

PREVENTION NEEDS AND OPPORTUNITIES FOR YOUNG PEOPLE AT RISK OF HOMELESSNESS

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CONTENTS

EXECUTIVE SUMMARY	3	RESEARCH QUESTION 2	14
INTRODUCTION	6	What Is the Homelessness Risk Status of Young People Who Access NRS' Crisis Intervention Services?	
Methods	8	RQ 2a. How Do the Characteristics, Experiences, and Presenting Problems of Youth Vary by Homelessness Risk Status?	14
Data	8	RQ 2b. To What Extent Do Young People's Characteristics and Challenges Predict Their Homelessness Risk?	17
Measures	8	RESEARCH QUESTION 3	21
Demographic Characteristics	8	What Kinds of Referrals Does NRS Make for Young People Who Need Crisis Intervention Services?	
Homelessness Risk Status	8	RQ 3a. How Do Types of Referrals Vary by Young People's Homelessness Risk Status?	23
Previous Experiences of Homelessness	8	RQ 3b. To What Extent Does Young People's Homelessness Risk Status Predict Specific Types of Referrals?	25
Location of Outreach	9	DISCUSSION	27
Presenting Problems	9	Practice and Policy Recommendations	30
Referral Options	9	Recommendations for NRS	30
Analytic Plan	9	Recommendations for Programs Serving Young People Experiencing or at Risk of Homelessness	31
RESULTS	10	Recommendations for State/Local Youth Homelessness Systems	32
RESEARCH QUESTION 1	10	Recommendations for Federal and State Policymakers	33
What Are the Characteristics, Locations, Experiences, and Presenting Problems of Youth in Need of NRS' Crisis Intervention Services?		Recommendations for Researchers	33
RQ 1a. What Were the Characteristics of Young People Reaching Out to NRS?	10	Conclusion	35
RQ 1b. Where Were Young People Located at the Time of Outreach to NRS?	12	REFERENCES	36
RQ 1c. What Were Young People's Previous Experiences of Homelessness?	12		
RQ 1d. What Challenges Did Young People Report?	13		

EXECUTIVE SUMMARY

Youth homelessness is a considerable challenge for communities across the country, with a growing number of young people under the age of 25 reported to be experiencing unaccompanied homelessness in recent years (U.S. Department of Housing and Urban Development [HUD], 2024). Homelessness in adolescence and early adulthood can have serious repercussions for young people's health and well-being (Auerswald et al., 2016; Cutuli et al., 2024; Edidin et al., 2012), which means that understanding how to prevent homelessness among young people is a critical public health challenge. The National Runaway Safeline (NRS) is a federal resource for young people in need of supports related to housing stability and other issues. NRS collects voluntary data from people who reach out for support, including young people (and those who care about them) who are in a state of crisis, are seriously considering running away or have been asked to leave home, or have already become homeless. It is critical to examine the differences between young people who are in crisis and are considering leaving home and those who are already homeless to glean valuable insights into opportunities for youth homelessness prevention. This can help frontline staff, program administrators, and policymakers better equip local communities with the necessary resources to keep young people safely and stably housed.

To address these aims, we examined (a) the characteristics, experiences, and challenges of young people who accessed NRS' crisis intervention services; (b) differences across groups of young people who were in crisis, at imminent risk of homelessness, or homeless in terms of their characteristics, experiences, and needs; and (c) differences across groups for types of referral contacts received from NRS' frontline staff. This study used descriptive and inferential analyses (i.e., multinomial logistic regression and logistic regression analyses) to reveal the following:

- Contacts were primarily young people reaching out on their own behalf (78%). Contacts who reported their demographic characteristics were primarily female, White/Caucasian, and under the age of 18. More than half of young people reached out from home, and only 17% had previously been homeless. Family dynamics were the most reported area of need, with 83% of contacts seeking crisis intervention services to address challenges with their families.
- Almost half of young people (42%) were reported to be in crisis, 32% were at imminent risk of homelessness, and 26% were homeless at the time of outreach to NRS.
- Across these groups, young people who were in crisis were more likely to be at home; to be 18 years of age and older; and to face a broad variety of challenges across the domains of transportation, neglect, and human trafficking. Young people at imminent risk of homelessness were more likely to be at home, to be between the ages of 15 and 17, and

NRS is the federally funded national communication system for youth and young adults who are experiencing or at risk of homelessness and those who care about them, which offers crisis intervention services through calls, texts, chats, emails, and an online forum. NRS' frontline staff are available 24 hours a day, 7 days a week, 365 days a year to offer trauma-informed, nonjudgmental, nonsectarian, and nondirective support to contacts.



to have needs related to family dynamics and emotional abuse. Young people who were homeless were more likely to be older and facing challenges related to economics, juvenile crime, human trafficking, substance use, transportation, and youth/family services, including child welfare-related services.

- NRS staff talk with young people about the members of their natural support networks who can help them problem-solve and resolve conflicts, and they offer referrals to services and supports in their communities. The most common referrals for contacts who reached out for NRS' crisis intervention services were to family, the police, friends, and alternative youth housing.
- Compared with young people who were homeless, young people in crisis were less likely to receive referrals to alternative youth housing, friends, or school personnel, whereas young people at imminent risk were more likely to receive referrals to family, friends, adults, and the police.

These findings illuminate nuanced differences in the characteristics, experiences, and challenges of young people who are in crisis, at imminent risk of homelessness, or homeless, revealing valuable opportunities for prevention in both the practice and policy realms. We recommend the following:

Recommendations for NRS

1. Improve trauma-informed data collection on the characteristics, experiences, and challenges of young people seeking NRS' crisis intervention services to improve needs assessments and inform appropriate referrals.
2. Explore the utility of specific referrals that NRS provides to young people based on their challenges and homelessness risk status.

Recommendations for Programs Serving Young People Experiencing or at Risk of Homelessness

3. Ensure access to prevention and early intervention programs among families facing a myriad of challenges.
4. Promote connections to community-based resources to address the comprehensive needs of all family members.
5. Incorporate youth-centered policies in supportive services.

Recommendations for State/Local Youth Homelessness System Administrators

6. Support cross-sector partnerships at the local level to address the interconnected and cooccurring challenges of young people at risk of or experiencing homelessness.
7. Develop local system or asset maps to understand what local resources are available to young people that best meet their needs.
8. Ensure that local youth homelessness systems are adequately resourced to meet the economic needs of young people who are homeless.

Recommendations for Federal and State Policymakers

9. Support the development of a public awareness campaign to increase awareness of federal services and supports for all young people at risk of or experiencing homelessness, including NRS, and destigmatize seeking help.
10. Permit the expansion of existing policy solutions to better meet the needs of families for whom conflict may lead young people to leave home.

Recommendations for Researchers

11. Conduct a policy analysis to understand the opportunities unaccompanied minors have to seek services from local service providers
12. Rigorously evaluate family-strengthening interventions for young people who are in crisis or at imminent risk of homelessness to build an evidence base on what works for youth homelessness prevention.

In summary, this report discusses various avenues at local, state, and federal levels for ensuring that young people can access timely and appropriate services to help reduce emerging risks, mitigate ongoing crises, and sustainably exit homelessness.

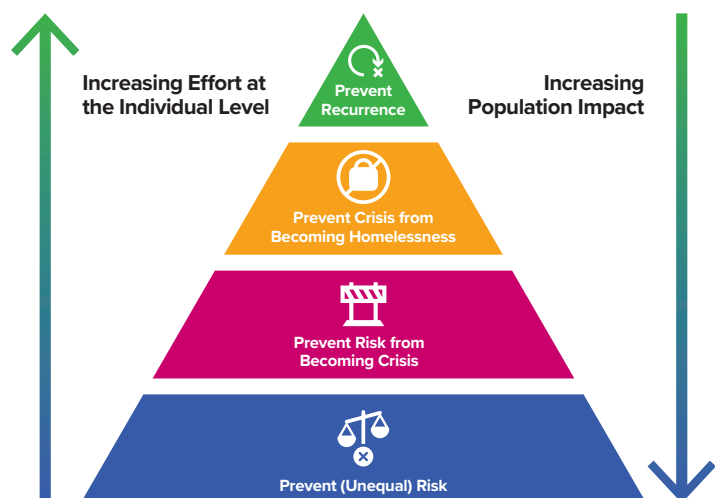
INTRODUCTION

Each year, millions of young people experience unaccompanied homelessness, with more than half experiencing it for the first time (Morton et al., 2017). As estimates of the number of young people who are homeless rise (U.S. Department of Housing and Urban Development [HUD], 2024), federal, state, and local governments have invested in and designed programs to help prevent young people from experiencing homelessness (Family and Youth Services Bureau, 2025; HUD, 2024). However, little research to date has examined how young people who are in crisis or at imminent risk of homelessness differ from young people who are already homeless (Kull et al., 2024). It is critical for policymakers and practitioners to understand young people's characteristics, experiences, and challenges in order to make informed decisions about connecting them with critical and timely resources and supports that can deescalate crises and reduce the likelihood of experiencing homelessness.

Preventing young people from experiencing homelessness is a vital task for human services providers across the country. Experiences of unaccompanied homelessness have been linked with greater risk of exposure to violence, trauma, substance use, and mental health problems, as well as premature mortality (Auerswald et al., 2016; Cutuli et al., 2024; Edidin et al., 2012). Despite this, many young people who experience homelessness are extremely resilient and solutions-oriented (Manoni-Millar et al., 2024). These findings underscore the need to better understand opportunities to prevent homelessness in young people's social networks and local communities and ensure that needed resources are available and accessible to reduce the chances of a crisis leading to homelessness.

The Adapted Public Health Model for Youth Homelessness Prevention provides a framework for understanding opportunities for prevention (Figure 1; Farrell et al., 2024). The first level focuses on *preventing risk* of homelessness at a broad community level—for example, by having good schools and abundant community resources, such as accessible health and human services. The second level focuses on *preventing risk* from becoming a crisis—for example, by ensuring that young people transitioning from child welfare or juvenile justice systems have adequate resources to begin living independently. The third level focuses on *preventing a crisis from becoming homelessness*, which involves ensuring there are sufficient diversion and crisis response services within the homelessness system for young people who have been evicted, have left home, or have been asked to leave home. The fourth level, *preventing a recurrence of homelessness*, focuses on ensuring that young people who have experienced homelessness can sustainably exit homelessness and remain housed with the right supports.

FIGURE 1 Youth Homelessness Prevention Pyramid



This framework illuminates opportunities to understand the characteristics, experiences, and challenges of young people along the continuum of youth homelessness risk who have not yet become homeless—namely, young people in crisis (i.e., *prevent risk from becoming crisis*) and young people at imminent risk of becoming homeless (i.e., *prevent crisis from becoming homelessness*). We draw on data from the National Runaway Safeline (NRS)—the federally funded national communication system for youth and young adults who are experiencing or at risk of homelessness, and those who care about them—to address the following research questions:

1. What are the characteristics, experiences, and challenges of young people who access NRS' crisis intervention services?
2. What is the homelessness risk status of young people who access NRS' crisis intervention services?
 - a. How do the characteristics, experiences, and challenges of young people differ by homelessness risk status?
 - b. To what extent do young people's characteristics, experiences, and challenges predict their homelessness risk?
3. What kinds of referrals does NRS make for young people who need crisis intervention services?
 - a. How do types of referrals vary by young people's homelessness risk status?
 - b. To what extent does young people's homelessness risk status predict specific types of referrals?

NRS offers five methods of crisis support through calls, texts, chats, emails, and an online forum. NRS' frontline staff are available 24 hours a day, 7 days a week, 365 days a year, to offer trauma-informed, nonjudgmental, nonsectarian, and nondirective support to contacts. NRS also hosts a suite of prevention resources on its website, such as the *Let's Talk Runaway Prevention Curriculum*, flyers and resources for schools and public spaces, and information regarding additional programs and trainings offered by NRS and other organizations. NRS collects voluntary data from people who reach out for support, including young people (and those who care about them) who are in a state of crisis, are seriously considering running away or have been asked to leave home, or have already become homeless. These categories align with the top three levels of prevention in the Adapted Public Health Model for Youth Homelessness Prevention.

Better articulating the differences between young people who are in crisis and considering leaving home and those who are already homeless will reveal valuable insights into opportunities for youth homelessness prevention. This can help frontline staff, program administrators, and policymakers better equip local communities with the necessary resources to keep young people safely and stably housed.

METHODS

Data

Data for this investigation were drawn from 5 years of NRS crisis services programming (2019–2023). NRS’ crisis services team (including staff, interns, and volunteers) who interact with contacts—including young people and those reaching out on their behalf—use three data collection forms to record information voluntarily shared by contacts. NRS captures information including contact demographic characteristics, experiences of homelessness, presenting problems, and referrals made by the crisis response team.

Our sample included 106,155 contacts who connected with NRS’ crisis intervention services team between January 1, 2019, and December 31, 2023. We retained records that contained valid data and came from within the United States.

MEASURES

Demographic Characteristics

Demographic characteristics included race/ethnicity, age, and sex. Race/ethnicity was coded categorically as American Indian/Alaska Native, Asian, Black/African American, Hispanic or Latinx, multiracial, Hawaiian/Pacific Islander, or White/Caucasian. Age was coded categorically as younger than 12, 12–14, 15–17, 18–21, and 22 and older. Sex was coded using a binary variable to capture female and male. In instances where the contact was not a young person advocating on their own behalf, we drew on the contact’s reported demographic characteristics of the young person.

