



Barriers and facilitators to shelter utilization among homeless young adults



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ABSTRACT

Rates of shelter use among homeless youth are low compared to use of other supportive services, yet research on barriers to shelter use has been conducted in limited regions, specifically in West Coast or Midwest cities. Additionally, while studies have generally focused on barriers to shelter use, studies on what might facilitate shelter use are lacking. This study explores barriers and facilitators to shelter use among homeless young adults from a large city in the Southwest region. Focus groups were conducted with a diverse sample of 49 homeless young adults ages 18–24. Drawing on models of health service use, findings were categorized into two domains – attitudinal and access. Themes related to attitudinal barriers include stigma/shame and self-reliance/pride. Attitudinal facilitators include the desire to extricate themselves from street life and turn their lives in a new direction. Access-related themes include barriers such as a lack of shelters and services available to meet the needs of youth, adverse shelter conditions, staff attitudes that are not acceptable to youth, restrictive shelter rules, restrictive definitions of homelessness, and a desire to differentiate themselves from older homeless individuals. Certain characteristics or circumstances (e.g., being pregnant), having supportive others, and shelters' ability to connect them to other services emerged as access facilitators to shelter use. Implications for policymakers, service providers, and future research are discussed.

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1. Introduction

Accurate data on the prevalence and composition of the homeless youth population are significantly lacking. A recent report, however, documents that 194,302 children and youth under 25 years old spent a night either in a shelter or on the streets (including parks, cars, abandoned building, and other unconventional housing). Among them, 45,205 were unaccompanied, with 14% being minor and about 47% staying on the streets or in a place not meant for human habitation (Department of Housing and Urban Development, 2014).

Street involvement and homelessness have been associated with a high risk for physical and sexual exploitation, engagement in illicit activities (e.g., crime, substance abuse, trade sex), and death (Cochran, Stewart, Ginzler, & Cauce, 2002; Frederick, 2012; Lankenau, Clatts, Welle, Goldsamt, & Gwadz, 2005; Martino et al., 2011; McCarthy & Hagan, 1992; Yoder, Bender, Thompson,

Ferguson, & Haffeejee, 2014). Studies show that a large percentage of homeless youth are forced to engage in risky behaviors or illicit activities for their survival (Ferguson, Bender, Thompson, Xie, & Pollio, 2011), which contributes to physical and sexual victimization, adverse health outcomes (e.g., HIV infection, mental health issues), and incarceration. Shelters, especially youth shelters, offer not only an emergency place to stay at night but also resources and referrals for social skills, education, employment, or medical and mental health services (Slesnick, Dashora, Letcher, Erdem, & Serovich, 2009). In fact, research shows that shelters are a gateway to use of other services that help youth transition to stable housing (De Rosa et al., 1999). Shelter use is associated with positive outcomes such as decreased runaway behavior, improved family interactions, and decreased substance abuse (Nebbitt, House, Thompson, & Pollio, 2007; Pollio, Thompson, Tobias, Reid, & Spitznagel, 2006; Thompson, Pollio, & Bitner, 2000).

Despite the important role of shelters, research shows that only a small fraction of the homeless youth population uses shelters, ranging from 7% to 40% across studies (Carlson, Sugano, Millstein, & Auerswald, 2006; De Rosa et al., 1999; Kort-Butler & Tyler, 2012; Ng, Muth, & Auerswald, 2013). For those who use services, only 27%

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use shelters every day, compared to other supportive services such as food programs (66%) and street outreach (65%) (Kort-Butler & Tyler, 2012). However, little research has explored potential reasons that could explain the underutilization of shelters. Moreover, existing studies on shelter utilization among homeless youth have used samples focused only on either minors or youth on the streets (Carlson et al., 2006; Pergamit & Ernst, 2010), target specific reasons such as social network factors (Barman-Adhikari & Rice, 2014; Ng et al., 2013), or are conducted mostly in West Coast or Midwest cities (De Rosa et al., 1999; Garrett et al., 2008; Pergamit & Ernst, 2010). Also, some studies broadly defined services and do not specifically focus on shelter use (Brooks, Milburn, Rotheram-Borus, & Witkin, 2004; Garrett et al., 2008). Although certainly important, these findings provide limited implications specifically relevant to improving shelter services for diverse groups of homeless youth. To address this knowledge gap, this study aims to include a diverse sample of homeless youth, both from shelters and from the streets in a large urban city in the Southwest region and adds to the literature on what might not only discourage but also facilitate shelter use. This study uses focus group data from 49 homeless young adults ages 18–24 who were recruited both from shelters (hereafter, sheltered youth) and from the streets (hereafter, unsheltered youth) in Houston, Texas, and examines the perceived barriers and facilitators of shelter utilization.

