



COMMUNITY
ACTION
TEAM



Innovations
for Youth

On the COVID-19 Front Line and Hurting

Addressing the Needs of Providers for
Youth Experiencing Homelessness in
Berkeley and Alameda County

MAY 2020



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Terms and Abbreviations

CDC	Centers for Disease Control and Prevention
COB	City of Berkeley
COVID-19	coronavirus disease
HMIS	Homeless Management Information System
PEH	people experiencing homelessness
PPE	personal protective equipment
RP3	Research Practice Policy Partnership
TAY	transition-aged youth
YEH	youth experiencing homelessness
YHDP	Youth Homelessness Demonstration Program

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Executive Summary

More than ever, providers for youth experiencing homelessness (YEH) are the lifelines for their clients during the COVID-19 pandemic. We conducted the following project to document the needs that providers have in order to support their clients. Although our focus is on the needs of providers in the City of Berkeley and the San Francisco East Bay, many of the needs documented here apply to providers for YEH elsewhere in California and nationally. Furthermore, although it is tempting to see the current period as fleeting, we are simply in the first phase of our shelter in place in California. It is clear that the most vulnerable populations, including unsheltered populations, will need to stay sheltered in place for as long as possible in order for us to minimize the likelihood and size of a second peak. Though we are eight weeks into shelter in place in the Bay Area, the needs of YEH are more, not less, urgent as each day passes.

Our report consists of two parts. The first part is an analysis of Alameda County's Homelessness Management Information System (HMIS) data for a one year period from (7/2018-6/2019), and of Berkeley's HMIS data over an 11-year period (2006-2017). The second part of this report is a qualitative needs assessment of services providers for YEH recruited from a range of organizations, including shelters, transitional housing sites, health care clinics, and school districts. The interviews, conducted in April 2020, revealed recurring themes regarding the needs and challenges experienced by YEH-serving organizations.

The following recommendations are intended for local and state governments, as well as for funders, regarding how to support YEH-serving organizations. These are based on both parts of our findings.

YEH in Alameda County and the City of Berkeley are vastly more likely to be people of color than the Alameda County population overall. In both the Alameda and Berkeley analyses, youth are disproportionately likely to be Black, American Indian/Alaskan Native, and Hawaiian/Pacific Islander. 45.4% of visits for services in Alameda County in 2018-2019 were made by youth born in the County (data not shown). 86.2% of visits were made by youth born in California (data not shown). Slightly fewer than half of 16 and 17 year old YEH in the Alameda sample were unsheltered, while well over half of TAY were unsheltered. This fact has important implications regarding youth's ability to shelter in place. Of youth who did receive services in Berkeley, they were most likely to receive emergency shelter (29% of minor visits and 80% of TAY visits) or transitional housing (63% of minor visits or 17% of TAY visits).

Providers serving YEH have demonstrated their resilience and their remarkable dedication to supporting YEH in maintaining their stability and routines despite the surrounding instability. They have increased the number of services they are providing in ways that are flexible, creative, and adaptive. They have also put their own health at risk as frontline providers. **They deserve the resources required for them to continue performing their invaluable duties.**

Unsheltered youth represent the majority of youth experiencing homelessness. Youth are unable to shelter in place for reasons beyond their control. Minors and TAY are more likely to be pushed out or to run away in times of crisis. Post-secondary students with a history of homelessness are vulnerable.

- Safe emergency shelter must continue to be available to minors and TAY.
- Jurisdictions need to supplement shelters with single-occupancy housing, staffed with youth-appropriate staff, so all youth can safely shelter-in-place.
- Alternative options for YEH need to be supported, such as financial support for families allowing youth to couch-surf, and investments in kinship care and tiny homes.
- Housing should not be contingent on test results or symptoms.
- Recently-housed youth and post-secondary students need subsidies to remain housed.
- Laws criminalizing homelessness need to be suspended immediately.

In order for programs supporting YEH to operate, they need resources to increase physical distancing, prevent transmission, and implement frequent disinfection protocols. Unsheltered YEH have fewer resources than before the pandemic to maintain their hygiene.

- Programs need funding for disinfection and hygiene supplies as well as ample PPE for staff and youth, for basic needs (including additional food) and for internet access.
- For youth who are outside to protect themselves from infection, public restrooms need to stay open and sufficiently serviced to keep them clean and sanitary. Showers and laundry facilities need to be made available.
- All youth need easy access to masks and to handwashing facilities and/or hand sanitizer.
- Youth need access to clean water and safely packaged food.
- Youth need access to phones and computers, electricity to charge phones, and to wifi. These are vital.

Access to medical providers regarding COVID-19 testing and treatment is a high priority for service providers. However, many YEH have other health conditions that should not be left untreated.

- Increased access to youth-friendly medical care, in person or virtually, and in collaboration with service providers who can support youth's care is needed.
- Access to mental health providers with youth experience is critical.
- Youth and staff need testing on demand regardless of symptoms.

The quality of the service provided to YEH depends on the hard work of staff at all levels.

- Financial support is required to hire new staff and provide hazard pay, and for wifi, phones and computers so staff can effectively work from home when possible.
- With support, programs could hire clients who are transitioning out of homelessness and pay volunteers a stipend.
- Staff need mental health support and should not be burdened with having to acquire PPE.

Finally, staff and youth's informational needs in a fast moving pandemic with broad social and economic repercussions are enormous.

- Programs and staff need to be provided with up-to-date information so that services can be provided safely, and to allow youth to shelter in place.
- Youth need to be provided with accurate information so that they can access services, safely shelter in place and continue to be engaged in activities to advance their wellbeing and growth.



Introduction

Youth experiencing homelessness are not only at greater risk of being *infected* by COVID-19 than their peers, but are among the populations that are at greatest risk of being *affected* by the COVID-19 pandemic and its enormous social and economic sequelae. From a life course perspective, youth are in a transitional stage between childhood and adulthood. To successfully transition to adulthood, youth must acquire the skills and social capital to complete their educational goals, enter the workforce or professional training, independently meet their basic needs, engage in healthy relationships with peers and romantic partners, and become productive members of society. Youth experiencing unstable housing and homelessness (referred to as YEH below) are attempting to meet these goals in a context that is hostile to their success.






COVID-19 poses an additional enormous threat to their physical health and wellbeing, not only as an infection, but to a far greater extent, as a threat to their ability to meet their basic needs for shelter, food, and safety. From a life course perspective, however, the greatest risk to this group of adolescents and emerging adults is that the COVID-19 pandemic has placed additional obstacles in youth's paths to becoming independent adults.

At this uncertain time, YEH are particularly dependent on youth friendly service providers. Unsheltered youth represent the majority of YEH in California. Although youth without underlying medical issues are not the highest-risk group medically, they need to be housed safely to prevent them, and the larger community, from the spread of infection in order to "flatten the curve." Most YEH cannot shelter in place for reasons beyond their control. Youth shelter beds were already few and far between. As an example, Alameda County has fewer than 10 shelter beds for minors, and fewer than 100 for transitional age youth 18-24 years old; many California counties have none. Adult shelters are, for the most part, not only places where youth are preyed upon but are also designed in such a way that they put residents at great risk of COVID-19. Furthermore, unlike adults, the vast majority of YEH are unsheltered and may live outdoors or in places not meant for human habitation, placing them at greater risk of infection and leaving them disconnected.

In addition, youth have lost their jobs. Schools have closed. It is harder to couch surf. Some drop-ins and food kitchens have closed, while others have pulled back their services. Informal resources youth depended on for communication or survival, such as good samaritans in the community, or access to cafes and libraries for electricity and wifi or to charge their phones are not available, further isolating youth.

More than ever, providers for YEH are the lifelines for their clients. Furthermore, providers report that the number of youth seeking their services has increased due to the pandemic. However, their ability to support youth has been hampered. We conducted the following project to document the needs that providers have in order to support them and ultimately, youth experiencing homelessness.