Homelessness Risk Status

Young people’s homelessness risk status at the time of outreach to NRS was assessed as follows. We used a categorical variable that combined the “homeless,” “runaway,” “asked to leave,” and “suspected missing” categories to capture *homeless*, meaning that the young person had run away from home without permission, been involuntarily forced to leave, was living on the street, or did not have permanent housing (e.g., was couch surfing or staying in a shelter, among other options). We used the “contemplating running” category to capture *imminent risk of homelessness*, meaning that the young person had mentioned to NRS staff that they were thinking about leaving home or had been involuntarily forced to leave home. Young people who were *in crisis* were calling for crisis support that was not directly or immediately related to housing instability.

Previous Experiences of Homelessness

Some contacts shared information about whether the young person in question had been *previously homeless*, which we captured using a binary variable where 1 = yes and 0 = no. Among those who had previously been homeless, staff captured a count for the number of times they had previously been homeless, which was coded categorically as 1 = *one time*, 2 = *two to three times*, and 3 = *four or more times*.

Location of Outreach

Location of outreach—i.e., where the young person in question was located when they connected with NRS—was coded dichotomously as 1 = *home* and 0 = *elsewhere*. Elsewhere included friends' or relatives' homes, school or work, and other. We excluded records that frontline staff categorized as unknown.

Presenting Problems

During their interactions with contacts, NRS' frontline staff try to understand why contacts are seeking crisis intervention services, including their primary issues or presenting problems. Presenting problems include specific experiences that fall within 15 broad domains: *alcohol/substance use* (e.g., by family member, by youth); *economic challenges* (e.g., poverty, lack of affordable housing, unstable employment); *emotional abuse*; *challenging family dynamics* (e.g., conflict with family rules, problems with parents/guardians, divorce, pregnant/parenting youth); *health issues* (e.g., chronic illness, pregnancy, disability); *human trafficking* (e.g., survival sex, grooming); *juvenile crime* (e.g., probation/parole, crime involvement, lack of police response); *mental health issues* (e.g., witness to crime, depression, suicidal ideation, family/friend mental health issue); *experiences of neglect*; *peer-related issues* (e.g., problems with friends, gang or cult involvement, sexual activity); *physical abuse* (e.g., domestic violence, physical abuse by parent/guardian, intimate partner violence); *sexual abuse* (e.g., by parent, assault, rape, youth assaulting others); *school issues* (e.g., bullying, dropout, attendance, enrollment issues, grades/credits); *transportation challenges* (e.g., lack of transportation, youth is stranded), and *youth/family services* (e.g., problem with child protective services, problem with foster care, lack of services). The presence of any specific concern within these 15 broad domains was coded dichotomously as 1 = *yes* or 0 = *no*, and they were not mutually exclusive.

Referral Options

NRS' frontline staff also record the types of services or programs to which contacts receive a referral to help resolve the issue at hand. Referral options include 211, an adult, alternative youth housing, the child abuse hotline, a religious organization, family members, friends, a health professional, NRS or related programs, a transitional living program, juvenile court, legal services, a mental health professional, the missing child hotline, the police, school, self-help, social services, a social worker, transportation, and youth/family services. These options were coded dichotomously as 1 = *yes* or 0 = *no* and were not mutually exclusive.

Analytic Plan

Prior to conducting our analysis, we aggregated annual data sets over the 5 years to increase the sample size for certain analyses involving small populations (e.g., race/ethnicity). We then examined the descriptive properties of each variable and assessed the extent of missing data.

We used a combination of descriptive and inferential statistical techniques to address the primary research questions (RQs). For RQs 1, 2, 2a, 3, and 3a, we conducted descriptive analyses using frequency tables and cross tabulations. For RQ 2b, we used multinomial logistic regression analyses to predict youth's status, which is a categorical variable that captures whether young people were homeless, at imminent risk of homelessness, or in crisis. For RQ 3b, we used a logistic regression analysis to predict the types of referrals received. For regression analyses, we tested unadjusted and adjusted models (i.e., including demographic covariates) to test for the influence of confounding variables. We then calculated marginal effects to find the average effect of each predictor (e.g., demographic covariates, presenting problems) on the outcome (i.e., homelessness risk status and referrals).

RESULTS

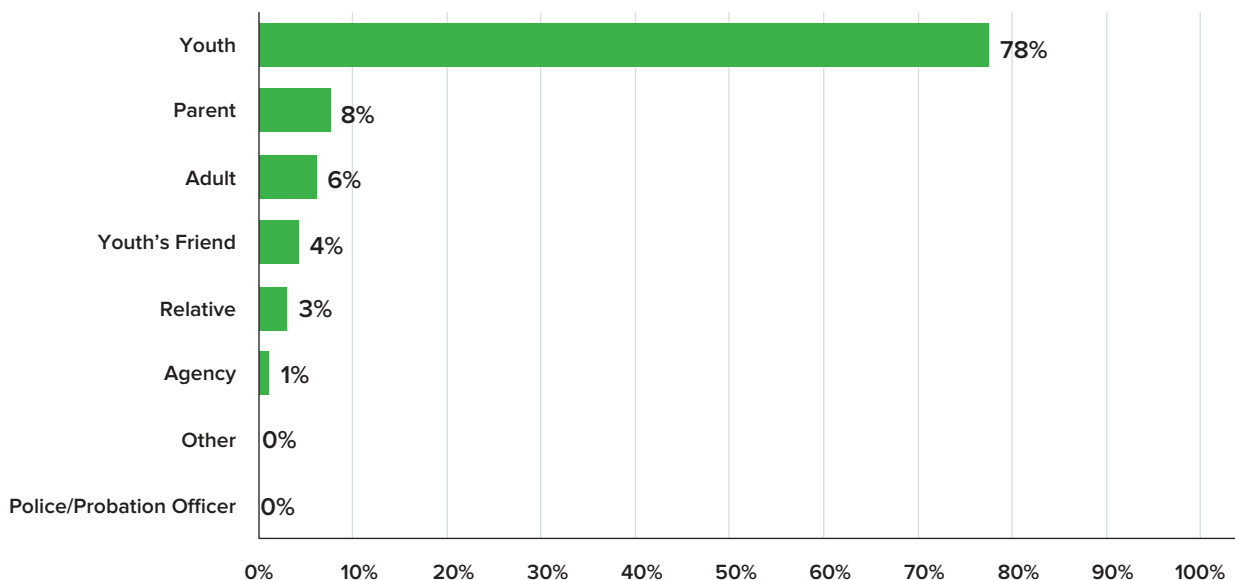
RESEARCH QUESTION 1

What Are the Characteristics, Locations, Experiences, and Presenting Problems of Youth in Need of NRS' Crisis Intervention Services?

RQ 1a. What Were the Characteristics of Young People Reaching Out to NRS?

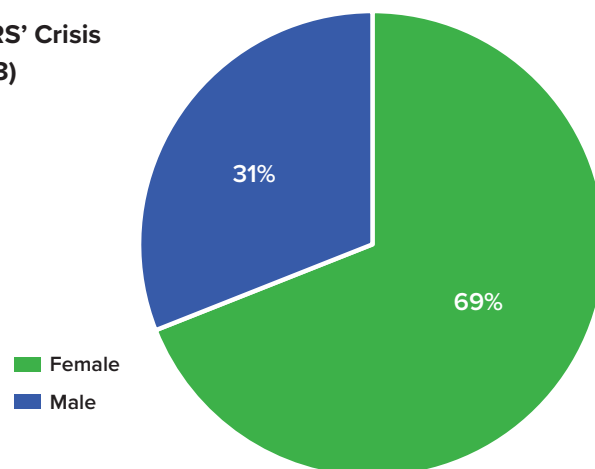
More than three quarters of contacts (78%) who reached out to NRS were young people advocating on their own behalf (Figure 2).

FIGURE 2 Type of Contacts Seeking NRS' Crisis Intervention Services (N = 101,283)



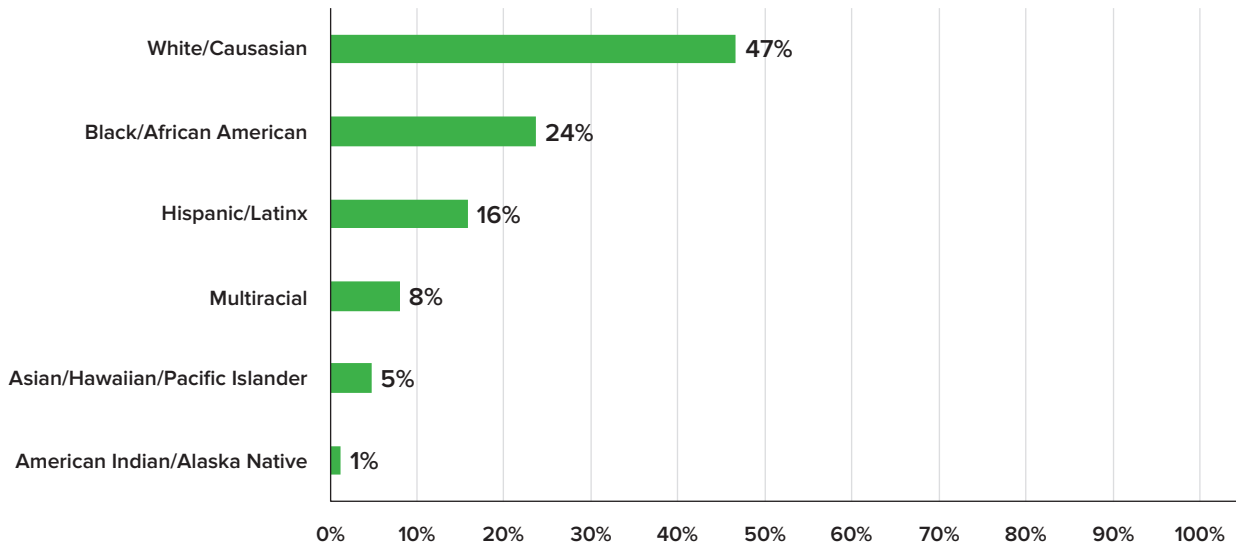
More than two thirds (69%) of young people needing NRS' crisis intervention services were female; 31% were male (Figure 3).

FIGURE 3 Sex of Young People Needing NRS' Crisis Intervention Services (N = 71,553)



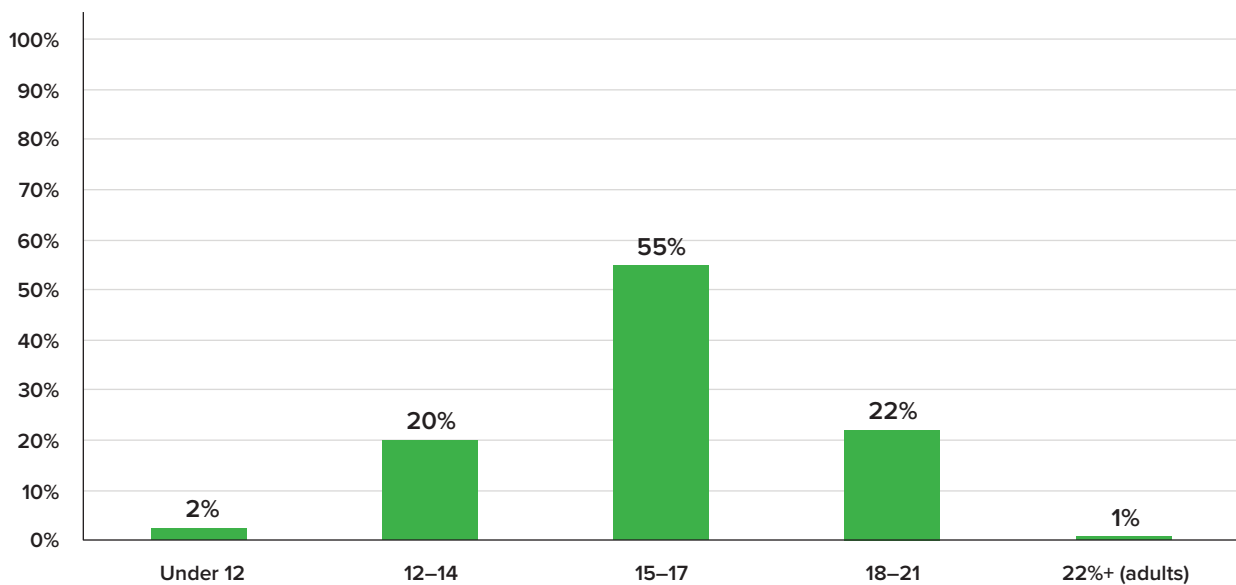
Nearly half of the sample identified as White/Caucasian (47%). Almost one quarter (24%) identified as Black/African American, 16% identified as Hispanic/Latinx, 5% identified as Asian/Hawaiian/Pacific Islander, 8% identified as multiracial, and 1% identified as American Indian/Alaska Native (Figure 4).

FIGURE 4 Race/Ethnicity of Young People Needing NRS' Crisis Intervention Services (N = 56,149)



A little more than half of young people (55%) were between the ages of 15 and 17 (Figure 5). One fifth (20%) were between the ages of 12 and 14, and around one fifth (22%) were between the ages of 18 and 21. Less than 1% were 22 and older, and 2% were under the age of 12.

