

YOUTH AND YOUNG ADULT HOUSELESSNESS IN SPOKANE COUNTY: A NEEDS ASSESSMENT

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Report prepared by the Spokane Regional Health District (SRHD) Data Center

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INTRODUCTION

This report summarizes findings from the Better Health Together / Youth Homelessness Demonstration Program (YHDP) Youth and Young Adult Housing Needs Assessment survey, completed by 74 youth and young adults who were either currently houseless or had previously experienced houselessness in Spokane County. Houselessness was defined as “not having a stable, safe, or permanent place to live.” Provided examples included moving from place to place a lot, like “couch-surfing” with friends, family, or neighbors in their homes, sleeping in public places, like in a car or park, in a hotel or motel, or in a shelter. This project was submitted to the Washington State Institutional Review Board (IRB) for review and received an exemption determination. The survey was administered online from October 2023 to January 2024.

The focus of the assessment was to collect information on the “why” behind youth and young adult (YYA) houselessness and to identify services, policies, and supports that may help prevent YYA from becoming houseless and returning to houselessness. Because young people of color, LGBTQIA+, transgender or gender non-conforming young people, young people with disabilities, pregnant or parenting young people, and child welfare or juvenile justice involved young people are historically underserved by homeless response systems and return to houselessness at a higher rate than the general population of YYA experiencing houselessness¹⁻³, this assessment emphasized the perspectives of YYA belonging to these groups. The results of the assessment will be shared with the YHDP team, service providers, policy makers, and advocates in Spokane County to inform community planning to prevent youth and young adult houselessness.

The primary research questions addressed in this report included:

- What is the prevalence of YYA reporting one or more of the above-mentioned risk factors associated with a greater chance of becoming houseless or returning to houselessness? (e.g., young people of color, LGBTQIA+ young people, those with a disability, pregnant, parenting, or system involved young people)
- What are YYAs' experiences with the social service system? (e.g., communication, care coordination, and service access)
- What are the primary challenges to YYA accessing housing and remaining housed in our community? What are some YYA-identified desired supports for housing?
- What is the prevalence of YYA experiences with racism and discrimination?
- What other types of resources, services, and support in the community are needed and desired?

Strengths of this assessment included a diverse sample of youth and young adult (YYA) survey respondents. Participants were diverse regarding their race, ethnicity, gender identity, sexual orientation, disability, and system involvement. Coupled with a relatively large sample of more than 70 YYA respondents, the diverse perspectives captured in the survey allowed us to disaggregate these data to address the aim of examining risk factors for YYA houselessness and returns to houselessness. Specifically, stratifying responses by current housing status, BIPOC, LGBTQIA+, and other YYA characteristics allowed us to explore associations between these factors and outcomes of interest (e.g., system experiences with communication and coordination, housing and service access needs, and discrimination).

Limitations of these data were the use of a volunteer and convenience participant sample, recruited with the help of local community partners, as compared to a random probability sample from the total population of YYA experiencing houselessness. In other words, not every YYA experiencing houselessness in Spokane County had an equal chance of participating in the survey. However, a random sampling approach was not realistic nor feasible for this project. Consequently, the survey responses and results from this report cannot be generalized to the entire population of YYA experiencing houselessness in Spokane County.

The surveys were completed electronically from respondents' own personal devices, or using dedicated tablets provided at two local shelters that serve youth and young adults experiencing houselessness. Respondents also had the option to complete a pen-and-paper version of the survey in English or in Spanish. However, no pen-and-paper surveys were received by the team.

EXECUTIVE SUMMARY

In total, 74 youth and young adults between the ages of 13 and 24 years-old completed the survey. Most participants were young adults aged 18 to 24 years, whereas 20% of respondents were youth between the ages of 13- and 17-years-old. The participant sample was diverse. Nearly one-third of survey respondents (32.4%) were Black, Indigenous, or other young people of color (BIPOC), half (50.0%) were LGBTQIA+, including transgender and gender-nonconforming YYA, 52.7% reported having a disability, and 48.6% reported past involvement in the juvenile justice system or having been hospitalized for their mental health. Youth and young adults who are BIPOC, LGBTQIA+ (particularly trans and gender-nonconforming), have a disability, are pregnant or parenting, or who have prior involvement in the juvenile justice or inpatient mental health system are overrepresented within the general houseless population and have been historically underserved by houseless response systems, and experience a heightened risk of returning to houselessness.¹⁻³ Nearly all survey respondents (94.6%) belonged to at least one of these groups. More than two-thirds of survey respondents (68.9%) identified as belonging to two or more of these groups.

Half of the respondents were currently housed at the time of completing the survey, defined as having stayed in a house, apartment, or in temporary or transitional housing the previous night. Nearly half (45.9%) were unhoused, most of whom reported either staying at a shelter or "couch-surfing" with friends or neighbors the night before. Most YYA respondents (81.1%) had returned to houselessness; very few reported that it was their first time. Specifically, nearly half of respondents (48.6%) had been houseless two or three times before, while approximately one-fifth (20.3%) reported being houseless six or more times. Respondents who were unhoused at the time of survey completion reported significantly more total returns to houselessness as compared to those who were currently housed ($p < .0001$). There were no statistically significant differences in the number of returns to houselessness between BIPOC and non-Hispanic White respondents, nor between LGBTQIA+ and cisgender, straight respondents.

Regarding experiences with the social service system, many respondents experienced positive aspects of communication with their care teams. YYA generally felt they were given enough time to have their questions answered or got answers that were understandable. However, there was limited psychosocial, holistic discussion from care teams surrounding how social factors like YYA's family relationships or their living situation might impact their health, well-being, or personal goals. Although communication was generally rated

positively, 79.7% of respondents felt there was a problem with the coordination of their care or services, which left them feeling abandoned by the system and/or negatively impacted their emotional or physical health. Most respondents (68.9%) also reported not being able to access needed help or services in the last 12 months. The most prevalent barriers to accessing needed help or services included not knowing where to go (selected by almost half of respondents) and lacking transportation (selected by nearly one-third of respondents). Other common challenges included not having a regular place to go, not being able to get answers or advice quickly enough when things went wrong or changed, uncertainty surrounding staff's ability to help or to understand their personal situations, and stigma.

In terms of housing-related challenges, the most reported barriers to YYA accessing housing included economic or financial factors (i.e., lack of affordable housing options, a poor credit history, difficulty finding work) and mental health challenges. Other barriers included having a criminal record, substance use challenges, and discrimination. Mental health challenges were more commonly reported as a barrier for LGBTQIA+ respondents as compared to cisgender, heterosexual respondents. Poor credit history and a criminal record were more prevalent barriers to housing access among respondents with prior juvenile justice system or inpatient mental health system involvement. Older respondents aged 20 years and older were more likely to report financial barriers to accessing housing and discrimination relative to younger respondents. Lastly, mental health challenges were a more commonly reported barrier to housing access among those with a disability as compared to those without a disability.

When asked about barriers to remaining housed, the most reported barriers included, again, affordability (i.e., not being able to pay rent) and mental health challenges. Additionally, conflict with family members or other people in the household, and fear for emotional or physical safety were also top reported barriers to staying in housing. Substance use challenges were another reported barrier to staying housed. Safety concerns as a barrier were especially prevalent for BIPOC respondents as compared to non-Hispanic White respondents, although this was not a statistically significant difference. Again, mental health challenges were more commonly reported as a barrier for LGBTQIA+ respondents as compared to cisgender, heterosexual respondents. Family conflict was also more commonly reported as a barrier to remaining housed among LGBTQIA+ as compared to cisgender, heterosexual respondents, although this difference was not statistically significant.

Respondents' top priorities for their housing included safety, affordability, and location or proximity to the things they need (e.g., groceries, other services, community, etc.). When asked about what supports or resources would have helped them with accessing or remaining housed, most respondents needed a better support system in their current situation or past situation to make it easier to get housing or stay in their housing situation. For example, some respondents talked about unhealthy relationships with their parents or family members, wishing their parents had been able or willing to seek professional help with mental health or substance use, and feeling failed by child protective services. Respondents also mentioned the cost of living and needing more money or financial help. Additionally, affordable rent, including rental assistance and equal opportunity rentals, and having a stable job would help some respondents get housing or stay in their current housing situation.

Approximately one-third of respondents (33.8%) reported being bullied, harassed, or intimidated because of their real or perceived race, ethnicity, or country of origin, or their real or perceived sexuality, gender identity, or gender expression, at least once in the last 30 days. Among BIPOC respondents or LGBTQIA+ respondents,

the percentage who experienced this discrimination one or more times increased to nearly 50% (or 45.8% and 48.6%, respectively). More than one-third of all respondents (36.5%) reported experiencing discrimination "Sometimes" or "Most of the time" when seeking housing or when applying for work.

Lastly, social disconnectedness was prevalent among YYA respondents. Although most of the respondents (60.8%) reported having someone to turn to for help and support, more than half (55.4%) reported a weak sense of belonging to their community, and 70.3% lacked general trust in others. When asked about what supports or resources they desired in the community, most respondents wished they had access to more fun activities. Programs or services for issues like addiction and mental health, and youth mentoring programs were also mentioned. Lastly, community centers and other opportunities to gather with peers were desired.

In sum, economic and financial factors (e.g., lack of affordable housing options, poor credit, and trouble finding work), mental health struggles, and relationship factors (including conflict with family and fear for safety) were primary barriers to youth and young adults' accessing housing and remaining housed. Regarding access to social services more generally, lack of care continuity and availability of information, lack of transportation, and again, interpersonal factors (e.g., problems with care coordination or communication, stigma, and lack of certainty or trust in staff's ability to help or understand) made it challenging for youth and young adults to access the help and services that they needed. There were disparities among BIPOC and LGBTQIA+ respondents in aspects of care team communication, discrimination, and certain housing barriers. Those with prior juvenile justice or inpatient mental health system involvement and respondents with a disability were also more likely to report certain barriers to accessing housing. Lastly, there was a high prevalence of social disconnectedness and social distrust among YYA respondents. However, social connection and support was also a self-identified need for many respondents, not only as facilitators to help them access and remain in housing, but also as a general community resource they wish they had access to. From the open-ended survey responses, YYA participants expressed a desire for better support systems, mentoring and other types of formal support programs, as well as informal activities, spaces, and places to connect and gather with peers and community.

RESPONDENT BACKGROUNDS AND EXPERIENCES

Demographics

Age

The average age of the survey respondents was 20.1 years-old ($SD= 3.01$, range = 13 to 24 years). Most respondents were young adults; 59.5% of respondents fell within the 20 to 24 years-old age range, while one-fifth of the respondents (20.4%) were youth between the ages of 13- and 17-years-old.

