



Implications of the COVID-19 Pandemic for Youth Housing and Homelessness Services

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Abstract

Youth homelessness is a growing crisis in the United States that is associated with a range of adverse outcomes. A variety of social service programs exist to address youth homelessness and its consequences, such as street outreach and diversion services, emergency shelters, transitional housing programs, and rapid rehousing services, among others. The coronavirus disease 2019 (COVID-19) pandemic reached the United States in early 2020, altering nearly every facet of daily life, including the way social service organizations structure and deliver their programming. To understand the implications of the pandemic on housing and homelessness services for youth, the current study examines data from interviews conducted with staff from a large non-profit in Austin, Texas, serving vulnerable transition-age youth. Through these interviews, programmatic changes that occurred as a result of COVID-19—as well as challenges and facilitators to service delivery—were identified. This article provides an overview of these key learnings, as well as recommendations derived from these key learnings, for other organizations adapting their housing and homelessness services in response to the COVID-19 pandemic.

Keywords Homeless youth · COVID-19 · Housing · Homelessness services · Programmatic implications · Social services

While youth homelessness is a major concern across the globe (UNESCO, 2015), it is especially prevalent in the United States, where an estimated 3.5 million youth between the ages of 18 to 25 experienced homelessness in 2016 and 2017 (Morton et al., 2018). Numerous studies suggest that youth homelessness (e.g., staying in a place not meant for human habitation, residing in a shelter or transitional housing facility) is associated with a variety of adverse outcomes, including physical health issues (Medlow et al., 2014), mental health issues (Merscham et al., 2009), and exposure to violence (Heerde et al., 2014). Youth experiencing homelessness also report participating in high-risk activities—such as using recreational substances and engaging in unsafe sexual behaviors—at higher rates than their housed peers (Heerde & Hempill, 2016; Johnson et al., 2005; Rice et al., 2013). Perhaps most importantly, youth experiencing homelessness have higher mortality rates than their housed

counterparts (Auerswald et al., 2016; Roy et al., 2004), due in part to the circumstances they encounter on the street and the barriers they face when accessing or attempting to access medical treatment (Haldenby et al., 2007).

To address the prevalence of youth homelessness in the United States and its associated negative outcomes, providers have developed a range of homelessness and housing programs, including (but not limited to) street outreach services, emergency shelters, and rapid rehousing. In recent years, many of these services have expanded in response to the federal goal of ending youth homelessness, and other innovative programming models have been introduced alongside more traditional interventions (United States Interagency Council on Homelessness (USICH), 2015). As many communities were attempting to scale their homelessness response systems for youth, they simultaneously had to navigate significant changes in response to the COVID-19 pandemic in order to continue providing necessary services ensuring the safety of both staff and clients. To date, however, little research has examined the ways that youth homelessness service providers have been impacted by COVID-19. The current paper sought to address this knowledge gap by analyzing interviews conducted with staff at a large non-profit serving vulnerable transition-aged youth in Austin, Texas.

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Through this analysis, we identified the main adjustments that were made to these organizations' housing and homelessness services in response to the pandemic, as well as the key challenges and facilitators to service delivery that were reported by staff members.

Homelessness Services for Youth

As previously mentioned, a variety of homelessness and housing programs have been developed to address and prevent youth homelessness. These services, which are described below, include prevention programs, street outreach programs and drop-in centers, and housing programs (e.g., emergency shelters, transitional housing, rapid rehousing).

Because family conflict is often associated with youth homelessness (Shelton et al., 2009), many prevention programs focus on improving family dynamics. These programs tend to involve support groups for parents, conflict resolution skills classes, educational workshops, and therapy services for both individuals and the family unit (Salomon, et al., 2014; Toro et al., 2007). Other prevention programs are school-based and strive to reduce the number of runaway homeless youth by providing additional support to students experiencing family conflict at home (Hirschi, 1969; Johanson et al., 1996). Finally, because youth with histories of systems involvement are at increased risk of experiencing homelessness, other programs specifically target youth with experience in child welfare and the juvenile justice system (Fowler et al., 2009; Shaffer & Caton, 1984; Toro et al., 2007). For instance, youth aging out of foster care have access to federal funds and services that can be used to help prepare them for the transition to adulthood, such as housing services, education and employment services, life skills training, health education, and case management (Ansell, 2001).

