



A WAY HOME: WHY SUPPORTING YOUTH EXPERIENCING HOMELESSNESS IS CRITICAL IN MICHIGAN

FEBRUARY 2022

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INTRODUCTION

Before the start of the pandemic, Michigan's public schools identified 4,763 homeless youth living independent of parental support.¹ These youth are homeless—living outside, in shelters, or bouncing from couch to couch. They are estranged from their parents, usually due to abuse, neglect, or parents' struggles with addiction, mental health problems, or extreme poverty. Homeless youth experience multiple negative physical, mental, and behavioral health outcomes.² Early intervention is imperative since the length of homelessness compounds and increases the risks of poor health outcomes, such as suicide attempts, sexual assault, exposure to violence, and human trafficking.³

One critical intervention that enables unaccompanied minors to connect to services and caring adults is safe and accessible shelter. Unfortunately, only a small proportion of unaccompanied minors in Michigan are accessing emergency shelter. This brief estimates the total number and ages of high school youth who face homelessness in the state, their health risks, and use of support services in the last 12 months using data from the Michigan Department of Education, Michigan's 2018 Annual Report on Ending Homelessness, and the 2019 Youth Risk Behavior Survey (YRBS).⁴ Based on this analysis we find that the likely number of homeless unaccompanied minors in Michigan is much higher than shelter or school data suggest. Data also show that homeless youth in Michigan face much higher risks to their health and well-being and are accessing primary health care at much lower rates than their housed peers.

KEY FINDINGS

Michigan's high school aged youth face significant risk for experiencing homelessness. In 2019, 5.6% of youth reported being homeless in the last 30 days. This is the equivalent of an estimated 22,444 high school youth without a stable place to live across the state of Michigan.

Experiencing homelessness without the support of a parent or guardian is common for youth in Michigan. Over one-third (37.8%) of youth who were homeless in the last 30 days also reported that they had run away from home, been kicked out, or abandoned in the last 30 days. At least 6,400 of these youth were minors ages 17 or younger.*

The vast majority of homeless, unaccompanied minors in the state are not accessing shelter supports. In 2018, Michigan youth shelters served only 711 homeless, unaccompanied minors—the equivalent of just 11% of unaccompanied minors estimated to be experiencing homelessness in Michigan in 2019.⁵

Homeless youth face greater risks to their health and well-being than their housed peers. Homeless youth were five times more likely to have attempted suicide, four times more likely to currently misuse prescription pain medicine, three times more likely to have been forced to have sex, and 11 times more likely to have been, or gotten someone pregnant than their housed peers.

Homeless youth in the state of Michigan are not connecting to primary care services. Only one-third (37.2%) of homeless youth reported seeing a doctor or nurse in the last 12 months compared to three-quarters (75.7%) of housed youth.

* 6,400 is a conservative estimate for the number of homelessness unaccompanied youth in Michigan. This number only represents those youth who responded that they were both homeless and had been kicked out, ran away from home, or abandoned within the last 30 days.

