qualitative methods that allow youth who run away to tell their stories in their own words. The in-depth interview (IDI) component in this report may shed some light on both.

Limitations

There were two major advantages to using Chapin Hall's FCDA administrative data. First, because the FCDA maintains data from 21 states, our sample was both large and geographically diverse. Second, integration of the placement records with county-level census data allowed for us to look at how running away was related to county population density and socioeconomic disadvantage.

One limitation of our analysis is that the FCDA data contain only limited information about the demographics or other characteristics of the youth. Most notably, the data do not include information about factors such as sexual orientation, education, or mental and behavioral health problems that might be associated with running away. A second limitation is that our analysis was purely descriptive. We only analyzed bivariate relationships. Finally, our analysis did not examine either the reasons youth in out-of-home care run away or what happens to them while they are on run.

Conclusions

Youth who run away from out-of-home care face the same risks as their peers who run away from home. These include victimization and sexual exploitation, physical and mental health problems (for example, sexually-transmitted diseases, malnutrition, substance abuse), and

juvenile or criminal justice system involvement (Biehal and Wade, 1999; DOJ, 2002; Courtney et al., 2005; Nesmith, 2006; Hyde, 2005; Clark et al., 2008; Farrow et al., 1992; Finkelstein et al., 2014). Running away can also have negative impacts on emotional and social development (Farrow et al., 1992; Biehal and Wade, 2000; Skyles et al., 2007; Courtney et al., 2005), as well as the disruptive effects on education (Skyles, Smithgall, and Howard, 2007), the development of life skills needed to become self-sufficient (Shirk and Stangler, 2004), and the formation of relationships with caring adults and social support networks (Choca et al., 2004; Clark and Crosland, 2009; Iglehart, 1994; Nesmith, 2006).

Preventing these adverse outcomes requires a better understanding of the reasons youth in out-of-home care go “on run” as well as the risk and protective factors associated with running away. Equally important, if we want to mitigate any negative effects once youth return to their placement or reenter out-of-home care, it is best to understand what happens while they are “on run.” Although this descriptive analysis of child welfare administrative data addressed several critical questions about running away from out-of-home care, developing effective prevention and intervention strategies will require additional quantitative and qualitative research.

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Chapter 7. Systematic Evidence Review

Highlights

- This study represents the most systematic and comprehensive review of evidence on the effectiveness of interventions to prevent and address youth homelessness to-date.
- The growing research base on interventions to prevent and address youth homelessness offers evidence that interventions can and do have positive effects on a range of youth outcomes. A small number of studies demonstrated reductions in occurrence of youth homelessness and housing instability, including discussion of some intensive interventions that did not involve direct housing assistance components.
- Typically, the effects of many evaluated interventions are modest and varied, and low retention rates often further diminish the potential for these interventions to impact youth homelessness at the population level.
- We lack rigorous evaluative evidence of many of the program models on which communities and the Federal Government rely to address youth homelessness (for example, street outreach, transitional living programs, youth shelters, host homes, and rapid rehousing). Evaluative evidence is further lacking on how the effects of interventions vary by different subpopulations. We also lack evidence on interventions designed to improve education and employment outcomes among youth experiencing homelessness.
- The largest evidence base on the effectiveness of interventions relates to counseling and treatment interventions to address mental health and/or health risk behaviors. Overall, these types of interventions showed promising results, but retention was often difficult, and few studies included long-term follow-up assessments based on rigorous evaluation designs.
- The evidence on family interventions was promising but mixed, and most evaluations did not measure outcomes related to housing stability.

Background

The purpose of a systematic review is to use transparent and replicable methods to sum up the best available research on a specific question. This is done by synthesizing the results of several studies. In the case of Voices of Youth Count (VoYC), our review question was, “What is the evidence on the effectiveness of programs and practices to prevent youth homelessness and to improve a range of outcomes among youth experiencing homelessness?”

A systematic review approach was taken to synthesizing the existing evidence on programs and practices to address youth homelessness for

a few important reasons. First, non-systematic research syntheses (such as more traditional literature reviews) are more susceptible to intended or unintended researcher biases and errors in finding evidence, selecting which studies to include, and analyzing and reporting information. By establishing an advance protocol and following pre-established inclusion criteria and systematic processes, such decisions in systematic reviews are more transparent. Second, systematic review methods are replicable. Not only is this important for public accountability, but it also provides future opportunities for Chapin Hall or other research groups to update the review and include new studies. Third, using multiple sources, a

systematic review involves an intensive search process for both published and unpublished studies. As such, for the research question asked, it provides a thorough representation of the state of the evidence. Consequently, it provides a vital starting point for understanding the existing evidence base on interventions to prevent or address youth homelessness, as well as for understanding critical knowledge gaps that warrant investment in research and evaluation.

The research question crafted for the systematic review is broader in scope than those driving many systematic reviews. Typically, systematic review questions specify the population, intervention, outcome, and comparison of focus. These parameters help to keep reviews more manageable to conduct, and they are more conducive to using statistical meta-analysis in the synthesis process, which requires comparable interventions, study designs, and outcomes in order to combine effects. Our research question, on the other hand, does not limit itself to a specific intervention or outcome, and it allows for a broad range of impact study designs.

The VoYC team chose this systematic review approach based on stakeholder input and the team's charge to thoroughly document the evidence for interventions by addressing a range of outcomes for youth experiencing homelessness. This increases the relevance of the review to a broader spectrum of policy institutions and public systems that can play different roles in the complex challenge of addressing youth homelessness. The VoYC In-depth Interview findings in this report further underscored the need for different intervention options, addressing a broad set of outcomes to help youth avoid or sustainably exit homelessness (see Chapter 4). Further, given the very limited research and evaluation related to youth homelessness to-date, we felt it was important to include a range of study designs, including lower-rigor types of evaluation designs, to capture a full evidence base. However, as we

discuss later, we clearly identify which evidence comes from higher- and lower-rigor designs, and advise caution in drawing conclusions from findings based on lower-rigor effectiveness studies.

Previous reviews

This is not the first review of evidence on interventions addressing youth homelessness. Table 7.1 outlines previous relevant reviews identified through a preliminary literature search and their key parameters. Eight previous reviews could be considered systematic reviews in that they established and followed prospective search and screening processes and inclusion criteria. Only one, published as Cochrane or Campbell Collaboration reviews (leading publishers of methodologically rigorous systematic reviews), and none restricted their research wholly to setting inclusion-exclusion criteria for every aspect of a PICO-style (population, intervention, comparator, and outcome) question. Most reviews either did not exclude studies based on intervention or outcome types, nor did they allow for a broad range of possibilities.

Three of the reviews that could be considered systematic were published in 2016 or 2017 (Pergamit et al., 2016; Vojt et al., 2016; Watters and O'Callaghan, 2016). One of them focused on low- and middle-income countries (Watters and O'Callaghan, 2016); another reviewed randomized controlled trials (RCTs) of interventions for mental health outcomes among vulnerable groups, of which homeless youth were one (Vojt et al., 2016); and the third focused on family interventions for runaway and homeless youth or youth at risk of homelessness (Pergamit et al., 2016). The present review fills gaps remaining from these recent reviews by focusing on Organization for Economic Cooperation and Development (OECD) country contexts, which are generally higher-income, and by expanding inclusion beyond mental health or family interventions and RCT study designs.

Despite these existing reviews, the present review is important for two main reasons. First, it updates the Altena et al. (2010) and Dettlaff et al. (2017) reviews. The Campbell Collaboration advises that systematic reviews be updated at least every 3 years. The search strategy conducted by Altena et al. encompassed studies from 1985–2008, whereas Dettlaff et al. conducted their search strategy in February 2014 (although they did not report the actual years searched). Second, the present review captures and synthesizes evidence from the past 8 years. Although the present review will include evidence from trials dating back to 1985 (the starting point for Altena et al.), it will avoid duplicating their work by extracting included studies identified through that review and starting an updated search strategy from 2008. Unlike Dettlaff et al., our review aims to include both current and past prevention interventions with youth

experiencing homelessness, including some overlap of search years with the Dettlaff et al. review. We anticipate that this overlap will help us to capture relevant studies that might have been missed by the Dettlaff et al. review. In addition, our review will include interventions that were excluded by the Altena et al. and Dettlaff et al. reviews. Exclusions included those interventions at schools focused on sexual health and other prevention interventions.

Despite its relative comprehensiveness, the review still had important intentional omissions to keep the endeavor reasonably focused and manageable. For example, it did not synthesize evidence on interventions that addressed probable risk or protective factors for homelessness alone. The study must have either tested effects directly on preventing youth homelessness or on other outcomes among youth currently experiencing homelessness.

Table 7.1. Previous evidence reviews of interventions for homeless and unstably housed youth

Review	Population	Intervention(s)	Outcome(s)	Study type(s)	Search timeframe
Systematic reviews					
(Altena et al., 2010)	Runaway and homeless youth (ages 10–24) in any context	Any—except excluded interventions including family therapy, focusing on sexual health, residential service evaluations, or that were applied in schools	Broad range	Impact evaluations (including RCTs, controlled quasi-experimental trials, and pre-post uncontrolled trials)	1985 – 2008
(Coren et al., 2013)	Street-connected children and youth (ages 0–24) in any context	Any	Broad range (Inclusion and reintegration (primary outcomes); wide range of secondary outcomes)	Impact evaluations (including RCTs and rigorous quasi-experimental designs); process evaluations examined if linked to included impact evaluations	Inception – 2012

(continued)

Table 7.1. Previous evidence reviews of interventions for homeless and unstably housed youth (continued)

Review	Population	Intervention(s)	Outcome(s)	Study type(s)	Search timeframe
(Dettlaff et al., 2017)	Currently homeless unaccompanied youth, through age 24	Any	Stable housing, permanent connections, education, employment, and wellbeing	Any studies that tested interventions used with homeless youth	Unreported start date to 2014
(Naranbhai et al., 2011)	Runaway and homeless youth in any context	Interventions to modify sexual risk behaviors for preventing HIV in homeless youth	Sexual risk behaviors; HIV infection	Impact evaluations (including RCTs)	Inception – 2010
(Pergamit et al., 2016)	Runaway and homeless youth or youth at-risk of homelessness in Australia, Canada, the UK, or the U.S. (ages 12–24)	Any interventions involving family members	Broad range (youth homelessness; risk factors associated with youth homelessness)	No study design inclusion criteria given	2000 – 2016
(Vojt et al., 2016)	Vulnerable youth (ages 10–24) in all contexts—homeless youth were a subgroup	Any	Mental health	Systematic reviews and RCTs	2005 – 2016
(Watters and O’Callaghan, 2016)	Street-connected children in low/middle-income countries (specific age restrictions not given)	Psychosocial or mental health treatment or intervention outside of the home	Broad range (psychological distress, psychosocial outcomes, overall general wellbeing)	Impact evaluations (including RCTs, controlled quasi-experimental trials, and pre-post uncontrolled trials)	Inception – 2015
(Zlotnick, Tam, and Zerger, 2012)	U.S. homeless and foster children (both family and unaccompanied homelessness)	Any	Not explicit but primarily focused on psychosocial outcomes	Unclear	1993 – 2009
Other types of reviews					
(Barker et al., 2012)	Youth who are homeless or at risk of homelessness	Broad range	Broad range	Systematic reviews, RCTs, qualitative or descriptive studies of outcomes	Unreported
(Slesnick et al., 2009)	Runaway and homeless youth (ages 12–24)	Broad range (community-based service interventions (those offered by shelters and drop-in centers) and add-on treatment interventions)	Broad range (problem behaviors, homelessness, medical and mental health problems of youth and their families)	No study design inclusion criteria given	Unreported

Methodology

Criteria for considering studies for this review

In accordance with international standards for systematic reviews, we published our review protocol online in advance of getting started (Kugley et al., 2017). To be eligible for this evidence synthesis, a study must have evaluated the effects of interventions targeting youth experiencing homelessness or have evaluated an intervention that includes youth homelessness as an outcome. Notably, process evaluations of programs to prevent or address youth homelessness were also included, but these were set aside for a different type of qualitative synthesis to take place at a later time. The current review focuses on synthesizing evidence from impact evaluations.

The PICO-style questions framing this review are the following: what are the effects of any interventions on preventing homelessness among youth ages 13–25, and what are the effects of any interventions that targeted youth ages 13–25 experiencing homelessness on any outcomes, compared to the absence of intervention or to alternative interventions? The elements of the PICO-style question are further elaborated in the following points.

Types of participants (population): Studies must have explicitly targeted youth, ages 13 to 25, who have experienced or are at risk of experiencing homelessness. Alternatively, studies could have disaggregated results so that intervention effects on this population’s outcomes could be discerned. Studies were excluded if fewer than 75 percent of study participants were youth ages 13 to 25, or if the mean age reported was outside of this age range, unless results were disaggregated such that intervention effects for this review’s

population can be readily discerned from the study.

Studies must have been conducted with participants in Organisation for Economic Co-operation and Development (OECD) countries.⁴⁶ Youth homelessness is a significant problem in low- and middle-income countries where the population considered by this review is more typically described as “street children” or “children and adolescents in street situations” (Woan, Lin, and Auerswald, 2013; Watters and O’Callaghan, 2016). This review, however, excluded non-OECD populations (primarily those in low- and middle-income countries) because, as Watters and O’Callaghan (2016) have argued, “implementation of non-culturally relevant services from high-income countries in [low- and middle-income countries] may be inappropriate and unsuccessful in resource limited settings.” This review assumes that cultural, institutional, and resource differences between OECD countries and low- and middle-income countries are significant enough that distinct reviews are warranted to cater to these different contexts for this subject matter.

Types of interventions: Any interventions that targeted the study population (see earlier discussion) and for which evaluation designs were included (see following) were eligible for inclusion in this review. In addition, studies of interventions that reported one or more outcomes related to homelessness among youth were eligible.

Types of comparisons: Studies could have involved service-as-usual or alternative intervention comparisons. Service-as-usual means that the youth assigned to the control group were not offered any additional intervention over and above what they could normally access. (Note that it is generally impractical and unethical with social interventions to enforce pure control conditions

⁴⁶ OECD countries currently include Australia, Austria, Belgium, Canada, Chile, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Korea, Latvia, Luxembourg, Mexico, Netherlands, New Zealand, Norway, Poland, Portugal, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Turkey, United Kingdom, and United States.

in which youth may receive no services or supports at all.) Alternative intervention comparison means that youth were assigned to two or more intervention groups to compare effects between different intervention options or combinations.

Types of outcome measures: This review did not exclude studies based on outcomes measured. A range of outcomes at the individual youth level were included, such as those related to the four core outcome areas of the U.S. Interagency Council on Homelessness (USICH) *Framework to End Youth Homelessness*: stable housing, permanent connections, social-emotional wellbeing, and education or employment (USICH, 2013).

Types of study designs: To be included in the synthesis of evidence on intervention effectiveness, studies must have used an experimental or quasi-experimental evaluation design with a valid comparison group in the following definition—

- a. randomized control trials.
- b. regression discontinuity designs.
- c. quasi-experimental, cross-sectional, cohort, or panel designs that use multiple regression analysis and control for some combination of pre-intervention control variables.
- d. matched control group designs (with or without baseline measurement).
- e. unmatched control pre- and post-test designs.
- f. time-series designs (with at least 25 pre- and 25 post-intervention observations).

We recognize that including a wide range of quasi-experimental study designs—particularly pre-post designs that use the baseline as the studies’ basis for comparison—may lead to an increased risk of synthesizing biased

results. Because of this concern, we clearly delineate evidence according to types of study designs and include appropriate cautions with interpreting results from low-rigor study designs in the synthesis.

Search methods

The search strategy was executed in January 2018 and included published and unpublished literature from 2008 to 2018. By starting with studies from 2008, the review commenced where previous search strategies ended. Thus, it constitutes an update to their largely similar systematic review. Any relevant primary studies prior to 2008 were drawn from the Altena et al. review and any other relevant previous review. The review did not place any language restrictions on the eligibility of documents; however, the search of published literature was executed in English.

The search strategy was developed using guidance for search strategy development provided by Cochrane Collaboration’s Effective Practice and Organisation of Care (EPOC) Group (EPOC, 2015). This review’s search terms were derived from those used by previous relevant reviews, with augmentation to ensure we did not exclude relevant studies. This review used a combination of terms in searching electronic databases and research registers. Table 7.2 shows the search terms used, although in some cases we used slight deviations in a given database.

Table 7.2. Review search terms for abstract, title, and keyword fields

Category	Search terms
Population	homeless ADJ youth\$ OR homeless ADJ adolescen\$ OR homeless ADJ teen\$ OR homeless ADJ student OR homeless AND pediatric\$ OR homeless and paediatric\$ OR street ADJ youth\$ OR street-involved ADJ youth OR street-connected ADJ youth OR runaway\$ OR throwaways OR throwaway ADJ youth\$ OR unstably ADJ-housed ADJ youth\$ OR unstably ADJ-housed ADJ adolescents unstably ADJ-housed ADJ student OR youth\$ ADJ1 shelter\$ OR unaccompanied ADJ youth\$ OR unaccompanied ADJ adolescents OR unaccompanied ADJ teen\$ OR houseless ADJ youth OR houseless ADJ adolescen\$ OR houseless ADJ teen\$ OR couch-surf\$ ADJ youth\$ OR couch-surf\$ ADJ adolescen\$ OR couch-surf\$ ADJ teen\$ OR doubled-up ADJ youth\$ OR doubled-up ADJ adolescen\$ OR doubled-up ADJ teen\$
AND	
Intervention	program\$ OR intervention\$ OR service\$ OR treatment\$ OR therap\$ OR activit\$ OR outreach
AND	
Comparator	(None)
AND	
Outcome	(None)
AND	
Study design	evaluation\$ OR trial\$ OR impact ADJ study OR outcome ADJ study OR process ADJ study OR implementation ADJ study OR impact ADJ assessment OR outcome\$ ADJ assessment OR process ADJ assessment OR implementation ADJ assessment OR effectiveness OR efficacy OR RCT OR \$-RCT

Note: “\$” after the search term instructs the database to search for anything with the stem of the search term—for example, teen\$ to retrieve teen, teens, teenagers, etc.

To maximize sensitivity, no methodological filters were used, but study design terms were included in the search strategy. Search locations included electronic databases, relevant websites, and professional outreach.

Electronic databases: The investigators searched the following major electronic databases for this review: STM Source (EBSCO), Education Research Complete (EBSCO), Business Source Complete (EBSCO), LGBT Life (EBSCO), OmniFile (EBSCO), Academic Search Complete (EBSCO), CINAHL (EBSCO), Cochrane

Library (CENTRAL), ERIC (Institute of Education Sciences), and Medline (PubMed). Additional electronic searches were run in Google and Google Scholar.

Websites: Multiple web-based publication databases specific to youth and family services were searched with varying search strategies depending on the confines of each database. These included the California Evidence Based Clearinghouse, Out-of-School Time Program Research & Evaluation Database (Harvard Family Research Project), Innovation Center,

National Clearinghouse on Families & Youth (U.S. Administration of Children & Families), Public/Private Ventures, CrimeSolutions.gov, Search Institute, Blueprints for Healthy Youth Development, the Australian Clearinghouse for Youth Studies (ACYS), National Council for Voluntary Youth Services (NCVYS) Publications, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Model Programs Guide, the UK Department for Children, Schools and Families (DCSF) Inclusion Development Programme (IDP) Publication Catalogue, and the Urban Institute publications.

Professional outreach: Institutions or individuals who are regarded as professional leaders in the field of youth homelessness, including but not limited to researchers, were contacted directly and asked for any leads on specific studies, or databases likely to include studies, that might meet this review’s inclusion criteria. Professional outreach began by contacting the VoYC Technical Advisors Board, relevant researchers known to the review team, and points of contact for relevant reviews and major studies.

Data collection

Selection of studies

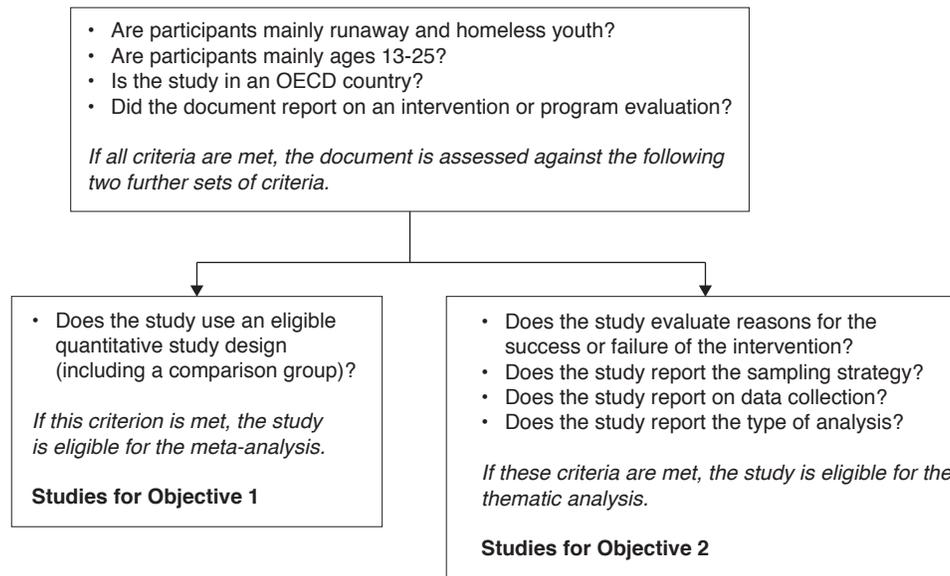
Two trained research assistants (reviewers) used a set of inclusion criteria to assess, based on titles and abstracts, whether the studies returned from the systematic search were potentially eligible for inclusion in the systematic review. Both reviewers independently screened all titles and abstracts. The co-principal investigator mediated discussion on any inconsistent screening recommendations between reviewers to achieve resolution on each study.

The co-principal investigator also screened a random sample of 10 percent of total titles and abstracts to confirm accuracy and consistency with the research assistants’ screening. An abstract was automatically excluded if it was rejected by both reviewers according to any

of the screening criteria. If the abstract was not initially rejected according to any of the initial screening criteria, then the full article was retrieved for further review to determine whether all inclusion criteria were met. The full text document was located for all studies screened as potentially eligible at the title and abstract stage.

The full text eligibility screening criteria consisted of nine screening questions, and the answers to those questions determined whether a study was eligible for the impact evaluations synthesis (Objective 1, presented in this chapter), the process evaluations synthesis (Objective 2, to be conducted and reported at a later time), or both. The process and the screening criteria are shown in the flowchart in Figure 7.1.

Figure 7.1. Screening criteria for meta-analysis and thematic analysis



Data extraction

Information about study and intervention characteristics was extracted from each article based on a standardized data extraction form. Coding discrepancies were resolved by discussion between reviewers, in consultation with the principal investigator.

Data synthesis and analysis

Effectiveness studies were synthesized *descriptively* and not *statistically* (that is, with meta-analysis) due to the significant heterogeneity of interventions, evaluation designs, and outcome measures. For summary information, we use a simple table that indicates basic intervention and study information along with whether positive, null, adverse, or mixed effects were reported for outcomes falling under the following outcome domains—

- **stable housing** (for example, residential stability, runaway episodes, homelessness experiences).
- **permanent connections** (for example, social supports and positive connections to family, other adults, or peers).

- **education** (for example, enrollment, attendance, attainment, achievement).
- **employment or earnings** (for example, employment status, amount of time employed, career advancement, wages).
- **social-emotional wellbeing** (for example, mental health, prosocial behaviors, psychological wellbeing, non-cognitive skills).
- **physical health/substance use** (for example, health-risk behaviors or knowledge, access to health services, physical wellbeing, disease or infection).
- **service connections** (for example, quantity or frequency of services accessed).

If results related to other outcome areas were reported by evaluations (for example, delinquency or justice involvement), these were generally indicated in the findings narrative, but not summarized in the tables.

In the tables, we indicated a study as showing a positive intervention effect for a given outcome area if the study reported statistically significant

($p < .05$) improvement in at least one outcome within the outcome area. We indicated a study as showing an adverse intervention effect for a given outcome area if the study reported statistically significant worsening in at least one outcome within the outcome area. We indicated a study as showing a mixed intervention effect for a given outcome area if the study reported both statistically significant ($p < .05$) improvement in at least one outcome and statistically significant worsening in at least one outcome within the outcome area. Finally, we indicated a study as showing a null intervention effect for a given outcome area if the study measured but reported no statistically significant results for any outcomes within the outcome area. If the study involved a service-as-usual/no intervention comparison, we referred to statistically significant between-group differences (either at endline or difference-in-difference estimates, depending on the primary study's analytical approach). If the study lacked a service-as-usual/no intervention comparison, we referred to statistically significant pre-post changes.

We classified study designs according to the following schematic—

- A.** Randomized trial comparing an intervention group to a service-as-usual/no intervention comparison group and with overall between-group balance at baseline (at least 80 percent of reported variables).
- B.** Well-matched comparison group, robust instrumental variable design, or randomized trial with significant between-group differences at baseline.
- C.** Study with a lower rigor comparison group (for example, not involving successful techniques to match groups based on observable covariates).
- D.** Pre-post outcomes study, or a comparison study without a service-as-usual/no

intervention comparison group, which makes it impossible to infer intervention effects against a counterfactual (that is, the hypothetical absence of the intervention).

Studies classified as “A” designs are the best-suited for inferring intervention effects—that is, changes in outcomes attributable to the intervention—whereas the results of other study designs, especially those classified as “C” and “D,” should be interpreted more cautiously, as these results are much more susceptible to selection bias and to having been caused by a number of factors other than the intervention.

Results

Search and screening results

Using the search terms and parameters described in the methods section, we searched academic journals and identified potentially relevant studies through prominent academic search engines and research databases, including PubMed ($n=2,801$), multiple databases through EBSCOhost ($n=971$), and ERIC ($n=389$).⁴⁷ An additional 210 publications were identified from other sources, including: Google searches, relevant websites and clearinghouses, and personal outreach to a range of organizations and individual experts. The professional outreach included contacts with 88 experts from universities, research institutes, Federal agencies, advocacy organizations, and others and included both national and international outreach. After discarding duplicate records ($n=434$), 3,937 potentially relevant publications were identified for screening.

Publications had to pass through two levels of screening. The first level of screening was based on study abstracts or executive summaries. Any publications clearly not meeting one or more of the review's inclusion criteria based on summary information were excluded. Studies for which inclusion was likely or unclear based

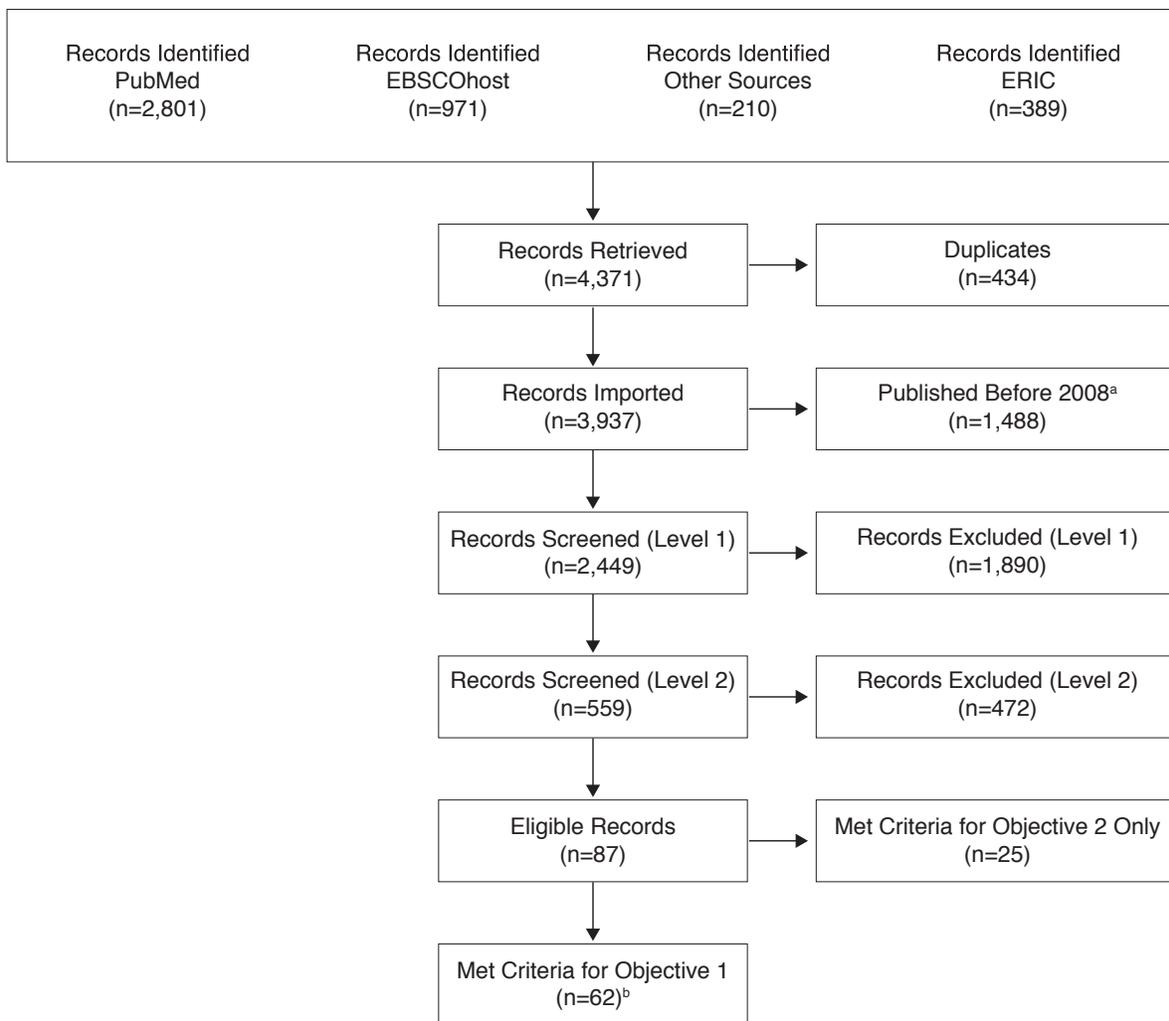
⁴⁷ PubMed draws on MEDLINE, a database of research primarily related to medicine and health; EBSCOhost draws on a range of databases for research on a variety of topics, such as psychology, medicine, and social sciences; and ERIC is an online library of education research.

on abstracts or executive summaries were subject to level 2 screening in which inclusion or exclusion decisions were based on retrieval and careful review of the full publication (and, in some cases, communication with study authors for additional information). See Figure 7.2 for a flow diagram outlining the identification, screening, and inclusion results at each stage.

Ultimately, 87 publications of evaluative studies passed both levels of screening and were included. Of those, 25 met the inclusion

criteria for Objective 2 only, related to process evaluations, and were saved for future analysis and write-up, but are not discussed in this report. Sixty-two publications, representing 51 unique studies, were included for the Objective 1 (impact studies) synthesis. Some publications reported different results of the same underlying evaluation (for example, analysis of different outcomes, for different subgroups, or at different time periods), hence the larger number of publications than unique studies.

Figure 7.2. Literature flow diagram



Notes:

^a With the exception of 9 records published prior to 2008 and included in Altena, Brilleslijper-Kater, and Wolf, 2010.

^b 51 unique studies reported in 62 publications.

Study characteristics

The vast majority (78 percent) of unique studies were conducted in the U.S., with the remaining conducted in Australia (n=2), Canada (n=5), Mexico (n=1), South Korea (n=1), and The Netherlands (n=1). While, for many studies (40 percent), the urbanicity of the sample location(s) was unreported, all those that did report indicated that the studies were conducted in mainly urban or suburban locations.

Of the 51 unique studies, 25 (49 percent) involved some type of randomized evaluation. We describe 14 (27 percent) of the studies as quasi-experimental, in that they compared youth in a treatment group with other youth who did not participate in the intervention or who participated in a comparator intervention. These groups were not determined randomly. Twelve of the included studies used only a pre-post design without a comparison group.

Only four studies (two randomized, one quasi-experimental, and one pre-post) had reported having published a pre-trial registration or protocol. This is notable because a pre-trial registration or protocol is an important research step for increasing transparency and mitigating the risk of reporting bias and other research biases (Hopewell et al., 2008). The mean study total sample size was 181 (standard deviation [SD]: 222), ranging from 15 to 1,322. The mean sample size for randomized studies was 211 compared with 139 among quasi-experimental studies and 162 in pre-post studies.

A full list of interventions by name from the included studies is provided in Figure 7.3. Altogether, 48 different interventions were evaluated by the included effectiveness studies.⁴⁸ Appendix L includes the corresponding citations for included studies. The frequency of intervention types evaluated by the included studies is shown in Figure 7.4.

We clustered studies into seven intervention categories:

- **prevention:** interventions that did not target youth experiencing homelessness but did aim to prevent homelessness from occurring;
- **family interventions:** interventions that explicitly engaged youths' families in the program as a key focus
- **housing interventions:** interventions that provided housing, housing assistance, or shelter as a key feature of the program
- **individual counseling and treatment interventions:** non-housing, non-family-based interventions primarily focused on delivering therapeutic or health-related counseling or treatment to youth experiencing homelessness
- **non-housing case management and support interventions:** non-housing interventions that involved case management or mentoring as a key program feature
- **economic and employment interventions:** interventions designed to help youth experiencing homelessness to obtain or improve employment or earnings
- **outreach and service connection interventions:** interventions that aimed to find and connect youth experiencing homelessness with broader services.

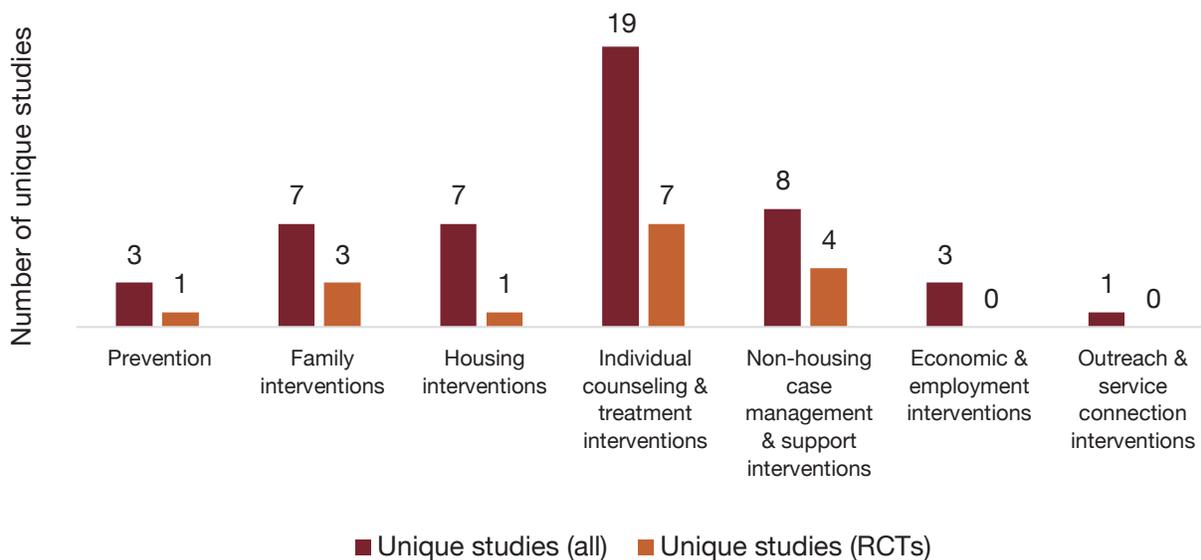
Unique studies most commonly evaluated individual therapeutic and counseling interventions (n=19), followed by non-housing case management and support interventions (n=8), and family interventions (n=7) and housing interventions (n=7). Considering only randomized evaluations involving service-as-usual comparison groups, none of the included studies rose to this level of rigor for economic and employment interventions or for outreach and service connection interventions.

⁴⁸ The YVLifeSet program is listed under two intervention categories.

Figure 7.3. Interventions evaluated by included studies

<p>Prevention Behavioral Analysis Services Program (BASP) The Geelong Project YVLifeSet</p> <p>Family interventions Ecologically-Based Family Therapy (EBFT) Family Reconnect Program Functional Family Therapy Home Free Program Multisystemic Therapy On the Way Home STRIVE (Support To Reunite, Involve and Value Each Other)</p> <p>Housing interventions At Home/Chez Soi Housing First Bridge Independent Living Project Common Unity Project (CUP) Daybreak Housing Program Lighthouse Independent Living Program New York City/New York State-initiated Third Supportive Housing Program (NYSNY III) Phoenix Youth Supportive Housing Transitional Housing</p> <p>Individual counseling and treatment Art Messaging (AM) Program AWARE program Brief Intervention to Improve Psychological Capital Brief Intervention to Reduce Alcohol Use and Sexual Risk Brief Motivational Enhancement (ME) Brief Motivational Intervention (BMI) Cognitive Behavioral Therapy (CBT)</p>	<p>Community Reinforcement Approach (CRA) Community Reinforcement Approach (CRA) Plus HIV Prevention Community Reinforcement Approach (CRA) Plus Mentoring Dialectic Behavioral Therapy (DBT) HIV/AIDS and Hepatitis Health Promotion (HPP) Individual therapy and case management Motivation Enhancement Therapy (MET) Motivational Interviewing (MI) Peer-led Drug Prevention Program Relationship-based Group Safety Awareness for Empowerment (SAFE) Substance Abuse and HIV Prevention Traumatic Incident Reduction (TIR) Youth Education in Spiritual Self-Schema (YESSS)</p> <p>Non-housing case management and support Case Management (CM) Houvast Integrated HIV prevention My Treatment Empowerment for Adolescents on the Move (iTEAM) Partnership for Youth Transition (PYT) Initiative Project Passage Intensive Case Management Promotor Pathway YP⁴</p> <p>Economic and employment interventions Individual Placement and Support (IPS) Social Enterprise Intervention (SEI)</p> <p>Outreach and service connection Strengths-based Outreach Plus Crisis Shelter Strengths-based Outreach Plus Drop-in Linkage</p>
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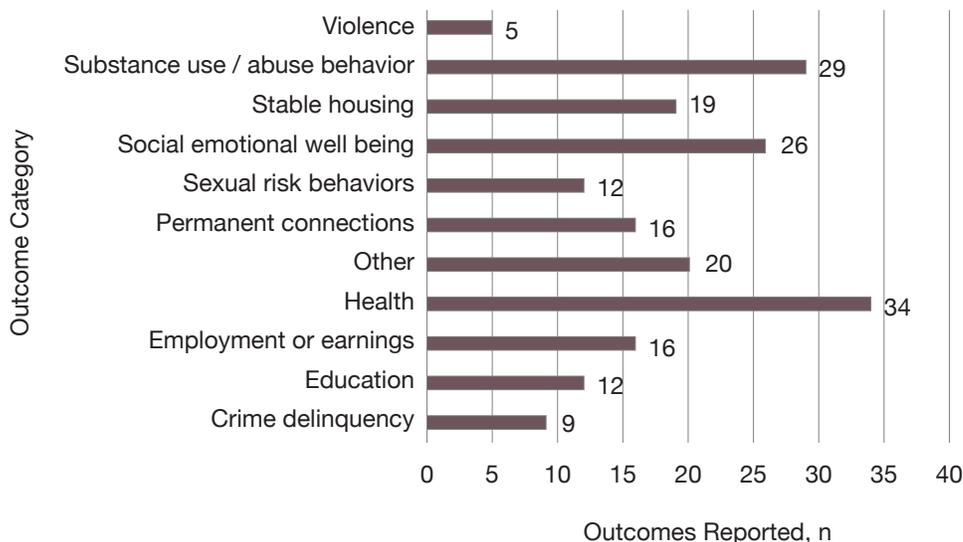
Figure 7.4. Number of unique studies by intervention types



Taking an outcomes perspective, Figure 7.5 summarizes the broad types of outcomes against which interventions were evaluated. Many addressed outcomes related to social-emotional wellbeing (for example, mental health,

self-esteem, self-efficacy, and life satisfaction), substance use, and health. However, relatively few (n=19) included any outcomes addressing homelessness or housing stability directly.