If a youth experiences homelessness, their first interactions with programs tend to occur through street outreach services or drop-in centers, which are designed to be easily accessible and provide youth with access to basic needs such as food, hygiene supplies, and clothing (Pergamit & Ernst, 2010; Shillington et al., 2011). Through street outreach and drop-in programs, youth may also receive referrals to a wide array of services such as emergency shelters, counseling programs, life skills training classes, case management services, housing programs, and education and employment services (Paradise et al., 2001; Shillington et al., 2011; Thompson et al., 2002; Tsemberis et al., 2003). Youth tend to find street outreach services and drop-in centers more appealing than other program models because they are designed to meet youth's immediate needs, have more flexible rules and requirements, require less paperwork, and require fewer

disclosures of personal information (DeRosa et al., 1999; Garrett et al., 2008; Pennbridge et al., 1990).

As mentioned above, youth experiencing homelessness may also be referred to certain housing programs, such as emergency shelters and transitional housing (TH), through street outreach and drop-in services; however, these two programs differ in their main goals and in the services they typically provide. Emergency shelters often provide some combination of temporary shelter, counseling, family reunification services, and aftercare services, whereas the purpose of TH programs is to provide safe, stable living accommodations and a range of supportive services (e.g., counseling, life skills classes, educational supports) to help young people develop the skills necessary to become independent (Reconnecting Homeless Youth Act (RHYA), 2008, P.L. 110-378, Title III, Part B, Section 322a).

In addition to emergency shelters and TH, youth may also be eligible for other housing programs, such as rapid rehousing. Many rapid rehousing programs rely on an evidence-based "Housing First" model (Tsemberis et al., 2003), which emphasizes moving people experiencing homelessness into housing as quickly as possible. Housing First advocates for the removal of artificial barriers to housing (e.g., sobriety or employment requirements) and the promotion of client choice in selecting appropriate housing options (Tsemberis, 2010). According to this approach, after people experiencing homelessness have been housed, then they can choose to engage in other supportive and treatment services at their discretion (Tsemberis, 2010).

The Impact of COVID-19 on Housing, Homelessness, and Other Social Services

Housing and homelessness programs must offer flexible services and be prepared to regularly pivot or adjust their approach to service delivery based on available funding sources, environmental and situational factors, and the needs of their clients (Kelly & Caputo, 2007). Such shifts in programming may involve streamlining services in response to funding cuts (Caputo et al., 1996; Kelly & Caputo, 2007; McCreary, 2002) or iterating services in response to client needs and preferences (Caputo et al., 1996; Cavet & Sloper, 2004; Head, 2011; Schoenfeld et al., 2018). Similarly, the COVID-19 pandemic has resulted in youth homelessness service providers making adjustments to their programming; however, most work to date has highlighted changes occurring in homelessness services more broadly (vs. youth services specifically) and challenges faced by individuals experiencing homelessness. For instance, a recent paper detailed a COVID-19 outbreak in three affiliated homeless shelters in Seattle, Washington (Tobolowsky et al., 2020). As part of this work, the authors examined the transmission rate of

the virus across the sites, identified conditions at the shelters that might have contributed to the transmission of the virus (e.g., use of multiple homeless service sites across residents, crowding, use of congregate sleeping arrangements, challenges of physical distancing), and outlined the public health interventions that were introduced to slow the transmission (e.g., proactive testing, transferring positive residents to isolated housing, limiting movement into and out of the shelter, encouraging physical distancing). Other studies of shelters in Boston, Massachusetts, have also examined transmission rates among individuals experiencing homelessness and reported high transmission rates across both shelter residents and staff (Baggett et al., 2018).

Other studies have detailed the specific challenges faced by individuals experiencing homelessness during the pandemic. Individuals experiencing homelessness are not only at an increased risk of contracting COVID-19 due to their lack of safe housing (Culhane et al., 2020), but they are also more likely to develop severe symptoms if they are infected with the virus because of the higher prevalence of comorbidities (e.g., heart disease, respiratory conditions) among this population (Baggett et al., 2018; Roncarati et al., 2018; Tibbetts et al., 2020). These individuals may also have less access to public health communications, meaning that they may not have the most recent information about the pandemic and local safety protocols (Leung et al., 2008). Even if individuals experiencing homelessness do receive this information, they may still lack access to personal protective equipment and may not be able to isolate from others when exposed to the virus (Jadidzadeh & Kneebone, 2020; Leung et al., 2008). In response to these concerns, some communities have begun offering opportunities for individuals experiencing homelessness who have been exposed to the virus to isolate and to receive medical care (if necessary) during their isolation period (e.g., Fuchs et al., 2021; Kirby, 2020).