2. Literature review

2.1. The prevalence of shelter utilization

Studies have examined the prevalence of shelter utilization along with an array of other services, including drop-in centers, soup kitchens, medical services, substance abuse treatment, or mental health services (Carlson et al., 2006; De Rosa et al., 1999; Kort-Butler & Tyler, 2012; Pergamit & Ernst, 2010), and these studies show a wide range of shelter use rates. For example, Carlson et al. (2006) examined service utilization patterns among a street-recruited sample of 185 unstably housed youth ages 15–24 in San Francisco, California and found that only 7% used shelters, compared to nearly 50% who utilized medical or outreach services during the three months prior to the interview. On the other hand, De Rosa et al. (1999) recruited 296 youth ages 13–23 from both streets and service sites in Hollywood. The study asked their utilization of services since arriving in Hollywood and found shelters to be one of the most commonly used services (40%) following use of drop-in centers (78%). Another study that used a street- and shelter-recruited sample of 249 homeless youth aged 14–21 years from three Midwestern cities found that 56% had stayed at a shelter at least one night over the past 12 months, 27% used every day, and 5% used 1–2 times per week (Kort-Butler & Tyler, 2012; Tyler, Akinyemi, & Kort-Butler, 2012). One study that focused on 83 minors from a shelter and the streets in Los Angeles and Chicago reported that about one-third of the sample used shelter services since leaving home, compared to the majority that used drop-in centers or free food services (Pergamit & Ernst, 2010). It is unclear the extent to which the definitions of shelter use, different recruitment methods, sample compositions, years of data collection, or local circumstances affected the various rates of shelter use. However, these findings suggest that shelters are not a common place to seek help for more than half of the homeless youth population, and when youth access shelter, very few use them on a regular basis.

2.2. Factors associated with shelter utilization

Most of the existing research that explores reasons for shelter utilization did so in association with other kinds of services, such as

drop-in centers, food or free shower services, or outreach programs (De Rosa et al., 1999; Garrett et al., 2008; Krusi, Fast, Small, Wood, & Kerr, 2010; Tyler et al., 2012). Overall, these studies indicate some common barriers to service use including personal barriers such as sense of independence, pride, or self-reliance; agency-related barriers including staff attributes and relationships, restrictive rules, locations, or age restrictions; and other reasons such as influence of peers, lack of confidentiality, and lack of identification or transportation to use services (De Rosa et al., 1999; Garrett et al., 2008; Krusi et al., 2010). For shelter use, in particular, restrictive shelter rules (such as curfew or zero tolerance for substance use), negative staff attributes or relationships (e.g., disrespectful, judgmental, or lack of trust), safety and health issues (e.g., potential for violence, health concerns such as lice and scabies, having their belongings stolen, being separated from familiar people and pets), and other structural issues (e.g., maximum capacity) were addressed as major barriers to utilization of shelters (Garrett et al., 2008). Garrett et al. (2008) who interviewed 27 youth ages 16–24 indicated that about 20% of youth considered shelter use as an indication of weakness and antithetical to the conventions of the street life, suggesting that perhaps independence or self-reliance is a barrier to shelter use. Krusi et al. (2010) interviewed 38 street-involved youth ages 14–26 who used illicit drugs and found that inflexible shelter rules and a lack of privacy prevented youth from utilizing shelters. Tyler et al. (2012) examined factors associated with service utilization among 249 homeless youth ages 14–21 in three Midwestern cities and found that youth who experienced family physical abuse, had been kicked out of the family, and had ever stayed in a group home facility were significantly more likely to use shelters. Similarly, De Rosa et al. (1999) documented that youth utilized shelters after leaving home to get away from neighborhood gangs. Another study focused specifically on shelter utilization and examined how social networks of youth were associated with later shelter use following 188 homeless youth ages 15–25 in San Francisco (Ng et al., 2013). The study found that youth in networks with more shelter users at baseline were five times more likely to use shelters in a six-month follow-up period (Ng et al., 2013).

While these studies have contributed to our understanding of the underutilization of shelters, the studies used limited samples focusing only on minors (Pergamit & Ernst, 2010), youth on the streets (Carlson et al., 2006), or specific factors, such as social networks (Ng et al., 2013). Also, most studies have been conducted in West Coast or Midwest cities, which makes it difficult to generalize their findings to other regions where the characteristics of the homeless youth population and the availability of supportive resources may be different. Still lacking are studies that use a diverse sample of homeless young adults including both sheltered and unsheltered youth and explore issues specific to shelter use including both facilitators and barriers to shelter use in understudied regions in the U.S.

A sizable amount of literature has explored the utilization of health, mental health, and substance abuse treatment services among homeless youth (Barkin, Balkrishnan, Manuel, Andersen, & Gelberg, 2003; Barman-Adhikari & Rice, 2011; Berdahl, Hoyt, & Whitbeck, 2005; Ensign & Panke, 2002; Hudson et al., 2010; Krusi et al., 2010). These studies provide insight into what might drive youth's decision to use or not to use shelter services. Common themes surrounding barriers to service utilization found in these studies include negative environments and relationships with service providers (e.g., staff being disrespectful, uncaring, or judgmental, places being overcrowded and hostile), lack of social support seeking care, and structural issues (e.g., not having identification, inconvenience of locations or business hours). Auerswald and Eyre (2002) interviewed a sample of 20 street-recruited youth ages 15–23 in San Francisco. Using the life-cycle

model of youth homelessness, the study suggested that youth who were new to the streets or experiencing crises were more likely to use services in general (Auerswald & Eyre, 2002). Additionally, Barman-Adhikari and Rice (2014) used a sample of 136 homeless youth ages 13–24 in Los Angeles and examined how social capital factors (i.e., instrumental and emotional supports from street peers [“bonding capital”] or home-based friends or caseworkers [“bridging capital”]) affected employment services utilization among homeless youth. The study found that youth receiving bridging capital and emotional support from street peers were more likely to use employment services.