Figure 7.5. Outcome categories addressed by evaluations



As Figures 7.6 and 7.7 show, interventions' duration and intensity have considerable heterogeneity. The first pie chart (Figure 7.6) indicates the percentage of interventions studied by different durations (among those with

reported information). Eighty-four percent of the interventions lasted less than one year. Most ranged from three to nine months (37 percent). Approximately 40 percent of interventions involved fewer than five sessions or activities.

Figure 7.6. Interventions studied by duration

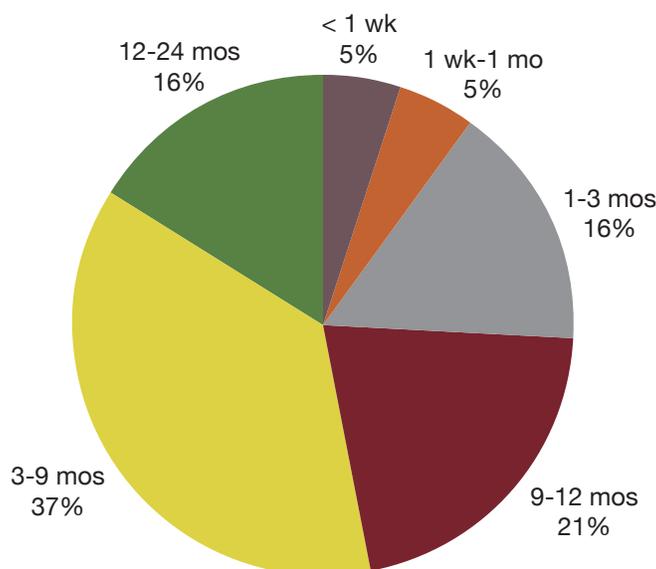
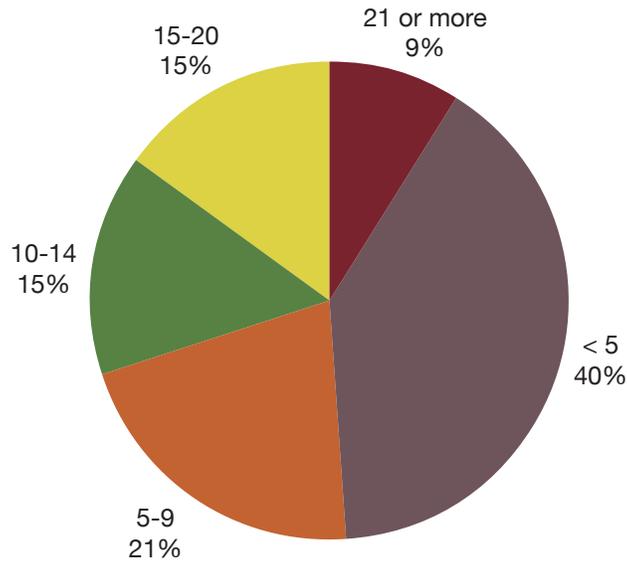


Figure 7.7. Interventions studied by number of sessions



Findings by intervention categories

Prevention

Only three included studies evaluated interventions explicitly aimed at primary prevention of youth homelessness. Several other interventions included under other subsections (particularly several family interventions) could be considered early intervention strategies to prevent further homelessness among youth having already experienced some degree of homelessness.

Although each study reported on different measures of housing stability, all three nonetheless reported improvements. One study evaluated the Behavior Analysis Services Program (BASP), an intervention to use data analytics to catch runaway behaviors among youth in foster care early, understand behavioral patterns, and provide supports to prevent further episodes. The mean percentage of days on runaway status among the BASP group declined from 38 percent at baseline to 18 percent at endline, while increasing slightly from 34 percent to 38 percent for the comparison group. Another study evaluated The Geelong Project (TGP), a coordinated

homelessness prevention model among schools and community organizations involving universal screening for students' risk for homelessness and tailored case management and support services. All 95 youth identified as at-risk for homelessness and provided some degree of intervention by TGP had avoided homelessness over the course of a year. Without a credible counterfactual, it is impossible to know how many of these youth would have experienced homelessness were it not for the intervention, but the 100 percent success rate is nevertheless encouraging. A later report (MacKenzie, 2018) documented time series results of students entering the local homelessness system in the Geelong community before and after TGP's implementation. Also reported was a 40-percent reduction in the number of adolescents entering the homelessness system, as well as a 20-percent reduction in early school leaving based on administrative data from project pilot schools. These results lacked experimental or matched comparisons (although the early school leaving results were compared simply with non-pilot schools in Geelong, which, on average, did not show average reductions in this outcome by contrast). The third evaluated prevention

intervention, YVLifeSet, involved intensive case management and support services for youth who had transitioned out of juvenile justice or foster care. Relative to the control group, the YVLifeSet evaluation demonstrated a 6-percentage-point reduction in the percentage of youth reporting experiences of homelessness over the previous 12 months (21 percent for the intervention group versus 27 percent for the control group at 12 months following baseline). The evaluation also demonstrated an 8-percentage-point reduction in reported experiences of couch surfing due to not having a permanent place to live (36 percent versus 44 percent).

Notably, in both TGP and YVLifeSet evaluations, improvements were also identified in other outcome areas, such as staying in school (TGP) and earnings, economic wellbeing, mental health, and exposure to intimate partner violence (YVLifeSet). No other outcomes were reported for the BASP evaluation. Given the multifaceted supports provided by these interventions, it is not necessarily surprising that they would have positive effects in multiple domains, but the findings reinforce the broader benefits that youth homelessness prevention interventions can have for supporting youths' development and positive transitions to adulthood.

Table 7.3. Included studies: Prevention

Study descriptors							Outcome areas ^{1, 9}						
Study (country)	Intervention	Age group	n	Study design	Follow-up period (beyond intervention)	Intervention attrition	HS	PC	Ed	E/E	SEW	PH/SU	SC
Valentine, Skemer, and Courtney, 2015; Skemer and Valentine, 2016 (USA)	“YVLifeSet”—intensive case management, flexible funds, and transitional living services without a direct housing component	18–24	1,322	A	12 months (3 months); 24 month follow-up with administrative data	50% ⁴⁹	+	0	0	+	+		
Clark et al., 2008 (USA)	Behavior Analysis Services Program (BASP)—a functional analytic approach to runaway prevention for youth in foster care	12–17	39	B	12 months (NR)	NR	+						
MacKenzie and Thielking, 2013; MacKenzie, 2018 (Australia)	The Geelong Project (TGP)—school and community-based prevention and early intervention of student homelessness	12–18	95 ⁵⁰	D	12 months (0)	NR	+		+				

^YFor study design, **A** = randomized trial comparing intervention with control/service as usual with overall between-group balance at baseline, **B** = well-matched comparison group, robust instrumental variable design, or randomized trial with significant between-group differences at baseline, **C** = low-rigor comparison, **D** = no comparison against control/service as usual.

¹HS = housing stability (including homelessness), PC = permanent or positive connections, Ed = education (enrollment, attendance, performance, or attainment), E/E = employment or earnings, SEW = social-emotional wellbeing (including mental health), PH/SU = physical health or substance use (including sexual risk behaviors), SC = service connections.

⁹ + = positive effects, 0 = null effects, - = adverse effects, ~ = mixed effects (both positive and adverse effects) empty = unmeasured/unreported.

⁴⁹ This represents the share of youth that participated all 9 months, although 82 percent participated for at least 1 month.

⁵⁰ MacKenzie (2018) reports time series results based on administrative data from the local homelessness system and schools, which involve much larger sample sizes, but these sample sizes are not reported.

Family interventions

Family interventions involve counseling of, and engagement with, both the youth and his or her family. For many youth, working with families could make it possible for youths to remain safely and stably housed with the family to prevent homelessness, to safely reunify with the family after periods of homelessness, and/or for the family to provide other emotional or material supports to youth experiencing homelessness.

Among the three randomized evaluations comparing family intervention(s) with service-as-usual, all identified significant intervention effects on one or more reported outcome areas (none of which included housing stability). Both home-based Ecologically-Based Family Therapy (EBFT) and office-based Functional Family Therapy (FFT) demonstrated significant and similar reductions in alcohol and drug use compared to control at 15-months post-baseline (Slesnick and Prestopnik, 2009). Measures of family and adolescent functioning improved over time not only for both treatment groups, but also for the control group. The between-group differences were statistically insignificant. There were no significant differences in intervention effects between home-based EBFT and office-based FFT, but the former was associated with higher treatment engagement, as well as greater intervention effects on substance use reduction among female and younger youth.

The evaluation of the Support to Reunite, Involve, and Value Each Other (STRIVE) intervention (Milburn et al., 2007) found significant intervention effects with respect to reducing sexual risk behaviors, alcohol use, hard drug use, and delinquent behaviors among newly homeless youth. Some binary measures of sexual risk (such as any sexual activity) and substance use (such as any alcohol or drug use) were not significantly impacted, whereas the number of sexual partners and the percentage of days using alcohol and hard drug use were significantly reduced. This suggests that the intervention

had greater effects on the *degree*, rather than the *incidence*, of risk behaviors. The level of marijuana use at endline among the intervention group was significantly *higher* compared with the control, which the authors speculated might have reflected some degree of substitution of harder drugs with marijuana given the significant reduction in the former.

The Trout et al. (2012) trial of a transition support intervention for youth—and their families—following a stay in out-of-home care involved a particularly small sample (n=44). Nonetheless, it showed statistically significant between-group differences with respect to remaining in the home or the community rather than returning to some form of out-of-home care (91 percent of the intervention group versus 65 percent of the control group at 12-month endline). Positive intervention effects were also found for graduating or still attending school (88 percent of the intervention group versus 50 percent of the control group at 12-month endline).

Like the Slesnick and Prestopnik (2009) randomized evaluation, the Slesnick et al. (2013) three-armed trial found improvements over time for the EBFT group in substance use among runaway adolescents. The improvements were largely sustained over a 24-month period. Unlike the Slesnick and Prestopnik (2009) randomized evaluation, this trial also reported improvements in internalizing and externalizing behaviors (Slesnick, Guo, and Feng 2013) and depressive symptoms (Guo, Slesnick, and Feng, 2014). However, none of these results for the family-based EBFT intervention differed significantly overall from the more individual-level interventions (Community Reinforcement Approach [CRA] and Motivational Enhancement [ME] therapy). With the lack of a service-as-usual comparison, we cannot rule out the possibility that similar gains in social-emotional wellbeing outcomes would have still occurred with service-as-usual. Indeed, the Slesnick et al. (2009) randomized evaluation did also find improvements over time in social-emotional

outcomes among the EBFT group, but these improvements did not differ significantly from the control group. The contrast between these two trials reinforces the value-added of randomized evaluations including a service-as-usual comparison for inferring intervention effects, and the different conclusions that can stem from having a trial that does or does not include a credible counterfactual.

The two pre-post evaluations of family interventions, the Home Free Program (HFP) and Family Reconnect Program (FRP), explicitly set out to reduce housing instability—primarily through family reconnection—both found improvements in youths’ housing instability. Both evaluations also reported improvements in family-related permanent connections. However, without a credible counterfactual, it is difficult to interpret these results. For instance, Winland, Gaetz, and Patton (2011) found that, for 42 percent of the sample, the youths’ housing situation improved; for 19 percent, nothing changed; and for three percent, their housing situation worsened (for the remaining 36 percent, status was unknown). Although encouraging, broader research has shown that a large share of youth homelessness—especially early homelessness—return home or to more stable housing over time without formal intervention (Milburn et al., 2007), so it is possible that results would have been similar without intervention.

The Multi-systemic Therapy for emerging adults (MST-EA) intervention did not explicitly set out to reduce homelessness or housing instability as an objective, and it did not show significant reductions in this area. None of the 41 young adults in the sample were homeless at baseline, and only one youth reported homelessness at 12-month post-test. Given the high risk of young adults with criminal justice system involvement and mental health disorders for homelessness, it is possible that MST-EA prevented several youth from experiencing homelessness, but this is impossible to know in the absence of a credible counterfactual. Pre-post analyses

revealed significant reductions in the sample’s mental health problem symptoms, justice system involvement, and associations with antisocial peers. All these factors have been associated with higher risk for homelessness in the literature, so there is reason to hypothesize that a longer term evaluation with a comparison group could show positive results for preventing homelessness among this at-risk population. Statistically significant pre-post changes were not observed for a range of other outcomes, including educational and employment outcomes, substance use, and emotional or instrumental support.

Table 7.4. Included studies: Family interventions

Study descriptors							Outcome areas ^{†, 9}						
Study (country)	Intervention	Age group	n	Study design ^v	Follow-up period (beyond intervention)	Intervention attrition	HS	PC	Ed	E/E	SEW	PH/SU	SC
Slesnick and Prestopnik, 2009 (USA)	Ecologically-Based Family Therapy (EBFT)—home-based	12–17	119	A	15 months (9–11 months)	NR		0			0	+	
	Functional Family Therapy (FFT)—office-based					NR		0		0	+		
Milburn et al., 2012 (USA)	Support To Reunite, Involve, and Value Each Other (STRIVE)—family intervention to reduce youth risk behaviors	12–17	151	A	12 months (10–11 months)	NR						+	
Trout et al., 2012 (USA)	On the Way Home (OTWH)—transition support to youth, family, and school following a stay in out-of-home care	13–17	44	A	12 months (0)	NR		+	+				
Slesnick et al., 2013; Slesnick, Guo, and Feng, 2013; Guo, Slesnick, and Feng, 2014 (USA) ⁵¹	Ecologically-Based Family Therapy (EBFT)—home-based	12–17	179	D	24 months (18–23 months)	72%					+	+	
	Community Reinforcement Approach (CRA)—individual therapy					93%				+	+		
	Motivational Enhancement (ME) Therapy—individual therapy					65%				+	+		
Harper et al., 2015 (USA)	Home Free Program (HFP)—call center-based family reunification	14–20	107	D	NR (tracer study)	NR	+	+					
Winland, Gaetz, and Patton, 2011 ⁵² (Canada)	Family Reconnect Program (FRP)—individual and family casework and counseling	16–25 ⁵³	169	D	NR	NR	+	+		+	+		+

(continued)

⁵¹ This review classifies one of the three interventions evaluated in these studies (EBFT) as a family intervention; CRA, and ME are considered individual treatment or counseling interventions.

⁵² Results are difficult to interpret because no comparison condition exists, and changes are presented without averages. For each reported outcome, some improved, but others did not change or worsened. For each outcome reported, however, a greater percentage “improved” than “worsened” so we assume average overall positive gains.

⁵³ 94% were between the ages of 16 and 21.

(Table 7.4. Included studies: Family interventions continued)

Study descriptors							Outcome areas ^{†, 9}						
Study (country)	Intervention	Age group	n	Study design [‡]	Follow-up period (beyond intervention)	Intervention attrition	HS	PC	Ed	E/E	SEW	PH/SU	SC
Davis, Sheidow, and McCart, 2015 (USA)	Multisystemic Therapy for emerging adults (MST-EA)	17–20	41	D	12 months (0)	49%	0	0	0	0	+	0	

[‡]For study design, **A** = randomized trial comparing intervention with control/service as usual with overall between-group balance at baseline, **B** = well-matched comparison group, robust instrumental variable design, or randomized trial with significant between-group differences at baseline, **C** = low rigor comparison, **D** = no comparison against control/service as usual.

[†]HS = housing stability (including homelessness), PC = permanent or positive connections, Ed = education (enrollment, attendance, performance, or attainment), E/E = employment or earnings, SEW = social-emotional wellbeing (including mental health), PH/SU = physical health or substance use (including sexual risk behaviors), SC = service connections.

⁹ + = positive effects, 0 = null effects, - = adverse effects, ~ = mixed effects (both positive and adverse effects) empty = unmeasured/unreported.

Housing interventions

Despite the substantial focus on shelter and housing interventions to address youth homelessness in the policy discourse concerning homelessness, this review identified relatively few (7) includable unique studies of housing interventions for youth. Most interventions evaluated involved some form of transitional or supportive housing. This review identified no includable effectiveness studies of models such as rapid rehousing or host homes, which have also been highlighted for youth (HUD, 2016).

Most of the evaluations indicated improvements in housing stability outcomes, among other outcome areas, but housing stability was either not measured or not readily interpretable from the two evaluations of transitional housing programs for youth experiencing homelessness. The At Home/Chez Soi housing first evaluation of rental assistance and case management (Kozloff et al., 2016) demonstrated significant positive intervention effects on housing instability among young adults. The trial only measured housing stability (and other outcomes) for a 24-month period, the same period for which participants had access to subsidized rent and wrap-around services. The evaluation does not include data collection or analysis on housing stability beyond the intervention period. Nonetheless, the mean percentage of days stably housed over the last 6 months was 66 percent for the intervention group and 48 percent for the control group at endline.

Although encouraging, the results also revealed opportunity for improvement through enhanced or more youth-sensitive intervention models. For instance, despite participants having had access to rental support and services for the full evaluation period, approximately one-third of the intervention group's days were spent unstably housed in the 6 months prior to the 24-month endline. This suggests that many youth faced constraints to housing instability that remained insufficiently addressed by the rental assistance or services delivered through at least this particular "housing first" approach.

Moreover, the evaluation found no positive statistically significant intervention effects on a range of secondary outcomes, such as quality of life, mental or physical health, victimization of violence, number of arrests, or use of social services. The intervention group did, however, have significantly *lower* odds of obtaining competitive employment compared to peers in the control group. The authors speculated that receiving rent subsidies and government assistance might have reduced the burden of unemployment and decreased the incentive to work. Quality and duration of employment, as well as earnings, were not measured; such nuanced measures might have revealed a different picture.

The Bridge independent living demonstration found statistically significant improvements among intervention group youth who were not lost to follow-up in employment status and stable living situations compared with the control group for both the first- and second-year intervention cohorts. Statistically significant improvements, compared with control group youth, were also found for school attendance and social-emotional outcomes (higher self-concept and lower defensiveness) for the first-year cohort, but not the second-year cohort. These findings are encouraging, but need to be interpreted cautiously given the lack of a well-matched comparison group, the small samples, and the high percentages of youth for whom follow-up data were not available at follow-up. It is likely that the youth who dropped out of the program and could not be reached for follow-up surveys had comparatively worse outcomes. As such, it is conceivable that a more complete intention-to-treat analysis would have reflected less positive gains, if any, overall.

The Daybreak transitional housing program evaluation (Pierce, Grady, and Holtzen, 2014) found that youth who remained in the program for at least 18 months had significantly greater pre-post improvements in living situations (exits into a "safe destination"), hours in education or employment, mental health, and alcohol and

drug use compared to youth who participated for less than 18 months. The authors concluded that “most youth can achieve positive outcomes if they participate in the program long enough” (Pierce, Grady, and Holtzen, 2014) though the extent to which these results were due to the intervention is unclear given the lack of a credible counterfactual. It is possible that these results were driven by selection bias, for example, with the youth most likely to succeed also having the motivation to remain engaged longer in the program.

The Community Unity Project (CUP)—a transitional housing program for young mothers—outcome results were largely uninterpretable because the study lacked both a comparison group and baseline values to ascertain at least pre-post changes. For example, of the 38 young adults who remained in the program for at least 9 months, 5 percent had completed a GED, 61 percent were “fully employed,” and 37 percent had exited into an “independent” living arrangement. Although these results may indicate successes for some of the program participants, these do not represent the full sample enrolled, and we have no way of knowing whether they were attributable to the program and whether the size of effects should be taken as favorable or not. Further, the study reported an 87 percent attrition rate—that is, only 13 percent of youth completed the program. More than one-third of the enrolled youth left the program within the first 3 months. Of those who did not complete, the most common reasons reported were moving in with a boyfriend and failing to follow program rules.

The Transition House evaluation (Jones, 2011) found that youth discharged from foster care to transitional housing reported more housing stability (measured by number of housing moves), were less likely to be unemployed, experienced less substance abuse, and had less criminal justice contact than youth who were discharged to other living arrangements.

No statistically significant differences between groups were found at follow-up for independent living skills (measured by the Ansel-Casey Life Skills Assessment-Short Version), school attendance, social support, or mental health. These findings warrant caution, however, given the high loss to follow up and a comparison group with high risk of bias.

Apart from results related to outcomes, the high non-completion among transitional housing programs is a notable finding. About 43 percent for the Bridge program, 53 percent for the Daybreak program, 87 percent for CUP, and 35 percent for the Transition House had left the program earlier than the program intended.⁵⁴ By comparison, the “housing first” intervention (Kozloff et al., 2016) only had one young adult drop out of the program. Although low-rigor evaluations suggest benefits to participating in transitional housing programs among some youth, high attrition rates imply that, for many other youth experiencing homelessness, such programs were unsuccessful at retaining their participation, much less improving their outcomes. Many youth experiencing homelessness may respond poorly to highly structured, rules-based settings offered by many transitional housing programs, and might prefer options—either through differently designed transitional living programs or alternative housing program models—that allow for greater flexibility and autonomy.

The Supportive Housing program evaluation (Kisely et al., 2008) found statistically significant differences between the group of youth who were participating in supportive housing compared to those youth accessing drop-in services only—all favoring the supportive housing group—with respect to the average number of months in housing during the last 12 months, the average number of years of education, general health, emotional problems, and substance use. No significant differences were identified with respect to current or past year employment

⁵⁴ These non-completion rates are not directly comparable, as they involve attrition within different time periods.

status. Although encouraging, given the small sample size, comparison group with high risk of bias, and lack of pre-post assessments, these results cannot be attributed as program impacts. Further, the study did not report any statistics with respect to program uptake or retention. Additional and more rigorous impact evaluations of supportive housing models for youth are needed.

The evaluation of the New York/New York State-Initiated Third Supportive Housing Program (NY/NYIII) for former foster youth (Lim, Singh, and Gwynn, 2017) found that the program was positively associated with an increased pattern of stable housing and reduced risk of diagnosed sexually transmitted infections. Two years post-baseline, more than half of those placed in NYNY III were stably housed compared with less than 10 percent of those who were eligible, but did not participate in the supportive housing program. Although nonetheless encouraging, we do not know how long youth participated in supportive housing, and therefore to what extent stable housing continued beyond participation in the intervention. Moreover, given the quasi-experimental design, it is possible that unobservable between-group differences biased the results. Additionally, the analysis involved an unusual measure of housing stability based on administrative data. Most of the control group youths' housing situations involved "no institutional dwelling/supportive" housing, which could have included homelessness and other forms of actual housing instability, but could have also included stable independent (non-institutional) housing. While noting this limitation, the authors contend that the fact that the intervention appeared to have reduced sexually transmitted infection rates likely supports that it did indeed also reduce actual housing instability that puts youth at higher risk of infection. Measures related to other review outcome areas were not assessed or reported.

Table 7.5. Included studies: Housing interventions

Study descriptors							Outcome areas ^{1, 9}						
Study (country)	Intervention	Age group	n	Study design ^Y	Follow-up period (beyond intervention)	Intervention attrition	HS	PC	Ed	E/E	SEW	PH/SU	SC
Kozloff et al., 2016 (Canada)	At Home/Chez Soi (housing first intervention for adults with mental illness: 24-month rental subsidy with wrap-around services tailored to need)	18–24	156	A	24 months (0)	1% ⁵⁵	+			-	0	0	0
Duncan et al., 2008 (USA)	Community Unity Project (CUP)—transitional housing for young mothers	18–21	145	D	NR	87%	⁵⁶						
Jones, 2011 (USA)	Transition House—transitional housing for foster youth	17–19	106	C	12 months (0) ⁵⁷	35% ⁵⁸	+	0	0	+	0	+	0
Pierce, Grady, and Holtzen, 2014 (USA)	Daybreak’s transitional housing program for youth	18–21	174	D	18 months (0)	53%		+	+	+	+	+	
Kisely et al., 2008 (Canada)	Phoenix Youth Programs’ supportive housing	16–24	45	C ⁵⁹	NR	NR	+		+	0	+	+	
Lim, Singh, and Gwynn, 2017 (USA)	“NYNYIII program”—supportive housing for former foster youth	18–25	895	B	NR	NR	+					+	
Upshur, 1986a; 1986b (USA)	Bridge, Inc.’s Independent Living Demonstration Project	16–17	31	C	6–16 months (0–10 months)	43%	+		+	+		+	

^YFor study design, **A** = randomized trial comparing intervention with control/service as usual with overall between-group balance at baseline, **B** = well-matched comparison group, robust instrumental variable design, or randomized trial with significant between-group differences at baseline, **C** = low rigor comparison, **D** = no comparison against control/service as usual.

¹HS = housing stability (including homelessness), PC = permanent or positive connections, Ed = education (enrollment, attendance, performance, or attainment), E/E = employment or earnings, SEW = social-emotional wellbeing (including mental health), PH/SU = physical health or substance use (including sexual risk behaviors), SC = service connections.

⁹ + = positive effects, 0 = null effects, - = adverse effects, ~ = mixed effects (both positive and adverse effects) empty = unmeasured/unreported.

⁵⁵ One youth withdrew from the intervention.

⁵⁶ Results are uninterpretable.

⁵⁷ The evaluation collected data for up to 36 months, but the sample sizes with data are so small at that point that the authors only treat them as “qualitative data.”

⁵⁸ Completion was not defined by the study, but 35 percent of youth who were discharged into transitional housing left to another living arrangement within 6 months, and 69 percent left to another living arrangement within 12 months—the maximum amount of time that youth could remain living in the transitional housing (review authors’ calculations based on table 3 in Jones [2011]).

⁵⁹ Although this study included a low-rigor comparison group, it did not include pre-post assessments. As such, it is unclear as to whether between-group differences reflect preexisting between-group differences, intervention effects, or both.

Individual counseling and treatment interventions

The largest number of included studies in this review (n=23) involved evaluations of individual counseling and treatment interventions. These interventions focused on improving mental health, reducing health-risk behaviors, or both. They were relatively short-term, ranging from less than a week (Peterson et al., 2006; Bender et al., 2016) to about six months (Slesnick, Guo, and Feng, 2013; Slesnick et al., 2007; Fors and Jarvis, 1995). Intensity ranged from a single session (Peterson et al., 2006) to 24 sessions (McCay et al., 2015). Nearly all were manualized. Interventions were delivered either through individual (n=11) or group (n=10) sessions; one intervention (McCay et al., 2015) involved 12 individually administered sessions and 12 group-based sessions. Unlike family interventions, these interventions exclusively focused on youth-level behavioral changes. Most were delivered as complementary interventions to front-end services, such as street outreach programs, drop-in centers, or shelters. The evaluated interventions can be broadly sub-grouped as brief interventions (involving fewer than six sessions or less than 1 month of duration), more intensive health-risk reduction treatment, and more intensive mental health treatment.

Brief interventions

All the evaluations of brief interventions measured at least one outcome that we grouped within the physical health/substance use category. The four randomized evaluations of brief interventions all revealed some degree of positive effects, but also some mixed results that underscore the limitations of such brief interventions in addressing complex challenges.

Participation in the single session motivational intervention evaluated by Peterson et al. (2006) was associated with reduced (self-reported) illicit drug use other than marijuana at one-

month follow-up. Treatment effects were not found with respect to alcohol or marijuana, and the one-month effects on illicit drug use had faded by the three-month follow-up. However, in the Baer et al. (2007) study in which the same research team aimed to enhance the brief intervention and replicate the Peterson et al. (2006) trial, no significant intervention effects were found on any of the substance use measures at either one-month or three-month follow-up. Although different explanations for this lack of improvement or replication of results in the subsequent trial are possible, the authors speculated that the most likely explanation was sampling. The second trial recruited only youth receiving services at a drop-in center whereas the first trial recruited youth from a variety of sources, including the streets, and these youth had significantly higher baseline use of illicit drugs. The authors hypothesized that youth actively pursuing services are already in the process of change, which could overpower any effects of a brief intervention. However, another RCT (Tucker et al., 2017) of a brief motivational intervention found significant effects on reducing alcohol use and unprotected sexual events⁶⁰ among youth who were also recruited through a drop-in center. There were also significant intervention effects on two attitudinal outcomes: motivation to change drug use and condom use self-efficacy. It is possible that the group-based format of the Tucker et al. (2017) brief intervention, compared to the individually administered intervention evaluated by Baer et al. (2007), might have been related to more positive effects on behaviors, but we cannot know for sure.

Youth who participated in the brief interventions evaluated by Fors and Jarvis (1995) and Thompson et al. (2017) reported significant improvements on average in intention or knowledge-related outcomes (for example, knowledge about drugs and their effects (Fors and Jarvis, 1995) and self-reported readiness to

⁶⁰ Only among those youth who reported having multiple partners.

change alcohol use (Thompson et al., 2017), but not in actual health-risk behaviors. It is possible that these knowledge and intention outcomes served as mediators to later intervention effects on behaviors, but without extended follow-up, we cannot make that conclusion. Notably, however, in the two-armed randomized trial Thompson et al. (2017) conducted, the group that participated in the brief educational comparison group in which youth received normative information about their peers' risk behaviors and perceptions, did report a significant reduction in unprotected sex compared with the group that received the brief motivational intervention. Like the brief motivational intervention, the educational comparison was ineffective in reducing alcohol use outcomes.

Two unique evaluations of brief interventions measured social-emotional wellbeing outcomes, and both found positive results (Rew et al., 2016; Nyamathi et al., 2012, 2013). Compared with the control group, Rew et al. (2016) found significant improvements among young women participating in the brief psychological capital intervention in psychological capital, hope, and resilience. Significant positive intervention effects were also found for social connectedness, which this review grouped under permanent connections. The Nyamathi et al. (2013) evaluation, which randomly assigned youth experiencing homelessness to either a brief nurse-led intervention or a brief art messaging intervention, but lacked a service-as-usual comparator, found statistically significant improvements in psychological wellbeing among participants of the nurse-led intervention, but not the art messaging intervention. Neither group reported significant changes in depressive symptoms.

Taken together, the evidence suggests that brief interventions can yield short-term improvements in risk behaviors—or at least the attitudes that may support behavioral changes—and some aspects of social-emotional wellbeing. As such,

these can be useful complements to, but not substitutes for, broader and more intensive supports and services.

More intensive health-risk reduction treatment

All four unique evaluations of more intensive health-risk reduction treatments measured physical health/substance use-related outcomes, and all found significant improvements for at least one outcome in this domain. One of these involved a randomized evaluation (Slesnick et al., 2007; Slesnick and Kang, 2008) of CRA combined with a four-session HIV prevention component. This evaluation found significant intervention effects on increasing condom usage,⁶¹ particularly among older youth (ages 19–22), and reducing substance use (37 percent intervention group reduction versus 17 percent for the control group) and depression (40 percent intervention group reduction versus 23 percent for the control group). No significant intervention effects were found for other HIV risk behaviors, such as number of sexual partners, frequency of sexual intercourse, or number of people with whom the participants shared needles. Notably, one of the publications associated with the same underlying study involved secondary analysis of the trial data to examine differential effects between gay, lesbian, and bisexual (GLB) street-living youth and non-GLB youth participants (Grafsky et al., 2011). The researchers found that, while both groups reported reductions in drug use and mental health symptoms because of intervention, the improvements were greater among GLB participants, suggesting that the CRA method can be effective for improving these outcomes among youth experiencing homelessness regardless of their sexual orientation.

Two other unique evaluations assessed outcomes associated with CRA, but lacked a service-as-usual comparison group. Bartle-Haring et al. (2012) found significant reductions

⁶¹ Frequency of condom usage was measured with a Likert-style scale, so percentage changes are not appropriate to report.

in problem consequences from substance abuse associated with mentoring plus CRA participation, but not in substance use itself. The evaluation measured problem consequences associated with substance use with the Problem Oriented Screening Instrument for Teenagers (POSIT), which includes 139 questions across a range of domains. Further, the Bartle-Haring (2012) paper does not report exactly which type(s) of problem consequences associated with substance abuse were reduced. The authors noted that the relatively small analytical sample size in this evaluation ($n=48$) could have contributed to the lack of estimated intervention effects. Indeed, for all the outcome measures, some baseline to 6-month follow-up improvements did not rise to the level of statistical significance (Bartle-Haring et al., 2012: 354). Another trial (Slesnick et al., 2013; Slesnick, Guo, and Feng, 2013; Guo, Slesnick, and Feng, 2014) also evaluated CRA without a service-as-usual comparison. This trial found significant pre-post reductions in substance use, but these reductions were not significantly different from those reported among other treatment arms (EBFT and ME), suggesting that the precise modality of intervention among these treatment options may not be very important for reducing substance use (though the choice of modality may still matter with respect to broader intervention objectives, feasibility, and client preferences).

The evaluation of Project Legacy found a statistically significant pre-post increase in HIV knowledge and reduction in number of days intoxicated, but this study lacked any type of comparison group and reported relatively high intervention attrition (63 percent), so results should be interpreted cautiously.

More intensive mental health treatments

The two randomized evaluations of mental health treatments for youth experiencing homelessness, both of which involved cognitive-behavioral therapies (CBT) with youth in shelters outside

of the United States, found positive intervention effects on mental health (Shein-Szydlo et al., 2016; Hyun et al., 2005). Among youth in Mexico, Shein-Szydlo et al. (2016) found intervention effects on reducing self-reported symptoms of posttraumatic stress, depression, anxiety, and anger. Hyun, Cho Chung, and Lee (2005) found positive intervention effects on decreasing self-reported depression symptoms and increasing self-efficacy (self-esteem was not significantly affected). The quasi-experimental evaluation of dialectical behavior therapy (DBT) implemented by front-line clinicians with youth experiencing homelessness in Canada found significant improvements in mental health challenges (for example, depression, hopelessness, and anxiety) as well as resilience, self-esteem, and social connectedness among the intervention group compared to the service-as-usual comparison, and these gains were sustained at 10 weeks post-intervention.

Three additional studies of more intensive mental health treatments all involved small sample sizes (ranging from 21 to 39) and weak or no comparison groups (Grabbe, Nguy, and Higgins, 2012; Descilo et al., 2010; McCay et al., 2011). One evaluated an 8-week mindfulness meditation program in the United States (Grabbe, Nguy, and Higgins, 2012), one evaluated a 12-week traumatic incident-reduction approach in the United States (Descilo et al., 2010), and the other evaluated a 6-week relationship-based group intervention in Canada (McCay et al., 2011). All three studies reported statistically significant pre-post improvements in social-emotional wellbeing outcomes such as reductions in hopelessness and depression and improvements in self-esteem and resilience. However, lacking robust comparison groups, we cannot infer the extent to which these improvements were caused by the evaluated interventions. Furthermore, none of the three evaluations measured outcomes beyond the intervention period, so we do not know whether the gains were sustained.

The included studies suggest that more intensive mental health treatments can improve social-emotional wellbeing outcomes among youth experiencing homelessness, at least over a short-term period. However, it is notable that, apart from brief interventions and family interventions, we identified no rigorous controlled trials of mental health treatments targeting youth experiencing homelessness in the United States. Given the well-documented mental health needs of this population, and the fact that families are not always willing or available to be engaged in family interventions, the need for better understanding of the effectiveness of mental health treatment options that might be considered for this population of youth is clear.

Table 7.6. Included studies: Individual or group counseling or treatment interventions

Study descriptors							Outcome areas ^{1, 9}						
Study (country)	Intervention	Age group	n	Study design ^Y	Follow up period (beyond intervention)	Intervention attrition	HS	PC	Ed	E/E	SEW	PH/SU	SC
<i>Brief interventions</i>													
Peterson et al., 2006 (USA)	Brief motivational intervention (BMI)—individually administered	14–19	285	A	3 months (2.5 months)	NR						+ ⁶²	
Baer et al., 2007 (USA)	Brief motivational intervention (BMI)—individually administered	13–19	117	A	3 months (2.5 months)	17%						0	+ ⁶³
Tucker et al., 2017 (USA)	AWARE: motivational interviewing brief intervention to reduce risk behaviors—group administered	18–25	200	A	4 months (3 months)	All completed at least one session; 48% completed all four sessions						+	
Bender et al., 2016 (USA)	Project SAFE: Brief risk detection skills intervention—group administered	18–21	97	A	1 week	32%						+	
Rew et al., 2016 (USA)	Brief street-based intervention for young women—group administered	18–23	80	B ⁶⁴	2 months (1 month)	NR		+			+	+	
Carmona et al., 2014 (USA)	Becoming a Responsible Teen (BART)—a brief HIV prevention and substance abuse treatment (along with either the Community Reinforcement Approach, Motivational Enhancement Therapy, or case management)—group administered	14–20	270	D	12 months (11 months)	NR						+ ⁶⁵	

(continued)

⁶² Not all outcomes were affected, and drug use was only reduced at 1-month follow-up; the effect faded by 3-month follow-up.⁶³ Effects at 1-month but dissipated by 3-month follow-up.⁶⁴ This study initially attempted an RCT design, but assignment was only partially randomized due to lower than expected recruitment numbers.⁶⁵ At 3 and 6 months only; gains disappeared by 12 months.

(Table 7.6. Included studies: Individual or group counseling or treatment interventions *continued*)

Study descriptors							Outcome areas ^{†,9}							
Study (country)	Intervention	Age group	n	Study design ^Y	Follow up period (beyond intervention)	Intervention attrition	HS	PC	Ed	E/E	SEW	PH/SU	SC	
Nyamathi et al., 2012; 2013 (USA)	Nurse-led brief HIV/AIDs prevention and Hepatitis Health Promotion (HHP) intervention—group administered	15–25	154	D	6 months (5 months)	NR					+	+		
	Artist-led brief Art Messaging (AM) program—group administered				NR				0	+				
Thompson et al., 2017 (USA)	Brief intervention to reduce alcohol use and sexual risk—individually administered	17–22	61	D	1 month (0.5 month)	NR						+ ⁶⁶		
	Educational intervention to reduce alcohol use and sexual risk by sharing normative information—individually administered				NR					+				
Fors and Jarvis, 1995 (USA)	Drug Prevention in Youth—a peer-led drug abuse risk reduction, group administered	12–17	221	C	6 months (5 months)	NR						+ ⁶⁷		
<i>More intensive health-risk reduction treatments</i>														
Slesnick et al., 2007; Slesnick and Kang, 2008; Graftsky et al., 2011 (USA)	HIV prevention intervention on risk reduction skills with Community Reinforcement Approach (CRA) substance use treatment—individually administered	14–22	180	A	6 months (3 months)	19% ⁶⁸ (on average, 43% of sessions were completed)	⁶⁹					+	+	
Bartle-Haring et al., 2012 (USA)	Mentoring plus Community Reinforcement Approach (CRA)—individually administered	14–20	48	D ⁷⁰	6 months (3 months)	NR					~	+ ⁷¹		

(continued)

⁶⁶ “Readiness” to change only; alcohol use and HIV sexual risk outcomes were not affected.