There has also been a plethora of research published on the changes that programs in other disciplines (i.e., outside of housing and homelessness services) experienced in response to the pandemic, particularly within the medical field and in school settings. Despite the different contexts, these programs have also had to transition from in-person services to telehealth services. For instance, one medical organization created a virtual monitoring program to provide care for patients recovering from COVID-19 at home (Kricke et al., 2020). This program primarily relied on telephone-based care, and patients expressed gratitude for this service and medical professionals' willingness to stay in contact with them virtually (Kricke, et al., 2020). Schools have also had to shift to virtual classes, which has been a satisfactory experience for at least some students; however, across multiple studies, parents of students reported that their children appeared scared, stressed, desperate, frightened, and anxious due to the ongoing pandemic and the

isolation from others (Day et al., 2021; Duraku & Hoxha, 2020). In addition, inequities have been observed in technology access, as many students lack the appropriate devices to support their engagement in school and the proper physical spaces (e.g., quiet areas, private rooms, a desk) from which to work (Day et al., 2021). Similar inequities have been noted in the mental health field, as individuals with lower socioeconomic backgrounds often have difficulty accessing the technology needed to engage in the services they need (Ojha & Syed, 2020). Although little to no research has explored how homelessness service providers have adapted their programs in response to COVID-19, it is likely that organizations in this field have faced similar implications and challenges.

Overview of the Current Study

Although recent studies have examined the spread of the coronavirus in homeless shelters (e.g., Tobolowsky et al., 2020), the unique challenges faced by individuals currently experiencing homelessness (e.g., Jadidzadeh & Kneebone, 2020; Perri et al., 2020), efforts to protect individuals experiencing homelessness from the virus (e.g., Kirby, 2020), and the ways that other types of programs shifted their services in response to the pandemic (e.g., medical facilities; Jackson et al., 2020; Kricke et al., 2020), additional research is needed to understand the ways youth homelessness service providers have been impacted by COVID-19. Thus, in the current paper, we leveraged qualitative data to examine the implications of the pandemic on service provision at LifeWorks, a large non-profit in Austin, Texas, that offers a comprehensive array of housing and homelessness services (as well as wraparound supportive services) to vulnerable transition-age youth. This information is intended to support other agencies providing housing and homelessness services to youth as they respond to the pandemic and may also be relevant during future national health crises.

Method

To better understand the implications of COVID-19 on LifeWorks' housing and homelessness services, we utilized data from 14 interviews that were conducted in May 2020 as part of a larger study examining the community-wide effort in Austin, Texas, to make youth homelessness rare, brief, and non-recurring. In the current study, we were interested in identifying the programmatic changes and implications that occurred in response to COVID-19. In addition, we sought to highlight significant challenges and facilitators related to programming that surfaced as a result of the COVID-19 pandemic.

Sampling Strategy

Eligibility and Recruitment

Eligibility was limited to individuals who served in key roles supporting the community's effort to end youth homelessness (e.g., program and departmental managers, chief executives). Those who met the eligibility criteria were contacted directly via email and provided details about the study; those who were interested in participating were instructed to call or email the principal investigator (removed for review). For the current study, interviewees included executive leadership and program staff from the lead agency's housing, supportive services, and administrative departments.

Study Sample

The majority of participants identified as female (71.43%) and non-Hispanic White (64.29%). Nearly half of the sample was between the ages of 30 to 39 years old (42.86%), and the vast majority of participants (92.86%) had at least a Bachelor's degree. With respect to their professional experiences, on average, interviewees had been employed at the agency for 3.55 years ($Mdn = 2.04$; Range 0.08–23.17) and had worked in the social services arena for 9.41 years ($Mdn = 5.83$; Range 1.17–25.8). Complete demographic information for the sample can be found in Table 1.

Data Collection

All interviews included in this study were conducted virtually due to COVID-19 and typically ranged from 45 to 90 min in length. We used a semi-structured interview approach to give participants the ability to focus on topics that were the most personally relevant to them (Esterberg, 2001; Strauss & Corbin, 1998) and to allow for rich conversations that would be ideal for qualitative data analysis (Lofland, 1971). The interview protocol explored the service delivery model (e.g., "Has anything changed in terms of how youth go about entering your program?," "What processes are in place to prevent unnecessary delays in connecting youth to permanent housing?"), the successes and challenges that staff encountered (e.g., "What unexpected youth needs have your staff encountered?," "What funding restrictions have proven to be the biggest barrier to service delivery?," "What unexpected successes have you/the programs experienced?"), and similar service-related topics. Follow-up questions were asked as necessary to cultivate a fuller understanding of how services changed in response to the pandemic. With participant consent, we audio-recorded and transcribed the interviews.

Analytic Technique

Once transcribed, we coded the interviews using an amalgamation of coding methods (a technique otherwise known as eclectic coding; Saldaña, 2016). The principal investigator began by creating a list of descriptive codes reflecting general areas of interest (based on the questions asked as a part of the study; such codes included, e.g., "client needs," "programmatic elements," and "COVID-specific"). A set of subcodes was then generated using open coding to add specificity and nuance. We then coded the transcriptions line-by-line using this list of subcodes.

