**Research on Youth Experiencing Homelessness within The United States**

**For The Moment Initiative**

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**Abstract**

**Importance:** Research on youth experiencing homelessness (YEH) provides several opportunities for increasing overall awareness, advocacy, and intervention.

**Objective:** To acquire, analyze, and disseminate current information on interventions, national policies, risk factors, and outcomes impacting YEH.

**Design, Setting, Participants:** A mixed methods approach was taken utilizing a rapid literature of publications from PubMed and content analysis of youth.gov to gather information on YEH within the United States (US).

**Main Outcomes and Measures:** A variety of sources will be collected, assessed for quality, and analyzed to gain a preliminary knowledge base on risk factors, outcomes, interventions, and governmental policies/programs that impact YEH.

**Results:** 25 scholarly publications were reviewed with 27 risk factors and 17 outcomes of youth homelessness found. A total of two community-based interventions were collected as part of the literature review, both were successful in improving mental health. Content analysis of youth.gov found 20 programs providing YEH financial support, housing, nutritional support, and supportive services.

**Conclusion:** A variety of risk factors influence a youth’s trajectory into and out of homelessness. Current interventions and governmental polices/programs provide both upstream and downstream approaches to provide protective measures against risk factors and help reduce a variety of negative outcomes. Continued research on YEH is warranted to gain a better understanding of the issue and increase opportunities for housing stability amongst YEH.

**Introduction**

Homelessness has an extensive history within the US, with historical records establishing that homelessness predates the founding of the country.1 Throughout US history, homelessness amongst the US population has surged and receded in response to a variety of factors such as politics and economy. The US Census (Census), started on August 2, 1790, established a national effort to account for those living within the US. However, the Census did not account for those unhoused. Following a population boom after the World Wars, a growing need to address housing and urban planning became apparent, leading to the formation of government agencies such as The Federal Housing Administration in 1934 and The Public Housing Administration. Still, further coordination was sought, which lead to the establishment of the Department of Housing and Urban Development (HUD) in 1965.

HUD was created to help unify current programs to address housing in the US. Through gaining a better understanding of current trends in housing within the US, interest in the unhoused increased, leading to the 1970 Census as the first Census that accounted for unhoused people by recording those living in hotels, motels, homeless shelters.2 Realizing the need to gain more accurate accounting of the unhoused, the 1980 Census visited areas of high transient populations and homeless encampments. In evaluating the 1970 and 1980 Census, researchers found that a significant amount of people were not accounted for in 1970. The analysis of the 1970 and 1980 Census helped frame the severity of homelessness in the US, ultimately leading to the ratification of McKinney-Vento Homeless Assistance Act of 1987.

The McKinney-Vento Homeless Assistance Act of 1987 is widely considered the first significant federal legislative action that directly addressed homelessness in the US.3 The act established the United States Interagency Council on Homelessness, which partners with a variety of local, state, and federal agencies to provide assessment and strategic planning to address homelessness. The act also created programs such as the Supportive Housing Program, the Shelter Plus Care Program, the Single Room Occupancy Program, the Emergency Shelter Grant Program, and the Education for Homeless Children and Youth (EHCY) Program. The EHCY Program is important to youth homelessness because it requires states to review and revise polices to ensure the immediate school enrollment of homeless children and youth and provides funding to support academic success. In monitoring compliance of EHCY, The National Center for Homeless Education (NCHE) was established in 1997 to provide centralized data tracking.

The NCHE, operates the US Department of Education’s technical assistance and information center, which compiles data for the federal education for EHCY program. Although the data has some limitations, most significant being reliance on public school settings and point in time methodology of data collection, the NCHE data provides the best information on youth experiencing homelessness.1 In reviewing recent data complied by NCHE for the school year (SY) 2021-22, public schools identified 1,205,292 students who experienced homelessness, which represents 2.4% of all students enrolled in public schools. Between SYs 2004-05 and 2021-22, the number of students who experienced homelessness increased by 79%, representing an average of 4% annually increase.4 In reflecting upon the historically flat trends in homelessness over the last decade5, despite millions of dollars spent on, one can begin to grasp the extent of the problem of youth homelessness.

**Methods**

**Design and Setting**

The objective of this research project isto acquire and disseminate information on risk factors, outcomes, interventions, and government policies and programs impacting YEH. Given the broad scope of topics, clear definitions must be established to maintain accurate and reliable results. In recognizing the variations in defining homelessness and to align with available public data definitions, this practicum will utilize homelessness as defined under the McKinney-Vento Homeless Assistance Act. The McKinney-Vento Homeless Assistance Act defines homelessness as, “those lacking a fixed, regular, and adequate nighttime residence or having a nighttime residence that is a publicly or privately operated shelter, a public or private place that provides temporary residence for those intended to be institutionalized, or a public or private place not designed for use as a regular sleeping accommodation for human beings”.6 As this research focuses specifically on youth homelessness, youth must also be defined.

A variety of definitions are used to define youth, however in aligning with the chosen definition of homelessness taken from the McKinney-Vento Homeless Assistance Act, this practicum project explored definitions of youth found throughout government agencies and programs. The US Department of Health and Human Services (HHS) varies its definition of youth, even when specifically referring to homeless youth. Several programs within HHS define homeless youth for the purpose of determining qualification in programs such as Basic Center Program (BCP) eligibility and the Transitional Living Program (TLP), that set age limits to less than 18 years of age and less than 22 years of age respectively. The HHS does offer a broader term of homeless yo**uth** as, “individual (not more than 21 years of age) who cannot live safely with a parent, legal guardian, or relative, and who has no other safe alternative living arrangement”7. In cross referencing the term youth, child, or similar terms within Census definitions, the term "children," as used in tables on living arrangements of children under 18, includes all persons under 18 years, excluding people who maintain households, families, or subfamilies as a reference person or spouse.8 Within HUD’s Point-in-Time (PIT) data collection, unaccompanied homeless youth are classified as people under the age of 25 who are experiencing homelessness as individuals, that is, without a parent or guardian present or as a young parent with children.1 Given the overlapping definitions and to be as inclusive in the definition of youth, youth will be established as those under the age of 25 for the purpose of this research project. After defining youth, the topics of interest, risk factors, outcomes, interventions, and government policies and programs must be defined.

In defining risk factors leading to homelessness, a clear distinction of what a risk factor is and is not, must be defined. Recall, The McKinney-Vento Homeless Assistance Act defines homelessness as, “persons as those lacking a fixed, regular, and adequate nighttime residence or having a nighttime residence that is a publicly or privately operated shelter, a public or private place that provides temporary residence for those intended to be institutionalized, or a public or private place not designed for use as a regular sleeping accommodation for human beings.”6 Therefore, we can reason that risk factors would consist of any condition that directly impacts one’s ability to secure a fixed regular nighttime residence. The final 3 definitions that will need to be identified will be outcomes, interventions, and government policies and programs.

Outcomes of youth homelessness will include effects that are a clear result of youth homelessness. Interventions will consist of any activity that aims to reduce the impact of a risk factor of homelessness, an outcome of homelessness, or the physical state of being housed. Finally, governmental policies/programs will refer to legislatively created policies and programs that aim to help reduce the prevalence of youth homelessness or mitigate its effects. Once these definitions are established, a clear plan must be created to guide the research efforts.