UNDERSTANDING WHO EXPERIENCES HOMELESSNESS

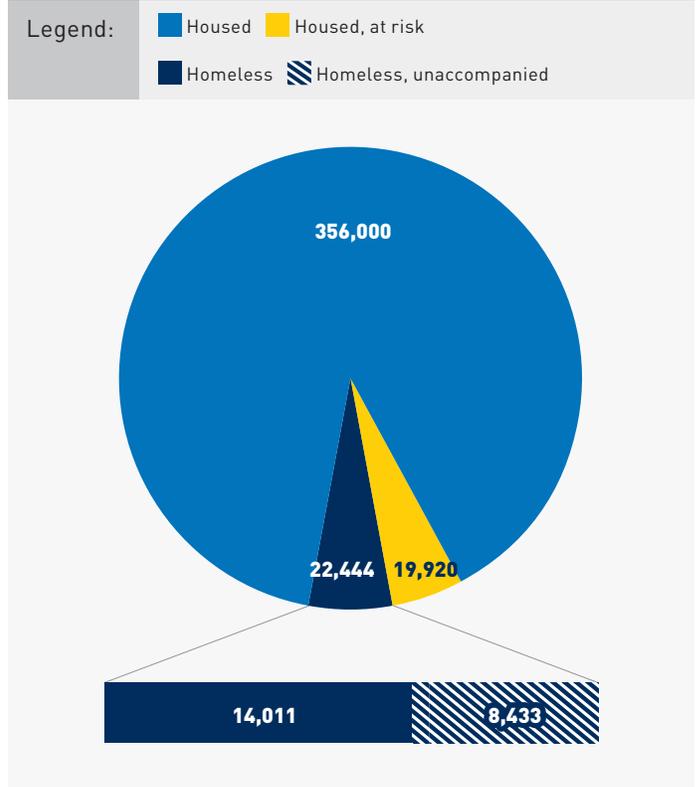
In 2019 an estimated 22,444 high school youth across the state of Michigan were homeless living in a location other than their parent or guardian’s home. This is the equivalent of 5.6% of all high school youth in the state, with Black, Native American,** and Hispanic youth reporting higher rates (8%, 8%, and 7% respectively).

An estimated 19,920 additional Michigan youth were housed but at risk for homelessness. These youth reported currently living in the home of their parent or guardian but indicated that within the last 30 days they had run away, been kicked out, or abandoned, living away from home for at least one night. These youth, while housed, highlight the large number of youth at risk for homelessness who are potentially in need of additional support to prevent homelessness.

While homelessness and the risk of homelessness was seen across all groups, some youth faced much greater risk than others. This was particularly true for youth who identified as transgender. More than 1 in 4 (26%) transgender youth reported being homeless or at risk for homelessness compared to 1 in 10 of their peers who do not identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ) (11%).

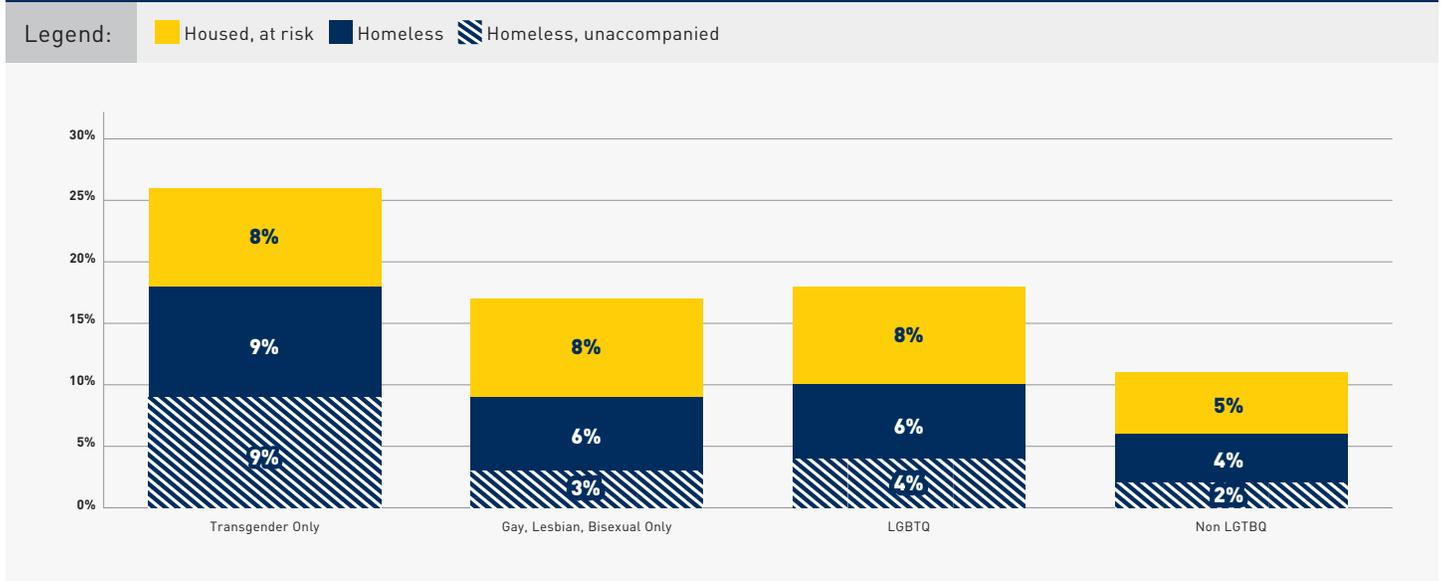
** This percent should be interpreted with caution because of the small sample size. It is included here because it parallels national data suggesting that Native American Youth experience higher rates of homelessness and highlights the need for more information on Native American Youth’s experience of homelessness in Michigan.