⁶⁷ Knowledge and intention outcomes were positively impacted by the program, but not actual substance use outcomes.

⁶⁸ This is the percentage that did not complete any sessions.

⁶⁹ Outcome measured “social stability,” a composite indicator that included housing, but did not disaggregate effects on housing in particular.

⁷⁰ Although the evaluation was initially designed as an RCT, the service-as-usual comparison group data are not used in the analysis due to incomplete data. Because the control group was not used in the analysis, we only include the 48 intervention group participants in the sample size in this table.

⁷¹ Mentoring plus CRA was associated with a decrease in problem consequences associated with substance use, but not with reduction in actual substance use.

(Table 7.6. Included studies: Individual or group counseling or treatment interventions *continued*)

Study descriptors							Outcome areas ^{†, 9}						
Study (country)	Intervention	Age group	n	Study design ^Y	Follow up period (beyond intervention)	Intervention attrition	HS	PC	Ed	E/E	SEW	PH/SU	SC
Slesnick et al., 2013; Slesnick, Guo, and Feng, 2013; Guo, Slesnick, and Feng, 2014 (USA) ⁷²	Ecologically-Based Family Therapy (EBFT)—individually administered (home-based)	12–17	179	D	24 months (18–23 months)	72%					+	+	
	Community Reinforcement Approach (CRA)—individually administered					93%					+	+	
	Motivational Enhancement (ME) Therapy—individually administered					65%					+	+	
SHIP, 2013 (USA)	“Project Legacy”—HIV risk prevention, motivational intervention—group administered	18–24	288	D	18 months (12 months)	63%	0			+		+	
<i>More intensive mental health treatments</i>													
Shein-Szydlo et al., 2016 (Mexico)	Cognitive behavioral therapy for trauma in street children (CBT-TSC)—individually administered	12–18	100	A	6 months (3 months)	2%					+		
Hyun, Cho Chung, and Lee, 2005 (South Korea)	Cognitive behavioral therapy (CBT)—group administered	Adolescents (mean age 15.5)	27	A	2 months (0)	16%					+		
<i>More intensive mental health treatments</i>													
Grabbe, Nguy, and Higgins, 2012 (USA)	Youth Education in Spiritual Self-Schema (YESSS) program—group administered	17–23	39	D	2 months (0)	55%					+		
Descilo et al., 2010 (USA)	Traumatic incident reduction (TIR)—individually administered	11–18	31	D	3 months (0)	22%					+		
McCay et al., 2011 (Canada)	Relationship-based group intervention—group administered	16–24	21	C	1.5 months (0)	44% (42% uptake)		+			+	0	
McCay et al., 2015 (Canada)	Dialectical Behavior Therapy (DBT)—half individually and half group administered	16–24	155	B	5.5 months (2.5 months)	52%		+			+		

^YFor study design, **A** = randomized trial comparing intervention with control/service as usual with overall between-group balance at baseline, **B** = well-matched comparison group, robust instrumental variable design, or randomized trial with significant between-group differences at baseline, **C** = low rigor comparison, **D** = no comparison against control/service as usual.

[†]HS = housing stability (including homelessness), PC = permanent or positive connections, Ed = education (enrollment, attendance, performance, or attainment), E/E = employment or earnings, SEW = social-emotional wellbeing (including mental health), PH/SU = physical health or substance use (including sexual risk behaviors), SC = service connections.

⁹ + = positive effects, 0 = null effects, - = adverse effects, ~ = mixed effects (both positive and adverse effects) empty = unmeasured/unreported.

⁷² This review classifies two of the three interventions evaluated in these studies (CRA and ME) as individual treatment or counseling; EBFT is considered a family intervention.

Non-housing case management and support interventions

Nine included publications (seven unique studies) assessed outcomes associated with some form of youth-centered case management with complementary supports and services but no specific housing component. These interventions ranged from about 3 months (Cauce et al., 1994) to 18 months (Theodos et al., 2016) of exposure duration and generally emphasized caring supportive adult relationships with youth, offering individual counseling and service navigation, and providing therapeutic or mental health support. Two of the intensive case management programs included a flexible fund component, which provided need-based financial assistance to youth clients, for example to provide transportation assistance, job attire, help a young person in crisis, provide a first month's rent, or cover specific education fees (Valentine, Skemer, and Courtney, 2015; Cauce et al., 1994). All but one of the evaluations of case management interventions took place in the United States; the YP⁴ program evaluated by Borland, Tseng, and Wilkins (2013) was implemented in Australia.

Among the interventions involving intensive case management components, results were generally positive, but not universally so. Four evaluations of interventions involving intensive case management and additional supports showed positive results for housing stability outcomes despite the absence of any specific housing intervention. Two of these were randomized evaluations (Valentine, Skemer, and Courtney, 2015; Theodos et al., 2016). Relative to the control group, the YVLifeSet evaluation (Valentine, Skemer, and Courtney, 2015) demonstrated a 6-percentage point reduction in the percentage of youth reporting experiences of homelessness over the previous 12 months (21 percent for the intervention group versus 27 percent for the control group at 12 months following baseline) and an 8-percentage point reduction in reported experiences of couch surfing due to not having a permanent place

to live (36 percent versus 44 percent). The Promotor Pathway Program (PPP) evaluation (Theodos et al., 2016) involved different measures of housing stability, but found a 6-percentage point reduction in past 6-month shelter use among the intervention group relative to the control (4 percent of the intervention group, versus 10 percent of the control group, reporting having slept in a shelter in the last 6 months at 18-months post-baseline). Theodos et al. found no intervention effect on having had three or more moves in the past 6 months. At 6 months post-baseline, Powell et al. (2016) found significant reductions in homelessness and number of days homeless in the past 90 days from experiences of housing stress. Similarly, Slesnick et al. (2008) found a significant increase in number of days housed at 12 months post-baseline. However, these two studies lacked comparison groups, so we cannot infer the extent to which these improvements were attributable to the interventions.

Each of these improvements in housing stability-related outcomes had accompanying improvements in other outcome areas, although null effects in others. YVLifeSet participants experienced gains in employment and earnings, and reductions of mental health problems, but no significant improvements with respect to criminal behavior, justice system involvement, education, or social supports (of family, friends, or caring adults). Although social supports were a focus of YVLifeSet, the authors speculate that relatively high baseline values of social supports among this sample could have left little room for measurable improvement (Valentine, Skemer, and Courtney, 2015: 68). Youth participating in the PPP also reported significant improvements in school enrollment (though not yet degree attainment or college attendance), reductions in childbirths (particularly among Latino/a youth), and higher likelihood of reporting having a special adult in their life. However, employment, delinquency, and self-efficacy were not significantly affected, and the intervention group was significantly *more* likely to report

recent binge drinking, having sold drugs, and having been in a fight that required medical attention at 18-months post-baseline compared to the control group. The authors explained that, while it seems unlikely that the program caused increases in these behaviors, they did not have sufficient information to understand why these differences were observed (Theodos et al., 2016, p. x).

Although Haber et al. (2008) did not measure or report changes in housing stability or homelessness outcomes, participants in the Partnerships for Youth Transition (PYT) initiative experienced statistically significant improvements over time in several other outcomes, including in employment, educational advancement, productivity, criminal justice involvement, mental health interference, and substance abuse interference. Haber et al. (2008) examined the extent to which history of homelessness was associated with improvement in outcomes measured, controlling for other covariates. The authors found that a history of homelessness significantly interacted with time in predicting employment. Participants with histories of homelessness showed greater improvement on the employment outcome initially (during the first quarter), but also exhibited less likelihood compared with their peers of having maintained this progress in subsequent quarters.

Unlike the other evaluations of interventions involving case management, the YP⁴ trial (Borland, Tseng, and Wilkins, 2013) in Australia demonstrated no significant intervention effects despite having measured a wide range of outcomes over an extended period of time. This program aimed to deliver a new case management approach with coordinated service delivery to young homeless job seekers. The authors posited that the absence of effects could have been due to a more minimal than intensive case management approach that was ultimately possible with the resources allotted to

the program, suggesting that “you get what you pay for” (Borland, Tseng, and Wilkins, 2013: 483). At any given time, the YP⁴ intervention had six to eight case managers assigned to the treatment group across four sites, which translates to caseloads of 30 to 40, with a treatment group target of 240. By comparison, the *Transition Specialists* in the YVLifeSet program had caseloads ranging from about 8 to 15 youth and the *promotores*—mentors and advocates for youth—in the PPP model had average caseloads of about 11 youth.⁷³

In addition to a *minimal intervention* approach to case management in YP⁴, uptake was relatively low, with 20 percent of the treatment group never having met with their case manager and more than 50 percent having met with their case manager on average only once every 6 months during the trial. The average number of case manager contacts that the treatment group had over two years was 23, but these were heavily skewed toward the top quintile of the sample in terms of participation. By comparison, only 1 percent of the treatment group in the Valentine, Skemer, and Courtney (2015) trial did not participate in at least one face-to-face transitional living service, about 50 percent participated for at least 9 months, and the average number of *transitional living* sessions in which youth participated was 27. Only 6 percent of the treatment group in the Theodos et al. (2016) trial never met with their *promotor*, and one-half of the youth had 45 or more contacts with *promotores* during the trial.

Like the YP⁴ evaluation, the Houvast trial of an indirect (staff training-based) strengths-based intervention for young adults experiencing homelessness also failed to demonstrate positive intervention effects on any of the measured outcomes. Also, like YP⁴, Houvast involved a comparatively minimal intervention in that it did not involve significant additional intervention or resources to serve youth at the individual level. Instead, it focused on strengthening the

⁷³ The review authors divided the number treatment group sample size (n=165) by the number of *promotores* reported (p. 10).

capacity of shelter staff to deliver more strength-based programming using existing spaces and resources. The authors noted that none of the shelter sites had achieved sufficient fidelity scores for the strengths-based model, and that this may take more time and resources⁷⁴ to adequately realize. Additionally, the authors noted that strengths-based approaches have become increasingly popular, and control shelters also reported using some principles of the strengths-based approach in their practice, which could have diminished the trial's ability to show intervention effects.

Taking these lessons into account, it appears that intensive, youth-centric case management and additional supports can have wide-ranging positive effects on youth experiencing, or at-risk for, homelessness. However, despite encouraging results, these interventions are not silver bullets. Many participants still experienced housing instability and other difficulties by the end of the trial. Many of these youth likely needed additional supports and services to overcome complex challenges. Moreover, as the juxtaposition with the null results of the YP⁴ and Houvast trials highlights, the quality and intensity of the model are likely to matter for achieving impact with this population. Programs need to ensure adequate resources and design features to enable intensive, individualized relationships between case managers and youth along with adequate supports and incentives to optimize intervention participation among a transient population hampered by multiple constraints.

⁷⁴ Particularly for supervision.

Table 7.7. Included studies: Non-housing case management and support interventions

Study descriptors							Outcome areas ^{1, 9}						
Study (country)	Intervention	Age group	n	Study design ^v	Follow up period (beyond intervention)	Intervention attrition	HS	PC	Ed	E/E	SEW	PH/SU	SC
Valentine, Skemer, and Courtney, 2015; Skemer and Valentine, 2016 (USA) ⁷⁵	“YVLifeSet”—intensive case management, flexible funds, and transitional living services	18–24	1,322	A	12 months (3 months); 24 month follow up with administrative data	50% ⁷⁶	+	0	0	+	+		
Theodos et al., 2016 (USA)	Promotor Pathway program (PPP)—intensive case management, mentorship, and advocacy	16–24	476	A	18 months	NR ⁷⁷	+	+	+	0 ⁷⁸	0	~ ⁷⁹	
Cauce et al., 1994 (USA)	Project Passage (PP)—intensive case management, mental health treatment, and flexible funds	13–21	115	A	3 months (0)	NR					+		
Krabbenborg et al., 2015 (Netherlands)	Houvast—a strengths-based intervention for homeless young adults (shelter staff training)	17–26	251	A	6 months (0)	21%		0	0	0	0	0	
Borland, Tseng, and Wilkins, 2013 (Australia)	“YP”—case management, navigation, and linked services	18–35	445	B ⁸⁰	36 months (6–18 months)	20% ⁸¹	0	0		0	0	0	0
Haber et al., 2008 (USA)	Partnerships for Youth Transition (PYT) initiative—multisite SAMHSA demonstration of transition support programs (various models of coordinated strategies and activities)	14–21	193	D	4 years (NR)	NR			+	+	+	+	

(continued)

⁷⁵ This evaluation is presented both in this intervention category as well as in the prevention category.

⁷⁶ This represents the share of youth that participated all 9 months, although 82 percent participated for at least 1 month.

⁷⁷ Completion was not defined, but 94 percent of youth engaged at least once with their promotor.

⁷⁸ Males had worsened employment and earnings outcomes compared to control, but this could have been due to substitution effects due to improvements in education among males in the treatment group compared to control.

⁷⁹ The treatment group had fewer births, but greater likelihood of getting into a fight that required medical attention, selling marijuana, hard drug use, and binge drinking.

⁸⁰ This was initially designed as an RCT, but randomization was compromised through reserved treatment group places allocated to participating organizations as well as unintended compromises of randomization (Borland, Tseng, and Wilkins, 2013: p.473). The intervention and control groups had statistically significant baseline differences, and the authors implemented quasi-experimental matching techniques to partially compensate for asymmetries.

⁸¹ This reflects the percentage of clients that did not participate in at least one session. The mean number of sessions attended was relatively low compared to the number of sessions offered.

(Table 7.7. Included studies: Non-housing case management and support interventions continued)

Study descriptors							Outcome areas ^{†, 9}						
Study (country)	Intervention	Age group	n	Study design ^Y	Follow up period (beyond intervention)	Intervention attrition	HS	PC	Ed	E/E	SEW	PH/SU	SC
Slesnick and Kang, 2008 (USA)	Case management and Community Reinforcement Approach (CRA) individual therapy	14–24	172	D	12 months (6 months)	20% ⁸²	+		0	0	+	0	
Powell et al., 2016 (USA)	iTEAM—intensive case management, drop-in, treatment, and support services for LGBT youth	15–24	210	D	6 months (0)	NR	+	+	0	+	+	+	+

^YFor study design, **A** = randomized trial comparing intervention with control/service as usual with overall between-group balance at baseline, **B** = well-matched comparison group, robust instrumental variable design, or randomized trial with significant between-group differences at baseline, **C** = low rigor comparison, **D** = no comparison against control/service as usual.

[†]HS = housing stability (including homelessness), PC = permanent or positive connections, Ed = education (enrollment, attendance, performance, or attainment), E/E = employment or earnings, SEW = social-emotional wellbeing (including mental health), PH/SU = physical health or substance use (including sexual risk behaviors), SC = service connections.

⁹ + = positive effects, 0 = null effects, - = adverse effects, ~ = mixed effects (both positive and adverse effects) empty = unmeasured/unreported.

⁸² This reflects the percentage of clients that did not participate in at least one session. The mean number of sessions attended was relatively low compared to the number of sessions offered.

Economic and employment interventions

Despite the importance of gainful employment for helping youth experiencing homelessness achieve self-sufficiency, very little evaluation of economic and employment interventions has targeted this population. A recent global systematic review of youth employment programs identified 113 counterfactual impact evaluations (Kluve et al., 2016). The evidence base indicated variable results overall, but also that youth employment programs tended to have the greatest effectiveness with the most vulnerable (low-skilled, low-income) subpopulations. Presumably, if such interventions were designed considering the specific needs of youth experiencing homelessness, this implies promising potential for youth employment programs with this population. However, very little evaluation has addressed this.

The only two interventions in this category that were evaluated by included studies in this review were the Social Enterprise Intervention (SEI) and Individual Placement Support (IPS), both of which were assessed through different studies by the same lead researcher in the United States. The SEI was a 20-month program that involved 8 months of coursework in vocational and small-business skills, a 12-month phase of supported social enterprise development, and continuous mental health supports provided through a program clinician and/or case manager. IPS aimed to assist individuals with severe mental illness in gaining and maintaining competitive employment. It offered individualized and long-term support through integrated vocational and clinical services. IPS was also delivered over 20 months.

Two studies assessed employment outcomes among intervention participants. Ferguson (2013) found that the group of homeless young adults with mental illness participating in IPS was significantly more likely than the control group to have worked at some point during the 10-month study period and to have worked a greater number of months overall. However,

no significant between-group differences were found at follow-up for weekly working hours or weekly income. The Ferguson (2017) results were less encouraging. The author found no statistically significant pre-post changes in any of the employment outcomes measured⁸³ for either the IPS or SEI group. Moreover, the study did not observe any significant between-group differences, suggesting that neither intervention approach was more effective than the other in boosting youths' employment outcomes.

The authors noted that it is possible that more nuanced measures, such as type of employment or occupation, and longer term follow-up might reveal more significant results in future research (Ferguson, 2017). Additionally, part of the interventions' purpose was not only to help youth find employment, but also to support youth with existing work in retaining those jobs. It is possible that the interventions had positive effects in this respect, but without a control group, we have no way to discern whether the interventions impacted job retention.

All the other studies measured outcomes that this review included under social-emotional wellbeing. Ferguson (2012) reported statistically significant positive intervention effects of SEI, compared with control, for life satisfaction and family support (although not quite statistically significant improvements for peer support and depression). Ferguson (2017) found that both the SEI and IPS groups reported statistically significant improvements at follow-up with respect to self-esteem, attention-deficit/hyperactivity disorder (ADHD) problems, and inattention problems. Both groups were also less likely to be living in a shelter and more likely to be living in a private residence during the last 3 months at follow-up. No statistically significant changes were found for social support, and no statistically significant between-group differences emerged for any of these outcomes, suggesting a lack of evidence to support favoring one approach over the other for addressing these outcomes.

⁸³ These included paid employment, job tenure, hours per week, weekly income, and total labor networks (the quantity of formal and informal supports to which an individual could turn for help in finding a job).

Table 7.8. Included studies: Economic and employment interventions

Study descriptors							Outcome areas ^{1,9}						
Study (country)	Intervention	Age group	n	Study design ^Y	Follow up period (beyond intervention)	Intervention attrition	HS	PC	Ed	E/E	SEW	PH/SU	SC
Ferguson and Xie, 2008; Ferguson, 2012 (USA)	Social Enterprise Intervention (SEI)	18–24	23	C	9 months (0)	31%		+			+		
Ferguson, Xie, and Glynn, 2012; Ferguson, 2013 (USA)	Social Enterprise Intervention: business and vocational training and services and clinical services	18–24	28	C	9 months (0)	NR		+			+		
	Individual Placement Support (IPS): individualized and long-term support through integrated vocational and clinical services	18–24	36	C	10 months (0)	NR				+			
Ferguson, 2017; (USA)	Social Enterprise Intervention: peer mentoring, business and vocational training, and services and clinical services	16–24	72	D	20 months (10 months)	56%	+	0		0	+		
	Individual Placement Support: individualized and long-term support through integrated vocational and clinical services					77%	+	0		0	+		

^YFor study design, **A** = randomized trial comparing intervention with control/service as usual with overall between-group balance at baseline, **B** = well-matched comparison group, robust instrumental variable design, or randomized trial with significant between-group differences at baseline, **C** = low rigor comparison, **D** = no comparison against control/service as usual.

¹HS = housing stability (including homelessness), PC = permanent or positive connections, Ed = education (enrollment, attendance, performance, or attainment), E/E = employment or earnings, SEW = social-emotional wellbeing (including mental health), PH/SU = physical health or substance use (including sexual risk behaviors), SC = service connections.

⁹ + = positive effects, 0 = null effects, - = adverse effects, ~ = mixed effects (both positive and adverse effects) empty = unmeasured/unreported.

Outreach and service connection interventions

Outreach is a core front-end element of service continuums for youth experiencing homelessness. A variety of models and approaches are designed to promote outreach. These interventions largely involve providing youth with basic supplies and information—often oriented toward harm-reduction—and connecting youth with broader supports and services that can help them find safe respite and exit homelessness. Given the purpose of outreach interventions in the context of broader services and systems, and the relatively low intensity and duration of outreach engagements with youth, these interventions tend to focus on more proximal outcomes. Such outcomes could include service connections and immediate risk reduction rather than outcomes that typically require more significant intervention. Despite the prominence of outreach interventions in community-level youth homelessness efforts, this review identified only one includable unique evaluation, with three associated individual studies (Slesnick et al., 2016; 2017; Guo and Slesnick, 2017), assessing outreach interventions.

The authors found that youth (ages 14–24) assigned to receive the service linkage to a youth drop-in center versus a crisis shelter had a higher number of service linkages overall. They also displayed greater improvements in days of drinking to intoxication and HIV knowledge, as well as greater reductions in hard drug use (Guo and Slesnick, 2017). Although the evaluation observed statistically significant improvements for both groups over time with respect to these outcomes (except for service connections, which only improved for the drop-in center group), the improvements were significantly greater for youth assigned to the drop-in center connection condition. Youth also reported a greater preference for the drop-in center

over the crisis shelters (Slesnick et al., 2016). Youth in the overall sample also experienced statistically significant improvements in additional outcomes—days of alcohol use, days of marijuana use, days using more than one substance per day, self-efficacy, depression⁸⁴, general physical and mental health— but these improvements did not significantly differ between groups (Slesnick et al., 2016). These overall gains imply the possibility of benefits related to strength-based outreach and advocacy irrespective of the type of service connection; nevertheless, absent a control group, we cannot rule out the possibility that these improvements were naturally occurring apart from any of the study’s interventions. No statistically significant improvements were noted for the sample overall with respect to HIV risk behaviors (Slesnick et al., 2016).

A study involving secondary analysis of data from the same evaluation examined the mediating roles of service connections and self-efficacy on other outcomes (Slesnick et al., 2017). The researchers found that, over time, service connections disrupted the adverse relationship between youths’ cumulative levels of risk and self-efficacy. Also, improvements in self-efficacy functioned as statistically significant pathways through which the strengths-based outreach and advocacy intervention appeared to improve housing stability and mental health outcomes. The findings suggest that targeting aspects of social-emotional wellbeing—such as self-efficacy/personal control—can be an effective strategy to improving other outcomes that support sustainable exits for youth experiencing homelessness.

⁸⁴ Females experienced greater reductions in depressive symptoms than males.

Table 7.9. Included studies: Outreach and service connection interventions

Study descriptors							Outcome areas ^{1,9}						
Study (country)	Intervention	Age group	n	Study design ^Y	Follow up period (beyond intervention)	Intervention attrition	HS	PC	Ed	E/E	SEW	PH/SU	SC
Slesnick et al., 2016; 2017; Guo and Slesnick 2017 (USA)	Strengths-based outreach and advocacy plus youth drop-in linkage	14–24	79	D	9 months (3 months)	NR					+	+ ⁸⁵	+
	NR									+	+	0	

^Y For study design, **A** = randomized trial comparing intervention with control/service as usual with overall between-group balance at baseline, **B** = well-matched comparison group, robust instrumental variable design, or randomized trial with significant between-group differences at baseline, **C** = low rigor comparison, **D** = no comparison against control/service as usual.

¹HS = housing stability (including homelessness), PC = permanent or positive connections, Ed = education (enrollment, attendance, performance, or attainment), E/E = employment or earnings, SEW = social-emotional wellbeing (including mental health), PH/SU = physical health or substance use (including sexual risk behaviors), SC = service connections.

⁹ + = positive effects, 0 = null effects, - = adverse effects, ~ = mixed effects (both positive and adverse effects) empty = unmeasured/unreported.

⁸⁵ The youth in the drop-in linkage group had greater reductions in hard drug use compared to the youth in the shelter linkage group.

Discussion

Key findings

In this chapter, we reported the methods and results of the most comprehensive systematic evidence review on programs and practices to prevent and address youth homelessness to-date. This synthesis serves as an unprecedented resource for anyone interested in understanding the breadth and depth of the evidence base on interventions related to youth experiencing homelessness. It should also provide a starting point for those interested in developing and evaluating interventions going forward so that those involved understand how their work fits into the context of what we already know collectively, and where we need to fill knowledge gaps. Given the breadth of the review's scope, in this section we summarize cross-cutting lessons and knowledge gaps from the synthesized evidence base.

Preventing and reducing homelessness

Interventions can measurably reduce the incidence and prevalence of youth homelessness. Only 17 unique studies (39 percent) measured at least one outcome capturing housing stability or homelessness. Of these, three involved randomized evaluations (Valentine, Skemer, and Courtney, 2015; Theodos et al., 2016; Kozloff et al., 2016) and two involved quasi-experimental studies with matched comparison groups (Clark et al., 2008; Lim, Singh, and Gwynn, 2017). The remaining comprised either no service-as-usual comparators or assignment of control groups that lacked measures to mitigate bias. All three of the randomized evaluations showed positive intervention effects on preventing or reducing homelessness or housing instability; and all but 3 of the 17 unique studies indicated statistically significant improvements in at least one housing stability outcome. This suggests encouraging evidence that youth homelessness can in fact be measurably prevented and reduced with adequate intervention.

Preventing and reducing youth homelessness involves more than housing. Notably, of the five experimental or quasi-experimental studies with rigorously identified control groups, only two (Kozloff et al., 2016; Lim, Singh, and Gwynn, 2017) involved housing interventions. Kozloff et al. (2016) evaluated intervention effects among young adults participating in a “Housing First” program involving rental subsidies and wrap-around services; and Lim, Singh, and Gwynn (2017) evaluated a supportive housing program for youth exiting foster care. Conversely, Valentine, Skemer, and Courtney (2015) and Theodos et al. (2016) both evaluated intensive case management and support services for at-risk youth; and Clark et al. (2008) studied a behavioral analytic approach to identifying patterns of youth running away from foster care and addressing the behaviors underlying those patterns. The fact that the two housing-based interventions involved significant supplemental services and supports beyond housing, and that three rigorous trials demonstrated significant effects of non-housing interventions on housing stability outcomes, underscores that preventing and ending youth homelessness takes more than housing.

While these results are encouraging, the effect sizes for housing stability outcomes were often modest with large shares of participants remaining unstably housed at follow-up. For example, the YVLifeSet evaluation (Valentine, Skemer, and Courtney, 2015) demonstrated a six-percentage point reduction in the percentage of youth reporting experiences of homelessness over the previous 12 months (21 percent for the intervention group versus 27 percent for the control group at 12 months following baseline) and an eight percentage point reduction in reported experiences of couch surfing due to not having a permanent place to live (36 percent versus 44 percent). These effects were statistically significant, but at 12-month follow-up, many more participants were still reporting experiences of homelessness than participants whose homelessness experiences

had been resolved. Even for the At Home/Chez Soi “Housing First” program, which provided rental subsidies and additional services for the entire duration of the study, by 24-month follow-up, about one-third of the intervention group’s days in the previous six months had been spent unstably housed.

Comprehensive, youth-centric interventions are needed for a complex challenge. These partial impacts highlight the limitations of single programs in fully preventing and ending youth homelessness given the complex challenges at multiple levels underpinning this problem. For example, for some youth, case management and supportive service interventions, like YVLifeSet and the Promotor Pathway Program, are likely insufficient and need to be complemented by direct housing assistance and other targeted supports. For At Home/Chez Soi, as the authors underscore in the discussion section of their “Housing First” review, program adaptations to better meet youths’ specific needs—such as peer/family relationships, sexual health, education and job skills, culture, life skills, substance use, and crime avoidance—may be critical to improving overall intervention effects. Another adaptation that may improve overall intervention effects is engaging youth themselves in all stages of intervention implementation and evaluation (Kozloff et al., 2016).

Many evaluations noted limited program effects due to a lack of resources, or funding flexibility, to address additional barriers, sustainable exits, and broader wellbeing for youth homelessness. For example, Pierce, Grady, and Holtzen (2014) highlighted the need for greater supply of affordable housing for youth exiting transitional housing as well as expanded community services tailored to the needs of particular subpopulations. Some studies indicated similar factors associated with higher likelihood of program attrition and/or poorer outcomes, particularly related to housing stability, following program participation.

These included higher levels of substance abuse and unemployment (Jones, 2011; Pierce, Grady, and Holtzen, 2014). As such, to effectively and sustainably improve outcomes for the most vulnerable youth, more concerted intervention components to address these needs may be needed. Additionally, Slesnick and Kang (2017) found that improvements in self-efficacy functioned as a pathway through which strengths-based outreach and advocacy appeared to improve housing stability and mental health outcomes. This underscores that, apart from the more tangible supports and services that programs offer youth, relationships and opportunities to enhance their sense of personal control in the face of significant life challenges can also play important roles in increasing the odds of programs helping youth experiencing homelessness to achieve greater outcomes.

Accessing interventions

Youth drop-in centers and shelters played important roles in enabling programs and researchers to access an otherwise elusive population. Although rigorous effectiveness evidence for youth drop-in centers and shelters is scarce, the research base suggests that these are in fact critical front-end resources in the context of broader systems and services for the purpose of identifying youth and linking them with other interventions. Nine out of 19 (47 percent) of the unique studies of individual counseling and treatment interventions explicitly reported recruiting youth through drop-in centers (Peterson et al., 2006; Baer et al., 2007; Tucker et al., 2017; Rew et al., 2016; Carmona et al., 2014; Nyamathi et al., 2012; Slesnick et al., 2007; McCay et al., 2015). Another seven (37 percent) recruited through shelters (Bender et al., 2016; Thompson et al., 2017; Fors and Jarvis, 1995; Slesnick et al., 2013; Shein-Szydlo et al., 2016; Hyun, Cho Chung, and Lee, 2005; Grabbe, Nguy, and Higgins, 2012). One of the seven unique studies of family interventions explicitly recruited from a drop-in center (Milburn et al., 2012),

and three recruited from shelters (Slesnick and Prestopnik, 2009; Slesnick et al., 2013; Winland, Gaetz, and Patton, 2011). All three of the unique studies of employment programs recruited youth from a drop-in center.

The extent to which many interventions relied on youth drop-in centers and shelters to identify and recruit participants begs the question as to whether many of the interventions evaluated by studies included in this review would have been viable without such front-end entry points in community systems for youth experiencing homelessness to begin engaging with services.

One unique study compared a drop-in center to shelters directly through a randomized trial and found that youth referred to a youth drop-in center were more likely than those referred to (mostly adult) shelters to report a higher number of service connections (Slesnick and Kang, 2016). The authors posited that the findings suggest that youth drop-in centers may be particularly important front-end elements of coordinated community systems for addressing youth homelessness, even though the U.S. government allocates little funding to drop-in centers—and associated street outreach programming—compared with shelters and other services.

Uptake and retention

Uptake and retention are important because they relate to the generalizability of an intervention. Uptake refers to the share of people offered the program who decide to participate. Retention refers to the share of those who decide to participate in the program who participate to some defined degree or duration as expected by the program. An impact evaluation can show an intervention to be highly effective in improving outcomes among participants. Nevertheless, if only a small percentage of the target population participates in the first place, or remains in the program, then the intervention will nonetheless have limited applications in strategies to improve outcomes

among youth experiencing homelessness at the population level unless and until the problems with uptake and retention are addressed.

Relatively few studies reported intervention uptake rates. This is generally best reported with a flow diagram consistent with Consolidated Standards of Reporting Trials (CONSORT) guidelines, revealing the numbers of individuals eligible as well as those excluded for different reasons, including, among others, refusal or access problems that relate to uptake (rather than eligibility) (Moher, Schulz, and Altman, 2001). Only five publications representing four unique studies included such a diagram (Slesnick et al., 2013; Guo, Slesnick, and Feng, 2016; Guo and Slesnick, 2017; Shein-Szydlo et al., 2016). Another seven unique studies reported results on uptake (Bender et al., 2016; McCay et al., 2011; McCay et al., 2015; Tucker et al., 2017; Cauce et al., 1994; Davis, Sheidow, and McCart, 2015). Altogether, 11 unique studies reported uptake results.

Most studies indicated uptake rates of about 90 percent or higher (McCay et al., 2015; Tucker et al., 2017; Cauce et al., 1994; Guo and Slesnick, 2017; to Davis, Sheidow, and McCart, 2015). This suggests that, overall, many youth experiencing homelessness are open to receiving support. Notably, however, most of these studies recruited through drop-in centers and shelters, meaning they were reaching youth already demonstrating at least some degree of willingness to access services.

In other cases, uptake—that is, agreeing to participate in the intervention and going to at least one activity—was comparatively low. Ferguson and Xie (2008) reported 16 percent uptake of the SEI among street-living young adults in an earlier study, and a 64-percent uptake in a later comparative study (Ferguson, 2018) of SEI and IPS. Slesnick et al. (2013) reported a 46 percent uptake of three family or individual treatment among adolescents (ages 12–17) staying at a temporary runaway

shelter. McCay et al. (2011) reported a 42 percent uptake of a relationship-based group intervention for street-involved youth. Bender et al. (2016) reported a 68 percent uptake of Project SAFE, a three-day risk detection intervention targeting young adults staying at a shelter. All these sample young adults with comparatively lower uptake rates were actively homeless, in most studies also had diagnosed mental health disorders as eligibility for inclusion, and may have been more challenging to recruit.

A greater number of studies reported statistics on retention, although varying types of retention results were provided.

Some reported the percentage of participants that completed the intervention (however the study defined completion) whereas others reported those that participated in certain numbers of sessions or for certain durations. Overall, 25 (54 percent) unique studies reported some type of data on intervention, retention, or attrition. Intervention attrition—that is, discontinuing participation in an intervention prior to completion, however defined by the program—varied considerably, ranging from less than one percent for a “housing first” rental subsidy and support services model evaluated by (Kozloff et al., 2016) to as high as 93 percent for a substance use treatment intervention for runaway adolescents (Slesnick et al., 2013).

Attrition was relatively high among longer, more intensive interventions involving significant structure. Both transitional housing programs for youth experiencing homelessness reported relatively high attrition rates: 53 percent for the Daybreak program (Pierce, Grady, and Holtzen, 2014) and 87 percent for the Community Unity Project (CUP) program for young mothers (Duncan et al., 2008). Several other interventions reported attrition rates of about 50 percent or higher (YVLifeSet evaluated by Valentine, Skemer, and Courtney, 2015; Ecologically-Based Family Therapy and Motivational Enhancement evaluated by Slesnick et al., 2013; Multisystemic Therapy evaluated by

Davis et al., 2015; Dialectic Behavioral Therapy evaluated by McCay et al., 2015; YP⁴ evaluated by Borland, Tseng, and Wilkins, 2013; and the Social Enterprise Intervention and Individual Placement Support evaluated by Ferguson 2017). These were generally intensive and multi-month interventions. Many of them demonstrated positive results despite attrition, but results could have been biased by loss to follow-up. These high attrition rates underscore the difficulty of engaging highly vulnerable and often transient groups of youth in intensive programs over an extended period of time, which can diminish the generalizability of interventions’ impacts.

Interventions employed several techniques aimed at increasing uptake and retention.

Although most of these measures were not experimentally tested, several studies did note specific intervention design adjustments and adaptations intended to increase uptake and retention among youth experiencing homelessness or at-risk for homelessness. These included adjustments and adaptations such as the following—

Providing financial incentives and supports.

- In the Kozloff et al. (2016) “Housing First” intervention, receipt of rental assistance required weekly contact with a mental health worker.
- In the Guo and Slesnick (2017) strengths-based outreach and advocacy intervention, participants received \$5 food gift cards for participation in every advocacy session.
- The therapeutic intervention evaluated by McCay et al. (2015) offered youth \$5 for attending each session.
- The employment intervention evaluated by Ferguson, Xie, and Glynn. (2012) provided gift cards to youth for their time participating in initial meetings with employment specialists.
- Two of the intensive case management

interventions (Valentine, Skemer, and Courtney, 2015; Cauce et al., 1994) included flexible funds for some youth participating in the program to access financial assistance for a range of basic needs.

The vast majority of studies also offered cash or gift card payments to youth for participating in data collection.

- **Delivering interventions where youth and their families could most easily access them.** One study, for instance, found greater engagement in family interventions that were delivered home-based, rather than office-based, given the time and transportation constraints that runaway youth and their families often face (Slesnick and Prestopnik, 2009). Other interventions reached out to youth in streets, shelters, and drop-in centers. Theodos et al. (2016) described flexibility among *promotores*—mentors and advocates for youth—in meeting youth at their homes, schools, and community locations, as well as communicating through phone, text, email, and social media, to maximize engagement.
- **Adjusting intervention intensity or duration.** In some adaptations of interventions for youth experiencing homelessness, the modified versions included fewer sessions given the transience and practical constraints on the population. For example, the Ecologically-Based Family Therapy model involved an adapted and shorter version of the Homebuilder’s family preservation model (Slesnick and Prestopnik, 2009), the adaptation of Dialectical Behavior Therapy for youth experiencing homelessness (McCay et al., 2015) involved shortening the intervention from 16 to 12 weeks, and Grabbe, Nguy, and Higgins (2012) noted shortening an adaptation of a spiritual and meditative intervention in recognition

of the transience of youth experiencing homelessness. However, intervention developers need to balance convenience with impact, and, in some cases, longer term exposure to programming might be more impactful for this population. For instance, with the adaptation of Multisystemic Therapy (MST) to young adults, the researchers increased the duration of intervention exposure as well as the supports provided to youth compared to the standard MST model (Davis, Sheidow, and McCart, 2015). Further research into the necessary duration and intensity of interventions to optimize both uptake and effectiveness with youth experiencing homelessness is warranted.

Overall, the included studies made surprisingly little reference to engaging youth and young adults in the decision-making processes regarding intervention design and delivery. Given empowerment-based social theory that suggests that the more participants are engaged and feel ownership in programming, the more likely they are to actively participate (Jennings et al., 2006), omission of authentic youth collaboration could be one reason for common difficulties with uptake and retention reported by many intervention studies. Ferguson (2013) cited one example of youth participating in decision-making regarding the contents of training curricula, but it remains unclear whether and how this is related to intervention uptake and participation. In future research, it would be useful to investigate the extent to which authentic youth collaboration affects uptake and participation, and under what circumstances.