A mixed methods approach consisting of a literature review, content analysis, and interview(s), will be taken in this research project. Literature review was selected as one of the methodologies for this research project as it offers numerous advantages in providing the necessary means to collect, analyze, and compare information on the following topics, risk factors, outcomes, and interventions impacting YEH. A content analysis will be used of a government publication, to acquire up to date primary information on government programs and policies aimed at YEH. Finally, interviewing will be used to provide primary data on YEH. In utilizing a literature review, the first consideration was whether to utilize a systematic or non-systematic review design.

Literature review formats consist of systematic and non-systematic structures. Systematic review structures provide a rigid framework that allows for transparency, reduced bias, and reliability.9 The Centers for Disease control and Prevention (CDC)9 and National Institutes of Health (NIH)10 agree that a systematic review sets the standard for academic purposes. However, achieving this standard requires a significant amount of resources and time. The CDC13 guidelines for a systematic review require, at minimum, a content expert, 2 reviewers, a tie breaker, a statistician, and a librarian trained in systematic reviews. The CDC reports that a systematic review requires no less than 18 months, with the fastest type of systematic review, a rapid review, requiring 1 to 9 months. Unlike the systematic review, the non-systematic does not offer the repeatability, of a systematic review.11 However, the non-systematic review has its own positives.

The non-systematic review provides fair less resources and time, with research finding that non-systematic reviews generally delivering reliable and accurate information.11 Non-systematic reviews do not follow any rigid requirements, and are advantageous in addressing board question or gathering the latest information. In fact, the non-systematic review is highly used in establishing clinical guidelines within health organizations for these advantages.12 In considering the disadvantages and advantages between the systematic and non-systematic review, a systematic review was ultimately chosen.

A systematic review, in the form of a rapid review, was ultimately chosen due to its increasing transparency, reduced bias, and reliability.13 These features will aid in providing valid and accurate findings. Utilizing a systematic review also provides a framework to continue ongoing research after this project ends. In considering the setting of the literature review, electronic sources through one or more scholarly databases, will form the setting. Electronic databases allow for ease in obtaining timely research from around the world. The systematic review, in the form of a rapid systematic review, will provide the research methodology for examining 3 of the 4 research areas including risk factors, outcomes, and interventions impacting youth homelessness, however a different research methodology was chosen for government policies and programs.

The practicum project will utilize content analysis, to collect and analysis data on current national policies and programs regarding youth homelessness. The content analysis will take place within the setting of a government website. This setting was chosen to attempt to obtain the most up to date information on government programs dedicated to youth homelessness. The content analysis will consist of a thorough examination of webpage features such as hyperlinks, tabs, menus, and sidebars specifically dedicated to youth homelessness. If such area exists, data collection will take place. If no such section exists, a sitewide search will commence utilizing search queries, “youth housing program”, “youth homeless”, “youth housing”, “youth homelessness”, and “youth housing instability”.

The interview(s) will take place in person, virtually, or through written correspondence. Questions to be asked will include both background and information specific to YEH. Background questions will aim to provide some knowledge of the organization and respondent. In addition to background questions, three specific questions will be used including identify 3 risk factors to YEH, identify 3 outcomes of YEH, and 3 interventions that the organization has observed.

**Sample**

A variety of databases were considered for the sample of the rapid literature review such as PubMed, CINAHL, and PsychInfo. Ultimately PubMED was chosen. PubMed was chosen as it contains a breath of content in in a variety of life science and biomedical topics, as well as its status as being maintained the United States National Library of Medicine.14 Additionally, PubMed is a free to use source, allowing ease for most readers to review current research and engage in future research.

In selecting the sample for content analysis, numerous federal departmental and agency websites were considered such HUD, HHS, and Federal Housing Administration were considered. However, the website youth.gov was ultimately chosen as youth.gov is the centralized source for information on workings of a total of 13 federal departments and 12 federal government agencies to support programs and services focusing on youth.15

The sampling for interview will consist of a convivence sample of organizations that are returned from a google search of “youth homeless organizations” and professional colleagues. A total of 20 requests were sent for participation. After 20 requests were sent, 1 respondent was willing to participate anonymously.

**Data Collection**

Data collection will consist of running several search queries through the database, PubMed. The search queries, youth + homeless + study + US + intervention, and youth + homeless+ reduce, will attempt to focus on publications that aim at interventions that reduce youth homelessness. Search queries aimed at finding publication for risk factors related to youth homeless will include, youth + homeless + study + US + risk factor and youth + homeless + cause. The final group of searches for outcomes related to youth homelessness and will consist of, youth + homeless + study + US + outcomes and youth + outcome + housing + US. All searches will be conducted through PubMed with search filters publication date 5 years, text availability free full text, language English, and age child: birth-18 years. All publications will undergo a screening process to assess that the publication meets inclusion criteria and NIH16 source quality assessment tool for literature views will be used to ensure quality of data collected. After undergoing data collection protocol, 25 source remained from an initial search result of 368.

Data collection for the content analysis of youth.gov was implemented per the design stated within the section, “Design and Setting” section. In reviewing the homepage, a “select your topic” drop down menu was observed. Exploring the drop-down menu revealed “Homelessness and Housing Instability” as an option15. A total of 20 federal programs were found after selecting “Homelessness and Housing Instability”17 and will undergo data analysis.

Data collection for the interview was implemented per the design stated within the section, “Design and Setting” section. Background questions about the organization included what is the organization’s type, target population age, purpose, and date of establishment? Background questions regarding the respondent included what are your qualifications, what is your role with YEH, and how many years have you been with organization? Three focus questions regarding YEH were also asked including what are 3 risk factors of youth homelessness that you observe in your work, what are 3 outcomes of youth homelessness that you observe in your work, and what are interventions of youth homelessness that you observe in your work?

**Measurements**

Measurements for literature review will consist of age, location, study design, and themes. Age, will include the source’s target population age. Location, will consist of where the study participants were located. Study design, will include whether the research was cross-sectional, experimental, longitudinal, or retrospective. The themes will qualitatively evaluate the content of the source, with respect to the research focus of identifying risk factors, outcomes, and interventions focused on YEH. The Content analysis of youth.gov will use program focus(es) as a measurement. These program focuses will include housing, financial support, nutritional support, and supportive services.