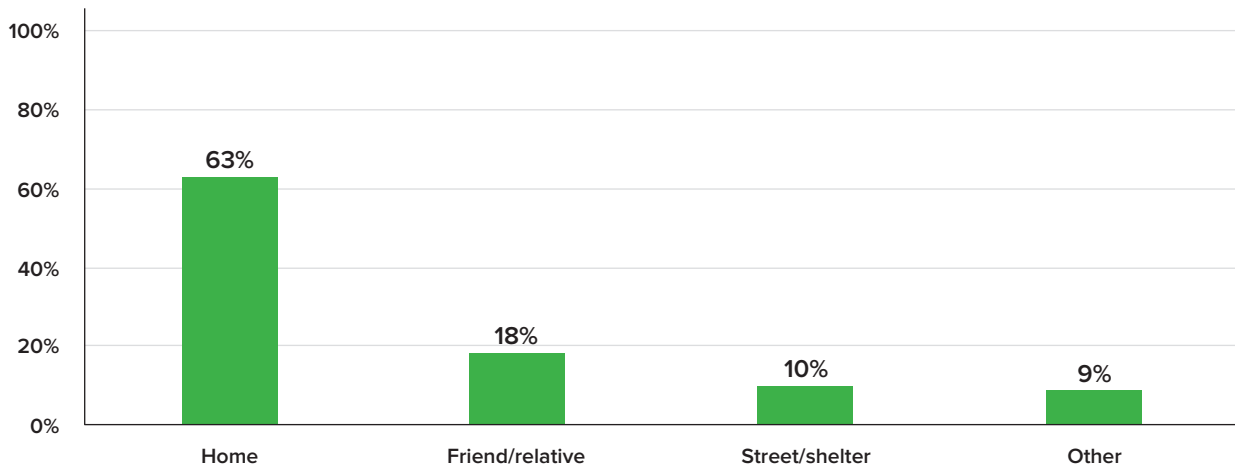
FIGURE 5 Age of Young People Needing NRS' Crisis Intervention Services (N = 90,366)



RQ 1b. Where Were Young People Located at the Time of Outreach to NRS?

Nearly two thirds (63%) of young people were at home at the time they (or someone on their behalf) reached out to NRS for crisis intervention services (Figure 6). About a third of young people were at friends' or relatives' homes (18%); on the street or in a shelter (10%); or in other locations (9%), such as school or work.

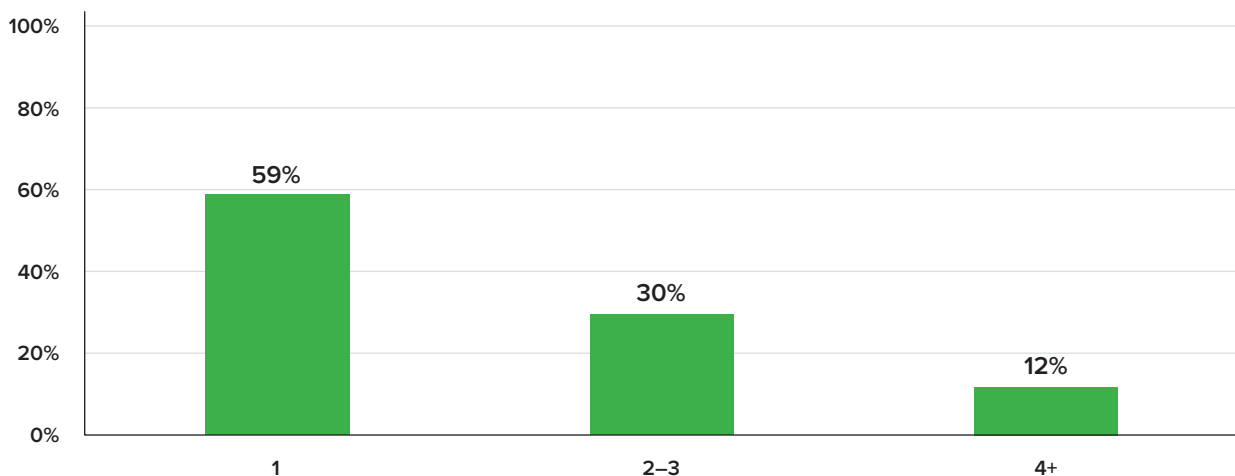
FIGURE 6 Location of Young People Needing NRS' Crisis Intervention Services (N = 72,947)



RQ 1c. What Were Young People's Previous Experiences of Homelessness?

Fewer than one in five contacts (17%) reported that the young person in need of NRS' services had previously been homeless. Only a small proportion reported the number of times they had previously been homeless. Of those, more than half (59%) reported that they had been homeless only once, and 30% reported that they had been homeless two to three times before (Figure 7).

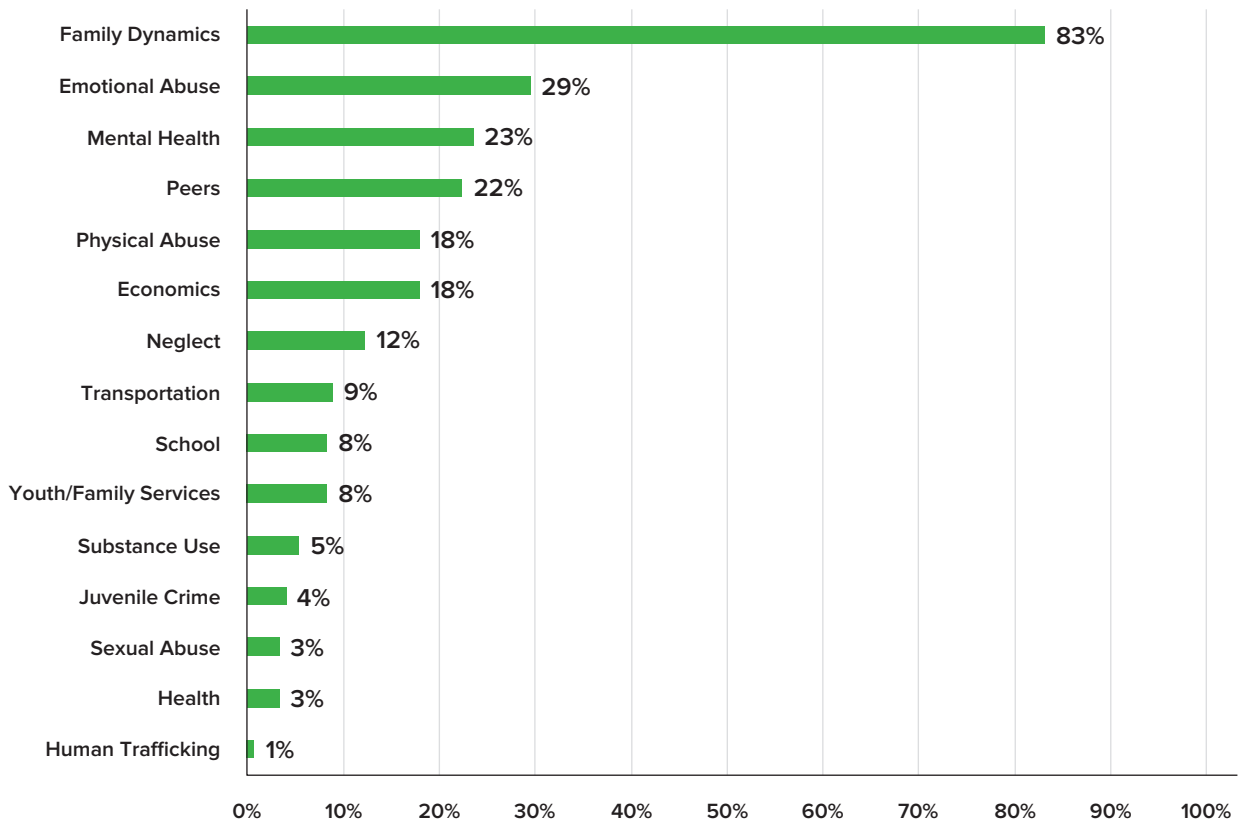
FIGURE 7 Number of Times Young People Had Been Homeless Among Young People Who Had Previously Been Homeless (N = 2,523)



RQ 1d. What Challenges Did Young People Report?

Through their conversations with contacts seeking crisis intervention services, NRS' staff identified challenges or presenting problems that contacts were facing. Staff indicated that most contacts (83%) experienced challenges related to family dynamics as the primary issue they faced (Figure 8). About one third (29%) were reported to have cited emotional abuse, and one quarter (23%) were reported to be having mental health challenges.

FIGURE 8 Areas of Need Among Young People Seeking NRS' Crisis Intervention Services
(N = 106,155)

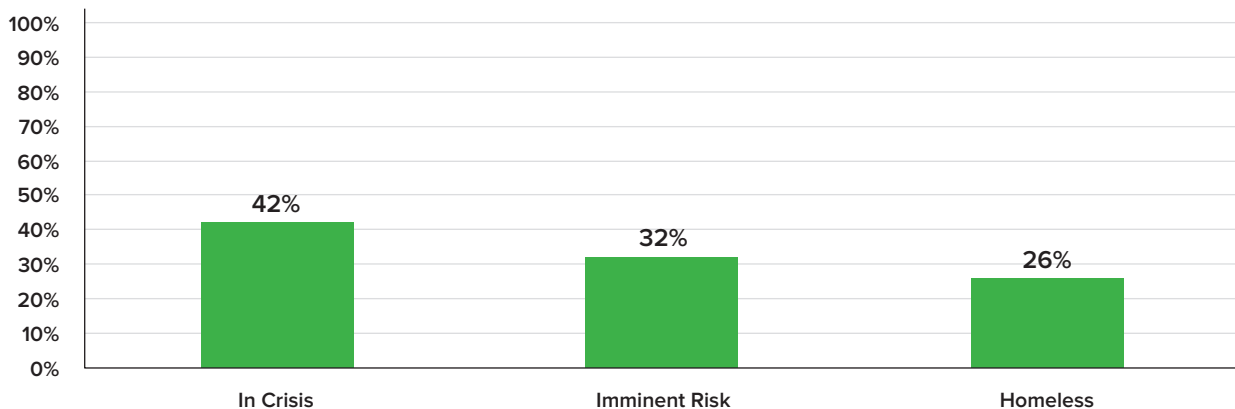


RESEARCH QUESTION 2

What Is the Homelessness Risk Status of Young People Who Access NRS' Crisis Intervention Services?

Almost half of the young people in our sample (42%) were in crisis, and one third (32%) were at imminent risk of homelessness (Figure 9). About one quarter (26%) of young people in need of NRS' services were already homeless.

FIGURE 9 Homelessness Risk Status at Time of Outreach to NRS (N = 99,263)

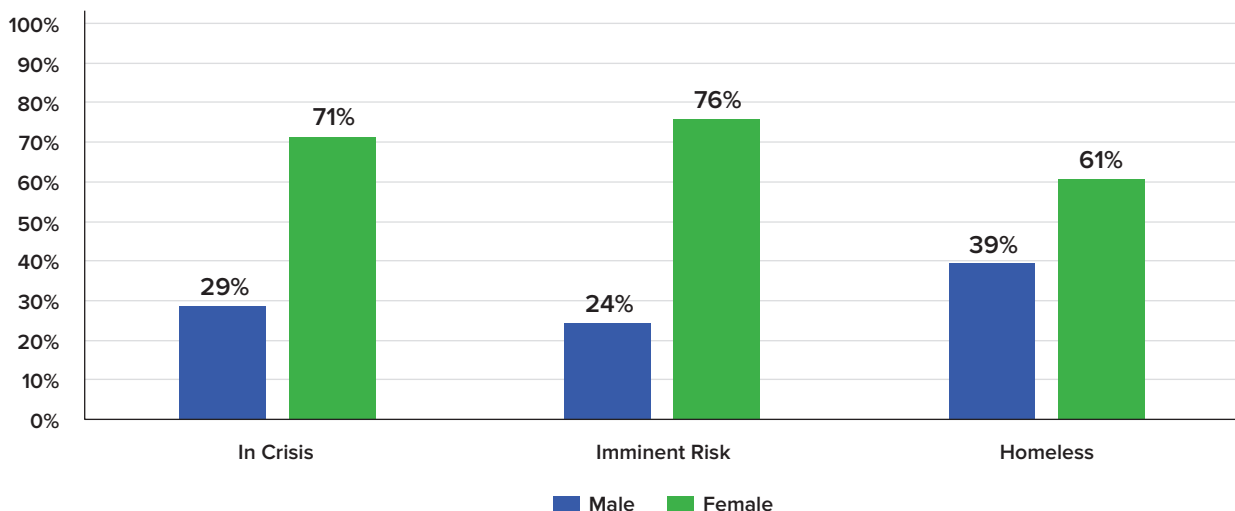


Note. In Crisis: N = 41,850. Imminent Risk: N = 31,837. Homeless: N = 25,576.

RQ 2a. How Do the Characteristics, Experiences, and Presenting Problems of Youth Vary by Homelessness Risk Status?

Figure 10 presents the differences in demographic characteristics among young people with varying levels of homelessness risk. Among young people who were homeless, there was a slightly larger proportion of males (39%) compared with young people who were in crisis (29%) or at imminent risk (24%). Females accounted for equivalent proportions of young people who were in crisis or at imminent risk of homelessness.