TABLE 1 | THE JOHN BURTON FOUNDATION: RISK FACTORS FOR YEH DURING COVID-19¹

RISKS	HOW IT IMPACTS YOUTH
<p>Health experts agree: All vulnerable populations are at-risk of COVID-19, not just older individuals.</p> 	<p>According to the World Health Organization, “People of all ages can be infected by the new coronavirus.” While individuals age 65 and older pose a special risk, public health data shows that younger adults are also being infected and hospitalized. According to the Centers for Disease Control and Prevention, 36% of those infected are 18 to 44 years old.^A</p>
<p>Homeless youth are largely unsheltered, placing them at risk for COVID-19.</p> 	<p>According to the U.S. Department of Housing and Urban Development’s 2019 Point-in-Time Count, 79% of homeless youth in California were unsheltered, making them vulnerable to contracting and spreading COVID-19 because of a lack of access to showers and sinks and the ability to practice social distancing.^B</p>
<p>Homeless youth are disproportionately African American, a risk factor for COVID-19 hospitalization.</p> 	<p>In 2017, the Voices of Youth study found that Black or African American youth had an 83% higher risk of reporting homelessness.^C Similarly, the Centers for Disease Control found that 33% of people who have been hospitalized with COVID-19 are African American, while only 13% of the U.S. population is African American.^D</p>
<p>Homeless youth have poor underlying health, also a risk factor for COVID-19, particularly asthma.</p> 	<p>According to John’s Hopkin’s University, “Adolescents and young adults from disadvantaged backgrounds, compared to more affluent and educated peers, struggle much more with health problems, including obesity and asthma,” both risk factors for COVID-19.^E A 2018 study found that homeless students were three times more likely to have asthma than their housed peers.^F Underlying health factors such as these place homeless youth at higher risk of transmission of COVID-19 and poor health outcomes.</p>
<p>Homeless youth are less likely to seek health care, placing them at risk for COVID-19.</p> 	<p>A study in <i>Nursing Research</i> found that homeless youth were not likely to access health care when needed due to “structural barriers, such as limited clinic sites, limited housing of operation and long wait times and social barriers, including perceptions of discrimination and law enforcement.”^G With the coronavirus, a resistance or delay in seeking medical attention can be particularly dangerous, and sometimes fatal, given how quickly symptoms turn from mild to critical.</p>

^A https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html#anchor_1587083500

^B https://files.hudexchange.info/reports/published/CoC_PopSub_State_CA_2019.pdf

^C <https://voicesofyouthcount.org/wp-content/uploads/2017/11/VoYC-National-Estimates-Brief-Chapin-Hall-2017.pdf>

^D https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html#anchor_1587083500

^E <https://coronavirus.jhu.edu/data/us-state-data-availability>

^F <https://www.icphusa.org/reports/asthma-prevalence-access-to-care-among-homeless-high-school-students/>

^G https://journals.lww.com/nursingresearchonline/Abstract/2010/05000/Health_Seeking_Challenges_Among_Homeless_Youth.9.aspx

BOX 1 | TERMS AND DEFINITIONS^{2,3}

COVID-19 is the disease caused by infection with coronavirus SARS-CoV-2.

Isolation is the separation of sick people from healthy people.

Minors are youth under 18 years of age.

Social distancing, also known as **physical distancing**, is maintaining physical distance (usually six feet) between individuals outside of the household. It includes avoiding public gatherings, groups, and crowded places.

Quarantine is keeping someone who may have been exposed to COVID-19 away from others. Quarantine separates and restricts the movement of exposed individuals before they become sick.

Shelter in place is the restriction of the movements of a population to essential activities, encouraging people to stay home as much as possible and avoid gatherings.

Transition-aged youth, or TAY, are generally classified as youth between 18-24 years of age.

Youth experiencing homelessness, or YEH, includes both unaccompanied minors and youth 18-24 years of age (until the 25th birthday) who are experiencing homelessness. Many organizations working with YEH serve youth aged 26 and below, and some include individuals over the age of 26.

Although our focus is on the needs of providers for YEH in the City of Berkeley and the San Francisco East Bay, many of the needs documented here apply to providers for YEH elsewhere in California and nationally. Furthermore, although it is tempting to see this period as fleeting, we are simply in the first phase of our shelter in place in California. It is clear that the most vulnerable populations, including unsheltered populations, will need to stay sheltered in place for as long as possible in order for us to minimize the likelihood and size of a second peak. Though we are eight weeks into shelter in place in the Bay Area, the needs are more, not less, urgent as each day passes.

Who We Are

We are members of the [Catalyst Group to End Youth Homelessness of i4Y](#) and of the [UC Berkeley School of Public Health COVID-19 Community Action Team](#).

In 2019, the Catalyst Group to End Youth Homelessness of i4Y entered into a partnership with the City of Berkeley to conduct a needs assessment for and with youth experiencing homelessness in Berkeley. The project was the first step of a Research Practice Policy Partnership (RP3) between the City of Berkeley (COB), UC Berkeley, and community stakeholders. We first conducted a data analysis of available HMIS data regarding YEH in Berkeley and in Alameda County as a whole. We received funding in 2019 from the UC

Berkeley Chancellor's Community Partnership Fund to conduct a needs assessment survey with youth, employing a youth-engaged research model.

Before we were able to begin data collection, we were forced to table our project in response to the Bay Area shelter in place order. We therefore redirected our efforts to supporting the providers who care for YEH. We conducted a rapid needs assessment with them to better understand the challenges that providers working with YEH are facing in the midst of this crisis, as well as the resources needed for them to be able to address these challenges.

Intended Audience, Scope, and Context

The information provided by this report is meant for local and state governments, funders, and other key stakeholders in the City of Berkeley and Alameda County. Because our activities were focused on YEH in the East Bay, some recommendations of this report may be transferable to other populations or other jurisdictions; others may not.

COVID-19

COVID-19 is the name of the disease caused by the coronavirus SARS-CoV-2, or novel coronavirus. Reports indicate SARS-CoV-2 spreads through contact with asymptomatic individuals (people who do not develop symptoms or who develop such minor symptoms that they are not noticed), presymptomatic individuals (people who develop symptoms 1-3 days later), as well as symptomatic individuals (people who are sick).⁴ Because of the existence of asymptomatic infections, actual infections exceed current counts in the Bay Area. A seroprevalence study in Santa Clara estimated the prevalence of infection to be 50-85 times the number of confirmed cases as of publication.⁵ Minors and youth are more likely to be asymptomatic or to have mild symptoms, thus may be more likely to spread infection to others, unless they are able to properly shelter-in-place.

The COVID-19 pandemic presents an unprecedented challenge to YEH and the organizations who serve them. Given the absence of a vaccine or of an effective treatment for early infection, we have two primary containment methods. The first is to decrease the contact rate between individuals (i.e., the frequency with which individuals come into contact with each other). To achieve this goal, the U.S. Centers for Disease Control and Prevention (CDC) recommends physically distancing.² The second containment method is to decrease the likelihood of transmission should an infected person come into contact with an uninfected person. The primary methods to reduce transmission include barriers (such as masks or gloves), personal hygiene (such as handwashing and hand sanitizers), and thorough cleaning and sanitizing of surfaces, to prevent transmission through contact with a contaminated surface.

REPORT RESULTS | PART I

Data from Alameda County and Berkeley

In order to better contextualize the information found in this report, it is first important to understand who falls into the population of YEH. The Bay Area has one of the largest unsheltered homeless populations in the country. Although Alameda County and San Francisco county are but two of California's 44 counties, they are home to over one in seven YEH in the state.⁷

In this section of our report, we present data regarding YEH in Alameda County for one fiscal year, from July 1, 2018 to June 30, 2019. We then present a more comprehensive picture of youth homelessness in the City of Berkeley, based on eleven years of data, from 2006 through 2017.

Youth Homelessness in Alameda County

HMIS data from July 1, 2018 to June 26, 2019 provides insight into the demographics and familial support of YEH living in Alameda County, by visit. A visit is defined as an instance when a YEH accesses Supportive and/or Housing Services. It is important to note that the percentages reported for the Alameda County analyses represent percentages of visits, not of total individuals.

TABLE 2A | RACE OF YEH VISITING SUPPORTIVE AND HOUSING SERVICES

ALAMEDA COUNTY HMIS VISITS, JULY 1, 2018 - JUNE 26, 2019 VS. RACE OF ALAMEDA COUNTY RESIDENTS

	WHITE	BLACK	AMERICAN INDIAN OR ALASKA NATIVE	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	ASIAN	MULTI-RACIAL	OTHER OR DATA NOT AVAILABLE
YEH	23%	48.3%	7.9%	2.8%	1.9%	12.9%	3.1%
ACS 2018 5-YEAR ESTIMATE ⁷	41.5%	10.8%	0.7%	0.8%	29.6%	6.3%	10.3%

Tables 2A and 2B report the race/ethnicity of youth engaging in visits, and illustrates the disparities in homelessness experienced by Black (48% of visits vs. 10.8% of the total population), American Indian/Alaskan Native (AIAN) (7.9% vs. 0.7%), and Native Hawaiian or other Pacific Islander (2.8% vs. 0.8%) youth.⁷ Table 3 reports the gender distribution of youth and illustrates that females represent the majority of visits (51.8%).