**Data Analysis**

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| Table 1. Literature Review Data | | | | | | |
| Citation | Age | Location | Study Design | Objective(s) | Notable Results | Themes |
| Boudreaux et al18 | Ages 0-17 | National (US) | Cross- sectional | Examine the impact of HUD program participation on changes in asthma outcomes. | Emergency department use was 15.3% lower among current HUD participants compared with the quasi–wait-list group. | **Outcomes**: poor physical health |
| Damian et al19 | ages 14-24 | City/Metropolitan Area (New Britain, Connecticut) | Longitudinal | Obtain an understanding of the health and health-related social needs of youths experiencing homelessness during the coronavirus disease (COVID-19) pandemic. | Three major themes that appeared in the youths’ narratives include the following: mental health and substance use challenges, trouble accessing basic human needs, and lack of a social support system. | **Risk Factors**: LGBTQ+, ethnic/racial minority, history of housing instability/homelessness, poor mental health, alcohol use, substance use, community/  environmental violence, domestic violence  **Outcomes**: poor mental health, alcohol use disorder, substance use disorder, lack of meeting basic needs, lack of social support |
| Glover et al20 | Ages 16-25 | City/Metropolitan (Chicago, IL) | Experimental | Examine the effectiveness of smartphone mental health resources on YEH. | Overall, 63% (30/48) to 68% (13/19) of respondents at both time points reported benefiting from the intervention. Participants reported receiving the most benefit from the daily tips and daily surveys, especially ones focused on motivational tips related to overcoming struggles and making progress in life. | **Risk Factors**: emotional abuse, sexual abuse/violence, physical abuse/violence, poor mental health  **Outcomes**: poor mental health  **Intervention**: technology based resources for decreasing mental health |
| Hatem et al21 | Longitudinal data measured at ages 5, 9,15 | National (US) | Longitudinal | Examines the relationship between food insecurity and housing instability during early childhood as predictors of adolescent mental health. | Housing instability during early childhood increases the risk of long-term adolescent depressive (*B* = .273, 95% CI [0.132, 0.422]). | **Outcomes**: poor mental health |
| Henriques et al22 | Ages 18–21 | City/Metropolitan (Denver, CO) | Cross- sectional | Study sought analysis on 3 questions: how do YEH experience and make meaning of individual and structural stigma in their daily lives, how do experiences of stigma influence their perspectives regarding pregnancy, family planning and sexual and reproductive health, and how do youth respond to, internalize and/or resist such stigma? | Sources of stigma, described as judgment or negative perceptions about homelessness, existed both within and outside of YEH communities. Pregnancy was generally seen as a threat to future goals that would lead them to embody the negative stereotypes they seek to avoid, however several participants stated that becoming a parent may replace the negative stigma with a new positive identity of parent. Awareness of broader social, economic, and political forces contributed to the stigma of YEH, provided some resistance to internalization. | **Risk Factors**: LGBTQ+, ethnic/racial minority, pregnancy  **Outcomes**: lack of social support, negative stigma, poor mental health |
| Iwundu et al23 | n/a | Multi Locations, Within US (Dallas, TX; Oklahoma City, OK) | Retrospective | Evaluate association between the timing of homelessness onset (youth versus adult) and mental illness as a reason for homelessness among homeless adults living in homeless shelters and/or receiving services from homeless-serving agencies. | Overall, 29.5% of the sample reported youth-onset homelessness and 24.4% reported mental illness as the reason for current homelessness. Results indicated that mental illness as a reason for current homelessness. A history of severe mental illness and severe mental illness comorbidities were each associated with increased odds of youth-onset homelessness. | **Risk Factors**: financial instability, poor mental health, history of housing instability/homelessness, delinquent/criminal behavior; judicial interactions, non descriptive familial problems, non descriptive abuse/violence  **Outcomes**: poor mental health, increased adult homelessness rate |
| Jose et al24 | Ages 18-25 | County (Los Angeles County, CA) | Cross- sectional | Examine the associations of substance use with instability in housing, employment, and income among young adults experiencing homelessness | Only about 1 in 4 (24%) of sample reported having one place where they stayed nightly over a 3-month period, with the average participant reporting finding shelter across 4 different places. Participants reported having 1 drink per day with around 10% of individuals reporting that they consumed an average of 3 or more drinks per day. Participants self-reported experiencing 3 to 4 alcohol-related consequences over the past month. 78% reported cannabis use, while 32% reported non-cannabis drug use in the past month. 50% reported consistently without job. | **Risk Factors**: financial instability, employment instability, substance use, alcohol use  **Outcomes**: financial instability, employment instability, substance use disorder, alcohol use disorder, poor mental health |
| Keen et al25 | Longitudinal data. Individuals aged 9, 11, and 13 years at baseline with repeat measurement at various frequencies until age 30. | Regional, within single state (Western NC) | Longitudinal | Examine whether childhood housing insecurity is associated with later anxiety and depression symptoms after adjusting for time-varying measures of childhood poverty. | Standardized mean (SD) baseline anxiety and depression symptom scores were higher among children who experienced housing insecurity than among those who never experienced housing insecurity. Individuals who experienced childhood housing insecurity had higher anxiety symptom scores and higher depression symptom scores during childhood. In adulthood, childhood housing insecurity was associated with higher depression symptom scores. | **Outcomes**: poor mental health |
| Leonard et al26 | Ages 12-24 | City/Metropolitan (San Francisco, CA) | Cross- sectional | Prevalence and correlates of methamphetamine use in transitional age youth experiencing homelessness or housing instability in San Francisco, CA | Of those who reported methamphetamine use in the past 3 months, 64% were Gay, Bisexual, or Pansexual. Factors independently associated with methamphetamine use were; living with HIV (adjusted odds ratio [aOR] = 3.18), depressive symptoms (aOR = 6.02), symptoms of PTSD (aOR = 13.38), polysubstance use in the past 3 months (aOR = 50.02) and a history of injection drug use (aOR = 8.38). | **Risk Factors**: transitional housing, LGBTQ+, substance use  **Outcomes**: sexual transmitted diseases, substance use disorder, poor mental health |
| Lewis et al27 | Ages 18-24 | City/Metropolitan (Baltimore, MD) | Cross- sectional | Examines housing instability among youth affected by drug abuse. | Three themes emerged to characterize housing experiences: frequent housing transitions, repeated trauma exposures related to housing instability, and the lasting effects of housing instability. | **Risk Factors**: household substance use, lack of parental involvement, history of housing instability/  homelessness  **Outcomes**: poor physical health, lack of social support, substance use disorder, poor mental health, sexual abuse/violence, physical abuse/violence, low academic achievement, criminal/judicial interactions |