Knowledge gaps

In addition to intervention lessons from a growing evidence base, this review also reveals significant knowledge gaps that present blind spots for developing more evidence-informed policies and programs. In particular, areas in which we found little to no evidence from rigorous experimental or quasi-

experimental studies of interventions addressing youth homelessness included the following—

- **Prevention.** The literature synthesized by this review reveals a heavily skewed distribution of evaluations toward interventions aimed at responding to the needs of currently homeless youth as opposed to interventions to prevent youth from experiencing homelessness in the first place. Of the 46 unique studies included in this review, only 3 evaluated what we classified as prevention interventions because they did not target youth experiencing homelessness but did measure homelessness as an outcome. Only one of these involved a randomized evaluation (Valentine, Skemer, and Courtney, 2015).
- **Public systems-based interventions.** Public systems with vulnerable youth in their care, including child welfare systems, schools, juvenile and criminal justice systems, present important entry points for prevention and early intervention of youth homelessness given the large numbers of youths experiencing homelessness that have histories of interactions with these systems (Morton et al., 2017). One study evaluated an approach to reducing runaway episodes among youth currently in foster care (Clark et al., 2008), and two studies evaluated the effects of interventions for youth that had been in foster care to support their transitions (Valentine, Skemer, and Courtney, 2015; Lim, Singh, and Gwynn, 2017; Jones, 2011). All these studies revealed positive intervention effects on outcomes related to housing stability, among other outcome areas. Although more evaluation is needed to test different approaches and in different contexts, these results are altogether promising for the capacity of intensive interventions to prevent and reduce homelessness among youth who

have been in foster care. We identified only one includable study of a school-based prevention intervention (MacKenzie and Thielking, 2013), which was conducted in Australia and presented only pre-post outcomes during a 12-month period. We did not identify any includable studies of interventions delivered through juvenile or criminal justice systems to prevent or address youth homelessness, despite the high overlap of justice systems and homelessness experiences among youth and young adults.

- **Prominent housing models for youth and young adults.** Studies of transitional living programs were scarce and generally involved significant methodological limitations, and we identified no includable studies of rapid rehousing programs, host home programs, or youth-specific emergency shelters, despite the significant reliance on these among Federal programs. Absence of evidence does not necessarily mean that these interventions are not useful in the continuum of services for youth, but we do not have enough evidence to understand the effects of these types of housing interventions on youth outcomes.
- **Interventions tailored to, or tested for, specific high-risk subpopulations.** Recent national evidence demonstrates that certain subpopulations—particularly Black and Hispanic youth, LGBTQ youth, and pregnant and parenting youth—are at significantly higher risk for experiencing homelessness compared to their peers (Morton et al., 2018; Olivet et al., 2018). However, these disproportionate risks were rarely addressed by the evaluative literature. No included studies, for example, involved interventions specifically designed to target or to be culturally sensitive to Black or Hispanic communities, nor did they conduct moderator analyses based on race or ethnicity to examine whether

these subpopulations benefited similarly or differently from interventions compared to their peers. This could be a useful opportunity for secondary data analysis based on many of the existing evaluations.

Two studies specifically evaluated intervention effects for LGBTQ youth. One study (Powell et al., 2016) evaluated iTEAM, an intensive case management and treatment intervention specifically designed for LGBTQ youth showed promising improvements in a range of youth outcomes, but the study lacked a comparison group, so cautious interpretation is warranted. The other study (Grafsky et al., 2011), involved secondary data analysis of an RCT of the Community Reinforcement Approach (CRA) with street-living youth and found that gay, lesbian, and bisexual youth reported even greater reductions in drug use and depressive symptoms than other participants, suggesting that, in this case, a specific intervention based on sexual orientation is not needed, though therapeutic relationships and interventions tailored to the needs of individual youth are likely important. An especially notable absence of evidence on interventions to prevent homelessness is prevalent for LGBTQ youth given the substantially higher risk of homelessness these youth face in comparison to their non-LGBTQ peers.

One included study (Duncan et al., 2008) evaluated an intervention designed for pregnant or parenting youth. This study evaluated a transitional housing program with coordinated services for young mothers experiencing homelessness. However, results related to program impacts from this trial were largely uninterpretable, and results related to intervention retention suggested significant challenges with maintaining participation. Approximately one-third of the Promotor Pathway Program evaluation sample were parents (Theodos et al., 2016), and the study found that program engagement was higher among parents than it was for non-parents. Overall, a clear lack of evidence pervades the reviews on what works,

and what does not, to address the specific needs of young parents and their children experiencing homelessness.

- **Outreach programs.** Only one study evaluated an outreach intervention, but it was also designed to evaluate comparative effects of referring youths to a drop-in center versus a shelter, so the specific intervention effects of the strengths-based outreach and advocacy approach could not be discerned (Guo and Slesnick, 2017). Considerable scope for innovation exists within outreach programming. For example, programs have employed approaches ranging from outreach vans, to systematic outreach mapping, to coordination with community resources, to information and communication technology-based youth engagement, to advertised “magnet” events for youth experiencing homelessness. All these approaches were employed to improve reach and ability to connect youth with the knowledge and services they need to avoid risks and exit homelessness. However, this review revealed a clear lack of evidence on the effectiveness of different outreach approaches and in different contexts.
- **Interventions for rural communities.** Recent national evidence suggests that youth homelessness is similarly prevalent in rural communities as it is in non-rural communities. Further, the literature underscores the need for tailored interventions and service delivery models to address youth homelessness in rural contexts given greater hiddenness of these youths’ experiences and more limited service infrastructure spread over a wider terrain (Skott-Myhre, Raby, and Nikolaou, 2008). Although a significant number of included studies evaluated city-based interventions, we identified no includable studies of interventions specifically designed for, or tested with,

youth experiencing homelessness in rural communities.

- **Cost-benefit and cost-effectiveness.** Cost-benefit and cost-effectiveness analysis are two types of economic analysis that can be integrated with effectiveness studies and which are important for decision-makers to appraise the sensibility and feasibility of implementing interventions at scale. Cost-benefit analysis gauges the economic worth of an intervention—in other words, the extent to which the monetized returns of an intervention’s impacts (for example, through reduced costs on utilization of public systems or increased earnings or productivity) exceed the costs of intervention. Cost-effectiveness assesses the costs required to achieve certain outcomes and compares these per output costs between possible interventions (for example, the relative costs between different interventions required to achieve a one-year-per-participant increase in stable housing). None of the included studies in this review reported either cost-benefit or cost-effectiveness analysis. Only one included study reported the estimated per beneficiary cost of intervention (Pierce, Grady, and Holtzen, 2014).

The aforementioned areas present critical needs for strengthening the evaluative evidence base on what works, and what does not, to prevent and address youth homelessness.

Limitations

Despite the important strengths and comprehensiveness of this systematic evidence review, several limitations are also noted. First, the search strategies were only conducted in English, and while we tried to include international outreach, the majority of the review team’s relevant professional network was U.S.-based. As a result, we possibly could have missed relevant studies—especially grey literature—that are only available in other

languages or to find them would require broader international outreach. Moreover, although our professional outreach and online searches for relevant studies were extensive, many local agencies, researchers, and funders produce unpublished studies that are difficult to find and might not be known to national experts. Again, this could result in missing relevant evidence.

The comprehensiveness of the review was both a strength and a limitation. It meant that we could capture and synthesize the evidence from a broad range of evaluations relevant to a broad range of stakeholders in the work to end youth homelessness. However, to keep the synthesis manageable for both the team and the reader, the synthesis reported in this chapter lacked significant depth for any particular intervention or outcome area and aimed to more generally summarize the evidence and notable findings. Going forward, subject to available resources, it may be useful to provide deeper analysis of the identified evidence for specific intervention or outcome areas for specific audiences. Relatedly, because of the breadth and heterogeneity of interventions, outcomes, and evaluation designs included, we also did not conduct any statistical meta-analysis of intervention effects and instead used a simpler descriptive tables’ schematic to organize, rather than meta-analyze the evidence base within different intervention types. Again, it may be useful going forward to consider conducting meta-analysis with narrower subsets of studies included in this review.

Further, the review allowed for a wide range of effectiveness study designs, considering the anticipated nascent nature of the evaluative evidence base in many areas of youth homelessness intervention and the interest in understanding the fuller scope of research that has been conducted. Consequently, many of the studies we included were low-rigor designs from which results need to be interpreted very cautiously given high risk for bias. We have tried to make these distinctions clear for the reader in both the tables and the narrative description

of findings. Finally, this review was limited to effectiveness studies. Although we searched for and included process evaluations, those will be synthesized and reported later.

Conclusion

This systematic review offers the most comprehensive and up-to-date review of the evidence supporting interventions to address youth homelessness. We identified and reviewed nearly 4,000 potentially relevant studies and, following thorough screening, included 62 publications representing 51 unique effectiveness studies of 48 interventions. The synthesis of these studies allows for unprecedented insight into the size, scope, and findings of the evaluative literature on the effectiveness of interventions to prevent and address youth homelessness.

Some of the takeaways are encouraging. For example, although the prevention evidence base is thin, all three of the interventions that incorporated methods for identifying at-risk populations of youth homelessness and aligning tailored supports and services to meet their needs succeeded in reducing the likelihood of these youth experiencing homelessness. When adequately resourced for individualized relationships and supportive services, intensive case management and mentoring programs had positive effects not only on stable housing, but also a range of other outcomes. Additionally, a wide range of individual counseling and treatment interventions were associated with at least short-term improvements in risk-related knowledge and behaviors as well as social-emotional wellbeing. Although these gains may be insufficient and short-lived by themselves to help youth escape homelessness without further intervention, they nonetheless suggest that even modest interventions can support harm-reduction and improved wellbeing amidst a highly vulnerable time in these youths' lives, and therefore many of these interventions can serve as useful complements to broader systems of support.

At the same time, the review also reveals clear areas for coordinated action by practitioners, funders, policymakers, and researchers. For instance, while encouraging, most intervention effects on housing or homelessness outcomes—where they existed—were modest with many program participants still experiencing concerning degrees of homelessness and housing instability at follow-up. To truly end youth homelessness at the population level, the successes of these interventions need to be augmented by investigation into the reasons as to why some youth do not benefit as much as others.

Moreover, the results of evaluations of family interventions were varied, and the only randomized evaluations of family interventions did not measure stable housing outcomes and, overall, showed limited effects on permanent connection outcomes. Only two employment interventions were tested with youth experiencing homelessness, and they failed to demonstrate positive effects on employment outcomes. Furthermore, little to no effectiveness evidence exists on prominent housing and shelter models for youth experiencing homelessness, such as youth shelters, host homes, rapid rehousing, and transitional housing, leaving pending questions regarding the applications of such interventions and the circumstances under which different approaches might work best.

Effective and efficient strategies to prevent and end youth homelessness require a robust evidence base to inform decision-making. This systematic review presents an important starting point to inform solutions, and it also pinpoints areas in which investments in research and evaluation are urgently needed to help advance the agenda.

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Chapter 8. Policy and Fiscal Review

Highlights

- We examined policy entry points for better addressing youth homelessness and conducted consultations with diverse stakeholders in six diverse counties to better understand opportunities and challenges for improving the policy environment on this issue.
- Service providers faced significant challenges in their ability to access and deliver services to youth experiencing homelessness.
- There is a common need to streamline the provision of services to better respond to the needs of youth experiencing homelessness.
- Many consultation participants highlighted a need to consider the various services that would need to be provided in tandem with policy options to augment the potential for policy success.
- There is a common recognition of lack of sufficient funding and resources as drawbacks to policy options that seek to improve service provision to youth experiencing homelessness.
- A lack of housing and geographic stability is a critical challenge to providing services for youth experiencing homelessness.

Background

Within the larger VoYC initiative, the Policy and Fiscal Review (PFR) component provides an opportunity to learn more from stakeholder groups that VoYC has not fully engaged through the study's other research components of this report. To better serve homeless youth, perspectives and experiences of stakeholders were collected through consultations, focusing on existing opportunities and challenges at the local level.

This component collected data across the following stakeholder groups: public and private groups involved in addressing the issue of youth homelessness at the national and local levels and county-level providers of child welfare services, behavioral health services, juvenile justice services, education services, and Continuums of Care (CoCs). It followed an approach that began with a broad review of existing policy and fiscal analysis frameworks. To begin, this component asked key stakeholders for their input in identifying the main policy areas of interest, followed by a review of the statutes and regulations relevant to the identified policy

areas. Finally, it asked service providers on the ground how modifications to such policies would impact their service provision, and presented considerations for making such policy changes. Taken together, the PFR represents a multidimensional approach to develop better methods and instruments for targeted policy analysis and bring a complementary and qualitative research-based lens into the field of youth homelessness.

Methodology

Stakeholder discussions and review of statutes and regulations

The large number of Federal statutes and regulations that directly or indirectly address the challenge of unaccompanied minors and youth experiencing homelessness required a process for winnowing out the most salient policies to consider in the PFR, particularly given the two-hour time frame we had for each consultation. This second step consisted of convening a diverse set of stakeholders involved in addressing the issue of youth homelessness at the national and local levels. These

stakeholders consisted of members of the A Way Home America (AWHA) Steering Committee, which include service providers, advocates, researchers, local and Federal government agencies, and philanthropists working together to prevent and end youth homelessness.

Two videoconferences with different representatives from AWHA membership were held in May 2017. Members of the PFR team facilitated the videoconferences, which consisted of targeted questions that challenged the participants to identify the policy areas with the greatest potential, if modified, for preventing and

improving the outcomes of youth experiencing homelessness. The representatives were asked for: (1) their top two policy questions; (2) questions regarding programs for youth experiencing homelessness; (3) questions regarding the intersection of youth experiencing homelessness and child welfare, behavioral health, juvenile justice, and education; and (4) questions regarding fiscal policy. The data collected from these two discussions were subsequently aggregated and tagged for conducting a thematic analysis, the results of which are listed in Table 8.1.

Table 8.1. Stakeholder discussion themes

Policy Areas	Emergent Themes/Questions
Top two policy questions	Homeless youth numbers
	How policies and agencies challenge service provision
	The role of government
Specific youth homelessness programs	Age and eligibility
	Funding
	Expanding access
Child welfare	Eligibility and entry
	Improving the discharge process
	Child welfare role and accountability
Behavioral health	Health coverage
	Discharge planning from substance abuse treatment
	Service quality
Juvenile justice	Negative effects of federal juvenile justice statutes
	Inter-agency collaboration and discharge
Education	Access to higher education
	Strengthening existing policies
	Supporting communities
Fiscal policy	Actual costs

The themes from the stakeholder discussions informed the key policy areas that were identified for the PFR as well as the interview questions that were used in the county consultations

with systems representatives and CoCs. The pertinent Federal statutes and regulations were reviewed to contextualize the themes that emerged from the stakeholder discussions and

to ensure that the county consultation questions that were developed from these themes were as targeted and specific as possible. Additionally, a conference call was conducted with representatives from the U.S. Department of Housing and Urban Development (HUD) to better understand statutory and regulatory areas of interest that the PFR may be able to explore. The questions on coordination of homeless services for youth, rapid re-housing for youth, and transitional housing for youth in the final protocol were those that specifically took the HUD policy areas of interest into account.

Consultations with county service providers

To gain the insights of service providers on the ground, the third and final step of the PFR consisted of holding group consultations with a subset of the 22 VoYC initiative partner counties. The aim of these group consultations was to convene at least one stakeholder from each of the following systems: child welfare, behavioral health, juvenile justice, education, and the CoC within a county and engage them regarding the impact of Federal policies at the county level. The focus of the consultations was on how Federal policies impact the services and programs unaccompanied minors and youth experiencing homelessness and housing instability receive at the local level.

Site Selection

The PFR used purposive methods to select six of these 22 counties. In doing so, we considered the following factors—

- Obtaining a diverse set of counties that included urban, rural, suburban, and small-metro jurisdictions
- Ensuring broad geographic representation
- Willingness of the counties to provide key contacts from the systems of interest and to participate in a two-hour consultation by phone

The six VoYC counties that were selected and invited to participate were Boyd County, Kentucky; Cleveland County, Oklahoma; Davidson County, Tennessee; Kennebec County, Maine; King County, Washington; and Orange County, Florida. Five of the six invited counties were successfully recruited for participation in the consultations. However, after a strong effort to identify stakeholder representatives from the systems of interest, Boyd County was unable to convene within the required timeframe. Boyd County faced a number of challenges, including summer breaks and other impending deadlines.

Recruitment

The PFR leveraged the relationships formed during the Youth Count to recruit representatives from child welfare, behavioral health, juvenile justice, education services and programs, and the CoC within each of the six selected counties. Three inclusion criteria were identified for any system representative invited: an ability to speak about the problems youth experiencing homelessness faced in their county, knowledge of the services and programs available to this population in their county, and a general understanding of how policies impact programs and the provision of service to this population.

To recruit participants, we collaborated with the VoYC lead partner in each county, who was asked to help with the identification and recruitment of representatives from each of the five system areas. The identified representatives were then invited to participate. Twenty-five individuals from across the five counties joined the consultations, representing the various stakeholders' systems as indicated in Table 8.2. In some cases, more than one representative participated from a stakeholder group, whereas, in others, one individual represented more than one stakeholder group.

Table 8.2. Consultation participants

Systems Represented	Number of Participants Across 5 Counties
Behavioral health	6
Child welfare	4
Education	3
Juvenile justice	3
Continuum of care	8
Other homelessness experts	3

Notes: Representatives from all five counties spoke about having a largely comprehensive system of services that in some counties included partnerships with various county agencies and community organizations to create a resource and referral network. They also spoke of efforts to establish a single entry point and to provide wrap-around services so youth did not experience gaps in services, and the establishment of a liaison within some agencies who was responsible for connecting youth to services.

Data collection

Data were collected from July through August 2017 by phone through semi-structured focus group discussions. A consultation protocol was used to guide the discussions. After the initial consultation, a few modifications were made to the protocol to clarify the purposes of the consultations and some of the questions. The protocol was modified to provide participants with additional context about the VoYC initiative and overarching framing of the policy questions and consultation objectives. Other modifications included a reordering of the sequence of policy questions to ensure time for broader coverage of issue areas, as well as a reframing of some questions to make them easier to understand.

The interviews were audio recorded, and a private company was contracted to provide full transcriptions of the group conversations. At least three PFR team members participated in each of the consultations. One member was responsible for guiding the group through the interview protocol, the second member provided technical support and kept track of which participants spoke at which point of the interview, and the third member was the note-taker.

Data analysis

To store, manage, and analyze our data, we used the qualitative software program NVivo 11Pro. All of the qualitative data were uploaded to the NVivo server: digital files of the audio interviews, transcripts, timing tracker, and backup notes. To increase objectivity in the analysis of the data, data were coded following Maxwell's (2013) qualitative data coding strategy.

Results

The purpose of the PFR is not to propose changes to statutes and regulations. Instead, the goal is to identify the most important considerations policymakers should keep in mind when weighing various policy options so that they can make informed decisions. As such, the presentation of the results was designed to provide policymakers with background information of each issue across the five participating counties. This includes the potential reaction of service providers at the county level to proposed policy options, and the potential benefits and drawbacks, from the perspective of service providers that policymakers should be aware of when considering policy changes.

The results presented below follow the consultation protocol, which consisted of nine distinct areas of policy interest related to youth homelessness—

- (1) an overview of existing county needs and services
- (2) the coordination of county planning meetings to allocate homeless services
- (3) access to the Basic Center Program and other emergency shelters
- (4) access to transitional housing assistance
- (5) access to rapid rehousing
- (6) the scope and responsibility of the county child welfare system
- (7) access to behavioral health services
- (8) juvenile justice and discharge policies
- (9) access to education and retention and transition issues

Policy area 1: Homelessness: Overview of existing county needs and services

Participants in each of the five counties were asked to provide an overview of their county’s problem regarding youth homelessness, ages 13 to 25, including existing needs and challenges, services available in their county to this population, and changes they would like to make to their county’s system of service provision.

Existing challenges. Table 8.3 lists the existing challenges that emerged from the consultations. Challenges are listed from most prevalent across the five counties to least prevalent. The three most prevalent challenges speak to different dimensions of the overall theme of the limitations of adequately servicing the population of youth experiencing homelessness. The most common need was greater access to shelters and housing, including age-appropriate options for minors. As one participant stated: “[T]here are some shelters in our county, but for a 13-year-old, a shelter can be a very scary place... [H]aving a stable place to stay is... a necessity here in our county.”

Table 8.3. List of existing challenges in addressing youth homelessness

Existing Challenges	Number of Counties
Lack of shelters, housing, and placement	4
Measuring the size of the problem	3
Legal limitations to services as minors become non-minors	3
Inability to reconnect youth with family given conflict at home	2
Serving special populations, including disabled and LGBT populations	2
Access to healthcare and education, including transportation	1
Cycle of entering and leaving the system	1
Limited outreach efforts to identify more youth in need	1
Human trafficking	1

Participants in three different counties also spoke about the challenge of measuring the size of the problem. When asked to describe the problem of youth homelessness, one participant simply stated, “hidden,” indicating that challenges exist in identifying and supporting the population. The third most prevalent challenge was the legal limitations that arise in supporting non-minors as well as minors who are about to turn 18. A participant in one county specifically spoke about why this is a challenge to service providers: “[18-year-olds] age out of the system, and so then they have adult challenges with housing, and they are leaving a system that supported them before, but now they have nowhere to go, literally. And so their challenges are a lot greater and more unique in trying to house them as opposed to the 18 and under where they have a little bit more support, and there is a system there for them.”

Available services. Table 8.4 lists the services that emerged from the question of what services are available to youth experiencing homelessness in each of the five counties. Participants in all five counties spoke about having a largely comprehensive continuum of services. In some counties this included partnerships with various county agencies and community organizations to create a resource and referral network. Other services that emerged included efforts to establish a single entry point and to provide wrap-around services so youth did not experience gaps in services, and the establishment of a liaison within some agencies who was responsible for connecting youth to services. The prevalent available services delivered by those continuums were shelters and housing followed by supports for access to education.

Table 8.4. List of available county services

Available Services	Number of Counties
Shelters and housing	4
Access to education	3
Services to prevent abuse and neglect	2
Anti-trafficking	2
Therapy and counseling	1

Proposed changes to system of service provision. Participants in all five counties were also asked about what changes to their county’s system of service provision they would like to make. The proposed changes that emerged from this question, listed in Table 8.5, largely overlapped with the list of available services from the previous question, suggesting room for improvement in how the five counties are supporting this population. The theme of wanting a more seamless system of service provision was mentioned in all five counties, underscoring that

many communities are at relatively early stages of developing a truly system-level response to youth homelessness. Comments regarding this theme included expanding current services to serve a greater number of people, establishing a more robust coordinated entry system, and having more flexibility in serving youth over age 18. The remaining proposed changes, although distinct, addressed approaches to increasing both the quality and quantity of services.

Table 8.5. List of proposed changes to the system of service provision

Proposed Changes	Number of Counties
A more seamless system of service provision	5
Greater housing availability	3
Greater focus on prevention efforts	2
Tailored services to special populations, including women and those with mental illness	2
More focus on data collection	1
More funding	1
Greater focus on mobile services	1
More transportation services	1

Policy area 2: Homelessness: Coordination of county planning meetings

Participants across the five counties were asked to describe the extent to which the voices of youth experiencing homelessness were represented at their county’s homeless services planning meetings, and the impact such representation had on the county’s service provision. Participants in four of the counties were also asked to consider regulatory or statutory changes that required including a discussion of issues specific to young people and/or the presence young people who had experienced homelessness at county planning meetings, and to speak about the benefits and drawbacks of such a policy option.

Youth representation and the impact on service provision. Among five counties, three participants shared that youth were not present at their county’s homeless services planning meetings, whereas two participants mentioned that an organized group of youth in their county did exist. Nonetheless, participants in the two counties with an organized group of youth suggested that the groups were not actively or

consistently involved in their respective county’s planning process, indicating that the voices of youth were largely absent across the five counties. As one participant said, “At the last meeting, the youth board showed up and said, ‘You know, we’ve been coming to your meetings. You have not been coming to ours...’ And I do believe that there is a meeting coming up where all will be going and meeting with... the youth advocacy board.” In one county, the group had not yet been involved in all county planning matters because the group was relatively nascent: “We have not yet involved them on broader CoC conversations. Since they’re new, they’re still learning their role, their function in the system, and how they can be involved with it.”

Despite the lack of participation of youth across the five counties, participants in all counties but one either expressed an interest in augmenting the role of youth in their county planning meetings or shared that agency representatives made sure to serve as advocates for youth at their county’s planning meetings. As one participant suggested: “[I]t may be best to create a youth council that meets on its own and is led

by an older youth—25 or 26 years old—who has lived experience as well, and they would be discussing the policy issues that come up at the statewide homeless council, that come up at the continuum of care, that come up within agencies, that come up at the department of health and human services. And they would be giving formal feedback through their leader or representative.”

The support for an expanded role of youth in county planning meetings was potentially linked to the thoughts that participants in three counties shared regarding the impact that the lack of representation of youth at county planning meetings has had on their county’s service provision to this population. Participants in two of the counties agreed that the lack of representation led to a mismatch between the needs of youth and the services available to them. A participant stated: “We have to have [youth present] in order to know where to help and how to help... And if they’re not at the table, then they aren’t necessarily aware of those initiatives and those projects that we’re working on that will ultimately result in helping the better system of care.”

For this participant, not having youth at the table not only meant that their voices were not included in the planning of services, but it also meant that the services were less likely to be beneficial because the youth were not aware of them. A participant from another county, on the other hand, focused her comments on how the absence of youth at the county planning meetings allowed agencies to advocate for their own interests, and she hoped that the inclusion of the recently formed youth advisory board would help alleviate this issue: “I would say that clearly the providers who are involved are more familiar with their own services and more likely to advocate for their own services. I think the youth advisory board is going to bring a more diverse and youth-focused voice to the table.”

Benefits of legally requiring greater representation of youth. Participants in all but one county were asked to consider the policy option of legally requiring that counties include in their county planning meetings issues specific to youth who are homeless or the attendance of youth who have personally experienced homelessness, as well as to consider the potential benefits of such a policy option. Participants in three of the four counties outwardly expressed that such a policy option would be beneficial primarily because it would allow them to incorporate the voices of youth in their service planning. As a participant mentioned: “[I]t’s always great to have people who will benefit from the service to be there.”

Furthermore, participants from three of the counties shared thoughts suggesting that such a policy option would help improve services to youth experiencing homelessness. A participant shared that requiring youth at the county planning meetings would provide a different perspective to service provision. A participant from another county admitted that she and her county colleagues needed a broader perspective on the matter, indicating that such a requirement would be beneficial. Similarly, a participant made the following argument: “[W]e need to find out where [youth] want to go and then build a bridge to get there. So, without their voice, without knowing where it is they want to go, what their actual needs are, how can we build a bridge if we don’t know the destination? So I think it’s imperative that we have their voice. Otherwise, we don’t know if we’re building a bridge to the right place.”

Drawbacks of legally requiring greater representation of youth. The participants in the same four counties were also asked to consider the potential drawbacks of legally requiring that counties include in their county planning meetings issues specific to youth homelessness or the attendance of youth with lived experience. Some participants were unsure about supporting such a policy option and offered their own

modifications. A participant pointed out that involving youth who had personally experienced homelessness could be harmful to them given the trauma they had already experienced, and he suggested that their voices be included in a less direct way: “[Y]ou have to keep in mind that you don’t want to hurt them again with experiences that they’ve been through, but they don’t necessarily have to be sitting in the planning meeting, so to speak. As long as they have a voice and a spokesperson for that voice.” Another participant, on the other hand, questioned whether such an option should be a requirement: “For some reason, I don’t love the word ‘required’ in that. I love using ‘encourage’... but for some reason I just don’t like ‘required.’”

The most prevalent drawback, which participants from three of the four counties mentioned, was that legally requiring that youth be present at county planning meetings would present challenges given that they would have no experience in such formal matters. As a participant stated: “[T]o get youth to come and talk about their issues is helpful, but it seems like they need proper training and a focused message... Many times you hear kind of the same thing, I don’t want to say over and over... but making sure that we’re somehow developing this youth to have a strong pointed message that really offers that solution.” Another participant agreed that youth would need to be trained in order to ensure that their personal participation in county planning meetings would be beneficial: “I think it just has to be done very carefully because when you put youth into various structured committee meetings and they’ve had no experience in those kinds of processes, it can be very overwhelming for them and end up being more a negative experience than a positive experience. So encouraging youth participation in these complex committee processes has to be done carefully and there has to be the right amount of support for them in those processes.”

Policy area 3: Homelessness: Access to the Basic Center Program and other emergency shelters

Participants across the five counties were asked to describe any challenges their county faced with youth, ages 18 to 25, not being eligible to access the Basic Center Program and other emergency shelters with similar age limits. Participants from four of the counties were also asked to consider the policy option of increasing the age limit, and participants in three of these four counties also proposed what the new age limits could be. Furthermore, participants from two counties discussed the potential benefits of such a policy option, whereas participants from four counties discussed the potential drawbacks.

Challenges in emergency shelter services.

Table 8.6 lists challenges regarding providing access to the Basic Center Program and other emergency shelters to 18- to-25-year-olds. The challenges are listed from most to least prevalent across the five counties. Most prevalent was a lack of emergency shelters. The comments regarding this challenge focused on three different dimensions of the problem. The first was the general unavailability of emergency shelters for this age group. Such comments emerged from participants in two counties, which are rural and suburban counties, respectively, and from one that is urban. Participants in these three counties described long waitlists for accessing emergency shelters, having to refer youth to emergency shelters in other counties, and 18- to 25-year-olds regularly being turned away from emergency shelters because of unavailability.

Table 8.6. List of challenges in emergency shelter services

Challenges	Number of Counties
Lack of emergency shelters	4
Eligibility requirements	2
Lack of wrap-around services	1

The second dimension of the problem focused on the poor distribution of available emergency shelters. Such comments emerged from participants indicating that both rural and urban counties faced challenges in providing emergency shelters to 18- to 25-year-olds. A participant stated that the location of emergency shelters was related to how the wealth of the county was distributed, which “affects who is able to access what,” suggesting that there is an element of social inequity in the accessibility of emergency shelters. The final dimension of the problem of a lack of emergency shelters was the lack of age-appropriate facilities in which youth could feel safe. Participants explained that 18- to 25-year-olds would prefer to access emergency shelters for minors and that they avoid adult emergency shelters because they do not feel safe. As a participant stated: “Youth that are, you know, 18, 19, 20, they don’t want to be in a facility with a 40- or 50-year-old because they don’t identify with them, and they don’t want to be in that similar environment. They’d rather have a peer-aged facility.”

Reactions to increasing age limits.

Participants in four counties were asked to consider the policy option of increasing the age limits to greater than 18 years of age for accessing the Basic Center Program and other emergency shelters with similar age restrictions. Participants in all four counties agreed that the focus should be on providing this age group with other services rather than on extending access to emergency shelter services. A participant shared: “They may be 18 and adults, but they may not have the skill sets yet to be successful,

even though they’re expected to. So, more opportunities for stable housing, even if it’s transitional, with subsidies or supports that will assist them in gaining skills that will lead to stability and success as they make their transition to... adulthood. [S]helters may not be it.” Another participant agreed, arguing that instead of increasing the age of the shelters, the number of places that specifically serve 18- to 25-year-olds should be increased. A participant from another county indicated that the focus should instead be on prevention services: “Is there a way that we also make sure that we have more prevention services in places? Because otherwise we’re going to have a fantastic emergency shelter system, but for youth who are at low risk at this point, there are things that we can do to keep them at low risk and get them out of the risk category entirely.”

The second most prevalent reaction regarding the prospect of increasing the age limits of the Basic Center Program and other emergency shelters with similar age limits was the concern of mixing minors and non-minors. Participants from three counties agreed that allowing youth older than 18 to access the same shelters as minors could be troublesome. As a participant highlighted: “My concern with increasing the age of the youth shelter would be the same concern that some of the young 18-year-olds don’t want to go to the adult shelters... So the fear would be that now we have an 18-year-old with more experiences with our younger folks.” For this participant, the concern was especially salient given incidents of human trafficking among youth experiencing homelessness: “I guess the

reason why I have so much pause is because our increase in numbers of human trafficking victims, and my concern would be the unintended consequences of blending the groups.”

Proposed increased age. Participants from three counties were asked to consider the age to which access to the Basic Center Program and other emergency shelters with similar age limits could be increased and why. Although different ages were proposed, participants from all three counties agreed that the current limit of 18 was not developmentally appropriate, and that given that youths’ brains continue to develop into their mid-twenties, there were good reasons for increasing the age. The most common proposed age was 24. Participants from all three counties agreed that increasing the age limit to 24 was appropriate. Some of the participants spoke about service provision when proposing this age. A participant stated: “And the reason why I choose 24 is when we think about, again, of those youth who choose to access services, so this includes all people... it tends to drop off around 22, 23.” A participant from another county thought along similar lines: “I think I would like to go to 24 because I think that just lines up with so many other services out there already, so it kind of helps just align things.”

Benefits of increasing age limits. Participants from two counties provided feedback regarding the potential benefits of increasing the age limits for accessing the Basic Center program and other emergency shelters with similar age limits, and all the comments centered on the theme that doing so elevated the potential for helping youth exit homelessness. As a participant shared: “I think it goes without saying: the more access that individuals have to stable housing will produce better, positive results.” A participant touched on the developmental aspect when considering her remarks, which suggest that increasing the age limits would align with the developmental view that many 18- to 25-year-olds remain developmentally more similar to their peers who are minors than to their adult

peers: “The obvious benefit would be that those young people still are not ready and able and capable to be independent, so they still would get youth services, whether it be GED services, helping them get IDs, and things like that. Developmentally, they’re still growing, so having them get those kinds of services compared to what’s offered in the adult services, they’re more at that level.”

Drawbacks of increasing age limits.

Participants from all counties except one also responded to the question of what the potential drawbacks could be to increasing the age limits for accessing the Basic Center Program and other emergency shelters with similar age restrictions. Participants from all four counties agreed that doing so would put a strain on the existing services, making it difficult for the policy change to affect improved outcomes. The participants focused their comments on a lack of funding, a lack of resources, and workforce issues. A participant made the following argument: “[W]ithout subsequent increases in funding, [allowing youth up to age 24] would be almost impossible because the population we’d be serving would multiply dramatically, and we’d have to try and meet those needs with the same funds. So, if the Federal definition or the state definitions were to change, it would have to be accompanied with an increase of funding to serve that population.” A participant from another county echoed this sentiment: “It just seems to me that, even if that age was extended, I’m not exactly sure if there would be resources and accommodations available to meet a higher demand.”

Policy area 4: Homelessness: Access to transitional housing assistance

Participants across the five counties were asked to describe the challenges their county faced with youth experiencing homelessness, ages 18 to 25, gaining access to transitional housing assistance, and to consider the policy option of increasing the 24-month limit to accessing

such services. Participants in two counties also discussed the potential benefits of such a policy option, while participants from four counties shared their thoughts regarding the potential drawbacks.

County challenges. The most prevalent challenge counties faced with youth ages 18 to 25 gaining access to transitional housing assistance was the lack of availability. Participants from four counties mentioned that the transitional housing services available in their county were insufficient given the demand. A participant shared that no transitional housing options were available, and that it compounded the problem of homelessness for youth: “We do have free units of transitional housing that youth from [our] county can access, but they are not in [our] county... [I]f the housing option for a youth is a full county away, it dislocates them from their school, their natural supports, their family. If our goal is to stay connected to permanent, caring adults, it presents a lot of challenges.” A participant from another county explained that the problem of available transitional housing had worsened over the last few years given funding restrictions and added that the county had no plans to expand services: “[W]e just don’t have a lot of transitional housing in our network anymore... [W]e’ve had less in the past few years.”

The second most prevalent challenge that emerged was eligibility requirements. Participants from three counties expressed limitations in being able to provide transitional housing assistance to this population because of official eligibility criteria. As a participant explained: “[A] lot of times people are ineligible even though they’re homeless. They’re ineligible for some services because they haven’t been homeless enough... We set our requirements with the efforts, with the intent to serve the chronically homeless. But we almost create a system where people have to not just hit bottom, but drag bottom for a while before they’re eligible for the services they can get that can get them

out of that.” Another participant mentioned that each agency sets its own eligibility criteria, which led to inconsistencies in access: “[E]ach agency also has criteria set for that as far as housing availability... So then that goes back to the availability as far as what their waitlists look like because... we have just a certain number of transitional housing available here... So that would vary across the board.”

Reactions to increasing the 24-month limit. Participants across the five counties were asked to consider the policy option of increasing the 24-month limit to accessing transitional housing services. Almost all the comments focused either on additional steps that should be taken for such a policy change to affect positive outcomes or on investing instead in other services. The most prevalent reaction, which participants in all five counties mentioned, was that other supports would be necessary for the increased 24-month limit to contribute to the transition of youth out of homelessness. Some of the participants spoke about needing to consider how such a policy option would fit into the broader system of transitional supports to assess how beneficial it might be. A participant stated: “[A]s far as expanding [the 24-month limit], I mean, sure, that is needed at times, but I think we have to look at that... from a systems, from the whole system level as far as, if we’re going to have the transitional housing expanded, then in what concept?” A participant from another county agreed: “I think transitional housing has to be part of a larger service plan, a larger service package. That there need to be requirements for participating with other services to remain in transitional housing.” Another participant provided a set of services that should complement such a policy option: “I think you always have to keep in mind with housing the services that go along with it. There need to be case management services that go along with the housing to keep [youth] moving in the right direction and not build that dependency, but build self-sufficiency.”

The second most prevalent reaction to the policy option of increasing the 24-month limit to transitional housing services was that the efforts should instead focus on permanency. Participants from three counties shared this view. A participant mentioned: “I would prefer to see the permanent supportive housing because, to me, that leads to more stability, more long-term.” A participant from another county agreed, stating: “I don’t know what the alternative is other than the idea being that if we can keep them in for less time, but move them on to a place that’s permanent for them, then that’s the ideal.”

Benefits of increasing the 24-month limit.

Participants from two counties also discussed the potential benefits of increasing the 24-month limit to accessing transitional housing services. The main theme that emerged is that allowing youth to access transitional housing services for a longer period of time could augment the services they receive and improve their chances of transitioning into permanent housing. A participant acknowledged that some youth genuinely require more time to transition, implying that such a policy change could be beneficial to them: “I certainly think that a lot of our kids that have experienced trauma and abuse and substance abuse, they need as much time as possible to kind of develop the skills to end up living on their own.” Similarly, a participant from another county stated: “Benefits of [increasing the 24-month limit] would be, again, making that transition to regular housing... [O]ffering the supportive services which are primarily designed for the client to make that transition to the permanent housing.”

Drawbacks of increasing the 24-month limit.

Participants from four counties discussed the potential drawbacks of increasing the 24-month limit to accessing transitional housing services. The most prevalent drawback, which participants in three counties mentioned, was that it could lead to less access for others, especially given limited funding and resources. A participant made the following point: “If the house has

eight people and the timeline is 24 months and you decide to extend it to 36, that’s great for those eight people, but it doesn’t provide an opportunity for the other folks that don’t have access to something like that... You’re not serving a lot of people. You’re serving eight people maybe for a longer period of time.” A participant from another county agreed: “I would be supportive of [increasing the 24-month limit] if it didn’t reduce the number of available slots for other kids.” For another participant, this point was directly related to the funding and resource constraints these services were already under: “[Increasing the 24-month limit] would lead into funding case management availability. So, you know, the downside to that would be, again, we would have to have the funding available, the people, the actual staff, available to provide that.”

The second most prevalent perceived drawback that emerged from the responses, which participants in two counties stated, was that increasing the 24-month limits to accessing transitional housing services could extend youths’ dependence on homelessness services. A participant said: “My concern, if you increase the number, the goal would be to gain stability and independence, not dependence on a system. So, if it’s too long, have we just fostered them to be dependent on it rather than getting the skills to be self-sufficient?” A participant from another county also had this concern, and she added, “My concern, again, when we talk about transitional housing is, once the transitional housing period is done, then what? So if there’s not a match in permanent housing, then you’re basically just delaying and potentially extending the cycle of homelessness for young people.”