TABLE 2B | LATINO ETHNICITY OF YEH VISITING SUPPORTIVE AND HOUSING SERVICES

ALAMEDA COUNTY HMIS VISITS, JULY 1, 2018 - JUNE 26, 2019 VS. ETHNICITY OF ALAMEDA COUNTY RESIDENTS

	NON-HISPANIC/ NON-LATINO	HISPANIC/LATINO
YEH	72%	26%
ACS 2018 5-YEAR ESTIMATE ⁷	77.6%	22.4%

TABLE 3 | GENDER OF YEH VISITING SUPPORTIVE AND HOUSING SERVICES

ALAMEDA COUNTY HMIS VISITS, JULY 1, 2018 - JUNE 26, 2019

	PERCENT (COUNT)
FEMALE	51.8% (830)
MALE	45.8% (733)
TRANS MALE (FTM OR FEMALE TO MALE)	0.6% (10)
DATA NOT COLLECTED	0.6% (9)
TRANS FEMALE (MTF OR MALE TO FEMALE)	0.6% (9)
GENDER NON-CONFORMING (NOT EXCLUSIVELY MALE OR FEMALE)	0.4% (7)
CLIENT REFUSED	0.1% (2)
NULL	0.1% (1)

TABLE 4 | TOP FIVE BIRTHPLACES OF YEH VISITING SUPPORTIVE AND HOUSING SERVICES
ALAMEDA COUNTY HMIS VISITS, JULY 1, 2018 - JUNE 26, 2019

	UNSHELTERED	SHELTERED
OAKLAND	30% (273)	32% (125)
OTHER CALIFORNIA COUNTY	14% (127)	13% (53)
OTHER STATE	12% (105)	8% (32)
BERKELEY	9% (83)	9% (37)
OTHER COUNTRY	7% (65)	
HAYWARD		8% (30)
GRAND TOTAL	100% (906)	100% (393)

The birthplace of sheltered and unsheltered youth served in 2018-19 in Alameda County is represented in Table 4. The table depicts the top five reported birthplaces for youth in each housing status. Among unsheltered youth, the largest proportion of youth were born in Oakland, followed by other California Counties, other states, the City of Berkeley, and finally, countries outside the United States. Among sheltered youth, the largest proportion of youth were born in Oakland, followed by other California Counties, the City of Berkeley, other California Counties and lastly, the City of Hayward. 45.4% of visits for services in Alameda County in 2018-2019 were made by youth born in the County (data not shown). 86.2% of visits were made by youth born in California (data not shown).

As illustrated in Figure 1, the minority of visits by minors are by unaccompanied children (i.e., youth who identify themselves as the head of household), representing 25% and 29% for 16 and 17 year old clients, respectively. This number increases to 44% at age 18, then to 50% at age 19, then steeply to 73% and higher as of age 20. Similarly, as illustrated in Figure 2, the percentage of youth who are unsheltered increases by age, with 46% of the visits with minors ages 16 and 17 being with unhoused children, while 68% of TAY visits were with unhoused youth.

FIGURE 1 | HEAD OF HOUSEHOLD STATUS OF YEH VISITING SUPPORTIVE AND HOUSING SERVICES
 ALAMEDA COUNTY HMIS VISITS, JULY 1, 2018 - JUNE 26, 2019

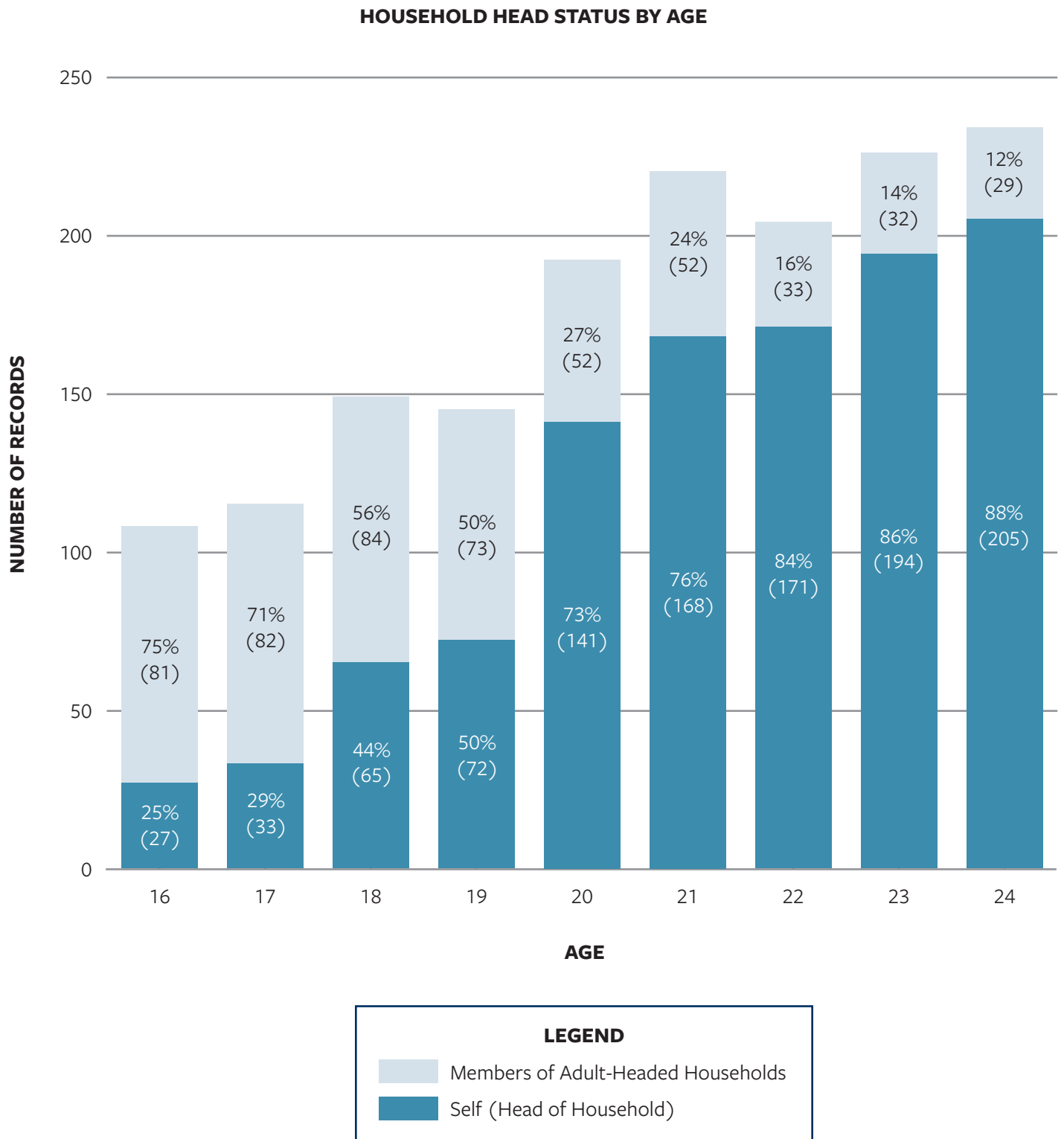
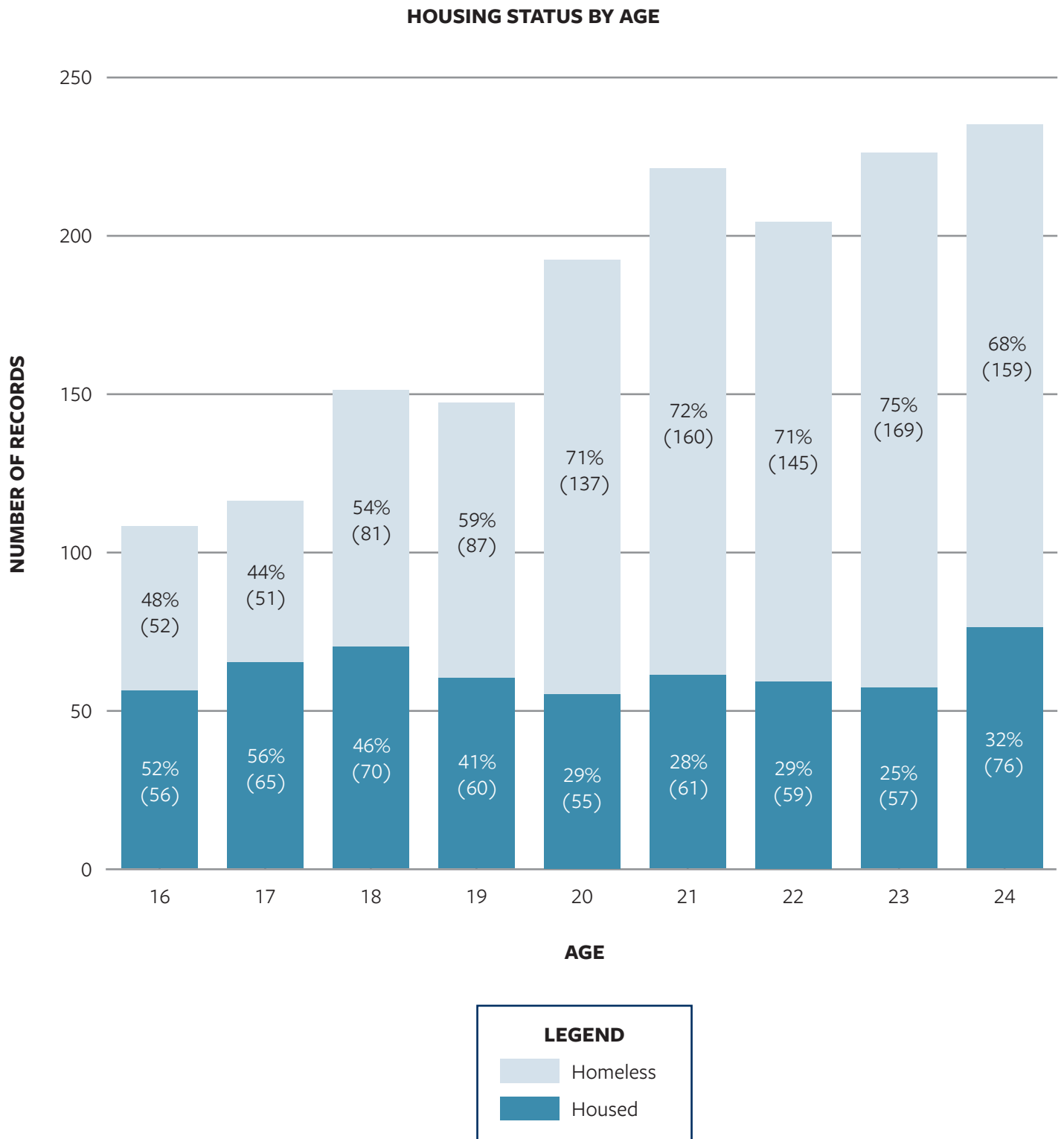