Next, the principal investigator coded the transcriptions a second time using evaluation coding, which involves assigning codes that assess a program's quality, utility, or performance (Rallis & Rossman, 2003). Ultimately, evaluation coding is intended to identify "what's working and what isn't" within a program, practice, or policy (Saldaña, 2016, p. 104). Because the purpose of the current study was to examine how housing and homelessness services adjusted their programming in response to COVID-19, we utilized three magnitude codes (negative change, positive change, neutral change; we also flagged elements of programming that experienced no change) and two additional coding tags (challenges and facilitators) to capture the valence of any programmatic change and the factors that supported or inhibited participants' ability to effectively navigate these changes.

Study Context

In order to contextualize the results of our study, we first present information about the original design of each program (i.e., rapid rehousing, residential services, street outreach services, and homeless diversion services).

Rapid Rehousing Overview

LifeWorks' Rapid Rehousing (RRH) program is an apartment-based, Housing First program (i.e., it aligns with the belief that individuals experiencing homelessness should be connected to housing quickly and without any treatment preconditions, behavioral requirements, or other artificial barriers; USICH, 2016) that provides individualized rental assistance, wraparound supports, and case management to youth experiencing homelessness. Ultimately, the goal of RRH is for youth to be able to maintain their housing without rental assistance. This program is supported by a variety of funding streams that allow youth to receive up to 36 months of assistance. At the start of the program, youth's rent is fully subsidized. As youth begin to acclimate to their new living situation and pursue educational or employment opportunities, youth are expected to begin contributing toward their

Table 1 Summary of participant characteristics (N = 14)

Characteristic	N	%
Gender		
Female	10	71.43
Male	4	28.57
Transgender (male-to-female)	0	0
Transgender (female-to-male)	0	0
Gender non-conforming	0	0
Other	0	0
Age		
Under 20 years old	0	0
20–29 years old	3	21.43
30–39 years old	6	42.86
40–49 years old	2	14.29
50–59 years old	3	21.43
60–69 years old	0	0
70 years old or older	0	0
Race/Ethnicity		
Non-Hispanic White	9	64.29
Hispanic White	0	0.00
Hispanic Non-White	1	7.14
American Indian/Alaska Native	0	0.00
Asian	0	0.00
Black/African American	0	0.00
Native Hawaiian/Other Pacific Islander	0	0.00
Other	1	7.14
More than one race	2	14.29
Not sure	1	7.14
Education		
Less than high school	0	0.00
Some high school	0	0.00
High school diploma/GED	1	7.14
Associate's degree	0	0.00
Bachelor's degree	4	28.57
Master's degree	9	64.29
Doctoral degree or law degree	0	0.00
	M	SD
Years in the social service sector	9.41	7.87
Years at organization	3.55	5.85

rent. Over time, the amount of rental assistance that the program provides tapers off as youth's contributions increase. This process helps youth incrementally work toward paying the full amount of their rent so they will be able to afford the apartment in its entirety once they exit the program.

To be eligible for LifeWorks' RRH program, youth must be experiencing literal homelessness, as defined by the U.S. Department of Housing and Urban Development (HUD; e.g., residing in an emergency shelter, being enrolled in a transitional housing program, staying in a

place not meant for human habitation, living in a hotel paid for by a charitable organization; USICH, 2012), or fleeing domestic violence. Prioritization for housing through RRH is based on a youth's level of vulnerability, with the most vulnerable youth (e.g., youth experiencing chronic homelessness, substance misuse, victimization on the streets) prioritized more highly. RRH staff try to locate these youth to enroll them in the program as soon as they have been selected for RRH from the prioritization list.

Once the youth is enrolled in the program and assigned to a case manager, the case manager is responsible for connecting the youth to potential apartments and assisting with the application process, collecting the required documentation to move in, clearing any potential barriers that may interfere with youth's ability to secure a unit (e.g., helping the youth secure a form of identification, paying outstanding utility bills), completing any funder-required apartment inspections, and helping the youth move into the unit. After youth move into their apartments, they are able to continue accessing their case manager for support, service planning, and referrals to wraparound supportive services (e.g., counseling, GED or high school equivalency classes, and supported employment). Because RRH is a Housing First program, it is up to the youth to decide the level of engagement they would like to have with their case manager and other wraparound supports.

Residential Services Overview

For youth who have not yet been selected to receive an apartment through the RRH program, or who are waiting to transition to permanent housing, there are three other group-based, residential services that LifeWorks offers for youth in Travis County—specifically, an emergency shelter and two transitional housing programs. The emergency shelter serves youth under the age of 21 who are in child welfare or extended foster care, as well as runaway and homeless youth under the age of 18. During their stay at the emergency shelter, youth are assigned a case manager, with whom they typically focus on pursuing their self-defined educational or employment goals. Although their length of stay varies dramatically, youth tend to reside at the emergency shelter for an average of about two months.