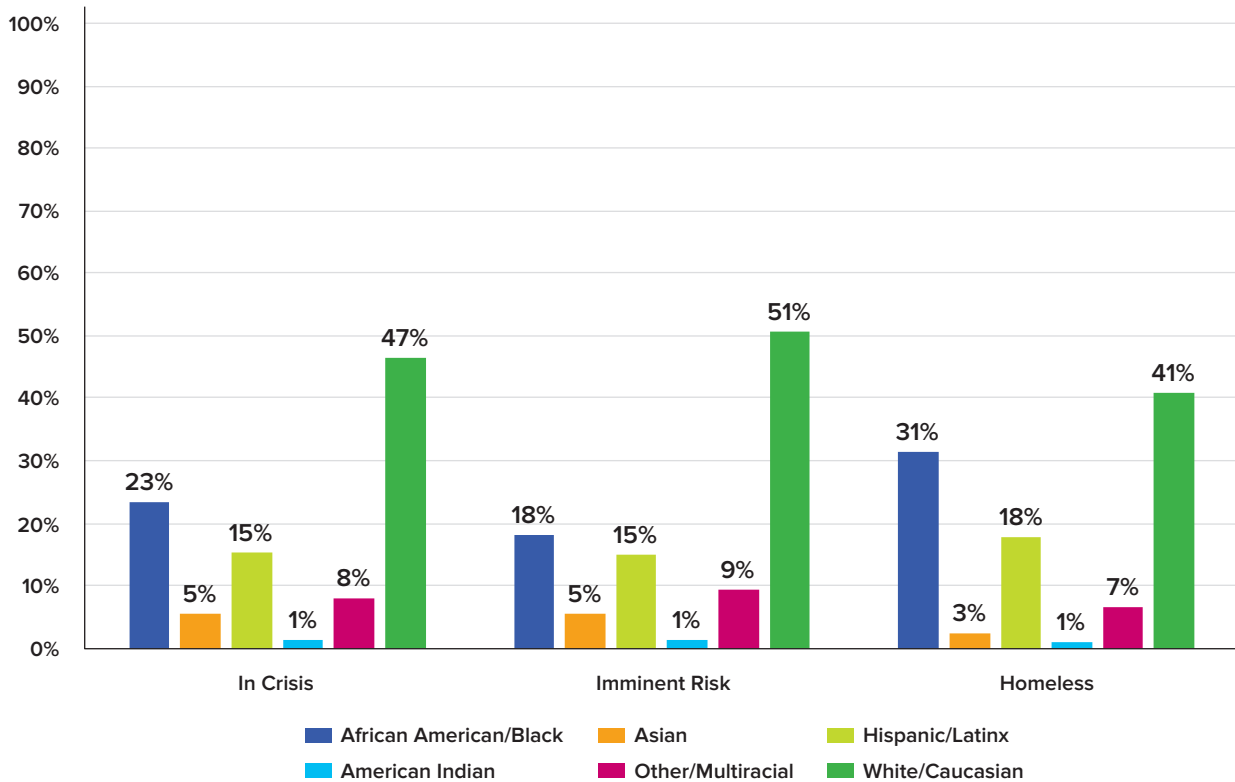
FIGURE 10 Sex of Young People by Homelessness Risk Status (N = 69,196)



Note. In Crisis: N = 27,625. Imminent Risk: N = 19,847. Homeless: N = 21,724.

Figure 11 shows that, among young people in crisis, almost half (47%) identified as White/Caucasian, 15% identified as Hispanic/Latinx, and 23% identified as Black/African American. There was a slightly larger proportion of White/Caucasian people (51%) and a smaller proportion of Black/African American people (18%) among young people at imminent risk of homelessness. Compared with young people in crisis and at imminent risk, there was a smaller proportion of White/Caucasian people (41%), a larger proportion of Hispanic/Latinx people (18%), and a larger proportion of Black/African American people (31%) among young people who were homeless.

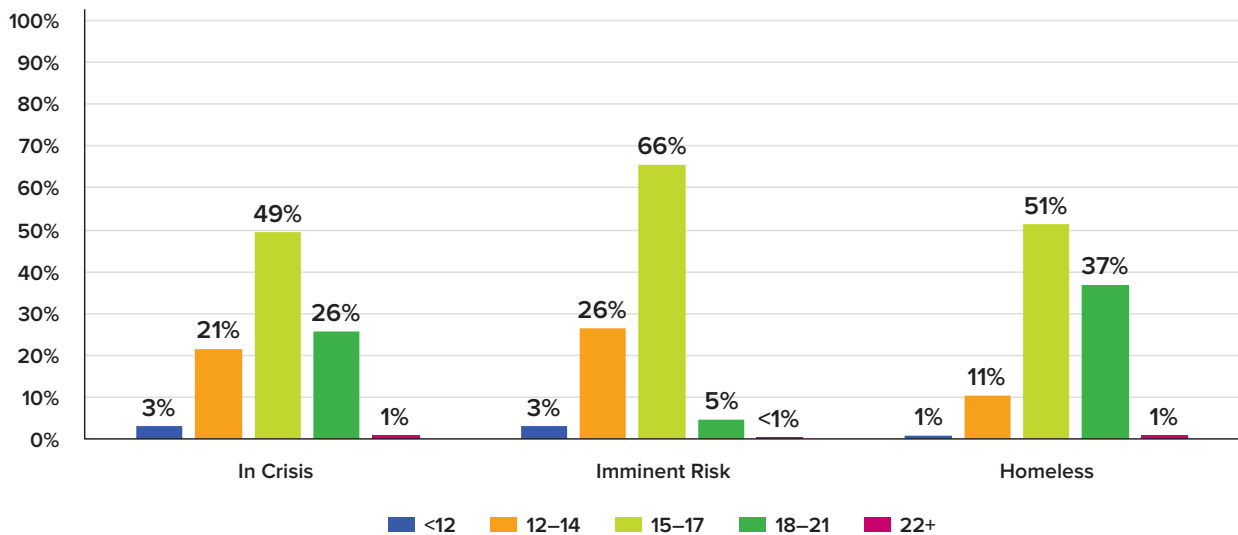
FIGURE 11 Race/Ethnicity of Young People by Homelessness Risk Status (N = 54,324)



Note. In Crisis: N = 22,427. Imminent Risk: N = 18,486. Homeless: N = 13,411.

As shown in Figure 12, 24% of young people in crisis were under the age of 15, compared with 29% of young people at imminent risk and 11% of young people who were homeless. Half of the young people in crisis (49%) were between the ages of 15 and 17, compared with 66% of young people at imminent risk and 51% of young people who were homeless. A quarter of young people aged 18–21 (26%) were in crisis, compared with 5% of young people at imminent risk of homelessness and 37% of young people who were homeless.

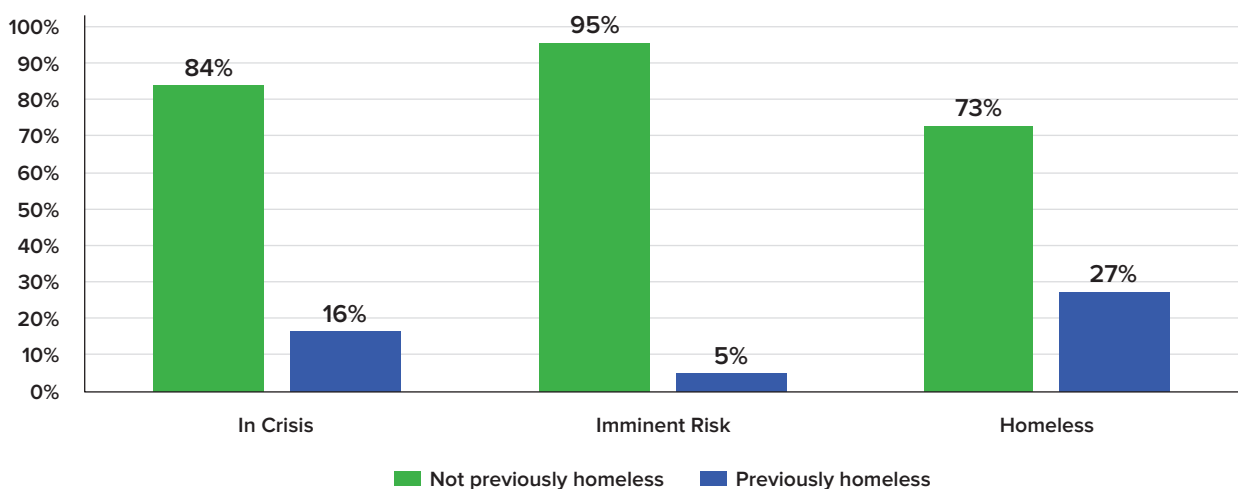
FIGURE 12 Age of Young People by Homelessness Risk Status (N = 87,178)



Note. Percentages may exceed 100% due to rounding. In Crisis: N = 35,536. Imminent Risk: N = 28,226. Homeless: N = 23,416.

Of those who were in crisis, 16% had previously been homeless, compared with 5% of young people who were at imminent risk of homelessness and 27% of young people who were homeless (Figure 13).

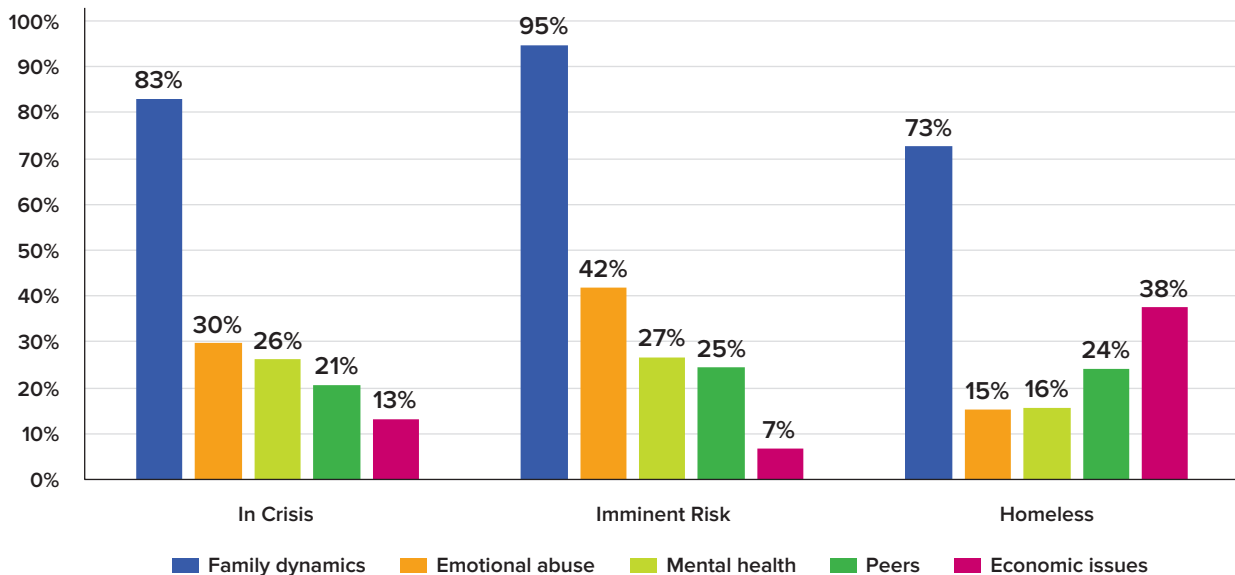
FIGURE 13 Previous Experiences of Homelessness by Homelessness Risk Status (N = 21,253)



Note. In Crisis: N = 7,766. Imminent Risk: N = 5,901. Homeless: N = 2,141.

Figure 14 shows that the major challenges affecting young people in crisis were family dynamics (83%), emotional abuse (30%), and mental health (26%). For young people at imminent risk of homelessness, the most common challenges were family dynamics (95%), emotional abuse (42%), and mental health (27%). The most common issues among young people who were homeless were family dynamics¹ (73%), economic issues (38%) and peers (24%).

FIGURE 14 Presenting Problems by Homelessness Risk Status (N = 99,263)



Note. In Crisis: N = 41,850. Imminent Risk: N = 31,837. Homeless: N = 25,576.

RQ 2b. To What Extent Do Young People's Characteristics and Challenges Predict Their Homelessness Risk?

Figure 15 presents the results of the multinomial logistic regression using characteristics. Figure 16 shows the results of the analyses using *challenges reported to NRS' frontline staff* as predictors of the probability of young people's membership in homelessness risk status groups (i.e., in crisis, at imminent risk of homelessness, or homeless).² We present marginal effects below, which can be interpreted as the increase or decrease in the probability of membership in each group that is associated with the presence of each characteristic or need. The marginal effects demonstrate both the direction and magnitude of the association linking characteristics and challenges with homelessness risk status group membership.

Our results show that, of the demographic characteristics we examined, age was the strongest predictor of young people being in crisis. Compared with young people aged 15–17, those aged 18–21 or 22 and above were 20% and 23% more likely to be in crisis, respectively; those who were under age 12 were 12% more likely to be in crisis. Young people who were at home (compared with elsewhere) when they reached out to NRS were 20% more likely to be in crisis. For young people at imminent risk

¹ This may be due to young people's discussions with NRS staff about why they became homeless, given that NRS' staff try to understand the crisis and identify solutions.