FIGURE 2 | HOUSING STATUS OF YEH VISITING SUPPORTIVE AND HOUSING SERVICES
 ALAMEDA COUNTY HMIS VISITS, JULY 1, 2018 - JUNE 26, 2019



Youth Homelessness in the City of Berkeley

During the 12 years from 2006 through 2017, according to reports from HMIS, 9,000 unduplicated individuals experiencing homelessness accessed services in the City of Berkeley. Approximately 2,293 of them first appear in the dataset as minors or transition-aged youth.

Tables 5A and 5B illustrate that homelessness in the City of Berkeley disproportionately affects youth of color, especially Black youth and Native American/Alaskan Native youth, and to a lesser extent, Latino youth.⁷

TABLE 5A | RACE OF YEH WHO ACCESSED SUPPORTIVE AND HOUSING SERVICES
CITY OF BERKELEY HMIS VISITS, 2006 - 2017 VS. RACE OF CITY OF BERKELEY RESIDENTS

	WHITE	BLACK	AMERICAN INDIAN OR ALASKA NATIVE	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	ASIAN	OTHER (INCLUDES MULTI-RACIAL)
MINORS	13%	75%	4%	1%	2%	2%
TAY	28%	61%	4%	2%	2%	2%
ACS 2018 5-YEAR ESTIMATE ⁷	59.3%	8.1%	0.5%	0.5%	20.2%	11.5%

TABLE 5B | LATINO ETHNICITY OF YEH WHO ACCESSED SUPPORTIVE AND HOUSING SERVICES
CITY OF BERKELEY HMIS VISITS, 2006 - 2017 VS. ETHNICITY OF CITY OF BERKELEY RESIDENTS

	NON-HISPANIC/ NON-LATINO	HISPANIC/LATINO
MINOR	82%	18%
TAY	83%	15%
ACS 2018 5-YEAR ESTIMATE ⁷	88.6%	11.4%

TABLE 6 | FREQUENCY OF SUPPORTIVE AND HOUSING SERVICES PROJECT TYPE FOR UNACCOMPANIED MINORS AND TAY

CITY OF BERKELEY HMIS VISITS, 2006 - 2017

	EMERGENCY SHELTER	HOMELESSNESS PREVENTION	PERMANENT SUPPORTIVE HOUSING	RAPID RE-HOUSING	TRANSITIONAL HOUSING
MINORS	29%	0.2%	3%	6%	63%
TAY	80%	0.3%	1%	2%	17%

TABLE 7 | MEAN DURATION OF TIME RECEIVING SERVICES (DAYS) BY SERVICE TYPE FOR UNACCOMPANIED MINORS AND TAY

CITY OF BERKELEY HMIS VISITS, 2006 - 2017

	EMERGENCY SHELTER	HOMELESSNESS PREVENTION	PERMANENT SUPPORTIVE HOUSING	RAPID RE-HOUSING	TRANSITIONAL HOUSING
MINORS	44	264	1,678	160	187
TAY	36	32	642	196	196

Table 6 describes the types of service utilization accessed by minors and youth in the dataset. Among both minors and TAY, shelters and transitional housing sites made up the majority of Berkeley homeless service utilization by YEH and TAY from 2006 through 2017. Visits to emergency shelters accounted for 29% of the visits with minors, while 63% were in transitional housing sites. Of the homelessness services visits with TAY in this twelve year span, 80% were in emergency shelters and 17% were in transitional housing sites. Among these encounters, minors stayed in emergency shelters for an average of 44 days and transitional housing for an average of 187 days, while TAY stayed an average of 36 and 196 days, respectively, as illustrated in Table 7.

REPORT RESULTS | PART II

Rapid Needs Assessment of Providers for Youth Experiencing Homelessness in Berkeley

Objective

Our rapid needs assessment was conducted to describe the needs of organizations working with YEH while facing the COVID-19 crisis in the City of Berkeley. Because youth in Berkeley also access other services in Alameda County, we broadened the list of service providers to include organizations in Oakland also accessed by Berkeley YEH. We present this report in order to support the development of strategies and the provision of resources to better support YEH during the pandemic and on an ongoing basis.

“The most important thing in all of this is that youth feel supported and held.”

*- Aisha Mays
Dream Catchers and
Roots Clinic*

Project Methods

WHO PERFORMED THE NEEDS ASSESSMENT?

The rapid assessment team consisted of the Principal Investigator, Prof. Auerswald, three graduate students (a DrPH student, an MPH student, and an MPH/MSW student); five undergraduate students studying public health, anthropology, American studies, and conservation and resource studies; and two community interns with lived experience of homelessness.

WHO PARTICIPATED IN THE STUDY?

We reached out to several organizations who serve YEH in Alameda County, and received input from representatives of Berkeley Community College; the Berkeley Unified School District; Covenant House California and Berkeley YEAH! of Covenant House California; Dreamcatchers and Roots Clinic; Fred Finch; Oakland Unified School District; Punks with Lunch; the Suitcase Clinic; the UC Berkeley Basic Needs Center; the Youth Action Board of Alameda County; and Youth Spirit Artworks. We conducted a total of 14 interviews.

WHAT DID WE ASK THEM?

We asked representatives of each organization the following questions:

“If there’s a silver lining or something positive, it’s that we have more time to be able to spend with a lot of this population and work with them and get a better understanding of what their needs are and how we can assist them.”