FIGURE 1: HOUSING STABILITY AMONG MICHIGAN HIGH SCHOOL STUDENTS, 2019



Source: Centers for Disease Control and Prevention (CDC). Michigan Youth Risk Behavior Survey Data, 2019. Tabulated by Poverty Solutions at the University of Michigan.

FIGURE 2: TYPE OF HOUSING INSTABILITY AND HOMELESSNESS EXPERIENCED WITHIN THE LAST 30 DAYS BY SEXUAL ORIENTATION AND GENDER IDENTITY, MICHIGAN, 2019



Of particular note, 9% of transgender high school youth in Michigan reported experiencing homelessness unaccompanied by a parent or guardian—a rate more than four times that of youth who did not identify as LGBTQ (2%).

Overall, unaccompanied youth accounted for one-third (37.8%) of all high school youth who experienced homeless in Michigan. This is the equivalent of an estimated 8,433 Michigan high school youth facing homelessness unaccompanied by a parent or guardian. While this number is large, it likely underestimates the number of unaccompanied youth in Michigan because the 30-day timeframe of the question excludes homeless youth who may have left home at a time prior to the last 30 days. It is also important to note that these numbers only provide an estimate of youth who have been homeless overall in the last 30 days. We do not know how many youth in Michigan have experienced homelessness over the course of a year.

MOST HOMELESS UNACCOMPANIED MINORS ARE NOT ACCESSING SHELTER

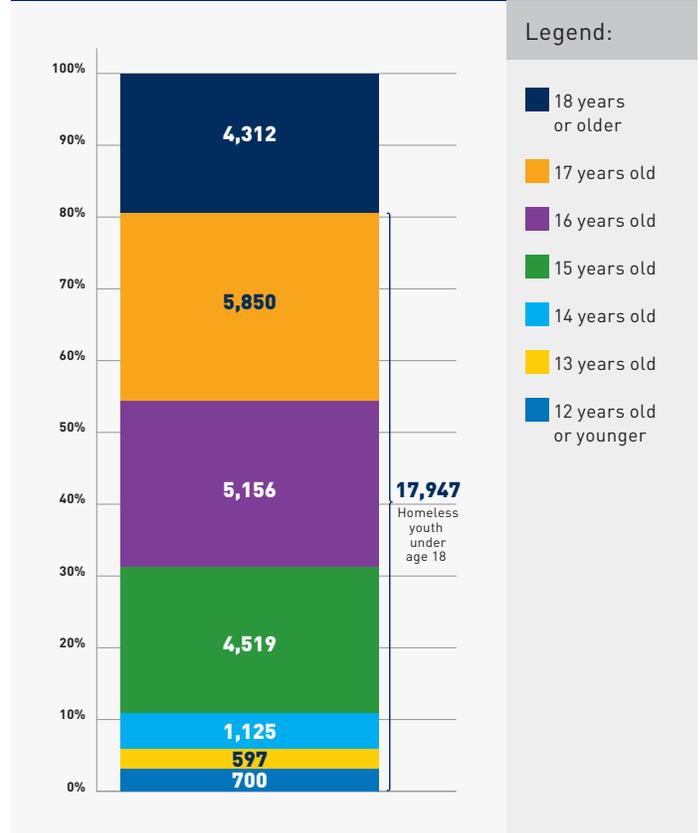
Among all high school youth who were homeless in Michigan in 2019, nearly 18,000 are estimated to be minors under the age of 18—including at least 6,400 facing homelessness unaccompanied. Of particular concern, the vast majority of these highly vulnerable homeless, unaccompanied minors are not accessing shelter supports. In 2018, Michigan’s shelters for unaccompanied minors reported serving only 711 youth—the equivalent of just 11% of all youth estimated to be experiencing homelessness unaccompanied in Michigan in 2019.⁶

