



# Legislative Report

## Homeless Youth Act Biennial Report

**Economic Assistance and Employment  
Supports Division (EAESD) Office of Economic  
Opportunity**

April 2021

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Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. The estimated cost of preparing this report is \$4,500.

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# Table of Contents

<b>Executive summary</b> .....	<b>4</b>
<b>Legislation Requiring Report</b> .....	<b>6</b>
<b>Introduction</b> .....	<b>7</b>
<b>Data on Youth Homelessness</b> .....	<b>8</b>
<b>Details about Grant Awards</b> .....	<b>11</b>
Funding Available, Requests and Awards.....	11
Fundable activities.....	12
Breakdown of Funding .....	13
<b>Geographic Distribution of Funds</b> .....	<b>14</b>
<b>Outputs and Outcome Indicators</b> .....	<b>15</b>
Drop-in Center Outputs.....	15
Outreach Outputs.....	15
Shelter Outputs and Outcomes.....	16
Housing Outputs and Outcomes .....	16
<b>Shelter-Linked Mental Health Grant</b> .....	<b>17</b>
<b>COVID-19 Impact</b> .....	<b>20</b>
<b>Conclusion</b> .....	<b>22</b>
<b>Appendix A: Homeless Youth Act Grantees</b> .....	<b>23</b>
<b>Appendix B: Homeless Youth Act Statute</b> .....	<b>25</b>
<b>Appendix C. Shelter-Linked Mental Health Grant Statute</b> .....	<b>29</b>

# I. Executive Summary

This report was prepared in response to Minn. Stat. 256K.45, subd. 2, which requires that a biennial report on Homeless Youth Act funding and activities be submitted to Minnesota's legislative committees having jurisdiction. Its purpose is to inform the Minnesota Legislature on the level and nature of needs for homeless youth in Minnesota, provide details on funding decisions and grants made, and give information on outcomes for populations served to determine the effectiveness of programs and use of funding.

The Homeless Youth Act (HYA) provides definitions for runaway youth, homeless youth, and youth at-risk of homelessness, and defines the continuum of services for youth, including outreach, drop-in services, emergency shelter, and housing. In addition, the HYA affords funding to nonprofits and tribal governments to support the continuum of services.

This report outlines the needs and current realities for homeless youth in Minnesota based on findings from the 2018 Statewide Homeless Study<sup>1</sup>, as well as data from current Homeless Youth Act grantees and national research. Research shows an estimated **4,876 Minnesota youth, who are unaccompanied by a parent or guardian, experience homelessness** on any given night in Minnesota. This includes an estimated 1,659 minors age 17 and under and 3,217 young adults age 18 through 24.

The Homeless Youth Act was funded at \$11.238 million for the 2020-2021 biennium. \$11.024 million was distributed through a contract amendment process. The 2018-19 contracts with the 38 agencies were amended to include an additional two years. The remaining \$214k was used towards grant management, data collection and administrative expenses.

Also included in this report is information on outputs and outcomes of each Homeless Youth Act program activity (i.e., outreach, drop-in center, emergency shelter and housing). Highlights include:

- **Outreach:** 6,679 unduplicated youth were served during community outreach and provided access to basic needs assistance in the form of food, weather-appropriate garments, transportation, and crisis intervention services
- **Drop-in center:** 9,743 unduplicated youth visited drop-in centers 134,972 times
- **Shelter:** 1,051 unduplicated youth were served in HYA funded emergency shelters
- **Housing:** 1,123 unduplicated households were served in HYA funded housing programs.

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<sup>1</sup> "Homelessness in Minnesota: Detailed Findings from the 2018 Minnesota Homeless Study." Wilder Research, March 2020, [www.wilder.org/wilder-research/research-library/homelessness-minnesota-detailed-findings-2018-minnesota-homeless](http://www.wilder.org/wilder-research/research-library/homelessness-minnesota-detailed-findings-2018-minnesota-homeless).

As required by the Homeless Youth Act Legislation, the report highlights the Shelter Linked Mental Health Grant and the work that has taken place thus far in integrating mental health services in homeless youth and Safe Harbor shelter and housing programs.

- **Shelter-Linked Mental Health Grant:** The purpose of Shelter Linked Mental Health services is to integrate mental health services into programs for youth experiencing homelessness and sexual exploitation through partnerships between homeless youth and Safe Harbor programs with community-based mental health providers. Modeled after School Linked Mental Health, the Shelter Linked Mental Health program aims to lower barriers to access and support youth in obtaining and maintaining needed mental health services.
- Also included in this report is aggregated Shelter Link Mental Health data collected from the period of February 1, 2020 to Dec 31,2020:
  - There were 116 unduplicated youth who received mental health services with 307 mental health visits
  - There were 215 one on one therapy sessions, 16 group therapy sessions and 194 Auxiliary/Ancillary services provided.

The report concludes with a summary of how COVID-19 has impacted youth providers and youth experiencing homelessness:

- **Service/ Program Delivery**-some services and programs have stopped, paused or decreased to prevent staff and youth from being exposed to and/or spreading COVID-19.
- **Staffing Capacity**-staffing programs during the pandemic has been increasingly difficult.
- **Youth Needs**-youth needing more housing options and an increased call to crisis lines due to the stress, isolation and mental health struggles that have been exasperated for youth experiencing homelessness during this pandemic.

A complete list of entities funded with Homeless Youth Act dollars for the 2020-2021 biennium is in [Appendix A](#). The list includes central office locations, county service area/s, and funded activities (outreach, drop-in center, shelter and/or housing). The statute guiding Homeless Youth Act funding and distribution, eligible activities, and report expectations is referenced in [Appendix B](#). The statute guiding the Shelter Linked Mental Health funding is referenced in [Appendix C](#)

For questions about Homeless Youth Act funding or this report, contact Rabya Hassen via email, [rabya.n.hassen@state.mn.us](mailto:rabya.n.hassen@state.mn.us), or by phone at 651-425-0561.

## II. Legislation

### Homeless Youth Act

Minn. Stat. 256K.45, subd. 2, requires a biennial report be submitted to the Minnesota legislative committees having jurisdiction, with statutory text below. The Homeless Youth Act, in its entirety, is in [Appendix A](#).

#### 256K.45 Homeless Youth Act

##### Subd. 2. Homeless Youth Report

The commissioner shall prepare a biennial report, beginning in February 2015, which provides meaningful information to the legislative committees having jurisdiction over the issue of homeless youth, that includes, but is not limited to: (1) a list of the areas of the state with the greatest need for services and housing for homeless youth, and the level and nature of the needs identified; (2) details about grants made, including shelter-linked youth mental health grants under section [256K.46](#); (3) the distribution of funds throughout the state based on population need; (4) follow-up information, if available, on the status of homeless youth and whether they have stable housing two years after services are provided; and (5) any other outcomes for populations served to determine the effectiveness of the programs and use of funding.

As required by legislation, this report is specifically focused on how the Minnesota Department of Human Services, Office of Economic Opportunity, distributed \$11.238 million in Homeless Youth Act funding for the 2020-2021 biennium.