*- Dwayne McAfee
Berkeley YEAH!*

“YSA is transitioning this week to a remote format for our 12:30pm to 6:30pm Monday through Friday core jobs training program. We have prepared a whole Zoom curriculum for our youth so we can maintain the same, or even a more active level of participation via Zoom. That feels very exciting and hopeful.”

*- Sally Hindman
Youth Spirit Artworks*

“It’s been incredible to see frontline staff use their ingenuity and creativity to offer new on-site solutions, such as a mobile hand-washing station at Covenant House’s entryway, fashioned from water coolers and buckets, so that YEH can wash their hands immediately upon entry into the facility.”

*- Elizabeth Bowler
Covenant House
Volunteer and Per Diem
Residential Advisor*

1. What are some challenges that your organization is currently facing with regards to the current COVID-19 crisis?
2. What additional resources do you need at this time in order to best support the community that you serve?
3. What can the City of Berkeley or Alameda County do to support your organization, your responses to COVID-19, and youth experiencing homelessness?
4. What other input or ideas would you like to share?

HOW DID WE COLLECT OUR DATA?

We collected data in multiple forms. Whenever possible and with consent of interviewees, the phone or zoom interviews were audio recorded. The interviewer also took notes during the interview. Some responses were sent via email.

HOW DID WE ANALYZE OUR DATA?

Members of the team who conducted interviews performed a preliminary analysis, identifying emerging themes and entering them into a spreadsheet. We employed these to create a codebook which we used to code all the interviews. After the initial analysis described above, additional analysis of each interview was performed by a second member of the team who did not conduct the interview. The second member listened to recordings when available and documented any missing information in the notes, assigning qualitative codes to the data as appropriate.

WHAT ARE THE LIMITATIONS OF OUR DATA?

Our findings do not represent the experiences of all organizations serving youth in Berkeley, as the time-sensitive nature of the study did not allow us to interview everyone. However, our interviewees represent a broad swath of providers for Berkeley YEH. Though our team included youth with lived experience of unstable housing and homelessness participating remotely, we did not interview YEH themselves for this rapid assessment due to shelter in place orders. Thus this assessment reflects a provider perspective.

Findings

We begin with the strengths and creativity demonstrated by providers for YEH during this challenging time. We then describe the recurring themes regarding the needs and challenges experienced by YEH-serving organizations. These themes included: scarce shelter/housing to appropriately practice social distancing; a shortage of supplies and resources for staff and youth; a need for adequate, appropriate, and coordinated physical and mental health services, including services for ongoing care for non-COVID-19 conditions; inadequate resources to support staff; and ongoing informational needs for youth and staff.

STRENGTHS

Providers serving YEH are incredibly dedicated to the youth they work with, and maintain supportive services despite the difficult changes they’re being forced to implement. They are supporting YEH in maintaining routine despite the instability experienced by all.

Providers working with YEH have increased the number of services they are providing, and have done so in ways that are flexible, creative, and adaptive. They have also put their own health at risk by engaging in this important frontline work. They deserve and would benefit from resources that would allow them to be able to continue doing this invaluable work.

EXAMPLES OF SOCIALLY DISTANT SERVICES PROVIDED

- Remote case management sessions
- Online job trainings
- Zoom poetry nights
- Live Youtube meditation and mindfulness sessions

EXAMPLES OF STAFF ADAPTABILITY

- Working longer hours to compensate for lack of volunteers and staff shortages.
- Expansion of hours to make sure YEH are accessing services. For example, Berkeley YEAH! has expanded their hours of operation from 12 hours per day to 24 hours per day in order to support YEAH in their ability to shelter in place.
- Developing contingency plans and alternate methods of service delivery, such as remote events at YSA, mobile food pantry and delivery models at the UC Berkeley Basic Needs Center.
- Mobilizing rapidly to apply for unexpected grant opportunities and new pools of COVID-19 relief funding.

STAFF ADVOCACY AND OUTREACH

- Staff advocacy for long-term and preventative measures instead of just “band-aid” responses to the crisis
- Advocating for cleaner restrooms at People’s Park
- Advocating for moratorium on encampment/street sweeps
- Advocacy for increased equity for funding of services for youth experiencing homelessness

HOUSING

Unsheltered youth represent the majority of youth experiencing homelessness. The vastly insufficient number of beds for youth in shelters require jurisdictions to provide single-occupancy housing, staffed with youth-appropriate staff, so youth can shelter-in-place. Housing youth experiencing homelessness in safe housing with adult supervision is the most effective way to keep youth and our community safe. It is also vital that we help youth who have been recently housed to remain in their housing. Post-secondary students with a history of unstable housing or homelessness are vulnerable and in need of rent assistance.

SAFE ALTERNATIVE HOUSING OPTIONS FOR YEH

Needs:

- Youth shelters in Berkeley require clients to sleep in one large room that does not allow for social distancing. This increases the risk of viral exposure for youth, staff, and city residents.

“I think that by being open 24 hours, 7 days, I think that that’s important because it allows us to be able to meet the needs of that population, to serve them, I think, a little more thoroughly.”

*- Dwayne McAfee
Berkeley YEAH!*

“When you think about providing assistance right now, don’t think about when it will end-these disparities already existed, let’s keep these resources accessible for them rather than a band-aid solution.”

*- Melina Winterton
Berkeley City College*

“[Providers for YEH are] people who aren’t making that much money as it is already, they’re having to work a lot of additional hours because we’re short on staff, you know, putting [themselves] at greater risk.... We have some staff who really have just stepped up, you know, extra shift, who are working longer hours. Those are the individuals that should really, really be applauded.”

*- Dwayne McAfee
Berkeley YEAH!*

- Prioritization of housing for cases of COVID-19 and those exposed should not preclude housing youth before they get infected or sick.
- Some shelters are closed to new residents to limit risk. Some programs have closed or have moved their efforts online.
- Youth are well-known to avoid adult shelters due to concerns for their personal safety.
- YEH are more likely to be medically vulnerable or to be pregnant or parenting than their housed peers.

Recommendations:

- Youth programs, including outreach/drop-ins/engagement centers/congregate housing/rapid re-housing can and should continue to serve all sub-groups of youth (and consider remote programming), while incorporating measures to decrease the numbers of contacts and decrease risks of transmission. This is extremely challenging for many youth programs that are small and fiscally vulnerable.
- Small congregate youth shelters, such as those that exist in the East Bay, are often less dense than large congregate adult shelters. These programs provide consistent housing and relationships to youth. With reduced capacity, stable census, and adherence to safety protocols, it is likely safer for youth in youth shelters to remain in housing with support and safety measures than to move them to a new setting where they may be working with staff who are not youth-friendly and may come into contact with adults.
- Hotels and motels, dormitories, and churches, which should be appropriately staffed, would provide a safe alternative housing option for youth who are not in shelters. Minors (generally very few in number) should be housed separately from transitional-aged youth. Both groups should be sheltered separately from older adults, preferably in separate buildings.
- All housing must have adult staff and supervision, just as is present in youth shelters. Youth require more social support than adults, and adult staff will help prevent feelings of loneliness and abandonment.
- Medically vulnerable YEH should receive housing as needed to allow them to shelter in place and protect them from infection.
- Housing for YEH should not be contingent on test results or presence or absence of symptoms.
- YEH who are parents need to be prioritized for housing and basic needs services. Pregnant women and children under one year of age should be considered medically vulnerable.
- Programs need resources to be able to develop or create spaces where youth can quarantine if they are suspected of being infected or isolate if they are infected. Alternatively, programs need space outside of their programs where youth can be cared for, separate from adults, by youth-friendly staff.
- Congregate shelters for youth that provide individual rooms but have shared bathrooms or kitchens need to be adapted to allow youth to safely shelter in place though strict sanitation guidelines, frequent cleaning of bathrooms, and provision of meals delivered to youth.
- Emergency housing options should accommodate partners and pets to maximize acceptability.
- Families who are sheltering youth who are couch surfing are often living on the margin

themselves; they should receive financial support to stabilize their housing and meet their increased costs, particularly for food and utilities.