2.3. Framing barriers and facilitators to shelter use

In addition to empirical studies that examine health service utilization, models of health service use can assist in framing factors that may facilitate or impede shelter use. The Gelberg–Andersen model for vulnerable populations is specifically tailored to explain particular characteristics that influence the service use of homeless individuals (Gelberg, Andersen, & Leake, 2000). This model was adapted from the original behavioral model of health service use which identified three main domains that influence the use of services – predisposing characteristics, enabling factors, and need (Andersen, 1995). Predisposing characteristics are individually focused factors that may influence whether an individual is inclined to seek services when they have a problem. In our study, this domain includes attitudes and beliefs. For vulnerable populations, characteristics such as time on the streets, substance use, mental illness, and prior involvement in systems such as foster care or criminal justice may shape attitudes and beliefs about services. Enabling factors are external factors that facilitate or impede the use of services and include access related factors such as financial resources, transportation, and availability of services. Finally, need includes both self-perceived need and objectively evaluated need for services. The model for vulnerable populations stresses the additional barriers and risks presented in each of these domains for individuals who have multiple intersecting problems and competing demands (Gelberg et al., 2000).

Scholarship specifically focused on the meaning of the term *access* provides additional nuance to understand the enabling factors domain presented in the behavioral model (Penchansky & Thomas, 1981). Penchansky and Thomas (1981) define access as a fit between the individual's needs and preferences and the characteristics of the service system. They define five dimensions of access – availability, accessibility, affordability, acceptability, and accommodation. Each of these dimensions assists in understanding when an individual interested in receiving services will actually access services. Availability is the supply of services in a community and its relation to the volume of needs in the community. Accessibility refers to the location of services and its fit with the location of those who need services and transportation systems to get them there. Affordability is the cost of services and the resources available to individuals to pay for them. This dimension is less salient for the use of shelter services since these services are free. Acceptability is the fit between the characteristics of services and providers available and the preferences of individuals seeking services. Finally, accommodation is the fit between the rules and structure of the service system such as shelter hours and policies and the ability of individuals to adhere to those structures (Penchansky & Thomas, 1981). These dimensions have generally been applied to health service access but have relevance for examining a wider range of services including shelter services.

The current study draws on the constructs from these health service use models by Gelberg et al. (2000) and Penchansky and Thomas (1981) to better understand the barriers and facilitators of

shelter use identified by homeless young adults. We draw especially on the importance of attitudes and beliefs identified as predisposing factors in the Gelberg model since our qualitative data illuminates how young people made decisions to seek shelters. We did not explore variables such as time on the streets or prior system involvement as independent contributors but noted their influence in relation to attitudes about seeking services. We also use the enabling resources domain to categorize access described by Penchansky and Thomas and to better understand how the different dimensions of the structure of care affected service use. The third aspect of the Gelberg model, need, was relevant only as young people talked about it in conjunction with other themes presented. Thus, this aspect of the original model is discussed as it related to attitudes (predisposing factor) and access (enabling resources) rather than as a separate theme. All young people included in this study were homeless, so they all had some level of need for shelter services.

While Houston is the largest city in the Southern United States, with a population of 2.2 million, services and other resources for homeless youth are limited. There is only one youth emergency shelter (i.e., Covenant House Texas) in the city that serves young adults ages 18–21. Several adult homeless shelters are available in the area, but these shelters typically do not provide youth-oriented services such as job readiness/procurement or education programs. Special programs for domestic violence survivors or for pregnant women or mothers with children are also available across the region. While the Houston area covers a wide geographic region, most shelter services are concentrated near the downtown area. Several transitional housing programs are also available to young people through various service providers such as the Salvation Army. These programs target particular groups such as pregnant or parenting youth, youth with mental health problems, and former foster youth. Our study examines emergency shelter use in this context and provides in-depth information about factors related to shelter use from a large urban area in the Southwest region that has not been the focus of prior research. The study also addresses gaps identified in the literature by describing facilitators as well as barriers to shelter use. Better understanding of shelter use in this population can provide information about targets for intervention to improve shelter services and to get youth off the streets into safer environments.