### Shelter-Linked Mental Health Grant

Minn. Stat. 256K.46 requires a report about Shelter-Linked Mental Health services be added to the biennial report required under section 256K.45, subdivision 2

#### 256K.46 Shelter-Linked Mental Health

Subd. 5. Reporting. Grant recipients shall report annually on the use of shelter-linked youth mental health grants to the commissioner by December 31, beginning in 2020. Each report shall include the name and location of the grant recipient, the amount of each grant, the youth mental health services provided, and the number of youth receiving services. The commissioner shall determine the form required for the reports and may specify additional reporting requirements. The commissioner shall include the shelter-linked youth mental health services program in the biennial report required under section [256K.45, subdivision 2](#).

# III. Introduction

This report is submitted to the Minnesota Legislature pursuant to Minn. Stat. 256K.45, subd. 2, Homeless Youth Act.

The Homeless Youth Act (HYA) provides definitions for runaway and homeless youth, and those at-risk of homelessness, and defines the continuum of services for youth, including outreach, drop-in services, emergency shelter, and housing. In addition, the HYA provides funding to nonprofits and tribal governments to support the continuum of services. A description of each program activity is in Table 1 – Description of Homeless Youth Act Activities, page 12.

This report details how the Minnesota Department of Human Services, Office of Economic Opportunity, distributed \$11.238 million in Homeless Youth Act funding for the 2020-2021 biennium. Also, as required by statute, is information about:

- Areas of the state with the greatest need for services and housing for homeless youth, and the level and nature of the needs identified,
- Details about grants,
- Distribution of funds throughout the state based on population need,
- Follow-up information, if available, on the status of homeless youth and whether they have stable housing two years after services are provided and
- Outcomes for populations served to determine effectiveness of programs and use of funding.

Staff from the Department of Human Services (DHS), Office of Economic Opportunity (OEO) prepared this report. Staff used data gathered from the 38 providers receiving HYA funds.

The HYA data described in this report is collected through semi-annual and annual report submissions by grantees of Homeless Youth Act funding. Aggregated data on drop-in center and outreach program activities is collected via Excel spreadsheets, and data on housing and shelter activities is collected through reports generated from the Homeless Management Information System (HMIS). The Institute on Community Alliances (ICA) is the statewide HMIS administrator and produces the aggregate HYA reports for DHS.

Staff review the Excel spreadsheet and HMIS reports for data accuracy and completion, and communicate with grantees on errors or missing data.

## IV. Data on Youth Homelessness

According to the Voices of Youth Count Report released by Chapin Hall in October 2018, nearly 4.2 million youth and young adults in America experienced some form of homelessness during a 12-month period. Quantifying the true frequency and characteristics of youth homelessness is a significant challenge because youth tend to move in and out of homelessness (couch hopping, staying with friends or family, reconciling with family, etc.), and youth work hard to mask or hide their homelessness. Despite this limitation, research shows at least one in 30 youth ages 13-17, and one in 10 young adults ages 18-25 experience homelessness.<sup>2</sup>

According to Wilder Research, on any given night in Minnesota, an estimated 4,876 youth experience homelessness. This includes an estimated 1,659 minors age 17 and under, and 3,217 young adults ages 18 through 24.<sup>3</sup> It is also estimated that 13,300 youth (7,500 age 18-24, and 5,800 age 17 or younger) who are on their own, experience homelessness at least once over the course of a full year. The estimation methods for young adults and unaccompanied minors used by Wilder Research were updated for the 2018 Wilder Study. As a result, the estimate above cannot be directly compared to earlier studies.

Youth targeted with Homeless Youth Act funds (i.e., youth under age 25 who are unaccompanied by a parent or guardian, and who may have children of their own) comprise a population that is notoriously difficult to count. Many youth experiencing homelessness, concerned that becoming involved with public safety net systems could mean loss of independence, impact their education, or result in legal or other sanctions for their families, may actively strive to avoid detection and “pass” like their housed counterparts. In other cases, the identification challenge is more subtle: Youth may think of themselves as couch-hopping, but not homeless; as being in the midst of a family crisis, but not homeless; as sleeping in their car, but not homeless. These factors mean engaging with, or even counting, youth can be difficult.

All information below, unless otherwise noted, is from the *“Homelessness in Minnesota: Detailed Findings from the 2018 Minnesota Homeless Study,”* published by Wilder Research (March 2020).

### Demographics:

- The number of homeless youth of color is disproportionately high compared to their prevalence in the general population of Minnesota youth. Nearly three-quarters of homeless youth (73 percent) were

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<sup>2</sup> Morton, M. H., Dworsky, A., Samuels, G. M., & Patel, S. (2018). *Missed opportunities: Youth homelessness in rural America*. Chicago, IL: Chapin Hall, University of Chicago.

<sup>3</sup> *“Homelessness in Minnesota: Detailed Findings from the 2018 Minnesota Homeless Study.”* Wilder Research, March 2020, [www.wilder.org/wilder-research/research-library/homelessness-minnesota-detailed-findings-2018-minnesota-homeless](http://www.wilder.org/wilder-research/research-library/homelessness-minnesota-detailed-findings-2018-minnesota-homeless).



African-American, American Indian, Asian, Hispanic, or of mixed race<sup>4</sup>, though youth of color comprise just 26 percent of the total population.<sup>5</sup>

- According to the Hennepin County Voices of Youth count, fifty-nine percent of homeless youth were African-American while representing thirteen percent of the overall population in Hennepin County. Bi-racial youth comprise only 3 percent of the overall youth population but 13 percent of homeless youth.<sup>6</sup>
- Twenty two percent of young adults ages 18-24 experiencing homelessness identify as lesbian, gay, bisexual, transgender, or were unsure about their sexual orientation (up four percent from 2015).
- More than half (52%) of those surveyed first became homeless by the time they were age 24, and over one-third (36%) first became homeless at or before age 18. For homeless adults, the most common age they first experienced homelessness was 18 years old.

## Adverse Experiences:

- Eighty three percent of young adults ages 18-24 experiencing homelessness reported at least one adverse childhood experience (down six percent from 2015). An adverse childhood experience could include; having a parent who served time in prison, experiencing neglect, having been sexually mistreated or abused, having been physically mistreated or abused, having a parent or guardian with mental health issues, having a parent or guardian who abused alcohol or drugs, and/or witnessed abuse of a family member. In the 2015 Wilder Minnesota Homeless Study – Eighteen nine percent of homeless youth reported at least one adverse childhood experience, showing a decrease in the number of youth reporting adverse childhood experiences.
- According to Wilder Research Center, 52 percent of youth had at least one out-of-home social service placement before becoming homeless (down two percent from 2015). The Hennepin County Voices of Youth Count Study found 49 percent of homeless youth spent time in either a juvenile detention center, jail, or prison; with 27 percent of them experiencing foster care.

## Mental Health:

- Thirty-five percent of young adults (ages 18-24) have had a residential placement in a mental health treatment facility.

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<sup>4</sup> “Homelessness in Minnesota: Findings from the 2015 Minnesota Homeless Study.” Wilder Research, November 2016, [www.wilder.org/wilder-research/research-library/homelessness-minnesota-findings-2015-minnesota-homeless-study](http://www.wilder.org/wilder-research/research-library/homelessness-minnesota-findings-2015-minnesota-homeless-study).

<sup>5</sup> U.S. Census Bureau. 2014 American Community Survey one-year Estimates [statistics from data file]. Retrieved from <http://factfinder2.census.gov>.