Race and Ethnicity

Although 67.6% of respondents were non-Hispanic White, nearly one-third of respondents (32.4%, $n=24$) identified as Black, Indigenous, or other young people of color (BIPOC). Approximately one-fifth of respondents were Multiracial (20.3%), and 10.8% of respondents identified as American Indian/Alaska Native, either alone or in combination with other racial identities. Less than ten percent (8.1%) identified as Black, African American, or African. The remaining respondents identified as Asian or Asian American, Hispanic or Latino(a/e/x) as race, or some other race. 13.5% of respondents were of Hispanic or Latino(a/e/x) ethnicity.

Gender Identity and Sexual Orientation

Half of respondents were sexually- and gender-diverse youth and young adults (LGBTQIA+). Among the LGBTQIA+ respondents ($n=37$), most identified their gender identity as woman/girl (32.4%), man/boy (24.3%), or nonbinary (24.3%). Other gender identities among LGBTQIA+ respondents included cisgender, trans, two-spirit, and genderfluid. Respondents selected identities either alone or in combination. For example, someone who identified as a transgender woman could select both "trans" and "woman/girl".

Among the 37 LGBTQIA+ respondents, most identified their sexual orientation as bisexual (35.1%) or pansexual (29.7%). Other sexual orientations among LGBTQIA+ respondents included asexual, gay, lesbian, queer, questioning, aromantic, panromantic, and demisexual .

Educational Attainment

Nearly half of respondents (44.6%) held a high school diploma or GED, and 41.9% of respondents had completed either some high school or some middle school. A few respondents (13.6%) had completed some college or more years of education.

Disability

More than half of respondents (52.7%) reported having a disability (i.e., mental, physical, emotional, intellectual, or developmental health condition). Of the 37 participants who were currently housed at the time of survey completion, 45.9% ($n= 17$) reported a disability as compared to 61.8% ($n= 21$) of the 34 participants who were currently unhoused.

Pregnant or Parenting

More than one-fifth of all respondents (21.6%) reported they were either pregnant or caring for a minor child or children.

Prior System Involvement

Almost half (48.6%) of respondents reported past involvement in either the juvenile justice system or the inpatient mental health system (i.e., reported having been hospitalized for their mental health).

Prevalence of Risk Factors for Houselessness and Returns to Houselessness

Risk factors for houselessness and returns to houselessness included YYA characteristics like BIPOC, LGBTQIA+, having a disability, pregnant or parenting, or reporting juvenile justice or inpatient mental health system involvement. Most respondents in our sample, 94.6%, had at least one of these five risk factors, while 68.9% of respondents had two or more. For example, nearly one-third (31.1%) of respondents identified both as having a disability and as LGBTQIA+.

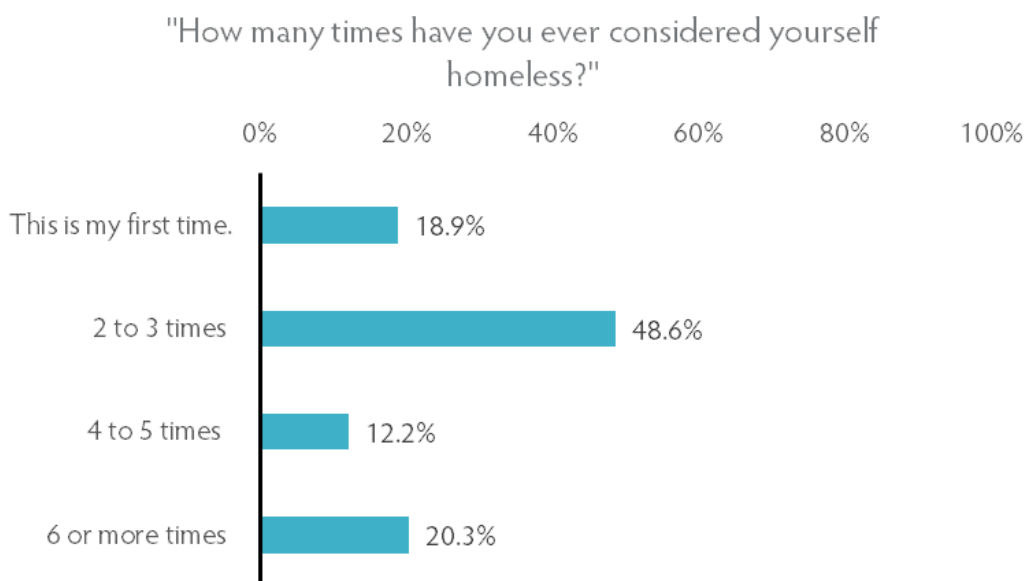
Housing History

Prior Experiences with Houselessness

Less than one-fifth of respondents (18.9%) were experiencing houselessness for the first time. Most had prior experiences of being houseless. Nearly half of respondents (48.6%) had been houseless two or three times before, while approximately one-fifth of respondents (20.3%) reported being houseless six or more times. Respondents who were unhoused at the time of completing the survey reported significantly more returns to houselessness as compared to those who were currently in housing ($p < .0001$). Specifically, 26.5% of the currently unhoused

participants reported being houseless six or more times, as compared to only 8.1% of currently housed

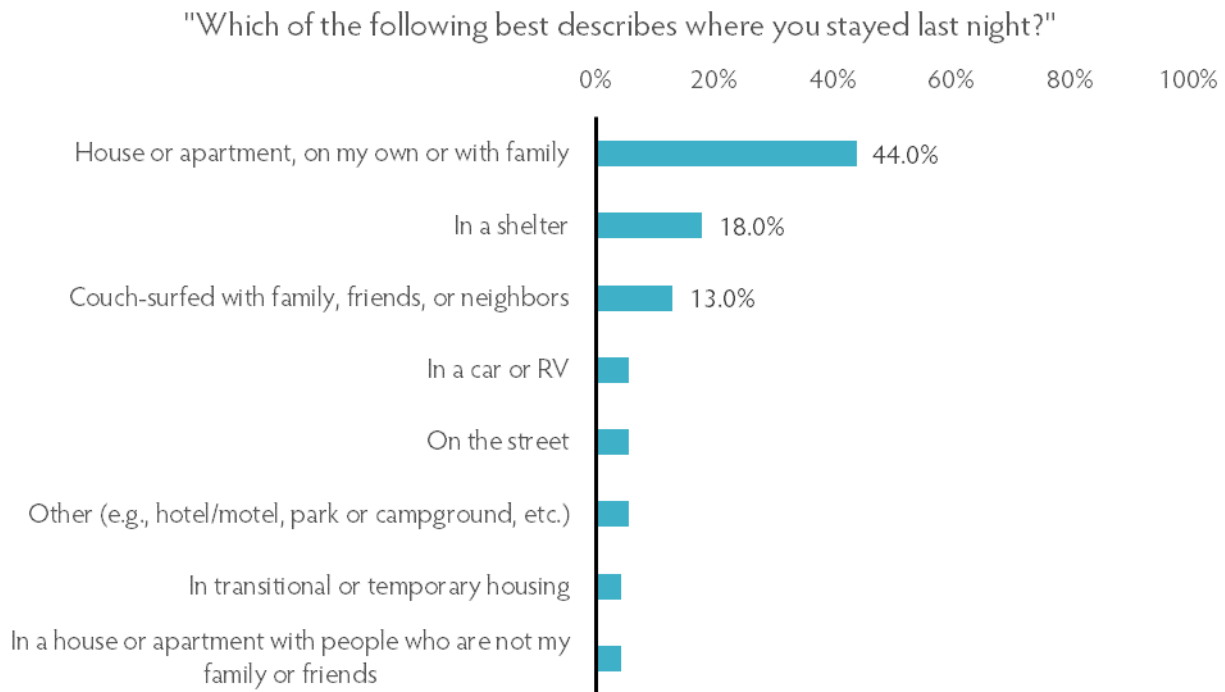
participants. There were no statistically significant differences in the number of returns to houselessness between BIPOC and non-Hispanic White respondents, nor between LGBTQIA+ and cisgender, straight respondents.



Current Housing

Half of the respondents were currently housed. For this analysis, current housing was defined as having stayed in either a house or apartment or in transitional or temporary housing the previous night. Conversely, 45.9% of respondents reported being houseless the previous night, which included couch-surfing, staying in a shelter, hotel or motel, car or RV, park, and the street or some other place not meant for sleeping.

Respondents most frequently reported that they stayed in a house or apartment on their own or with family (43.7%), in a shelter (18.3%) or “couch-surfed” with family, friends, or neighbors (12.7%) the previous night.



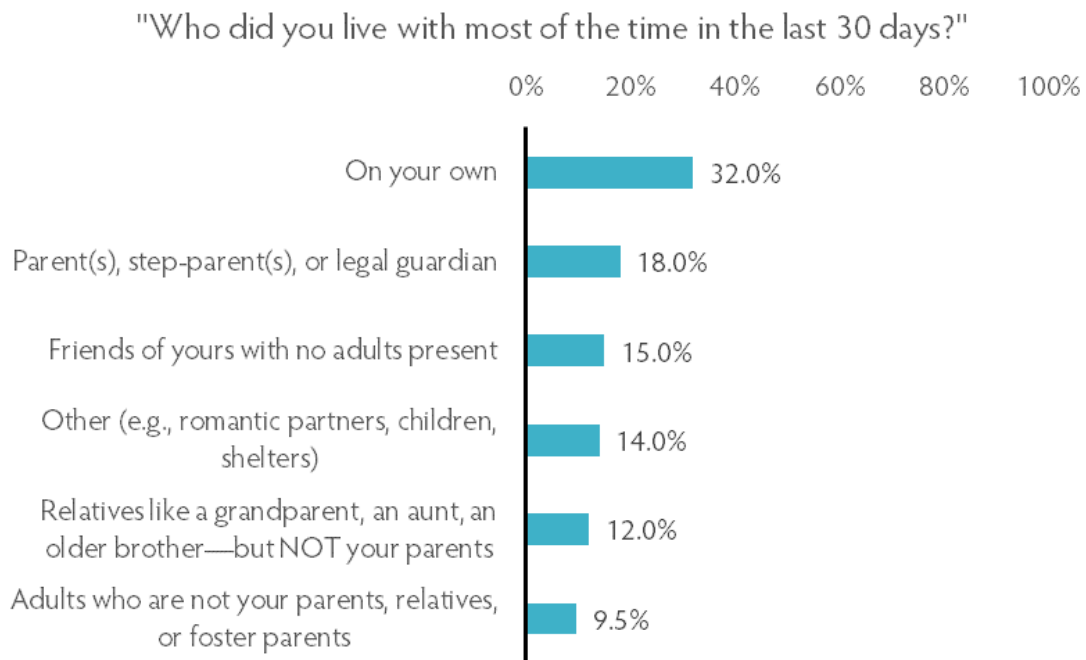
Length of Time in Current Housing Location

Regarding length of stay, nearly half of respondents (44.6%) had been staying at their current location for fewer than three months. Specifically, 33.7% had stayed in their current location for less than a month. Conversely, 23.0% of respondents reported staying in their current location for more than one year.