| Liu et al28 | Grades 9-12 | Multi Locations, Within US (unspecified) | Cross- sectional | Evaluated mental health and substance use outcomes among homeless and non-homeless adolescents. | Homeless adolescents were more likely than non-homeless to report persistent sadness or hopelessness (53.0% vs 37.2%), having seriously considered suicide (44.4% vs 19.2), planned suicide (41.8% vs 16.1%), & attempted suicide (28.0% vs 8.0%). Current cigarette use (28.7% for homeless adolescents vs 5.3% for non-homeless adolescents), marijuana use (31.6% vs 18.4%), & binge drinking (21.4% vs 10.3%). Lifetime cocaine use was significantly higher among homeless adolescents vs non-homeless adolescents (32.2% vs 2.9), as were methamphetamine use (36.0% vs 3.0%), heroin use (28.0% vs 1.3), ecstasy use (32.9% vs 3.6%), injection drug use (28.1% vs 2.4%) and prescription opioid misuse (31.3% vs 12.9%). | **Risk Factors**: male, LGBTQ+, ethnic/racial minority **Outcomes**: poor mental health, tobacco use disorder, alcohol use disorder, substance use disorder |
| LoSchiavo et al29 | Ages 19-23 | City/Metropolitan (NYC,NY) | Cross- sectional | Examine the intersectionality of housing Instability and Psychosocial, Mental, and Physical Health in Sexual Minority Young Adults | Most participants did not report clinically significant levels of depression (63.6%, 423), anxiety (69.8%, n = 464), or PTSD (89.6%, n = 596). About a quarter of participants rated their health as less than very good (26.2%, n = 174), with the rest reporting their health as very good or excellent (73.4%, n = 488). Housing status was significantly associated with gender (p<.001), education (p<.001), income (p<.001), depression (p<.05), and poor self rated health (p<.05). | **Risk Factors**: LGBTQ+, ethnic/racial minority, poor mental health, financial instability, low educational attainment, physical abuse/violence, delinquent/criminal behavior; judicial interactions, lack of meeting basic needs, history of housing instability/homelessness, familial rejection **Outcomes**: poor mental health, poor physical health, substance use disorder, sexual abuse/violence, lack of social support |
| McKinnon et al30 | Grades 9-12 | National (US) | Cross- sectional | Investigate disparities in housing stability as it relates to negative risk behaviors and poor health outcomes | Unstably vs. stably housed were more likely to have misused prescription opioids (36.4% versus 11.7%), used illicit drugs (41.7% versus 12.7%), injected any illegal drug (22.5% versus 0.9%). Prevalence of those not tested for sexually transmitted diseases (STDs) in the past year or who had never been tested for HIV among unstably housed was lower (81.2% and 81.4%) compared with those with stable housing (95.2% and 94.7%). Prevalence of sexual and physical dating violence & sexual violence by anyone in the past year by housing stability status; 28.5% of students who were unstably housed experienced sexual dating violence, 31.9% experienced physical dating violence, and 27.6% experienced sexual violence by anyone, compared with 9.3%, 7.7%, and 10.6% among those who experienced stable housing, respectively. Prevalence of persistent feelings of sadness or hopelessness in the past year by those with unstable housing (56.8%) vs. those stably housed (42.6%). Students who experienced unstable housing were nearly twice as likely to have seriously considered suicide or made a suicide plan during the past year, and more than three times as likely to have attempted suicide during the past year. | **Risk Factors**: LGBTQ+, familial rejection, ethnic/racial minority, older age  **Outcomes**: alcohol use disorder, substance use disorder, sexual transmitted diseases, sexual abuse/violence, physical abuse/violence, poor mental health, high risk sexual behaviors |
| Moss et al31 | Grades 7-12 | National (US) | Longitudinal | Examine impact of homelessness, foster care, and ACE prior to 12th grade on development of substance abuse disorders later in life. | Those with education beyond high school were less likely to have experienced homelessness (p<0.0001), compared to their peers who did not have post-secondary education. The risk for “severe” alcohol use disorder trended towards an association with homelessness (p = 0.0003). | **Risk Factors**: low educational attainment, history of housing instability/homelessness, ethnic/racial minority, male, household substance use, alcohol use, delinquent/criminal behavior; judicial interactions, physical abuse/violence, poor mental health, sexual abuse/violence **Outcomes**: substance use diosrder, alcohol use disorder, tobacco use disorder |
| Nakphong et al32 | Ages 18-24 | Multiple Locations, Within US (San Francisco, CA; Oakland, CA) | Cross- sectional | Examine the multiple forms of housing instability that Black young adults contend with and examine relationships between housing instability and mental health outcomes. | 27.3% of participants reported experiences of homelessness in the prior year and 39.0% of participants reported multiple risk factors of housing instability. Those experiencing unaffordable and overcrowded housing and being mainly unhoused were more than four times as likely to have symptoms of depression (Unaffordable: adjusted odds ratio (aOR) = 4.57; Unhoused: aOR = 4.67) and more than twice as likely to report anxiety (Unaffordable: aOR = 2.28; Unhoused: aOR = 3.36) compared to the more stably housed pattern. | **Risks Factors**: ethnic/racial minority, low education attainment, employment instability, financial instability, history of housing instability **Outcomes**: poor mental health |
| Nemeth et al33 | Ages 14-24 | City/Metropolitan (Midwestern City) | Cross- sectional | Examine the prevalence of acquired brain injury (ABI) among youth and young adult smokers experiencing homelessness (YYSEH) and its impact on tobacco use progression. | Intentional injury was more common than accidental. Furthermore, 60.4% of participants (*n* = 59) were classified as having ABI using the Brain Injury Severity Assessment. A significant proportion of YYSEH living with ABI were exposed to both BFHT and BOD prior to trying (68.5%, *p* = 0.002) and to first regular use (82.8%, *p* < 0.001) of tobacco. Among YYSEH with ABI; injury exposure occurred a median of 1 and 5 years before age of first regular tobacco use, dependent on injury mechanism. | **Risk Factors**: traumatic brain injury, physical abuse/violence **Outcomes**: substance use disorder, tobacco use disorder |
| Patel et al34 | Longitudinal data. Ages 15-19 and 20-24 | National (US) | Cross- sectional | Aims to compare health services utilization, STI screening and diagnoses among people experiencing homelessness (PEH) vs. those who are non-PEH | Among PEH and non-PEH sexually active patients aged 15–24 years who had an ED visit in 2019, diagnoses rates were 8.66% vs 5.18% for chlamydia, 4.18% vs 1.76% for gonorrhea and among those with ≥ 21 outpatient clinic visits in 2019, diagnoses rate was 9.46% vs 5.43% for chlamydia, and 4.05% vs 1.73% for gonorrhea, respectively. | **Outcomes**: sexual transmitted diseases, poor mental health, poor physical health |