- Models that allow youth to shelter in place in host homes or in kinship care, with appropriate precautions to prevent viral spread, should be considered.
- Tiny homes staffed with youth-friendly staff, like those offered by [Youth Spirit Artworks](#), could be expanded to offer a more long-term option for some youth.
- Should unsheltered youth be given the option for housing and elect to stay outside, they should be provided with ongoing youth-friendly outreach with attention to physical distancing, hygiene supplies and masks, clean water, and adequate wash stations and sanitation.
- Particularly in times of crisis, minors and youth will continue to leave home because they are kicked out or need to run away from family violence or dysfunction. Thus shelters for minors and youth need to continue to operate and are even more critical at this time.
- All current laws criminalizing individuals for their homelessness, such as ordinances that prohibit panhandling or lying in public spaces, need to be suspended.

ENSURING RECENTLY YOUTH REMAIN HOUSED

Needs:

- Youth exiting homelessness who are in rapid rehousing are very vulnerable to losing their housing. It would be short-sighted not to invest in being sure they can remain housed.
- Post-secondary students who have a history of housing instability are especially vulnerable. Some have roommates who have returned to their families, leaving them with leases they cannot afford. Many have lost off-campus jobs and are in dire need of funds.

Recommendations:

- State-wide financial support is needed to help youth who are in transitional housing or rapid rehousing remain housed.
- Dormitories, university sponsored housing, and dining services should remain open and available for students who do not have other housing options where they can shelter in place.
- Expand college dormitories and university-sponsored housing to students experiencing homelessness (couch surfing, living in cars, or otherwise homeless or unstably housed) or at risk of becoming homeless who were not previously living in university housing, as well as to community college students who do not have dormitories.

RESOURCES AND SUPPLIES

In order for programs supporting YEH to operate, they will have to take steps to increase physical distancing and prevent transmission, implement frequent disinfection protocols, and provide supplies and support to staff and youth for scrupulous personal hygiene and use of PPE. In addition to supplies to fulfill these needs, the most common physical resources and supplies requested by programs include basic needs and internet access.

“[We need to be] making sure that if we are temporarily closing the doors to shelters for health reasons, that young people who need housing are still able to get housing every day the same way they would anyways.... I’m not talking about the outside tough sheds — I mean like either a hotel, or an SRO, that has appropriate and adequate support for youth.”

*- Aisha Mays
Dream Catchers and
Roots Clinic*

“We had more students apply to the rental assistance program within a 24 hour time period than we did in an entire month.”

*- Kiyoko Thomas
UC Berkeley Basic Needs
Center*

SANITATION AND PERSONAL PROTECTION EQUIPMENT (PPE) NEEDS OF ORGANIZATIONS AND YEH

Needs:

- There have been shortages of PPE, especially masks, face shields, gloves, and gowns as needed to protect service providers when assisting program participants.
- It has been difficult for youth in the Berkeley community to maintain personal hygiene due to the combination of UC Berkeley campus restrooms being closed and vastly higher utilization of a limited number of public restrooms. Adverse sanitation conditions have contributed to an environment that increases the risk of transmission of COVID-19 and other infectious diseases.
- Shelters need funds for supplies. Delays in disbursement of funds from the City of Berkeley (COB) and of funds earmarked for youth services have hindered multiple organizations from properly addressing needs of clients and protecting staff.

Recommendations:

- To improve health and sanitation, provide hand sanitizer, hand washing stations, toothpaste, soap, and shampoo.
- Provide funding to programs for higher costs for cleaning and disinfection of bathrooms and shared spaces.
- Ensure all public restrooms are open and sufficiently serviced to keep them clean and sanitary.
- Make laundry services and laundry vouchers available to help individuals stay safe and prevent contamination.
- Make showers available to youth who are outside to help them stay clean and healthy.
- Provide masks to youth whether they are housed or not to comply with face covering ordinances and to protect themselves and others. If they are given cloth masks they need to be given more than one and to be provided with a way to clean them.
- Release of funding from the COB and funds for youth from Alameda County needs to be streamlined to enable purchase of supplies and to implement changes to spaces and programs to keep youth and staff safe.

OTHER YEH RESOURCE NEEDS

Needs:

- Access to water has become more complicated as public buildings, coffee shops, and restaurants are now closed.
- Access to food from programs, businesses, as well as community good samaritans has vastly decreased secondary to shelter in place. As a result, youth hunger has noticeably increased.
- Many youth cannot afford broadband and do not have access to wifi. Access to wifi in Berkeley is further diminished with the closure of campus.
- Youth need access to phones as a basic need.
- Education is being provided online, if at all. Existing disparities in educational access and outcomes are being exacerbated by differential access to wifi and computers. Black and Brown students are particularly likely to be vulnerable.

“Resourcing students with internet access — students who can’t afford broadband need hotspots: have gotten chromebooks/ laptops for students to borrow — internet has been much harder to get!”

*- Melina Winterton
Berkeley City College*

- Because there are fewer sites to access services, youth may not be able to access them without transportation.
- Because of substantial social isolation, youth are more dependent than ever on their phones and on their pets for connection and support.
- Youth will not access housing unless they can bring their belongings or be assured of the security of their belongings and the safety of their pets.
- Students need emergency funds to meet their basic needs; youth who have lost their jobs, including jobs in the informal sector, need unemployment. All youth need resources or funding to meet their basic needs.

Recommendations:

- Ensure youth's access to clean water.
- Provide individually packaged meal deliveries to individuals in encampments, on the street, in hotels or in shelters. Provide youth with transportation to available program sites to receive support and supplies.
- Provide hot spots and charging stations for phones.
- Provide access to computers for students, including post-secondary school students.
- Provide transportation to services, including medical services. Provide transportation to housing.
- Accommodate pets to the maximum extent possible. Arrange for safe foster care for pets who cannot stay with their owners during isolation periods or hospitalization.
- Provide gift cards for stores (like Target, Walmart, CVS, Safeway), to youth who are providing for their own needs so they can order food and supplies online for delivery and decrease the risk of transmission to staff and youth.

PHYSICAL AND MENTAL HEALTH SERVICES

The most visible medical concern for organizations is access to medical providers regarding COVID-19 testing and treatment. However, many YEH have other health conditions that should not be overlooked and left untreated during this crisis. Mental health issues are of particular concern, as social distancing and resource center shutdowns have created feelings of isolation and loneliness. Many outreach organizations work in tandem with medical providers. It is important for these joint efforts to continue and expand to support youth.

NEED FOR MEDICAL PROVIDERS AND FOR TESTING

Needs:

- Many medical services are now provided via telehealth platforms. YEH may not have access to phones or computers and thus cannot access these services.
- COVID-19 is taking precedence over chronic health conditions. It is harder for youth living with chronic health conditions to access the resources they need.
- There is a lack of testing for COVID-19 amongst the homeless population, leading to a lack of knowledge about the actual prevalence of coronavirus and a challenge to planning response efforts.
- Organizations often work in tandem with medical providers. It's important to continue these efforts despite the demands more broadly on the healthcare system.

“The first bill that stops getting paid is the cell-phone bill. This means it is harder to get in touch with youth to do general wellness checks and continue the work of connecting them to services so that they can have their basic needs met in the long term. Support for youth to receive free cell phones and plans, along with charging stations and wifi hotspots using proper PPE protocol would make a world of difference in keeping these youth connected to the already tenuous relationships of support they have. It could also provide a hub of sorts where youth could be receiving information about services they could be receiving, current information about the virus and how they can keep themselves healthy, etc.”

*- Lauren Jewett
Youth Spirit Artworks*

“Remembering that the shelter community and the youth housing community don’t exist in a silo. There are usually multiple partners that are working in concert to support young people experiencing homelessness ... with our clinics ... there’s the medical partner, there’s the housing partner, there’s a social service partner ... making sure that all of those partners are at the table and brainstorming when we think about how to support young people [is important].”

*- Aisha Mays
Dream Catchers and
Roots Clinic*

- Some programs providing medical care and screening to youth have closed. This leaves youth with fewer YEH friendly options to access care.

Recommendations:

- Service providers working with YEH need assistance to be connected to youth-friendly medical professionals who can assist youth experiencing symptoms of the virus and also address ongoing health concerns via telehealth or in person.
- Youth need access to computers or phones to access medical care.
- Whether connected to service providers, living in shelters or outside, and whether symptomatic or not, youth need access to testing on demand.
- Provide referral information to youth who become sick regarding where they can access prescriptions, advice, information, and care, given that many services are now restricted, have changed their format, or have shut down.

