



Surviving the Streets: Challenges and Opportunities Addressing Youth Homelessness

Norweeta G. Milburn, Ph.D.

Affiliations & Support

UCLA Department of Psychiatry and Biobehavioral Sciences Semel Institute for Neuroscience and Human Behavior Nathanson Family Resilience Center

Division of Population Behavioral Health Department of Medicine University of California, Los Angeles

nmilburn@mednet.ucla.edu

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Prevalence of youth homelessness

Prevalence of HIV among homeless youth

Interventions for homeless youth

Prevalence of Homeless Youth in Los Angeles County

HUD 2013 Point in Time Estimates

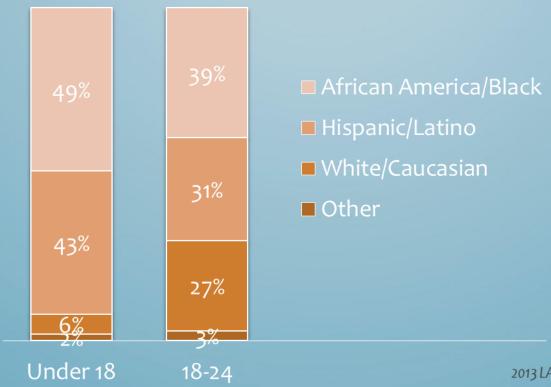
> 58,000 people homeless on a given night4,863 homeless youth, ages 13 to 24 years

22% of public high school students (Rice et al., 2013)

Los Angeles HOMELESS SERVICES AUTHORITY Working Together to End Homelessness in Los Angeles



Race/Ethnicity By Age

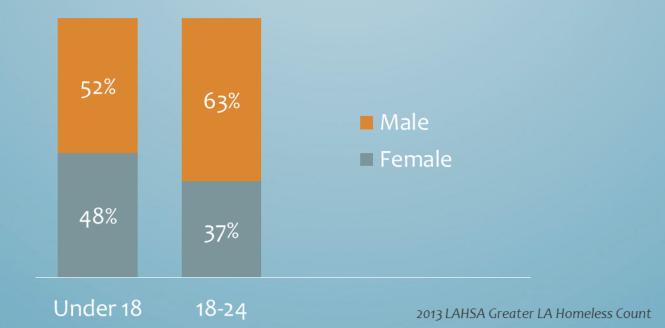


2013 LAHSA Greater LA Homeless Count





Gender and Age







SNAPSOT OF HEALTH, HOMELESSNESS AND DEMOGRAPHIC CHARACTERISTICS

- > 38% Substance Abuse
- > 25% Mental illness
- > 8% Have a physical disability
- > 11% Are chronically homelessness
- 13% are survivors of domestic violence



➢ 13% LGBT





SOME OF THE CIRCUMSTANCES THAT CONTRIBUTE TO YOUTH HOMELESSNESS

- Family Problems
- Emancipation from the foster care and other public systems of care
- Economic problems
- Family homelessness





HOMELESS YOUTH PREVALENCE

RATES PER SPA

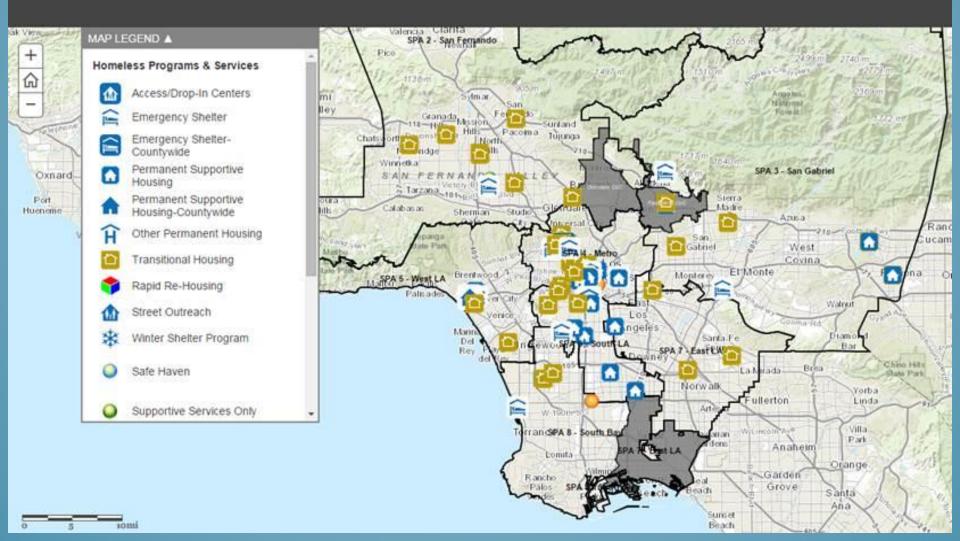
	LA CoC	SPA 1 Antelope	SPA 2 San	SPA 3 San	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
	Overall	Valley	Fernando Valley	Gabriel Valley	Metro	West LA	South LA	East LA	South Bay
Children Under 18 in Families	3,925	331	578	284	862	362	839	386	283
Unaccompanied Youth Under 18	498	37	56	41	142	9	159	21	33
Transition Age Youth 18-24	5,643	791	407	264	2,061	617	917	393	193
Total Number of Homeless Youth	10,066	1,159	1,041	548	3,065	988	1,915	800	509