Statewide YRBS survey data shows a similar story, with just 19% of high school youth who reported being homeless in the last 30 days indicating that the primary place they slept at night was in a shelter. The majority (55%) of homeless youth reported “couch surfing”—staying temporarily in the home of a family member, friend, or another person who was not their parent or guardian. Of particular concern, over one-quarter (27%) of youth experiencing homelessness in the last 30 days reported living in a situation that was disconnected from social support structures. These situations included living in a motel/hotel, a car, park, or campground, somewhere else (unspecified), or having no usual place to sleep. Forty percent of these youth identified as LGBTQ despite LGBTQ youth only making up 16% of all high school students. This highlights the much higher risk that LGBTQ youth face of not only being homeless but of becoming disconnected from supports and services.

IMPACT ON HEALTH AND HEALTH CARE ACCESS

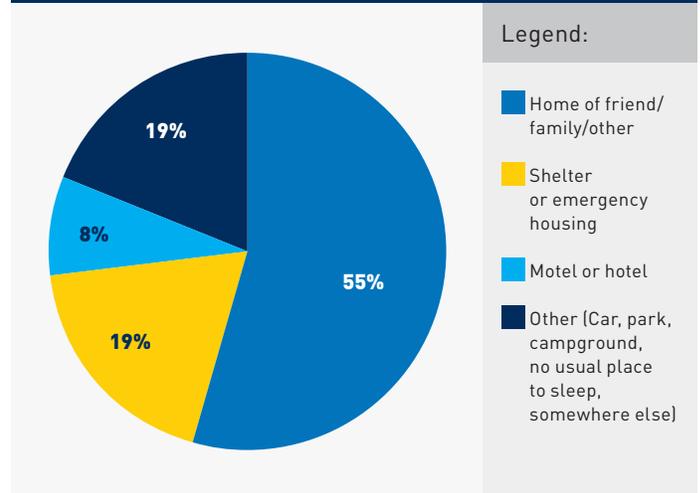
In addition to facing challenges to accessing shelter, youth experiencing homelessness in Michigan are not accessing basic health care services. Only 37% of homeless youth reported having seen a doctor or nurse in the last 12 months compared to