3. Methods

3.1. Sample and recruitment

Youth ages 18–24 ($n = 49$) were recruited from shelters, drop-in centers, outreach events such as youth specific food pantries and hot meals, and street outreach programs in Houston, Texas, to participate in the focus groups. Youth were eligible to participate in the study if they were English speaking, between 18 and 24 years old, staying in a shelter or some other location not intended for habitation (i.e. vacant building, hotel, outside), and available to participate in a focus group during the data collection period. We excluded youth who were living with a parent or getting supportive housing from a family member. Key informants from various homeless youth service providers in the community identified appropriate locations for recruitment. We recruited youth from five locations with the specific aim of including youth who represented diverse subgroups of homeless youth including lesbian, gay, bisexual, and transgender youth (LGBT), former foster care youth, pregnant and parenting youth, and youth who were either sheltered or unsheltered at the time of recruitment.

Overall, the sample consisted of 57% currently sheltered and 43% currently unsheltered youth. Five focus groups of sheltered youth were held at shelters and four focus groups of unsheltered

youth were held in drop-in centers and other community locations. About half of the sample was male (53%). More than half of the sample identified as African American (59%), 12% as white, and 14% as Hispanic. One third of the sample reported that they were parents or were pregnant or had gotten someone pregnant (33%). One fifth of the sample identified as lesbian, gay, or bisexual (19%). One third of youth in the sample had a history of being in the foster care system (33%).

3.2. Interview procedures

A total of nine focus groups were conducted over a six-month period (October, 2013–March, 2014) by two investigators at five different community locations, including shelters and outreach event sites. A semi-structured interview guide that asked about experiences of homelessness and use of supportive services was used to manage the conversation. Topics included how youth became homeless, what it means to them to be homeless, where they stay, how they make decisions regarding shelter use, survival strategies they use while on the streets, health and mental health service use, and use of technology. Questions specific to use of shelters and other services included: We are interested in why some youth seek shelter and others do not seek shelter. Can you tell us your thoughts? When would you seek services? When would you avoid seeking help? What has been your experience with staying in shelters? All focus groups were audio-recorded, and all recordings were professionally transcribed. Groups ranged in size from 3 to 8 youth and lasted one to one and half hours. Because the focus groups were asked sensitive questions about sexual activity, pregnancy, and victimization, groups were conducted separately for males and females to make the conversation more comfortable, with the exception of two mixed-gender groups with unsheltered youth – a group that was hard to recruit. A short 19-question survey was administered prior to the focus group to gain information about gender, sexual orientation, race/ethnicity, age, history of involvement in social services, and self-care strategies. Informed written consent was obtained by youth prior to the start of the groups. Youth were compensated with a \$20 gift card. The study was approved by the human subjects review board at each of the three participating institutions.

3.3. Analytic strategy

A team of four qualitative researchers analyzed the data using the thematic content analysis methods of Bernard and Ryan (2010). Two primary coders reviewed the transcripts and coded the same five transcripts to create an initial codebook. Using consensus building methods, the coders then met to discuss themes and finalize the codebook. Once developed, all transcripts were coded, chunks of data (e.g. quotes) were attached to themes and subthemes based on the strength of their association and then themes were linked and were loosely organized based on the two service use theories described above. In this study, we discuss analytic strategies used to assess the themes related to shelter service utilization. Coded data were reviewed and discussed to identify and group the data into barriers and facilitators of shelter use. These analyses were guided by the Gelberg et al., and Penchansky and Thomas health service use models, and aspects of these models were used to organize results where appropriate. Not all aspects of these models clearly emerged in the data, so the results are discussed with these models as a general framework rather than as fitting all aspects of the model. Peer consensus and peer debriefing strategies were used to finalize the results. Two secondary coders reviewed the overall themes and passages coded within them, providing additional nuance to refine and finalize results.

4. Results

Throughout the focus groups, youth talked extensively about their decisions to use or not use shelters. These statements were initially categorized broadly into barriers and facilitators of shelter use. The barriers and facilitators tended to cluster into two distinct types – attitudinal and access – which operated together to determine whether youth did or did not use shelter services. The analysis was then deepened by examining the fit between these constructs and the explanatory models of health service use. Notably, distinct attitudinal factors that are present in the individuals prior to considering the use of a service were similar to Gelberg & Andersen's conceptualization of predisposing factors (Gelberg et al., 2000). A set of enabling or access related factors that reflected the access dimensions identified by Penchansky and Thomas (1981) were also identified. Results are presented below using two main domains – attitudinal and access – with exemplary quotes for each type of barriers and facilitators. Finally, data were organized into the overall subthemes of attitudinal and access.

4.1. Barriers

4.1.1. Attitudinal barriers

Youth described several reasons they did not seek services at shelters that we classified as attitudinal barriers including stigma/shame and self-reliance/pride. They talked about the stigma associated with being labeled as homeless and sought to distance themselves from the term. They discussed avoiding shelters because they didn't want to be associated with a label of homelessness. "I really didn't want to come because the fact that I'm going to stay in a homeless shelter ... I was like, I don't want to do that. I can't picture myself" (sheltered young man, G5, P6). Even when youth thought of themselves as homeless, they described not wanting others to know they were homeless. "I used to be embarrassed, so I never let nobody who saw me know that I was homeless or anything, like I never tried to ask for help" (sheltered young woman, G2, P2) and "When you're 18, 19, 20, 21, you don't want to be perceived as homeless" (sheltered young man, G1, P3).