| Patterson et al35 | Ages 14–24 | City/Metropolitan (Midwestern City) | Cross- sectional | Examine the intrapersonal, social, and environmental contexts associated with the most recent smoking experience among youth experiencing homelessness and identify differences in contextual factors by age and willingness to quit. | Two-thirds of participants reported stress and nicotine dependence as primary reasons for smoking, and older youth (aged 18-24 years) reported smoking to de-escalate negative emotions associated with stressful events. For 25% of participants, and especially older youth, smoking was described as part of a routine. | **Outcomes**: tobacco use disorder, poor mental health |
| Sakai-Bizmark et al36 | Ages 10–17 | State (New York) | Cross sectional | Evaluate associations with homelessness, suicide, and health care utilization. | 18,026 suicide attempts with health-care utilization rates of 347.2 (95% confidence interval (CI): 317.5, 377.0) and 67.3 (95% CI: 66.3, 68.3) per 100,000 person-years for homeless and non-homeless youth, respectively. Length of stay for homeless youth was statistically longer than that for non-homeless youth (incidence rate ratio = 1.53, 95% CI: 1.32, 1.77). All homeless youth who visited the emergency department after a suicide attempt were subsequently hospitalized. | **Outcomes**: poor mental health |
| Santa Maria et al37 | Ages 13-24 | County (Harris County, TX) | Cross- sectional | Examine differences between sexual risk classes among youth experiencing homelessness in relation to childhood adversities, current mental symptoms, substance use, and HIV testing | The Higher Risk class had significantly higher levels of synthetic marijuana and alcohol use, mental health diagnoses, and were more likely to have been tested for HIV than the Lower Risk group. Youth were more likely to be in the Higher Risk group if they were cisgender female or lesbian, gay, bisexual, or questioning (LGBQ). Nearly all youth (10/11) who reported having HIV infection were in the Higher Risk group. The Lower Risk group were sexually active but had lower rates of risk behaviors and sexual assault. Youth who were not sexually active had the lowest rates of marijuana and alcohol use as well as HIV testing. | **Risk Factors**: LGBTQ+, ethnic/racial minority foster care, physical abuse/violence, sexual abuse/violence, lack of meeting basic needs **Outcomes**: alcohol use disorder, substance use disorder, sexual transmitted diseases, poor mental health, sexual abuse/violence |
| Slesnick et al38 | Ages 18-24 | City/Metropolitan (Midwestern City) | Cross- sectional | Study examined the relationship of social network characteristics, perceived social network support, and interpersonal risks for suicide among a sample of 150 youth experiencing homelessness who reported severe suicide ideation | 80% of youth reported a prior suicide attempt, indicating a very high-risk sample of youth. Most youth were able to identify family and friend social network members, with only a small number reporting no contact with family (11%) or friends (4%). These networks reported high rates of alcohol and drug use, with 73% of family members and 85% of friends. Approximately one-quarter of family and friends engaged in repeated criminal behavior. The less alcohol/drug use among social network members, the more satisfied youth were with the help received from the network member. | **Risk Factors**: household substance abuse, delinquent/criminal behavior; judicial interactions **Outcomes**: poor mental health, alcohol use disorder, substance use disorder, lack of social support |
| Smith-Grant et al39 | Grades 9-12 | National (US) | Cross- sectional | Study extent to which youth experiencing homelessness report substance use, sexual risk behaviors, violence victimization, and poor mental health. | results from 23 U.S. showed 32.7% reporting being threatened or injured with a weapon at school (aPR 3.57, 95% CI 2.85–4.46) and 23.0% having experienced either physical or sexual dating violence (aPR 3.50, 95% CI 2.91–4.21). Students experiencing homelessness were more likely than stably housed students to have attempted suicide (aPR 3.12, 95% CI 2.63–3.71) and more likely to have been injured in a suicide attempt (aPR 4.76, 95% CI 3.61–6.29). Students experiencing homelessness in the 11 school districts were more likely than stably housed students to have reported being threatened or injured with a weapon at school (aPR 3.46, 95% CI 2.86–4.19), not attending school because of safety concerns (aPR 2.67, 95% CI 2.26–3.17), experiencing physical dating violence (aPR 3.40, 95% CI 2.77–4.17), and experiencing sexual dating violence (aPR 3.28, 95% CI 2.60–4.15). Students experiencing homeless- ness in local school districts were also more likely than sta- bly housed students to have attempted suicide (aPR 3.14, 95% CI 2.55–3.86) and more likely to have been injured in a suicide attempt (aPR 5.10, 95% CI 3.59–7.26) | **Risk Factors**: male, LGBTQ+, racial/ethnic minority **Outcomes**: sexual abuse/violence, physical abuse/violence, poor mental health, sexual transmitted diseases, High risk sexual behaviors, poor physical health, alcohol use disorder, substance use disorder, tobacco use disorder |
| Tucker et al40 | Longitudinal data. Starting avg age 11.5 current avg age 22.6 | Regional, Within Single State (Southern CA) | Longitudinal | Identify adolescent factors across multiple levels of influence that predict homelessness and food insecurity 5 years later. | At follow-up, 7.5% of participants reported homelessness, and 29.3% reported food insecurity. Multivariate analyses indicated that only adverse childhood experiences and weaker academic orientation predicted both outcomes. Future homelessness was additionally predicted by greater exposure to substance using peers during adolescence. | **Risk Factors**: poor mental health, delinquent/criminal behavior; judicial interactions, substance use, lack of parental involvement, low educational attainment |
| Tucker et al41 | Ages 13-25 | County (Los Angeles County, CA) | Cross- sectional | Examine the prevalence and correlates of tobacco and marijuana co-use among young people experiencing homelessness. | Over 90% of young homeless tobacco users reported past month marijuana and tobacco, 65% reported co-administration (mixing both substances), and 27% reported only using them separately. Analysis of covariance tests found that co-administrators reported greater quantity and frequency of tobacco cigarette use, more frequent marijuana use and, in some cases, poorer functioning and more severe homelessness compared to other tobacco users (p < 0.05). | **Outcomes**: substance use disorder, tobacco use disorder, poor mental health |
| Zhang et al42 | Ages 18-24 | City/Metropolitan (Midwestern City) | Experimental | Study examined whether participation in Cognitive Therapy for Suicide Prevention (CTSP) moderated the mediation link between social problem-solving, perceived burdensomeness and thwarted belongingness, and suicidal ideation among a sample of homeless youth experiencing suicidal ideation. | Social problem-solving showed significant stability from baseline to 3 months between both groups. Thwarted belongingness and perceived burdensomeness showed stability over 6 months only in the treatment as usual (TAU) group, but decreased in the CTSP group. Suicidal ideation decreased in CTSP group. | **Risk Factors**: on descriptive abuse/violence **Outcomes**: poor mental health  **Intervention**: CTSP improves mental health status amongst YEH, compared to those not receiving CTSP |