Policy area 5: Homelessness: Access to rapid rehousing

Participants in four counties were asked to describe the challenges their county faced with youth, ages 18 to 25, gaining access to rapid rehousing assistance. Participants in two of the counties further discussed the characteristics

of youth that would make them well positioned to benefit from rapid rehousing assistance, as well as the services that should be provided in conjunction with rapid rehousing to improve outcomes.

County challenges. The most prevalent theme regarding the challenges counties faced with youth ages 18 to 25, gaining access to rapid rehousing assistance was placing them in permanent housing. Participants in all four counties expressed great difficulty in being able to place youth in permanent housing, and this theme consisted of three different dimensions. The first was the general lack of available affordable housing. A participant described the need for permanent housing as “high” and identified the challenge as one of the greatest needs in her county: “[I]t is one of the areas that we don’t have too many resources for. It’s one of the highest needs that we do have that we are in need of.” In an urban county, the dearth of affordable housing largely contributed to the lack of available permanent housing for 18- to 25-year-olds: “The market is so tight, that essentially people with subsidized housing are competing for housing with people who have very large incomes.” A participant in another county also identified affordability as a major barrier to available permanent housing: “[O]ne of the detriments to rapid rehousing is the availability of housing—affordable housing; let me add that. So that is one of our biggest cruxes there.”

The second dimension to the lack of available permanent housing was the shortage of landlords willing to accept 18- to 25-year-olds transitioning out of homelessness. A participant acknowledged that, “There is nothing requiring a landlord to accept somebody with a voucher... It’s definitely a landlord’s market. They can basically ask, and they do require, any amount of rent.” A participant in another county expressed a similar sentiment: “We have a landlord shortage in our community... [W]e’re also in a college town, so a lot of our properties are taken

over for the college students... [A] landlord is going to rent to a college student quicker than they’re going to rent to one of our clients.”

A participant noted the difficulty of ensuring that would-be tenants meet the qualifications to sign a rental agreement as a third dimension to the theme of finding it difficult to place youth experiencing homelessness, ages 18 to 25, in permanent housing: “If there’s a felony, if there’s anything like that... we have that unique issue to where sometimes it takes us months, and I’m talking many, many months, to house someone depending on the background, because of the background check. So that’s an extra challenge that we face. And especially if they’re also that age group [18 to 25], it makes it a little bit more difficult. You know, how long their job history is, whether they have income. You put all those variables together, and it can become quite a difficult case, much more than others.”

Population best positioned to benefit.

Participants in two counties also discussed the characteristics that made some 18- to 25-year-olds well-positioned to benefit from rapid rehousing programs, and the comments focused on those who could quickly stabilize into permanent housing. A participant responded: “Given our current funding for rapid rehousing and the limitations of that funding, it’s gotta be folks that we think can stabilize within about five months, so that’s a pretty small snippet of this particular population.” For another participant, the answer was young people working with an adult or agency that could help them meet the qualifications for a rental agreement: “[I]f someone doesn’t have that person helping them or if it’s not the actual agency that can sign [the rental agreement] on their behalf.”

Necessary conjunction services. Participants in two counties were also asked to consider the services that, in conjunction with rapid rehousing, could improve how 18- to 25-year-olds are served in this space. A participant listed services that could help this population

gain independence: “Well, I would definitely say if they’re involved in case management, which would be the employment assistance, helping them seek employment, you know, that résumé-building... [T]here’s a lot of ways that provide the job growth as far as that income. Sobriety. Making sure that they’re attending mental health appointments. Making sure that they’re aligned appropriately to the services that they need at that time. And also life skills training... The life skills training is huge for how successful our clients are in housing.” For a participant in another county, rent subsidies could help alleviate the lack of affordable housing: “[Y]ou start dealing with the gap in what income can be created and then what the actual rent and utilities are. If somebody would assume that gap, we could house hundreds of people, but it’s a matter of what income can realistically be created for someone and then what the actual rent and utilities are, especially when you’re dealing with this age group.”

Policy area 6: Child welfare: Scope and responsibility

Participants across all five counties were asked to describe the responsibilities their county child welfare system had for minors who had run away from home or were homeless, and to

propose changes to that list of responsibilities. Participants in one county also discussed the drawbacks of their proposed changes.

Child welfare responsibility. Table 8.7 lists the responsibilities of the five county child welfare systems for minors who had run away from home or were homeless. The responsibilities are listed from most prevalent across the five counties to least prevalent. The most prevalent theme was that the responsibility of the child welfare system was defined and limited by law. Participants mentioned Federal legislation as largely placing the responsibilities with their county’s runaway and homeless service providers, including the funding for approved services and programs such as shelter and housing. A participant stated: “Our responsibility is clearly defined in Federal law, and that is that any child who shows up in the district is provided immediate access if they’re identified as homeless.” In some counties, efforts were taken to reunify runaway or homeless minors with their families before the child welfare system became their legal guardian. As a participant stated: “[The Department of Child Services] doesn’t open cases, to my knowledge, unless those children are actually being abandoned by their parents, where the parents don’t want to come pick them up.”

Table 8.7. List child welfare system responsibility

Responsibilities	Number of Counties
Defined and limited by law	4
Contact law enforcement	3
Needs assessment	3
Shelter and housing	2
Case management	1
Extension of services after age 18	1
Mediation and reunification with families	1

The second most prevalent theme was that

child welfare systems were responsible for

contacting law enforcement on encountering a runaway or homeless minor who is in the child welfare system. Participants from three counties mentioned this responsibility. Part of being responsible for contacting law enforcement was the responsibility for conducting a needs assessment, which emerged as the third most prevalent responsibility. Participants from three counties identified this related responsibility. A participant recounted: “So we have an internal protocol for any of our children who go missing. One, of course, we’re required to contact law enforcement... When we locate our runaways, we have to assess our children, do a debriefing, and determine why they ran or where they ran to.”

Proposed changes to child welfare system responsibility. Table 8.8 summarizes the proposed changes that emerged from the question of what changes to their county child

welfare system participants would like to make. The changes are listed from most prevalent across the five counties to least prevalent. The two most prevalent proposed changes centered on the theme of having greater flexibility to service minors who have run away from home or are homeless. Participants from two counties discussed wanting to improve their county’s intake assessment so minors can more quickly gain access to the services they need and to prevent them from disconnecting with the child welfare system. As a participant shared: “[W]e really want to have an assessment center where we can identify the needs immediately [within] 24 hours, have our assessment team there and determine if the child needs to go home, does [child welfare] need to be contacted. Because a lot of times what happens is, these kids who are runaways, they get released back to their home without any sort of real vetting.”

Table 8.8. List of proposed changes to child welfare system responsibility

Proposed Changes	Number of Counties
Improved intake assessment	2
Ability to work around parent or legal guardian consent for services	2
Ability to serve youth with criminal records	1
Greater substance abuse treatment services	1
Ensuring the services system is designed around youth needs	1

The second proposed change addressed the difficulty some counties have in their runaway and homeless youth providers being able to offer certain services to minors without the consent of a parent or legal guardian. A participant explained: “[F]or us, working with the homeless population is fairly difficult in that... we require a parent or guardian approval, which, for many homeless children, it’s just difficult to get that type of approval to treat, you know, from

a behavioral health stance or mental health stance... [A]ccessing those who do not have the parents’ or guardians’ involvement, but who still need significant mental and behavioral health support.” A participant from another county agreed and proposed a possible legislative solution: “[I]t could easily be... rewritten so that if a youth shows up in an emergency shelter and parental consent is refused for whatever reasons, within 24 hours, that you can start making

decisions for them. A hard sell in the [state] legislature, but it could be rewritten and allow for much quicker service provision for the youth whose families are refusing.”

Drawbacks of proposed changes. The participants from one county also provided potential drawbacks to the proposal of giving providers the ability to work around the parent or legal guardian consent for certain services to runaway or homeless minors. Some of the participants cautioned against providing services to minors without the engagement of their families: “[T]here’s some value in having the system reach out to parents, not necessarily for permission to stay, but... to decide what will make things work the best... [F]or the potential for reunification, for the potential for family therapy, for resolving the... issues that can drive the... kid to be out.” Another participant agreed, adding that this point was especially relevant in their county given that it does not have a youth shelter: “[P]articularly in our area, because we don’t have a shelter... [W]e’re still trying to do that mediation, still trying to get people... youth and families, to stay connected or reunify, which is usually the best option, anyways.”

Policy area 7: Behavioral health: Coverage and access

Participants across all five counties were asked to discuss the behavioral and mental health needs of youth experiencing homelessness, ages 13 to 25, who were disconnected from their families, and how those needs were currently being met. Participants in four counties were also asked to propose changes to their current system of behavioral health services.

County behavioral and mental health needs.

Table 8.9 lists, from most to least prevalent, the needs that emerged from the discussion. Participants in all five counties described the need to alleviate the obstacles that hindered their ability to deliver behavioral and mental health

services to homeless and unstably housed youth. Finding ways to regulate medication intake and to obtain parent or legal guardian approval for services were the most prevalent comments that made up this theme. Participants from three counties identified the issue of medication regulation as a pressing need. A participant explained why: “If you’re sleeping on the streets, or if you’re at a shelter even, what I’ve seen is, people, they don’t necessarily stick to the medication regimen. Not because they don’t want to, but because maybe side effects of the medications make them more sedated... And so, if you’re sleeping outside, you have to kind of weigh the pros and cons of taking that medication.” Participants from two counties also spoke about the need to provide behavioral and mental health services to minors whose parents were unwilling or unable to provide consent for behavioral or mental health services. A participant stated when asked about the major obstacles to providing behavioral and mental health services: “[F]rom my perspective it’s the parental approval.”

Table 8.9. List of county behavioral and mental health needs

Behavioral and Mental Health Needs	Number of Counties
Alleviating obstacles to service provision	5
Accessing behavioral and mental health services	4
Continuing services for minors who have aged out	3
Therapy and counseling services	2
Serving youth with developmental disabilities	1
Greater prevention services	1
Greater substance abuse services	1
More transportation services	1

The second most prevalent behavioral and mental health need was accessing behavioral and mental health services. Participants from four counties identified medical coverage as a major need in their county. A participant explained why the medical coverage need was so important: “[W]ith the reduction in Medicaid reimbursement, private providers in our community are reducing their Medicaid caseloads and, therefore, definitely putting greater stress on our capacity, and similar organizations’ capacity to serve Medicaid clients... [W]e feel the political ramifications of the Medicaid environment, and... Medicaid also sets some limitations to the frequency and duration of our treatment.” Participants from three other counties mentioned that youth experiencing homelessness largely relied on Medicaid coverage for accessing services, suggesting that youth in those counties also faced similar challenges.

The third most prevalent need was continuing services for youth who aged out of services. Participants from three counties shared this need, which significantly affected their service provision. A participant mentioned that age limits had ramifications for youth even before they

aged out of services: “We only see clients up to 17... [I]f they’re going to turn 18 in a matter of months, we’re going to have to pass them to one, we’re going to have to refer them to one of the other services... for care.”

Available behavioral and mental health services. Table 8.10 lists from most to least prevalent across the five counties the services that emerged from the conversation regarding the behavioral and mental health services that are available to youth experiencing homelessness. The most prevalent services were behavioral and mental health assessments, followed by extended medical coverage through vouchers or other state funding, and wrap-around services that included housing and case management. Participants also mentioned the provision of domestic violence services, education and training services, substance abuse treatment, and therapy and counseling services. The overlap between these services and the list that emerged from the discussion of county behavioral and mental health needs indicate that the counties have room for improvement in how the counties serve the behavioral and mental health needs of homeless and unstably housed youth.

Table 8.10. List of available county behavioral and mental health services

Available Behavioral and Mental Health Services	Number of Counties
Behavioral and mental health assessment	3
Extended medical coverage	2
Wrap-around services	2
Domestic violence services	1
Education and training services	1
Substance abuse treatment	1
Therapy and counseling services	1

Proposed changes to behavioral and mental health services. Participants in four counties were also asked to propose changes they would like to make to their county behavioral and mental health services. Table 8.11 lists the services that were mentioned across the four counties from most prevalent to least prevalent. Participants from two counties proposed greater

access to behavioral health and mental services, which addressed the need for accessing behavioral and mental health services that emerged as critical for participants in four counties. A participant shared the following wish: “[H]omelessness would qualify youth for... access to all of the services that they require.”

Table 8.11. List of proposed changes to behavioral and mental health services

Proposed Changes	Number of Counties
Greater access to services	2
More available housing	1
The application of a developmental lens to service provision	1
More funding	1
Greater focus on outreach	1
Greater focus on prevention services	1
Stronger referral system	1
Focus on services that provide overall stability to youth	1
Greater focus on substance abuse treatment	1

Policy area 8: Juvenile justice: Discharge policies

Participants across all five counties were asked to discuss the challenges their county faced with minors who were discharged from the juvenile justice system into homelessness or unstable housing situations. Participants in four counties were also asked to consider the option of establishing a policy that would ensure that minors are discharged into stable housing, and to discuss the potential drawbacks of this policy. Participants from two counties also produced a list of potential benefits.

County challenges. When asked to discuss the challenges their county faced with minors who were discharged from the juvenile justice system into homelessness or unstable housing situations, participants across all five counties answered that their county already had services in place to prevent this from happening. Table 8.12 lists from most prevalent to least prevalent the prevention services and practices participants mentioned were already in place. The most common one was the practice of returning minors to their homes and following up on them for some time after discharge, followed by inter-agency collaboration to ensure, by means of a thorough needs assessment, that minors had access to all the services they needed before discharge.

Table 8.12. List of services to prevent the discharge of minors into homelessness

Prevention Services or Practices	Number of Counties
Returned home and case managed	3
Inter-agency collaboration to provide wrap-around services	2
Needs assessment	2
Non-criminal housing facility	1
Independent living skills services	1
Housing advocate	1

Despite these available prevention activities, participants across all five counties mentioned that their county faced challenges in ensuring that no minor was discharged from the juvenile justice system into homelessness or unstable housing. The one theme that emerged from these conversations is that it was difficult to deliver the necessary services to this population. Participants mentioned various contributing factors, including: the impact of having a criminal record, ineligibility for the extension of foster care, and the impact of housing instability. A participant mentioned: “The biggest problem

is that those children who are in YDCs [youth detention centers] or who have not been sent down to level two placement like foster homes or group homes, they are just, they’re not eligible [for extending foster care], which is just unthinkable to me because these are our most vulnerable youth... [T]here’s no rhyme or reason to why you would treat these juvenile justice youth differently than youth at foster care.”

Reactions to ensuring discharge into stable housing. Participants from four counties were asked to consider a policy option that ensured minors are discharged into stable housing. The

main response that emerged is that such a policy would have to be obtained at the state level as youth homelessness cuts across all counties. As one participant stated, “So it would be more of a state issue rather than a county... It’s just that, again, a majority of these kids are not from [our] county... or nearby, for that matter.” Related to this point, a participant from another county noted that the county did not have jurisdiction over juvenile justice matters: “That would be our statewide juvenile justice system because we don’t have a county juvenile justice system.”

Benefits of ensuring discharge into stable housing. Participants from two counties also discussed potential benefits to the policy option of ensuring minors are discharged into stable housing, which included assurance that minors would be discharged into a safe environment rather than the streets, and that minors would be better positioned to access a host of other services that could help prevent future problems. Regarding the access of services, a participant stated: “I think the benefit would be that we would be making that first step to helping people. That if they do have behavioral or mental health, or an addiction issue, we would be making at least that first step towards stabilization so that that individual can then receive services for those other issues. So I think it could have that potential benefit of not only addressing the... primary problem of homelessness, but that then it can actually have additional kind of a domino effect.”

Drawbacks of ensuring discharge into stable housing. Participants from four counties discussed the potential drawbacks to the policy option of ensuring minors are discharged into stable housing. Two themes emerged from the conversation: the difficulty of implementing such a policy option and the potential harm it could cause to minors. Regarding the first theme, participants from two counties honed in on the issues of a lack of funding, a lack of housing, and the need for other services to ensure the policy option could be meaningfully executed.

A participant explained: “I just think it would be difficult to mandate something like that without the pushback requests or inquiry being, ‘Where’s the funding for it?’ And that’s a big question for a lot of things in [our state] right now. So, it would be really difficult to put forward a mandate, an unfunded mandate.” A fellow participant built on this notion by discussing the lack of available housing to make such a policy option viable: “[T]he biggest hurdle would be finding housing for those individuals who didn’t already have housing available to them.” For a participant from another county, the policy option of ensuring that minors are discharged into stable housing necessitated a consideration of their needs given their age and circumstances: “I think the key to this demographic is not one size fits all. So, not everyone would be successful in the unit of their choice, but maybe a more congregate option for this demographic may work as long as there’s supports and structures to mitigate issues and concerns.”

The conversation around the theme of the potential harm such a policy change could cause to minors focused on the implications of minors either being kept in custody or child welfare, or being discharged into poor family situations in the absence of stable housing. A participant said: “I would just be afraid that it would resort in youth having to stay longer because of a lack of stable housing... [A]s it is right now, youth are not to be detained just for a lack of housing. We can’t be an alternative to placement.” A fellow participant agreed, saying that the child welfare system also does not make a great parent. For a participant in another county, the prospect of minors being returned to their homes in the absence of stable housing was equally negative: “I don’t know that that’s necessarily an optimal thing to have a statute that says [minors being discharged into unstable housing] couldn’t happen because some family dynamics... it is a better environment for them not to be within that home... [I]t would have to be on an individual basis. Sometimes the children are better not being with their families.”

Policy area 9: Education: Retention and high school completion

Participants from four counties were asked to discuss the challenges the school system in their county faced with serving—year-round—students experiencing unaccompanied homelessness. Participants from one county also considered how a policy option that ensured youth experiencing homelessness had access to year-round supports and services from the school system could support their completion of high school, whereas participants from another county considered the potential challenges of such a policy.

County challenges to providing year-round education services. Participants in four counties were asked to discuss the challenges their county school system faced with serving unaccompanied students year-round. Table 8.13 summarizes the challenges that emerged from

this discussion in order of most prevalent to least prevalent across the four counties. Participants from two counties mentioned the difficulty unaccompanied homeless and unstably housed students faced in attempting to access education services. A participant addressed the lack of special attention that students experiencing homelessness receive from the school system: “I think our school system here is paranoid or concerned about our custodial youth in the system... There’s not really specific supported services... options available for like credit recovery in the summer.” Along similar lines, a participant recounted the challenges that arise in trying to connect unaccompanied students with services: “[R]ight now, if someone who’s working in a school district wants to access services for a student, it depends on what neighborhood they’re in, what school district they’re in... [T] here might be five different phone numbers they should call for five different agencies that have five different criteria.”

Table 8.13. List of county challenges to providing year-round education services

Challenges	Number of Counties
Difficulties accessing services	2
Lack of funding and resources	2
Difficulties tracking student progress	2
Students unable to fill gaps in schooling	1
Lack of transportation services to and from school	1

Participants in more than one county identified two other challenges to providing year-round school services to unaccompanied students: a lack of funding and resources, and the difficulty of tracking student progress. A participant honed in on the lack of funding and resources to sustain year-round services to this population: “A school system can design summer programs that are available in the summer for students... but typically they don’t have the funds to do that.

So, there’s no preventing it, but there’s nothing supporting it, either.” Regarding the challenge of tracking student progress, a participant mentioned: “And some of the challenge is actually being able to track our youth and to follow up and make sure that they are going to stay on track with the plan that has been developed or established. ‘Cause sometimes they fall off the radar if their housing placement isn’t as stable as they wish...”

[W]e don't even have the manpower to look for them." Furthermore, a participant implied that it was important to be able to track student progress because the education system needs to ensure that they have met certain requirements to graduate high school: "[W]e put them in the school just to say they're at school, while we're trying to go back and find transcripts and such so we can figure out where they're at academically."

Benefits of providing year-round schooling.

Participants from one county also considered the potential benefits of a policy option that guaranteed year-round supports and services from the school system to unaccompanied students to help them complete high school. The main response was that it could help increase the number of students from this population who complete high school. When asked if such a policy would be beneficial to helping this population complete high school, a participant replied: "Oh, without a doubt. It's absolutely necessary. Those students that have a need, you want them to finish as close to on time as possible because the older a child gets in the public education system, the more social pressure comes to bear on them to not be in the public education system."

Drawbacks of providing year-round schooling. Participants were asked to consider the potential drawbacks of a policy option that guaranteed year-round supports and services from the school system to unaccompanied students to help them complete high school. The one response focused on the implications for funding and the need for other supports and services to ensure success. When asked what challenges might arise from the policy option, a participant declared: "Funding. It's gonna' take individuals to do the work that it takes to work with the youth because the policy itself isn't gonna' get the work done. The challenge is how we are connecting with the youth and providing the support on the back end. So once we connect with the youth, we have all the support

aligned and the youth feel comfortable enough to move forward in their lives." The participant then built on the importance of helping students navigate the available resources in order for them to be successful in this space: "A lot of students, they don't understand what the process is set up for or how it even affects the possibility of them becoming successful or not, and moving forward and being able to access the system."

Discussion

Key findings

Five main policy implications were identified from the results of the consultations with county service providers.

First, more robust identification systems and approaches—and investments in them—are needed for a largely hidden population.

Youth experiencing homelessness largely remain invisible and unknown to systems and agencies positioned to provide support due to transience, discrete and fluid living situations, and efforts by youth themselves not to appear as homeless. Relatedly, these youth often lack the geographic stability conducive to receiving long-term care and services, which is especially important in the behavioral health and education areas. Moreover, they often touch service systems after the problem of homelessness has occurred. Identification of youth at-risk for homelessness—from the standpoint of true prevention—was rarely resourced or a concerted strategy in communities' public systems. This challenge arose not only in the general discussion about county challenges in supporting these youth, but in the behavioral health, juvenile justice, and education conversations.

Second, streamlining of the provision of services to better respond to the needs of youth experiencing homelessness is critical. This point had two prongs: the actual delivery of services and eligibility requirements. Regarding the delivery of services, participants across the five counties indicated a need for

youth-centric coordinated entry points and for a wrap-around service approach. Many of the participants acknowledged that part of the difficulty in supporting this population was that its members often did not know how to navigate the convoluted and fragmented continuum of services. Participants expressed that having coordinated entry points and quality navigational support for them and their families could alleviate this obstacle to accessing services. Various uncoordinated call lines—that often led to either no available services that met the young person’s needs—and fragmented program-specific service options that had to be accessed through individual agencies were the norm. This resulted in significant time burden and frustration for both youth experiencing homelessness and for various public systems personnel trying to help them. A more youth-centric, coordinated entry and assessment system backed by wrap-around services tailored to youth, would allow for greater cohesion of supports and capacity to meet the multidimensional needs of youth and their families.

Furthermore, complex eligibility requirements both between service agencies and between programs within agencies—often depending on their funding source—resulted in additionally convoluted service continuums for youth to try to access in times of need. As such, enacting eligibility requirements that give communities greater flexibility and taking a developmental approach to this population emerged as the second foundation for a more streamlined system of service provision. The aging out of services and variability in eligibility criteria for different services have fueled a haphazard approach to service provision.

Third, a more comprehensive array of services is often needed to augment the potential for policy success. The conversations around improving services in the emergency shelter, transitional housing, rapid rehousing, child welfare, juvenile justice, and education spaces all acknowledged the need for providing

a more comprehensive set of services to ensure that each engagement could lead to sustainable exits from homelessness and youth getting on a path to thriving. The prevalence of such an acknowledgement reinforces the need for approaching the problem of youth homelessness not as a set of separate issues, but as a fluid trajectory that requires a more comprehensive and holistic approach.

Fourth, inadequate funding and resources were commonly noted drawbacks to policy options that seek to improve service provision to youth experiencing homelessness. When participants expressed support for a policy option, such as expanding access to developmentally appropriate emergency shelters or transitional housing assistance, ensuring minors are not discharged into homelessness or unstable housing, or providing year-round education services to unaccompanied youth, they elevated a lack of funding and resources as an immediate drawback. Without accompanying investments, many policy options were framed as unfunded mandates that would be unrealistic to execute to achieve intended outcomes.

Fifth, without youth being in safe and stable housing arrangements, the provision of other services was widely viewed as much more difficult and less effective. Without housing and geographic stability, accessing youth and delivering services to them would remain a challenge, as would efforts to improve their outcomes through tailored wrap-around supports and services. This point is especially salient for the areas of behavioral health and education, which, because of the nature of the problem, require long-term treatment and service provision. These comments reflected a key principle of the “housing first” philosophy, which underscores the need for individuals to have access to low-barrier housing as a prerequisite to benefiting fully from other supports and services.

Limitations

The VoYC Policy and Fiscal Review involved several important strengths, including the integration of diverse stakeholder perspectives from five different key systems and across five counties often with distinct geographic and population realities. However, despite its strengths, the Policy and Fiscal Review also had important limitations. First, while we captured insights from a diverse set of counties to increase the generalizability of our findings, the sample should not be taken as nationally representative, and the results are thus not necessarily generalizable to all counties or systems. Second, in some counties, the voice of a representative from one or two of the five policy areas was missing. Further, the absence of the voices of experts in some counties likely limited the completeness of the data collected. Third, the number of policy areas that were discussed, the number of participants in each consultation, and the time limit of two hours for each consultation all reduced the depth of the conversations. As such, although many important details emerged from the conversations, the richness of the data collected was limited. Fourth, although efforts were taken to create a safe and open space for dialogue, as with all focus groups, there is a possibility that some participants may have censored their genuine opinions given that their colleagues were also part of the discussion. Finally, although the process involved a degree of analysis of Federal statute and regulation, future policy and fiscal review work would benefit from greater time and resources for much more thorough and systematic analysis and integration of these policy entry points, as well as actual fiscal modeling of different policy options.

Conclusion

Homelessness among youth is a significant policy challenge and understanding the needs and realities of systems and service providers at the local level is critical for the development of effective policies. Motivated, in part, by this need for a better understanding of the relationship between policies and service provision at the county level, VoYC developed a replicable methodology for conducting a policy and fiscal review. As a result of this effort, we now have an expansive list of needs, challenges, benefits, and drawbacks policymakers should weigh when considering policy changes related to homelessness, child welfare, behavioral health, juvenile justice, and education services to help end youth homelessness.

Our findings reveal that, although public systems and service providers have established a degree of continuums of services for youth experiencing homelessness, challenges lie in accessing the target population and effectively delivering the services they need, when they need them. Exactly how policymakers decide to address those inefficiencies is beyond the scope of this research component. Nonetheless, the findings discussed in this chapter serve as a foundation for understanding key issues, so that policymakers can be better informed.

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Chapter 9. Conclusion

Key findings

To bring more and better evidence to inform actions to end youth homelessness, the Voices of Youth Count (VoYC) initiative addressed several key research questions using a mixed-methods, multi-component approach. In this concluding chapter, we summarize what we learned in response to those questions, illuminate important themes, and highlight opportunities for future research.

How many youth and young adults experience homelessness?

To date, the field has lacked reliable evidence on even the most basic questions around youth homelessness, including confident estimates on the prevalence and incidence of the problem. The ability to track our progress toward ending youth homelessness is reliant on the ability to estimate incidence and prevalence across time. VoYC has made significant progress on producing evidence that can help decision-makers size and tailor the policy actions required to end youth homelessness. We achieved this through a combination of a national population-based survey and local youth-specific point-in-time counts, and by establishing approaches and tools for enhancing and replicating the production of national and local estimates in the future. The VoYC initiative’s development of strategies to reliably estimate youth homelessness over time contributes substantially to our ability to gauge the progress of communities and the nation toward the Federal goal of ending youth homelessness.

The national survey reveals youth homelessness as both a broad and hidden challenge. During a 12-month period, 3.3 percent of households with 13- to 17-year-olds reported explicit youth

homelessness (including experiences that the respondent described as “homelessness” and/or as having run away or been kicked out for at least one night), and 1.0 percent reported experiences that solely involved couch surfing without a safe and stable alternative living arrangement, resulting in an overall 4.3 percent household prevalence of any homelessness. We estimate that this translates to a minimum of approximately 700,000 adolescent minors, or 1 in 30 of the total population of 13- to 17-year-olds.⁸⁶ The prevalence of homelessness among young adults (ages 18–25) is even higher. Twelve-month population prevalence rates for young adults were 5.2 percent for explicit homelessness, 4.5 percent for couch surfing only, and 9.7 percent overall. This estimated count reveals more than 3.5 million, or one in 10, young adults experienced some degree of homelessness in a year.

The national survey engaged adults within households contacted, thus it is possible that the difference in prevalence rates between the younger and older youth was due partly to undercounts and underestimates of minors. At the same time, this upward trend is consistent with broader public health research that shows increased levels of vulnerability during the transition from adolescence to young adulthood. The Runaway and Homelessness Youth Act (the authorizing legislation for this study) does not restrict homelessness to the location of sleeping—and would therefore consider couch surfing as homelessness if the youth lacked a stable living arrangement. Not all policy and research definitions would necessarily recognize couch surfing or doubling up as homelessness. However, even when we omit couch surfing from the overall estimates, the scale of youth homelessness remains far larger and more hidden than typical counts and administrative data sources suggest.

⁸⁶ Assuming only one youth that experienced homelessness per household that reported any type of 13–17-year-old youth experiencing homelessness.

These national estimates reveal that key systems and Federal programs need to be significantly better resourced to address the scale of youth homelessness. For example, according to 2014 data collected by the U.S. Department of Health and Human Services (HHS), about 50,000 youth were served by the two major runaway and homeless youth programs involving short- or longer-term housing in 2014. Per the U.S. Department of Housing and Urban Development's (HUD) 2016 Annual Homeless Assessment Report (AHAR) to Congress, 21,000 beds or housing spaces were under different HUD-funded programs targeted to unaccompanied and parenting youth in 2016. Even if we conservatively assume that only a small share of youth experiencing any homelessness in a year needs short- or long-term housing interventions, these numbers fall well short.

At a local level, VoYC worked with 22 counties across the country to conduct youth-specific point-in-time counts. These counts involved survey instruments specifically designed with youth in mind, identification of "hot spots" in which youth experiencing homelessness were likely to be found, and, most importantly, significant engagement of youth with lived experience throughout the process of planning and conducting the counts. In 2016, using a stratified random sample, we conducted youth counts in 22 counties out of the 3,089 counties, parishes, and organized boroughs in the United States in 2016. In those 22 counties or parishes alone, 5,970 youth and young adults, ages 13–25, were counted as homeless on a specific night in August. In nearly all cases, a snapshot in time of these numbers of youth in need significantly exceeded the supply of local shelter and housing services available to them.

What populations are overrepresented among youth experiencing homelessness?

Identifying subgroups of youth who are more likely to experience homelessness can prompt

targeted strategies to speed progress toward ending it. VoYC analysis offered additional information about comparative risks of different subpopulations of young adults, ages 18–25, for experiencing "explicit homelessness."

Among racial and ethnic groups, American Indian or Alaska Native (AI/AN) youth and Black youth were especially overrepresented, with an 83 percent and 120 percent increased risk, respectively, of having experienced homelessness over youth of other races. Higher risk of AI/AN and Black youth compared with other races remains even when we controlled for other factors like income and education. Disproportionality of homelessness experiences among these subpopulations of youth mirrors disparities documented elsewhere, for example in school suspensions, incarceration, and foster care placement. It is likely that disproportionalities in other systems, along with a weaker schooling and service infrastructure in predominantly minority communities, help explain elevated risk of homelessness, but more targeted research can help pinpoint causes.

Hispanic youth were also found at higher risk of experiencing homelessness than non-Hispanic youth. Further, while Hispanic youth comprised 33 percent of 18- to 25-year-olds reporting explicit homelessness (compared with 25 percent of young adults not reporting homelessness), only 19 percent of youth served by Federally funded runaway and homeless youth programs in 2014 were Hispanic. Point-in-time counts have also shown lower percentages of Hispanic youth overall among those identified as homeless, especially those in shelters. As such, our national survey results suggest that Hispanic youth are especially hidden among those experiencing homelessness.

Lesbian, gay, bisexual, and transgender (LGBT) youth had a 120 percent increased risk of experiencing homelessness compared with youth who identified as heterosexual and cisgender. These findings reinforce growing

evidence on the heightened risk of experiencing homelessness among LGBT youth. This often stems from a lack of acceptance that youth experience both in and outside of the home.

Young parents—especially unmarried ones—had three times the risk of experiencing homelessness compared with non-parenting peers. This finding is alarming, not only because of the risks posed to youth themselves, but also to their children. Housing instability in early childhood can have lifelong consequences. For these youth, approaches to prevention and services need to reflect the developmental needs of the youth, their children, and the holistic needs of their families.

Above and beyond these demographics, education was strongly related to risk of homelessness. In fact, of all the indicators assessed, the lack of a high school diploma or General Equivalency Diploma (GED) was the most strongly correlated with higher risk. These young adults had 4.5 times the risk of experiencing homelessness compared with peers who completed high school. Although we cannot say whether lower education causes youth homelessness, this finding reinforces the extent to which education, and underlying factors that support educational attainment, could protect youth from becoming homeless.

Moreover, youth with lower household income were significantly more likely to experience homelessness. Although unsurprising, this finding reinforces the links between poverty, income inequality, and homelessness, and underscores the importance of addressing these structural factors to truly root out youth homelessness for good.

What are the characteristics of youth experiencing homelessness, and what are their experiences?

Youth experiencing homelessness are highly diverse and not easily characterized. At the same time, as previously underscored, some

subpopulations of youth and young adults are at greater risk for experiencing homelessness than others. For example, youth experiencing homelessness are disproportionately Black and lesbian, gay, bisexual, and transgender. They are much more likely than youth in the general population to be pregnant and parenting. They include many youth who struggle with basic needs while enrolled in college (approximately one in four 18- to 22-year-olds who reported explicit homelessness in the last 12 months were enrolled in college at the time of their national survey interview). Nonetheless, on average, they have lower levels of education and come from poorer households.

According to the brief youth surveys, youth experiencing homelessness were much more likely than youth in the general population to be “NEET” (not in education, employment, or training), and more than one-third of young adults experiencing homelessness lacked a high school diploma or GED. However, many youth were still simultaneously employed and homeless, underscoring the point that a job itself is not enough; the quality (including the benefits and safety nets it carries), predictability, and income are likely to be important factors driving the extent to which employment helps youth sustainably exit homelessness. All these findings point to the fact that ending youth homelessness requires more than housing. Although safe and stable housing is critical to stabilize a young person and enable other interventions to be more successful, interventions tailored to the needs of individual youth addressing education, employment, permanent connections, and wellbeing are at least as important as housing interventions to addressing the challenge.

Our results from multiple research components indicate that characterizing a young person’s homelessness experiences by their sleeping arrangement at any particular snapshot in time is generally inadequate. Nearly two-thirds of young adults who reported explicit homelessness in the national survey also reported couch surfing

during the last 12 months. According to the national survey follow-up interviews with a smaller subsample, 71 percent of youth who experienced homelessness during a 12-month period had stayed in more than one sleeping arrangement while homeless. Among the in-depth interviews sample, over 90 percent of youth who experienced *literal homelessness* had also couch surfed. These findings underscore the fluidity of youths' arrangements over time and the need to assess and understand their housing situation over a broader period of time than any single night or week.

The VoYC in-depth interviews shined light on the significant levels of trauma and adversity to which nearly all youth experiencing homelessness were exposed, not only during homelessness, but often before homelessness and while housed. The root causes of instability begin in childhood and include early disruptions in one's literal and psychological sense of home. Nearly all youth who participated in the in-depth interviews reported chronic childhood adversity, 35 percent experienced the death of a parent/caregiver before the age of 25. Furthermore, emerging adulthood was a high-risk period, and parents struggled with youths' emerging sexuality and/or youths' inability to financially contribute to the household. Families could be a source of both adversity and support, in both cases underscoring the importance of positively engaging families in the lives of many youth experiencing homelessness.

The in-depth interviews further aimed to understand why, and under what circumstances, youth did and did not engage formal and informal resources available to them. We refer to this decision-making process as *youth logics of engagement*. Although some youth categorically engaged or disengaged with services, selective engagement was by far the most common style of engaging. Selective engagement refers to a pattern of using specific criteria or conditions to engage or disengage

on a case-by-case basis. This resulted in either selectively engaging an array of formal or informal services or being selective within a category (for example, shelters) in choosing one resource over another. For example, sometimes youth might only go to a shelter if it had a reputation as a safe and affirming space for LGBT youth, or only if important relationships could be retained or preserved (for example, housing allows baby or pet to stay with them, or will also accept a partner or friend). When these conditions were not met, youth rejected the resource often choosing to stay on the streets instead. Engagement styles were deeply informed by three underlying factors: identity protection, accumulated lived experience, and personal agency (that is, sense of independence and autonomy). These factors shaped their perceptions of the gains and risks of engaging the actual resources in their environments.

How many youth experiencing homelessness were involved in systems like justice systems and child welfare? How do these experiences relate to housing instability?

As part of the brief youth surveys we conducted at a point in time across 22 counties, we found that 49 percent of the youth experiencing homelessness were receiving government benefits (for example, Medicaid, food stamps, SSI, or cash assistance); 46 percent had ever spent time in juvenile detention, jail, or prison; and 29 percent had ever been in foster care. To appreciate the magnitude of these percentages, consider that two percent of the 18- to 28-year-olds who participated in the third wave of the Add Health Study had ever lived in a foster home,⁸⁷ and that 15 percent of the 24- to 34-year-olds who participated in the fourth wave of the Add Health Study had ever spent time in a jail, prison, juvenile detention center, or other correctional facility (Harris, 2009).

⁸⁷ The Add Health figure does not include young adults who were in group care settings, but not in foster homes (Harris, 2009).

We also looked at the overlap between youth who had spent time in foster care and youth who had spent time in juvenile detention, jail, or prison and found that 17 percent of youth had experienced both. Although these statistics do not reveal the nature of relationships between systems and homelessness, they do suggest that these systems offer important entry points for preventing large numbers of youth from becoming homeless.

The in-depth interviews highlighted a common challenge of poor transitions out of and between systems. Youth experiencing homelessness commonly described interactions with justice and/or child welfare systems in their trajectories into and through homelessness, yet they rarely described ways in which these systems had assessed or addressed youths' housing instability or risk of homelessness upon exit. These represent missed opportunities for prevention and early intervention of youth homelessness through cross-systems efforts.

Furthermore, our analysis of foster care archive data from multiple states indicates that 13 percent of youth who entered out-of-home care for the first time when they were 13- to 17-year-olds experienced a bridged run (that is, a run lasting less than seven days), exiting their first out-of-home care spell by running away. Efforts to prevent and address such runaway experiences, starting with centering strategies on the subpopulations of youth that our analysis indicate are at highest risk, can help systems to get out in front of youth homelessness at its early stages. At the same time, our in-depth interviews found that many youth experiencing homelessness who had foster care involvement had been adopted, reunified with families, or had otherwise experienced homelessness in ways other than having runaway from care or exited care straight into homelessness. These findings underline that, beyond viewing child welfare as a system entry point to address youth homelessness, child welfare involvement is also a signal of risk for homelessness irrespective of

current system involvement. Prevention efforts should include efforts to periodically assess the situations of these youth and their families and provide tailored supports and services to prevent their homelessness and strengthen their opportunities for long-term successful outcomes.