² We excluded previous experiences of homelessness from this analysis due to the small number of contacts who answered RQ 2b. A comparison of models with and without this variable did not meaningfully change the pattern of results presented.

of homelessness, the strongest factor associated with their homelessness risk status was their location at the time of outreach to NRS. Compared with being elsewhere, young people who were at home were 40% more likely to be at imminent risk of homelessness. Older contacts were less likely to be at imminent risk of homelessness. Specifically, youth aged 18–21 and 22 and above were between 23% and 27% less likely to be at imminent risk. As expected, location was the strongest factor associated with homelessness. Young people who reported being at home at the time of outreach to NRS were 59% less likely to be homeless than those who reported being elsewhere.

Figure 16 presents the results of the multinomial logistic regression using young people’s presenting problems reported to NRS’ frontline staff regarding the probability of being categorized as in crisis, at imminent risk of homelessness, or homeless. Challenges associated with a higher likelihood of being in crisis included human trafficking (9%), mental health (7%), and transportation (e.g., being stranded due to lack of transportation; 8%). Challenges associated with a lower likelihood of being in crisis included economics (11%), family dynamics (11%), juvenile crime (5%), neglect (6%), peers (e.g., gang issues; 8%), and youth/family services (9%). Challenges associated with a greater likelihood of being at imminent risk of homelessness included emotional abuse (15%), family dynamics (18%), and peers (6%).³ Challenges associated with a lower likelihood of being at imminent risk of homelessness included economics (17%), human trafficking (20%), juvenile crime (9%), neglect (6%), transportation (17%), substance use (6%). Finally, challenges associated with a higher likelihood of being homeless included economics (e.g., poverty; 28%), human trafficking (11%), juvenile crime (14%), sexual abuse (8%), transportation (8%), substance use (9%), and youth/family services (11%). Challenges associated with a lower risk of being homeless included emotional abuse (15%), family dynamics (6%), and mental health (7%).

³ This analysis focused on assessing the likelihood of NRS’ frontline staff classifying contacts as in crisis, at imminent risk of homelessness, or homeless based on the presenting problems they reported to illuminate the opportunities for prevention as aligned with the Adapted Public Health Framework for Youth Homelessness Prevention. The results of this analysis do not presume directionality or causal inference in terms of presenting problems affecting whether young people are in crisis, at imminent risk, or homeless.

FIGURE 15 Marginal Effects of Young People's Characteristics Associated With Homelessness Risk Status (N = 37,687)

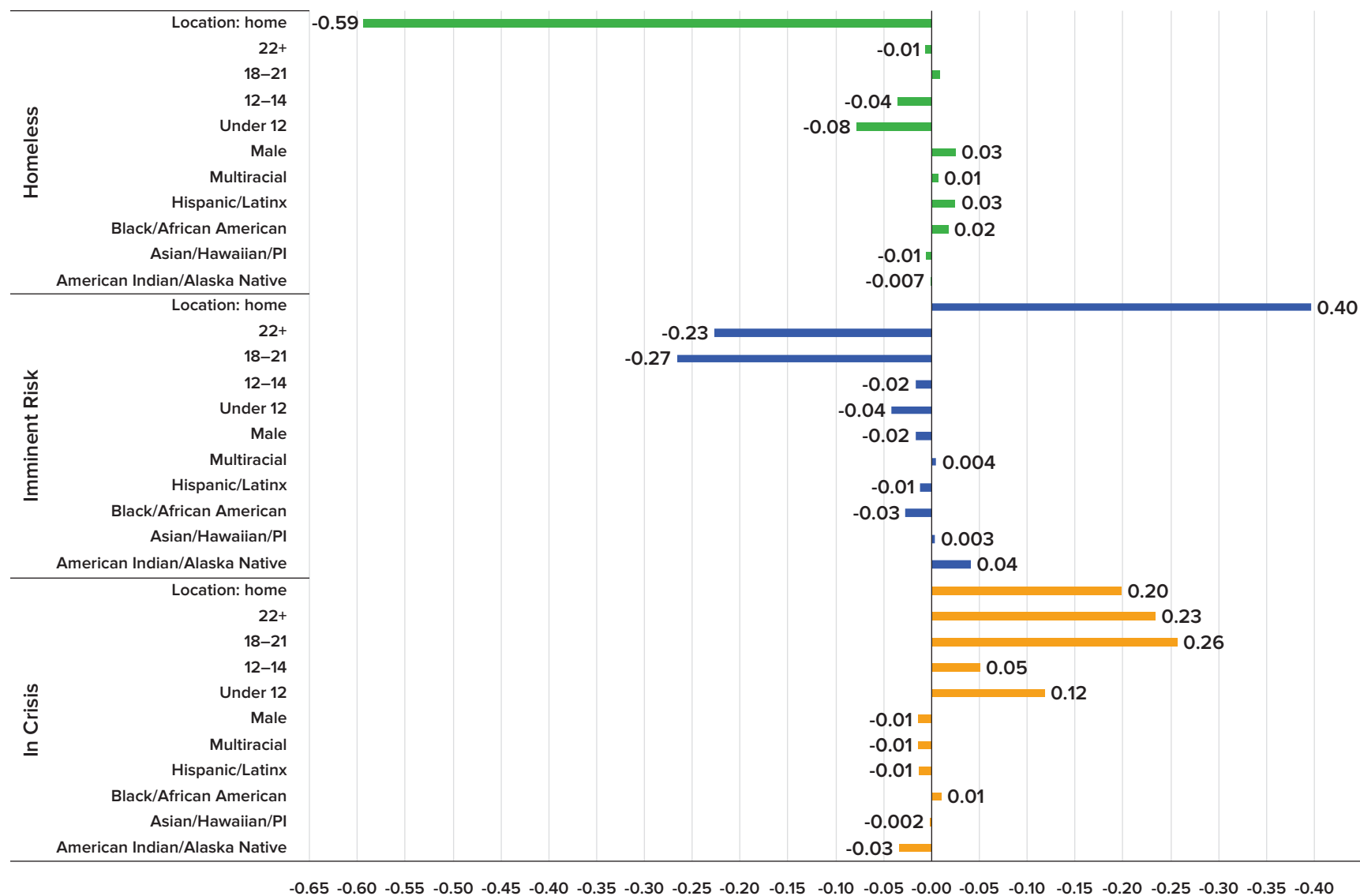
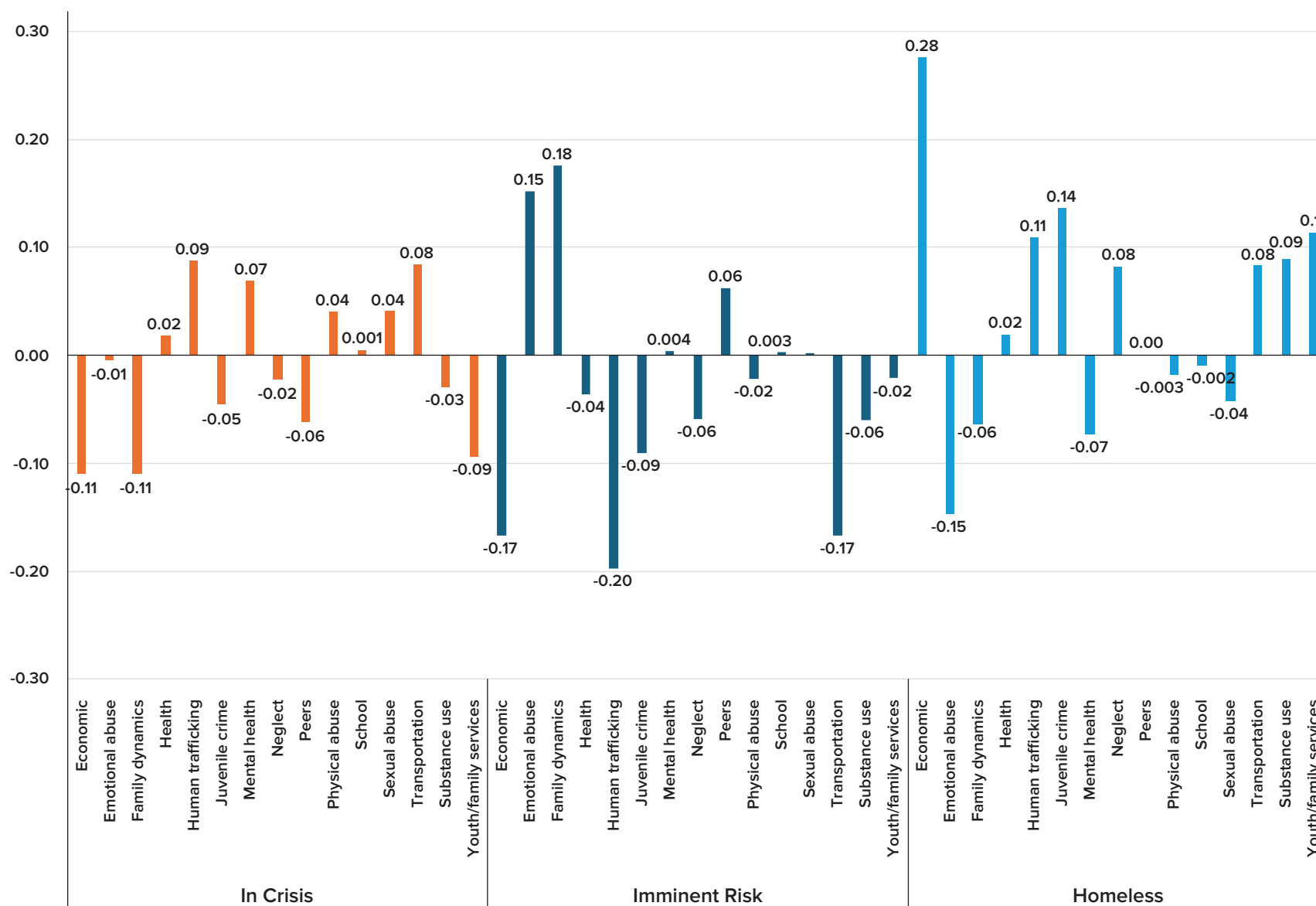


FIGURE 16 Marginal Effects of Challenges Associated With Homelessness Risk Status (N = 99,263)

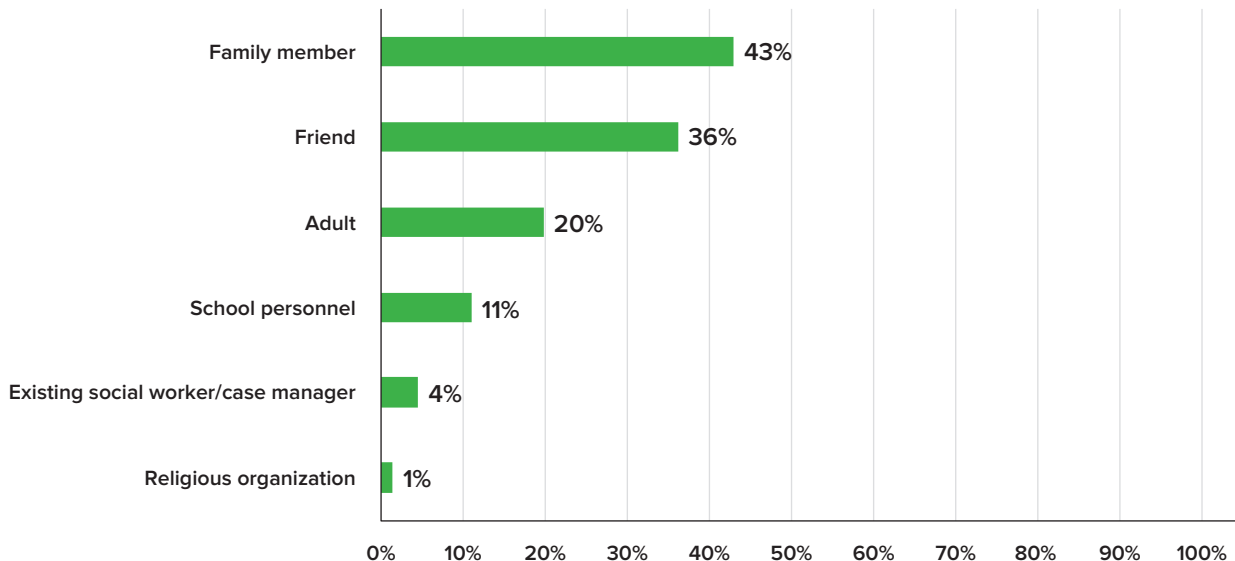
RESEARCH QUESTION 3

What Kinds of Referrals Does NRS Make for Young People Who Need Crisis Intervention Services?

NRS explores additional options for support during crisis intervention with young people, including internal and external resources and referrals. Some resources may be informal, such as natural supports like family or friends. Others are formal, such as social services entities or mental health professionals. Referrals are provided based on what a young person requests and/or is open to receiving.⁴

Figure 17 shows that the most common type of natural supports that NRS staff discussed with young people was family members (43%). This means that NRS' frontline staff provided guidance and insight on problem solving and how to discuss the issue at hand with family members. About a third (36%) of young people discussed connecting with a friend, and 20% of young people talked about how other adults could offer support and assistance.