FIGURE 3: HOMELESSNESS AMONG HIGH SCHOOL STUDENTS BY AGE, MICHIGAN, 2019



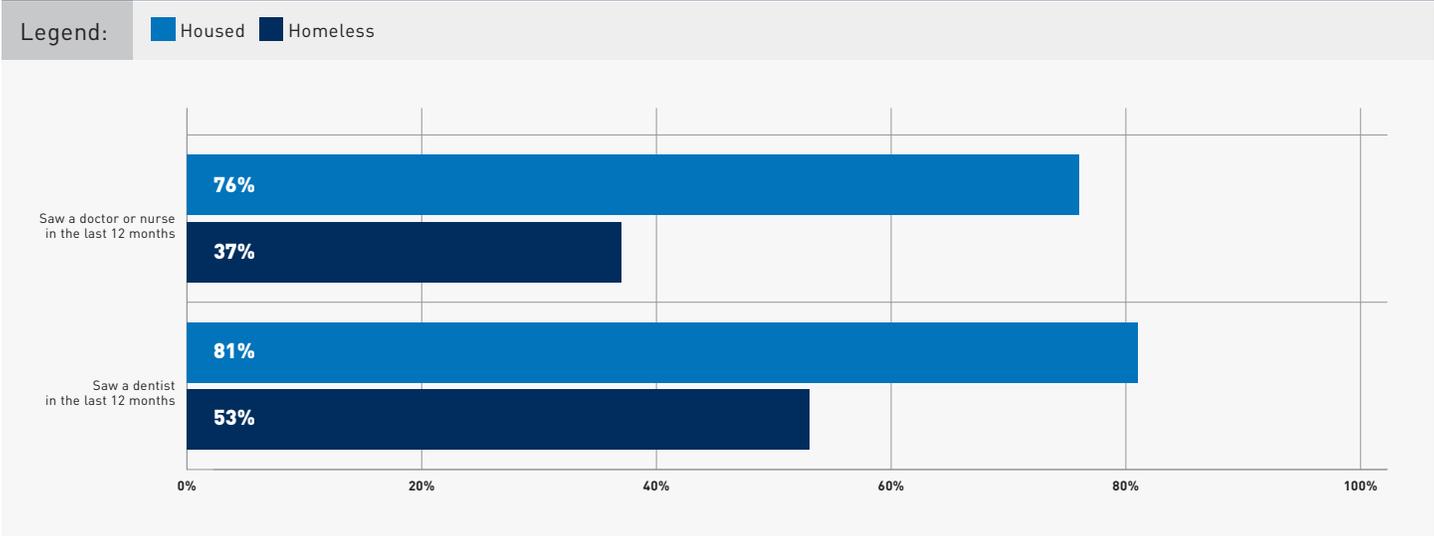
Source: Centers for Disease Control and Prevention (CDC). Michigan Youth Risk Behavior Survey Data, 2019. Tabulated by Poverty Solutions at the University of Michigan.

FIGURE 4: WHERE DO HOMELESS YOUTH SLEEP? MICHIGAN, 2019



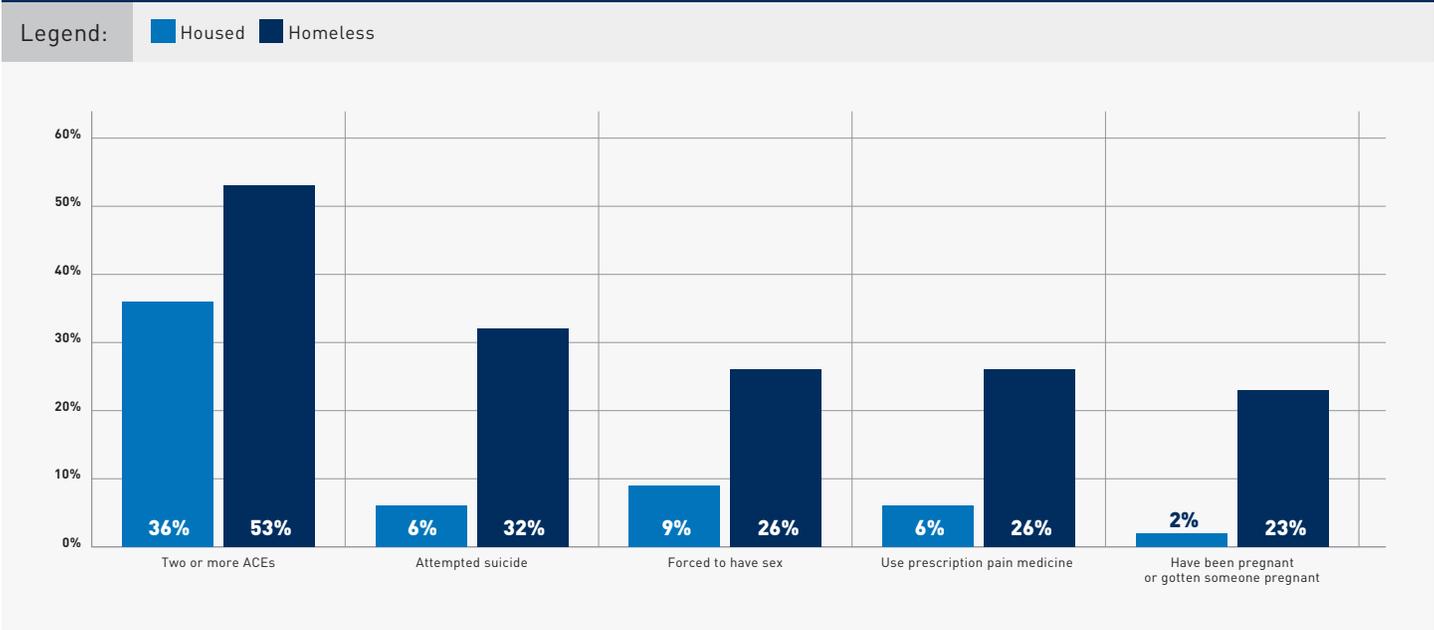
Source: Centers for Disease Control and Prevention (CDC). Michigan Youth Risk Behavior Survey Data, 2019. Tabulated by Poverty Solutions at the University of Michigan.