<sup>6</sup> Chapin Hall, University of Chicago. (September 2017). *Youth homelessness in Hennepin County, Minnesota: Findings from the youth count, brief youth survey, and provider survey*. Technical report from the Voices of Youth Count Initiative. Chicago, IL: Chapin Hall, University of Chicago.

- Twenty percent of young adults (ages 18-24) have had a residential placement in drug and alcohol treatment facility.
- In a nationwide study, 29 percent of youth reported having substance use problems, and 69 percent indicated having mental health difficulties while experiencing homelessness.<sup>7</sup>

## Geographic Areas

National data suggests rates of homelessness are similar for youth in rural and urban communities. In short, while high population areas may have more youth who are homeless (because the population is greater), the actual rate of youth experiencing homelessness is similar. Of youth:

- Ages 13-17, the prevalence of homelessness was 4.2 percent in urban counties versus 4.4 percent in rural counties
- Ages 18-25, the prevalence of homelessness was 9.6 percent in urban counties versus 9.2 percent in rural counties.<sup>8</sup>

## V. Homeless Youth Act Grantee Data

Data below is from Homeless Youth Act funded shelter and housing programs from the time period of July 1, 2018-June 30, 2020. It does not include outreach and drop-in programs, as this information is not collected from those programs.

### Disability status of homeless youth:

- Thirty-two percent reported having a disability of long duration (down four percent from the 2019 HYA Legislative Report).
  - Fifty-nine percent reported having a serious mental illness.

### Extent of youth homelessness:

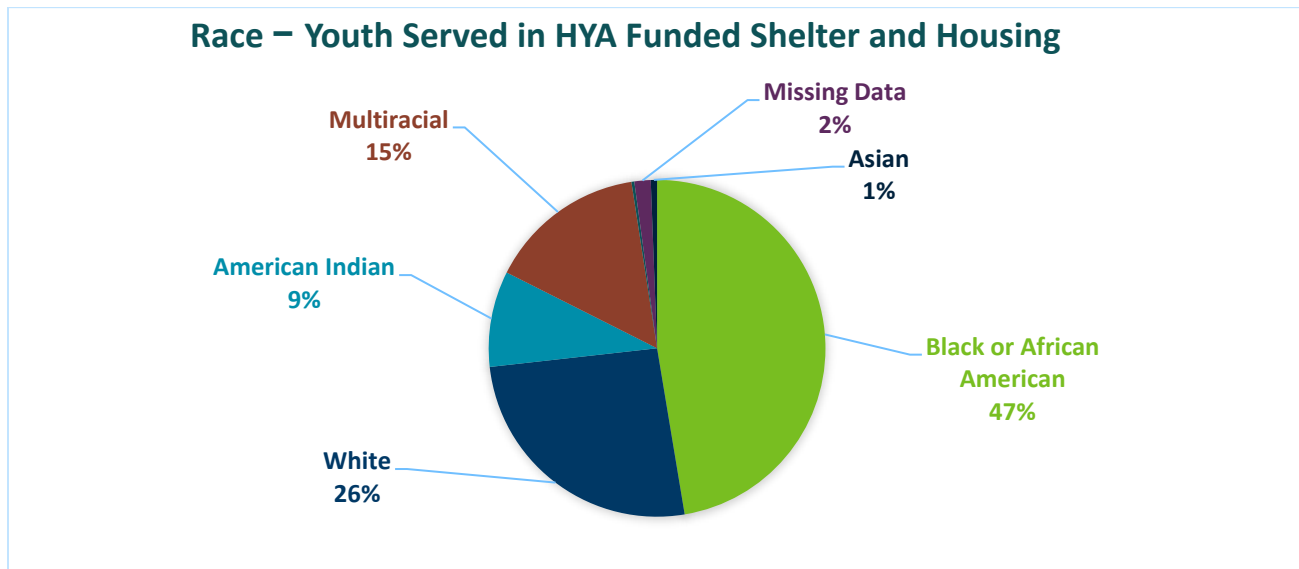
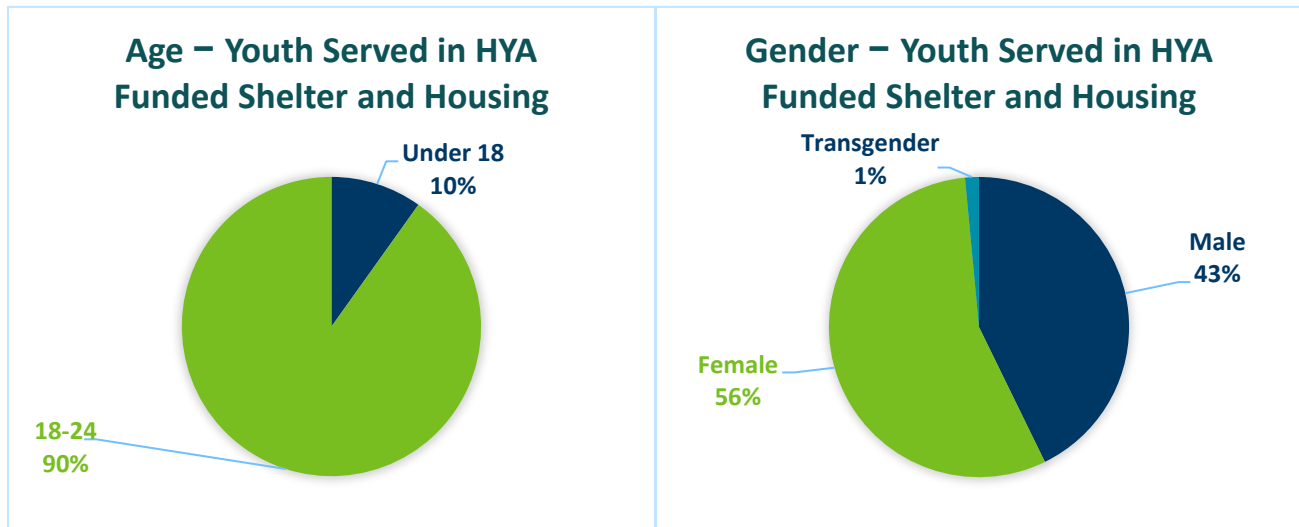
- Forty-six percent met Minnesota’s definition of long-term homelessness, which means continuous homelessness for one year, or four episodes in the past three years (down two percent from the 2019 HYA Legislative Report).

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<sup>7</sup> Morton, M.H., Dworsky, A., & Samuels, G.M. (2017). *Missed opportunities: Youth homelessness in America. National estimates*. Chicago, IL: Chapin Hall, University of Chicago.

<sup>8</sup> Morton, M. H., Dworsky, A., Samuels, G. M., & Patel, S. (2018). *Missed opportunities: Youth homelessness in rural America*. Chicago, IL: Chapin Hall, University of Chicago.

## Demographics -July 1, 2018 to June 30, 2020:



## VI. Details about Grant Awards

### Funding Available, Requests and Awards

The Homeless Youth Act was funded at \$11.238 million for the 2020-2021 biennium; \$11.024 million was distributed through a contract amendment process. \$214,000 of the funding was used towards grant management, data collection and administrative expenses.

## Fundable Activities

As defined in statute, program activities include prevention, outreach, drop-in, emergency shelter, and housing, described in Table 1 below.

