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Editorial

The Complex Predictors of Youth Homelessness

In a 2018 issue of this journal, colleagues and I published the first national prevalence and incidence study of homelessness among youth and young adults in the U.S. [1]. We found that the problem is strikingly prevalent, with approximately one in 30 adolescents (aged 13–17 years) and one in 10 young adults (aged 18–25 years), having experienced some form of homelessness during a 12-month period. We also observed substantial disparities with respect to risk for homelessness: American Indian and Alaska Native, black, and Hispanic youth; lesbian, gay, bisexual, transgender, and questioning youth; parenting youth; youth belonging to low-income households; and especially young adults having completed less than a high school education face particularly high risk [2]. Furthermore, approximately half of youth who experienced homelessness in the past year had first-time experiences.

Taken together, these findings underscored the need for a public health response to the national problem of youth homelessness, including a greater policy focus on prevention across multiple public systems. To this end, a new study by DiGuiseppi et al. [3] published in this issue provides valuable new evidence to help facilitate risk identification and prevention of homelessness among adolescents engaged in substance use treatment.

The authors leveraged a unique longitudinal data set that followed 17,911 adolescents, aged 12–17 years, from substance use treatment for up to 12 months postintake. The sample received treatment from 192 Substance Abuse and Mental Health Services Association funded substance use treatment clinics across the country from 2002 to 2012. The data were collected by program staff for program reporting purposes, which comes with limitations, but the study nonetheless offers a good example of making constructive use of rich information available through data that programs and systems routinely collect. The analysis involved a combination of traditional regression and machine learning techniques to identify variables that could help predict youth who have the highest risk for first-time homelessness episodes after treatment.

The study found that factors predicting higher risk for first-time homelessness episodes included older age, male gender, mental health problems, family problems, and more substantial substance use histories. Older age as a risk factor is consistent with other research, including our own. As youth age, adversities accumulate, and situations increasingly escalate without appropriate supports [4]. Similarly, the increased risk for homelessness among youth with mental health and family problems buttresses findings from a growing body of literature. Our team's research similarly shows that youth pathways into homelessness are deeply intertwined with family challenges and instability, underscoring the importance of prevention strategies that incorporate the needs and strengthening of the family in addition to individual-level youth interventions [5].

The study also finds that a higher number of prior substance use treatment episodes and lifetime illicit drug dependence (other than marijuana) predicted higher risk for first-time homelessness after treatment. This information can support risk identification. At the same time, readers should be careful not to interpret this simplistically, as evidence supporting popular perceptions that homelessness is largely a consequence of poor choices or behavior on the part of individuals. Indeed, prior research in both Australia and the U.S. suggests that individuals are more likely to fall into serious substance use after, rather than before, experiencing homelessness [6,7]. We have to grapple with the broader social and economic structural factors that put some youth at greater risk for homelessness.

Although the study by DiGuiseppi et al. [3] makes valuable contributions, it is important to emphasize a key point for interpretation: as the title implies, the analysis omitted youth who had experiences of homelessness before treatment. We should hold this fact alongside of the authors' counterintuitive findings that several factors typically associated with higher risk for homelessness (e.g., lesbian, gay, bisexual, transgender, and questioning identity; black race; Hispanic ethnicity; school problems; and parenting) did *not* predict higher risk for

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first-time homelessness after treatment in this sample. Given the broader evidence, it is likely that youth whose data were omitted from the analysis because of prior homelessness disproportionately possessed these characteristics.

This pattern has practical significance. This study might sensibly encourage behavioral health services to better screen for risk for homelessness among youth in their care. Presumably, if they do, they would aim to identify not only those who might experience homelessness for the first time but *any* youth who faces a high risk for homelessness after treatment. Screening for prior experiences of homelessness can help complement screening that might take place for risk for first-time homelessness and offset potential service inequities that might otherwise emerge from screening for risk for first-time episodes alone. That being said, it behooves us to consider screening outside of clinical settings, with the aim to identify young people at risk before they begin a cascade into homelessness.

One other issue that may be important for future research is understanding how different substance use treatments influence homelessness outcomes. The authors indicate that the sample participants received a variety of treatment levels and types.

The experience of homelessness has detrimental effects on the health and well-being of young people during a critical developmental period. As this analysis shows, youth who receive substance use treatment face particularly high rates of homelessness. This study offers a step up for identifying youth with the highest risk and disrupting traumatic and avoidable pathways into homelessness.

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