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Philadelphia College of Osteopathic Medicine
Graduate Program in Biomedical Sciences
School of Health Sciences

Homelessness Interventions for the Youth

A Capstone in Population and Public Health by Christopher Stuever
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Submitted in Partial Fulfillment of the Requirements for the Degree of
Master of Science in Biomedical Sciences, Population and Public Health Concentration
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ABSTRACT

Objective: Gather information on the current policies and interventions used in the United States to form a comprehensive understanding of what has been successful and what has failed in their implementation that has led to the current epidemic of homelessness among the youth and young adult population in the United States.

Background: In a nation boasting wealth and success, the United States continues to fall short when it comes to taking care of its overwhelming homeless population. A specific area of concern within this population comes with the alarming number of young adults and children that experience homelessness every year. Homelessness in the United States is an epidemic currently, but leaving the younger generation exposed to trauma of this magnitude leaves scars for years to come. Many interventions for decreasing homelessness primarily focus on adult populations, with independent housing, job placement, and drug rehabilitation as the priorities, and often the youth are overlooked. This review aims to identify, analyze, and criticize current policy for homelessness interventions in the American youth in hopes of bringing forth the best possible interventions for success.

Research Strategies: Systematic review of research published on PubMed, ScienceDirect, NCBI, and other public health journals and news outlets to examine qualitative variables effecting homelessness and quantitative data outlining the demographics of the current homeless population. Then examining local, state, and national policies and interventions to review current policies and benefits allotted to youths experiencing poverty and homelessness.

Expectations: Homelessness has always been a focal point of public health policy and state and local legislatures largely dictate how and when interventions are to be implemented. With larger

homeless populations found in densely populated cities, and often Democratically led cities, much of blame has fallen upon those legislatures, as resources are scarcer, and cost of living continues to rise. Examining how these legislations have distributed these resources, and where research has shown interventions being most successful will shed light on the most effective methods that can become more common practice on a national scale and lead to systemic change in how the United States combats youth homelessness.

INTRODUCTION

The United States is often referred to as the wealthiest nation in the world, yet continually falls short in advocacy for the lower income communities. A specific area of concern is the rising homeless population in the United States, and more specifically the increase in youth homelessness in recent years. In 2021, children, individuals under the age of 18, made up roughly 18% of the entire homeless population in the United States (State of Homelessness: 2021). According the United States government, the definition of homeless is “when a person lacks a fixed, regular, and adequate nighttime residence, and if they sleep in a shelter designated for temporary living accommodations or in places not designated for human habitation.” Many efforts and interventions to combat homelessness are directed towards the adult populations, such as independent living initiatives or job placement programs, which leaves care for the homeless youth understaffed and underfunded.

The number of individuals living below the Federal Poverty Guidelines has slightly decreased each year for the past seven years, which was once at a staggering 14.8% but has since fallen to 9.2% in 2020, but the homeless population has seen a steady increase in that same time frame. An estimated 4.2 million youth and young adults, ages 18 to 24, experience a homelessness episode each year. This epidemic also disproportionately effects minority

populations, with Hispanic and Black individuals at more than two times higher risk to experience a homelessness episode. Other risks factors for the youth population that have shown to increase the likelihood of experiencing homelessness include family conflict and dynamics, sexual orientation and activity, youth pregnancy, mental health issues and substance abuse (Wang, 2019).