**Table 1: Description of Homeless Youth Act Activities**

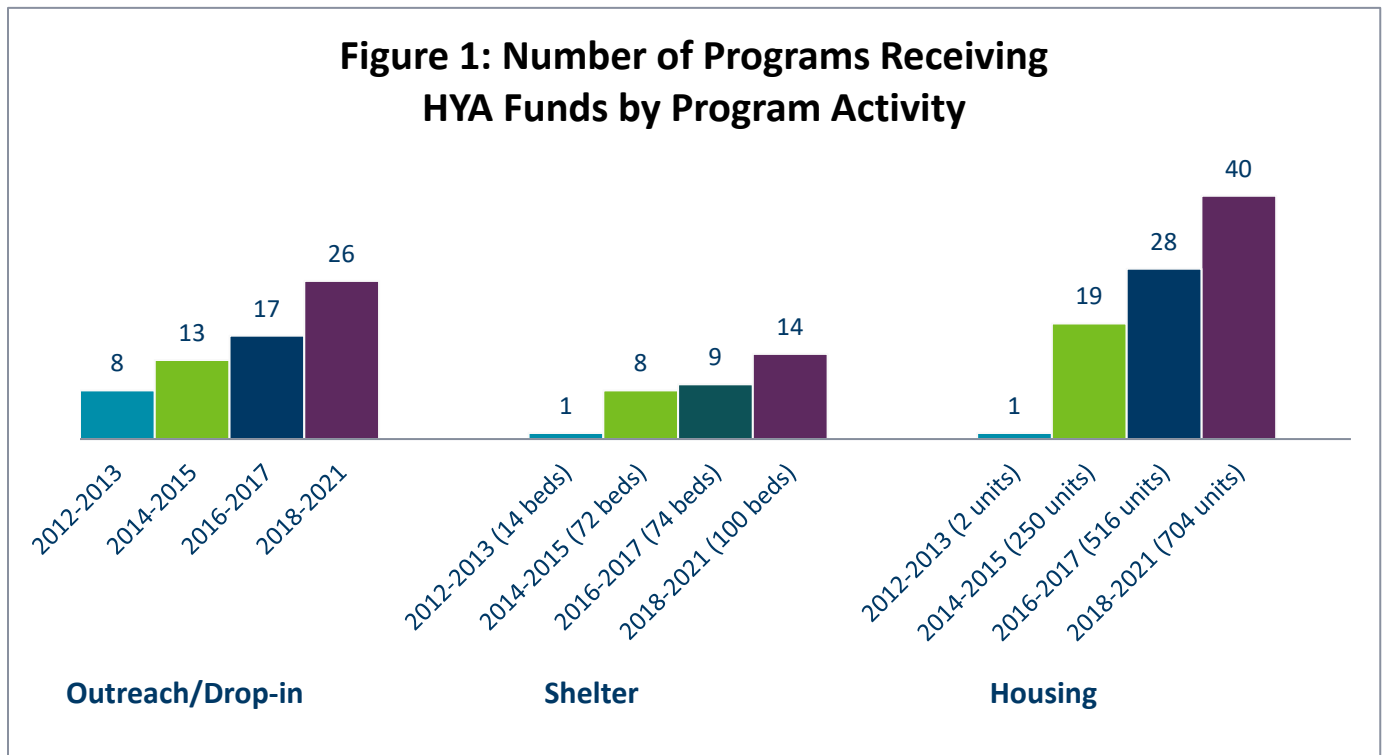
Program Activities	Description
Prevention	Activities that contribute to prevention of homelessness. Prevention activities happen within the context of outreach and drop-in programs.
Outreach	Outreach programs locate, build relationships with, and meet the immediate needs of youth who are homeless or at imminent risk of homelessness, while working to connect youth with a range of services, including housing. Activities also include cross-training and collaboration with Safe Harbor programs and services.
Drop-in	Drop-in center programs provide youth (who are homeless or at imminent risk of homelessness) with basic needs including meals, a safe place during the day, and supportive services to assist them in securing housing. Drop-in centers provide walk-in access to crisis intervention and case management services.
Emergency shelter	Shelter programs provide youth with walk-in access to emergency, short- and medium-term residential care. These programs provide safe, dignified shelter, including private shower facilities, beds and meals.
Housing	Housing programs can be site-based (i.e., all units in one facility) or scattered-site (i.e., units in apartments in the community), and can include host home models (youth housed with host families). Housing programs assist youth in locating and maintaining safe, dignified housing, and provide support services while being housed. Housing models may be time limited, offering assistance for typically up to 24 months, or non-time limited, such as permanent housing models.

All activities outlined in Table 1 include a range of services including, but not limited to:

- Basic needs and crisis intervention services
- Family connection, counseling and reunification
- Case management
- Individual and group counseling
- Mental health services
- Substance abuse treatment/counseling
- Medical and dental health care
- Transportation
- Housing resources
- Education and employment opportunities
- Recreational activities
- Advocacy
- Food/hot meals
- Assistance navigating systems
- After-care and follow-up services

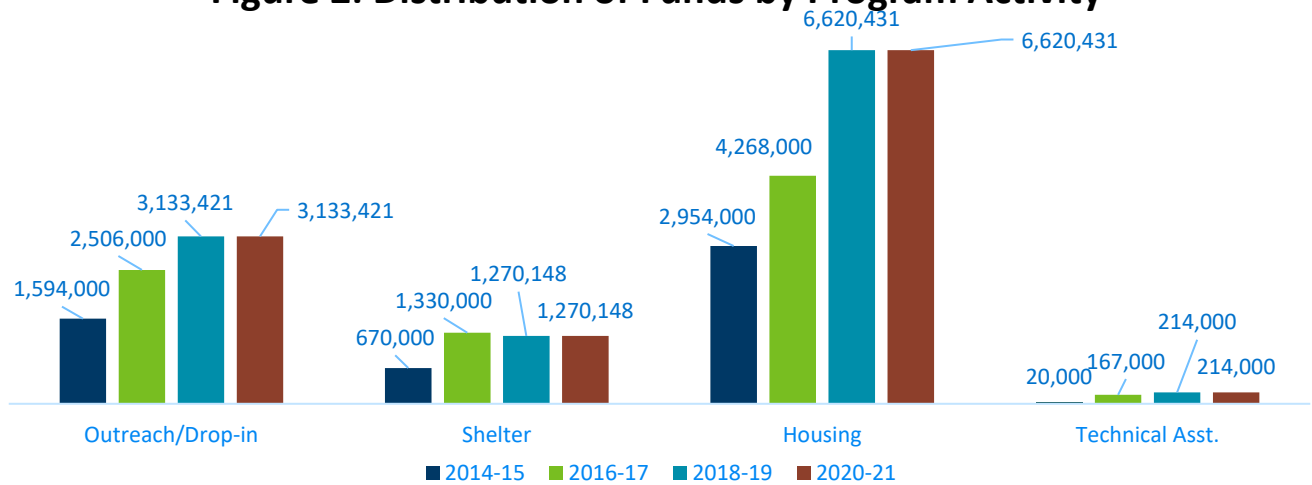
## Breakdown of Funding

The Department of Human Services provided funding to 38 agencies towards the operations of 80 program activities for youth (many of the 37 grantee agencies provide multiple program activities). Figure 1 below shows the number of awards by program activity, and Figure 2 shows the dollar amount funded by program activity.