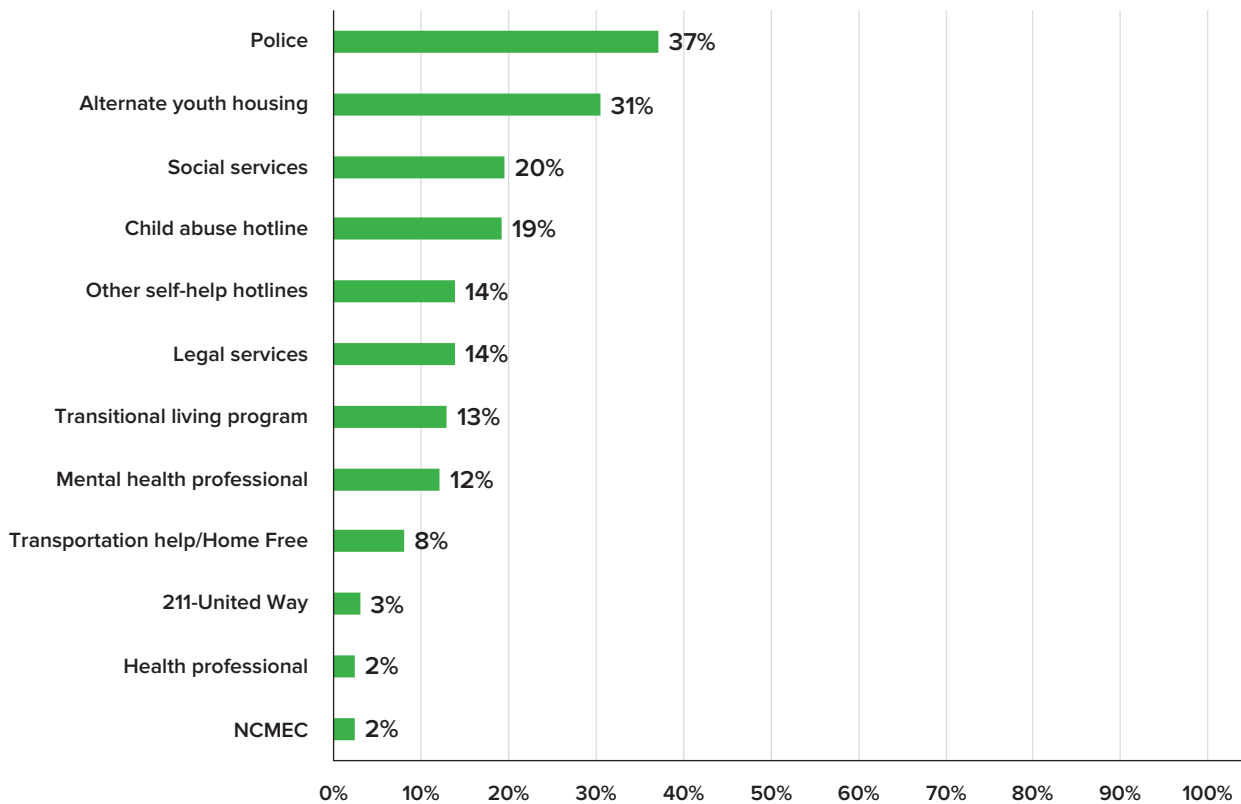
FIGURE 17 Types of Identified Natural Support Systems NRS Frontline Staff Discussed With Young People (N = 104,357)



⁴ We have excluded referrals to NRS services from these figures, which 97% of contacts received. These referrals involve call backs and referrals to other NRS services, such as mediation and the messaging service.

Figure 18 shows that the most common referral to community-based services and supports was to connect with the police (37%) about issues that young people were experiencing, such as violence or abuse. About a third of young people received this type of referral. Additionally, 31% of young people received referrals to alternative youth housing, and 20% received referrals for social services.

FIGURE 18 Types of Referrals That Young People Received From NRS Frontline Staff to Community-Based Services and Supports (N = 104,357)



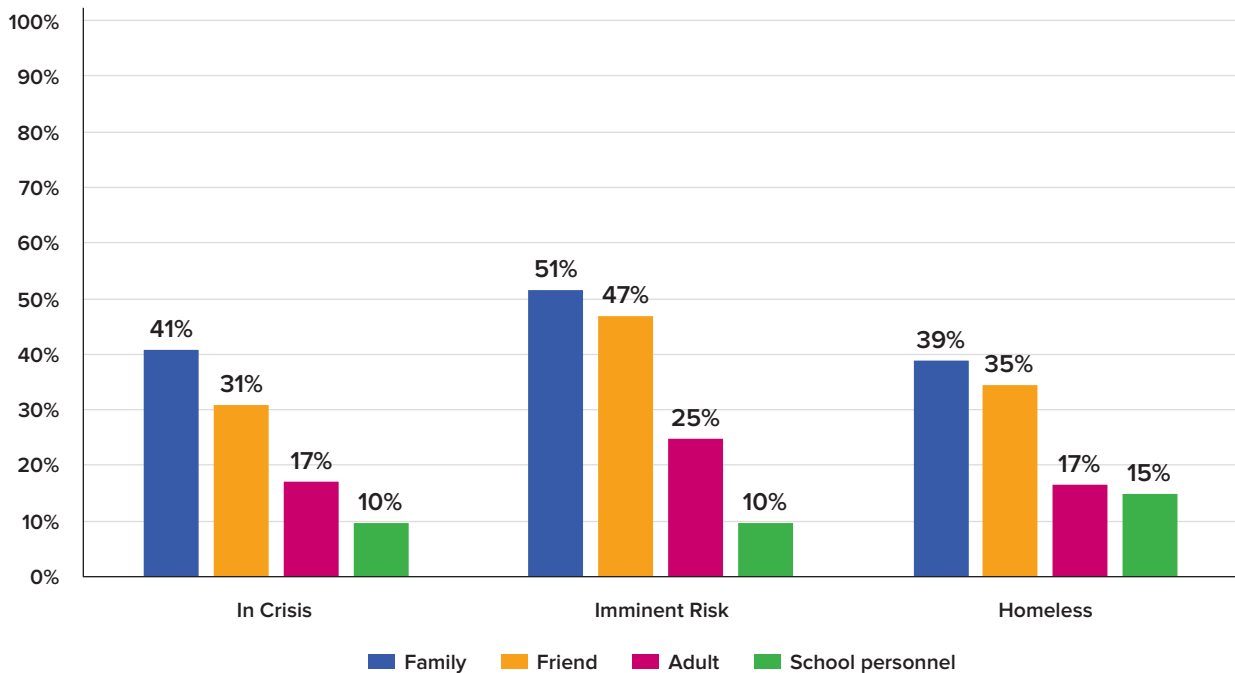
Note. NCMEC = National Center for Missing & Exploited Children.

RQ 3a. How Do Types of Referrals Vary by Young People's Homelessness Risk Status?

In Figures 19 and 20, we present the top four most common types of referrals (by natural supports and community-based services and supports) and compare differences across homelessness risk status groups to understand what types of referrals young people received from NRS.

In Figure 19, we present natural supports that NRS staff discussed with young people across the homelessness risk status groups. About half (51%) of young people at imminent risk of homelessness discussed connecting with family members, compared with 41% of young people who were in crisis and 39% of young people who were homeless. Furthermore, among young people at imminent risk of homelessness, 47% received referrals to friends, compared with 35% of young people who were homeless and 31% of young people in crisis. Additionally, a slightly larger proportion of young people at imminent risk of homelessness received referrals to adults in their social network (24%), such as teachers or neighbors, compared with young people who were in crisis or homeless (17%). Among young people who were homeless, 15% discussed talking with school personnel, who could connect young people with resources through the Education for Homeless Children and Youth program (National Center for Homeless Education, 2022), compared with 10% of young people in crisis and at imminent risk.

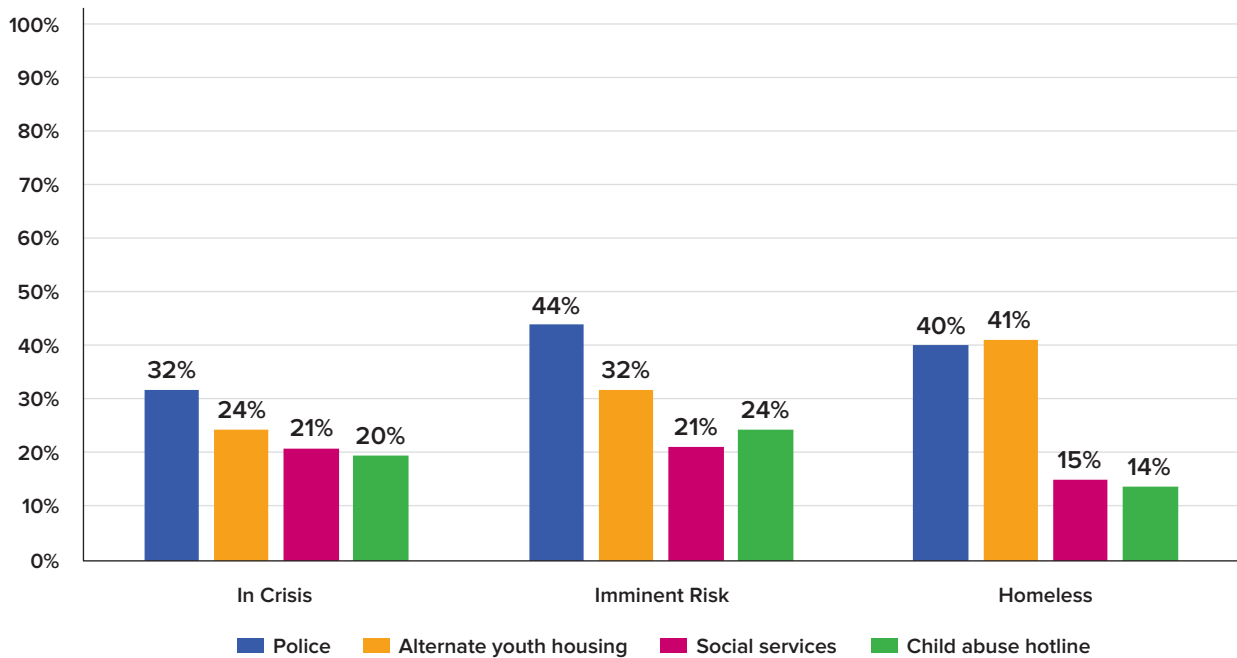
FIGURE 19 Types of Referrals That Young People Received From NRS Frontline Staff by Homelessness Risk Status (N = 98,256)



Note. We have excluded NRS services from these figures, which 97% of contacts received. These referrals involve callbacks and referrals to other NRS services, such as mediation and the messaging service. Referrals were not mutually exclusive, so contacts could receive multiple referrals. In Crisis: $N = 41,394$. Imminent Risk: $N = 31,466$. Homeless: $N = 25,396$.

Figure 20 shows the referrals to community-based supports and services across the homelessness risk status groups. Almost half of young people at imminent risk of homelessness (44%) received referrals to the police, compared with 40% of young people who were homeless and 32% of young people who were in crisis. NRS staff referred higher proportions of young people who were homeless (41%) or at imminent risk of homelessness (32%) to alternative youth housing, compared with young people in crisis (24%). Referrals to social services and the child abuse hotline were nearly equivalent among young people who were in crisis (21% and 20%, respectively) and at imminent risk (21% and 24%, respectively) but were lower among young people who were homeless (15% and 14%, respectively).

FIGURE 20 Types of Referrals That Young People Received From NRS Frontline Staff by Homelessness Risk Status (N = 98,256)



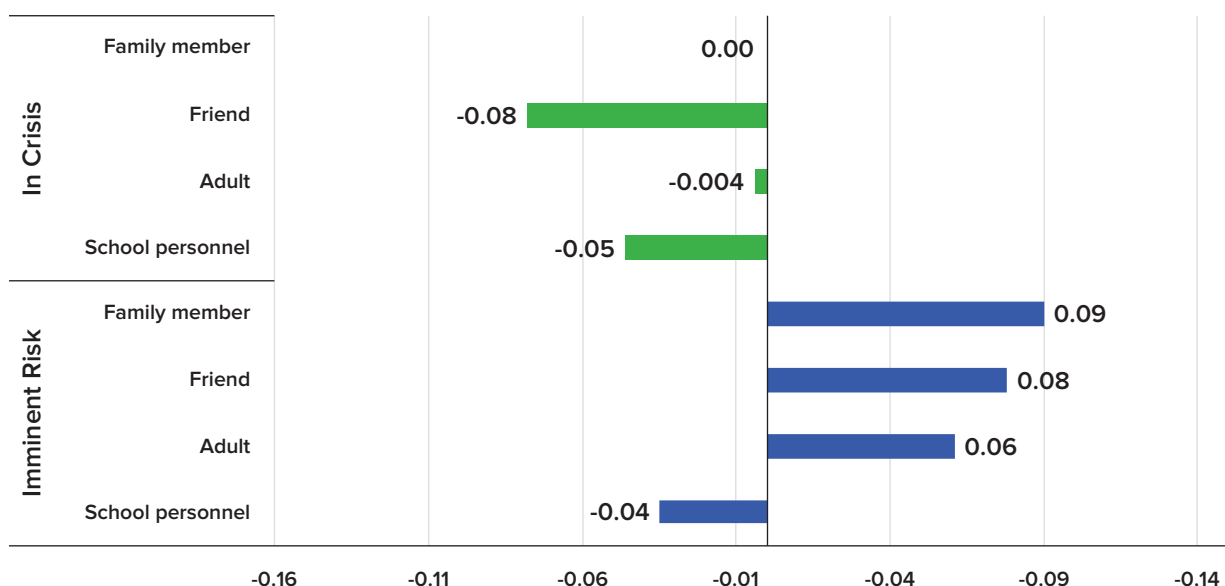
Note. We have excluded NRS services from these figures, which 97% of contacts received. These referrals involve callbacks and referrals to other NRS services, such as mediation and the messaging service. Referrals were not mutually exclusive, so contacts could receive multiple referrals. In Crisis: $N = 41,394$. Imminent Risk: $N = 31,466$. Homeless: $N = 25,396$.