In addition, LifeWorks offers two TH programs. One of these programs is a longer-term program where youth can live for up to 18 months (described hereafter as “long-term TH”). Through this program, youth work with a case manager to focus on goals and skills (e.g., completing education, maintaining employment, learning independent living skills) that will assist them in securing safe and stable housing. The second program is designed for a short-term stay while youth transition from homelessness to permanent housing (described hereafter as “short-term TH”). Specifically, youth staying at this program have already been selected to receive a rapid rehousing unit or have otherwise identified a permanent housing solution. While enrolled in short-term TH, youth are typically working toward addressing housing barriers, such as securing identification or resolving prior rental debts. Although case management is not provided through this program, the majority of youth are working with a case manager from another program (e.g., through the RRH program).

Street Outreach Services Overview

In addition to housing and residential services, LifeWorks offers outreach programming to serve youth and young adults experiencing homelessness. The Street Outreach program provides youth with an array of services focused on reducing the risks associated with living on the streets. Outreach workers go out into the community when they learn about a homeless youth needing services; once they locate and connect with the youth, they offer food, hygiene kits, bus passes, and other necessities. The goal of this outreach is to build relationships with youth to help them connect to services and other resources. Additionally, this program operates an on-site drop-in center where youth can get bus passes, enjoy a meal, obtain clothing, take a shower, access computers, receive help applying for an ID, participate in group classes (e.g., sobriety groups), and connect to other wraparound services (e.g., counseling, workforce).

Homelessness Diversion Services Overview

LifeWorks also offers a Diversion program, which is designed to divert youth from homelessness and the need for intensive housing services. A large proportion of youth working with the Diversion program have a history of involvement with juvenile justice or the child welfare system; other youth in this program are referred because they lack fixed, regular, and adequate housing arrangements. Some of the youth served by the Diversion program are referred from the prioritization list that is also utilized by the RRH program (as described above). Instead of serving the most vulnerable youth on the list, however, the Diversion team focuses on less vulnerable youth who could be adequately served by a less intensive intervention. Although the program has not historically been able to help youth pay for rent, staff are able to provide financial assistance for groceries, school supplies, and other basic needs, which can offset the cost of rent. Perhaps more importantly, the program connects youth to a range of community resources (e.g., workforce services, transitional housing options) and helps youth build stronger relationships with individuals within their existing support networks to foster their long-term housing stability.

Results

Introduction to the Results

Below, we first explain the specific impact of COVID-19 on each of the services described above (i.e., rapid rehousing, residential services, street outreach services, and homelessness diversion services). Within this initial section (i.e.,

“Impact of COVID-19 on Housing and Homelessness Services”), we describe where these implications resulted in positive changes, negative changes, neutral changes, or no change. Then, we present information about the key challenges and facilitators that programs faced over the course of service delivery (in the sections “Challenges Related to Service Delivery” and “Facilitators for Service Delivery”). Any significant barriers confronted by two or more service types (e.g., residential services, street outreach services) were classified as “challenges.” Similarly, themes were classified as facilitators if more than one of the service types referenced it as a factor that promoted the effectiveness and efficiency of service delivery in the midst of the pandemic.

Impact of COVID-19 on Housing and Homelessness Services for Youth

Rapid Rehousing

When the COVID-19 virus reached Austin, Texas, in mid-March of 2020, several programmatic changes occurred for the RRH program. One positive change, and perhaps one of the most notable changes, that occurred was that the pandemic presented opportunities for staffing changes that allowed for increased cross-program support. Across the organization more broadly, many programs shifted to a virtual format (with the exception of a few programs, described below, that provided essential services). However, a few programs were unable to transition to a virtual service delivery model (e.g., school-based programs) and were temporarily halted. As a result, staff members affiliated with these programs suddenly had the capacity to take on additional duties and support the RRH team by assisting with outreach and enrollment efforts. Historically, issues with staff bandwidth slowed the process of enrolling youth and assigning them to a case manager; however, due to the cross-program support, one of the interviewees reported the RRH program was able to “hit full stride” with regard to enrollments. The team was able to address the backlog and enroll additional youth from the prioritization list, resulting in a record number of move-ins for the program. Specifically, the RRH program housed a total of 83 youth in the three months after the pandemic began, compared to the 36 youth the program housed in the three months prior to the pandemic.