Housing and shelter units are offered through a variety of models, including residential or congregate settings, host homes, and scattered-site housing in apartments. In addition, housing may be time-limited in design (e.g., transitional housing or rapid re-housing models), or non-time limited (e.g., permanent supportive housing models).

**Figure 2: Distribution of Funds by Program Activity**

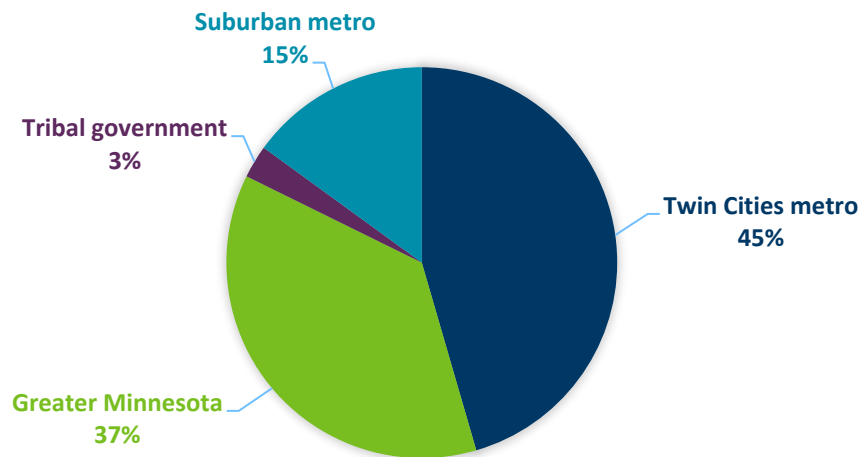


## Geographic Distribution of Funds

Distribution of funds was made with consideration of geographic needs. Four in 10 (40 percent) of youth identified by Wilder Research in the 2015 homeless study were in greater Minnesota. As seen in Figure 3: Geographic Distribution of Funds SFY 2020-2021, Homeless Youth Act funding distribution was in-line with geographic need.

- 21 proposals received for projects in greater Minnesota, 20 (95 percent) were funded
- 25 proposals received for projects in the Twin Cities metro area including suburban areas, 17 (68 percent) were funded.
- 1 proposal was received for projects from tribal governments, and it was funded (100%).

**Figure 3: Geographic Distribution of Funds SFY 2020-2021**



## VII. Outputs and Outcome Indicators

Data reported below is collected through semi-annual and annual reports submitted by Homeless Youth Act funded grantees. Aggregate data from drop-in center and outreach programs is collected via Excel spreadsheets while housing and shelter program data is collected through the Homeless Management Information System (HMIS). Since the previous legislative report in 2018, these tools have been updated to capture programmatic outputs and outcomes in more detail.

Below is a summary of data collected for the period July 1, 2018 – June 30, 2020.

### Drop-in Center Outputs

Due to the crisis and short-term nature of drop-in services, outputs are collected as opposed to outcomes, as follows:

There were 9,743 unduplicated youth who visited drop-in centers 134,972 times:

- One-hundred percent of those youth received access to food, clothing, showers, transportation and crisis intervention services.

Drop-in centers provided:

- 100,226 bus tokens and 4,584 bus cards.
- 133,521 meals.
- 562 hours of legal advocacy/services.

At agencies providing services beyond basic needs:

- 4,246 youth were connected with on-going case management (as defined by the agency).
- 910 youth participated in a formalized education program, and 853 participated in a formalized employment/vocational training program.
- 1,689 youth connected with the coordinated entry system.

### Outreach Outputs

Due to the crisis and short-term nature of outreach services, outputs are collected as opposed to outcomes, as follows:

There were 6,679 unduplicated youth who were served during outreach:

- All youth received access to basic needs assistance in the form of food, weather-appropriate garments, transportation, and crisis intervention services.
- Outreach workers documented 21,883 interactions with youth during outreach.

Outreach workers provided:

- 53,638 supplies (socks, nutritious snacks, bus tokens, etc.).
- 8,279 referrals to available services (health care, drop-in facilities, employment programs, etc.).
- 1,088 connections to the coordinated entry system.

## Shelter Outputs and Outcomes

There were 1,051 unduplicated youth heads of household served in shelter, with 100 percent receiving basic needs services in the form of shelter, food, clothing, showers, referral to medical and mental health services if needed, transportation and case management.

Due to the nature of emergency shelter, some youth receive short-term services, while others receive a longer term, deeper level of service intervention. Of those youth who received a deeper level of service intervention:

- 684 had an individualized case plan.
- 614 were connected to education-related support services, and 631 were connected with employment-related support services.
- 662 were assisted in connecting and building a relationship with a family member or other positive, supportive adult.

## Housing Outputs and Outcomes

- There were 1,123 unduplicated youth heads of household served in housing.
- 411 of the 693 youth who exited the housing program during the reporting period moved into stable housing upon exit.
- 820 youth were connected with employment-related services.
- 15 percent of those served obtained employment during the reporting period.

### HOUSING STATUS 6-MONTHS AFTER EXIT

- **85% of youth contacted were stably housed 6-months after exit from a HYA supported housing program.**

Details on this percentage below:

- 613 youth were eligible for a 6-month follow-up during this reporting period.
- 388 of those 613 youth were able to be contacted.
- 330 of the 388 youth who were contacted were stably housed.

### HOUSING STATUS 24-MONTHS AFTER EXIT

- **80% of youth contacted were stably housed 24-months after exit from a HYA supported housing program.**

Details on this percentage below:

- 732 youth were eligible for a 24-month follow-up during this reporting period.
- 451 of those 732 youth were able to be contacted.



- 362 of the 451 youth who were contacted were stably housed.

## VII. Shelter-Linked Mental Health Grant

Shelter-Linked Mental Health is a new set of mental health focused services targeted to youth experiencing homelessness and youth experiencing sexual exploitation. The reporting section in the Homeless Youth Act Legislation was updated to require information on the Shelter-Linked Mental Health grant be included in this report. The purpose of Shelter-Linked Mental Health services is to integrate mental health services into programs for youth experiencing homelessness and/or sexual exploitation through partnerships between homeless youth and Safe Harbor programs, with community-based mental health providers. Modeled after the School-Linked Mental Health grant program, the Shelter-Linked Mental Health grant program aims to lower barriers to access and support youth in obtaining and maintaining needed mental health services. During the 2019 legislative session, \$500,000 was appropriated for the 2020-2021 biennium for Shelter-Linked Mental Health services. Activities supported by Shelter-Linked Mental Health funds include:

- Programming to prepare youth to receive mental health services
- Assisting youth in obtaining health insurance
- On-site mental health services, including group skills and therapy sessions and individual therapy sessions
- Staff consultation and training
- Ancillary support services

A competitive Request for Proposal process was conducted to award funds. Applications from seven agencies were received, totaling almost \$900,000 in requests. Shelter-Linked Mental Health grants were awarded to five youth serving agencies. Three of the agencies are located in the metro, while two are located in greater Minnesota. The grant period is from February 1, 2020-June 30, 2021.

The Office of Economic Opportunity staff meet with all the Shelter-Linked Mental Health providers and their partnering agencies on a bi-monthly basis to have shared learning and produce even more collaboration.