A second attitudinal barrier that emerged was pride and a related desire to be self-reliant. Youth expressed a desire to survive on their own and not seek help from others. One young woman described her attitude as "I don't want nobody's help, I'm going to do me by myself" (sheltered young woman, G2, P1). Another young man described his thinking "I was like, man, I'm a man. I'm going to do this on my own" (sheltered young man, G2, P3). Seeking shelter services was viewed by many as a last resort or giving up. Young people that had histories of prior homelessness, CPS involvement, or prior shelter use sometimes described these experiences as a contributing factor that made them even more determined to make it without seeking shelter services. One sheltered young woman described her struggle.

"My big problem is pride. I grew up in shelters and CPS and all that crap. And I swore up and down I wasn't going to put my baby into a shelter, so I swore I was going to dance or what I had to do to stay out of a shelter. And when I ended up on that beltway walking and ... I looked back at him and he was crying I said, okay, my pride is not, no. I gotta give up" (sheltered pregnant/parenting young woman, G4, P2).

4.1.2. Access barriers: availability, accessibility, acceptability, and accommodation

Another set of barriers we identified were grouped together into different aspects of access. We defined access in line with the dimensions identified by Penchansky and Thomas (1981). Four of the five dimensions were prominent in our themes – Availability,

Accessibility, Acceptability, and Accommodation. The fifth dimension, affordability, was not relevant since shelter services are free.

Availability emerged in a few different ways. First, youth noted the lack of youth-focused shelter services that were available in the city, a large geographically spread out urban area with limited public transportation. One participant noted, “there isn’t a lot of resources for homeless youth and I think that was one of the big issues that I encountered when I was moving from place to place is because there just wasn’t people there to readily help you” (sheltered young woman, G2, P4). Youth also mentioned the age limitation of youth focused shelters, especially because the youth shelter in the area is limited to ages 18–21. Participants noted that those who were both older and younger were unable to utilize these “youth friendly” services. One sheltered young woman described this, “my friend, she’s 17 and with a kid, and she’s homeless, but she can’t come in the [shelter] because she’s 17... when I try to help her, like all the resources just start when you’re 18 to like a certain age. None of them is for like the younger or the older” (sheltered young woman, G2, P2). In addition, youth expressed frustration about the restrictive definitions of homelessness making certain services unavailable to them. “With [housing service provider], I want them to realize that if I’m sleeping on somebody else’s couch, I’m still technically homeless, so stop saying I have somewhere to go, because tomorrow that’s not guaranteed” (unsheltered pregnant young woman, G6, P1).

Even when resources were available, participants noted problems with accessibility where shelters were located in one central location that could be difficult to access from outlying suburban areas. “It’s a more well-to-do area, and so I didn’t—there wasn’t really much access to things like clinics, and I couldn’t get to where I needed to go, and transportation was a huge issue” (sheltered young woman, G2, P4). Another noted the challenge of getting to shelters before even knowing if she would be able to stay. “When I called, they didn’t even—they’re like, if you find a way here, you can—and that’ll be before you can stay overnight” (sheltered young woman, G2, P1).

Acceptability of services refers to the fit between the preferences and characteristics of those seeking services and the services themselves. This emerged as a prevalent theme in this study where youth repeatedly noted that they did not see the shelter services that were available as acceptable to them. They remarked on acceptability concerns across a few different areas. The first was the environment of shelters including cleanliness and safety. One youth noted, “a lot of people would tell you (adult shelter name) is filthy bad” (sheltered young woman, G2, P5) and “I stayed at (adult shelter name) and it was nasty” (unsheltered young woman, G7, P1). Several others talked about the streets as being preferable to the shelter conditions. “You get bit more than you do on the streets, like bed bugs... I’d rather sleep on the street than sleep in a shelter” (unsheltered young woman, G7, P2). Another youth noted that now that she is pregnant, she is especially wary of going to a shelter. “I’m pregnant. I can’t risk getting infections... I’m not going to sit on the toilets and catch something from God knows where” (unsheltered pregnant/parenting young woman, G6, P2). Another unsheltered young woman described her reluctance about seeking shelters. “They have bed bugs. They have perverts. They got people that—like, I’m not even talking about just men perverts. Like, they got women perverts...” (unsheltered pregnant/parenting young woman, G6, P1). Those who were currently in shelters described their impressions of acceptability prior to coming. For example, one young man stated, “it’s dangerous. I kind of prejudged it to be—like—a rundown facility and felt like the very, very, very last option” (sheltered young man, G5, P6).

The second aspect of acceptability was the appeal of services specific to their age group. Youth noted they are a different

population than the older homeless and could benefit from more youth-focused services. “It’s different from a 50-year-old homeless dude because he really ain’t trying, but we young... we see a future for ourselves. They don’t see anything” (sheltered young man, G5, P5). Another young person talked about finding services that are right for her. “He brought me to the women’s shelter... That’s not me. I’m like 19, dude. And my situation is completely different” (sheltered young woman, G2, P6). Youth also noted that they felt more comfortable around people their own age and desired services where they encountered other young people like themselves.