MENTAL HEALTH DURING COVID-19

Needs:

- Due to social distancing and the shutdown of many resource centers, there are feelings of isolation sweeping through the homeless community. This is a community that already faces high degrees of social isolation and exclusion. Now their access to community resources has been greatly reduced.
- Phone counseling hotlines often do not respond quickly and may take substantial time to respond.

Recommendations:

- By setting up a county system of on-call social workers, service providers could address problems on site and promptly connect people experiencing distress or mental health crises to resources.
- Access to mental health providers with experience with youth is critical.

HUMAN RESOURCES/STAFF NEEDS

The quality of the service provided to YEH depends on the hard work of staff at all levels. Outreach organizations and shelters are suffering due to limited staffing and volunteer engagement. Even when organizations are able to hire additional staff to meet the need for additional coverage, they lack the capacity to train and onboard new staff. Financial support is required to hire new staff and provide hazard pay. It is also imperative for staff to be supported while they support YEH. Staff need mental health support and should not be burdened with having to acquire their own PPE.

LIMITED STAFFING CAPACITY HINDERS OUTREACH PROJECTS

Needs:

- Staff working with YEH are front line workers and need to be recognized as such.
- Organizations need additional staffing for shelters especially since fewer outside

volunteers are coming in to help, and the number of youth reaching out for help is increasing.

- Similarly, organizations need additional staffing to meet the needs of youth who are outside, to ensure their access to basic needs, supplies and information.
- Organizations need staff to cover new or increased needs due to the pandemic, such as delivering meals to families with children, frequent cleaning and disinfection, increased laundry, need for individual food delivery.
- Organizations need to have a staff person available in an emergency capacity to assist youth with medical needs.
- Even when organizations are able to hire additional staff to meet the need for additional coverage, they lack the capacity to train and onboard new staff remotely.

Recommendations:

- Service providers require increased funds to hire more staff, support extra hours worked by existing staff, and train staff remotely.
- Service providers need increased funds to provide staff with hazard pay.
- Staff need funds for wifi, phones, and/or computers so they can effectively work from home when possible.
- Consider hiring and training clients who are transitioning out of homelessness and may have lost their jobs as new support staff.
- Funding is also needed to pay volunteers a stipend. Volunteers are working harder than they ever have before. They should be compensated so they can help relieve the burden on staff.
- Volunteers can be leveraged for supportive, lower-risk tasks, such as providing meals to free staff up for one-on-one support for youth.

MENTAL AND PHYSICAL HEALTH SUPPORT FOR STAFF

Needs:

- Paid and non-paid staff in shelter and outreach organizations are clearly overwhelmed. For them to be able to continue their work during an uncertain future, their health and emotional concerns need to be a priority in funding and planning.
- Paid staff and non-paid volunteers are too often burdened with acquiring masks and hand sanitizer on their own. Masks and PPE are not only a public health and physical health need, they are a mental health need.

Recommendations:

- Provide time and resources for emotional support for staff and volunteers, such as a hotline, a roving therapist who can provide on site services in a safe way, or small/virtual healing circles.
- Ensure 100% compliance with mask utilization with provision of an ample supply of masks and PPE.
- Encourage physical distancing to the maximum extent possible between staff or between staff and clients. Strongly discourage any physical contact at all except in case of emergency and with appropriate protective gear.
- Take staff temperatures and screen staff for symptoms daily. Send staff home to

“The City could also assist us in providing support for one staff person to extend their hours to be available in an emergency capacity to assist youth with medical needs. This could be an on call social worker responding to phone calls at our main number.”

*- Sally Hindman
Youth Spirit Artworks*

“I think [the City of Berkeley] could offer hazard pay, that’s probably the biggest thing. I think that it’s one thing to applaud frontline workers, first responders who are really working in an essential role, who are literally putting their health — risking their health. I think conversations should reflect that.”

*- Dwayne McAfee
Berkeley YEAH!*

“If two people get sick on different teams, then we are out and we don’t know how to do outreach at that point.”

*- Ale del Pinal
West Oakland Punks with
Lunch*

“The shelters really do need support ... around how to, in a trauma-informed way, support and separate young people who may have positive tests while having them remaining in their housing If a young person does have to be separated ... that can be super traumatizing for a young person, to have to be in a room and not feel like they can leave that space. So then it would be equally as important to train and support staff to be able to support a young person who might have to be in a separation room.”

*- Aisha Mays
Dream Catchers and
Roots Clinic*

quarantine immediately should symptoms arise. Encourage self-monitoring for fever or symptoms. Provide thermometers for home use.

- Provide sick leave to staff who become ill or staff who are not able to work due to medical vulnerability.
- Provide on demand testing for staff who are symptomatic or asymptomatic based on their occupational risk.

INFORMATIONAL NEEDS

The informational needs in a fast moving pandemic with broad social and economic repercussions are enormous. Staff and YEH are focused on basic needs and survival; however, they need access to timely, up to date information regarding changes in public health policy and directives, changes in services, and funding opportunities. The information that is available often does not apply to unhoused populations, or, if it does, does not apply to unhoused youth.

PROVIDE STAFF WITH THE INFORMATION NEEDED FOR SERVICES TO BE PROVIDED SAFELY AND TO ALLOW YOUTH TO SHELTER IN PLACE

Needs:

- Staff needs are not uniform; their experience and education vary widely.
- Effective learning is different under stress and requires repetition.
- Information shared one day may be out of date and ill-advised a few days later.
- Organizations need ongoing, up-to-date information regarding public health guidelines.
- Quarantining and isolation of youth presents challenges for providers and for youth wellbeing.
- Organizations serving students are unsure about the role of the school districts or post-secondary institutions in providing resources to students.
- Services for YEH are disproportionately underfunded relative to services for adults at baseline; attention to PEH has been focused on adults as well since the pandemic began.
- Caring for youth generally involves close contact with youth.

Recommendations:

- Provide clear guidelines for utilization of PPE and for cleaning and disinfection appropriate to learner needs, and repeated sharing of information.
- Disseminate educational resources regarding delivery of services during the outbreak.
- Training staff regarding how to implement trauma-informed, developmentally appropriate quarantine policies and practices and social separation of youth.
- Facilitate collaboration between service providers for youth to avoid redundancy and create an action plan. Given increased need, partnerships should be promoted at a broader county-wide scale.
- Train and support staff regarding how to contain the virus while providing developmentally appropriate services to youth.
- Provide information about the resources that school districts and post-secondary schools can provide to students who are experiencing homelessness.
- Local and state officials need to ensure provision of timely, accurate and accessible public health information regarding the following public health topics: testing (who

should be tested and how to access testing services); protocols to prevent transmission when encountering symptomatic staff and clients; and social distancing and isolation, especially as youth may be asymptomatic carriers.

PROVIDE YOUTH WITH THE INFORMATION NEEDED FOR THEM TO ACCESS SERVICES, SAFELY SHELTER IN PLACE AND CONTINUE TO BE ENGAGED IN ACTIVITIES TO ADVANCE THEIR WELLBEING AND GROWTH

Needs:

- The City of Berkeley April 17 face covering order caused confusion for unsheltered YEH, as it did not address people who are outside but not exercising, shopping, or waiting for transportation.
- Youth still need access to basic resources (food, water, etc.), education, career training, mental health support, and social support in a setting where they are cut off from services.
- YEH are diverse; some are refugees from other countries and/or come from non-english speaking families.
- Many youth are facing eviction and, if employed, job loss.

Recommendations:

- Provide up-to-date information to youth regarding access resources during shelter-in-place, as many organizations are not operating at full capacity.
- Provide up-to-date information regarding how to stay safe and healthy during shelter in place.
- Provide referrals for legal support to avoid evictions of recently housed youth.
- Establish and advertise a hotline for YEH for information about accessint COVID-19 related services, medical and social services, financial support, housing, hotels and/or safer encampments.
- Ensure that all written materials accommodate are available in a variety of languages, are tailored to low literacy levels, and use non-technical language.

“Alameda County should make more of an effort to get different groups together, collaborate, and to make a game plan. Everyone is doing the same things, but we don’t know where. We don’t know how much. The County can make more of an effort to unite everyone and to build a coalition.”

*- Ale del Pinal
West Oakland Punks with
Lunch*

“These questions are not specific to COVID-19. The issues with youth homelessness were happening before COVID-19 and they were ongoing.... We need more communication going out to youth, regardless of COVID-19. We need resources widely available, regardless of COVID-19.”