Approximately one-fifth (20.3%) of respondents, or 15 individuals, were at a heightened risk of returning to houselessness, as they had been in their current housing for less than three months. Conversely, 29.7% of respondents were considered to have a lower risk of return, as they had been in their current housing location from between 4 months to more than one year. The remaining 45.9% of respondents were unhoused at the time of survey completion, and their risk for returning to houselessness was therefore not evaluated.

Staying with Others

More than one-third of respondents (35.1%) reported staying on their own during the last month, while 17.6% reported staying with a parent, stepparent, or legal guardian, 14.9% were with friends (with no adults present), and 12.2% were with another relative (e.g., a grandparent, aunt, or sibling). Among the 10 individuals who selected "Other", most reported staying with either a romantic partner or their child.



Feelings of Safety in Current Housing

Although nearly half of respondents (40.6%, or $n=30$) reported feeling either "Very safe" or "Extremely safe" in the place they were currently staying, 13.5% reported feeling "Not at all safe".

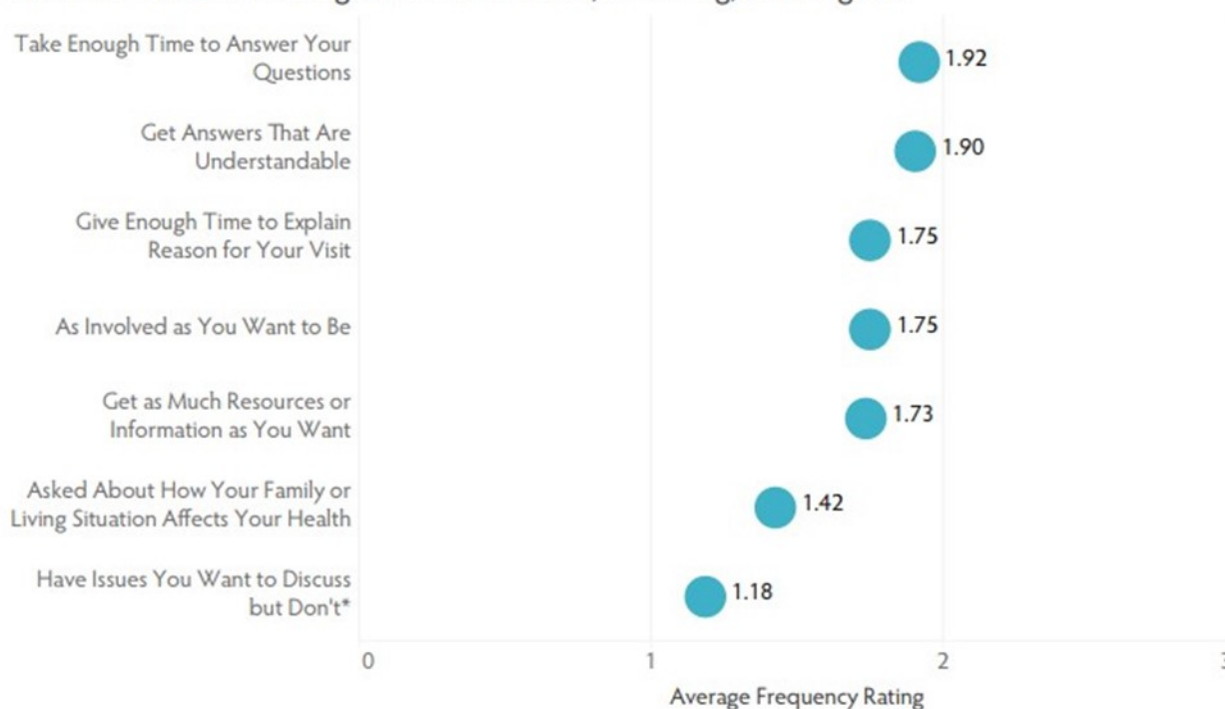
EXPERIENCES WITH THE SOCIAL SERVICE SYSTEM

Communication with Care Teams

Seven questions in the survey asked respondents to report how frequently they or their care team engaged in different behaviors reflecting positive communication. Each question was rated on a four-point scale from 0 (“Never”) to 3 (“Always”). For these questions, care team was also defined broadly as “a group of professional people (like social workers, counselors, and doctors or nurses) who work together to plan your care and help you get services like medical care, food, education, and housing”. Higher ratings for each question indicated a more positive communication experience, except for one reverse-worded question (“When you see your care team, how often do you have questions about your care or services that you want to discuss but do not?”), for which a lower rating reflected more positive communication.

Overall, respondents reported frequent positive communication with their care teams. The median score for most items was a 2.0 (i.e., a frequency rating of “Usually”). The questions with the highest average ratings were: 1) “When you ask questions, how often do you get answers that are understandable?” (64.9% of respondents answered, “Usually” or “Always”.); and 2) “How often does your care team take enough time to answer your questions?” (66.2% of respondents answered, “Usually” or “Always”.) The question with the lowest average rating was, “How often does your care team ask you about how your family or your living situation might affect your health, well-being, and life goals?” For this question, 52.7% of respondents answered, “Never” or “Sometimes”.

Experiences with care team communication were generally positive, but there was limited discussion about how social factors might affect their health, well-being, and life goals.

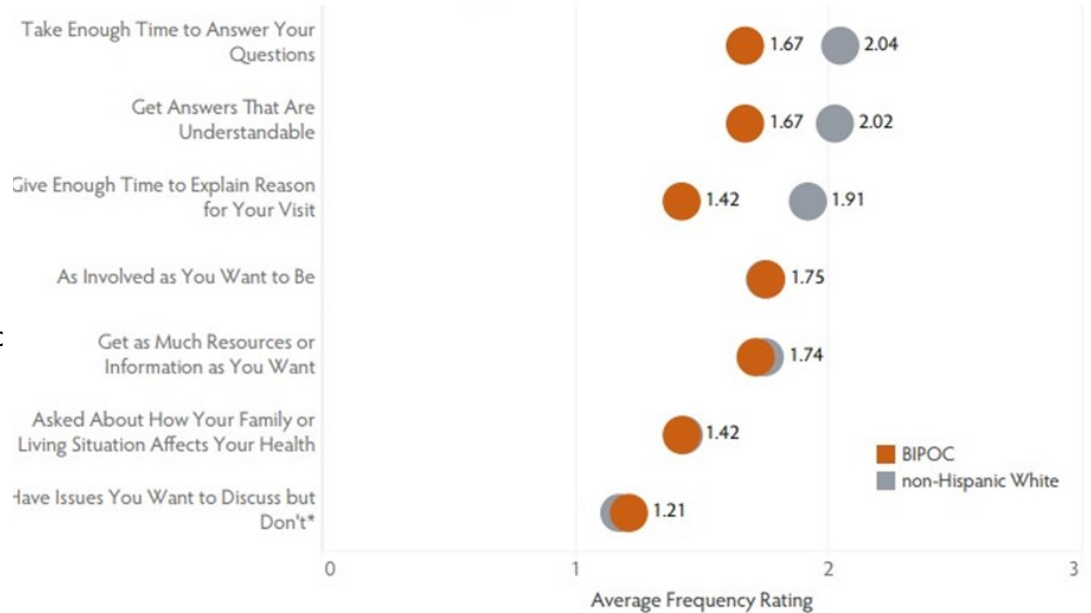


Note. * Reverse-worded item (lower ratings = better communication). Frequency ratings ranged from 0 (Never) to 3 (Always).

Group Differences

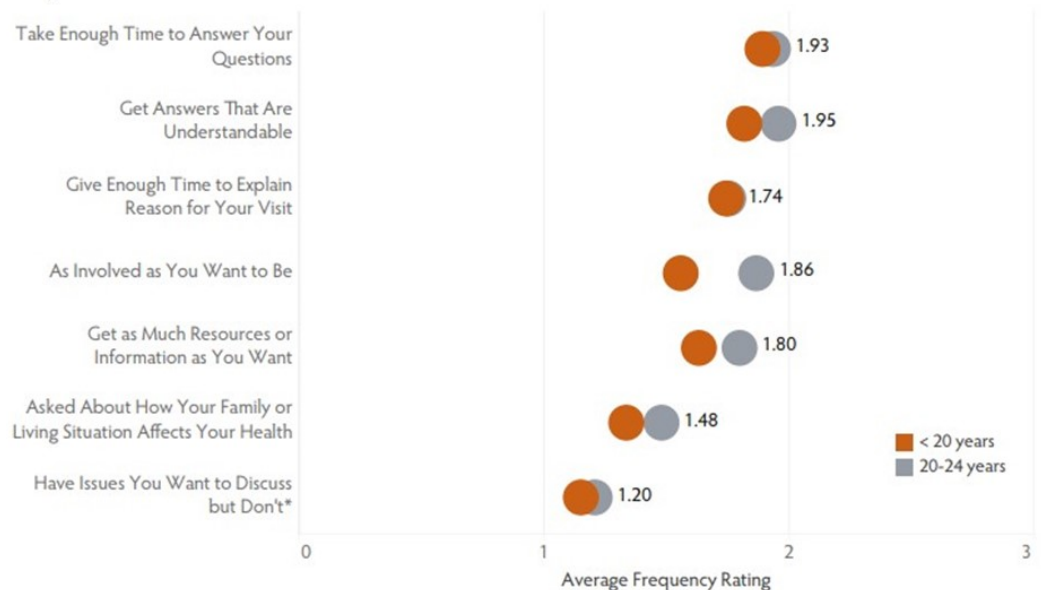
Although communication experiences were generally positive, certain YYA subgroups experienced aspects of care team communication differently. Specifically, Black, Indigenous, and young people of color (BIPOC) had lower ratings than non-Hispanic White respondents for their care team taking enough time to answer their questions, getting answers that are understandable, and being given enough time to explain the reasons for their visit.