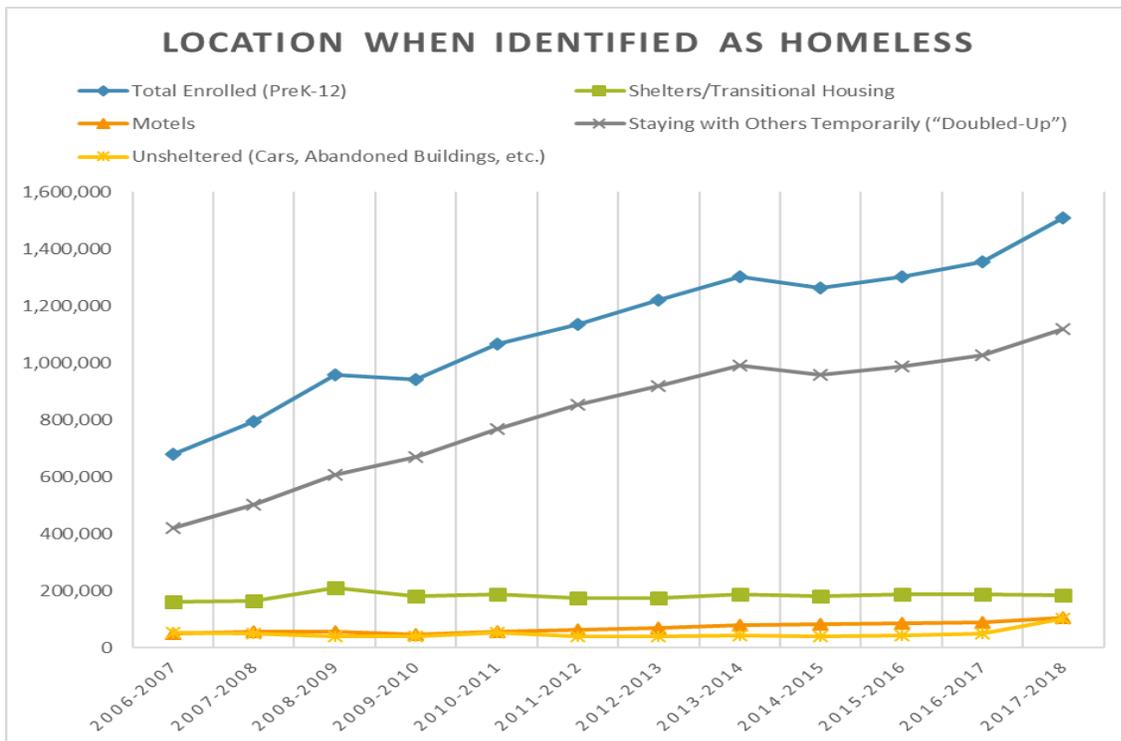


Figure 1: Shows annual results presented by National Center for Homeless Education (Public School House Connection, 2020)

This figure published by the National Center for Homeless education shows how the trend of youth homelessness in the United States has increased over the past 15 years. Though unsheltered individuals appears to stay relatively low, these individuals are the most at-risk for suffering trauma, resulting in substantially higher risk for homelessness into adult. The largest number of young individuals listed temporary residence as their current living situation. Though this may be a better circumstance than living in a shelter or on the street, the experience of

unstable housing can still have significant adverse effects on the mental and physical well-being of a child.

The current United States foster care system is outnumbered when it comes to combatting youth homelessness and young adults in the foster care system are at a substantially higher risk of experiencing homelessness. In 2019, according to the Adoption and Foster Care Analysis and Reporting System, 600 children ran away from their foster care placement. The system in place has been shown to fall short when caring for the homeless youth of America.

BACKGROUND

The impact of experiencing homelessness as a young adult cannot be overstated. It is estimated that 50% of youth and young adults who experience a homelessness episode will experience homelessness into adulthood (Scherer, 2021). This continued experience results in increased substance abuse, untreated mental health issues, lack of adequate food and shelter, and lack of consistent education; all factors that work to extend the experience of homelessness (Hudson, 2010). Even more serious concerns involve the increased rates of suicide among homeless youths, in which these individuals are two times more likely to take their own life compared to their peers. According to the National Sexual Violence Resource Center, one in three teenagers living on the street will be lured into prostitution which leads to substantially higher rates of HIV and AIDS, as well as other sexually transmitted diseases.

The United States government set forth a goal to end youth homelessness in America within the next 10 years. The first comprehensive strategy for combatting youth homelessness was released by the United States Interagency Council on Homelessness (USICH) in June of 2010. Eleven years after the release of this comprehensive plan, the data around the number of young adults experiencing homelessness has persisted. With official statistics relatively

unknown about the extent of the homeless youth population, it is widely agreed upon that most numbers underestimate the true size of the issue. The current strategies for combatting homelessness vary, with some showing promise while others continue to fail.