### Shelter-Linked Mental Health Program Agencies and Activities

Below is a breakdown of agencies funded and services that they are providing with the grant funds:

#### Twin Cities Metro Area

**180 Degrees:** Awarded \$80,000 for the biennium.

- Mental Health Services (including individual therapy and family therapy, medication and diagnostic evaluations) for youth who are uninsured at Brittany's Place and Hope House.
- Mental Health case consultation and training for shelter staff.

**Catholic Charities of St. Paul and Minneapolis (Hope Street Program):** Awarded \$70,000 for the biennium.

- Collaborate with Headway Emotional Health to provide five hours of onsite mental health services for youth in the program.
- Provide mental health case consultation and training for staff.

**Face to Face Health and Counseling Inc.:** Awarded \$260,000 for the biennium.

- Provide Mental Health services at three youth serving organizations in the Twin Cities. These include Face to Face Health and Counseling Inc., Ain Dah Yung, and Avenues for Youth.
- Provide mental health case consultation and training for staff across the three organizations.

## Greater Minnesota

**Lutheran Social Service of Minnesota (Duluth):** Awarded \$60,000 for the biennium.

- Provide mental health services to youth at Another Door Shelter (site based) and Renaissance Transitional housing (site based).
- Provide mental health case consultation, trauma screening and psychoeducation on trauma to program staff.

**MAHUBE-OTWA Community Action Partnership, Inc.:** Awarded \$30,000 for the biennium

- Provide trauma informed practices training for staff
- Collaborate with Steller Human Services to provide a variety of mental health services for youth experiencing homelessness.

## Learnings from Shelter-Linked Mental Health Program Implementation

Implementation of Shelter-Linked Mental Health grant program began early 2020, just as the country began responding to the COVID-19 pandemic. Shelter-Linked Mental Health providers experienced challenges in their ramp-up of these new services during a pandemic, including:

- Connecting and building relationships with youth virtually rather than in-person.
- Increasing the organizations' capacity to provide services virtually.
- Hiring and onboarding new staff for a new set of services during a pandemic.
- Being unable to provide as many groups as desired and low attendance at groups due to restrictions on in-person services during stay-at-home orders.

Despite challenges, providers also experienced many successes and have expressed that Shelter-Linked Mental Health services have brought great value to their programming and have positively affected the youth in their programs. Successes include:

- Flourishing partnerships between homeless youth and Safe Harbor providers with community-based mental health providers.

- Homeless youth and Safe Harbor program staff have been trained and supported by mental health providers and have increased their capacity to address mental health needs with youth in their programs.
- Uninsured and under-insured youth have accessed individualized mental health services, gained access to insurance, and have also continued receiving mental health services even after exiting homeless youth and Safe Harbor programming.
- Despite the challenges of virtual services, stay-at-home orders and social distancing, providers have been conducting groups and engaging with youth.
- More mental health services are being provided to youth in culturally specific programming and in a culturally responsive manner due to the partnerships between mental health providers and culturally specific youth programming.

As Shelter-Linked Mental Health services continue through 2021, additional data on numbers served, services provided, and challenges and successes will be collected. These will inform the implementation of Shelter-Linked Mental Health grant program going forward.

## Shelter-Linked Mental Health Outputs

Data reported below is collected through semi-annual and annual reports submitted by Shelter Linked Mental Health Grant funded agencies.

Below is a summary of data collected from Shelter Linked Mental Health Grantees for the period of February 1, 2020 to December 31, 2020.

- There were 116 unduplicated youth who received mental health services with 307 mental health visits
  - 25 of the youth served would otherwise not have been eligible for mental health services due to being uninsured/underinsured.
  - 12 of the youth served didn't have health insurance upon engaging in mental health services and program staff supported them in getting insured.
- Mental health services provided:
  - 215 one on one therapy sessions.
  - 16 group therapy sessions.
  - 194 Auxiliary /Ancillary services were provided. Auxiliary/Ancillary services includes but is not limited to the following activities; financial assistance with deductibles, transportation support, less formal mental health services, relationship building, help with accessing insurance and any gap services utilized in supporting youth to get mental health services.
- There were 10 shelter/ housing staff trainings on mental health related topics:
  - 140 staff attended these trainings.

## VIII. COVID-19 Impact

The COVID-19 pandemic has severely affected the entire homeless response system including youth providers. The pandemic put even greater pressure on a system that was already under significant strain. Youth providers had the difficult task of communicating the severity of the pandemic to young people while offering comfort and support, and helping to develop concrete plans for responding to the pandemic. Youth providers implemented various changes to their physical spaces, staffing structures and service/program delivery. Furthermore some youth providers are currently dealing with financial hardships as their major fundraising events had to be canceled or moved to online events.

Youth in the various programs have been severely impacted by the pandemic. Most of the youth in the programs worked in the restaurant and hospitality industry and have lost their source of income. Youth have also reported feeling more isolated than ever before and are increasingly struggling with their mental health. The youth that are attending school had to adjust to virtual learning sometimes in environments where the internet service or private space to learn is not adequately available.

### COVID-19 Effects on Service and Program Delivery

At times, services and programming for homeless youth were forced to stop, pause, or decrease capacity due to public health concerns and stay-at-home orders designed to prevent staff and youth from being exposed to and/or spreading COVID-19. Many providers have adapted to virtual programming whenever possible, although many challenges persist including the cost of and access to technology such as phones, Wi-Fi, computers, etc. Relationship building is an important aspect of youth work and building a relationship virtually is often times difficult especially without a previous connection to the youth. To remedy this, some youth workers during the summer months met youth outside, wearing masks, and social distancing. Youth and staff reported those meetings to be effective when meeting in agencies was not possible.

The new virtual nature of work also affects the connection between staff, causing them to coordinate and collaborate less, while also interrupting the networks of partnerships with other agencies to carry out the work.

Youth providers have had to physically adapt their facilities to ensure safe distances during the pandemic by:

- re-purposing large offices,
- encouraging those who can to work from home, and
- requiring scheduled meetings times versus drop-in hours.

### COVID-19 Effects on Staffing Capacity

Youth providers report that staffing their programs has been increasingly difficult during this time due to the following reasons:

- Staff quarantining at home to avoid exposure to COVID-19, especially those who are at high risk due to health conditions.

- Staff isolating if they test positive or exhibit symptoms, and/or staff staying home to care for their own children as school and childcare services close.
- Volunteer programs that support staffing structures shutting down for safety reasons.
- The pandemic has complicated the way decisions are made by staff around program delivery. Each decision requires significantly more thought. Staff have to adjust and pivot to frequent changes, while trying to maintain safety. This has resulted in increased stress on staff who are already working in stressful environments.

## Increased Needs During COVID-19

- Youth providers report that shelter and housing demands have increased. COVID-19 can spread easily and quickly in congregate settings such as encampments or congregate shelters, which caused the need for housing to increase.
- Difficulties for unhoused youth who were unable to access community spaces such as drop-in centers, and libraries for their basic needs.
- The closure of encampments has made it difficult to keep track of youth as they move from area to area.
- Mask requirements can be traumatizing to youth who have already experienced trauma, causing their anxiety or other mental health symptoms to increase.