Table 1. Literature Review Data contains data collected from the literature review. This data was collected analyzed with respect to established measurements and organized with column headings of “Citation”, “Age”, “Location”, “Study Design”, “Objective(s)”, “Notable Results”, and “Themes”. Information reflected within data table was derived from publications as noted in Table 1. Literature Review Data, column “Citation”, with complete citation located in “References” section.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Table 2. Content Analysis of youth.gov Data | | | | |
| Program | Target Population | Objective(s) | Outcomes | Program Focus |
| Family and Youth Services Bureau’s (FYSB) Runaway and Homeless Youth Prevention Demonstration Program17 | Youth and young adults under age 22 who are experiencing homelessness or at risk for homelessness.43 | Provide grants to increase protective factors and give youth, young adults, and their families the resources they need to avoid homelessness through providing direct intervention and preventative aid.43 | Through the development and coordination of partnerships with youth and young adult service providers and community organizations, these programs provide holistic prevention services tailored for youth and young adults to respond to their diverse needs to address both direct housing solutions and preventative measures. FY 2023 provided grants totaling $3,832,817 that were used to fund 4 primary programs such as Basic Center Programs, Street Outreach Programs, Transitional Living Programs, and Maternity Group Homes, as well as funding for 11 new programs Covenant House Alaska (Anchorage, Alaska), Our Family Services (Tucson, Ariz.), Karis Inc. (Grand Junction, Colo.), Sasha Bruce Youthwork Inc. (Washington, D.C), Florida Network of Youth and Family Services (Tallahassee, Fla.), Waypoint (Manchester, N.H.), Lighthouse Youth Services (Cincinnati, Ohio), Valley Youth House (Bethlehem, Pa.), Pendleton Place (Greenville, S.C.), Oasis Center Inc. (Nashville, Tenn.) Seasons of Change (Arlington, Texas).43 | Housing  Nutritional Support  Supportive Services |
| Family and Youth Services Bureau’s (FYSB) Basic Center Program (BCP)17 | Runaway and homeless youth and their families.44 | Provides up to 21 days of shelter, food, clothing, and medical care, individual, group, and family counseling, crisis intervention, recreation programs, and aftercare services.44 | Helps create and strengthen community-based programs to meet the immediate needs of youth under the age of 18 who have runaway, are experiencing homelessness, or housing instability. In 2018, BCPs provided emergency shelter for more than 20,800 youth and prevention services for an additional 7,700 young people. As of FY2020, FYSB funds 223 BCP grantee programs totaling more than $56 million.44 | Housing  Nutritional Support  Supportive Services |
| The Transitional Living Program for Older Homeless Youth17 | Youth aged 16 to 22 who are unable to return to their homes.45 | Provide long term residential services, as well as skills and educational training.45 | Transitional living programs helped over 2,080 homeless youth transition to life on their own in Fiscal Year 2018. As of FY2020, FYSB funds 239 Transitional Living grantee programs totaling more than $44 million. These programs provided a range of services, including life skills training, financial literacy instruction, and education and employment services.45 | Housing  Supportive Services |
| The Maternity Group Homes Program17 | Homeless pregnant and/or parenting young people between the ages of 16 and 22, as well as their dependent children.46 | Provide for up to 21 months of housing and basic life skills training.46 | The Maternity Group Homes Program, part of the Transitional Living Program, supports homeless pregnant and/or parenting young people between the ages of 16 and 22, as well as their dependent children by providing housing, parenting skills as well as child development, family budgeting, health and nutrition, and other skills. As of FY2020, FYSB funds 18 Maternity Group Home programs for up to a total of $4 million.46 | Housing  Nutritional Support  Supportive Services |
| Street Outreach Program17 | Runaway, homeless, and street youth under the age of 21 and who have been subjected to, or are at risk of being subjected to, sexual abuse, prostitution, sexual exploitation, and severe forms of trafficking.47 | Prevent the sexual exploitation and abuse of youth on the streets.47 | Provides street-based services to runaway, homeless, and street youth under the age of 21 and who have been subjected to, or are at risk of being subjected to, sexual abuse, prostitution, sexual exploitation, and severe forms of trafficking; and to build relationships between street outreach workers and runaway, homeless, and street youth to move youth into stable housing and prepare them for independence. Program is in response to Congress establishing the Education and Prevention Services to Reduce Sexual Abuse of Runaway, Homeless, and Street Youth Program, through the Violence Against Women Act of the Violent Crime Control and Law Enforcement Act of 1994 (Public Law 103-322). As of FY2020, FYSB funds 118 Street Outreach grantee programs totaling more than $16 million.47 | Supportive Services |
| Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program17 | Varies depending states, territories, and tribal entities, but typically focused on low income pregnant women under 21 and those with children under 5.48 | Supports pregnant people and parents with young children who live in communities that face greater risks and barriers to achieving positive maternal and child health outcomes.48 | The program builds upon decades of research showing that home visits during pregnancy and early childhood improve the lives of birthing people, children, and their families. Program has had such a significant positive impact that program received funding increase leading to HRSA awarded $443,980,559 in funding to 56 states, jurisdictions, and nonprofit organizations through program in FY24. Families choose to participate in home visiting programs, and partner with health, social service, and child development professionals to set and achieve goals that improve their health and well-being.48 | Supportive Services |
| Education for Homeless Children and Youths Program17 | Homeless students49 | Provides funds for an office to coordinate the education of children and youth experiencing homelessness in each state, the District of Columbia, Puerto Rico, Outlying areas, and the Bureau of Indian Affairs also receive funds49 | Ensure that children experiencing homelessness, including preschoolers and youths, have equal access to free and appropriate public education. Has long demonstrated history of success and has been continually funded since started in 1987 under The Stewart B. McKinney Homeless Assistance Act.49 | Supportive Services |
| The U.S. Department of Housing and Urban Development’s (HUD’s) Foster Youth to Independence (FYI)17 | Youth at least 18 years and not more than 24 years (i.e., have not reached their 25th birthday) who left foster care, or will leave foster care within 90 days, in accordance with a transition plan described in Section 475(5)(H) of the Social Security Act and are homeless or are at risk of becoming homeless at age 16 or older.50 | Makes Housing Choice Voucher (HCV) assistance available to Public Housing Agencies (PHAs) in partnership with Public Child Welfare Agencies (PCWAs).50 | Provide housing assistance for the youth for a maximum of 36 months. However, youth may receive up to an additional 24 months of assistance if they meet the requirements of the Fostering Stable Housing Opportunities amendments. Program has experienced tremendous growth and is currently available in about 300 communities with nearly 5,000 vouchers in-use or available for use by young people.50 | Housing |
| HUD supports Continuum of Care (CoC) homeless assistance programs17 | Varies based on specific program.51 | Overall objective is providing funds to support activities within five program components: Permanent Housing, Transitional Housing, Supportive Services Only, Homeless Management Information System, and Homelessness Prevention.51 | Program authorized under Title IV of the McKinney-Vento Homeless Assistance Act that quickly rehouses homeless individuals, families, persons fleeing domestic violence, dating violence, sexual assault, and stalking, and youth while minimizing the trauma and dislocation caused by homelessness, promotes access to and effective utilization of mainstream programs by homeless individuals and families, and optimizes self-sufficiency among those experiencing homelessness.51 | Financial Support  Housing  Nutritional Support  Supportive Services |
| The Youth Homelessness Demonstration Program (YHDP)17 | Youth experiencing homelessness, age 24 and under, including unaccompanied youth and pregnant or parenting youth who are experiencing homelessness.52 | Goal of the YHDP is to support selected communities, including rural, suburban, and urban areas across the United States, in developing and implementing a coordinated community approach to prevent and end youth homelessness.52 | YHDP led to positive changes in youth-involved planning and governance, cross-system coordination, housing available to youth, services received by youth, and increases in the number of youth transitioning to permanent housing however, no clear or consistent pattern in the relationship between YHDP-influenced changes and the overall size and composition of the population served by these programs.52 | Housing  Supportive Services |
| The John H. Chafee Foster Care Independence Program (CFCIP)17 | Eligibility varies but largely consists of youth in foster care, ages 14 and older, young people in or formerly in foster care, ages 18 to 21, or 23 in some jurisdiction, youth who left foster care through adoption or guardianship at age 16 or older, and youth “likely to age out of foster care”.53 | Provides funding to support youth/ young adults in or formerly in foster care in their transition to adulthood.53 | Participants have higher graduation rates, higher postsecondary education rates, increased employment rates, and decreased incarceration rates.53 | Supportive Services |
| The Temporary Assistance for Needy Families (TANF)17 | Low-income families with children, with exact requirements up to specific location.54 | Provides states, tribes, and territories with flexibility in operating programs designed to help low-income families with children move toward economic self-sufficiency. TANF agencies use funds to offer an array of services to eligible youth and families.54 | Proven success with continuous funding since enacted in 1996. An observed increased level of employment and educational attainment has been found amongst particpants.54 | Financial Support |
| Office of Child Support Services17 | Varies55 | Helps connect families with local child support programs that locate parents, establish paternity, and set child support orders.55 | Results vary, but data supports that children thrive when they receive financial, emotional, and medical support from both parents, even when they live in separate households.55 | Supportive Services |
| The Supplemental Nutrition Assistance Program (SNAP)17 | Eligibility varies, but specifically lists individual who lacks a fixed and regular nighttime residence.56 | Provides food benefits to low-income families to supplement their grocery budget so that they can afford the nutritious foods essential to health and well-being.56 | Benefit levels and income limits vary based on several factors, including household size, income, and age. Since 2023, people experiencing homelessness are exempt from the SNAP work-reporting requirement. This exemption was included in the Fiscal Responsibility Act of 2023, which was signed into law on June 3, 2023.56 | Nutritional Support |
| Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)17 | Varies, but focus is on low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age 5 who are found to be at nutritional risk.57 | Provides federal grants to states for supplemental foods, health care referrals, and nutrition education.57 | WIC participants give birth to healthier babies with higher birth weights and are less likely to have premature births or low birth weight. WIC also reduces infant deaths.57 | Nutritional Support  Supportive Services |
| Free Child and Adult Care Program (CACFP)17 | Any young person 18 and under who is receiving temporary housing and meal services from an approved emergency shelter or is participating in an approved at-risk afterschool care program.58 | Provides programs with reimbursements for meals58 | Providers generally view the CACFP positively, and many say it's easy to enroll in and has been found to help provide food to more children.58 | Nutritional Support |
| Summer Electronic Benefit Transfer (EBT) program17 | Varies, but targets low-income families with school-aged children.59 | Families with eligible school-aged children can get $120 per child to buy groceries during the summer.59 | New program for FY 2024, created to cover a gap in school children meeting nutritional needs outside of school year. As a new program, there is limited longitudinal data, however early data seems promising.59 | Nutritional Support |
| National School Lunch Program (NSLP)17 | Varies, but focus on school childrem.60 | Provides nutritionally balanced, low-cost or free lunches to children each school day.60 | 28 million participants 2022-2023 daily. Program has been effective in decreasing SDOH, that create disadvantages within learning envinroments.60 | Nutritional Support |
| Summer Food Service Program (SFSP)17 | If a young person is age 18 and under, they are eligible to receive a summer meal or snack at a designated meal site, such as a library, a school, or community organization. Individuals older than age 18 who are determined by a state education agency or a local education agency to be mentally or physically disabled and who participate in a public or nonprofit private school program established for the mentally or physically disabled also are eligible.61 | Reimburses program operators who serve no-cost, healthy meals and snacks to children and teens. Meals are served at summer sites in low-income communities, during which sponsors often also offer enrichment activities. In approved rural communities facing access issues, meals may be provided via grab-n-go or delivery.61 | New program for FY 2024, created to cover a gap in school children meeting nutritional needs outside of school year. As a new program, there is limited longitudinal data, however early data seems promising.61 | Nutritional Support |
| Social Security Administration (SSA)17 | Varies62 | Youth who are experiencing homelessness may qualify for a variety of survivor benefits and disability benefits.62 | Youth who experienced the death of a parent, may be eligible or Social Security survivor benefits. Also, if they have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder, they may be eligible for Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI). Through Substance Abuse and Mental Health Administration (SAMHSA) SSI/SSDI Outreach, Access, and Recovery (SOAR) homeless youth can experience increase access to income and health insurance, facilitate housing stability, and receive support in pursuing education and vocational goals.62 | Financial Support  Supportive Services |