The existence of youth homelessness, especially its persistence through multiple interventions attempting to eliminate it, is a major problem in itself. Having such a large population unable to feed and shelter themselves while being expected to succeed academically and socially is difficult enough to combat, but the adverse life events that occur to these individuals once the poverty and homelessness have already begun shines light upon a whole new set of challenges to manage. Interventions are required not just to alleviate the financial burdens one experiences in poverty and homelessness, but also the effects commonly accompanying the experience, such as substance abuse, unsafe sexual behaviors, and mental health issues. The aim of this research goes beyond simply attempting to lift individuals out of homelessness by placing them in foster care or providing more shelters and beyond food scarcity by providing free and reduced lunches in public schools or adding more food pantries. Examining the resources available to the youth for the issues that cause and extend their homelessness experience can be more crucial than the financial aspect that is so commonly misunderstood.

According to the United States Department of Housing and Urban Development (HUD), three of the five cities with the largest homeless population are in the state of California; Los Angeles, Santa Clara, and San Diego, with Seattle and New York City rounding out the top five. In 2020, homelessness per 10,000 people, the District of Columbia, 90.4, had the highest proportion of homeless individuals. These cities are the primary focus of this report, as they consistently represent the cities with the most resources needed to combat homelessness.

Though youth homelessness has seen a gradual decline, down 2.2% from 2019 to 2020, the full scope of the issue is misunderstood. According to the 2020 HUD Annual Homelessness report, roughly 34,000 individuals under the age of 25 experience homelessness on any given night, with 90% of those individuals being between the ages of 18 and 24. With how disproportionately these experiences impact individuals of color; 52% of youth homeless individuals identifying as non-white, the issue of homelessness must be examined as systemic versus strictly individual circumstance. HUD also reported a substantial increase in incidences of chronic homelessness, with increased by more than 15% between 2019 and 2020, indicating that current needs are not being met to prevent reoccurring homelessness, with the youth population being a major victim of this inconsistency (Henry, 2021).

A 2019 study was conducted in an attempt to reveal predicting factors that may increase an adolescent's risk of experiencing homelessness. This study examined individuals 12-17 years old entering treatment for substance abuse and mental health issues. The study found predictors associated with an increased likelihood of experiencing a homelessness episode include male, older age, substance abuse, depression and other mental health disorders, along with youth trauma, and inclusion in the foster care system (DiGuseppi, 2019). These predictors reveal that the causes of homelessness for the youth, or at least the risk factors that increase the likelihood of experiencing homelessness, are no secret. This should result in more targeted approaches to combating youth homelessness and more efficient and effective allocation of resources, yet the homeless population continues to rise.

RESEARCH STRATEGIES

The research in this study was conducted through the systematic review of research of published work on PubMed, ScienceDirect, NCBI, and other public health journals as well as federal and local agencies websites to examine qualitative variables effecting homelessness and quantitative data outlining the demographics of the current homeless population and how the values have changed over time. Then examining state and national legislation to review current policies and benefits allotted to youths experiencing poverty and homelessness.

Qualitative and quantitative variables assessed throughout this study are used to determine to quality and effectiveness of the resources available to this youth homelessness population in relation to many of the major health concerns surrounding the homelessness experience. These concerns include the access to consistent and affordable health care, resources available to individuals with suicidal ideations as well as other chronic and acute mental health conditions, access to rehabilitation and treatment for substance abuse such as drugs, alcohol, and tobacco, and availability of resources for promoting sexual health and treatment and rehabilitation to combat sexual abuse.

Examination of this resource availability and quality is done through examining the private and government owned and sponsored organizations through which these resources are made available, as well as through the examination of local, state, and federal legislation being passed to combat these issues. Systematic review of the Federal Government's Opening Doors Plan to End Chronic Homelessness is used to compare the status of homelessness in 2011 when the initial plan was drafted, and how qualitative and quantitative values have changed over the past ten years. Legislation on the federal level and nationwide organizations are examined, as

well as legislation and organizations for three of the cities with the largest homeless populations; Los Angeles, New York City, and Washington D.C.

DISCUSSION

Federal Initiative

Opening Doors was an initiative set forth roughly ten years ago and became the first comprehensive federal strategy for preventing and ending homelessness. The Administration for Children, Youth and Families partnered with 19 USICH member agencies, met in the fall of 2011 to develop this joint action plan to end youth homelessness. In association with other federal agencies, including Department of Health and Human Services (HHS), HUD, and Department of Education (ED), four key elements were identified, known as the Youth Intervention Framework, and incorporated into the data collection and capacity strategies.