FIGURE 5: ACCESS TO HEALTH CARE, HOUSED VS. HOMELESS YOUTH, MICHIGAN, 2019



Source: Centers for Disease Control and Prevention (CDC). Michigan Youth Risk Behavior Survey Data, 2019. Tabulated by Poverty Solutions at the University of Michigan.

FIGURE 6: HEALTH AND BEHAVIORAL RISKS, HOUSED VS. HOMELESS YOUTH, MICHIGAN, 2019



Source: Centers for Disease Control and Prevention (CDC). Michigan Youth Risk Behavior Survey Data, 2019. Tabulated by Poverty Solutions at the University of Michigan.

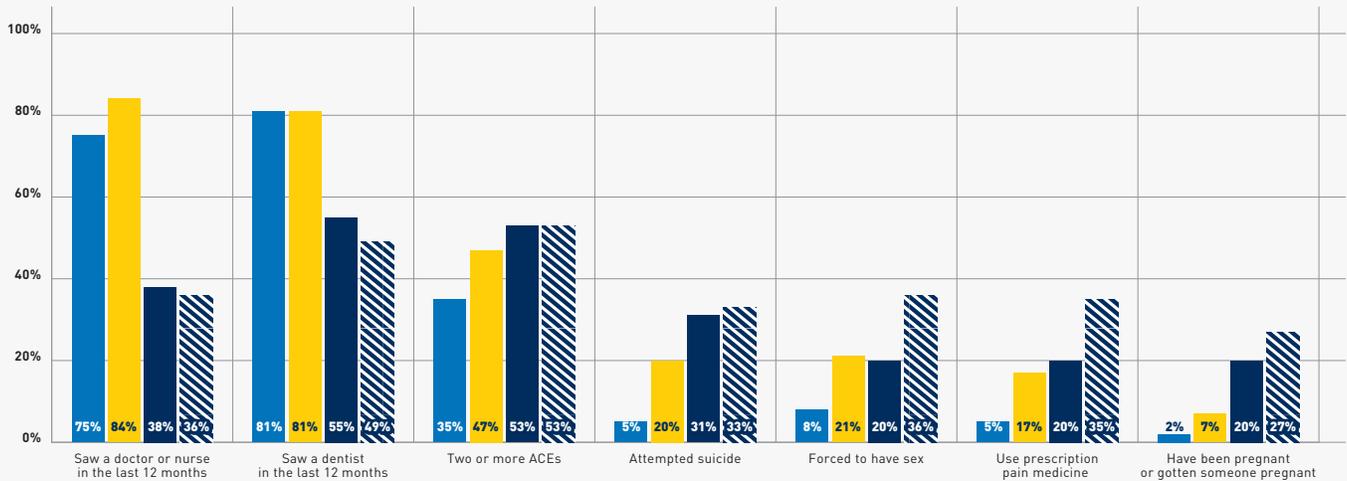
76% of their housed peers. A significant gap in dental care also exists with only 53% of homeless youth reporting that they had seen a dentist in the last year compared to 81% of their housed peers. Nationally, 30 states across the political spectrum have legislation allowing minors to consent for basic health care, and medical professionals including the American Academy of Pediatrics have endorsed these policies.⁷ Michigan is among the minority of states in the U.S. that do not allow unaccompanied

minors to consent for basic health care, which is a significant structural barrier that contributes to these trends.

