

# HOMELESS YOUTH & COVID-19

A survey of how programs funded by the Homeless Emergency Aid Program (HEAP) are addressing the needs of homeless youth during COVID-19

In 2018, California established the Homeless Emergency Aid Program (HEAP) to address the state's homelessness crisis. HEAP provided 11 large cities and 43 Continuums of Care with \$500 million in one-time funding. Funding was awarded based on the number of homeless individuals in a jurisdiction, as measured by the U.S. Department of Housing and Urban Development's Point-In-Time Count.

HEAP required a minimum of five percent of funding awarded to local jurisdictions to be used to establish or expand services for homeless youth or youth at risk of homelessness.

A March 2020 survey found that large cities and Continuums of Care exceeded the five percent minimum

requirement, investing 10.8 percent (\$53.9 million) of total HEAP funding in homeless youth. These funds were awarded to 82 programs. The three most common uses for the homeless youth funding were shelter (31%), housing navigation (21%) and transitional housing (20%).

In May 2020, John Burton Advocates for Youth conducted a survey to measure the impact of COVID-19 on homeless youth. Of the 82 organizations that received HEAP funds locally, 27 responded as of May 13, 2020. Collectively, these programs reported serving 1,755 youth who are homeless or at-risk of homelessness and received \$11,220,798 in HEAP funding, or 21 percent of the total youth investment of \$53.9 million.



**10%**

of homeless individuals in California are unaccompanied youth, on average between 2014 to 2019

**YET**

**3%**

of federally funded homelessness beds in California were for unaccompanied homeless youth in 2018

# SURVEY FINDINGS

## SINCE THE ONSET OF COVID-19

### MENTAL HEALTH

- 76% served youth that experienced depression, anxiety or another mental health condition
- 36% served youth that increased their level of drug or alcohol use
- 40% served youth that lost contact with supportive adults

### FINANCIAL SECURITY

- 80% served youth that have been laid off
- 60% served youth that have had work hours severely cut
- 64% served youth that have a week or less of money available
- 52% served youth that indicated they are in a financial crisis

### HOUSING

- 56% served youth that have been forced to move or fear being forced to move

### EDUCATION

- 60% served youth that stopped participating in classes at school, either K to 12 or college
- 68% served youth that expressed a need for education support, including a laptop, tutoring or internet

### HEALTH

- 4% served youth that tested positive for COVID-19
- 24% served youth that have been required to be quarantined as a result of possible exposure to COVID-19

### SAFETY

- 28% served youth that experienced domestic violence
- 20% served youth that experienced sexual exploitation

# 63%

of HEAP-funded providers provided housing to youth who were made homeless or housing insecure due to COVID-19

# 41%

of HEAP-funded providers have experienced an increase in their wait list due to COVID-19

# 67%

of HEAP-funded providers reported an increase in youth-specific crises due to COVID-19

# SURVEY FINDINGS

## HEAP-FUNDED HOMELESS YOUTH PROVIDERS REPORT HOW COVID-19 IS IMPACTING HOMELESS YOUTH

Due to family **conflict**, there has been an **increase in LGBTQI** young adult referrals.

Youth are losing **trust in the system**, feeling that just when they were understanding the process and rules for housing in our community things are arbitrarily being changed again.

The **loneliness**, lack of formal support systems, and social isolation they are experiencing has increased **depression, anxiety and substance abuse**.

Landlords are **reluctant to accept rental assistance programs** if the youth is not working, and employment is currently extremely difficult to obtain.

**Family conflicts** and youth being 'kicked out' of their homes has increased. **Schools** were a safe and supportive place for youth.

It has been impossible to get youth **document-ready** to get them into housing due to DMV and others being closed

There is a real need for resources for **food** and other **personal hygiene** products for our youth. Our food delivery numbers increase every week.

There will be a spike in youth homelessness in the upcoming months as most youth work in the **hospitality and service industry** which has been hit the highest due to the pandemic.

This has been extremely challenging in **rural areas**. There are a lack of resources, limited public transportation and food insecurity.

Many youth are struggling to access **mental health services** as well as experiencing **food insecurity**.

Car payments cannot be made without a **job**. They will lose their car and ruin their **credit**, which makes it harder to secure **housing**.

## WHY DO HOMELESS YOUTH REQUIRE A 10% SET ASIDE DURING COVID-19?

**HEALTH EXPERTS AGREE: ALL VULNERABLE POPULATIONS ARE AT-RISK FOR COVID-19, NOT JUST OLDER INDIVIDUALS.**

According to the World Health Organization, “People of all ages can be infected by the new Coronavirus.” While individuals age 65 and older pose a special risk, public health data show that younger adults are also being infected and hospitalized. According to the Center for Disease Control and Prevention, 36% of those infected are 18 to 44 years old.

**HOMELESS YOUTH ARE LARGELY UNSHELTERED, PLACING THEM AT RISK FOR COVID-19.**

According to the U.S. Department of Housing and Urban Development’s 2019 Point-in-Time Count, 79% of homeless youth in California were unsheltered, making them vulnerable to contracting and spreading COVID-19 because of a lack of access to showers and sinks and the ability to practice social distancing.

**HOMELESS YOUTH ARE DISPROPORTIONATELY AFRICAN AMERICAN, A RISK FACTOR FOR COVID-19 HOSPITALIZATION.**

In 2017, the Voices of Youth study found that Black or African American youth had an 83% higher risk of reporting homelessness. Similarly, the Centers for Disease Control found that 33% of people who have been hospitalized with COVID-19 are African American, while only 13% of the U.S. population is African American.

**HOMELESS YOUTH HAVE POOR UNDERLYING HEALTH, ALSO A RISK FACTOR FOR COVID-19, PARTICULARLY ASTHMA.**

According to Johns Hopkins University, “Adolescents and young adults from disadvantaged backgrounds, compared to more affluent and educated peers, struggle much more with health problems, including obesity and asthma,” both risk factors for COVID-19. A 2018 study found that homeless students were three times more likely to have asthma than their housed peers. Underlying health factors such as these place homeless youth at higher risk of transmission of COVID-19 and poor health outcomes.

**HOMELESS YOUTH ARE LESS LIKELY TO SEEK HEALTH CARE, PLACING THEM AT RISK FOR COVID-19.**

A study in *Nursing Research* found that homeless youth were not likely to access health care when needed due to “structural barriers, such as limited clinic sites, limited hours of operation, long wait times and social barriers, including perceptions of discrimination and law enforcement. With COVID-19, a resistance or delay in seeking medical attention can be particularly dangerous, and sometimes fatal, given how quickly symptoms turn from mild to critical.