The program’s approach to searching for, applying for, and securing apartments also changed as a result of the pandemic. With regards to positive changes that occurred, one interviewee noted that housing options expanded during the pandemic as landlords began “recognizing that [RRH] is a sure income source,” whereas a more traditional tenant may not have been able to guarantee their rent in the midst of the pandemic. According to the interviewee, such expanded housing inventory gave “our young people more choice in

where they live.” There were also many neutral changes that occurred related to the housing process. Prior to the pandemic, youth often toured potential apartments in person. As a result of COVID-19, many apartment complexes started offering virtual tours of their units to minimize the risk to their staff and potential tenants, and some complexes sent youth photos of the apartment or a blueprint of the floor-plan. In terms of lease signings, youth have had the option to either sign their lease electronically or to sign it on their move-in day (as opposed to having to sign a hard copy of the lease prior to move-in day, which is what occurred before the pandemic began). In the latter case, the apartment complex generally unlocked the unit assigned to the client and left the lease and the keys inside the apartment a few minutes before the youth and case manager’s expected arrival. Youth then signed the lease and put it in the main office’s drop box. One interviewee noted that some properties have been especially creative, noting that one landlord had a key “on a paper clip hanging outside of the door,” ready for the youth to retrieve.

With respect to the move-in process itself, youth often have furniture and other essentials delivered to their new apartment. As an added safety measure in response to COVID-19, many moving companies decided to no longer carry furniture inside youth’s apartments. Instead, the movers started placing furniture outside the front door, on the balcony (if it was a first-floor unit), or wherever there was a safe place to leave it. The youth, sometimes with the help of a friend or case manager, was then responsible for moving the furniture into their unit. This shift in furniture delivery represented a neutral change, except for when case managers need to help youth carry or assemble their furniture, as this is an additional responsibility that is outside the normal job duties of a case manager (thus constituting a negative change).

Finally, with respect to other negative changes, a number of youth enrolled in the RRH program lost their jobs during COVID-19, meaning that a greater number of youth have been unable to contribute to their rent each month. As a result, the program has provided more rental assistance than usual. The program also experienced delays with sending rent checks to property managers toward the beginning of the pandemic, and one RRH staff member specified that during the first month of the pandemic, “our checks were 20 to 25 days late for rent.” This staff member also noted the delays “really...negatively affected a lot of our relationships with property managers, and our trust, and professionalism.”

Residential Services

Residential services changed in several ways as a result of the pandemic. One negative change that occurred, and arguably the most important change, was that these programs all had lower enrollment numbers due to the challenge of

introducing new youth to a congregate living environment while protecting the health and safety of all youth and staff in the program. For example, when speaking about the short-term TH program, one staff member explained this issue by saying, “I think only two beds are filled right now because we don’t know how to bring in new people...how do we safely introduce a new client, quarantine, isolate them, ensure that they are healthy?”.

In addition, there were several other negative changes related to safety issues that residential staff had to resolve. As mentioned by one of the residential staff members, “youth were just not taking [the virus] seriously at all” toward the beginning of the pandemic. Residents often engaged in behaviors that comprised the safety of other youth in the program, leading staff to develop a safety agreement that all youth staying in residential services had to sign. As described by one staff member, the safety agreement stipulated that “unless [the youth is] working or required to be out in the community for some reason, that they aren’t gone longer than a half-hour at a time.” New youth entering residential services were required to sign the safety agreement before they could move in, and if any resident did not follow the rules outlined in the safety agreement, they could be discharged. A member of leadership summed up this difficult shift that led to a couple of youth being asked to leave residential services:

... we have seen a decrease in residents during this time of COVID-19, and, in part, that is very much due to young people’s invincibility, right? So, it’s that tension between, “I’m young and indestructible,” and staff saying, “These are...our rules around shelter-in-place, and safety, and social distancing,” and many youth [are] opting out. They would prefer to just do what they want to do than to be in an environment where they feel that their activity, or their ability to express themselves, is limited.

Several other safety measures were implemented in these residential services to prevent the spread of COVID-19 (these changes were neutral in nature). Portable handwashing stations were installed at the entrance to the buildings so youth and staff could wash their hands immediately upon entry. Temperature checks were required for anyone entering or exiting the building. In addition, donated masks were distributed to youth, and staff were required to wear masks when on-site. Because residential service spaces are communal and shared by multiple youth, professional cleaning services were increased. Relatedly, staff were asked to wipe down all surfaces on every shift, and youth were encouraged to wash their clothes and bedding more often. More cleaning supplies than usual were needed as a result of these changes.