RQ 3b. To What Extent Does Young People's Homelessness Risk Status Predict Specific Types of Referrals?

Figures 21 and 22 present the results of the multinomial logistic regressions using homelessness risk status as a predictor of the probability of young people discussing the four most common natural supports or community-based referrals. We present marginal effects in these figures, which can be interpreted as the increase (or decrease) in the probability of young people in crisis or at imminent risk of homelessness discussing a natural support or receiving a referral, compared with young people who were homeless. The marginal effects demonstrate both the direction and magnitude of the association linking homelessness risk status with types of referrals.

As shown in Figure 21, after controlling for demographic characteristics, young people in crisis were 8% less likely to discuss connecting with friends and 5% less likely to discuss connecting with school personnel than young people who were homeless. Young people at imminent risk were 9% more likely to discuss reconnecting with family, 8% more likely to discuss connect with friends, 6% more likely to discuss connecting with an adult, and 4% less likely to discuss connect with school personnel, compared with young people who were already homeless.

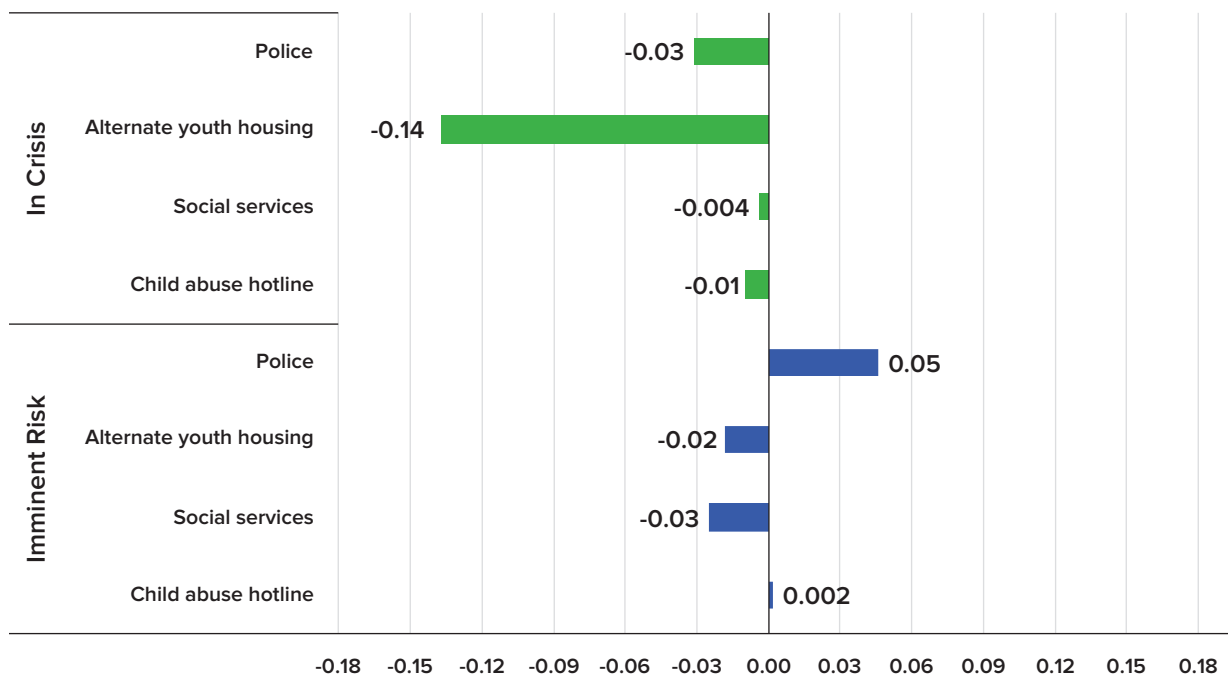
FIGURE 21 Marginal Effects of Homelessness Risk Status on Types of Referrals Received
(N = 37,417)



Note. "Homeless" was the reference category for the logistic regression analyses predicting types of referrals received.

Figure 22 shows that young people in crisis were 14% less likely to receive a referral to alternative youth housing than young people who were homeless. Young people at imminent risk were 5% more likely to receive a referral to the police, compared with young people who were homeless.

FIGURE 22 Marginal Effects of Homelessness Risk Status on Types Referrals to Community-Based Services and Supports (N = 37,417)



Note. "Homeless" was the reference category for the logistic regression analyses predicting types of referrals received.

DISCUSSION

This study leveraged NRS crisis intervention services data from 2019–2023 to illuminate opportunities to prevent youth and young adult homelessness across the United States and its territories. The people in this study were primarily youth and young adults reaching out on their own behalf to seek services from NRS, reflecting the considerable resilience and proactive efforts of young people to address their challenges and circumstances. Two thirds of these young people were reaching out from home, and three quarters were not yet homeless at the point of connection with NRS' frontline staff. When young people are still at home and have not yet become homeless, there are critical, time-sensitive opportunities for preventing homelessness or its recurrence. NRS' crisis intervention services receive more than 25,000 contacts annually through their five communication channels, and of the nearly 100,000 contacts included in the analytic data set for this study, 77% were likely suitable for primary or secondary prevention services and supports to help resolve issues that were escalating toward a crisis that could result in homelessness. Timely and appropriate supports can help diffuse emerging risks or active crises and are vital to keeping young people safely and stably housed.

The most reported need among young people seeking NRS' crisis intervention services related to family dynamics, followed by emotional abuse, mental health, and peers. These findings add validity to a robust body of literature on the predictors of homelessness and the cooccurring challenges of young people experiencing homelessness, which commonly include family conflict, abuse and neglect, and peer-related issues such as delinquency and gang involvement (Heerde et al., 2020; Kelly, 2020; Samuels et al., 2021). Furthermore, the findings from this analysis emphasize the importance of coordinated and responsive services related to intersecting and co-occurring challenges that can help to prevent risk of homelessness, crises that result in homelessness, and recurring incidents of homelessness (Black et al., 2018). An assessment of these findings reveals opportunities for local communities to build cross-sector partnerships among child welfare, mental and behavioral health services, and youth homelessness systems that better meet young people's holistic needs, regardless of which local human services system they approach.

To understand opportunities for prevention, we examined the characteristics, experiences, and presenting problems of youth across homelessness risk status groups: in crisis, at imminent risk of homelessness, and homeless. Among young people in need of NRS' crisis intervention services, 42% were in crisis, 35% were at imminent risk, and 23% were homeless. We first examined how young people's demographic characteristics varied across these groups, which revealed that a higher proportion of males connected with NRS when they were homeless than when they were in crisis or at imminent risk. This may reflect social dynamics and hesitance among males to engage in proactive help-seeking before reaching a crisis (Yousaf et al., 2013). This suggests a need for public awareness messaging and communication strategies that destigmatize the need for supports related to housing instability and homelessness and its co-occurring challenges.

Regarding age, young people at imminent risk and in crisis were more likely to be minors under the age of 18. This highlights the importance of having suitable prevention resources for young people who are minors, given that eligibility for services outside of the home, such as access to mental health counseling, may vary by age according to state law (National Homelessness Law Center, 2025). Young people who were homeless were more likely to be 18 and older, compared with young people in crisis and at imminent risk. These findings align with the literature on the trajectories of youth homelessness (Kelly, 2020; Samuels et al., 2021; Tyler et al., 2011). Previous research has found that earlier experiences

of housing instability within families, the loss or death of a caregiver, and family conflict and violence are risks that can lead to crises that can result in homelessness later in adolescence and early adulthood.

Unsurprisingly, the largest proportion of people who were previously homeless was found among young people who were homeless, compared with young people in crisis and at imminent risk. Knowing who has been homeless in the past is critical for NRS frontline staff so that they can refer young people to services and supports that break the cycle of chronic homelessness and support sustainable transitions from homelessness. This enables staff to address the “prevent recurrence” tier of the Adapted Public Health Framework for Youth Homelessness Prevention (Farrell et al., 2024). Notably, one in six young people who reported being in crisis said they had previously experienced homelessness, suggesting that they were resilient and proactive in seeking supports when new emerging challenges threatened their housing stability.

Findings revealing differences across homelessness risk status groups highlight the most salient opportunities for prevention. Across each homelessness risk status group, family dynamics was the most reported presenting problem, reported by nearly all young people in crisis and at imminent risk. It is important to note that family dynamics, as characterized by NRS staff, include conflict with family rules, problems with parents/guardians, problems with siblings, and moving, as well as death of a friend or family member and challenges related to being a pregnant or parenting young person, among others. Young people facing family conflict should obtain expeditious access to critical family-strengthening supports that promote reconnection and reconciliation among families (Pergamit et al., 2016), as well as supports for housing and other material needs (e.g., food, healthcare) for young people for whom returning home is not a safe option (Henwood et al., 2018). Among young people in crisis and who are homeless, family dynamics may be associated with different issues such as the death of a loved one, a pregnancy, or challenges with parenting while unstably or insecurely housed. Nonetheless, the ubiquitous intersection of family-related challenges with young people’s housing underscores the need for a variety of family-related resources and supports that community-based programs should be prepared to provide to young people they serve.

This report aggregated data over 5 years to provide a robust and holistic picture of the challenges and opportunities for prevention of youth homelessness across the nation. Previous reports released by NRS have highlighted trends over time on the topics presented in this report (NRS, 2024). Some of these trends have varied over time, especially over the course of the COVID-19 pandemic, such as an increase in young people under age 15 reaching out and an increase in young people reaching out from home. However, much of what we present in this report reflects the needs of young people who have interacted with NRS since 2019. Notably, contacts with reported mental health needs increased during the pandemic but remained comparatively low given the challenges that NRS staff reported hearing from young people, which included abuse, neglect, and family conflict. For young people experiencing homelessness, it may be the case that the hierarchy of needs prevents them from focusing on their mental health given the more pressing demand for material and basic needs such as housing (Parast et al., 2018).

Predictive statistical analyses underscored the importance of age and location as factors related to homelessness risk status. As expected, young people under the age of 18 and those who were at home presented the greatest opportunities for prevention in the second (“prevent risk from becoming crisis”) and third (“prevent crisis from becoming homelessness”) levels of the Adapted Public Health Framework for Youth Homelessness Prevention (Farrell et al., 2024). Understanding which challenges are most salient for young people across the homelessness risk spectrum can help NRS’ frontline staff determine which referrals or resources young people need to deescalate any challenges they

may be facing. Our results showed that referrals and resources related to human trafficking, mental health services, child maltreatment, and transportation would be most useful to young people in crisis. Supports related to child maltreatment and family conflict, juvenile crime, and peers would be best suited to young people at imminent risk of homelessness. For young people who are homeless, supports focused on economics, human trafficking, juvenile justice, sexual abuse, substance use, and youth/family services would be most critical to sustainably exiting homelessness.

There was some evidence that the referrals young people received from NRS were aligned with their stated challenges by homelessness risk category. Young people at imminent risk of homelessness were more likely to receive referrals focused on leveraging natural support networks to address a crisis that could result in homelessness, compared with young people who were homeless. A larger proportion of young people at imminent risk received referrals to police, compared with young people who were homeless. Young people who were homeless commonly discussed connecting with school staff and friends, but surprisingly, young people in crisis discussed few natural supports to resolve their emerging challenges. Additionally, young people in crisis were less likely to receive referrals to alternative youth housing, compared to young people who were homeless, highlighting efforts of NRS' staff to ensure that basic needs such as housing are promptly addressed with an appropriate referral. Additional research is needed to understand exactly which resources and supports best address the challenges of young people across homelessness risk status groups to prevent risks, crises, and recurrences of homelessness.

Taken together, these analyses highlight important takeaways about young people in crisis, at imminent risk of homelessness, and experiencing homelessness. The “in crisis” group, as characterized by NRS, encompassed a wide spectrum of young people, including those who had not yet experienced homelessness and its associated traumas, as well as young people with complex experiences and challenges, such as previous experiences of homelessness and human trafficking. These experiences may have made youth more proactive in seeking supports to resolve an emerging crisis that had not yet resulted in homelessness. Young people at imminent risk of homelessness were most likely to be at home and appeared to be facing serious challenges in their family and social environments, including maltreatment and peer problems, as well as potential delinquency and juvenile justice system involvement. In line with the evidence (Coward Bucher et al., 2018; Samuels et al., 2021), young people experiencing homelessness were older and had greater challenges and risks that are empirically linked with experiences of homelessness, including economic and material needs and exposure to human trafficking, violence, and substance use, which are concerning public health challenges. In short, the results of this analysis revealed new insights about these three groups of young people facing challenges that can be characterized along the continuum of homelessness risk, as outlined in the Adapted Public Health Model for Youth Homelessness Prevention, but results revealed greater nuance and complexity in the group of young people in crisis than hypothesized in the model.