Table 2. Content Analysis of youth.gov Data contains data collected form the content analysis of youth.gov. This data was collected analyzed with respect to established measurement, program focus. Information reflected within data table was derived from youth.gov and governmental sources as established in “References”.

**Results**

The literature review identified numerous risk factors for youth homelessness including: alcohol use (n=3)19,24,31, community/environmental violence (n=1)19, delinquent/criminal behavior; judicial interactions (n=5)23,29,31,38,40,domestic abuse/violence (n=1)19,emotional abuse (n=1)20, employment instability (n=2)24,32, ethnic/racial minority (n=9)19,22,28-32,37,39,familial rejection (n=2)29,30, financial instability(n=4)23,24,29,32, foster care (n=2)26,37, history of housing instability/homelessness (n=6)19,23,27,29,31,32,household substance use n=3)27,31,38,lack of meeting basic needs (n=2)29,37, lack of parental involvement (n=2)27,40, LGBTQ+ (n=8)19,22,26,28-30,37,39, low educational attainment (n=4)29,31,32,40, male (n=3)28,31,39,non descriptive abuse/violence (n=2)23,42, non descriptive familial problems (n=1)23, older age (n=1)30, physical abuse/violence (n=5) 20,29,31,33,37, poor mental health (n=6)19,20,23,29,31,40,sexual abuse/violence (n=3)20,31,37, substance use (n=4)19,24,26,40, transitional housing (n=1)26, traumatic brain injury (n=1)33,and pregnancy (n=1)22.

Figure 1. Literature Review Publication Risk Factors

Data sourced from Table 1. Literature Review Data.

Outcomes of youth homelessness were identified within the sample literature and included: alcohol use disorder (n=8)19,24,28,30,31,37,38,39, criminal behavior/judicial interactions (n=1)27, employment instability (n=1)24, financial instability (n=1)24, high risk sexual behaviors (n=2)30,39, increase adult homelessness rate (n=1)23, lack of meeting basic needs (n=1)19, lack of social support (n=5)19,22,27,29,38, low academic achievement (n=1)27, negative stigma (n=1)22, physical abuse/violence (n=3)27,30,39, poor mental health (n=21)19,20-30,32,34-39,41,42, poor physical health (n=5)18,27,29,34,39, tobacco use disorder (n=6)28,31,33,35,39,41, sexual abuse/violence (n=5)27,29,30,37,39, sexual transmitted diseases (n=5)26,30,34,37,39, substance use disorder (n=13)19,24,26-31,33,37-39,41.

Figure 2. Literature Review Publication Outcomes

Data sourced from Table 1. Literature Review Data.

The sample of publications yielded 2 sources that addressed community-based interventions dedicated to YEH20,42. Both studies were focused on addressing mental health issues. The first study examined the use of phone based mental health resources amongst youth experiencing homelessness between the ages of 16 to 2520. The second study examine the impact of cognitive therapy on suicidal ideation amongst youth between the ages of 18 to 24 years42.

The content analysis of youth.gov found 20 government programs and policies. Analysis was conducted to evaluate for focus(es) of the programs utilizing 4 thematic (financial support, housing, nutritional support, and supportive services) clusters resulting in the following: financial support (n=3)51,54,62, housing (n=7)43-46,50-52, nutritional support (n=10)43.44,46,51,56-61, and supportive services (n=13)43-49,51-53,55,57.62.