Prior to the pandemic, youth in both the short- and long-term TH programs shared a bedroom with at least

one roommate. Given the reduced enrollment numbers and the need for social distancing (i.e., limiting contact with individuals outside of one’s household or living space), the decision was made across both of these programs to assign a single youth to each bedroom when possible. Although staff members reported that youth enjoyed having a room to themselves (a positive change), they also recognized that tensions often still accumulated as a result of only being able to interact with the same individuals each day, due to youth’s limited ability to leave the TH setting (a negative change). In addition, a residential staff member noted how social distancing inhibits youth’s ability to engage in normal physical contact with others (a negative change):

...[It’s hard not being] able to be, like, close to somebody and pick up your phone [and say], “Hey, look at this funny YouTube video.” And be, like, inches away from somebody. I think it’s something that some of the youth might miss. I know I definitely miss, you know, being able to hug somebody. To even shake their hand; I haven’t shaken somebody’s hand in months...I’m noticing like how we—as human beings, we need that contact.

Although the emergency shelter and long-term TH program have historically remained open 24/7, prior to COVID-19, the short-term TH program was only open and staffed to accommodate youth overnight. However, in order to provide youth with a safe environment to shelter-in-place, this program adopted a 24/7 schedule as well. As a result, there were two main neutral changes that occurred: (1) additional food was needed because youth were present for more meals, and (2) there were more open staffing shifts that needed to be covered due to the extended hours. Some staff were able to increase their hours (especially if they were part-time previously), and all residential employees began receiving hazard pay (i.e., staff were paid 150% of their hourly wages) due to the risk associated with being on-site.

Despite all the changes that occurred in residential services, the key services provided to youth did not change as a result of the pandemic. For example, youth have still been able to access medical services and other supports through telehealth appointments. Staff also reported that youth have continued working toward their personal goals:

... we have youth who have still pursued their goals. And we have a young lady who was going to school every day. It was like clockwork every day, 6:30 she would leave. She would come back at 6:00, 6:30 at night every day. And now she’s going to school online. She’s about to graduate.

Street Outreach Services

As with the agency's residential programs, the Street Outreach team served a smaller number of youth during COVID-19 (a negative change). This decrease occurred, in part, because the program halted all outreach efforts in the community to limit the spread of the virus, abide by social distancing guidelines, and follow the local shelter-in-place orders. In addition, the Street Outreach team observed a decline in the number of youth at the drop-in center on a day-to-day basis:

...we've had a decline in daily people that we see. So, if we're not seeing [existing clients], we're definitely not seeing new people...who knows what to expect as this continues, and as this passes, how many youth are now experiencing homelessness or going to...definitely, I would say we are missing a chunk of people.

Although the specific services provided at the on-site drop-in center have not significantly changed (e.g., staff continue to provide access to basic needs and refer youth to other programs), the program's *approach* to service delivery has negatively shifted in response to the pandemic. Previously, youth were able to come into the building and convene at the drop-in center; however, due to social distancing guidelines implemented in response to COVID-19, youth are no longer able to gather inside the drop-in. As one staff member described the changes:

...no clients are allowed in the building...and so, when clients come to [the drop-in], we have the door essentially caution-taped off, and then they are six feet from the door. We have a menu outside and we say, "What do you need?" They tell us, we put it in the bag, hand them the bag, while we're wearing masks....

As a result of these shifts, youth have been less able to connect with each other and with staff, which the Street Outreach team considered one of the biggest losses stemming from the pandemic. COVID-19 limited the team's ability to interact with youth in either a structured or organic way:

I think the biggest thing is we don't have [the] ability to hold any groups, to just have fun and to, like, interact in a way that isn't...like, six feet away wearing masks...And so, I think that's what's hurt us the most....

Homelessness Diversion Services

As with most of the other programs described above, Diversion also served fewer youth during the early stages

of the pandemic—specifically, referrals from juvenile justice, child protective services, and school districts were negatively impacted:

[P]rior to COVID, we were laser-focused on institutions and getting upstream into the institutions before youth fell [into homelessness]. And so we have been working on developing our relationships with [the Department of Family and Protective Services]... and with juvenile justice. And just as those relationships were starting to...come online, we went into COVID, and it seemed to be a disrupter of referrals and services.

However, because referrals from juvenile justice, child protective services, and school districts slowed down at the beginning of the pandemic, the Diversion team began serving more youth from the prioritization list. As this process was implemented, the referrals from juvenile justice, the child welfare system, and school districts started to reappear. These changes resulted in a record number of enrollments, which was described in positive terms by a staff member:

...we just started, way more aggressively, pulling names from the [prioritization] list. And [we] got into this routine where we were pulling, like, 15 [potential new clients] a week. And then, all of a sudden, the [referrals from juvenile justice, child protective services, and school districts] came back. So, we had a record – we had 21 enrollments in April [2020], which is the most we've had so far.