Lack of access to critical health and shelter resources exacerbates the risks that homeless high school youth in Michigan face. Homeless youth were significantly more likely to report experiencing Adverse Childhood Events (ACEs) with over half (53%) reporting two or more ACEs compared to over one-

FIGURE 7: HEALTH AND BEHAVIORAL RISKS, BY HOUSING STABILITY, MICHIGAN, 2019

Legend: ■ Housed ■ Housed, at risk ■ Homeless ■ Homeless, unaccompanied



Source: Centers for Disease Control and Prevention (CDC). Michigan Youth Risk Behavior Survey Data, 2019. Tabulated by Poverty Solutions at the University of Michigan.

third (36%) of housed youth. The same pattern existed across indicators in the Youth Risk Behavioral Survey with homeless youth facing disproportionately high rates of risk to their health and well-being. Homeless youth were five times more likely to have attempted suicide, four times more likely to currently misuse prescription pain medicine, three times more likely to have been forced to have sex, and 11 times more likely to have been or gotten someone pregnant than their housed peers.

Examining these trends by the type of housing risk reported, an overall pattern appears where youth who are homeless and unaccompanied generally face the greatest health and well-being risks followed by homeless youth who are with a parent or guardian, than youth who are housed but at risk of homelessness, and finally housed youth who reported no housing risk. Some notable exceptions to this pattern are that youth who were living with their parents or guardian but reported having run away from home for at least one night within the last 30 days (housed, at risk) faced similar rates of forced sex compared to their homeless peers (21% and 20% respectively).

It is notable that living at a parent or guardian’s house appeared to be strongly related to access to health care. For both use of primary care and dental care, housed, at-risk youth, looked similar to their stably housed peers. By comparison, both homeless youth with a parent and homeless unaccompanied youth reported significantly lower rates of dental and primary care use. The combination of both greater

health risks and lower healthcare use seen among high school youth experiencing homelessness highlights the need to improve connections to care for all youth experiencing homelessness and to provide parents and youth with the supports needed to keep families together and prevent crises that lead youth to run away.

POLICY IMPLICATIONS

Michigan’s high school youth experiencing homelessness—particularly those who have run away from home and are unaccompanied minors—face significantly greater risks to their health and wellbeing than their housed peers. They also struggle with limited access to shelter and basic health care. When families have already passed through or do not qualify for help from Community Mental Health or Child Protective Services, homeless youth and runaway providers (HYR) are the final layer of the safety net providing essential, individualized, and compassionate services to youth and families in crisis. Unfortunately, these data show that far too many minors are experiencing homelessness while not receiving the supports that they need. Without access to these essential services, homeless youth can face problems that can prevent them from attaining an education, maintaining employment, and becoming healthy, productive adults. In the midst of a pandemic, this can be the difference between life and death for these youth and the adults with whom they come into contact.

RECOMMENDATIONS

EXPAND SHELTER AND TRANSITIONAL LIVING SERVICES FOR YOUTH EXPERIENCING HOMELESSNESS OR RUNAWAY (HYR):

There are large gaps in service coverage across the state for youth who are homeless and unaccompanied. Since 2010, Michigan has lost six HYR programs due to nearly flat funding and increased demands, forcing families and youth in crisis to travel several hours to reach a service provider. Expanding this layer of support statewide is an immediate need as these programs are proven to help youth maintain or improve their health and educational connections.