## Increased Resources

COVID-specific funding provided by the Federal Emergency Solutions Grant, Coronavirus Relief Funds, and State Emergency Solutions Program COVID Funds, were accessed by many youth providers and supported the following types of activities:

- Staff salary for increased shelter units, increased hours to operate 24/7, pay on-call staff to replace volunteers and sick staff, and cover hazard pay for frontline staff.
- Funding hotel units to supplement emergency shelter needs and assist in decompressing crowded shelter programs.
- Purchasing personal protective equipment and hygiene/sanitation supplies
- Purchasing of food.
- Remodeling/upgrading shelter spaces to increase COVID-19 and infectious disease safety.

## IX. Conclusion

A complete list of agencies funded with Homeless Youth Act dollars for the 2020-2021 biennium are in Appendix A. The list includes agency office locations, county service area, and funded activities (shelter, outreach, drop-in or housing). The statute guiding Homeless Youth Act funding distribution, eligible activities, and report expectations are in Appendix B. The statute guiding the Shelter Linked Mental Health funding are included in Appendix C.

For questions about Homeless Youth Act funding or this report, contact Rabya Hassen, Human Services Program Consultant, via email [rabya.n.hassen@state.mn.us](mailto:rabya.n.hassen@state.mn.us), or by phone at 651-425-0561.

# X. Appendix

## Appendix A: Homeless Youth Act Grantees

Agency	Counties targeted (primarily)	Activity
Ain Dah Yung	Ramsey, Hennepin	Housing
Arrowhead Economic Opportunity Agency, Inc.	St. Louis, Itasca	Outreach, shelter, housing
Avenues for Youth	Hennepin, Ramsey	Outreach, shelter, housing
Beacon Interfaith	Hennepin, Ramsey	Housing
Bois Forte Tribal Council	St. Louis	Outreach, housing
Catholic Charities of St. Cloud	Stearns, Benton, Sherburne, Wright, Anoka, Morrison, Todd, Mille Lacs, Cass, Chisago, Wadena, Crow Wing, Isanti, Kanabec, Pine, Morrison	Shelter, housing
Catholic Charities of St. Paul and Minneapolis	Hennepin	Shelter, housing
Center City Housing	Olmsted	Housing
Evergreen Youth	Beltrami, Cass, Clearwater, Hubbard, Mahnomon	Outreach, drop-in, housing
Face to Face Health and Counseling Service, Inc.	Ramsey	Drop-in, housing
Hope for Youth	Anoka and North Metro Suburbs	Drop-in, housing
Inter-County Community Council, Inc.	Pennington, Red Lake, Polk, Clearwater	Housing
Lakes and Pines Community Action	Atkin, Carlton, Pine, Chisago, Isanti, Kanabec, Mille Lacs	Outreach, shelter, housing
Lakes & Prairies Community Action Partnerships, Inc.	Clay, Wilkin	Outreach, housing
Leech Lake Reservation Housing Authority	Cass, Beltrami, Itasca, Hubbard	Outreach, housing
Life House	St. Louis	Drop-in, shelter, housing
Lutheran Social Service (Brainerd)	Crow Wing, Todd, Morrison,	Outreach, shelter
Lutheran Social Service (Duluth)	St. Louis	Shelter, housing
Lutheran Social Service (Mankato)	Blue Earth, Nicollet, Le Sueur, Brown, Waseca, Sibley, Watonwan, Faribault, Steele	Outreach, drop-in, shelter, housing
Lutheran Social Service (Rochester)	Olmsted, Rice, Goodhue, Wabasha, Dodge, Mower, Fillmore, Winona, Houston	Outreach, shelter, housing

<b>Agency</b>	<b>Counties targeted (primarily)</b>	<b>Activity</b>
Lutheran Social Service (Metro youth services)	Ramsey, Hennepin, Dakota, Washington, Anoka, Scott, Carver	Outreach, shelter, housing
Lutheran Social Service (Willmar)	Kandiyohi, Renville, Chippewa, Swift, Meeker, McLeod	Outreach, shelter, housing
MAHUBE-OTWA	Mahnomen, Hubbard, Becker, Otter Tail, Wadena	Housing
Mid MN Legal Assistance	Hennepin	Outreach
MoveFwd	Hennepin	Outreach, housing
Northfield Union of Youth	Dakota, Rice	Drop-in, shelter
Oasis for Youth	Hennepin	Drop-in, housing
Open Doors for Youth	Sherburne, Wright	Drop-in
Pillsbury United Communities	Hennepin	Outreach
Salvation Army—Booth Brown	Ramsey	Shelter
Scott-Carver-Dakota CAP Agency, Inc.	Carver, Scott	Housing
The Bridge for Youth	Hennepin	Housing
The Link	Hennepin, Dakota	Drop-in, housing
United Community Action Partnership	Lincoln, Lyon, Redwood, Cottonwood, Jackson, Renville, Kandiyohi, Meeker, McLeod	Shelter, housing
YMCA Greater Twin Cities—Emma B. Howe	Hennepin, Ramsey, Washington, Anoka	Outreach, housing
YWCA Duluth	St. Louis, Carlton, Lake, Douglas	Housing
YouthLink	Hennepin	Drop-in, housing



## Appendix B: Homeless Youth Act Statute

### 256K.45 HOMELESS YOUTH ACT.

Subdivision 1. Grant program established. The commissioner of human services shall establish a Homeless Youth Act fund and award grants to providers who are committed to serving homeless youth and youth at risk of homelessness, to provide street and community outreach and drop-in programs, emergency shelter programs, and integrated supportive housing and transitional living programs, consistent with the program descriptions in this section to reduce the incidence of homelessness among youth.

Subd. 1a. Definitions. (a) The definitions in this subdivision apply to this section.

(b) "Commissioner" means the commissioner of human services.

(c) "Homeless youth" means a person 24 years of age or younger who is unaccompanied by a parent or guardian and is without shelter where appropriate care and supervision are available, whose parent or legal guardian is unable or unwilling to provide shelter and care, or who lacks a fixed, regular, and adequate nighttime residence. The following are not fixed, regular, or adequate nighttime residences:

(1) a supervised publicly or privately operated shelter designed to provide temporary living accommodations;

(2) an institution or a publicly or privately operated shelter designed to provide temporary living accommodations;

(3) transitional housing;

(4) a temporary placement with a peer, friend, or family member that has not offered permanent residence, a residential lease, or temporary lodging for more than 30 days; or

(5) a public or private place not designed for, nor ordinarily used as, a regular sleeping accommodation for human beings.

Homeless youth does not include persons incarcerated or otherwise detained under federal or state law.

(d) "Youth at risk of homelessness" means a person 24 years of age or younger whose status or circumstances indicate a significant danger of experiencing homelessness in the near future. Status or circumstances that indicate a significant danger may include: (1) youth exiting out-of-home placements; (2) youth who previously were homeless; (3) youth whose parents or primary caregivers are or were previously homeless; (4) youth who are exposed to abuse and neglect in their homes; (5) youth who experience conflict with parents due to chemical or alcohol dependency, mental health disabilities, or other disabilities; and (6) runaways.

(e) "Runaway" means an unmarried child under the age of 18 years who is absent from the home of a parent or guardian or other lawful placement without the consent of the parent, guardian, or lawful custodian.