Practice and Policy Recommendations

Next, we present practice and policy recommendations for NRS staff and administrators of programs that serve young people at risk of and experiencing homelessness, and state/local youth homelessness systems in response to the findings detailed in this report.

Recommendations for NRS

1. **Improve trauma-informed data collection on the characteristics, experiences, and challenges of young people seeking NRS' crisis intervention services to improve needs assessments and inform appropriate referrals.** Understanding the characteristics, experiences, and challenges of young people associated with each homelessness risk status group reveals challenges and opportunities for person-centered approaches to prevention. NRS only records information that is voluntarily shared, but missing data inhibit the field from obtaining a holistic understanding of who young people are and what they experience, which can inform local, state, and federal decision making. NRS should examine whether its current management information system contains data fields that are up to date and in alignment with the experiences young people report. This could be done in partnership with frontline staff and validated with their Youth Advisory Board.

Additionally, NRS should consider identifying potential mechanisms for collecting these data based on the existing literature, discuss these options with their Youth Advisory Board and frontline staff (i.e., staff, volunteers, and interns), pilot test the most optimal approach, and use a continuous quality improvement cycle to monitor and improve data collection based on emerging evidence. Testing different approaches to collecting these data, as well as conducting brief follow-up surveys or questionnaires to a random sample of contacts, may help to validate the quality and accuracy of the data captured by revealing the extent to which young people share consistent information during their initial interaction with NRS' frontline staff.

2. **Explore the utility of specific referrals that NRS provides to young people based on their challenges and homelessness risk status.** NRS could also examine the details of referrals that young people receive—including specific local referrals, which NRS' frontline staff track—and the utility of these referrals. There is no existing literature on the take-up of referrals among young people experiencing or at risk of homelessness who connect with helplines. Such literature would provide value for NRS to understand more about (a) which young people receive referrals to their natural support networks versus community-based services and supports and (b) the barriers to soft hand offs (e.g., young person refused, agency not open).

For instance, when NRS' staff are working directly with a young person who is homeless, they should ensure that the young person is going to a shelter or other temporary housing program, not simply accepting a referral for the program. Additionally, there are state policies on the minimum age of consent for treatment and assistance, so it would be helpful to understand whether referrals that minors receive are in fact legally available to them. Illuminating the nuances of NRS referral processes and their outcomes for young people could help NRS drive efforts toward continuous quality improvement, quantify their impact, and advance positive outcomes for young people. There may be value in developing

mechanisms, such as a mobile app, that could track self-reported information on the take-up of community-based referrals. Such an app could also capture young people's satisfaction with suggested referrals so that NRS can conduct quality assurance on its referrals and begin to explore their value.

Recommendations for Programs Serving Young People Experiencing or at Risk of Homelessness

3. **Ensure access to prevention and early intervention programs among families facing a myriad of challenges.** It is critical that youth and family service providers offer adequate resources and supports before child protective services intervenes. There may be opportunities to leverage federal Title IVE funds through the Family First Prevention Services Act (FFPSA) that affords resources to youth and family service providers that have partnerships with their state child welfare agencies. Through FFPSA, states have been developing prevention plans and expanding evidence-based programs that are associated with the prevention of foster care placement available to eligible children, youth, and parents. FFPSA-funded programs include mental health support, substance use treatment, in-home parenting skill-based programs, and kinship navigation programs. These programs, which are designed to promote family preservation, may serve as valuable upstream prevention interventions that reduce a risk (e.g., interaction with the child welfare system due to family conflict), from turning into a crisis that results in homelessness.
4. **Promote connections to community-based resources to address the comprehensive needs of all family members.** As a holistic unit, families have a diverse set of needs and expectations for how they interact. Challenges among any member, such as substance use or mental health needs, can have implications for family functioning and well-being, as demonstrated in the literature on adverse child experiences (Balisteri & Alvira-Hammond, 2016). These types of intrafamilial challenges necessitate access to adequate resources for all family members. Community-based providers should explore opportunities to expand access to low- and no-cost mental health and substance use services (regardless of insurance types), increase capacity to serve individuals and families, decrease wait times, and ensure access to a standard continuum of care (i.e., outpatient, individualized outpatient, partial hospitalization program, and inpatient). Depending on which family member(s) have the central presenting problem, service providers should rally to support the other family members, including the young person in question, parents, and siblings, among others. Additionally, many family challenges emerge in the context of scarcity and poverty (de Bruijn & Atonides, 2022), so community-based providers must increase interagency referrals and facilitate pathways to a varied service array that includes housing, food, medical, and economic resources, all of which typically have different entry points.
5. **Incorporate youth-centered policies in supportive services.** This may involve developing or leveraging youth advisory boards to help inform organizational procedures and protocols to be more youth centered. Operationalizing this principle could involve, for instance, restricting zero tolerance policies that penalize youth before they have support and increase chances of not asking for help again; decreasing waiting times for re-entry to youth serving programs; and creating levels of care and support between waiting times.

Recommendations for State/Local Youth Homelessness System Administrators

- 6. Support cross-sector partnerships at the local level to address the interconnected and cooccurring challenges of young people at risk of or experiencing homelessness.** Young people across homelessness risk status groups reported a wide variety of challenges, suggesting that many concerns are interconnected (e.g., emotional abuse and family dynamics) and may merit comprehensive service engagement. Among young people in crisis and at imminent risk, there may be value in understanding how child welfare agencies, youth homelessness systems, and mental/behavioral health systems can work together to ensure that young people can access the services and supports they need, regardless of where they enter their local human services system. There may also be value in embedding youth service providers in community schools, which is a model that colocates community-based services within a school building to facilitate access to a holistic set of supports, better center families in children's academic journeys, and make the school a community hub (National Education Association, n.d.). Studies have found that community schools often involve colocated health services, expand the type of extracurricular activities offered, and better integrate families into the broader community. This approach could make community schools the perfect entry point for comprehensive and coordinated case management that involves connecting families and young people with supports before they reach a crisis.
- 7. Develop local system or asset maps to understand what local resources are available to young people that best meet their needs.** Research has found that young people experiencing or at risk of homelessness face various barriers to accessing services and supports (Hudson et al., 2010). NRS' frontline staff can help young people learn about and access these resources via an inventory of more than 6,200 local youth service providers across the country. Many communities who have received Youth Homelessness Demonstration Program awards from the Department of Housing and Urban Development have completed service or asset maps to help inform their understanding of the local landscape of resources (HUD, 2025). Sharing this information with NRS could ensure that NRS keeps its inventory up to date, so that young people can efficiently connect with relevant and available providers.
- 8. Ensure that local youth homelessness systems are adequately resourced to meet the economic needs of young people who are homeless.** Among young people who were homeless, economics issues (e.g., access to housing, employment challenges) were a primary concern. Local youth homelessness systems can ensure that young people get access to services and supports that can prevent homelessness or promote sustainable exits from homelessness, including direct cash assistance, referrals to housing assistance programs, and job training, among others (U.S. Interagency Council on Homelessness, 2024). Of course, state and local youth homelessness systems must be adequately resourced to help young people (and their families) with and without adequate resources to pay for services, which requires investment and advocacy among local service providers and policymakers. Investing in local needs and system assessments can help regional youth homelessness systems ensure that they have the right resources in the right places, based on the needs of the population they serve.

Recommendations for Federal and State Policymakers

9. **Support the development of a public awareness campaign to increase awareness of federal services and supports for all young people at risk of or experiencing homelessness, including NRS, and destigmatize seeking help.** Some young people may not interact with NRS in the lead-up to a crisis that results in homelessness. It would be useful to develop a public awareness campaign of all federal services and supports for young people, including NRS, with input from young people representing a broad range of demographic characteristics and regions across the country. Together, and in collaboration with federal youth homelessness stakeholders, such as the National Youth Homelessness Partnership, developers of this campaign could expand NRS' reach into a broad swath of communities across the nation through commonly visited locations, such as schools, hospitals, police stations, transportation hubs, public restrooms, and parks. Expanding awareness could ensure that all young people have access to knowledge, can self-refer to NRS, and get connected to supports before they become homeless.
10. **Permit the expansion of existing policy solutions to better meet the needs of families for whom conflict may lead young people to leave home.** Families experiencing high levels of conflict that might result in young people running away do not currently have access to fiscal and community-based supports until the family is separated. For instance, foster parents are given a monthly stipend, a case worker to support them in accessing services for the child, assistance with transportation, school advocacy for children's needs, a medical card for the child, access to early intervention, child care, individual and family therapy, medication management, psychological and psychiatric treatment, and funding for prosocial activities, mentoring, and education and vocational resources for the children in their care. Federal policymakers should seek opportunities to expand resources within the child welfare system for youth homelessness prevention, such as leveraging statewide resources available through FFPSA.

Recommendations for Researchers

11. **Conduct a policy analysis to understand the opportunities unaccompanied minors have to seek services from local service providers.** Nearly three quarters of young people who reach out to NRS are minors, and many report serious issues such as abuse and neglect. It would be helpful to analyze the policies across states that stipulate the types of services that young people can access without parental consent, such as mental health counseling and basic needs (e.g., food, clothing). These types of services could help young people develop coping strategies and best practices for managing interpersonal conflict that ultimately improve the likelihood of remaining at home with their families. This type of information would also be valuable to NRS to ensure that any community-based referrals they share with minors are in fact available to them.
12. **Rigorously evaluate family-strengthening interventions for young people who are in crisis or at imminent risk of homelessness to build an evidence base on what works for youth homelessness prevention.** A considerable proportion of young people in crisis and at imminent risk of homelessness reported challenges within their families, including family conflict and maltreatment. Young people facing these challenges could benefit from family-strengthening programs that promote constructive coping mechanisms and improved interpersonal dynamics. However, there is limited research that effectively demonstrates positive outcomes associated with participation in family-strengthening programs among

young people experiencing or at risk of homelessness (Pergamit et al., 2016). This is a critical direction for future research. Practitioners may find value in the existing evidence base on this topic from the child welfare field, which uses the Title IVE Prevention Services Clearinghouse to identify evidence-based programs in the domains of mental health, substance use, in-home services, and kinship navigation (U.S. Department of Health and Human Services, Administration for Children and Families, n.d.). More research around family-strengthening interventions is needed that specifically focuses on young people at risk of and experiencing homelessness.

Recommendations for Young People

- 13. Seek out community-based youth-service providers that offer various types of services or supports.** Young people who reach out to NRS can talk with crisis services staff about what they are experiencing, and NRS' frontline staff can help connect young people to the appropriate organizations in their communities. Interacting with NRS to find the right supports can help save young people time and emotional energy as well as give them the opportunity to safely practice advocating for themselves and determining what their highest priority needs are. Engaging with community-based services where young people spend time, such as a drop-in center, can provide opportunities for young people to be in community and find solidarity with others who have overcome similar challenges. Joining a provider's youth advisory board can help young people elevate the importance of housing supports and other resources for local youth and young adults.
- 14. Get educated on state and local youth homelessness systems.** The Youth Homelessness Demonstration Program (YHDP) has shown the value of including young people with lived experiences of homelessness in the systems improvement process. By engaging young people's knowledge and experiences, system administrators better design services and supports to meet young people's needs. Young people can bring their expertise to bear by exploring the resources in their communities for youth and young adults who are either at risk of or experiencing homelessness and sharing their knowledge of those resources with friends and community stakeholders. Young people can further advance the development of youth-centered systems by being sensitive to the awareness that experiences of homelessness can be different for everyone.
- 15. Explore opportunities to participate in advocacy efforts that inform systems change with federal, state, and local policymakers.** Young people may find it empowering to draw on their own personal experiences to inform systems change at federal, state, and local levels. To help influence federal and state advocacy, young people may want to seek opportunities to engage their local and systems stakeholders to discuss how to improve the services for young people. Some opportunities to engage with these stakeholders may include emailing and calling the offices of Congresspeople and state representatives, joining technical assistance calls hosted by nonprofit organizations serving young people experiencing homelessness, networking through community events and advocacy spaces, joining a local chapter of a youth advocacy organization, or becoming the youth representative in their local or balance of state Continuum of Care (CoC), which is a role that certain CoCs reserve for young people with lived experiences of homelessness. These opportunities may allow young people to build relationships, exchange ideas, and collaborate with other youth advocates, service providers, and system leaders working toward shared goals. In addition to promoting system improvements, those participating in advocacy efforts can work with state and federal policy makers to change the narrative to de-stigmatize youth homelessness.

CONCLUSION

This report is the first of its kind to aggregate five years of NRS crisis intervention service data to understand the differences between young people who are in crisis, at imminent risk of homelessness, and homeless. Aligning these groups with the tiers in the Adapted Public Health Framework for Youth Homelessness Prevention can help actualize this framework. Our findings provide insights into how a national organization like NRS—which provides critical and time-sensitive supports to young people and those who care about them—can strategically direct its contacts to the resources they need, in service of preventing and ending youth homelessness.

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