STRENGTHEN EXISTING SHELTER AND TRANSITIONAL LIVING SERVICES FOR YOUTH EXPERIENCING HOMELESSNESS OR RUNAWAY (HYR):

Prior to the pandemic, HYR providers struggled to recruit and retain enough highly qualified workers and to address the structural and technology upgrades needed to provide high-quality service in often aging buildings. The pandemic has only accentuated these issues. Funding to address HYR providers' staffing and structural needs would allow current programs to expand their services to serve more youth while maintaining high quality care.

AMEND MICHIGAN'S STATE LAWS TO RESTORE ALIGNMENT WITH FEDERAL RUNAWAY AND HOMELESS YOUTH GUIDELINES, ENABLING YOUTH TO CONSENT FOR SHELTER SERVICES:

Under federal guidelines from the Runaway and Homeless Youth Act, providers can allow youth to consent for shelter services. In these circumstances, federal law stipulates that providers should, as soon as feasible and no later than 72 hours of the youth entering the program, contact the parents, legal guardians, or other relatives of each youth according to the best interest of the youth. In Michigan, however, because Youth Emergency Shelters are licensed under the Michigan Department of Health and Human Services (MDHHS) Licensing Rules for Child Care Institutions, staff must obtain parental permission within 24 hours in order to allow a young person's admission to the institution.⁸ Because youth homelessness is a crisis of relationships—most often with their family—many youth experiencing homelessness are not able to obtain parental permission. This not only places youth back onto the streets or into unsafe home situations, it eliminates an opportunity for the institution to begin to build trust with that young person to get them engaged in other services. Amendments to Michigan's state laws that restore alignment to federal Runaway and Homeless Youth guidelines would help homeless youth access these basic shelter services, keeping them safer, restoring family relationships, and empowering them to move forward with education and employment that can end their homelessness.

ALLOW UNACCOMPANIED MINORS TO CONSENT FOR BASIC MEDICAL CARE:

Only 36% of unaccompanied minors in Michigan reported having seen a doctor or nurse in the past year. One of the principal barriers preventing these youth from accessing health care is their inability to consent for basic services without a parent or legal guardian. This means unaccompanied youth cannot consent for basic medical care for strep throat, bronchitis, an eye or tooth infection, or similar routine conditions that can become debilitating if not addressed. Michigan is unusual in this respect, as 30 states across the political spectrum have legislation allowing minors to consent for basic health care, and medical professionals including the American Academy of Pediatrics have endorsed these policies.⁹

PROVIDE SUPPORT TO FAMILIES FACING HOUSING INSTABILITY TO PREVENT CASES OF HOMELESSNESS:

The experience of inadequate housing and homelessness is strongly linked with child welfare system involvement. Michigan must increase investment in supportive housing, including shelter diversion, family unification vouchers, and eviction diversion for families in crisis to reduce the number of preventable child neglect cases in Michigan, which are often either caused by or accelerated by inadequate housing and homelessness.¹⁰

INCREASE K-12 INVESTMENT INTO SUPPORTS FOR STUDENTS EXPERIENCING HOMELESS AND RUNAWAY:

Attending school and a positive school community improves the general mental health of youth experiencing homelessness and can ensure that they have another place to access necessary physical and mental health services. Investment into school-linked physical and mental health, dedicated transportation for homeless students, and McKinney-Vento liaisons can improve K-12 outcomes for students experiencing homelessness.

INVEST IN STRONG TRANSITIONS OUT OF FOSTER CARE AND JUVENILE JUSTICE:

Around half of youth who age out of the foster care or juvenile justice systems experience homelessness soon after their transition, increasing their likelihood of experiencing further setbacks from traumatic experiences and the likelihood that youth will become disconnected from essential physical and mental health care services. As Michigan decision-makers lead various task forces dedicated to improving juvenile justice and foster care outcomes, improving transitions out of the system, including for older youth, are an essential part of any solution.¹¹

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Poverty Solutions is a university-wide initiative that aims to prevent and alleviate poverty through action-based research.

Special thanks to all of the Michigan youth service providers and advocates who gave their time and feedback to make this project possible.

ENDNOTES

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