*- C’Mone Falls
Youth Action Board of
Alameda County*

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Resources

Resources Regarding COVID-19 and Youth Experiencing Homelessness

Larkin Street Youth Services is “a nonprofit empowering young people to move beyond homelessness...by providing a continuum of healthcare, housing, employment, and education services.” Their COVID-19 response involves continuing to provide critical, albeit modified, services to youth:

- <https://larkinstreetyouth.org/covid-19-resource-guide/>

Covenant House works to transform the lives of youth experiencing homelessness by providing housing and supportive services. They have altered their services and space to better meet the unique COVID-19 related challenges that youth experiencing homelessness face:

- <https://www.covenanthouse.org/charity-blog/helping-homeless/covid-19-update>

A Way Home America is “a national initiative to build the movement to prevent and end homelessness among young people.” They view the COVID-19 crisis as “a unique chance to advance toward more equitable and youth-driven responses to youth homelessness in communities across the country”:

- <https://awayhomeamerica.org/covid1/>

True Colors United “implements innovative solutions to youth homelessness that focus on the unique experiences of LGBTQ young people.” Their response to COVID-19 focuses on how people and youth experiencing homelessness are uniquely vulnerable to the virus:

- <https://truecolorsunited.org/coronavirus-action-resource-center/>

National Network for Youth is “a public education and policy advocacy organization dedicated to the prevention and eradication of youth homelessness in America...” They provide resources for homeless youth navigating the COVID-19 crisis:

- <https://nn4youth.org/learn/covid-19/>

Chapin Hall at the University of Chicago is a research center where “experts work alongside community and agency partners to build more effective services and systems, accelerate the use of evidence in practice, and better serve children, youth, and families.” Their Monthly Bulletin recently detailed how they seek to serve child welfare systems during the pandemic:

- <https://www.chapinhall.org/>

School of Public Health COVID-19 Community Action Team Video series from UC Berkeley provides essential information targeted at providers for youth experiencing homelessness:

1. Covid-19: What Providers for Youth Experiencing Homelessness Need to Know — <https://www.youtube.com/watch?v=t5XrltnUvuU>
2. Symptoms & Screening Procedures: What Providers for Youth Experiencing Homelessness Need to Know — <https://www.youtube.com/watch?v=XNsdpZFv1g>
3. Triage: What Providers for Youth Experiencing Homelessness Need to Know — <https://www.youtube.com/watch?v=NaqaAwkGYjs>
4. Personal Protective Equipment: What Providers for Youth Experiencing Homelessness Need to Know — <https://www.youtube.com/watch?v=RzX5mYD4yf0>
5. Hand Washing: What Providers for Youth Experiencing Homelessness Need to Know — <https://www.youtube.com/watch?v=T0o6hkOt2OU&t=97s>

School of Public Health Community Action Team Report: The CAT has put together a report with information, resources, and recommendations for PEH, including YEH.

- <https://publichealth.berkeley.edu/wp-content/uploads/2020/04/For-the-Good-of-Us-All-Report.pdf>

Resources Regarding COVID-19 and People Experiencing Homelessness

United States Interagency Council on Homelessness believes that “trauma-informed care + affordable housing = housing security.” Their COVID-19 plan calls on homelessness services systems to work with city and county governments and public health systems to prepare for how COVID-19 will affect homeless communities:

- <https://www.usich.gov/covid-19>

National Alliance to End Homelessness [Homelessness Research Institute] is a national organization that is committed to preventing and eventually ending homelessness. They have created a COVID-19 fact sheet and a resource compilation.

- <https://endhomelessness.org/wp-content/uploads/2020/03/Covid-Fact-Sheet-3.25.2020-2.pdf>
- <https://endhomelessness.org/wp-content/uploads/2020/03/COVID-19-Homelessness-FINAL.pdf>

Other Relevant Resources

The Chronicle of Social Change is “an independent, nonpartisan daily news publication dedicated to covering the child welfare, juvenile justice, mental health and educational issues faced by vulnerable children and families.” They published a story about the impact that COVID-19 will have on child welfare systems around the country:

- <https://chronicleofsocialchange.org/child-welfare-2/looking-ahead-the-nations-child-welfare-systems-after-coronavirus/41738>

National Center for Housing and Child Welfare exists to “make sure that children are never placed into foster care because their parents can’t access decent housing.” Their COVID-19 response reaches out to former foster youth in college:

- <https://files.constantcontact.com/eb6325d2101/1280996b-c91c-4de0-b410-1936440812cd.pdf>

National Innovative Service “partners with governments across the country to engage in systems-level transformations ... by creating collaborative coalitions between communities, public sector partners, and other relevant stakeholders to redesign systems with those most impacted at the center of decision-making processes.” Their COVID-19 response “offer(s) a preliminary framework for our partners on how to navigate the COVID-19 response while centering lived experience and racial equity”:

- <https://www.nis.us/blog/0jpt3zevqsdwgd3hv2zv2n74xckhvz>

Youth Law Center “advocates to transform foster care and juvenile justice systems across the nation so every child and youth can thrive.” They have come up with an emergency plan for transitional aged youth in correlation to foster care.

- https://nn4youth.org/wp-content/uploads/Emergency-Plan-with-TAY-in-Foster-Care_YLC.pdf

Innovation 4 Youth Center (i4Y) at UC Berkeley “catalyzes innovative interventions, practices and policies to improve equity and well-being for youth locally and worldwide” through youth participatory research and advocacy.

- <https://i4y.berkeley.edu/>

Acknowledgments

We would like to thank everyone who helped inform this report, many of whom are working well above and beyond to ensure respectful individualized care and/or to address the needs of our growing number of unsheltered neighbors in Berkeley and Alameda County since the onset of the COVID-19 pandemic.

We wish to first acknowledge our collaborators with the City of Berkeley, without whose support this project would not have happened at all. They include Peter Radu, formerly of the City of Berkeley and now with the City of Oakland, and Jac McCormick, of the Berkeley Mayor's Office. Brittany Stewart has been a joy to work with and we look forward to collaborating with her more in the future.

Also in the category of making this project possible are our funders. We were excited to have our partnership with the City of Berkeley be recognized through a grant from the UC Berkeley Chancellor's Community Partnership Fund. In the Chancellor's Office, Jennifer Loy and Ruben Canedo were community-friendly allies. They were flexible and supportive, particularly in these surreal times. We acknowledge the support of Acting Dean Will Dow, and his successor, Dean Michael Lu, of the School of Public Health as well as Deans Jeff Edelstein and Linda Burton of the School of Social Welfare for their contributions to the work.

We thank Stephanie Ebeling, Program Coordinator of the Berkeley Undergraduate Research Apprentice Program (URAP) for her support for our undergraduate team members. Our URAP students filled core roles on the project. Dr. Marieka Schotland, Executive Director of i4Y and Brian Villa together supported the growth of URAP students on the project through the inspiring i4Y [Youth Equity Scholars Program](#).

We are grateful for the guidance and leadership of Allen Ratliff, MSW, LCSW, PhD (cand) of the UC Berkeley School of Social Welfare. Rain gave us early input on our work; we wish them all the best. Elizabeth Bowler was a generous editor in the 11th hour. Brandon Chu generously gave his time at the end of a busy senior year to professionally format the report.

We thank all the members of our [Catalyst Group to End Youth Homelessness](#) for your input on our team's work during the past year. We feel sad not to have had an in person meeting with you to celebrate our collaboration with you this year.

We are most indebted to those individuals who shared their precious time with us to share their experience for this needs assessment. These include Melina Winterton at Berkeley Community College; James Wogan at Berkeley Unified School District; Ami Rowland at Covenant House California; Aisha Mays at Dreamcatchers and Roots Clinics; Susanna Marshland and Julie Henderson at Fred Finch; Trish Anderson at Oakland Unified School

District; Anoop Bains, Prince S Dangcil, and Sweta Parija at The Suitcase Clinic; Ari Neulight at UC Berkeley; Kiyoko Thomas at the UC Berkeley Basic Needs Center; Dwayne McAfee at YEAH! of Covenant House California; C'Mone Falls at Youth Action Board for Alameda County; Sally Hindman and Lauren Jewett at Youth Spirit Artworks; and Ale del Pinal at West Oakland Punks with Lunch.

We are incredibly grateful for the support and guidance that you have all shared with us. We hope this report helps shine a light on the incredible work that you all are continuing to do during these challenging times. Most of all, we hope that in some small way, it helps our youth.