Figure 3. Government Policies/Program’s Focus Count per Theme

Data sourced from Table 2. Content Analysis of youth.gov Data. Counts were recorded based off any benefit provided that focused on financial support, housing, nutritional support, or supportive services. Thus, one program could produce multiple counts.

The Figure 4. Government Policies/Program’s Focus, provides a visualization of the distribution of target population age depicts the results by program and their respective focus(es) with financial support (n=1)54, housing (n=1)50, nutritional support (n=5)56,58-61, supportive services (n=5)47-49,53,55, housing and supportive services (n=2)45,52, housing, nutritional support, and supportive services (n=3)43,44,46, financial support, housing, nutritional support, and supportive services (n=1)51, financial support and supportive services (n=1)62, and nutritional support and supportive services (n=1)61.

Figure 4. Governmental Policies/Program’s Focus

Data sourced from Table 2. Content Analysis of youth.gov Data. Count represents program focus(es) matching completely to one of the established categories located along the vertical access.

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| --- | --- |
| Table 3. Interview Results | |
|  | Response |
| **Organization Background Questions** |  |
| 1. Nongovernment Organization (NGO) or government organization? | NGO |
| 1. Target population age? | 13-18, strictly enforced |
| 1. Purpose? | Provide emergency shelter for teens 13-18 years of age who are at risk of abuse, neglect, or homelessness |
| 1. Date of establishment | 1956, continuously operating since |
| **Respondent Background Questions** |  |
| 1. Qualifications? | BA Psychology, MA Psychology |
| 1. Role? | Provides counseling and mental health assessments |
| 1. Years with organization? | 5 years |
| Focus Questions for YEH |  |
| 1. What are 3 risk factors of youth homelessness that you observe in your work? | Sexual abuse |
|  | Physical abuse |
| Emotional abuse |
| 1. What are 3 outcomes of youth homelessness that you observe in your work? | Poor mental health (anxiety, depression, low self esteem) |
|  | Self harm/suicide attempt rate significantly higher |
| Substance use (tobacco, illicit drug, alcohol) |
| 1. What are 3 interventions of youth homelessness that you observe in your work? | Emergency shelter |
|  | Counseling (family, mental health, illicit drug use, alcohol use) |
| Medical care |

Interview conducted on 11/18/2024 via phone. Respondent is member of a county NGO and wished to remain anonymous for personal and professional reasons.

**Discussion**

This research project provides several risk factors, outcomes, interventions, and government policies and programs that address youth homelessness within the US. In reviewing the results several observations are important to highlight. In risk factor results, race/ethnicity (“ethnic/racial minority”, n=9) was the top risk factor, suggesting a strong influence of race/ethnicity as a social determinant of youth homelessness. In exploring outcomes, poor mental health (n=21), substance use disorder (n=13), and alcohol use disorder (n=8), were the top 3 outcomes. This is noteworthy due to the link of substance use and alcohol abuse as coping mechanism for several mental health conditions such as depression, anxiety, and trauma19-21. In reviewing both risk factors and outcomes, several findings were present in both such poor mental health, substance use/disorder, alcohol use/disorder, and experiences with abuse/violence. The results for interventions, only included 2 findings20,42, both addressing mental health. Although the extent of the literature search was severally limited with an initial prescreened search population of 368 publications, the occurrence of mental health interventions as the only intervention findings should not be minimized given that mental health was found as the number 1 outcome and a top 5 risk factor of youth homelessness. Together, these findings support the validity of the results, as well as the significance of mental health on YEH. In reviewing governmental programs, only 7 specifically addressed housing (n=7), while the two most common program focuses included supportive services (n=13) and nutritional support (n=10). This suggests the government’s focus on approach YEH from a primary prevention strategy. Another important observation is the addition of only two new programs for FY 2024, Summer Electronic Benefit Transfer (EBT) program and Summer Food Service Program (SFSP), both addressing nutritional needs of youths.17 The addition of these two programs suggests a significant need for youth outside of the school year. Altogether these observations of this research project are important because they provide some context to the results, but more importantly create questions that can help lead future research on YEH. The result of this study provides both a solid foundational knowledge on YEH and offer new questions to examine for future research, however it is important to discuss several limitations.

This research project had a broad scope in terms of desired research objectives to be accomplished, in less than a 15-week timeframe. Coupled with limited resources, significant compromises had to occur in terms of research design and adherence to the design protocols. Specifically, the utilization of a single source population of PubMed for the literature review and youth.gov for the content analysis, creates selection bias. This selection bias is further complicated due to the use of one reviewer. Additionally, the use of one reviewer increases the likelihood of human error in terms of data analysis of the sources. These limitations could skew the results in terms of magnitude of the specific findings. The interview also presented a significant limitation due to the request that it was done anonymously.

**Recommendations for Future Research**

The findings of this research project provide a solid foundation for research on YEH however, despite the limitation on the results. Given the research project’s limitations a recommendation for future research consists of simply repeat a similar research design utilizing different search queries or different search databases. In conducting similar research, one could compare results, ultimately leading to an increase level of research accuracy and validity of findings. In addition to utilizing similar methodologies, conducting research utilizing different methodologies could help fill gaps.

Utilizing different research methods, such as qualitative methods, could help provide context that could not be obtained from the methodologies used in this research project. The use of interviews or surveys could be an effective research methodology. This research project did attempt to conduct interviews with various organizations. In fact, a total of 20 attempts were made with only 1 willing provide insight, anonymously. The challenges of conducting research on YEH is well known, with many ethical challenges due to the vulnerable nature of the population63,64,65. However, some organizations have been successful with utilizing technology to help provide confidentiality and obtain research data, such as National Alliance to End Homelessness who uses technology to encourage anonymous, minimally invasive data collection.65 This type of data collection method could be a great method to conduct further research. In addition to utilizing different research methodologies, focusing on new research questions could also be beneficial.

This research found some themes and trends that may be worth investigating in new research efforts. Specifically, the importance of family dynamics may be a worthwhile research project as it pertains to youth homelessness. In reviewing risk factors of youth homelessness, an observed theme is family instability as a risk for youth homelessness. Thus, a future potential research hypothesis could be that a family that provides a peaceful, respectful, and loving environment could reduce the odds of producing a homeless youth. In addition to family dynamics, another possible area of research could focus on the influence of values. For example, adherence of Christian religious values regarding bodily sacredness regarding to foreign substances and sexual conduct, could act as a protective factor against certain risk such as alcohol use, substance use, pregnancy, and potentially LGBTQ+ status.

**Conclusion**

Youth homelessness within the US, continues to impact thousands across the nation, with an annual average increase of 4% since SY 2004-05.4 Despite legislative efforts like The McKinney Homeless Assistance Act of 1987 and the creation of several government programs and policies, more must be done to address the public health issue of youth homelessness. This research project, through literature review, content analysis, and interviewing, found and assessed several risk factors, outcomes, interventions, and government policies and programs that address youth homelessness within the US. However, this research provided only an overview of YEH, thus continued research is encouraged to help increase knowledge, promote advocacy, and ultimately create change to reduce the prevalence of youth homelessness within the US.

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