For select aspects of care team communication, BIPOC respondents experienced poorer communication than non-Hispanic White respondents.



Younger respondents ages 13 to 19 years old did not feel as frequently involved in their care decisions as they would have liked to be, relative to respondents ages 20 to 24 years old.

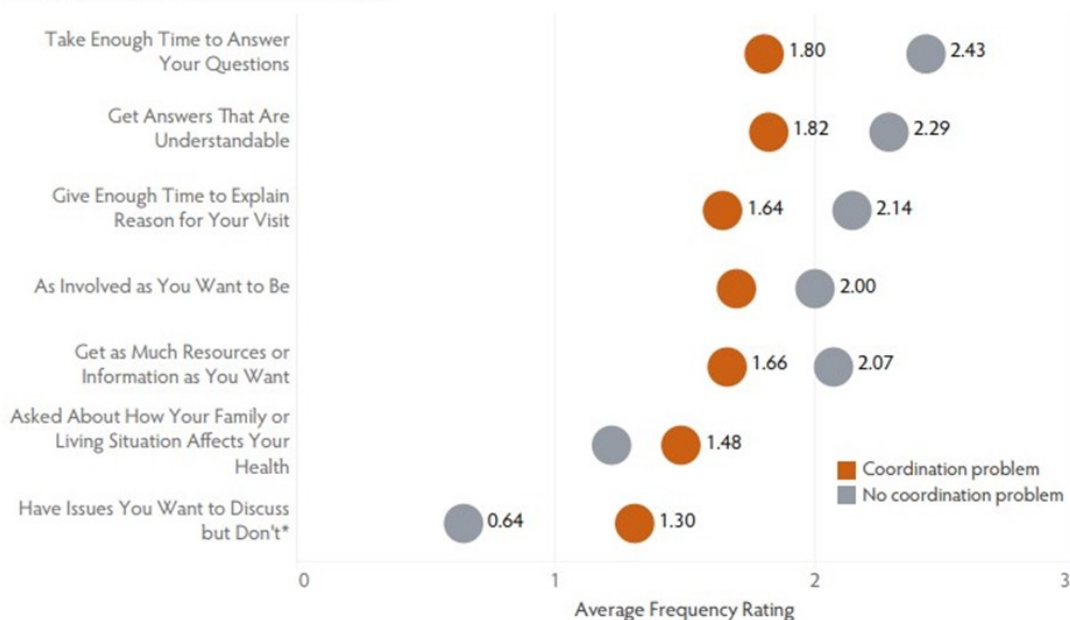
Younger respondents on average reported being less frequently involved in their care decisions as they would like.



Note. * Reverse-worded item (lower ratings = better communication). Frequency ratings ranged from 0 (Never) to 3 (Always).

There were statistically significant differences between LGBTQIA+ and cisgender, heterosexual respondents for the question, “When you see your care team, how often do you have questions about your care or services that you want to discuss but do not?”. Specifically, 44.4% of cisgender, heterosexual respondents reported “Usually” or “Always” having questions that they want to discuss but don't, as compared to only 25.7% of LGBTQIA+ respondents ($p= .042$). Across almost all items, respondents who reported issues with the coordination of their care or services had poorer communication ratings than those who reported no care coordination issues.

Respondents who reported issues with their care coordination also experienced less frequent positive communication with their care teams.



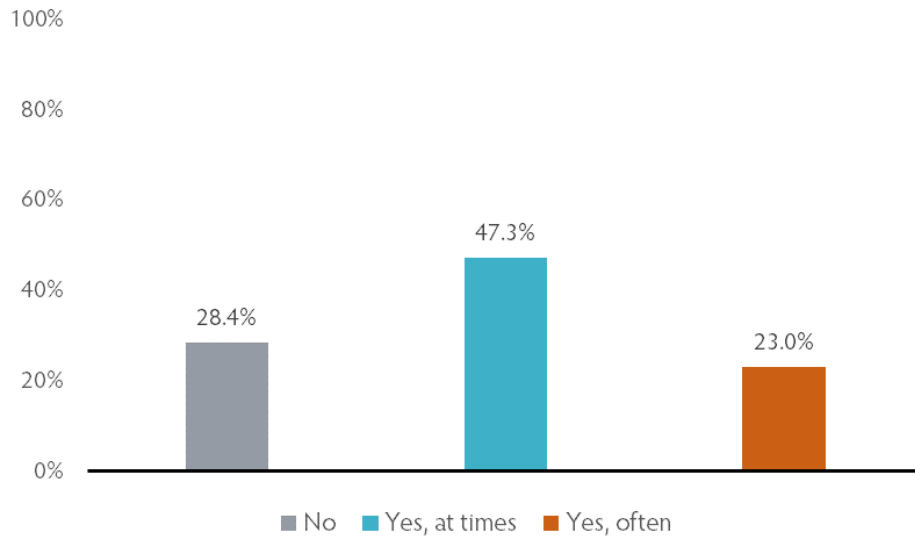
Note. * Reverse-worded item (lower ratings = better communication). Frequency ratings ranged from 0 (Never) to 3 (Always).

Care Coordination

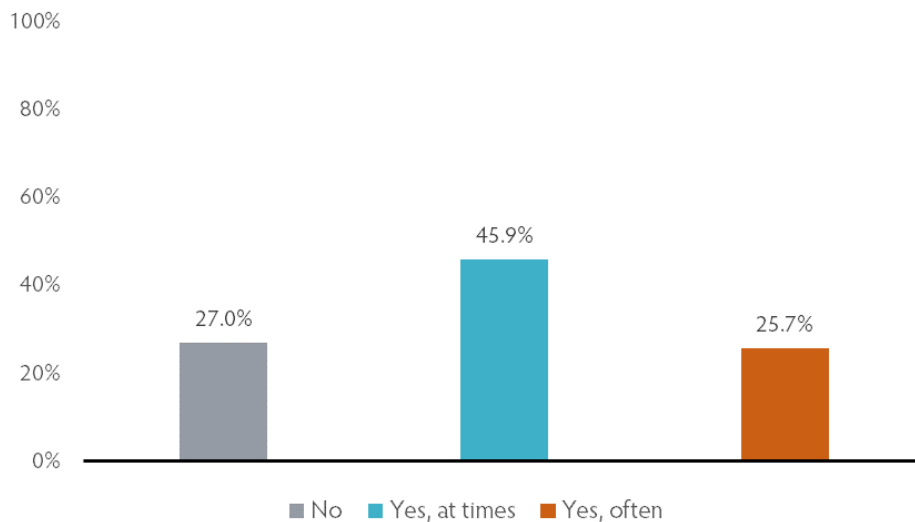
Overall, 79.7% of respondents reported an issue with the coordination of their care or services. A care coordination problem was defined as a response of “Yes, at times” or “Yes, often” to either (or both) of the following two questions:

- “Were there times when it felt like no one in the social services system was really in charge of your care, or where you felt abandoned by the social services system or left too much to your own resources?” (70.3% of respondents reported “at times”, or “often” feeling abandoned by the system or left too much to their own resources.)
- “Were there times when your physical or emotional health suffered because your care and services were poorly organized?” (71.6% of respondents reported that “at times” or “often” their health suffered because their care or services were poorly organized.)

"Were there times when it felt like no one was really in charge of your care, or where you felt abandoned by the system or left too much to your own resources?"



"Were there times when your physical and emotional health suffered because your care was poorly organized?"