What policies and practices can make a difference?

While much more and better intervention and policy evidence is needed, our systematic evidence review revealed evidence that some interventions can and do measurably prevent and reduce youth homelessness. Seventeen unique effectiveness studies measured at least one outcome capturing housing stability or homelessness. Of these, three involved randomized controlled trials (RCTs) and two involved quasi-experimental studies with matched comparison groups. The remaining comprised either no service-as-usual/no treatment comparators or assignment of control groups that lacked measures to mitigate bias. All three of the RCTs showed positive intervention effects on preventing or reducing homelessness or housing instability, and all but three of the 17 unique studies indicated statistically significant improvements in at least one housing stability outcome. This suggests encouraging evidence that youth homelessness can in fact be measurably prevented and reduced with adequate intervention.

The review findings also indicated that well-implemented, multi-component interventions tailored to individual needs and preferences are likely to yield the greatest success. Some intensive interventions measurably reduced youth homelessness without any direct housing interventions, reinforcing that interventions beyond housing assistance can have an impact. For example, the YVLifeSet program significantly reduced homelessness experiences while improving other outcomes primarily through intensive case management and support services for youth that recently transitioned

out of juvenile justice or foster care systems. However, these effect sizes were modest for housing stability, and more direct housing assistance to complement intensive support services might have resulted in more dramatic improvements in housing stability. Conversely, while housing-inclusive interventions, such as a “Housing First” model in Canada, demonstrated positive effects on homelessness, many youth nonetheless continued to experience homelessness and housing instability by the end of the intervention. This likely underscores additional attention needed to ensuring that housing-inclusive interventions effectively integrate the broader, youth-centric services and supports beyond housing or rental assistance that youth need for sustainable exists from homelessness.

Implications for policy and practice

More broadly, our initial results underscored several opportunities for policy action that are likely to accelerate progress toward ending youth homelessness.

Conduct national estimates of youth homelessness biennially to track our progress as a nation toward ending youth homelessness. In 2013, the United States Interagency Council on Homelessness (USICH) released a *Framework to End Youth Homelessness*. Among other things, the Framework called for “periodic and comparable estimates of homeless youth over time...to monitor changes in the needs and characteristics of the population and subpopulations as well as progress towards the goal of ending youth homelessness.” The VoYC national survey was the first of its kind and could be further refined in specific ways, but it has established a cost-efficient, robust, and reliable mechanism for continuing to gather nationally representative data on the size and scope of youth homelessness. We cannot end youth

homelessness in the dark. Trend data will help to center the national policy and practice dialogue on evidence, and identify subpopulations and regions that experience faster or slower progress toward ending youth homelessness.

Fund housing interventions, services, outreach, and prevention efforts in accordance with the scale of youth homelessness, accounting for different needs. As with prevalence estimates of various other social and public health challenges—ranging from HIV/AIDS, to domestic violence, to unemployment—our estimates capture a spectrum of experiences that do not all require the same interventions. For example, youth who are couch surfing in a safe arrangement but lack long-term housing stability may not need emergency shelter services, but may benefit from access to longer term housing assistance and/or educational or employment programs that equip them to achieve housing stability. Others may need emergency shelter services to avoid spells on the streets or in unsafe situations. Many youth can benefit from interventions that work with both them and their families and may be able to achieve housing stability through positive reconnection with family rather than through housing programs.

This diversity of youth experiences and circumstances points to the need for communities to have adequately funded program mixes to provide tailored supports and services to the needs and preferences of individual youth. Furthermore, coordinated entry and good intake assessments can help make tailored service prioritization and connection decisions based on individual-level information. Overall, however, the scale of the problem identified by this research reveals significantly under-resourced response systems and services—including for outreach, housing, and shelter services centered on the specific needs and circumstances of youth and young adults.

Invest in development and evaluation of youth-centric housing and service models to prevent and address youth homelessness.

While showing growing and promising evidence in some areas, the systematic evidence review also revealed significant knowledge gaps that present blind spots for developing more evidence-informed policies and programs to end youth homelessness. Areas in which we found little to no evidence from rigorous experimental or quasi-experimental studies of interventions addressing youth homelessness included prevention, public systems-based interventions, prominent housing models for youth and young adults, outreach programs, and service delivery models. Additionally, the in-depth interviews found that youth often fell through the cracks when systems were siloed or during transitions in, out, or between systems or services. As such, we recommend the design and evaluation of intervention models that provide youth with formal individualized navigation, support, and advocacy interventions. Moreover, evaluations rarely studied intervention effects specifically for high-risk subpopulations, such as Youth of Color or LGBTQ youth. Research from broader fields underscores one should not assume that interventions are equally effective for all subpopulations. Investing in evaluations with more intentionality about disaggregating results by key subpopulations—along with strong mixed-methods process evaluation—will help to determine for whom cultural adapted interventions, or different interventions altogether, might be needed.

The results of the service provider survey point to what may be significant gaps in service provision for youth experiencing homelessness. For example, a high percentage of runaway and homeless youth (RHY) service providers operate programs that have waiting lists or that have turned away youth during the past year. The types of programs that are available also have gaps, particularly in small counties, where there appear to be relatively few RHY service providers. Homeless adult and

family service providers may be filling some of these gaps for 18- to 25-year-olds, but the programs they operate may not address the developmental needs of young adults and youth may be reluctant to avail themselves of shelters or other programs designed for homeless adults due to personal safety concerns. Moreover, although a majority of homeless youth are age 18 or older, there appears to be a lack of programs that serve youth under age 18, especially in small counties. Taken together, these results highlight the need for additional capacity to provide runaway and homeless youth with housing and other services.

Moreover, more RHY service providers receive funding from foundations or individual donors than from any single government source—Federal, state, or local—and those in large counties were more likely to receive Federal, state, and/or local funding than those in a small and, to a lesser extent, medium-sized county. This implies a particularly significant need for greater government investment in the scale of services required to truly end youth homelessness, especially in communities that may have fewer private funding sources to rely on.

Build prevention efforts within and across public systems where youth likely to experience homelessness are in our care: education, child welfare, juvenile and criminal justice, and behavioral health. No one system alone can address the multiple needs of these vulnerable youth. Policies that cut across Federal programs are necessary to build a strong prevention safety net to avoid homelessness before it begins, and to ensure that any experiences that do take place are brief and non-recurrent. With close engagement of multiple Federal agencies, the USICH could facilitate development of a specific cross-sectoral strategy on prevention of youth homelessness, and Congress should consider appropriating necessary resources for its implementation. The brief youth surveys further documented that youth who have been in child welfare or

justice systems, or lack a high school diploma, are at especially high risk of homelessness. Public systems can and do have an impact. In particular, policymakers should encourage these systems to develop and implement plans that identify youth at risk for homelessness and initiate transition supports and service referrals.

Identifying youth in foster care at highest risk for running away and providing these youth with early supports can help prevent runaway episodes from happening or devolving into homelessness.

While our brief youth survey data from 22 counties underscore the extent to which youth who have been in foster care are at much greater risk for homelessness, among youth in out-of-home care, those who have multiple runaway episodes are of particular concern. Our analysis of Multistate Foster Care Archive Data reveal that Black and Hispanic youth, youth in urban core counties, and youth in the most socioeconomically disadvantaged counties are at the greatest risk for running away. Because communities with high shares of people of color and those that are socioeconomically disadvantaged often overlap, place-based strategies to provide greater supports and resources to youth and their families in these communities could help to mitigate the risk of these children and youth entering out-of-home care in the first place. Second, our findings also suggest that system-level factors, particularly the placement of youth in congregate care and placement instability, may also contribute to increased likelihood that youth will run away from out-of-home care. This underscores the importance of avoiding congregate care arrangements and multiple placements wherever possible. The Federal Government and State Governments can leverage the recently passed Family First Prevention Services Act of 2018 to incorporate place-based strategies to prevention youth from entering out-of-home care by delivering evidence-based early intervention to youth and families in those communities, and the legislation also provides incentives to states to reduce placement of children in congregate care.

Rethink timing of intervention and prevention. Taking youth seriously about where their unaccompanied homelessness really begins, challenges us to reconsider where our interventions should start. While youths' literal homelessness often began in adolescence, youth began their "stories of instability" at much younger ages. Some as young as birth. Their stories suggest that homelessness is a symptom of much larger and enduring struggles in our society, our systems and institutions, and consequently, in family systems who often navigate these challenges on their own. For example, there is a serious need to address the loss, grief and trauma that many of these youth described as normative in their childhoods. This calls for deploying and evaluating models of practice and service delivery that are trauma-informed and those that address grief and healing from chronic loss. Practice models and approaches to engagement must also take seriously the many ways in which youth experience interventions themselves as risky or even the cause of their instability and loss (for example, removal from home into foster care). Our findings strongly reinforce the increased use of trauma-informed services, paired with the intersectional and holistic approaches discussed above. The enduring findings in homelessness research around family conflict (Ringwalt, Greene and Robertson, 1998; Whitbeck and Hoyt, 1999) and need for effective interventions (Toro, Fowler, and Dworsky, 2007) must take seriously the enduring, multigenerational, family dynamics that contribute to this need.

Tailor supports for rural and small-town youth experiencing homelessness to account for more limited service infrastructure over a larger terrain.

Although our national survey shows that youth homelessness is just as prevalent in rural communities as it is in more urban communities, the challenge tends to be more hidden in rural and small-town communities, and youth in these communities are more likely to lack youth-centric services and supports during times of need. We also

have little evidence on interventions designed to prevent and address youth homelessness in rural settings. Through legislation like RHYA and the HEARTH Act, policymakers could also consider appropriating resources to allow for tailored outreach strategies and provision of services in rural communities, building on lessons from pilots funded by HHS and HUD. Policymakers should also encourage the evaluation of services delivered in rural communities to ensure interventions meet the needs of this group of youth.

Equity must be center-focus in policy and system responses to end youth homelessness. The data consistently demonstrate stark inequities in youth homelessness. Federal policy and programs and public systems need to incorporate strategies to address the disproportionate risk for homelessness among specific subpopulations, including LGBT, Black, Hispanic, and American Indian or Alaska Native youth. This starts with ensuring that systems and programs collect and use data to track whether some high-risk subpopulations are served less frequently, or less effectively, than other youth. Federal agencies should require and support data collection and disaggregated data analysis by these high-risk subpopulations as much as possible in funded systems and programs serving youth experiencing homelessness. Informed by continuous monitoring, systems and programs can better tailor outreach, staff recruitment or development, and service delivery models to prevent higher risk of homelessness among some groups and provide safer, more inclusive services that meet their needs for exiting homelessness.

Ensure safe and affirming spaces and service delivery for LGBT youth. The in-depth interviews underscored the extent to which the presence of resources and organizations that are welcoming, protective, and affirming to LGBT youth made an enormous difference to participants in the study. It facilitated their

engagement with formal services in particular and opened new informal networks of support in general. Identity protection, although not exclusive to this population, was an important lens through which youth assessed the risks of engaging a resource, including within their own families. Some LGBT youth may prefer agencies that provide safe spaces and culturally attuned services related to their sexual and/or gender minority identities. However, some LGBT youth of color, and straight/heterosexual youth of color may prioritize racial and cultural safety and attunement. Still others may seek services that are not identity-specific, but still offer safe and inclusive services that affirm all their identities and are open to a range of youth. Our service options to youth must reflect these layers of complexity in human diversity.

All organizations can become skilled and culturally attuned to this very diverse group of youth. This study suggests a serious need to explicitly and implicitly message that agencies and their staff celebrate youth not only by affirming their identities, but also through partnering with youth as they navigate the homophobia and transphobia that permeate their daily lives. Such affirmation also includes key developmental contexts such as family, school, work, and community. We recommend the edited volume by Abramovich and Shelton (2017), which outlines comprehensive approaches, using an intersectional model, for interaction with LGBT youth in Canada and the United States.

Use holistic and intersectional approaches to service delivery. Our systems and services need to not assume youth operate, or experience their worlds, from a single space or identity. Youths' shared experience of their housing instability was further shaped by other intersecting realities such as the resources in their communities, the health and wellness of their parents and families, social class, their peer networks, youths' involvement in various systems, and the presence of stigma and discrimination in their environments. Youth also

have a range of identities and social locations that matter in how they derive meaning from the risks in their environment and their needs. These identities include, but are not limited to, gender, sexuality, race-ethnicity, developmental stage/age, social class, and (dis)ability. Findings from our in-depth interviews support the emerging use of intersectional approaches that take this more holistic view of youth and the host of vulnerabilities and strengths in their environments. We recommend the development of models of practice, service delivery, and a robust complementary research agenda, that can move this work forward and that is a true reflection of the diversity that exists among this population.

Specifically, the in-depth interviews component findings fully support the small but growing trend in work with marginalized populations that call for use of “anti-oppressive” and “intersectional” models for practice (Abramovich and Shelton 2017, Baines, 2011; Hyde, 2005; Zufferey, 2017). To raise attention to social (in)justices faced by many marginalized populations, these models offer a shift in understanding the role of power, and cycles of oppression tied to structural and interpersonal factors. They offer a person-centered-in-context frame from which to assess needs collaboratively between those giving and those receiving resources and services. Our findings that youth often experience “help” as disempowering and as a risk to their personal agency or a threat to invalidate or stigmatize a marginalized identity or status most strongly support this recommendation.

Taking an intersectional approach within our systems and services, however, can also facilitate remaining attuned to the complexity inherent in any youth’s circumstance. How one’s racial-ethnic status matters is shaped by other factors like class, (dis)ability, immigration status, sexuality, and gender identity. In this way, we are recommending that intersectional approaches can be critically useful not only for minority populations (for example, racial-ethnic

minorities, people who identify as LGBT), but for understanding the intersecting oppressions and privileges that any young homeless person navigates.

Focus on strategic placement of housing options and services, and innovative outreach strategies that recognize and engage with youth-preferred channels of communication. Youth are often connected to housing resources through friends, family, and existing relationships with service providers. However, they also reported using online searches for housing resources much more than from street outreach or helplines. Our findings also suggest that youth put a lot of time and effort into hiding their homelessness from adults who may be in a position to help (for example, teachers, and school social workers). Our youth logics analysis suggests this is a critical part of their management of risk. Nonetheless, it remains a serious barrier to building awareness about resources youth need. We recommend expanding youth outreach methods to extend into online and social media venues, and to be nimble and responsive to rapidly evolving trends in youth-preferred communication outlets and styles. Our findings support public health campaigns that target much younger children, families in general, and include youth who are not currently homeless, or who do not self-identify as homeless.

Normalizing access to these resources and basic service information may reach a larger population of youth so that they and their peers have this information before they need it. It may also decrease their need to manage risk of stigma by avoiding using services that require they first admit to being “homeless.” Communities across the country and internationally are also increasingly experimenting with youth-specific models of rapid rehousing and host homes that provide temporary or permanent housing arrangements. These resources can be located within and around where youth currently reside. Youth Homelessness Demonstration Program

grantees are also being encouraged through HUD to experiment with these and similarly creative arrangements and solutions across diverse community contexts (HUD, 2016). Although shelters and temporary housing services are needed, a more robust array of options for youth, especially in more rural areas, is also needed.

Build healthy informal networks and positive connections to caring adults. Although some youth participating in the in-depth interviews struggled with trusting people as sources of support, they also spoke at length of their need for more and better informal support systems—especially trustworthy adults. They wanted people who would help them stay motivated, provide sage advice, mentorship to challenge them to (continue to) improve themselves, and provide much needed emotional support. The level and depth of relationships they desired far exceeds a traditional mentoring intervention. These youth were searching for authentic, long-lasting, trustworthy relationships embedded within their daily lives. We recommend community building efforts and initiatives that help to foster the relational health and wellbeing among youth, and within the social and family systems that comprise their natural environments. This prevention work is critical to addressing many of the issues youth identified as causing the beginning of their homelessness.

In addition to adults, youth made heavy use of their peer networks, for better and for worse. Peer-centric interventions have been debated recently in the field due to the strong influence (both positive and negative) of youth social networks, found also in this study (Rice and Rhoades, 2013; Rice et al., 2012). Our work suggests perhaps a third consideration of the use of peers. Although the social networks of youth in our study certainly involved other homeless youth who were involved in drug use and other illegal activity, they also involved youth who were not homeless, connected to school, and were noted as positive influences on others

in their lives. These findings suggest that peer and social networks may be more diverse in their behavioral health, and interventions should make use of youths' existing positive relationships and strengthen those ties.

Act on the interconnections between youth and family homelessness. Our data show that pregnant and parenting youth are at much higher risk for homelessness—especially if they also have other risk factors—and they make up a large proportion of youth experiencing homelessness in the U.S. This has several implications for better serving young parents and their children, including the need for robust coordination between youth and family homeless service providers and other relevant programs, such as Head Start, Temporary Assistance for Needy Families, and The Special Supplemental Nutrition Program for Women, Infants, and Children. Given that, for some youth, pregnancy was also a risk factor or a tipping point into homelessness, this underscores the extent to which evidence-based teen pregnancy interventions need to be scaled up and targeted toward youth who have high risk for homelessness.

Additionally, the in-depth interviews uncovered a substantial youth and family homelessness connection, with about one in four youth experiencing unaccompanied homelessness in the sample, having also experienced earlier family homelessness, and virtually all having past histories of family-level adversity and instability. This elevates the importance of scaling effective interventions to address family adversity and housing instability as an important means of preventing unaccompanied homelessness for many youth.

Directions for future research

Although the VoYC initiative has established unprecedented contributions to the knowledge base concerning youth homelessness in America to support progress toward ending it, it has also exposed a number of key pending questions and

opportunities for advancing the research agenda.

These include the following examples—

- **Deepen insights and capture trend data by replicating national surveys on youth homelessness.** Ideally, future national estimates would augment this first effort by including self-reporting of homelessness experiences by adolescent minors and by including more detailed measures on the durations, frequencies, and circumstances of homelessness experiences in addition to general annual prevalence and incidence indicators. More detailed modules can allow for improved typologies of youth experiencing homelessness to further support sizing and tailoring of the policy responses necessary to address the complexity of the problem. However, more detailed modules can add time and cost to nationally representative surveys and can risk higher non-response rates. As such, the merits of any additions would need to be weighed carefully against these practical considerations.
- **Conduct longitudinal research.** With few exceptions, longitudinal data are sorely lacking in the youth homelessness literature despite their importance for informing more strategic policy actions. Empirical evidence on the causes or predictors of youth homelessness, as well as predictors of youth who experience some homelessness, but return to safe and stable housing without intervention, is very limited. Even relatively short-term longitudinal studies (for example, 1–3 years) that follow cohorts of youth (such as schools, child welfare, and justice systems) could provide important insights on risk and protective factors for better identification and targeted intervention. We also lack longitudinal research with youth that have already experienced homelessness. For example, we found relatively little evidence on the extent to which youth remain in safe and stable housing after exiting services, and on which youth and service factors predict sustained freedom from homelessness. This is vital information to understanding how well current service delivery models work in ending youth homelessness and what actions can be taken to increase the success of systems and services. Furthermore, better longitudinal research could significantly strengthen our ability to develop valid screening instruments for identifying youth at risk for homelessness and for recurrent homelessness to improve targeting and service delivery models.
- **Test key intervention approaches.** While synthesizing some encouraging evidence of a range of interventions with positive effects on youth outcomes, the systematic evidence review also revealed clear knowledge gaps. For instance, only a few studies tested the effects of coordinated prevention efforts, suggesting a disproportionate focus by both researchers and funders on downstream responses to youth homelessness. Moreover, the results of evaluations of family interventions were varied, and the only randomized evaluations of family interventions did not measure stable housing outcomes and overall showed limited effects on permanent connections. Only two employment interventions were tested with youth experiencing homelessness and failed to demonstrate positive effects on employment outcomes. Additionally, is generally low-quality or non-existent, leaving pending questions regarding the effectiveness of such interventions and the circumstances under which different approaches work best. Very little specific evidence addresses what works, and what does not, for preventing and addressing youth homelessness with high-risk subpopulations, such as Black and Hispanic youth, LGBTQ youth, American

Indian or Alaska Native youth, and pregnant and parenting youth. Evidence is lacking on interventions in rural contexts. Agencies and evaluators should engage youth and young adults as full partners in developing and evaluating interventions.

- **Study youth empowerment and collaboration.** The VoYC experience and research consistently pointed to benefits to both youth and communities of engaging youth with lived experiences in system, programming, and research efforts. Likewise, HUD is increasingly prioritizing the role of youth engagement through funded programs and demonstrations. However, little research exists on effective models for youth engagement specific to youth homelessness, and on the effects of youth engagement on exits from homelessness and broader wellbeing. Many communities and providers have difficulty operationalizing what youth empowerment should look like in their systems and services, especially with a population that is often transient and constrained by many life difficulties. A mixed-methods research effort could investigate the extent to which youth experiencing homelessness perceive voice and influence in service delivery and systems change efforts and the effects of engagement on youth outcomes.

Conclusion

The breadth and depth of insights produced by the VoYC initiative illuminate the benefits of a comprehensive, mixed-methods approach to studying youth homelessness that draws on many different perspectives. None of it would have been possible without the partnerships of public and private funders, the impetus from Congress to fund better evidence to help address the problem, our 22 partner communities across the county, and especially the youth themselves who gave their time, expertise, and voice at multiple stages of this

endeavor.

Our findings reveal youth homelessness as a broad and hidden challenge as well as a complex problem with deep roots in family adversities and structural inequalities. Youth homelessness will not be fixed by short-term or simple fixes. At the same time, youth homelessness is a solvable problem. Our evidence review revealed interventions that demonstrated measureable reductions of youth homelessness, and several of our research components shed light on key entry points in the lives of youth and across public systems. Key to our review was early identification and action to prevent youth homelessness and ensuring that early episodes do not devolve into recurrent and high-acuity situations. In short, ending youth homelessness takes all of us. It takes greater resources, but it also takes smarter, more coordinated actions across systems and services.

Efforts to end youth homelessness are worthy of prioritized attention and investment. Indeed, ample research documents adolescence and young adulthood as a key developmental window. Every day of housing instability represents missed opportunities to support healthy development and transitions to productive adulthood. We all lose out in these missed opportunities.

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Appendices

Appendix A. National survey instruments

Note: Skip logic instructions and background information for the respondent are not reflected here. Neither are the fuller range of demographic, employment, education, etc., questions that were included in the broader Gallup Daily Tracking Survey and this study's analysis of factors correlated with youth homelessness experiences. These may be made available upon request.

Main prevalence and incidence module

1. In the past 12 months, how many 13-17 year olds were a member of your household? Please include people ages 13-17 who lived with you even temporarily, such as foster children or extended family members.
2. In the past 12 months, did any of these household members, ages 13-17, run away from home and stay away for at least one night?
3. Was that the first time he or she ran away from home?
4. In the past 12 months, did any of these household members, who were ages 13-17, leave home because he or she was asked to leave?
5. Was this the first time he or she left home because he or she was asked to leave?
6. In the past 12 months, did any of these household members, who were ages 13-17, couch surf - that is move from one temporary housing arrangement to another?
7. Was this the first time he or she couch surfed?
8. In the past 12 months, were any of these household members, who were ages 13-17, homeless for at least one night?
9. Was this the first time he or she was homeless?
10. In the past 12 months, how many 18-25 year olds were a member of your household? Please include people ages 18-25 who lived with you even temporarily such as roommates or extended family members.
11. In the past 12 months, did any of these household members, who were ages 18-25, couch surf - that is move from one temporary housing arrangement to another?
12. Was this the first time he or she couch surfed?
13. In the past 12 months, were any of these household members, who were ages 18-25, homeless for at least one night?
14. Was this the first time he or she was homeless?
15. In the past 12 months, did you couch surf - that is move from one temporary housing arrangement to another?

- 16. Was this the first time you couch surfed?
- 17. In the past 12 months, were you homeless for at least one night?
- 18. Was this the first time you were homeless?
- 19. In the past 12 months, were you a member of a household that included other adults ages 18 or over such as your parents, roommates, or other adults who you lived with?

Follow-up interview instruments

Note: These were more detailed interviews were only administered with smaller subsamples of those who reported homelessness or couch surfing (see Chapter 2 for further information).

CONTINUE IF RESPONDENT IS REPORTING ABOUT ANOTHER PERSON IN THE HOUSEHOLD. OTHERWISE SKIP TO PERSONAL REPORT SECTION.

Quantitative section

- 1. *[Completed by interviewer]* Unique ID [linking to the Daily Tracking Survey-VoYC data]
[string / number]
- 2. *[Completed by interviewer]* For which youth homelessness or unstable housing category is this follow-up interview being conducted?
 - 13-17 year-old household member was homeless
 - 13-17 year-old household member was couch-surfing
 - 13-17 year-old household member was homeless and couch-surfing
 - 18-25 year-old household member was homeless
 - 18-25 year-old household member was couch-surfing
 - 18-25 year-old household member was homeless and couch-surfing
 - 18-25 year-old respondent was homeless
 - 18-25 year-old respondent was couch-surfing
 - 18-25 year-old respondent was homeless and couch-surfing
- 3. *[Completed by interviewer]* At any point during the interview, did the respondent indicate that s/he made an error in the Daily Tracking Poll with respect to reporting any homelessness or couch-surfing in the last 12 months?
If household member was homeless ask Q4. Otherwise skip to Q5
 - yes
 - no
- 4. In the past 12 months, how many individuals who were members of your household at any time and [ages 13-17 or 18-25, depending on respondent category] were homeless for at least one night?
If household member was couch surfing ask Q5. Otherwise skip to Q6
[number]
 - don't know
 - refuse to answer

5. In the past 12 months, how many individuals who were members of your household at any time and [ages 13-17 or 18-25, depending on respondent category] couch-surfed—that is, moved from one temporary housing arrangement to another?

[number]

- don't know
- refuse to answer

6. In the past 12 months, have you been homeless for at least one night?

- yes
- no
- don't know
- refuse to answer

7. In the past 12 months, have you couch-surfed—that is, moved from one temporary housing arrangement to another?

- yes
- no
- don't know
- refuse to answer

If more than one young person in your household experienced homelessness or couch-surfing at least once in the last 12-months, think about the youth who most recently had this experience when you answer the following questions. Please answer these questions to the best of your knowledge.

Qualitative section

I would like to start by asking you a few open-ended questions.

CONTINUE IF EXPERIENCE WITH HOMELESSNESS. OTHERWISE SKIP TO COUCH-SURFING SECTION.

- 1. Can you tell me a bit more about this person's experience with homelessness?
- 2. IF NOT ALREADY ANSWERED: What caused this person to experience homelessness?

IF NEEDED, ASK:

Was there a conflict or a problem that triggered the episode of homelessness?

Did this person or his/her family have difficulty paying rent/mortgage?

Did this person feel unsafe where they were?

Did this person end up homeless because she/he was in a difficult situation, or for other reasons?

IF RESPONDED "YES" TO YOUTH HAD COUCH-SURFED, CONTINUE. OTHERWISE, SKIP TO QUANTITATIVE SECTION 2.

3. Can you tell me bit more about this person's experience with couch-surfing?

IF NEEDED, ASK: Where was the person staying when she/he was couch surfing?

4. IF NOT ALREADY ANSWERED: What caused this person to experience couch-surfing?

IF NEEDED, ASK:

Was there a conflict or a problem that triggered the episode of couch-surfing?

Did this person or his/her family have difficulty paying rent/mortgage?

Did this person couch-surf because she/he was in a difficult situation, or for other reasons, like wanting to travel or stay at a friend's house for fun?

5. Do you think this person might have been unsafe or at-risk of problems or distress while she/he was homeless or couch-surfing over the last 12 months? If so, can you tell me why?

IF NEEDED, ASK: Could this person have been at risk of outside elements, stress, violence, harassment, drugs, or doing risky things in order to get by?

Thank you for that information. I have some additional questions for you to wrap up the interview.

6. About how old is this person?

[number]

- don't know
- refuse to answer

7. What is, or was, your relationship to this person?

- parent/legal guardian
- grandparent (non-legal guardian)
- sibling
- other family member
- boyfriend/girlfriend
- other sexual partner
- neighbor
- roommate
- friend (non-neighbor or roommate)
- other community member
- foster parent
- host home
- on the streets/homeless together
- couch-surfed/doubled up together
- in a shelter together
- other [specify _____]
- don't know
- refuse to answer

- 8.** What is this person's race or ethnicity? (Mark all that apply.)
- White/Caucasian
 - Black/African American
 - Pacific Islander/Native Hawaiian
 - American Indian/Alaskan Native
 - Hispanic/Latino
 - Asian
 - other [specify _____]
 - don't know
 - refuse to answer
- 9.** Would this person identify as male, female, transgender or other?
- male
 - female
 - _ transgender, gender non-conforming, or other
 - _ don't know
 - _ refuse to answer
- 10.** Would this person identify as lesbian, gay, or bisexual?
- yes
 - no
 - don't know
 - refuse to answer
- 11.** Does this person have a high school diploma or GED?
- yes
 - no
 - don't know
 - refuse to answer
- 12.** [If the person was 18-25, ask:]
Has this person ever served in active duty in the U.S. Armed Forces (i.e., Army, Air Force, Navy, Marine Corps, or Coast Guard)?
- yes
 - no
 - don't know
 - refuse to answer
- 13.** Has this person ever been in foster care?
- yes [ask next question; otherwise skip to the following question]
 - no
 - don't know
 - refuse to answer

- 14.** Did this person experience any homelessness or couch-surfing either while they were in foster care or within 12 months of leaving foster care?
- yes
 - no
 - don't know
 - refuse to answer
- 15.** Has this person ever been in juvenile detention, jail or prison?
- yes
 - no
 - don't know
 - refuse to answer
- 16.** Is this person an immigrant or a refugee?
- yes
 - no
 - don't know
 - refuse to answer
- 17.** Has this person ever experienced psychiatric hospitalization?
- yes
 - no
 - don't know
 - refuse to answer
- 18.** How many times did this person experience [homelessness and/or couch-surfing] in the last 12 months?
- only once
 - only twice
 - three to five times
 - more than five times
 - don't know
 - refuse to answer
- 19.** Does this person currently lack a stable residence? That is, is s/he is currently homeless or couch-surfing?
- yes [ask next question; otherwise skip to the following question]
 - no
 - don't know
 - refuse to answer

20. Would you say that s/he is currently homeless, couch-surfing, both, or that you don't know?

- homeless
- couch-surfing
- both
- don't know
- refuse to answer

21. In the past 12 months, how long did his/her longest episode of homelessness/couch surfing last?

- only one night
- more than one night but less than one week
- one week to less than one month
- one month to less than three months
- three months or more
- don't know
- refuse to answer

22. Where did this person sleep while she/he was homeless or couch-surfing in the last 12 months? (Mark all that apply.)

- Shelter
- Transitional housing
- Hotel, motel, or hostel
- House or apartment of a stranger or someone s/he does not know well
- Home of someone s/he was having sex with in exchange for housing or survival needs
- Car or other vehicle
- Abandoned building/vacant unit/squat
- Train/bus or train/bus station
- 24-hour restaurant/laundromat/other retail establishment
- Relative's home
- Neighbor's home
- Friend's home (non-neighbor)
- Home of boyfriend/girlfriend
- Group home
- Other person's home
- Anywhere outside
- Hospital or emergency room
- Residential treatment facility
- Juvenile detention center or jail
- other [specify _____]
- don't know
- refuse to answer

23. Before this person experienced homelessness or couch-surfing, was your home this person's usual residence?

- yes
- no
- don't know
- refuse to answer

24. [If the person was 13-17, ask:]

Did this person spend more than 30 days in the home of his or her parent or guardian in the past 6 months?

- yes
- no
- don't know
- refuse to answer

25. [If the person was 18-25, ask:]

Was this person housed for more than 30 days in the past 6 months. Do not count any time he or she might have spent in a shelter?

- yes
- no
- don't know
- refuse to answer

26. Was this person pregnant or a parent while homeless or couch-surfing?

- yes
- no
- don't know
- refuse to answer

27. Did this person have mental health problems while homeless or couch-surfing—such as depression or anxiety?

- yes
- no
- don't know
- refuse to answer

28. Did this person have difficulties with substance use while homeless or couch-surfing—such as drugs or alcohol?

- yes
- no
- don't know
- refuse to answer

29. Did this person experience homelessness and/or couch surfing for the first time in the last 12 months?

- yes [ask next question; otherwise skip to the following question]
- no
- don't know
- refuse to answer

30. Thinking about this person's whole life, about how old was s/he when s/he first experienced homelessness or couch-surfing—either alone or with parents/guardians?

[number]

- don't know
- refuse to answer

31. Do you believe this person slept in a place where he or she felt, or was, unsafe?

- yes
- no
- don't know
- refuse to answer

32. Do you believe this person needed any formal services in the last 12 months? Services could include shelter, housing or help reconnecting with family.

- yes
- no
- don't know
- refuse to answer

33. Do you believe this person received any formal shelter services in the last 12 months? Services could include shelter, housing or help reconnecting with family.

- yes
- no
- don't know
- refuse to answer

34. Skip to next question if youth was aged 18-25.]

Was this person accompanied by a parent/guardian during this most recent episode?

- yes
- no
- don't know
- refuse to answer

35. Was this person enrolled in school, college, or another education program while homeless or couch-surfing during this most recent episode?

- yes
- no
- don't know
- refuse to answer

36. Was this person employed at a job for which s/he received a pay check while homeless or couch-surfing during this most recent episode?

- yes
- no
- don't know
- refuse to answer

IF RESPONDENT IS ANSWERING ABOUT THEMSELVES, CONTINUE WITH THIS SECTION:

Quantitative section

1. [Completed by interviewer]

Unique ID [linking to the Daily Tracking Survey-VoYC data]

[string / number]

2. [Completed by interviewer]

For which youth homelessness or unstable housing category is this follow-up interview being conducted?

- 18-25 year-old was homeless, self-report
- 18-25 year-old was couch-surfing, self-report
- 18-25 year-old was homeless and couch-surfing, self-report

3. [Completed by interviewer]

At any point during the interview, did the respondent indicate that s/he made an error in the Daily Tracking Poll with respect to reporting any homelessness or couch-surfing in the last 12 months?

- yes
- no

Now I would like to ask you some questions about your experiences with homelessness or couch-surfing.

4. How many times did you experience [INTERVIEWER, REFER TO MASTER SPREADSHEET TO IDENTIFY FILL: homelessness and/or couch-surfing] in the last 12 months?

- only once
- only twice
- three to five times
- more than five times
- don't know
- refuse to answer

Qualitative section

Thank you. Next, I would like to ask you some open-ended questions.

- 5. When you responded to the Gallup telephone survey, you said that you had been homeless for at least one night in the last 12 months. Please tell me more about that situation.
IF NEEDED: Where did you stay when you were homeless?
- 6. IF NOT ANSWERED: What caused this homelessness experience?
IF NEEDED:
Was there a conflict or a problem that triggered the episode?
Did you or your family have difficulty paying rent/mortgage?
Did you feel unsafe where you were?
Did you end up homeless because you were in a difficult situation, or for other reasons?

IF THE RESPONDENT COUCHSURFED, CONTINUE. OTHERWISE SKIP TO QUANTITATIVE SECTION 2.

- 7. When you responded to the Gallup survey, you said that you had couch-surfed sometime in the last 12 months. Please tell me more about that couch-surfing situation.
IF NEEDED: Where did you stay when you were couch surfing?
- 8. IF NOT ALREADY ANSWERED: What caused you to experience couch-surfing?
IF NEEDED:
Was there a conflict or a problem that triggered the episode?
Did you or your family have difficulty paying rent/mortgage?
Did you couch surf because you were in a difficult situation, or for other reasons, like wanting to travel or stay at a friend’s house for fun?
- 9. Do you believe you were unsafe or at-risk of problems or distress while you were homeless or couch-surfing over the last 12 months? Can you tell me why?
IF NEEDED: Could you have been at risk of outside elements, stress, violence, harassment, drugs, or doing risky things in order to get by?
- 10. Please tell me about any services, programs, or shelters involved in any experiences of homelessness or couch-surfing over the last 12 months.
IF NEEDED: Were you offered any housing support services, shelter connections, or programs for things like employment, mental health or substance use treatment, or any other types of services? Did you participate in any of these programs or services?

Thank you for that information. I have just a few final questions for you to wrap up our time together.

- 11. Have you ever served in active duty in the U.S. Armed Forces (i.e., Army, Air Force, Navy, Marine Corps, or Coast Guard)?
 - yes
 - no
 - don’t know
 - refuse to answer

12. Have you ever been in foster care?

- yes [ask next question; otherwise skip to the following question]
- no
- don't know
- refuse to answer

13. Did you experience any homelessness or couch-surfing either while in foster care or within 12 months of leaving foster care?

- yes
- no
- don't know
- refuse to answer

14. Have you ever been in juvenile detention, jail, or prison?

- yes
- no
- don't know
- refuse to answer

15. Are you an immigrant or a refugee?

- yes
- no
- don't know
- refuse to answer

16. Have you ever experienced psychiatric hospitalization?

- yes
- no
- don't know
- refuse to answer

17. When you were younger, did your family have any experiences of homelessness or unstable housing?

- yes
- no
- don't know
- refuse to answer

18. Do you currently lack a stable residence? That is, are you currently homeless or couch-surfing?

- yes [ask next question; otherwise skip to the following question]
- no
- don't know
- refuse to answer

19. Would you say that you are currently homeless, couch-surfing, or both?

- homeless
- couch-surfing
- both
- don't know
- refuse to answer

20. How long did your longest episode of [homelessness and/or couch-surfing] in the past 12 months last?

- only one night
- more than one night but less than one week
- one week to less than one month
- one month to less than three months
- three months or more
- don't know
- refuse to answer

21. Where did you sleep while you were homeless or couch-surfing in the last 12-months? (Mark all that apply.)

- Shelter
- Transitional housing
- Hotel, motel, or hostel
- House or apartment of a stranger or someone s/he does not know well
- Home of someone s/he was having sex with in exchange for housing or survival needs
- Car or other vehicle
- Abandoned building/vacant unit/squat
- Train/bus or train/bus station
- 24-hour restaurant/laundromat/other retail establishment
- Relative's home
- Neighbor's home
- Friend's home (non-neighbor)
- Home of boyfriend/girlfriend
- Group home
- Other person's home
- Anywhere outside
- Hospital or emergency room
- Residential treatment facility
- Juvenile detention center or jail
- other [specify _____]
- don't know
- refuse to answer

22. Were you housed for more than 30 days in the past 6 months? Do not count any time you might have spent in a shelter.

- yes
- no
- don't know
- refuse to answer

For the following questions, consider the most recent episode of [homelessness and/or couch-surfing]. Please just answer to the best of your memory.

23. Were you enrolled in school, college, or another education program at the time?

- yes
- no
- don't know
- refuse to answer

24. Were you employed at a job for which you received a pay check at the time?

- yes
- no
- don't know
- refuse to answer

25. Did you have mental health problems at the time—such as depression or anxiety?

- yes
- no
- don't know
- refuse to answer

26. Did you have difficulties with substance use at the time—such as drugs or alcohol?

- yes
- no
- don't know
- refuse to answer

For the following questions, consider any episodes of [homelessness and/or couch-surfing] over the last 12 months.