Los Angeles Continuum of Care

Homeless Program & Services for Youth







Los Angeles County Housing Inventory

Housing Inventory Snapshot

Total Number of Homeless Youth

			LA CoC
Shelter Beds	189		Overall
Transitional	020	Youth Under 18 in Families	3,850
Housing	820	Unaccompanied Youth Under 18	817
Supportive	198	Total Youth Under 18	4,667
Housing	190	Transition Age Youth 18-24	5,373
Total Beds	1,207	Total Youth 24 and Under	10,404

Prevalence of HIV among Homeless Youth

Rates vary due to differences in the designs of studies that collect prevalence data.

Biological testing vs self-report

5.3% (Biological testing) (Noell et al., 2001)

11.5% (Biological testing) (Pfeifer et al., 1997)

.3% (Biological samples) (Noell et al. 2001)

- 2.3% (Self report) (Allen et al., 1994)
- 2.9% (Rapid biological testing) (Logan et al., 2013)

HIV Testing among Homeless Youth in Los Angeles County

85% Lifetime47% Last 90 days

(Ober et al., 2012)

Homeless Youth and HIV Testing

LEAST LIKELY

13 to 24 years (all youth) Sleeping "rough" or on the streets **MORE LIKELY**

Inject drugs STI history

Amphetamines Sexually active > 5 years

Female

Pregnancy history

Sexual minority

Older

Racial/ethnic minority

Substance Use and HIV Risk among Homeless Youth

Past 30 days

68% alcohol

66% marijuana

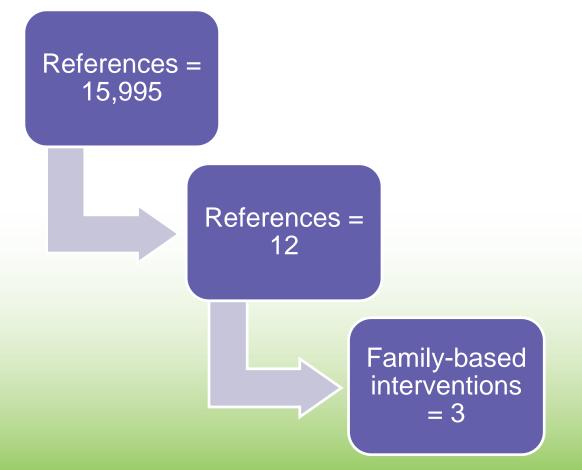
39% hard drugs (e.g., cocaine, methamphetamine, heroin, etc.)

(Wenzel et al., 2010)

"It might be said that family conflict causes youth homelessness"

(Mallett et al., 2009)

Research on Interventions for Homeless Youth (Coren et al., 2013)



Family-Based Interventions for Homeless Youth

Study	Intervention	Population*	Measured Outcomes
Slesnick et al. (2005, 2009)	Ecologically-based family therapy (EBFT) 15 – 16 sessions (50 minutes)	Alcohol abusing and substance abusing runaways, ages 12 – 17 years	Reduced substance use, Improved psychological and family functioning
Slesnick et al. (2009)	Functional family therapy (FFT) 16 sessions (50 minutes)	Alcohol abusing runaways, ages 12 – 17 years	Reduced substance use Improved psychological and family functioning
Milburn et al. (2012)	Behavioral family intervention (STRIVE) 5 sessions (60 – 90 minutes)	Newly homeless youth, ages 12 – 17 years	Safer sexual activity Reduced substance use Reduced delinquent behaviors

"Whilst addressing that the adverse impact of street life for young people is important for achieving good outcomes for this population, there is a significant need for research to focus on these family contexts and early prevention strategies that aim to re-engage young people with their families, as identified by Milburn 2012 and in Slesnick 2005: "Because research suggests that family disturbance is highly correlated to the act of running away (Finkelhor 1990, Kufeldt 1992) family therapy is identified as the most important first treatment to evaluate with this population" (p 3) (Coren et al., 2013).

Resources

Coren, E. et al. (2013). Interventions for promoting reintegration and reducing harmful behaviour and lifestyles in street-connected children and young people: A systematic review. Campbell Systematic Reviews 2013:6. DOI:10.4073/csr.2013.6.

Naranbhai, V. et al. (2011). Interventions to modify sexual risk behaviours for preventing HIV in homeless youth. *Cochrane Database of Systematic Reviews* 2011, Issue 1, Art. No.: CD007501. DOI: 10.1002/14651858. CD007501.pub2.

Department of Families, Housing, Community Services and Indigenous Affairs [Literature Review: Effective interventions for working with young people who are homeless or at risk of homelessness].

Thank You