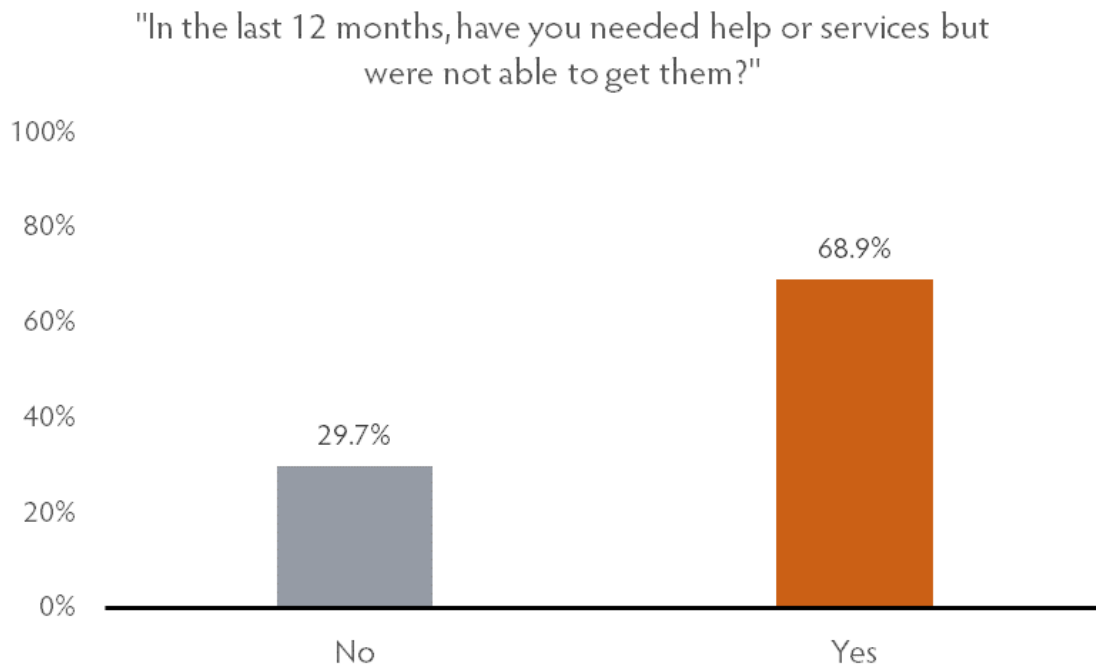


Group Differences

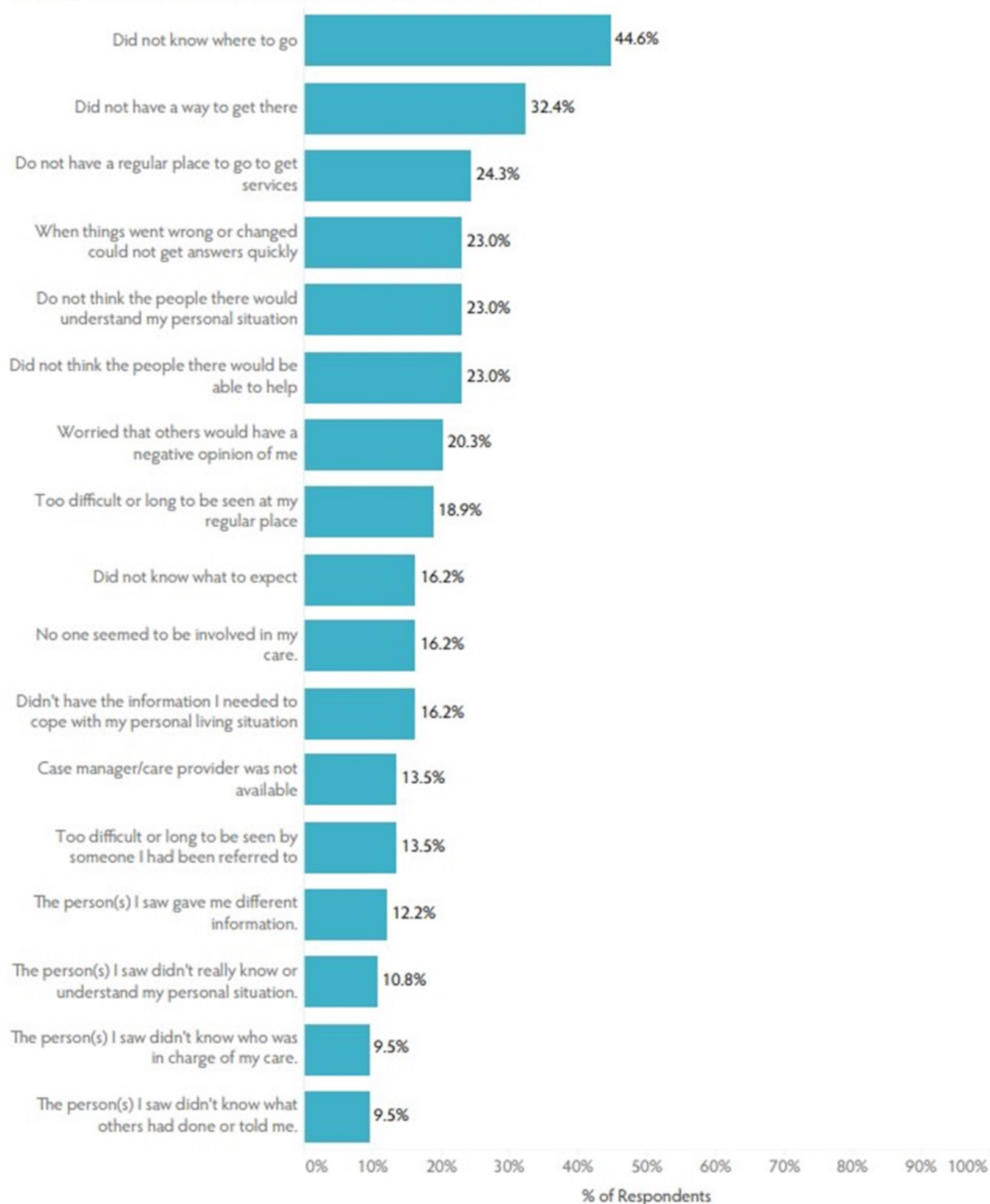
Regarding group differences, a significantly higher proportion of cisgender, heterosexual respondents reported problems with their care coordination (91.9%) as compared to LGBTQIA+ respondents (67.6%) ($p = .015$).

SERVICE ACCESS AND BARRIERS

More than two-thirds of respondents (68.9%) reported not being able to access the help or services they needed in the past 12 months. Not knowing where to go (44.6%) and lacking transportation or a means to get there (32.4%) were the most reported barriers to accessing help and services. Other common barriers included lack of continuity (i.e., not having a regular place to go) (24.3%), uncertainty surrounding staff's ability to understand their situation or their ability to help (23.0%), a lack of timeliness or responsiveness when issues came up (23.0%), and stigma (i.e., worried others would have a negative opinion of them) (20.3%).



Not knowing where to go, lacking transportation, and not having a regular place to go were top reported barriers to accessing needed help or services.



Group Differences

There were statistically significant differences in the types of barriers reported between LGBTQIA+ and cisgender, heterosexual respondents, and those with a disability as compared to without a disability:

- More than half (56.8%) of cisgender, heterosexual respondents reported they did not get help because they “did not know where to go” as compared to less than one-third (32.4%) of LGBTQIA+ respondents ($p = .035$).
- More than one-quarter (25.6%) of respondents with a disability reported they were not able to get help because they “did not know what to expect” as compared to 6.5% of those without a disability ($p = .034$).

HOUSING CHALLENGES AND FACILITATORS

Barriers to Accessing Housing

No affordable options (66.2%), a poor credit history (50.0%), trouble finding work (47.2%), and mental health challenges (43.2%) were the most reported barriers to respondents' obtaining housing.

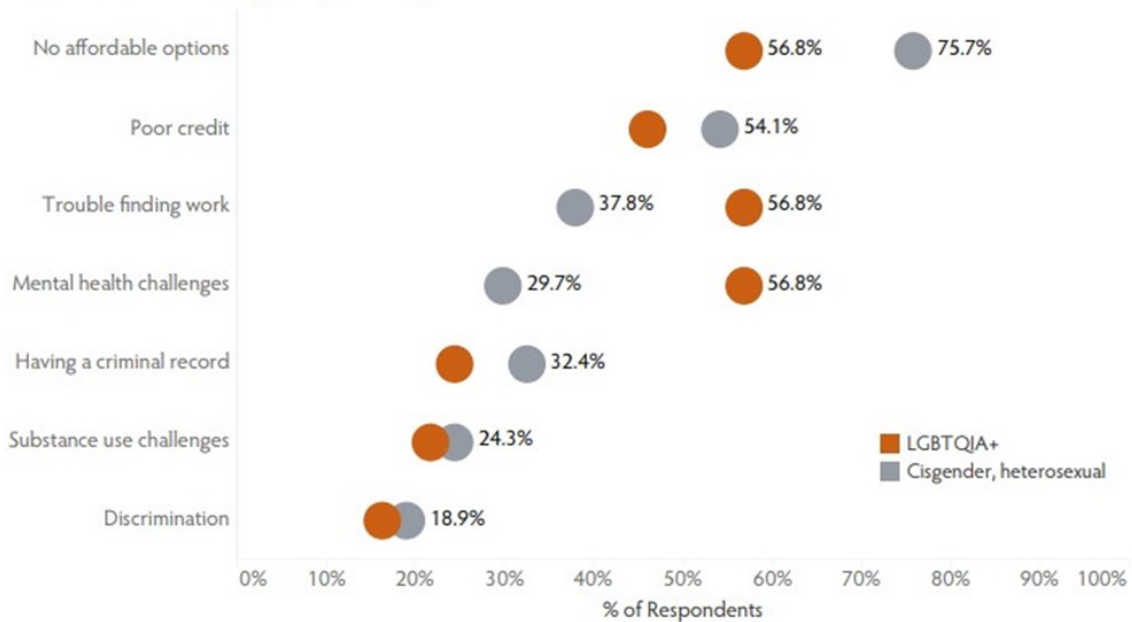
Group Differences

A greater proportion of older respondents ages 20-24 years-old reported financial barriers, including poor credit ($p < .001$) and trouble finding work ($p = .047$), as barriers to accessing housing as compared to younger respondents ages 13-19 years-old, whereas younger respondents more commonly reported challenges with mental health and substance use as barriers to accessing housing (although not statistically significant). Discrimination was also more commonly reported by respondents aged 20 years and older as compared to younger respondents ($p = .008$). A greater proportion of LGBTQIA+ respondents relative to cisgender, heterosexual respondents experienced mental health challenges ($p = .019$) and trouble finding work (not statistically significant, $p = .10$) as barriers to accessing housing. Non-Hispanic White respondents as compared to BIPOC respondents more commonly reported mental health challenges as a barrier to accessing housing (52.0% versus 25.0% respectively, $p = .028$) as well as substance use challenges (28.0% versus 12.5%, respectively, although not statistically significant, $p = .14$). Lastly, YYA respondents with prior juvenile-justice system involvement or who were hospitalized for their mental health as compared to those who were not system involved more commonly reported having a poor credit history (63.9% versus 37.8%, respectively, $p = .026$) and a criminal record (41.7% versus 16.2%, respectively, $p = .016$) as barriers to accessing housing. Respondents with a disability more commonly reported mental health challenges as a barrier to accessing housing (56.4% versus 29.0%, respectively, $p = .022$).

Older respondents more commonly reported personal finances, work challenges, and discrimination as barriers to getting housing.



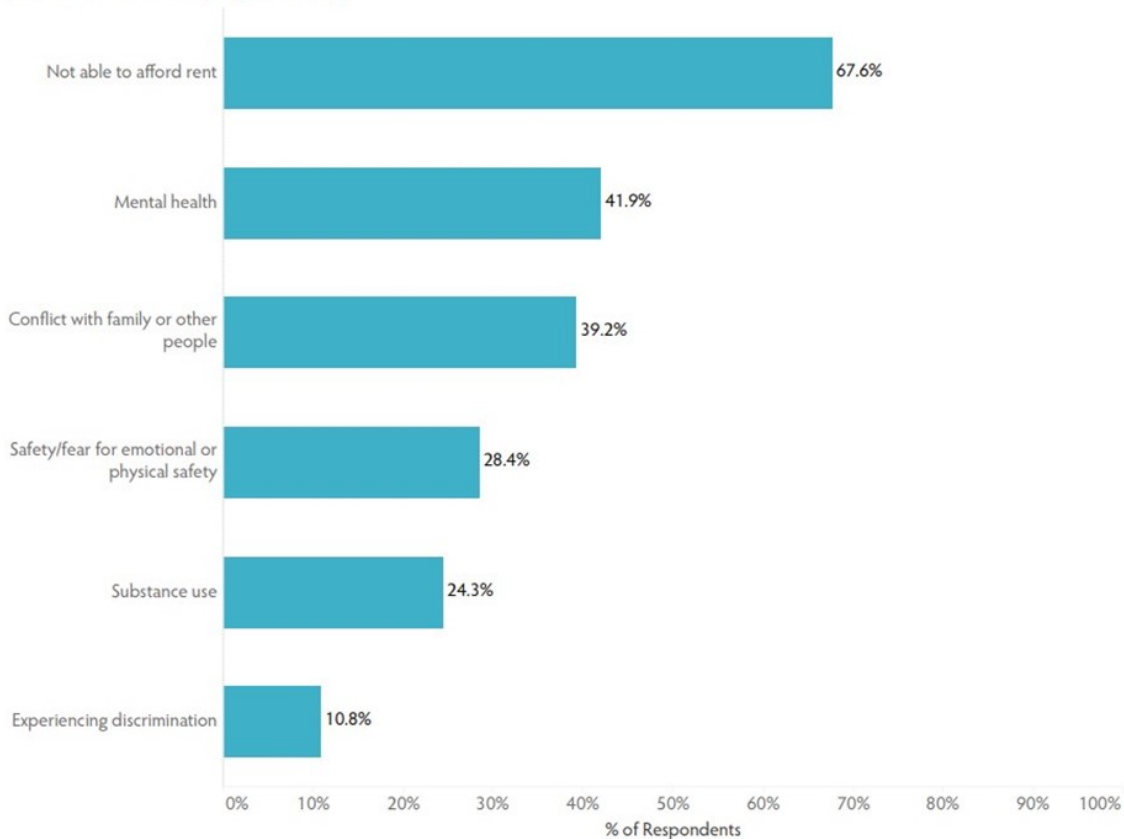
LGBTQIA+ respondents more commonly reported mental health challenges and trouble finding work and as barriers to getting housing.