27. Do did you sleep in a place where you felt unsafe?

- yes
- no
- don't know
- refuse to answer

28. Do you believe you needed any formal services in the last 12 months? Services could include shelter, housing or help reconnecting with family.

- yes
- no
- don't know
- refuse to answer

29. Did you receive any formal services in the last 12 months? Services could include shelter, housing or help reconnecting with family.

- yes
- no
- don't know
- refuse to answer

30. Did you experience homelessness and/or couch surfing for the first time in the last 12 months?

- yes
- no [ask next question; otherwise skip to the following question]
- don't know
- refuse to answer

31. Thinking about your whole life, about how old were you when you first experienced homelessness or couch-surfing—either alone or with parents/guardians?

[number]

- don't know
- refuse to answer

32. Were you pregnant or a parent while homeless or couch-surfing?

- yes
- no
- don't know
- refuse to answer

Appendix B. Brief Youth Survey instrument



ChapinHall at the University of Chicago
Policy research that benefits children, families, and their communities



VOICES OF YOUTH COUNT
Linking evidence and action to youth homelessness

Voices of Youth Count Brief Survey

COUNTY TEAM AREA TALLY SHEET SS

Tally
 Shelter
 CBC

Interviewer's (Your) Name: _____

Team / map : _____

(Interviewer: Read question & answers to the respondent)

Shade Circles Like This--> Not Like This-->

SURVEY #

3.

4.

Hello. My name is [name of the surveyor] and I'm working with Voices of Youth Count. We are talking to youth between the ages of 13 to 25 so that we can better understand their housing experiences. I would like to ask you a few questions about that. Or, if you feel more comfortable talking to the Team Lead, he/she can ask you the questions. You will receive a \$5 gift card for taking the survey. It will take about 5 minutes and your participation is voluntary. Your answers will not be shared with anyone outside the Voices of Youth Count team. Even though we will keep your answers private, there is a small risk that someone outside of the team might see them. There is also a small risk that you will feel uncomfortable answering some questions. However, you can skip any questions that you don't want to answer or stop the survey at any time. Do you have any questions?

Would you like to participate? Yes [GO TO Q1] No [THANK RESPONDENT AND END SURVEY]

1. Have you already completed a survey with a person who has a badge like this [identifier badge]?

Yes [THANK RESPONDENT AND END SURVEY] No [GO TO Q2]

2. How old are you? _____ years a b c

a) If the person is 13 to 25 years old, go on to Q3.
b) If the person is age 26 or older, THANK RESPONDENT AND END SURVEY.
c) If the person is 12 or younger, THANK RESPONDENT AND END SURVEY.

3. What are your initials? First _____ Middle _____ Last _____ Don't know Refuse to answer

4. What is your date of birth? MM _____ DD _____ YYYY _____ Don't know Refuse to answer

5. Where did you sleep last night? [CHECK ONE RESPONSE THAT BEST MATCHES THE ANSWER; FOR "OTHER" WRITE IN RESPONSE]

<p>Sheltered</p> <p><input type="radio"/> Shelter (emergency, temporary) (Specify: _____)</p> <p><input type="radio"/> Transitional housing (Specify: _____)</p> <p><input type="radio"/> Hotel or motel</p> <p><input type="radio"/> Home of person I'm having sex with</p> <p>Other</p> <p><input type="radio"/> Hospital or emergency room</p> <p><input type="radio"/> Residential treatment facility</p> <p><input type="radio"/> Juvenile detention center or jail</p> <p><input type="radio"/> Other (Specify: _____)</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> Refuse to answer</p>	<p>Unsheltered</p> <p><input type="radio"/> Car or other vehicle</p> <p><input type="radio"/> Abandoned building/vacant unit/squat</p> <p><input type="radio"/> On a train/bus or in train/bus station</p> <p><input type="radio"/> 24-hour restaurant/laundromat or other business/retail establishment</p> <p><input type="radio"/> Anywhere outside (street, park, viaduct)</p>
--	---

Potentially Permanent

Own apartment or house

Parent's home

Other relative's home

Foster family home

Group home

Home of boyfriend/girlfriend

Friend's home

} 6. Do you have a stable place to stay?

Yes No

7. Do you have a high school diploma or GED? Yes No Don't know Refuse to answer

8. Are you currently attending school or another education program? Yes No Don't know Refuse to answer

9. Are you currently employed at a job for which you receive a pay check? Yes No Don't know Refuse to answer

10. Do you currently receive any public or government benefits, such as Medicaid, food stamps, SSI, or welfare cash assistance? Yes No Don't know Refuse to answer

11. Have you ever been in foster care? Yes No Don't know Refuse to answer

12. Have you ever been in juvenile detention, prison or jail? Yes No Don't know Refuse to answer

13. Are you pregnant or a parent?

Yes [GO TO Q13A] No [GO TO Q14] Don't know [GO TO Q14] Refuse to answer [GO TO Q14]

→ 13a. Do you have custody of your child(ren)? In other words, are you responsible for caring for your child(ren) on a day-to-day basis?

Yes No Don't know Refuse to answer

<p>14. What is your race? [CHECK ALL THAT YOUTH MENTION]</p> <p><input type="radio"/> White/Caucasian <input type="radio"/> Hispanic/Latino</p> <p><input type="radio"/> Black/African American <input type="radio"/> Asian</p> <p><input type="radio"/> Pacific Islander/Native Hawaiian <input type="radio"/> Other (Specify: _____)</p> <p><input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Don't Know</p> <p><input type="radio"/> Refuse to answer</p>	<p>15. How would you describe your gender identity?</p> <p><input type="radio"/> Female <input type="radio"/> Genderqueer/Gender-Nonconforming</p> <p><input type="radio"/> Male <input type="radio"/> Other (Specify: _____)</p> <p><input type="radio"/> Transgender - Male to Female <input type="radio"/> Don't know my identity</p> <p><input type="radio"/> Transgender - Female to Male <input type="radio"/> Refuse to answer</p> <p><input type="radio"/> Intersex</p>
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16. Which of the following best fits how you think about your sexual orientation? [READ LIST AND SELECT ONE THAT APPLIES; FOR "OTHER" WRITE IN RESPONSE]

<p><input type="radio"/> 100% Heterosexual (Straight)</p> <p><input type="radio"/> Mostly Heterosexual (Straight) but somewhat attracted to people of my own sex</p> <p><input type="radio"/> Bisexual-that is, attracted to men and women equally</p> <p><input type="radio"/> Mostly Gay or Lesbian, but somewhat attracted to people of the opposite sex</p> <p><input type="radio"/> 100% Gay or Lesbian</p>	<p><input type="radio"/> Not sexually attracted to either males or females</p> <p><input type="radio"/> Other (Specify: _____)</p> <p><input type="radio"/> Don't know my orientation</p> <p><input type="radio"/> Refuse to answer</p>
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Thank you!

Appendix C. County-level data: Youth counts and brief youth surveys

Table C.1. Small county youth count contexts and circumstances

County	Date	# of Teams	# of Guides	# of Leaders	# of Hotspots	Strengths	Difficulties
Boyd, KY	8/1/2016	4	10	4	41	<p>Easy to locate and access hot spots</p> <p>One Come and Be Counted location that youth frequently access for services</p>	<p>Rainy weather</p> <p>Counting on the first day of the month—the day on which youth are paid—meant that youth were in locations that had not been identified as hotspots</p>
Cecil, MD	7/12/2016	5	14	6	77	<p>Committed community</p> <p>Team leaders willing to take extra shifts and problem-solve on the ground</p>	<p>Too few teams to cover the entire county.</p> <p>Unsafe to administer survey at many hot spots (for example, encampments and trafficking locations at the state border)</p>
Kennebec, ME	6/16/2016	7	17	8	87	<p>Guides, team leaders, and adult volunteers willing to take extra shifts</p> <p>Real time information used to identify locations to count youth</p>	<p>Problems with maps made some hot spots difficult to locate</p> <p>Teams covered large rural areas without finding youth</p> <p>Less infrastructure and engagement in southern part of the county</p>
Livingston, MO	6/21/2016	2	4	3	34	No notable strengths	<p>Too few teams to cover the entire county</p> <p>Extremely hot weather limited time spent at outdoor hotspots</p>
Mariposa, CA	7/21/2016	5	9	5	25	No notable strengths	No notable difficulties
Walla Walla, WA	6/14/2016	5	10	7	89	<p>Strong community participation</p> <p>Youth focus group participants were knowledgeable and well-networked or knew where to find other youth.</p>	Little engagement with the Latin@* community

Table C.2. Medium-sized county youth count contexts and circumstances

County	Date	# of Teams	# of Guides	# of Leaders	# of Hotspots	Strengths	Difficulties
Ada, ID	6/7/2016	8	20	8	97	No notable strengths	Really hot weather Not enough recruits so teams had to work long hours Not allowed to count youth at summer lunch programs
Cleveland, OK	7/19/2016	5	11	20	49	Strong service provider and youth participation	PokemonGo craze at its height so a large number of people were in parks Not allowed to count youth at summer lunch programs
Davidson, TN	7/29/2016	7	26	11	73	Strong youth engagement and community participation	Difficulty engaging shelters for the organizational count—no shelters participated
Delaware, OH	8/3/2016	4	8	7	42	No notable strengths	Limited community engagement Too few youth recruited
Denver, CO	7/22/2016	11	22	7	72	Strong relationships between youth and Team Leaders (most of whom were runaway and homeless youth (RHY) service provider staff)	Recruitment of youth, adult volunteers and organizations came together late Resulted in some team consolidation, changes in timing of shifts and lack of organization at Come and Be Counted sites
Orleans, LA	6/23/2016	19	66	31	159	Strong youth engagement and participation Local providers offered additional training Strong community support	No youth at some hotspots because youth who would have been at those hotspots were guides
Suffolk, MA	7/26–27/2016	21	56	22	181	Strong youth engagement Guides knew many of the surveyed youth, which may have increased participation.	Two youth not affiliated with the count died Few providers outside Boston participated

Table C.3. Large county youth count contexts and circumstances

County	Date	# of Teams	# of Guides	# of Leaders	# of Hotspots	Strengths	Difficulties
Alameda, CA	8/9/2016	12	31	15	178	<p>Strong youth engagement</p> <p>Willingness to reschedule count date to increase turnout</p>	<p>Agency partner key staffing change impacted planning</p> <p>Some service providers could not participate due to time of year</p> <p>Continuum of Care (CoC) could not fully participate due to time of year</p> <p>Unsafe to count in areas where youth may be trafficked</p> <p>Some areas of the county with few providers were difficult to reach</p>
Cook, IL	8/4–5/2016	27	64	34	372	<p>Strong youth engagement</p>	<p>Some service providers could not participate because the lack of a state budget had led to reductions in their staff</p>
Hennepin, MN	6/14/2016	12	23	13	165	<p>Strong youth engagement</p> <p>Guides knew many of the youth they surveyed, which they felt increased survey participation.</p>	<p>Unsafe to count in some areas due to gun violence</p> <p>Intermittent downpour</p>
King, WA	6/30/2016	23	59	29	143	<p>Strong lead agency</p> <p>Strong youth engagement</p> <p>Strong community involvement</p>	<p>Challenges with city enforcement of homeless encampments</p>
Orange, FL	8/9/2016	9	35	5	104	<p>Strong community involvement and participation</p> <p>Many service providers participated in the Organizational Count</p>	<p>Agency partner turnover impacted planning</p> <p>Pulse Nightclub shooting delayed planning</p> <p>Extremely hot with heavy rain</p>

(continued)

Appendix C. County-level data: Youth counts and brief youth surveys

(Table C.3. Large county youth count contexts and circumstances continued)

County	Date	# of Teams	# of Guides	# of Leaders	# of Hotspots	Strengths	Difficulties
Philadelphia, PA	8/3/2016	20	59	28	132	No notable strengths	Difficult to identify homeless and unstably housed youth because the beautiful weather brought many people outside
San Diego, CA	8/11–12/2016	25	55	34	344	Strong youth and provider participation	Provider network largely in western half of county Limited ability to recruit from and count in more sparsely populated eastern half
Travis, TX	6/7/2016	14	37	16	73	No notable strengths	Heavy rains in days leading up to count flooded some of the hot spots
Wayne, MI	7/11–12/2016	19	36	30	127	Really strong participation by service provider network and youth	Limited ability to survey youth in areas with gang activity Fire at one hot spot Few outdoor hot spots and few service providers in suburban Wayne County

Table C.4. Number of homeless and unstably housed youth—brief youth survey data

County	Brief Youth Survey	Sheltered or Unsheltered	Street Count	Organizational Count	Community Count
Small Counties	255	131	154	38	63
Boyd, KY	47	33	15	19	13
Cecil, MD	61	42	39	6	16
Kennebec, ME	43	15	33	3	7
Livingston, MO	10	6	4	6	0
Mariposa, CA	20	11	6	2	12
Walla Walla, WA	74	24	57	2	15
Medium-Sized Counties	1112	831	616	248	248
Ada, ID	68	52	37	27	5
Cleveland, OK	35	24	8	19	8
Davidson, TN	112	81	87	0	25
Delaware, OH	15	2	3	6	6
Denver, CO	351	301	127	133	91
Orleans, LA	238	164	153	3	82
Suffolk, MA	293	207	201	61	31
Large Counties	2772	2004	1548	576	648
Alameda, CA	170	129	91	30	49
Cook, IL	689	513	431	109	149
Hennepin, MN	349	217	183	115	51
King, WA	448	379	216	139	93
Orange, FL	171	144	70	45	56
Philadelphia, PA	263	159	187	46	30
San Diego, CA	354	247	206	12	136
Travis, TX	133	113	54	42	37
Wayne, MI	195	103	110	38	47
Total	4139	2966	2318	862	959

Table C.5. Number of homeless and unstably housed youth—integrated data

County	Brief Youth Survey	Tallied, Not Surveyed	HMIS, Not Surveyed	Total	Unaccompanied Students (MV Data)
Small Counties					
Boyd, KY	47	21	16	84	1
Cecil, MD	61	12	1	74	7
Kennebec, ME	43	7	25	75	82
Livingston, MO	10	2	N/A	12	1
Mariposa, CA	20	5	N/A	25	0
Walla Walla, WA	74	18	N/A	92	7
Medium-Sized Counties					
Ada, ID	68	9	N/A	77	205
Cleveland, OK	35	10	N/A	45	112
Davidson, TN	112	30	N/A	142	104
Delaware, OH	15	1	21*	16	11
Denver, CO	351	54	N/A	405	179
Orleans, LA	238	55	N/A	293	354
Suffolk, MA	293	42	N/A	335	45
Large Counties					
Alameda, CA	170	59	N/A	229	96
Cook, IL	689	173	N/A	862	3030
Hennepin, MN	349	15	809	1173	477
King, WA	448	67	N/A	515	710
Orange, FL	171	23	64	194	290
Philadelphia, PA	263	37	269	569	80
San Diego, CA	354	113	N/A	467	189
Travis, TX	133	21	18	172	647
Wayne, MI	195	59	N/A	254	173
Total	4139	833	1223	6110	6800

* Includes 8 youth who may be double-counted due to incomplete Homeless Management Information System (HMIS) data

Table C.6. Characteristics of homeless and unstably housed youth—age and race/ethnicity

County	Age 13–17*	Age 18–25*	White**	Black**	Latin@**	Multiracial**	Other***
Small Counties							
Boyd, KY	0.26	0.74	0.85	0.09	0.00	0.07	0.00
Cecil, MD	0.19	0.81	0.75	0.17	0.02	0.04	0.02
Kennebec, ME	0.17	0.83	0.83	0.02	0.02	0.02	0.10
Livingston, MO	0.20	0.80	0.78	0.22	0.00	0.00	0.00
Mariposa, CA	0.10	0.90	0.69	0.00	0.00	0.23	0.08
Walla Walla, WA	0.27	0.73	0.80	0.03	0.07	0.06	0.04
Medium-Sized Counties							
Ada, ID	0.23	0.77	0.72	0.06	0.06	0.11	0.06
Cleveland, OK	0.24	0.76	0.69	0.11	0.03	0.09	0.09
Davidson, TN	0.19	0.81	0.30	0.55	0.04	0.03	0.08
Delaware, OH	0.07	0.93	0.73	0.13	0.13	0.00	0.00
Denver, CO	0.05	0.95	0.36	0.35	0.14	0.10	0.06
Orleans, LA	0.12	0.88	0.19	0.74	0.02	0.03	0.03
Suffolk, MA	0.09	0.91	0.23	0.40	0.21	0.10	0.06
Large Counties							
Alameda, CA	0.17	0.83	0.13	0.53	0.10	0.13	0.11
Cook, IL	0.11	0.89	0.12	0.65	0.13	0.05	0.05
Hennepin, MN	0.15	0.85	0.15	0.59	0.03	0.13	0.10
King, WA	0.07	0.93	0.35	0.28	0.07	0.18	0.12
Orange, FL	0.10	0.90	0.20	0.46	0.20	0.07	0.07
Philadelphia, PA	0.21	0.79	0.10	0.70	0.09	0.07	0.05
San Diego, CA	0.20	0.80	0.20	0.28	0.33	0.12	0.07
Travis, TX	0.03	0.97	0.34	0.29	0.27	0.07	0.02
Wayne, MI	0.14	0.86	0.09	0.84	0.02	0.02	0.03
Total	0.13	0.87	0.25	0.47	0.12	0.09	0.06

* Percentages exclude 223 brief youth survey (BYS) respondents who did not report their date of birth.

** Percentages exclude 192 BYS respondents who did not report their race/ethnicity.

*** Percentages exclude 192 BYS respondents who did not report their race/ethnicity. Includes BYS respondents who identified their race/ethnicity as Asian, American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, Other, or who responded “Don’t know.”

Table C.7. Characteristics of homeless and unstably housed youth—gender, sexual orientation, and pregnancy/parenthood

County	Female*	Male*	Other Gender**	LGB***	Pregnant or Parent (Female Only)****
Small Counties					
Boyd, KY	0.53	0.47	0.00	0.05	0.71
Cecil, MD	0.54	0.46	0.00	0.14	0.42
Kennebec, ME	0.31	0.67	0.03	0.12	0.58
Livingston, MO	0.22	0.78	0.00	0.11	0.50
Mariposa, CA	0.38	0.62	0.00	0.15	0.75
Walla Walla, WA	0.38	0.58	0.03	0.20	0.52
Medium-Sized Counties					
Ada, ID	0.32	0.65	0.03	0.18	0.20
Cleveland, OK	0.40	0.60	0.00	0.30	0.29
Davidson, TN	0.30	0.67	0.03	0.15	0.29
Delaware, OH	0.60	0.40	0.00	0.07	0.78
Denver, CO	0.19	0.79	0.02	0.15	0.37
Orleans, LA	0.37	0.63	0.00	0.16	0.44
Suffolk, MA	0.34	0.65	0.02	0.22	0.28
Large Counties					
Alameda, CA	0.34	0.59	0.07	0.23	0.32
Cook, IL	0.40	0.56	0.04	0.23	0.33
Hennepin, MN	0.50	0.49	0.01	0.24	0.43
King, WA	0.33	0.59	0.08	0.22	0.39
Orange, FL	0.46	0.47	0.07	0.26	0.39
Philadelphia, PA	0.41	0.57	0.02	0.29	0.34
San Diego, CA	0.37	0.62	0.01	0.17	0.40
Travis, TX	0.42	0.55	0.03	0.20	0.55
Wayne, MI	0.42	0.54	0.04	0.21	0.36
Total	0.37	0.59	0.03	0.21	0.39

* Percentages exclude 470 BYS respondents who did not report their gender identity.

** Percentages exclude 470 BYS respondents who did not report their gender identity. “Other” includes BYS respondents who identified themselves as transgender (M-F), transgender (F-M), intersex, genderqueer/gender-nonconforming, other, or who responded “Don’t know.”

*** Includes BYS respondents who identified their sexual orientation as mostly heterosexual, bisexual, mostly gay or lesbian, or 100 percent gay or lesbian. Percentages exclude 269 BYS respondents who did not report their sexual orientation.

**** Percentages exclude 44 BYS female respondents who did not answer the question about being pregnant or a parent.

Table C.8. Education and employment of homeless and unstably housed youth

County	Employed (18–25)*	Attending School (18–25)**	HS diploma or GED (18–25)***	Disconnected (18–25)****
Small Counties				
Boyd, KY	0.25	0.38	0.72	0.53
Cecil, MD	0.12	0.10	0.44	0.80
Kennebec, ME	0.30	0.12	0.52	0.61
Livingston, MO	0.14	0.00	0.86	0.86
Mariposa, CA	0.15	0.07	0.47	0.77
Walla Walla, WA	0.27	0.20	0.67	0.56
Medium-Sized Counties				
Ada, ID	0.32	0.14	0.70	0.57
Cleveland, OK	0.32	0.48	0.44	0.40
Davidson, TN	0.46	0.10	0.80	0.49
Delaware, OH	0.64	0.14	0.64	0.29
Denver, CO	0.19	0.17	0.68	0.69
Orleans, LA	0.43	0.28	0.64	0.43
Suffolk, MA	0.42	0.25	0.67	0.51
Large Counties				
Alameda, CA	0.43	0.25	0.66	0.47
Cook, IL	0.33	0.29	0.63	0.49
Hennepin, MN	0.40	0.26	0.64	0.46
King, WA	0.40	0.22	0.65	0.48
Orange, FL	0.41	0.43	0.61	0.36
Philadelphia, PA	0.36	0.32	0.78	0.47
San Diego, CA	0.27	0.25	0.67	0.57
Travis, TX	0.24	0.21	0.66	0.63
Wayne, MI	0.34	0.27	0.71	0.50
Total	0.34	0.25	0.66	0.52

*Percentages exclude 360 18- to 25-year-old BYS respondents who did not answer the employment question.

**Percentages exclude 364 18- to 25-year-old BYS respondents who did not answer the school attendance question.

***Percentages exclude 335 18- to 25-year-old BYS respondents who did not answer the high school completion question.

****Percentages exclude 176 18- to 25-year-old BYS respondents who did not answer the employment and/or school attendance question(s).

Table C.9. Systems involvement of homeless and unstably housed youth

County	Receive Public Benefits*	Ever in Detention, Jail, Prison**	Ever in Foster Care***
Small Counties			
Boyd, KY	0.58	0.41	0.24
Cecil, MD	0.63	0.63	0.20
Kennebec, ME	0.40	0.56	0.26
Livingston, MO	0.22	0.50	0.11
Mariposa, CA	0.88	0.41	0.24
Walla Walla, WA	0.55	0.52	0.37
Medium-Sized Counties			
Ada, ID	0.41	0.53	0.39
Cleveland, OK	0.63	0.31	0.43
Davidson, TN	0.36	0.50	0.32
Delaware, OH	0.33	0.47	0.07
Denver, CO	0.35	0.59	0.35
Orleans, LA	0.47	0.43	0.20
Suffolk, MA	0.56	0.47	0.31
Large Counties			
Alameda, CA	0.56	0.39	0.30
Cook, IL	0.43	0.39	0.23
Hennepin, MN	0.49	0.49	0.27
King, WA	0.61	0.49	0.28
Orange, FL	0.50	0.30	0.28
Philadelphia, PA	0.44	0.35	0.29
San Diego, CA	0.57	0.45	0.33
Travis, TX	0.38	0.66	0.37
Wayne, MI	0.45	0.36	0.24
Total	0.49	0.46	0.29

* Percentages exclude 189 BYS respondents who did not answer the public benefits question.

** Percentages exclude 241 BYS respondents who did not answer the question about ever being in detention, jail, or prison.

*** Percentages exclude 179 BYS respondents who did not answer the foster care question.

Appendix D. In-depth interviews background survey instrument

SAID TO YOUTH BY INTERVIEWER: This part of the interview will take about 20 minutes. As you listen to the questions the answers will appear on the iPad for you to select and will be read aloud. All of your answers will be kept private. Remember that your participation is completely voluntary. You can refuse to answer any question. You can also stop at any point by simply telling me you would like to stop.

(THE FOLLOWING ITEMS AND RESPONSES WILL BE READ TO YOUTH BY REDCap voice)

1. How old are you?

- | | | | |
|-----------------------------|-----------------------------|-----------------------------|---|
| <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 |
| <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> I refuse to answer |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | |
| <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | |

2. Do you have a high school diploma or GED?

- Yes
- No
- I don't know
- I refuse to answer

3. Are you currently attending school or another educational program?

- Yes
- No
- I don't know
- I refuse to answer

4. In what type of school are you enrolled? **(IF Q#3 = YES)**

- Junior High or Middle School
- Regular high school
- GED/High school equivalency classes
- Two year/community college
- Alternative high school
- Trade School
- Four year college or university
- I don't know
- I refuse to answer

5. Are you currently employed at a job for which you receive a pay stub or pay check?

- Yes
- No
- I don't know
- I refuse to answer

6. Have you ever been in foster care?

- Yes
- No
- I don't know
- I refuse to answer

7. Have you ever served in the United States military?

- Yes
- No
- I don't know
- I refuse to answer

8. Have you ever been in juvenile detention, jail or prison?

- Yes
- No
- I don't know
- I refuse to answer

9. Is this the first time you have not had a permanent place to sleep?

- Yes
- No
- I don't know
- I refuse to answer

10. In the past three years, how many different times have you been without a permanent place to sleep? **(IF Q#10 = NO)**

- 2-3 times
- 4-5 times
- 6-8 times
- 9-11 times
- 12 times or more
- I don't know
- I refuse to answer

11. For how long have you been without a permanent place to sleep this time?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> 1 day | <input type="checkbox"/> more than 2 years |
| <input type="checkbox"/> 1-2 weeks | <input type="checkbox"/> 4-6 days |
| <input type="checkbox"/> 3-4 months | <input type="checkbox"/> 1-2 months |
| <input type="checkbox"/> 13-24 months | <input type="checkbox"/> 7-12 months |
| <input type="checkbox"/> 2-3 days | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> 3-4 weeks | <input type="checkbox"/> I refuse to answer |
| <input type="checkbox"/> 5-6 months | |

12. What was the **longest period** during which you had no permanent place to sleep?
(IF Q#10 = NO)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> 1 day | <input type="checkbox"/> more than 2 years |
| <input type="checkbox"/> 1-2 weeks | <input type="checkbox"/> 4-6 days |
| <input type="checkbox"/> 3-4 months | <input type="checkbox"/> 1-2 months |
| <input type="checkbox"/> 13-24 months | <input type="checkbox"/> 7-12 months |
| <input type="checkbox"/> 2-3 days | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> 3-4 weeks | <input type="checkbox"/> I refuse to answer |
| <input type="checkbox"/> 5-6 months | |

13. Where did you sleep last night?

[CHECK ONE RESPONSE THAT BEST MATCHES THE ANSWER]

- Shelter (such as emergency or temporary)
- Transitional housing
- Hotel or motel
- Home of person I'm having sex with
- Friend's home
- Own apartment or house
- Parent's home
- Other relative's home
- Foster family home
- Group home
- Home of boyfriend/girlfriend
- Hospital or emergency room
- Residential treatment facility
- Juvenile detention center, jail or prison
- Car or other vehicle
- Abandoned building/vacant unit/squat
- On a train/bus or in train/bus station
- 24-hour restaurant/laundromat or other business/retail establishment
- Anywhere outside (such as a street, park, viaduct)
- Other
- I don't know
- I refuse to answer

14. Have you ever received services for any of the following? **[PLEASE SELECT ALL THAT APPLY]**

- | | |
|---|---|
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Developmental disability | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Alcohol use | <input type="checkbox"/> I refuse to answer |
| <input type="checkbox"/> None of the above | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Drug use | |

15. Have you ever received any of the following government benefits?

[PLEASE SELECT ALL THAT APPLY]

- Food stamps or SNAP
- Veteran's benefits
- TANF (Temporary Assistance for Needy Families)
- WIC
- Housing Assistance (such as Section 8 voucher or public housing)
- Medicaid
- Social Security Survivor's Benefits
- State Children's Health Insurance Program (SCHIP)
- Social Security Disability Income (SSDI)
- None of the above
- Supplemental Security Income (SSI)
- I don't know
- Unemployment or worker's compensation
- I refuse to answer

16. Do you currently receive any of the following government benefits?

[PLEASE SELECT ALL THAT APPLY]

- Food stamps or SNAP
- Veteran's benefits
- TANF (Temporary Assistance for Needy Families)
- WIC
- Housing Assistance (such as Section 8 voucher or public housing)
- Medicaid
- Social Security Survivor's Benefits
- State Children's Health Insurance Program (SCHIP)
- Social Security Disability Income (SSDI)
- None of the above
- Supplemental Security Income (SSI)
- I don't know
- Unemployment Insurance or worker's compensation
- I refuse to answer

17. Have you ever received any of the following from a school you were attending while you didn't have a permanent place to sleep? **[PLEASE SELECT ALL THAT APPLY]**

- Free or reduced price lunch
- None of the above
- Transportation services (such as a bus or train pass or taxi cab fare)
- I don't know
- Food vouchers
- I refuse to answer

18. What is your race or ethnicity? [PLEASE SELECT ALL THAT APPLY]

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Other |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> I refuse to answer |
| <input type="checkbox"/> Hispanic/Latino | |

19. How would you describe your gender identity? [PLEASE SELECT ALL THAT APPLY]

- | | |
|---|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Transgender – Male to Female |
| <input type="checkbox"/> Genderqueer/Gender-Nonconforming | <input type="checkbox"/> I am not sure |
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender – Female to Male |
| <input type="checkbox"/> Other | <input type="checkbox"/> I refuse to answer |

20. Which of the following best fits how you think about your sexual orientation?

[READ SELECT ONE THAT APPLIES; FOR "OTHER" WRITE IN RESPONSE]

- 100% Heterosexual (Straight)
- Mostly Heterosexual (Straight), but somewhat attracted to people of my own sex
- Bisexual-that is, attracted to men and women equally
- Mostly Gay or Lesbian, but somewhat attracted to people of the opposite sex
- 100% Gay or Lesbian
- Not sexually attracted to either males or females
- Other (Specify: _____)
- Don't know my orientation
- Refuse to answer

21. I am now going read a list to you of experiences you may have had. For each experience, please answer YES if it ever happened to you.

- A) Physically harmed by someone
 - No
 - Yes
 - I refuse to answer
- B) Exchanged sex for food, shelter or other basic need
 - No
 - Yes
 - I refuse to answer
- C) Caused physical harm to someone (self or other)
 - No
 - Yes
 - I refuse to answer
- D) Been forced to have sex with someone
 - No
 - Yes
 - I refuse to answer

- E) Experienced discrimination or stigma in family
 - No
 - Yes
 - I refuse to answer
- F) Experienced discrimination or stigma outside of family
 - No
 - Yes
 - I refuse to answer
- G) Was taken, transported, or sold for sex
 - No
 - Yes
 - I refuse to answer
- H) Gang involvement (either past or present)
 - No
 - Yes
 - I refuse to answer
- I) Experienced the death of a parent or caregiver
 - No
 - Yes
 - I refuse to answer

22. Who physically harmed you? [PLEASE SELECT ALL THAT APPLY] (IF Q#21A = YES)

- A parent or guardian
- Other relative
- A dating partner
- A friend or peer
- A stranger
- Other
- I refuse to answer

23. Who did you cause physical harm to (including yourself)? [PLEASE SELECT ALL THAT APPLY] (IF Q#21C = YES)

- A parent or guardian
- Other relative
- A dating partner
- A friend or peer
- A stranger
- Myself
- Other
- I refuse to answer

24. Now for each of the experiences that happened to you, please answer YES if it happened to you while you were without a permanent place to sleep.

- Physically harmed by someone
- No
- Yes **(IF Q#21A = YES)**
- I refuse to answer

Exchanged sex for food, shelter or other need

- No
- Yes **(IF Q#21B = YES)**
- I refuse to answer

Caused physical harm to someone (self or other)

- No
- Yes **(IF Q#21C = YES)**
- I refuse to answer

Been forced to have sex with someone

- No
- Yes **(IF Q#21D = YES)**
- I refuse to answer

Experienced discrimination or stigma in family

- No
- Yes **(IF Q#21E = YES)**
- I refuse to answer

Experienced discrimination or stigma outside of family

- No
- Yes **(IF Q#21F = YES)**
- I refuse to answer

Was taken, transported, or sold for sex

- No
- Yes **(IF Q#21G = YES)**
- I refuse to answer

Gang involvement (either past or present)

- No
- Yes **(IF Q#21H = YES)**
- I refuse to answer

Experienced the death of a parent or caregiver

- No
- Yes **(IF Q#21I = YES)**
- I refuse to answer

25. Who physically harmed you while you didn't have a permanent place to sleep?

[PLEASE SELECT ALL THAT APPLY] (IF Q#24A = YES)

- A parent or guardian
- Other relative
- A dating partner
- A friend or peer
- A stranger
- Other
- I refuse to answer

26. Who did you cause physical harm to (including yourself) while you didn't have a permanent place to sleep? [PLEASE SELECT ALL THAT APPLY] (IF Q#24C = YES)

- A parent or guardian
- Other relative
- A dating partner
- A friend or peer
- A stranger
- Myself
- Other
- I refuse to answer

27. Do you have any children?

- Yes
- No
- Don't know
- I refuse to answer

28. How many children do you have? (IF Q#27 = 1)

- | | |
|----------------------------|---|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 6-7 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 8 or more |
| <input type="checkbox"/> 3 | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> 4 | <input type="checkbox"/> I refuse to answer |
| <input type="checkbox"/> 5 | |

29. Do all of your children currently live with you? (IF Q#27 = 1)

- Yes
- No
- Only some live with me o I refuse to answer

30. Are you OR your partner (if you have one) currently pregnant?

- Yes
- No
- I don't know
- I refuse to answer

31. What makes it hard for you to achieve housing stability? **[PLEASE SELECT ALL THAT APPLY]**

- | | |
|---|---|
| <input type="checkbox"/> Lack of affordable housing | <input type="checkbox"/> Criminal record |
| <input type="checkbox"/> Being a parent | <input type="checkbox"/> Other |
| <input type="checkbox"/> Discrimination/stigma | <input type="checkbox"/> Lack of supports |
| <input type="checkbox"/> Need more education | <input type="checkbox"/> My health |
| <input type="checkbox"/> Family “drama” | <input type="checkbox"/> I don’t know |
| <input type="checkbox"/> Friends | <input type="checkbox"/> I refuse to answer |
| <input type="checkbox"/> Can’t get a job | |

32. What or who has been the most helpful to you in trying to achieve housing stability in your life? **[PLEASE SELECT ALL THAT APPLY]**

- | | |
|--|---|
| <input type="checkbox"/> Parent or guardian | <input type="checkbox"/> My faith/religion |
| <input type="checkbox"/> Family member o Foster parent | <input type="checkbox"/> Boyfriend/girlfriend |
| <input type="checkbox"/> Pastor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Teacher/school staff | <input type="checkbox"/> Myself |
| <input type="checkbox"/> Caseworker | <input type="checkbox"/> No one/nothing |
| <input type="checkbox"/> Shelter/program staff | <input type="checkbox"/> Sister/brother |
| <input type="checkbox"/> Mentor | <input type="checkbox"/> I don’t know |
| <input type="checkbox"/> My child(ren) | <input type="checkbox"/> I refuse to answer |

Appendix E. In-depth interviews—participant characteristics

Table E.1. Characteristics of participants (N=215)

Age (in years)	#	%
13 to 17	31	14.4
18 to 21	112	52.1
22 to 25	72	33.5
Race/Ethnicity	#	%
White	50	23.2
Black/African-American	67	31.2
Latin@	30	14.0
American Indian or Alaskan Native	6	2.8
Asian	1	0.5
Multiracial	44	20.5
Other	4	1.8
Don't Know	1	0.5
Refused	7	3.2
Missing	5	2.3
Gender Identity	#	%
Female	87	40.5
Male	112	52.1
Transgender M-F	8	3.7
Transgender F-M	4	1.8
Genderqueer/Nonconforming	2	0.9
Other	1	0.5
Refused	0	0.0
Missing	1	0.5
Sexual Orientation	#	%
100% heterosexual	125	58.1
Mostly heterosexual	16	7.4
Bisexual	24	11.2
Mostly gay/lesbian	8	3.7
100% gay/lesbian	21	9.8
Not sexually attracted to either males or females	1	0.5
Other	6	2.8
Don't know	5	2.3
Refused	5	2.3
Missing	4	1.9

(continued)

(Table E.1. Characteristics of participants (N=215) continued)

Age (in years)	#	%
Parent of At Least One Child	#	%
Yes	49	22.8
No	157	73.0
Don't know	1	0.4
Refused	4	1.9
Missing	4	1.9
Are you or your partner currently pregnant?	#	%
Yes	18	8.4
No	180	83.7
Don't know	6	2.8
Refused	6	2.8
Missing	5	2.3

Appendix F. Survey results adversities by demographic characteristics

Gender Identity

In analyzing experiences of adversities across gender identity, gender minority youth (those who do not identify within dominant single-gender identifications male/female) report notably high levels of adversity. Youth who did not identify as male or female were most often those who answered “yes” to physically harming self or others (53 percent), experiencing discrimination both inside family (66.7 percent) and outside of family (80 percent), and were about as likely as those identifying as female to be forced to have sex with someone (34 percent versus 33 percent respectively).

Table F.1. Experience with adversities by gender

(N=204)*	Female (n=82)		Male (n=107)		Other** (n=15)	
	#	%	#	%	#	%
Physically harmed by someone	48	58.5	52	48.6	7	46.7
Physically harmed someone or yourself	29	35.4	33	30.8	8	53.3
Experienced discrimination or stigma						
Within the family	35	42.7	51	47.7	10	66.7
Outside the family	35	42.7	45	42.1	12	80.0
Experienced a caregiver’s death	29	35.4	42	39.3	2	13.3
Exchanged sex for basic needs	16	19.5	13	12.2	4	26.7
Forced to have sex with someone	28	34.2	16	15.0	5	33.3
Taken, transported, or sold for sex	3	3.7	0	0.0	0	0.0
Belonged to a gang	7	8.5	18	16.8	0	0.0

*7 Youth did not report their gender identity in the survey.

**Other includes youth who identified as non-binary.

Age

Our sample is comprised of primarily older youth (ages 18–25). This limits our ability to make reliable age comparisons. This may also explain the lack of robust differences based on age across the adversity categories. With the exception of “being forced to have sex,” older youth reported experiencing more adversities across all categories.

Table F.2. Experience with adversities by age

(N=208)*	13 to 17 Years Old (n=31)		18 to 25 Years Old (n=177)	
	#	%	#	%
Physically harmed by someone	13	41.9	96	54.2
Physically harmed someone or yourself	10	32.3	60	33.9
Experienced discrimination or stigma				
Within the family	14	45.2	86	48.6
Outside the family	13	41.9	80	45.2
Experienced a caregiver’s death	7	22.6	68	38.4
Exchanged sex for basic needs	3	9.7	31	17.5
Forced to have sex with someone	8	25.8	42	23.7
Taken, transported, or sold for sex	0	0.0	4	2.3
Belonged to a gang	2	6.5	23	13.0

*3 Youth did not report their age in the survey.