Acceptability also refers to the providers of services and their fit with the expectation and preferences of consumers. In our study, many youth commented about the staff at shelters and the way they approached youth as a barrier to using shelters. Youth perceived that staff could be uncaring and that their primary motivation was money. “I’ve heard a lot of shelters, the staff of the shelters tell the kids, ‘Well, I go home at night. Where do you go?’” (unsheltered young man, G6, P3). Youth that reported these experiences talked about feeling dehumanized, “I feel like they treat us like garbage, like we’re scum under our shoes or something. They don’t treat us like human beings” (unsheltered young man, G6, P4).

Accommodation refers to the ability of the available resources to provide services in ways that work for people seeking those services such as the rules and the structure of the service system. Young people noted several problems in this area specifically related to the rules imposed by many shelters. First, youth noted that it was hard to abide by rules such as curfews. This was especially true as they were seeing themselves as adults who deserved greater freedoms. “I didn’t want to be there because I don’t—I can’t have a curfew at 5:00. And if you come after 5:00, they discharge you... I couldn’t have a curfew. I’m too old to have a curfew.” (unsheltered young woman, G9, P1). Youth also mentioned rules such as restricted access to cell phones, rules about dress, and dating, and they did not see the point of such rules. “I don’t see why we can’t have cell phones because what if we’re out one day—like job searching or whatever—and something happened to us? ... So I don’t understand why we can’t have cell phones” (sheltered young man, G5, P1). When rules were broken, consequences were perceived to be severe. “I came back late, and they were like, ‘No sir.’ They left me for a week. Know what I’m saying? Put me out for a week” (unsheltered pregnant/parenting young woman, G6, P2). Once participants had violated rules during a stay at the shelter, they also noted that shelters could be unforgiving in subsequent encounters. “The very first time I was there, I was 18 and just fresh out of my mom and dad’s house. I was wild and crazy, talking back, all of that. And I ended up talking back and everything and making a bad impression for myself the first time. And I—like, every time I go back, they still hold what I did the first time against me, when it’s really supposed to be a new slate wiped clean” (unsheltered young man, G6, P5). Another echoed this sentiment. “That’s what they’re saying—I’m a bad person. I’m a bad influence. So every time I go, it’s like there’s a target on my back” (unsheltered young man, G9, P4).

4.2. Facilitators

4.2.1. Attitudinal facilitators/motivators

Many youth who described initial reluctance to seek shelters also talked about factors that motivated them to use shelters. They described going to the shelter as a way of turning their lives around, a way to “be a better person, to start over, try to succeed” (sheltered young man, G5, P3). This was motivated by being worn down by the streets. “I got tired of that lifestyle—I seen so many things” (sheltered young man, G5, P3). Others stated that it was more important to be safe in a shelter and following rules than

living on the streets. One youth described wanting “stability without having to do what I was doing” (sheltered pregnant/parenting young woman, G4, P2). Another talked about discomfort with the way she was living, “You don’t want to be on the streets doing what you’re doing knowing it’s not right. You still get messed up over it, so why not try and change your life around and go the right way” (sheltered pregnant/parenting young woman, G4, P3).

Another attitudinal facilitator was the desire to get help and support from others. Contrary to the many youth who talked about self-reliance, some youth talked about wanting to connect with others and get help. “You have nothing to show for it. If you go out and try to do it on your own, more likely you’ll fall or fail doing it, compared to if you come here, you getting help. They’re walking with you as you walk with them” (sheltered young woman, G3, P1). This extended to the opportunity to connect with peers as well as service providers. One young woman described her thinking, “when I saw 18–21, that’s my age group, I’m going to come here and find somebody who has a story like mine who I can sit down and talk to. I may not be their best friend tomorrow, but they’re still going to know kind of what I’m going through and feel my pain at that moment” (sheltered pregnant young woman, G4, P2).

4.2.2. Access facilitators: availability, accessibility, and acceptability

In addition to attitudes that facilitated service use, youth also described facilitators that eased their access to services. Young people talked about some circumstances or characteristics that facilitated access to shelters. We considered these factors to be related to availability because the system was potentially more available to serve young people with these certain conditions or characteristics than those without. First among these were pregnancy and parenting. One young woman talked about how pregnancy had changed her prospects for permanent housing. “If you’re not pregnant it’s going to take you a long time to get on housing. And now I’m pregnant; nothing could stop me” (sheltered pregnant/parenting young woman, G4, P4). Another young woman stated that “when you’re pregnant, people will help you and benefits come like that” (sheltered pregnant/parenting young woman, G4, P3). Some noted that it was easier to get services if you are a woman, “a woman will always get care quicker than a man” (unsheltered young man, G6, P4). In addition, they noted that certain facilities gave priority to those with mental health or substance use problems. “If you’re not diagnosed with something, they’re not quick to put you in. . . but if you’re crazy and something wrong with you—in the same situation, they’ll help the crazy person first” (unsheltered young woman, G7, P2). Another young man noted, “before I found a permanent house it was like—everything I looked, you had to be a drug addict to go there” (sheltered young man, G5, P6). Another unsheltered young woman noted, “with people that’s on drugs and people that’s HIV positive, it seems like those are the ones that get the most help. . . One time I was kidding, but I told my friend cause she was a pothead. I said, “just poke me, and we’ll double the services. . .” (unsheltered young woman, G8, P2). Certain high needs populations appeared to be better positioned to accessing the local service system.