Barriers to Staying in Housing

Top reported barriers to staying housed were not being able to afford rent (67.6%), mental health challenges (41.9%), conflict with family or other people (39.2%), and safety/fear for emotional or physical safety (28.4%).

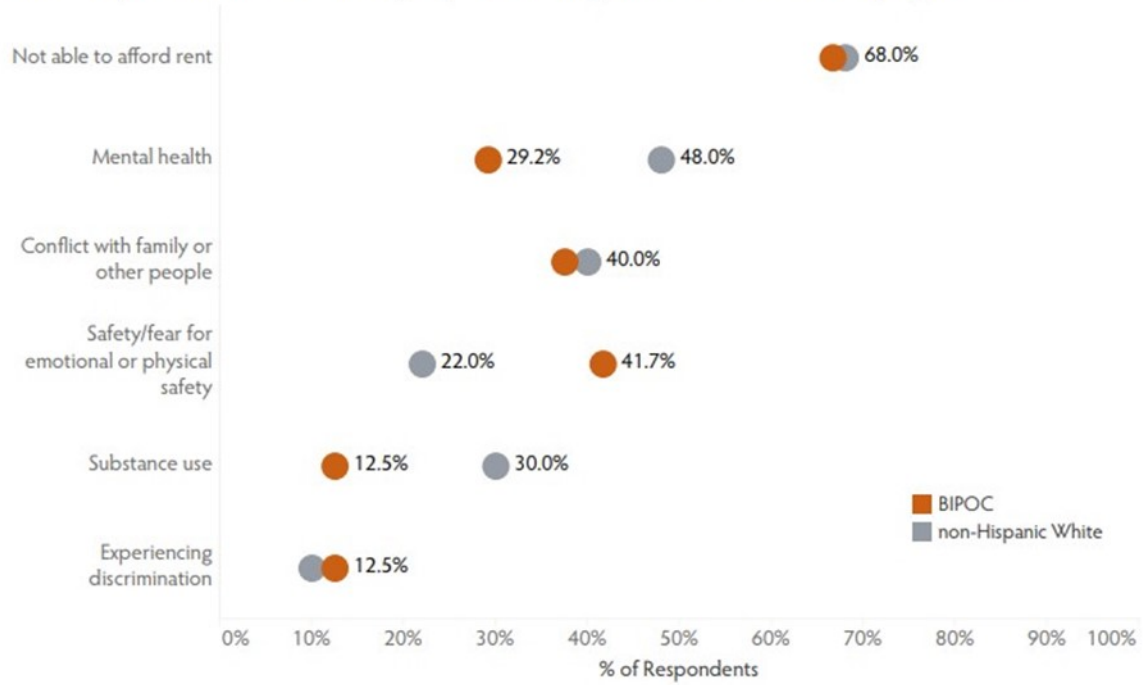
Unaffordable rent, mental health challenges, conflict with family/others, and feeling unsafe were the most frequently reported barriers to staying in housing.



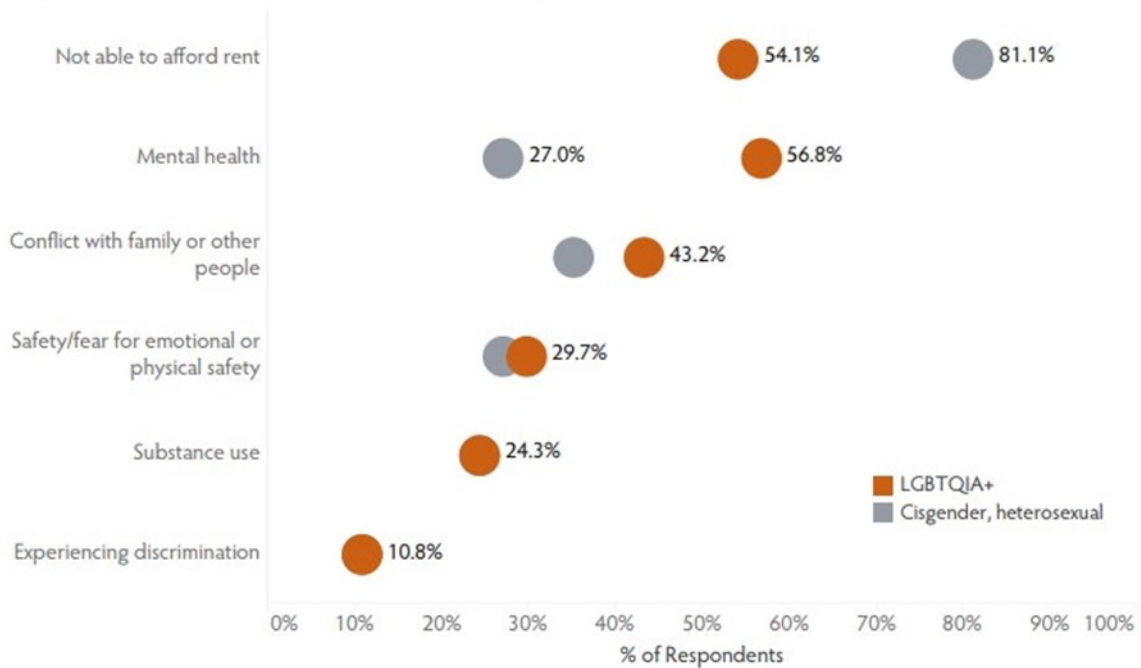
Group Differences

A greater proportion of BIPOC respondents (41.7%) than non-Hispanic White respondents (22.0%) reported fear for emotional or physical safety as a barrier to their staying in housing, although this was not a statistically significant difference ($p=.079$). A greater proportion of LGBTQIA+ respondents as compared to cisgender, heterosexual respondents reported mental health challenges (56.8% versus 27.0%, respectively, $p=.010$) and conflict with family or others (43.2% versus 35.1%, respectively, although not statistically significant) as barriers to staying housed.

BIPOC respondents more commonly reported feeling unsafe as a barrier to staying housed.



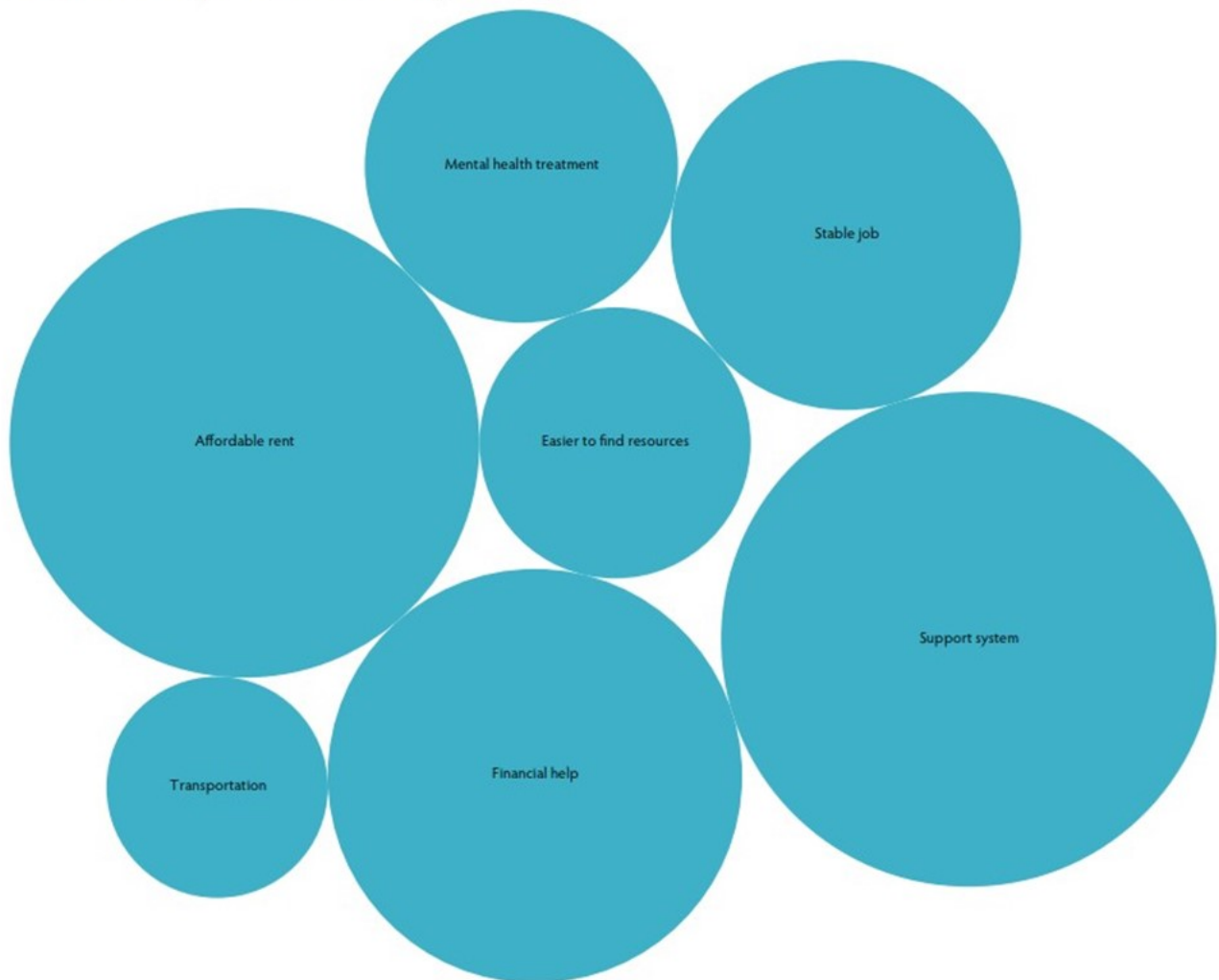
LGBTQIA+ respondents more commonly reported mental health challenges and family/interpersonal conflict as barriers to staying housed.