1. Plans to arrive at a **confident estimate** at the number of youths facing homelessness
2. An **intervention model** to organize how to collectively achieve desired outcomes: stable housing, permanent connections, education and employment, and well-being
3. **Increasing evidence** of effective interventions with homeless young people, including particularly vulnerable subpopulations: foster care, LGBTQ, juvenile justice, and pregnant/parenting
4. Performing a **gaps analysis** to better understand the current Federal capacity and funding streams available to serve homeless youth and determine what's missing

This framework has served as the foundation for federal partnership with state and local organizations, both in the private and public sector. In the preface of the original Opening Doors

plan, President Barack Obama states “preventing and ending homelessness is not just a federal issue or responsibility. It also will require the skill and talents of people outside of Washington.... These state and local stakeholders must be active partners with the Federal Government, and their work will inform and guide our efforts at the national level.” (Opening Doors, 2011)

The plan consisted of five themes, including Increase Leadership, Collaboration, and Civic Engagement, Increase Access to Stable and Affordable Housing, Increase Economic Security, Improve Health and Stability, and Retool the Homeless Crisis Response System. Within these five themes, ten objectives were established. Three objectives under the theme of improving health and stability dealt with youth individuals, including one of the largest demographics of homeless individuals, that being individuals 18-24 years old and more specifically support for individuals aging out of the foster care and juvenile justice systems. The first amendment to the plan came a year later in 2012, highlighting areas that would benefit from more in-depth analysis and implementation. Many of the requests revolved around child and youth care, including improving educational outcomes for youth. Suggestions for this improvement included early education programs to provide smoother transitions between elementary, secondary, and postsecondary education and increased access to high-quality programs, from childhood into adulthood. Another objective amendment to the plan included increased access to housing stability for unaccompanied youth.

Though collaboration for ending youth homelessness is at an all-time high, the Federal Government fell short of its goal of eliminating youth homelessness by the year 2020. When the Opening Doors plan was initially implemented, many of the issues facing the nation’s youth homeless population were misunderstood, but a major success of the plan was better research

and data collection of these issues and more effective targeting of this at-risk populations. After just a year, the first amendment identified the foster care and juvenile justice systems as integral players in the fate of young adults, and steps were taken to directly address these concerns.

In March 2021, the Federal Government issued another round of COVID-19 Relief funding to state and local governments. With homeless populations being of the most vulnerable to the spread of infection, many state and local organizations implemented temporary measures to reduce the spread, including housing vouchers, partnerships with hotels and motels, and many local organizations opening their doors to the homeless. As the nation begins its recovery, the homeless population is losing many of the resources that were allotted to them during the peak of the pandemic. The COVID-19 Relief bill aimed to address these concerns financially, with \$5 billion allocated to homeless services through the HOME program, focused on sustainable and permanent housing. Another \$800 million were dedicated to the Department of Education for providing wrap-around services and assistance to youth experiencing homelessness.

Los Angeles County

Los Angeles County has one of the largest homeless populations in the United States, not unexpectedly considering it is one of the most densely populated areas in the country. In 2020, according to the Los Angeles Homeless Service Authority, nearly 5,000 youths were experiencing chronic homelessness; a 19% increase from the previous year. The youth in LA County face unique challenges as their demographics are unique compared to the overall homeless population of the United States. Homeless youth in LA County are more likely female, Black, or Latinx. They have a higher proportion of LGBT individuals and are less likely to be

experiencing substance abuse or mental health issues. Common issues facing these individuals include no housing or job history, lack of support system, and lack of positive adult relationships.

Three years ago, Los Angeles County launched the Coordinated Entry System (LACES) in an attempt to better coordinate resources and communication between individuals experiencing homelessness and the organizations that provide services for them. Los Angeles County has made significant strides in the effectiveness and efficiency for serving the homeless. The three pillars of the system include Housing First, Harm Reduction, and Trauma Informed Care. This system has not only improved access to care for those experiencing homelessness but has allowed organizations to devote more time and money to the services they do best, rather than numerous organizations trying to do it all.