Race/Ethnicity

Youth who identify as “other” (72 percent), White (68 percent), and multiracial (56 percent) reported higher rates of being physically harmed than Latin@ or Black youth. In the IDI sample, “other” included primarily American Indian youth. Youth identifying as multiracial, however, were the group with the highest reports of discrimination and stigma within the family, outside the family, exchanging sex for basic needs, and being forced to have sex. They were the second highest group to report being physically harmed by someone, harming someone or self, and experiencing caregiver death. Overall, identifying as multiracial was associated with the highest cumulative adversity score (See Table 17) than any other self-selected racial-ethnic identity.

Table F.3. Experience with adversities by race

(N=198)*	Black (n=65)		White (n=50)		Latin@ (n=29)		Multiracial (n=43)		Other** (n=11)	
	#	%	#	%	#	%	#	%	#	%
Physically harmed by someone	27	41.5	34	68.0	12	41.4	24	55.8	8	72.7
Physically harmed someone or yourself	19	29.2	23	46.0	7	24.1	17	39.5	3	27.3
Experienced discrimination or stigma										
Within the family	31	47.7	22	44.0	12	41.4	22	51.2	5	45.5
Outside the family	30	46.2	24	48.0	11	37.9	22	51.2	4	36.4
Experienced a caregiver’s death	26	40.0	19	38.0	8	27.6	17	39.5	4	36.4
Exchanged sex for basic needs	14	21.5	3	6.0	3	10.3	11	25.6	2	18.2
Forced to have sex with someone	15	23.1	14	28.0	5	17.2	14	32.6	1	9.1
Taken, transported, or sold for sex	2	3.1	0	0.0	1	3.5	1	2.3	0	0.0
Belonged to a gang	9	13.9	9	18.0	1	3.5	4	9.3	2	18.2

*13 youth did not report their race/ethnicity within the survey.

**Other includes American Indian or Alaskan Native, Asian, or Other

Sexual Orientation

We asked about sexual orientation on a spectrum. Table 14 compares youth who identify as 100 percent heterosexual with all other sexual identities. Youth who do not identify as 100 percent heterosexual, reported both more physical harm from others (64 percent) and to others or self (41 percent). Reporting a sexual minority identity (LGBQA) also was associated with much higher percentages of discrimination or stigma both within the family (65 percent) and outside of the family (62 percent). These youth indicated higher percentages of loss of a parent or caregiver to death. They also reported more experiences with sexual adversity across all domains; they represented three of the four youth who responded “yes” to sex trade involvement.

Table F.4. Experience with adversities by sexual orientation

(N=197)*	100% Heterosexual (n=123)		LGBQA** (n=74)	
	#	%	#	%
Physically harmed by someone	58	47.2	48	64.9
Physically harmed someone or yourself	38	30.9	31	41.9
Experienced discrimination or stigma				
Within the family	47	38.2	48	64.9
Outside the family	46	37.4	46	62.2
Experienced a caregiver’s death	43	35.0	31	41.9
Exchanged sex for basic needs	11	8.9	21	28.4
Forced to have sex with someone	19	15.5	29	39.2
Taken, transported, or sold for sex	0	0.0	3	4.1
Belonged to a gang	17	13.8	8	10.8

*14 youth did not report their sexual orientation within the surveys.

**LGBQA includes youth who identified as 100% gay/lesbian, bisexual, mostly gay/lesbian, mostly heterosexual, asexual, or other

Adversity and Foster Care History

Nearly 40 percent of the youth in this study had histories of ever being in foster care. These youth reported higher percentages of adversities across all categories except for being taken, transported, or sold for sex.

Table F.5. Experience with adversities by foster care history

(N=206)*	Ever in Foster Care (n=82)		Never in Foster Care (n=124)	
	#	%	#	%
Physically harmed by someone	51	62.2	57	46.0
Physically harmed someone or yourself	36	43.9	36	29.0
Experienced discrimination or stigma				
Within the family	40	48.8	58	46.8
Outside the family	39	47.6	55	44.4
Experienced a caregiver’s death	36	43.9	38	30.7
Exchanged sex for basic needs	14	17.1	20	16.1
Forced to have sex with someone	26	31.7	25	20.2
Taken, transported, or sold for sex	1	1.2	3	2.4
Belonged to a gang	16	19.5	9	7.3

*5 youth did not respond to the question about foster care.

Adversity and History of Detention or Incarceration

Among the 205 youth who responded to this question, one-half reported an experience of detention, jail, or prison. This group reported higher percentages of all adversities except experiencing discrimination inside of family, exchanging sex for basic needs and involvement in the sex trade. Their response to “yes” for gang involvement is 10 times higher than for youth who reported no such history.

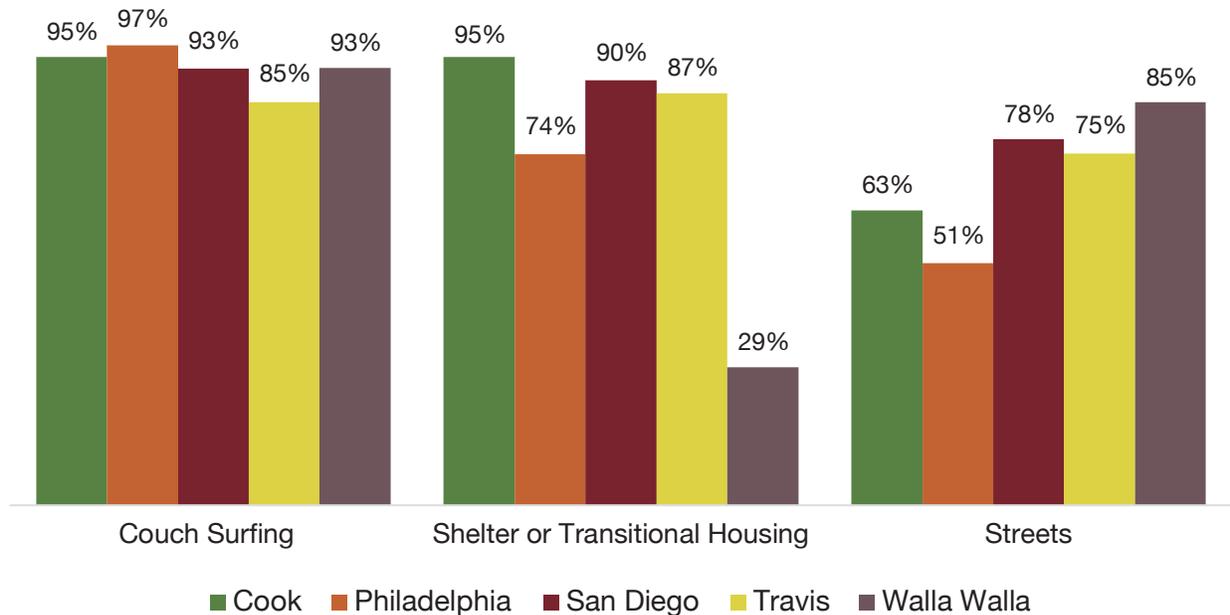
Table F.6. Experience with adversities by history of detention/incarceration

(N=205)*	Ever in Detention/Jail/Prison (n=103)		Never in Detention/Jail/ Prison (n=102)	
	#	%	#	%
Physically harmed by someone	60	58.3	49	48.0
Physically harmed someone yourself	41	39.8	29	28.4
Experienced discrimination or stigma				
Within the family	47	45.6	51	50.0
Outside the family	51	49.5	42	41.2
Experienced a caregiver’s death	40	38.8	31	30.4
Exchanged sex for basic needs	15	14.6	19	18.6
Forced to have sex with someone	29	28.2	21	20.6
Taken, transported, or sold for sex	1	1.0	3	2.9
Belonged to a gang	22	21.4	2	2.0

*6 youth did not respond to the question about spending time in detention, jail, or prison

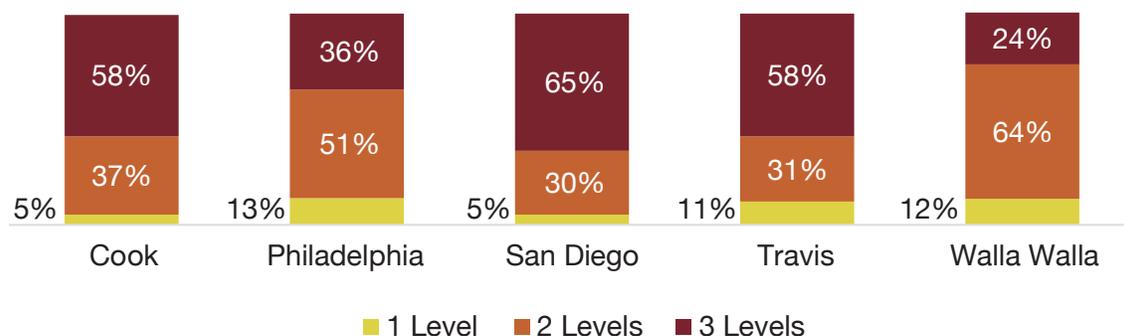
Appendix G. Levels of instability and geographic mobility

Figure G.1. Percentage of youth experiencing each level of instability (n=215)



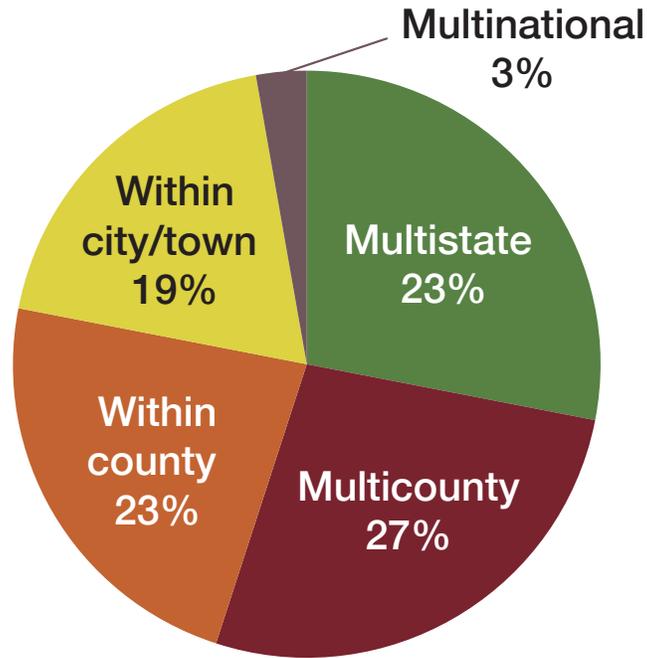
It is important to note that in Walla Walla County, the low number of youth reporting lower rates of using shelters or transitional housing, and higher rates of living on the streets is related to the absence of sufficient numbers of available youth shelters, causing youth to utilize unsheltered (that is, streets) and informal housing options available to them.

Figure G.2. Number of levels of homelessness experienced by youth (n=215)



Youths' experiences with housing instability also included high degrees of geographic mobility. Few youth remained in a single geographic area. In fact, only 19 percent of youth stayed within their cities or towns (see Figure G.3).

Figure G.3. Geography of youth experiencing homelessness



Appendix H. Survey responses to government benefits and services

Table H.1. Reasons for service receipt

(N=211)*	#	%
Physical disability or developmental disability	19	9.0
Alcohol or drug use	33	15.6
HIV/AIDS and related health issues	5	2.4
Mental health	81	38.4
None of the above	92	43.6

*Participants could select multiple responses.

Table H.2. Receipt of government benefits

(N=203)*	Currently Receiving		Ever Received	
	#	%	#	%
Food stamps/SNAP	90	44.3	128	63.1
TANF (Temporary Assistance for Needy Families)	8	3.9	17	8.4
Medicaid	48	23.6	68	33.5
State Children's Health Insurance Program (S-CHIP)	3	1.5	7	3.4
WIC	21	10.3	32	15.8
Housing Assistance (Section 8 voucher, public housing)	6	3.0	16	7.9
Supplemental Security Income (SSI)	11	5.4	16	7.9
Social Security Survivor's Benefits	2	1.0	7	3.4
Social Security Disability Insurance (SSDI)	2	1.0	4	1.9
Unemployment insurance or worker's compensation	0	0.0	2	1.0
Veteran's benefits	0	0.0	0	0.0

*Participants could select multiple responses.

Table H.3. Receipt of school benefits

(N=211)*	#	%
Free or reduced-price lunch	123	58.3
Transportation services	94	44.5
Food vouchers	17	8.1

*Participants could select multiple responses.

Appendix I. Youth advice about ending instability

POTENTIAL POINTS OF INTERVENTION

We asked youth “What would it take to achieve stability?”



AFFORDABLE AND SAFE HOUSING

Housing, housing, housing

“...housing security would honestly be the biggest thing because I need to make sure that if I’m getting a house I can at least be in this house for up to a year.”

-Libra, Philadelphia County

MORE SUPPORT

Young people need people



“Um, I would say really some guidance. I mean I’m pretty much a person who does everything on my own so, I mean, just guidance in the right direction and where to start it to find a place to live.”

-Frank Castle, San Diego



STABLE EMPLOYMENT

A living wage is critical

“Um, getting a steady income, because Craigslist is nice and all, but it’s not steady. Um, having a steady income, making sure my health is in good- in good condition so I don’t wind up losing my place.”

-Kitten, Travis County

NEED MORE EDUCATION

Knowledge is power



“I don’t want anything getting in the way of my career. I do not want to close a door just to open another door, I want to keep this door open cause I know I can’t go through 2 doors at once I would have to literally cut myself in half if I were to do that and that’s gonna just make me more stress.”

-Gemini, Cook County

Appendix J. Provider survey instrument

Note: This was an online survey. Skip logic instructions and background information for the respondent are not reflected here.

1. What is the name of your agency?
2. What is your full name?
3. What is your job title?
4. What is your email address?
5. What is your phone number? (Enter the area code and phone number with no hyphens, parentheses or spaces (e.g., 1234567890).)
6. In what county and state is your agency located?
7. In what city or town is your agency's main office located?

The questions in this section are about your agency.

8. Which of the following best describes your agency?
 - Non-profit, 501(c)(3) organization
 - Religious/faith-based organization
 - Public/government agency
 - For profit organization
 - Other
 - How would you describe the type of agency this is?

9. Does your agency operate any programs specifically for runaway or homeless youth? (By homeless youth, we mean youth ages 13 to 25 years old who are homeless and NOT accompanied by a parent or guardian.) Y | N
10. Which of the following statements best describe where the runaway and homeless youth your agency serves come from? Check all that apply.
 - City or town your agency located in
 - County in which your agency is located
 - Neighboring counties
 - Elsewhere in the state
 - Other states
 - Other countries

11. Which of the following refer runaway or homeless youth to your agency? Check all that apply.

- Other runaway or homeless youth
- Other homeless service providers
- National Runaway Safeline/Switchboard
- Street outreach programs
- Schools
- Law enforcement agencies
- Child welfare agencies
- Hospitals or other health care providers
- Youth refer themselves
- Other

12. Who else refers runaway or homeless youth to your agency?

The questions in this section are about your agency's programs for runaway and homeless youth.

Drop-In Centers

13. Does your agency operate any drop-in centers? Y | N

14. How many drop-in centers does your agency operate? _____

15. Which of the following age groups are served by your 13 to 15 year olds drop in center(s)?

- 13 to 15 year olds
- 16 or 17 year olds
- 18 to 21 year olds
- 22 to 25 year olds

16. Altogether, how many youth are served by or have contact with your drop-in center(s) in a typical day? (Number of youth)

17. Were any youth turned away by your drop-in center(s) during the past year? Y | N

18. How many youth were turned away by your drop-in center(s) during the past year?

Street Outreach Programs

19. Does your agency operate any street outreach program? Y | N

20. How many street outreach programs does your agency operate?

21. Which of the following age groups are served by your street outreach program(s)?

- 13 to 15 year olds
- 16 or 17 year olds
- 18 to 21 year olds
- 22 to 25 year olds

22. Altogether, how many youth are served by or have contact with your street outreach program(s) in a typical day?

23. Were any youth turned away by your street outreach program(s) during the past year? Y | N

24. How many youth were turned away by your street outreach program(s) during the past year?

Overnight/Emergency Shelters

25. Does your agency operate any overnight or emergency shelters? Y | N

26. How many shelters does your agency operate? _____

27. Which of the following age groups are served by your shelter(s)?

- 13 to 15 year olds
- 16 or 17 year olds
- 18 to 21 year olds
- 22 to 25 year olds

28. Altogether, how many shelter beds are available for youth under age 18 on a given night?

29. Is there a limit on the number of days youth under age 18 can stay in your shelter(s)? Y | N

30. What is the maximum number of days youth under age 18 can stay in your shelter(s)?

31. Altogether, how many shelter beds are available for youth age 18 or older on a given night?

32. Is there a limit on the number of days young adults age 18 or older can stay in your shelter(s)?
Y | N

33. What is the maximum number of days youth age 18 or older can stay in your shelter(s)?

34. Is there a waiting list for your shelter(s)? Y | N

35. Were any youth turned away by your shelter(s) during the past year? Y | N

36. Altogether how many youth were turned away by your shelter(s) during the past year?

Transitional Living Programs

37. Does your agency operate any transitional living programs? Y | N

38. How many transitional living programs does your agency operate?

39. Which type(s) of housing do your transitional living program(s) provide?

- Clustered/Single site
- Scattered site
- Both
- Neither

40. Which of the following age groups are served by your 13 to 15 year olds transitional living program(s)?

- 13 to 15 year olds

- 16 or 17 year olds
 - 18 to 21 year olds
 - 22 to 25 year olds
41. Altogether, how many youth can your transitional living program(s) house at a point in time? (Number of youth)
42. Is there a limit on the number of days youth under age 18 can stay in your transitional living program(s)? Y | N
43. What is the maximum number of days youth under age 18 can stay in your transitional living program(s)?
44. Is there a limit on the number of days young adults age 18 or older can stay in your transitional living program(s)?
45. What is the maximum number of days youth age 18 or older can stay in your transitional living program(s)?
46. Is there a waiting list for your transitional living program(s)? Y | N
47. Were any youth turned away by your transitional living program(s) during the past year? Y | N
48. How many youth were turned away by your transitional living program(s) during the past year?

Permanent Supportive Housing Programs

49. Does your agency operate any permanent supportive housing programs? By permanent supportive housing, we mean non-time-limited housing assistance with wrap-around supportive services. Y | N
50. How many permanent supportive housing programs does your agency operate?
51. Which type(s) of housing do your permanent supportive program(s) provide?
- Clustered/Single site
 - Scattered site
 - Both
 - Neither
52. Which of the following age groups are served by your permanent supportive housing program(s)?
- 13 to 15 year olds
 - 16 or 17 year olds
 - 18 to 21 year olds
 - 22 to 25 year olds
53. Altogether, how many youth can your permanent supportive housing program(s) serve at a point in time? (Number of youth)
54. Is there a waiting list for your permanent supportive housing program(s)? Y | N

55. Were any youth turned away by your permanent supportive housing program(s) during the past year? Y | N

56. How many youth were turned away by your supportive housing program(s) during the past year?

Host Home Programs

57. Does your agency operate any host home programs? Y | N

58. How many host home programs does your agency operate? ____

59. Which of the following age groups are served by your host home program(s)?

- 13 to 15 year olds
- 16 or 17 year olds
- 18 to 21 year olds
- 22 to 25 year olds

60. Altogether, how many youth can your host home program(s) serve at a point in time? (Number of youth)

61. Is there a limit on the number of days youth can stay in your host home program(s)? Y | N

62. What is the maximum number of days youth can stay in your host home program(s)?

63. Is there a waiting list for your host home program(s)? Y | N

64. Were any youth turned away by your host home program(s) during the past year? Y | N

65. How many youth were turned away by your host home program(s) during the past year?

Rapid Rehousing

66. Does your agency operate any rapid rehousing programs for runaway and homeless youth? Y | N

67. How many rapid rehousing programs for youth does your agency operate?

68. Which of the following age groups are served by your rapid rehousing program(s)?

- 13 to 15 year olds
- 16 or 17 year olds
- 18 to 21 year olds
- 22 to 25 year olds

69. Altogether, how many youth can your rapid rehousing program(s) serve at a point in time? (Number of youth)

70. Is there a limit on the number of days youth can stay in your rapid rehousing program(s)? Y | N

71. What is the maximum number of days youth can stay in your rapid rehousing program(s)?

72. Do youth in your rapid rehousing program(s) receive financial assistance? Y | N

73. For how many months do youth in your rapid rehousing program(s) receive financial assistance?

- 74.** How much financial assistance do youth in your rapid rehousing program(s) receive each month? (Enter dollar amount)
- 75.** Is there a waiting list for your rapid rehousing program(s)? Y | N
- 76.** Were any youth turned away by your rapid rehousing program(s) during the past year? Y | N
- 77.** How many youth were turned away by your rapid rehousing program(s) during the past year?

Supportive Services

The questions in this section are about different types of services and supports that runaway or homeless youth might need. For each category, indicate (1) if your agency provides that type of service or support to runaway and homeless youth, (2) if your agency does NOT provide that type of service or support to runaway and homeless youth but it is available elsewhere in the community, or (3) if that service or support is not available in your community.

- 78.** ASSISTANCE WITH BASIC NEEDS (Examples include clothing, food/meals, help applying for government benefits, or emergency cash grants.)
- 79.** CASE MANAGEMENT SERVICES (Examples include needs assessment, goal planning, advocacy, or referral.)
- 80.** HOUSING ASSISTANCE (Examples include help finding housing or assistance with security deposits.)
- 81.** EDUCATION (Examples include tutoring, GED preparation, assistance with school enrollment or access to a computer lab.)
- 82.** EMPLOYMENT (Examples include help with resume writing, interviewing skills, completing job applications as well as job search assistance, training or placement.)
- 83.** LIFE SKILLS TRAINING (Examples include budgeting assistance as well as financial literacy, household management, or parenting skills training.)
- 84.** PHYSICAL HEALTH (Examples include health education, primary health care, STI/HIV/AIDS prevention, education, testing or treatment, or nutritional counseling.)
- 85.** MENTAL/BEHAVIORAL HEALTH (Examples include mental health or substance abuse screening, individual or group counseling, or crisis intervention.)
- 86.** TRANSPORTATION ASSISTANCE (Examples include vouchers or transit cards)
- 87.** RECREATION (Examples include sports/games, cultural outings, or arts programming.)
- 88.** MENTORING
- 89.** LEGAL ASSISTANCE
- 90.** STORAGE FACILITIES
- 91.** FAMILY REUNIFICATION

Special Populations

The questions in this section are about special populations of runaway and homeless youth your agency may serve.

92. For which of the following groups of runaway and youth homeless youth does your agency have specialized programs? Check all that apply.

- Pregnant or parenting youth (that is, youth with minor children in their custody)
- Youth who identify as LGBTQ
- Former foster youth
- Youth with a history of juvenile/criminal justice involvement
- Youth who are victims of human trafficking
- Youth living with HIV/AIDS
- Youth with serious mental illness
- Youth who abuse substances
- None of the above

93. Which type(s) of program(s) are specifically for runaway or homeless youth who are pregnant or parenting?

- Drop-in center
- Street outreach program
- Emergency or overnight shelter
- Transitional living program
- Check all that apply Permanent supportive housing program
- Host home program
- Rapid rehousing program
- Other

94. What other types of programs does your agency operate for runaway or homeless youth who are pregnant or parenting?

95. Which type(s) of program(s) are specifically for runaway or homeless youth who identify as LGBTQ?

- Drop-in center
- Street outreach program
- Emergency or overnight shelter
- Transitional living program
- Check all that apply Permanent supportive housing program
- Host home program
- Rapid rehousing program
- Other

- 96.** What other types of programs does your agency operate for runaway or homeless youth who identify as LGBTQ? _____
- 97.** Which type(s) of program(s) are specifically for runaway or homeless youth who were in foster care?
- Drop-in center
 - Street outreach program
 - Emergency or overnight shelter
 - Transitional living program
 - Check all that apply Permanent supportive housing program
 - Host home program
 - Rapid rehousing program
 - Other
- 98.** What other types of programs does your agency operate for runaway or homeless youth who were in foster care? _____
- 99.** Which type(s) of program(s) are specifically for runaway or homeless youth who have a history of juvenile or criminal justice system involvement?
- Drop-in center
 - Street outreach program
 - Emergency or overnight shelter
 - Transitional living program
 - Check all that apply Permanent supportive housing program
 - Host home program
 - Rapid rehousing program
 - Other
- 100.** What other types of programs does your agency operate for runaway or homeless youth who have a history of juvenile or criminal justice system involvement?
- 101.** Which type(s) of program(s) are specifically for runaway or homeless youth who are sex-trafficking victims?
- Drop-in center
 - Street outreach program
 - Emergency or overnight shelter
 - Transitional living program
 - Check all that apply Permanent supportive housing program
 - Host home program
 - Rapid rehousing program
 - Other

102. What other types of programs does your agency operate for runaway or homeless youth who are sex trafficking victims?

103. Which type(s) of program(s) are specifically for runaway or homeless youth who are living HIV/AIDS?

- Drop-in center
- Street outreach program
- Emergency or overnight shelter
- Transitional living program
- Check all that apply Permanent supportive housing program
- Host home program
- Rapid rehousing program
- Other

104. What other types of programs does your agency operate for runaway or homeless youth who are living with HIV/AIDS? _____

105. Which type(s) of program(s) are specifically for runaway or homeless youth who have a serious mental illness?

- Drop-in center
- Street outreach program
- Emergency or overnight shelter
- Transitional living program
- Check all that apply Permanent supportive housing program
- Host home program
- Rapid rehousing program
- Other

106. What other types of programs does your agency operate for runaway or homeless youth who have a serious mental illness? _____

107. Which type(s) of program(s) are specifically for runaway or homeless youth who abuse substances?

- Drop-in center
- Street outreach program
- Emergency or overnight shelter
- Transitional living program
- Check all that apply Permanent supportive housing program
- Host home program
- Rapid rehousing program
- Other

108. What other types of programs does your agency operate for runaway or homeless youth who abuse substances?

Funding

The questions in this section are about how your programs for runaway and homeless youth are funded.

109. How are your runaway and homeless youth programs funded? Check all that apply.

- Federal funding
- State funding
- Local (city or county) funding
- Foundations/philanthropy
- Individual donors
- Other

110. From what other sources does your agency receive funding for its runaway and homeless youth programs?

111. Thinking about all of your agency’s programs for runaway and homeless youth, approximately what percentage of the funding for those programs comes from the FEDERAL government?

112. Thinking about all of your agency’s programs for runaway and homeless youth, approximately what percentage of the funding for those programs comes from the STATE?

113. Thinking about all of your agency’s programs for runaway and homeless youth, approximately what percentage of the funding for those programs comes from LOCAL government (that is, city or county)?

114. Thinking about all of your agency’s programs for runaway and homeless youth, approximately what

115. Percentage of the funding for those programs comes from FOUNDATIONS or PHILANTHROPIES?

116. Thinking about all of your agency’s programs for runaway and homeless youth, approximately what percentage of the funding for those programs comes from INDIVIDUAL DONORS?

117. Thinking about all of your agency’s programs for runaway and homeless youth, approximately what percentage of the funding for those programs comes from OTHER sources?

118. Please correct your responses to the funding questions above if this does not equal 100%.

Programs for Homeless Adults

119. Does your agency operate any programs for homeless adults without children? Y | N

120. Which of the following types of programs does your operate for homeless adults without children? Check all that apply.

- Street outreach
- Emergency shelter(s)

- Transitional housing
- Permanent supportive housing
- Rapid rehousing
- Other

121. What other types of programs does your agency operate for homeless adults without children?

122. Does your street outreach program serve homeless 18 to 25 year olds? Y | N

123. Does your street outreach program serve homeless youth under age 18? Y | N

124. Does your emergency shelter serve homeless 18 to 25 year olds? Y | N

125. Does your emergency shelter serve homeless youth under age 18? Y | N

126. Does your transitional housing serve homeless 18 to 25 year olds? Y | N

127. Does your transitional housing program serve homeless youth under age 18? Y | N

128. Does your permanent supportive housing program serve homeless 18 to 25 year olds? Y | N

129. Does your permanent supportive housing program serve homeless youth under age 18? Y | N

130. Does your rapid rehousing program serve homeless 18 to 25 year olds? Y | N

131. Does your rapid rehousing program serve homeless youth under age 18? Y | N

Does this other program serve homeless 18 to 25 year olds? Y | N

132. Does this other program serve homeless youth under age 18? Y | N

Programs for Homeless Families with Children

133. Does your agency operate any programs for homeless families with children? Y | N

134. Which of the following types of programs does your agency operate for homeless families with children? Check all that apply.

- Street outreach program(s)
- Emergency shelter(s)
- Transitional housing
- Permanent supportive housing
- Rapid rehousing
- Other

135. What other types of programs does your agency operate for homeless families with children?

136. Does your street outreach program serve homeless families headed by parents ages 18 to 25 years old? Y | N

137. Does your street outreach program serve homeless families headed by parents under age 18? Y | N

138. Does your emergency shelter(s) serve homeless families headed by parents ages 18 to 25 years old? Y | N

139. Does your emergency shelter(s) serve homeless families headed by parents under age 18? Y | N

140. Does your transitional housing serve homeless families headed by parents ages 18 to 25 years old? Y | N

141. Does your transitional housing serve homeless families headed by parents under age 18? Y | N

142. Does your permanent supportive housing serve homeless families headed by parents ages 18 to 25 years old? Y | N

143. Does your permanent supportive housing serve homeless families headed by parents under age 18? Y | N

144. Does your rapid rehousing serve homeless families headed by parents ages 18 to 25 years old? Y | N

145. Does your rapid rehousing serve homeless families headed by parents under age 18? Y | N

146. Does this other program serve homeless families headed by parents ages 18 to 25 years old? Y | N

147. Does this other program serve homeless families headed by parents under age 18? Y | N

The next few questions are about programs your agency operates for youth.

148. Does your agency operate any programs for youth ages 13 to 25 years old (regardless of their housing status)?

149. Which of the following age groups do these programs serve? Check all that apply.

- 13 to 15 year olds
- 16 or 17 year olds
- 18 to 21 year olds
- 22 to 25 year olds

150. Which of the following populations do these programs target?

- Low income youth
- Foster youth/youth in the child welfare system
- Delinquent youth/youth in the juvenile justice
- Check all that apply system
- Pregnant or parenting youth
- Youth who identify as LGBTQ
- Middle school students
- High school students
- Disconnected youth/youth who are not in school and not working
- Other

151. What other populations do these programs target?

152. Are any of the youth who participate in these programs runaway or homeless youth? Remember, by homeless youth, we mean youth who are homeless AND not accompanied by a parent or other guardian. Y | N

The next section includes questions about the runaway or homeless youth these programs serve.

153. Who refers these runaway and homeless youth to your agency? Check all that apply.

- Runaway and homeless youth service providers
- Schools
- Law enforcement agencies
- Child welfare agencies
- Hospitals or other health care providers
- Legal services
- Public aid agencies
- Youth refer themselves or are referred by other youth
- Other

154. By whom else are runaway and homeless youth referred to your agency?

155. To whom does your agency refer these runaway or Runaway and homeless youth service providers homeless youth? Check all that apply.

- Schools
- Law enforcement agencies
- Child welfare agencies
- Hospitals or other health care providers
- Legal services
- Public aid agencies
- Other

156. What are those other types of service providers?

157. Which of the following types of services and supports does your agency provide to runaway and homeless youth? Check all that apply.

- ASSISTANCE WITH BASIC NEEDS (e.g., clothing, homeless food/meals, help applying for government benefits, or emergency cash grants)
- CASE MANAGEMENT (e.g., needs assessment, goal planning, advocacy, or referral)
- HOUSING (e.g., help finding housing or assistance with security deposits)
- EDUCATION (e.g., tutoring, GED preparation, assistance with school enrollment or access to a computer lab)
- EMPLOYMENT (e.g., help with resume writing, interviewing skills, completing job applications as well as job search assistance, training or placement.)

- LIFE SKILLS TRAINING (e.g., budgeting assistance as well as financial literacy, household management, or parenting skills training)
- PHYSICAL HEALTH (e.g., health education, primary health care, STI/HIV/AIDS prevention, education, testing or treatment, or nutritional counseling)
- MENTAL/BEHAVIORAL HEALTH (e.g., mental health or substance abuse screening, individual or group counseling, or crisis intervention)
- RECREATION (e.g., sports/games, cultural outings, or arts programming)
- TRANSPORTATION (e.g., vouchers, transit cards)
- MENTORING
- LEGAL ASSISTANCE
- OTHER

158. What other types of services does your agency provide to runaway or homeless youth?

Prevention Programs

159. Does your agency operate any programs to prevent youth from running away or becoming homeless? Y | N

160. Which of the following groups are served by your prevention program(s)? Check all that apply.

- Youth under age 18
- Youth age 18 and older
- Parents or guardians

161. What types of services are provided by your prevention program(s)? Check all that apply.

- Case management
- Individual counseling/therapy
- Group counseling/therapy
- Family counseling/therapy
- Crisis intervention
- Other

162. What other types of services are provided by your prevention program(s)?

163. How are these prevention services funded? Check all that apply.

- Federal funding
- State funding
- Local (city or county) funding
- Foundations/philanthropy
- Individual donors
- Other

Wrap-up questions

164. Has your agency ever participated in a local count of homeless youth (excluding the VoYC count that took place this summer)? Y | N

165. Would your agency like to receive updates about the Voices of Youth Count initiative? Y | N

Thank you for completing the survey. Your cooperation is much appreciated. Please click 'Submit' to submit and exit the survey.

Appendix K. Continuum of Care survey instrument

Note: This was an online survey. Skip logic instructions and background information for the respondent are not reflected here.

1. Which of the following counties does your CoC serve?

COORDINATED ENTRY AND ASSESSMENT

2. Does [county_served] have a coordinated entry and assessment system? Y | N
3. What is the geographic area covered by that coordinated entry and assessment system?
 - Single city/town
 - Multiple cities/towns but not a county
 - Single county
 - Multiple counties

ACCESS

4. Can unaccompanied youth under age 18 access services through your coordinated entry and assessment system? Y | N
5. Does your system have access points dedicated to unaccompanied youth under age 18? Y | N
6. Can unaccompanied youth under age 18 enter your system through other access points? Y | N
7. How do unaccompanied youth under age 18 enter your coordinated entry and assessment system? Check all that apply.
 - Visit a single location in person
 - Visit one of several locations in person
 - Via telephone
 - On-line
 - Other
8. How else do unaccompanied youth under age 18 enter your system?
9. Does your coordinated entry and assessment system have access points dedicated to unaccompanied youth age 18 and older? Y | N
10. What is the maximum age at which unaccompanied youth can enter your system through those dedicated access points? (Age in years)
11. Can unaccompanied youth age 18 and older enter your system through other access points? Y | N
12. How do unaccompanied youth age 18 and older enter your coordinated entry and assessment system? Check all that apply.
 - Visit a single location in person
 - Visit one of several locations in person

- Via telephone
 - On-line
 - Other
- 13.** Does [county_served] have a separate coordinated entry and assessment system specifically for unaccompanied youth? Y | N
- 14.** What is the maximum age at which unaccompanied youth can access that separate system? (Age in years)
- 15.** How do unaccompanied youth enter that separate in person system? Check all that apply.
- Visit a single location
 - Visit one of several locations in person
 - Via telephone
 - On-line
 - Other
- 16.** How else do unaccompanied youth enter that separate system?

ASSESSMENT TOOLS

- 17.** Does your coordinated entry and assessment system use a vulnerability index or triage tool designed specifically for youth? Y | N
- 18.** Which of the following vulnerability indices or triage tools does your coordinated entry and assessment system use with youth?
- TAY Triage Tool (Transition Age Youth Triage Tool)
 - TAY-VI-SPDAT (Transition Age Youth – Vulnerability Index - Service Prioritization Decision Assistance Tool)
 - Other
- 19.** What is the name of that other vulnerability index or triage tool for youth?
- 20.** Does your coordinated entry and assessment system use a vulnerability index or triage tool that was NOT designed specifically for youth to prioritize youth for services? Y | N
- 21.** Does your coordinated entry and assessment system use the VI-SPDAT to prioritize youth? Y | N
- 22.** What vulnerability index or triage tool does your coordinated entry and assessment system use to prioritize youth for services?
- 23.** Does your coordinated entry and assessment system use any other types of assessment tools to match youth with the type of assistance that best meets their needs? Y | N
- 24.** What are the names of those assessment tools?

REFERRALS

- 25.** To which of the following are unaccompanied youth under age 18 referred by your coordinated entry and assessment system? Check all that apply.
- Agencies that focus on serving runaway and homeless youth
 - Agencies that focus on serving single homeless adults
 - Other
- 26.** To what other types of agencies are unaccompanied youth under age 18 referred?
- 27.** To which of the following are unaccompanied youth under age 18 referred by your coordinated entry and assessment system if they are custodial parents? Check all that apply.
- Agencies that focus on serving runaway and homeless youth
 - Agencies that focus on serving homeless families with children
 - Other
- 28.** To what other types of agencies are unaccompanied youth under age 18 referred if they are custodial parents?
- 29.** To which of the following are unaccompanied youth 18 and older referred by your coordinated entry and assessment system? Check all that apply.
- Agencies that focus on serving runaway and homeless youth
 - Agencies that focus on serving single homeless adults
 - Other
- 30.** To what other types of agencies are unaccompanied youth age 18 and older referred?
- 31.** To which of the following are unaccompanied youth age 18 and older referred by your coordinated entry homeless youth and assessment system if they are custodial parents? Check all that apply.
- Agencies that focus on serving runaway and homeless youth
 - Agencies that focus on serving homeless families with children
 - Other
- 32.** To what other types of agencies are unaccompanied youth age 18 and older referred if they are custodial parents?
- 33.** Are any services provided to homeless youth under age 18 at the coordinated entry and assessment system access points? Y | N
- 34.** What types of services are provided to youth under age 18 at the coordinated entry system access points?
- 35.** Are any services provided to homeless youth age 18 and older at the coordinated entry and assessment system access points? Y | N
- 36.** What types of services are provided to youth age 18 and older at the coordinated entry system access points?

ENGAGEMENT

37. Do any runaway or homeless youth serving organizations in [county-served] not participate in the coordinated entry and assessment system? Y | N
38. Why do those runaway or homeless youth serving organizations not participate in the coordinated entry and assessment system?

WRAP UP

39. Is there anything else about your coordinated entry and assessment system related to unaccompanied youth that we should know about?
40. What else should I know about your coordinated entry and assessment system related to unaccompanied youth?
41. Has your CoC ever participated in a local count of homeless youth (excluding the VoYC count that took place)? Y | N
42. Would your CoC like to receive updates about the Voices of Youth Count initiative? Y | N

Thank you for your time. Please click the “Submit” button to end and exit the survey.

Appendix L. Systematic Evidence Review – Chapter 7 study references

Note: This list presents only references for included studies of the Objective 1 effectiveness studies synthesis (see Chapter 7 for further information).

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