YYA Desired Supports for Housing (Qualitative Analysis)

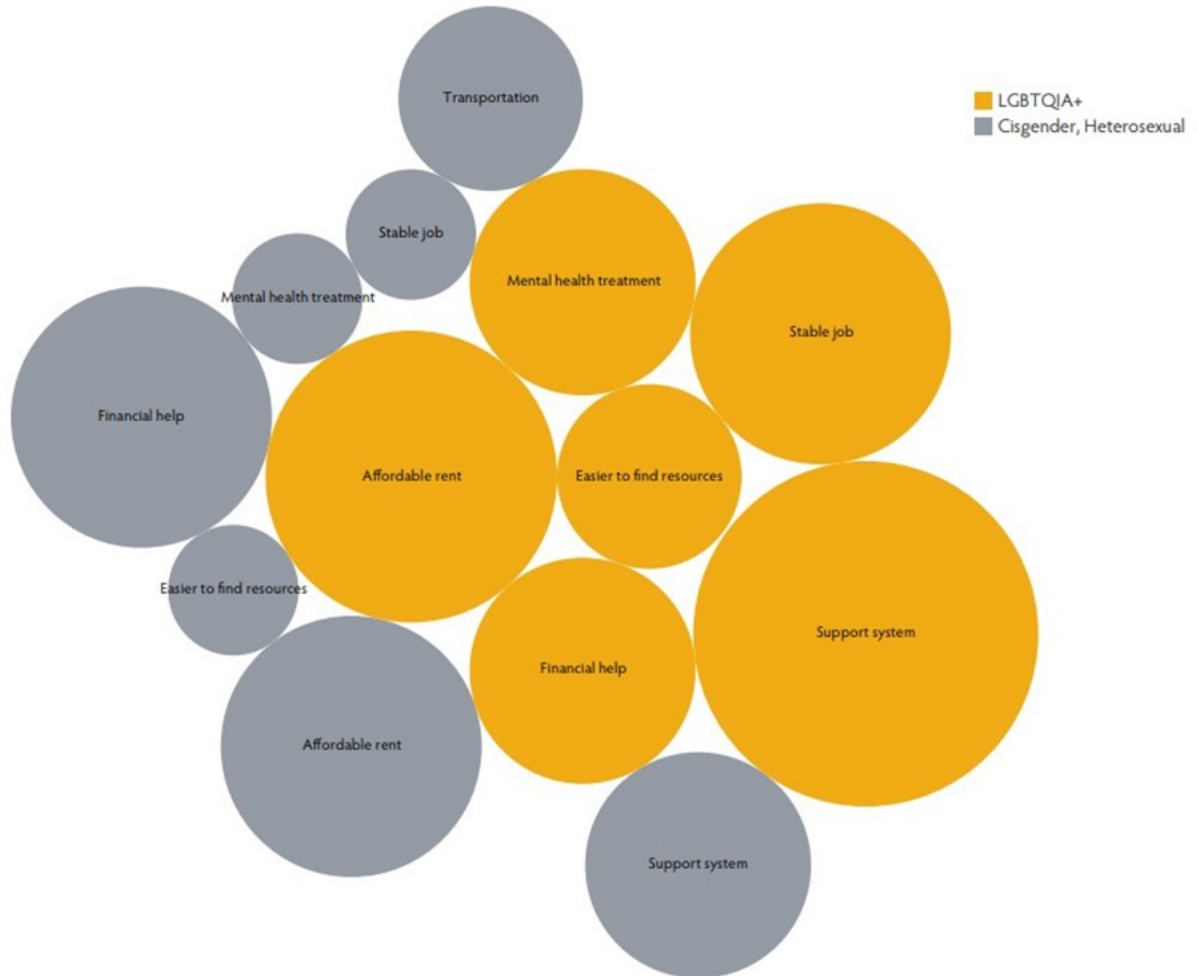
In response to the open-ended question, “What types of things would have helped you or made it easier for you to get housing or stay in your housing situation?”, most respondents discussed needing a better support system in their current situation or past situation. For example, some respondents talked about unhealthy relationships with their parents or caregivers, wishing their parents or caregivers would get help for their mental health or substance use, or feeling failed by child protective services and wishing they had intervened sooner. Additionally, affordable rent, including rental assistance and equal opportunity rentals, were mentioned. Respondents also mentioned needing more money or financial help for the high cost of living. Having a stable job was reported as helping some respondents get housing or stay in their current housing situation. Other desired supports less commonly mentioned included mental health treatment, finding resources and information more easily, and transportation.

Better support systems, affordable rent, and help with finances were the most common themes that YYA respondents reported would have helped them access or stay in housing.



Note. The size of the bubbles corresponds to the number of times each theme was mentioned by respondents; the larger the bubbles, the more frequently reported.

Better support systems and stable jobs were more common themes reported among LGBTQIA+ respondents as compared to cisgender, straight respondents.



Note. The size of the bubbles corresponds to the number of times each theme was mentioned by respondents, and the color of the bubbles corresponds to the groups being compared

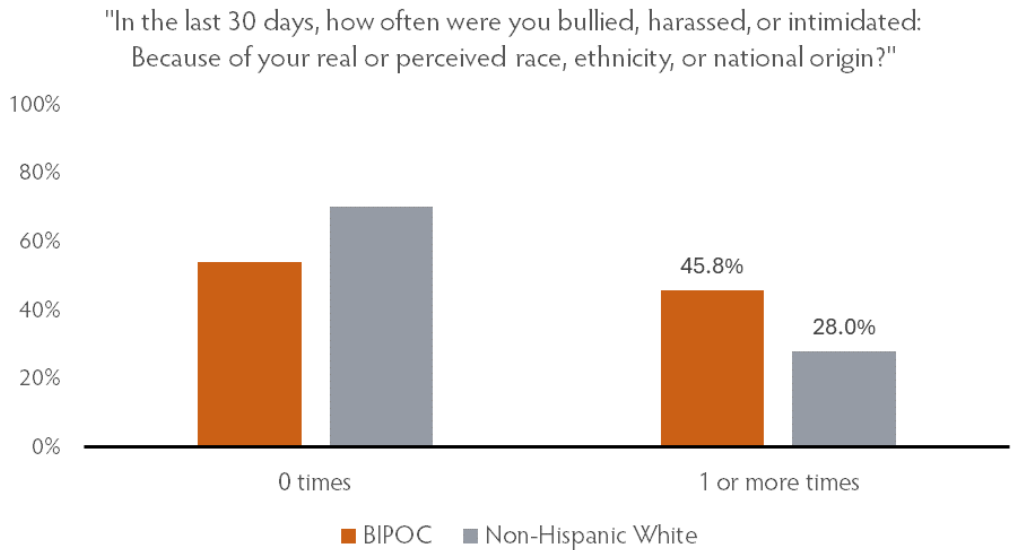
DISCRIMINATION

Discrimination Experiences in the Past Year

Half of respondents reported that they did not experience discrimination in the last 12 months, whereas 40.7% experienced harmful discrimination.

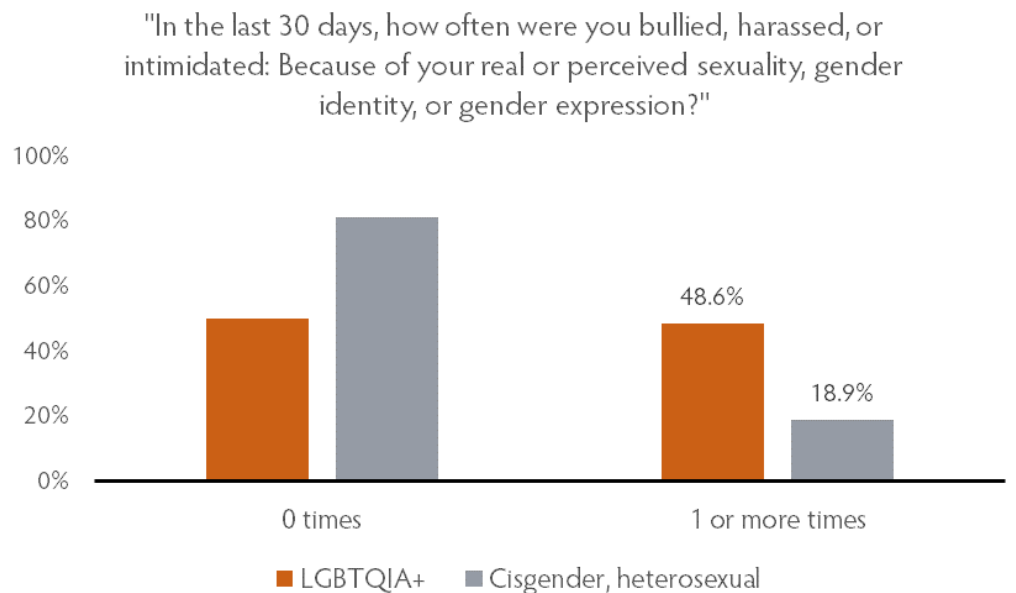
Racial Discrimination

Approximately one-third (33.8%) of all respondents reported being bullied, harassed, or intimidated because of their real or perceived race, ethnicity, or national origin at least once in the last month. Nearly half (45.8%) of BIPOC respondents experienced this discrimination one or more times as compared to 28.0% of non-Hispanic White respondents.