The LACES allowed for a better analysis of the current issue of homeless and through continued data collection and improvement and better understanding of the problems facing the population are being understood. For example, LACES administers a survey to identify risk factors and behaviors contributing to homelessness. By shortening the survey to a simple 10-minute questionnaire, and clarifying common questions misunderstood from the previous year, LACES saw a 163% increase from the 2018 to 2019 of youth experiencing “difficulty with” alcohol and drug use. This exposed a lack of understanding of the problems so common in the homeless community and allowed them to adjust. LACES then adopted multiple new programs dedicated to substance abuse education and rehabilitation the following year. Due to continued success and comprehensive data around the issue, community engagement has substantially increased over the three-year period since the LACES implementation, allowing for more expansion of resources and increased quality of care (About CES, 2021).

Another effective program implemented in Los Angeles County since the success of LACES is the Host Homes programs. Through increased community engagement, the Host Homes initiative was able to set up a program for community members to open their homes to youth ages 18-24 experiencing chronic homelessness in the interim while individuals received care such as substance abuse counseling and rehabilitation, mental health care, and addressment of other medical needs. Based on the surveys and interviews administered through LACES and continued outreach to the homeless community, homeless youth are able to pair with community members based on the needs of the individual to ensure a trauma-informed and safety-first approach.

Los Angeles County has made significant strides in recent years in the fight against homelessness, but many understand the need for more resources to continue the success and improve the current programs. In April 2021, the city council of Los Angeles passed legislation to add another 15 outreach teams to the list of more than 200 teams involved with the Los Angeles Homeless Services Authority with the hopes of expanding outreach and ensuring housing for all individuals experiencing chronic homelessness (City News, 2021).

New York City

As the largest city in the United States, New York City has the largest homeless community in the country. In late 2016, it was estimated over 24,000 children were living in a shelter, according to the New York Coalition for Homelessness. That number has slowly come down over the past 5 years, and was most recently 16,956 in March 2021, but is still more than double the population compared to just 20 years ago. In New York City, abuse was listed as the number one reason for homelessness among youths surveyed, with 34% citing physical, mental,

or sexual abuse as a cause of their current homelessness. Other common reasons cited for homelessness included fighting with parents, being kicked out of current housing situation, and parents not meeting basic needs.

Share of Students Who Experienced Homelessness in New York City Public School Districts

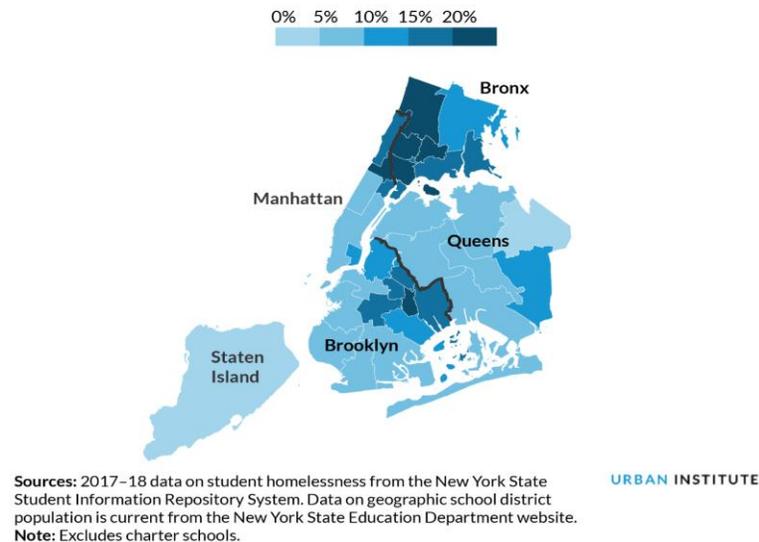


Figure 2: Representation of the current youth homelessness percentages by area reported by public school districts.

The figure above shows the concentration of youth homelessness in New York, with some areas reporting roughly one in four children having experienced a recent homelessness episode.