Subd. 2. Homeless youth report. The commissioner shall prepare a biennial report, beginning in February 2015, which provides meaningful information to the legislative committees having jurisdiction over the issue of homeless youth, that includes, but is not limited to: (1) a list of the areas of the state with the greatest need for Homeless Youth Act Biennial Report-April 2021

services and housing for homeless youth, and the level and nature of the needs identified; (2) details about grants made, including shelter-linked youth mental health grants under section [256K.46](#); (3) the distribution of funds throughout the state based on population need; (4) follow-up information, if available, on the status of homeless youth and whether they have stable housing two years after services are provided; and (5) any other outcomes for populations served to determine the effectiveness of the programs and use of funding.

Subd.3. Street and Community Outreach and Drop-in program. Youth drop-in centers must provide walk-in access to crisis intervention and ongoing supportive services including one-to-one case management services on a self-referral basis. Street and community outreach programs must locate, contact, and provide information, referrals, and services to homeless youth, youth at risk of homelessness, and runaways. Information, referrals, and services provided may include, but are not limited to:

- (1) family reunification services;
- (2) conflict resolution or mediation counseling;
- (3) assistance in obtaining temporary emergency shelter;
- (4) assistance in obtaining food, clothing, medical care, or mental health counseling;
- (5) counseling regarding violence, sexual exploitation, substance abuse, sexually transmitted diseases, and pregnancy;
- (6) referrals to other agencies that provide support services to homeless youth, youth at risk of homelessness, and runaways;
- (7) assistance with education, employment, and independent living skills;
- (8) aftercare services;
- (9) specialized services for highly vulnerable runaways and homeless youth, including teen parents, emotionally disturbed and mentally ill youth, and sexually exploited youth; and
- (10) homelessness prevention.

Subd.4. Emergency shelter program. (a) Emergency shelter programs must provide homeless youth and runaways with referral and walk-in access to emergency, short-term residential care. The program shall provide homeless youth and runaways with safe, dignified shelter, including private shower facilities, beds, and at least one meal each day; and shall assist a runaway and homeless youth with reunification with the family or legal guardian when required or appropriate.

(b) The services provided at emergency shelters may include, but are not limited to:

- (1) family reunification services;
- (2) individual, family, and group counseling;

- (3) assistance obtaining clothing;
- (4) access to medical and dental care and mental health counseling;
- (5) education and employment services;
- (6) recreational activities;
- (7) advocacy and referral services;
- (8) independent living skills training;
- (9) aftercare and follow-up services;
- (10) transportation; and
- (11) homelessness prevention.

Subd.5. Supportive housing and transitional living programs. Transitional living programs must help homeless youth and youth at risk of homelessness to find and maintain safe, dignified housing. The program may also provide rental assistance and related supportive services, or refer youth to other organizations or agencies that provide such services. Services provided may include, but are not limited to:

- (1) educational assessment and referrals to educational programs;
- (2) career planning, employment, work skill training, and independent living skills training;
- (3) job placement;
- (4) budgeting and money management;
- (5) assistance in securing housing appropriate to needs and income;
- (6) counseling regarding violence, sexual exploitation, substance abuse, sexually transmitted diseases, and pregnancy;
- (7) referral for medical services or chemical dependency treatment;
- (8) parenting skills;
- (9) self-sufficiency support services or life skill training;
- (10) aftercare and follow-up services; and
- (11) homelessness prevention.

Subd.6.Funding. Funds appropriated for this section may be expended on programs described under subdivisions 3 to 5, technical assistance, and capacity building to meet the greatest need on a statewide basis. The commissioner will provide outreach, technical assistance, and program development support to increase capacity to new and existing service providers to better meet needs statewide, particularly in areas where services for homeless youth have not been established, especially in greater Minnesota.

## Appendix C. Shelter-Linked Mental Health Grant Statute

### 256K.46 SHELTER-LINKED MENTAL HEALTH GRANT PROGRAM.

Subd.1. Establishment and Authority (a) The commissioner shall award grants to provide mental health services to homeless or sexually exploited youth. To be eligible, housing providers must partner with community-based mental health practitioners to provide a continuum of mental health services, including short-term crisis response, support for youth in longer-term housing settings, and ongoing relationships to support youth in other housing arrangements in the community for homeless or sexually exploited youth.

(b) The commissioner shall consult with the commissioner of management and budget to identify evidence-based mental health services for youth and give priority in awarding grants to proposals that include evidence-based mental health services for youth.

(c) The commissioner may make two-year grants under this section.

(d) Money appropriated for this section must be expended on activities described under subdivision 4, technical assistance, and capacity building to meet the greatest need on a statewide basis. The commissioner shall provide outreach, technical assistance, and program development support to increase capacity of new and existing service providers to better meet needs statewide, particularly in areas where shelter-linked youth mental health services have not been established, especially in greater Minnesota.

Subd.2. Definitions (a) The definitions in this subdivision apply to this section.

(b) "Commissioner" means the commissioner of human services, unless otherwise indicated.

(c) "Housing provider" means a shelter, housing program, or other entity providing services under the Homeless Youth Act in section [256K.45](#) and the Safe Harbor for Sexually Exploited Youth Act in section [145.4716](#).

(d) "Mental health practitioner" has the meaning given in section [245.462, subdivision 17](#).

(e) "Youth" has the meanings given for "homeless youth," "youth at risk for homelessness," and "runaway" in section [256K.45, subdivision 1a](#), "sexually exploited youth" in section [260C.007, subdivision 31](#), and "youth eligible for services" in section [145.4716, subdivision 3](#).

Subd.3. Eligibility. An eligible applicant for shelter-linked youth mental health grants under subdivision 1 is a housing provider that:

(1) demonstrates that the provider received targeted trauma training focused on sexual exploitation and adolescent experiences of homelessness; and

(2) partners with a community-based mental health practitioner who has demonstrated experience or access to training regarding adolescent development and trauma-informed responses.

Subd.4. Allowable Grant Activities. (a) Grant recipients may conduct the following activities with community-based mental health practitioners:

- (1) develop programming to prepare youth to receive mental health services;
  - (2) provide on-site mental health services, including group skills and therapy sessions. Grant recipients are encouraged to use evidence-based mental health services;
  - (3) provide mental health case management, as defined in section [256B.0625, subdivision 20](#); and
  - (4) consult, train, and educate housing provider staff regarding mental health. Grant recipients are encouraged to provide staff with access to a mental health crisis line 24 hours a day, seven days a week.
- (b) Only after promoting and assisting participants with obtaining health insurance coverage for which the participant is eligible, and only after mental health practitioners bill covered services to medical assistance or health plan companies, grant recipients may use grant funds to fill gaps in insurance coverage for mental health services.
- (c) Grant funds may be used for purchasing equipment, connection charges, on-site coordination, set-up fees, and site fees to deliver shelter-linked youth mental health services defined in this subdivision via telemedicine consistent with section [256B.0625, subdivision 3b](#).

Subd. 5. Reporting. Grant recipients shall report annually on the use of shelter-linked youth mental health grants to the commissioner by December 31, beginning in 2020. Each report shall include the name and location of the grant recipient, the amount of each grant, the youth mental health services provided, and the number of youth receiving services. The commissioner shall determine the form required for the reports and may specify additional reporting requirements. The commissioner shall include the shelter-linked youth mental health services program in the biennial report required under section [256K.45, subdivision 2](#)