Young people that had successfully accessed shelter services also described a variety of individuals from different service sectors that assisted in facilitating their access to the shelter. These included supportive others such as school counselors. “It was before I even graduated. So I was talking to some of the counselors, they recommended me to this place” (sheltered young man, G1, P4) and church members “when I fell this time, like I try to go church and try to get right, and I met a mentor lady who helped me through everything, and I ended up here” (sheltered young woman, G2, P1). Police officers were noted as another route to access. “They called the cops on me, and the cop. . . took me to a shelter” (unsheltered young man, G6, P3). Healthcare services also

facilitated entry to shelter care. “So I came here straight from the hospital—like the hospital wrote me about you. They sent a cab and everything” (sheltered pregnant/parenting young woman, G4, P3). These services were instrumental in helping young people to locate the resources and also in directly facilitating admission including transportation and coordination.

One attractive feature of shelter services that youth described as a motivator for overcoming their reluctance to seek shelters was the ability of the shelters to provide connection to other services. As one young man explained, “that’s why I came here because I wasn’t even going to come. I was like, “Man, I don’t care about that place.” And then they was like, “There’ll be a job” (sheltered young man, G5, P5). Participants knew that if they needed to get their documents and wanted to get a job and housing, going to a shelter was a route to this access. In spite of the disadvantages of shelter use, the benefits were determined by some to outweigh the costs. “They’ll get you in the school—you can get scholarships through them. It’s a lot of things—it’s a lot of helpful things. That’s why we put up with all the bullshit they’re messing with” (sheltered young man, G1, P2).

5. Discussion

This study explores the barriers and facilitators to shelter use focusing on homeless young adults ages 18–24 from a large city in Southwest region. Diverse subgroups of homeless young adults, including both sheltered and unsheltered youth, parenting or pregnant youth, LGBT youth, and former foster care youth, were recruited and comprised the sample to gain broad perspectives on shelter utilization. By focusing on homeless young adults, the study provides an in-depth understanding of specific needs and circumstances that homeless young adults face. Unlike other studies focused mostly on barriers, this study also examined facilitators to shelter utilization.

Drawing on the behavioral models of health service use by Gelberg et al. (2000) and Pechansky and Thomas (1981), the themes that emerged in the study were categorized into two domains – attitudinal and access. Subthemes for access related barriers and facilitators were then grouped into different dimensions of access: availability, accessibility, acceptability, and accommodation. As barriers to shelter use, stigma/shame and self-reliance/pride were identified as major themes related to attitudinal barriers. Youth also talked about dimensions of access including the lack of youth-focused shelters, especially in non-central locations (“availability”), a lack of transportation (“accessibility”), adverse shelter conditions, staff attitudes and youth-specific services (“acceptability”), and restrictive shelter rules (“accommodation”). As facilitators to shelter use, youth’s desire to get help and their desire to turn their lives in a new direction emerged as attitudinal facilitators. Youth also mentioned certain characteristics or circumstances (e.g., being pregnant) (“accessibility”), supportive others (“accessibility”), and the shelters’ ability to connect them to other services (“acceptability”) as facilitators to shelter use.

Our results align with findings from other studies that have found similar barriers to shelter use including self-reliance/pride, restrictive shelter rules, and adverse staff attitude and shelter environments (De Rosa et al., 1999; Garrett et al., 2008; Pergamit & Ernst, 2010). Also, youth’s desire to exit the streets (Auerswald & Eyre, 2002; Garrett et al., 2008) and shelters’ ability to connect youth to other services and programs (De Rosa et al., 1999) facilitate the utilization of shelters. However, we also found that the stigma/shame of being homeless and a restrictive definition of homelessness are barriers to shelter utilization among homeless young adults, which have not been fully addressed in prior literature. The label of “homeless” seems to carry particular stigma

and be associated with a sense of shame that interferes with shelter-seeking behaviors. This sense of shame seems to be coupled with the fact that a lack of youth-oriented shelters in the area force them to seek help at adult shelters that youth do not want to be associated with, creating barriers that lead youth to stay on the streets. These results may be a reflection of our sample being a group of young adults and also of different regional circumstances. Unlike other studies on service use conducted mostly in the West Coast where homeless youth are drawn because of street youth culture and service availability (Brooks et al., 2004; Carlson et al., 2006; De Rosa et al., 1999; Garrett et al., 2008), this study was conducted in a Southwest region (Houston, Texas) where there are different cultural norms about self-reliance and a different level of resources available to homeless youth in the area.