New York City is the birthplace of Covenant House, a leader in providing residential services for nearly 50 years in 31 cities nationwide. As the needs of the homeless youth has become more researched and understood, Covenant House has dramatically increased their resources dedicated to the mental health and substance abuse side of homelessness and have made a specific effort to combat human trafficking. With a new trauma-informed approach to intervention, Covenant House helps over 2700 youths each year through their New York Crisis

Shelter, their Rights of Passage program working to transition these individuals into more permanent housing, and expansion of their Mother and Child Program with comprehensive medical care, free child care, educational services and job placement.

Covenant House is an example of a single organization growing to a size that allows for significant resource allocation and lobbying for policy change. Unfortunately, overall lack of coordination and communication in the effort to combat homelessness among the youth population in New York City has been shown to leave significant gaps in the services it provides. In 2018, a task force was formed by Mayor Bill de Blasio in order to conduct a system-wide assessment, through Chapin Hall, a Chicago-based child welfare research center, to understand where the city had fallen short in areas of care and services for the homeless community. Lack of a coordinated system led to “fragmented services” and “lack of ownership and accountability” according to the assessment.

The assessment included interviews with more than 100 individuals experiencing homelessness in New York City and asked about the difficulty of finding the help they need. Many stated the scarcity of resources required continuously going between providers and recounting traumatic experiences as they seek help from different organizations. This lack of communication between providers leads to a constant feeling of helplessness among the community they are trying to serve. Jha’asryel-Akquil Bishop, co-author of the study who lived in New York City and had experience with homelessness stated, “I don’t want to be in a space where I’m always feeling like a victim.” (Silvers, 2019) With an emphasis on the mental health coming to forefront in recent years, this strategy, or lack thereof, has been a hinderance in

reaching the homeless community. Coordinating efforts among organizations, both governmental and non-profit, is crucial to expanding the reach and improving the care for these individuals.

Washington D.C.

Though Washington D.C. has a population of just under 700,000 residents, it currently has the highest rates of homeless per 10,000 residents in the United States. At 90.4 homeless individuals per 10,000 residents, D.C. has more than double the rate of homelessness compared to Los Angeles and New York City. Just under half of all residents of Washington D.C. are Black, yet 86.5% of individuals experiencing homelessness are Black, another indication of systemic oppression's contribution to homelessness. Another significant demographic affected by homelessness in Washington D.C. is the LGBTQ community, with nearly a third of the 18-24-year-old homeless community identify as such. In 2018, an estimated 1300 unaccompanied youths were experiencing homelessness, and another 6000 students in public school system experienced homelessness or housing instability.

Established over a decade ago, the D.C. Interagency Council on Homelessness' Youth Committee was formed. This collaboration of numerous organizations agencies set out to launch a coordinated effort to eliminate youth homelessness in the D.C. area. An action plan titled Solid Foundations D.C., guided by Through the Eyes of the Youth, was set in motion. The plan focused on the lived experiences of previous homeless youth as a tool to identify previous successes and failures of the current practices to better understand the needs of this community. A key improvement came through the modification of the youth homelessness census, to establish a better understanding of how homelessness is experienced by these youths. This

census has allowed for a more targeted approach to interventions, including three initiatives: Rapid Rehousing for the Youth, Extended Transitional Housing, and a 24-Hour Drop-In Center.

City Overview

These three cities are just a few examples of how public policy and community support have helped or hurt the current homeless population. Los Angeles has implemented a coordinated system to more efficiently meet the needs of its youth homeless community. Looking at raw data, numbers of young individuals experiencing homeless in Los Angeles County has continued to increase over the past three years, from roughly 7700 individuals under the age of 24 in 2018 to 11,500 in 2020 (Los Angeles Almanac). This does not indicate failure on the part of the Coordinated Entry System, which has also been able to continually register more young individuals into the system each year since its inception, but a failure on the prevention aspect of the problem. While helping lift individuals out of homelessness is crucial, preventing homelessness in the first place has to be a priority as well.

New York City is a large-scale example of the main issue facing cities around the country that have also seen a rise in homelessness and that is a lack of coordinated efforts. Community support continues to rise and funding for these programs is substantial, with Covenant House New York posting a budget of \$25 million in 2020, but without coordination and communication between these organizations, many individuals fall between the cracks as they are forced to continually advocate for their own help with every provider they seek help from. The money and support are building blocks of supporting the homeless youth but coordinated efforts in recent years is what has had the greatest impact in reduction of youth homelessness.