Gender Identity and Sexuality Discrimination

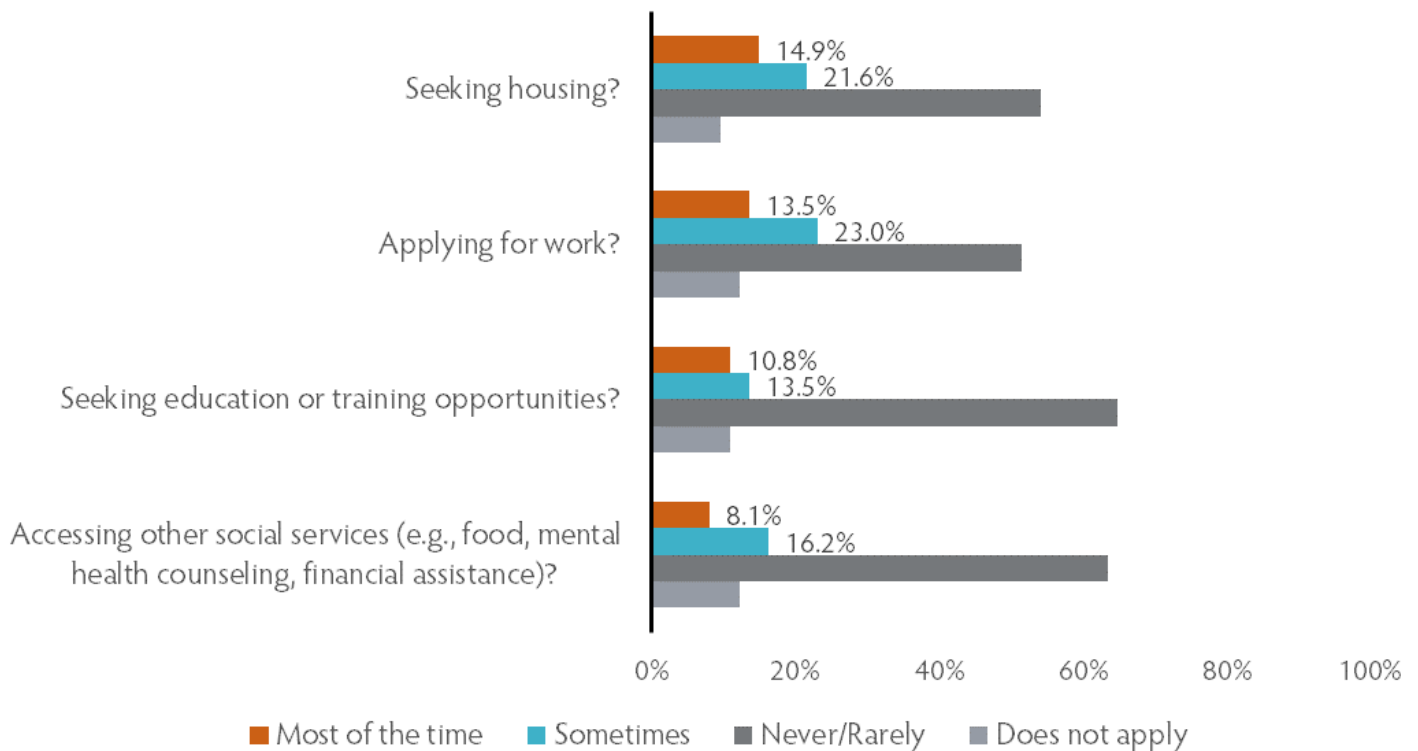
Approximately one-third (33.8%) of respondents reported being bullied, harassed, or intimidated because of their real or perceived sexuality, gender identity, or gender expression at least once in the last month. Nearly half (48.6%) of LGBTQIA+ participants experienced this discrimination one or more times as compared to 18.9% of cisgender, heterosexual participants.



Discrimination Settings

More than one in three respondents (36.5%) reported that they typically experience discrimination "Sometimes" or "Most of the time" when seeking housing, and 36.5 % of respondents experienced discrimination "Sometimes" or "Most of the time" when applying for work. Nearly one-quarter of respondents (24.3%) experienced discrimination "Sometimes" or "Most of the time" when accessing other social services (e.g, food, mental health counseling, financial assistance), and 24.3% also experienced discrimination "Sometimes" or "Most of the time" when seeking education or training opportunities.

"How often have you typically experienced discrimination when..."

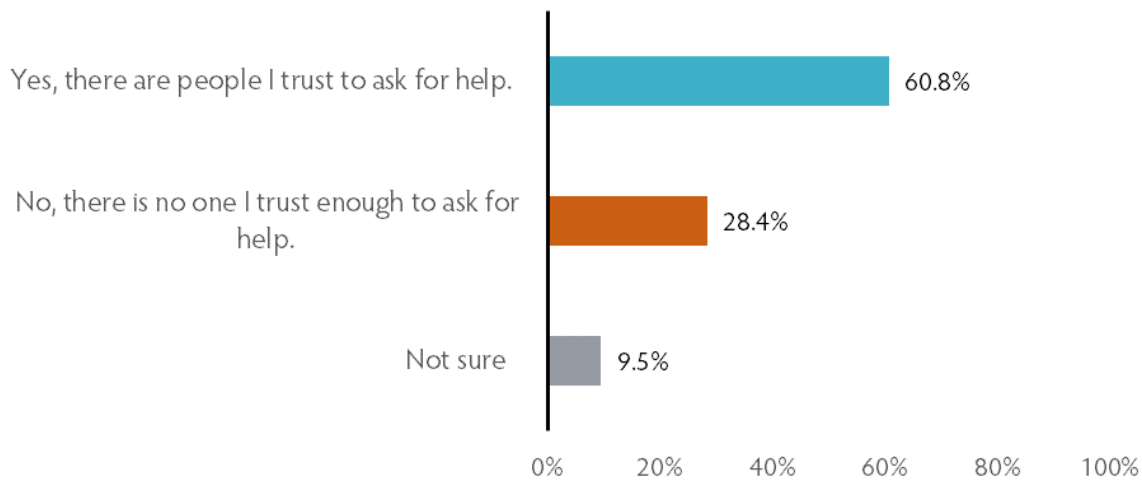


SOCIAL CONNECTEDNESS AND DESIRED SUPPORT

Social Support

Most respondents (60.8%, $n= 45$) reported that they had people to turn to for help when they felt sad or hopeless, although 28.4% reported there was no one they trusted enough to ask for help.

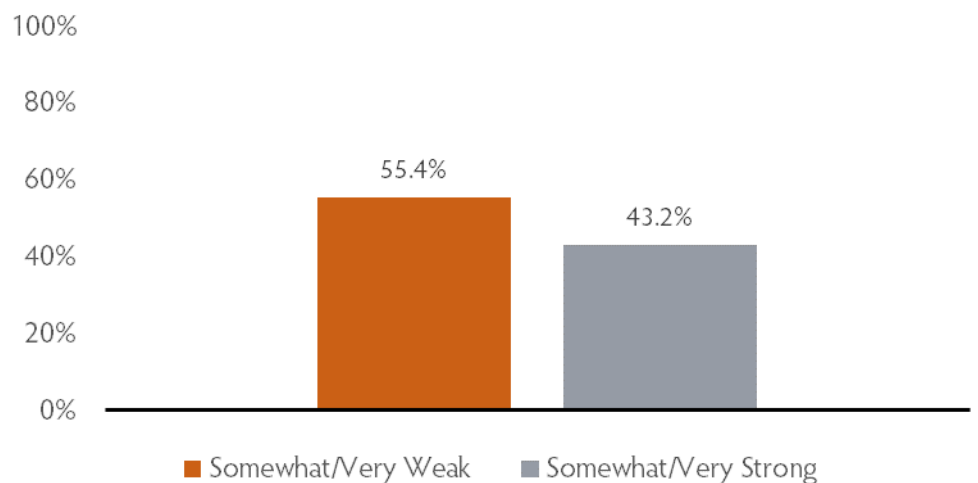
"When you are sad or hopeless, are there people you can turn to for help?"



Sense of Belonging

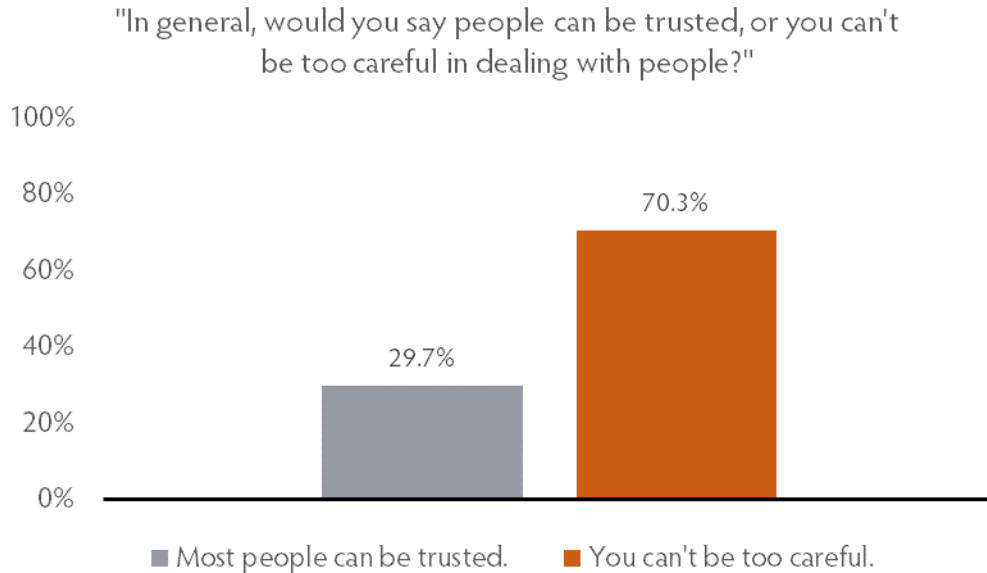
More than half of respondents (55.4%, $n= 41$) reported a "Very weak" or "Somewhat weak" sense of belonging to their community, while 43.2% reported a "Very strong" or "Somewhat strong" sense of belonging.

"How would you describe your sense of belonging to your community?"



Trust in Others

Most respondents lacked general social trust. In response to the question, "In general, would you say people can be trusted, or you can't be too careful in dealing with people?", nearly three-quarters of respondents (70.3%, $n= 52$) selected, "You can't be too careful", while 29.7% ($n= 22$) of respondents selected, "Most people can be trusted."



Desired Community Supports (Qualitative Analysis)

In response to the open-ended question, "What are some supports that you wish you had more access to in the community?", most respondents wished they had access to more fun activities. Programs and services for YYA targeted for issues of addiction and mental health, as well as youth mentoring programs, were also mentioned by some respondents. Community centers and opportunities to gather with peers were also desired. Other less commonly reported themes were community events, housing, and transportation (e.g., gas cards).

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2. Noel-Harrison, D., Danielson T., Fever, B. Washington State Department of Social and Health Services. Research and Data Analysis (RDA) Division. Homelessness Among Youth Exiting Systems of Care in Washington State. Published March 2024. Accessed May 30, 2024. <https://www.dshs.wa.gov/ffa/rda/research-reports/homelessness-among-youth-exiting-systems-care-washington-state>
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