Findings related to facilitators of shelter use also add new information to the literature. It appears that youth facing certain circumstances, such as pregnancy, drug abuse, or HIV infection, have access to a wider range of shelters and services and programs offered through the shelters. Hence, those homeless young adults who do not have such risk factors, are not likely to be prioritized in the services that shelters offer and may therefore be discouraged from utilizing shelters. Consistent with facilitators to other types of services (Barman-Adhikari & Rice, 2011; Ensign & Panke, 2002), these findings also suggest the crucial role of supportive individuals who connect homeless youth to the shelter service.

The results of this study can inform intervention development efforts that target both attitudinal and access factors in order to get youth off the streets and into more permanent housing situations. The attitude-focused themes can inform outreach efforts that seek to get young people to think about using shelters. The stigma attached to the term homelessness suggests that rather than labeling them as homeless, reframing the issue of homelessness as a temporary housing issue could be effective in engaging youth in shelter services. Also, explanations that highlight how shelter use could have benefits of enhancing self-sufficiency may have appeal to youth who have strong values of self-reliance and pride. Service providers should listen for signals that youth may be ready to consider shelter use. Young people who state they are tired of the street life or state they want to change their lives are likely to be considering seeking help. Highlighting the employment and educational supports that are available in addition to housing will likely enhance the attractiveness of coming to a shelter.

Findings on access related barriers and facilitators suggest that shelters may need to enhance or modify their services in several different dimensions to better fit the needs of young adults. In Houston, most homeless shelters are centrally located, and thus geographical barriers and inability to actually get to the shelters limit youth's access to shelters. Multiple locations throughout the community where youth can begin to access services may be helpful. For example, communities such as Seattle, Washington (Hartman, 2012) or Sacramento, CA (Urban Libraries Council, n.a.) have been successful in utilizing public libraries as access points for youth since public libraries are available in many communities and provide access to technology for youth on the streets. These approaches may be helpful by giving youth multiple points of entry into the shelter system and assisting them to get connected with transportation to shelters.

Additionally, findings suggest that adult shelters are not a desirable option for many youth, especially since youth use shelters for access to employment or education services that shelters provide. These services are particularly critical during this developmental period since youth are defining new social

roles for themselves as they transition from adolescence into adulthood. This finding supports calls for the expansion of youth shelters and developmentally appropriate services that fit their needs. While there are a significant number of youth estimated to experience homelessness, ranging from about 45,000 to 550,000, some estimates suggest that only 4000 youth shelter beds are currently available nationwide (National Coalition for the Homeless, 2014), leaving the majority of homeless youth on the streets or in unstable housing situations. Additionally, considering the fact that youth are reluctant to use emergency shelters due to stigma and shame attached to being homeless, there is a need to develop more resources specifically tailored to the young adult age group that are both accessible and perceived by youth as supportive and acceptable. Having a service system with a wider range of potential emergency housing options could assist in providing services to youth who currently find the system inaccessible. For example, exploring the possibility for youth to access short term emergency housing with families or in smaller service settings (i.e. group homes) that are able to be more flexible in their rules might better fit the needs of youth who cannot acclimate to restrictive shelter rules. In addition, shelter services may not be appropriate for all youth, particularly youth who often times stay with others in unstable housing situations and may not ever spend a night as “literally” homeless on the streets before needing services. Additional options that provide routes to more readily available permanent housing solutions could be more appropriate for these youth. Programs such as Housing First, with few conditions and less restrictive eligibility criteria, can be an important adjunct to shelter-based services for homeless young adults, considering our finding that programs with restrictive criteria for admission (e.g., substance abuse, mental disorder) or a very narrow definition of homelessness (i.e., youth should spend a night on the street) may prevent many youth from accessing the programs. It can be costly to have a service system that provides the various types of emergency housing options. However, less than 1% of federal funding for the homeless (\$195 million out of \$4175 billion) was allocated for homeless youth in 2009 (National Alliance to End Homelessness, 2009), which remains mostly unchanged today. Considering numerous adverse consequences of being homeless in early age and the diverse nature of the population, it is imperative to invest significantly more on various emergency housing services for homeless youth. In the face of limited resources, future research is needed to assess costs and benefits of various services to make efficient and effective investment.

Another dimension of access that young adults spoke about at length was acceptability. To attract youth, shelters need to ensure that youth perceive their facilities as safe and clean, their staff being supportive and nonjudgmental, and their service being useful. Young adults were sensitive to feeling judged by staff and wanted services to be more forgiving. These elements are especially critical for youth at this developmental stage who are gaining insights through trial and error and experiences of trying to make it on their own. Shelter environments and policies need to be in line with this developmental stage.

This study is not without limitations. The purposive sampling methods used and relatively small sample size limit the ability to generalize findings to other populations of homeless young adults. Despite these limitations, the results can inform efforts to improve shelter services and other housing options for homeless youth. Further research is needed to explore how shelters might design services in ways that increase access by improving the fit between these services and the needs and desires of youth. Restrictive rules can be necessary to maintain order, so ongoing work is needed to explore how services can

respond to youth needs and continue to provide a safe environment. Research that involves youth and service providers together as active partners can ensure that innovative service models respond to both concerns and are designed to overcome the barriers identified in this study and capitalize on the facilitators.

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