Washington D.C. is a prime example of how coordinated efforts, public policy and legislation, and preventative measures can have a swift and dramatic impact on the homeless community, but without sustainability, homelessness will continue. Homelessness in Washington D.C. fell by 19.9% year-to-date from the beginning of 2020 to the beginning of 2021 (Cirruzzo, 2021). The number of children experiencing homelessness fell sharply as well as a major emphasis on preventing families from falling into homelessness took place with legislation for eviction moratoriums, rapid rehousing programs, and a number of small, family shelters that have opened just in the past year. The increased emphasis of educational outcomes for young adults and job placement has led to a decline in 18-24-year-old homeless individuals. There are still flaws in the current system though, especially affecting families, as eviction moratoriums will most likely be lifted as the COVID-19 pandemic eases, and rapid rehousing vouchers have been shown to only suspend homelessness for families, not prevent it all together, but these major strides in policy and resource allocation have shown what is possible when it comes to serving the homeless.

Recommended Interventions and Studies

As seen by the steady increase in national homelessness among the youth population, current interventions must be improved and modified to better address the needs of the community. In the original Opening Doors plan presented ten years ago, the necessary responses to the system are still unfulfilled today. Cited in the plan is the uniqueness of the issue of homelessness and how it differs from the centralized system of child welfare and juvenile justice. Coordination is not inherent in the organizations tasked with addressing homelessness, but coordination is the key to a more effective and efficient approach. Similarly, funding at all three

levels, federal, state, and local are vital not just for monetary reasons, but for community engagement as well.

Preventing homelessness by better understanding the causes of homelessness will outline specific at-risk populations and more effectively allocate resources to help them. Chapin Hall has been at the forefront of child welfare and youth homelessness research and the data they have collected in major cities across the country has shifted the way this issue is being addressed. With a new approach involving trauma-informed care in recent years, addressing the causes of homelessness and why many individuals fail to escape homelessness once it is upon them has become more clear. Early intervention is crucial, especially for children experiencing trauma, as seen in the number of foster care children falling into homelessness.

Expanding support systems to create positive adult relationships for these at-risk individuals has been shown to decrease likelihood of homelessness. As reported in all three cities, family dynamics is a common cause of housing instability. Redeveloping their social support system can drastically improve mental health and resource availability. Youth exiting other mainstream systems, such as foster care and juvenile justice, are often most affected by a lack of support, so providing resources such as a counseling and job placement can reduce their risk of homelessness.

In Washington D.C., simply increasing the availability of emergency shelters dramatically affected the overall homeless population, especially for families. Washington D.C. also has a coordinated system for these shelters, so even as one shelter becomes full, individuals can be directed elsewhere where their needs can be met. Though these shelters are only

designated for temporary housing, the resources available for its residents can help promote better outcomes.

Research must continue to assess the predictive factors of youth homelessness. Research is shifting to understand factors but is still fairly new and underdeveloped. The current foster care system needs to be further evaluated to develop strategies for further improvement, particularly in trauma-informed care as the number of foster care children developing mental illness continues to rise. Many communities are advocating for more resources for transition-age youth (18-24 years old) as they are continually one of the most at-risk population and are often resource deficient. Chapin Hill is developing the Youth Transitions Partnership model to provide a foundation for community to better address the needs of this population through intensive case management and behavioral therapy, as well as access to educational resources and job placement in order to improve support systems and ultimately life outcomes (Tucker, 2020).

Another report by Chapin Hall highlights the strong correlation between risk factors related to homelessness and the risk factors related to school dropout. The report urges for better policy and public systems to address this relationship, as the occurrence of one heavily increases the likelihood of the other occurring. By improving resources within the public school system, staff can better identify at-risk individuals and provide early intervention that is so crucial to positive educational and life outcomes (Kull, 2019).

Continued research and innovation in the way data is collected will open doors to a new understanding of how to advocate for these children and lead to new interventions to better care them. As these issues become clearer and correlations between factors becomes more evident, combatting homelessness, especially for the youth population will become more effective and

efficient. Building a system of support and resources from the federal level to small, local organizations, and coordinating efforts will be vital in the years to come if homelessness is to be eliminated.

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