Another negative change resulting from the pandemic was the reduced availability of supported housing options for Diversion clients. Under normal circumstances the Diversion program regularly connected youth to community housing opportunities (e.g., transitional housing, sober living homes). However, as a result of COVID-19, staff reported that "many of [the] community housing programs have just sort of halted." Despite these changes, some of Diversion's key services were unaffected by the pandemic. For instance, one of the main ways Diversion has historically assisted youth in fostering their long-term housing stability is by helping youth identify and secure hosts (i.e., adults in the youth's social network that are willing and able to provide the youth with a place to stay). One staff member explained how the availability of hosts remained consistent during COVID-19:

Initially, I thought [the pandemic] was going to be catastrophic [for services], and that we were sort of screwed. Like, no host is going to take somebody new into their home. And I've been surprised that has not been an issue right now.

Challenges Related to Service Delivery

Perhaps unsurprisingly, LifeWorks' housing and homelessness programs faced a variety of challenges related to service delivery over the course of the pandemic. The five key challenges that emerged through the staff interviews included youth's disregard for COVID-19 safety protocols, youth's increased food insecurity, youth's social isolation, increased mental health issues and substance use among youth, and youth's access to technology. Each challenge is described in greater detail below.

Youth's Disregard for COVID-19 Safety Protocols

Ensuring the safety of youth and staff has remained the agency's top priority since the onset of COVID-19. Protocols were implemented across sites to ensure everyone's safety (e.g., requiring masks, encouraging social distancing). However, especially toward the beginning of the pandemic, many youth did not adhere to the social distancing and mask guidelines recommended by LifeWorks and the City of Austin more broadly, as described by one staff member:

...when I was helping out with a concern [at the drop-in center] yesterday, 80% of the youth [were] not wearing masks, even though they're being given out. They are very much not social distancing.

With regards to the reasons why youth may be unwilling to take the virus seriously, some staff members pointed to youth's developmental stage. For instance, one interviewee noted that "young people, certainly initially, didn't see [the pandemic] as a problem or a challenge and didn't understand why we needed to take it seriously." As another staff member put it:

...younger clients feel a bit more blasé about the situation...they don't think it's that serious, and "Even if I get sick, I'm not going to get that sick" ...they have that teenage mentality that, "nothing is ever going to happen to me."

One staff member also suggested that youth's unwillingness to engage in COVID-19 safety protocols may be due to their distrust in systems:

A lot of them see [COVID-19] as...a conspiracy or...not as bad as it really is...I personally think that a lot of it is because of...the systemic oppression that they've experienced, and they don't have faith in our community. They don't have faith in our city ordinances because most oftentimes [city ordinances are] not [established] to help them, but to hurt them. So, I don't see them practicing that.

Youth's Increased Food Insecurity

Even prior to the onset of COVID-19, youth accessing services at LifeWorks tended to have difficulty meeting their basic needs, including having enough food. Staff across the agency described how this issue was exacerbated as a result of the pandemic; as one person put it:

I think there's definitely...a higher need for food...I think that just comes from the anxiety and the food insecurity. And I think a lot of it is that stores were running out, and pickup times were very much extended. So, I think there was definitely some anxiety over that.

Prior to the pandemic, staff often ordered groceries for youth; however, this tactic proved challenging during the pandemic as a result of food shortages (as referenced above):

...a huge part of the direct assistance we were providing prior to COVID was groceries. And so, how can we continue to provide that resource when groceries were very hard to get for a while? We can't go shopping with clients ... We've done some ordering, but... delivery was taking two weeks for a while. So, that was also a challenge to do that.

In addition, the pandemic seriously limited youth's ability to go grocery shopping with their case manager, which is a time that staff often use to help youth develop this important life skill. Lastly, this increased food insecurity—exacerbated by the increased unemployment rate during the pandemic—resulted in programs contributing more funds to groceries than usual in order to ensure clients had enough to eat.

Youth's Social Isolation

Prior to the pandemic, many staff reported that youth accessing services often experience social isolation. In an effort to increase social engagement among youth, LifeWorks' drop-in center historically served as a safe place for youth to congregate and connect; however, youth were no longer able to meet at the drop-in during the pandemic due to social distancing guidelines. Staff noted this isolation across youth more broadly as well: "In terms of their interpersonal...relationships and the shift that [COVID-19] had, I think that I have seen like a sadness, and a missing each other, and a wanting to gather together."

Staff members also reported that housed youth felt isolated in their apartments as a result of COVID-19:

...you're moving into an apartment for the first time by yourself, which is already a big transition, and now you're just super, super alone because you're not going out, you're not seeing friends, you're not

seeing your case manager like you used to. That's a really isolating event....

Youth's Mental Health and Substance Use

Staff also reported that the pandemic negatively impacted youth's mental health and substance use. Several staff members reported that youth seemed to be having a difficult time coping with the pandemic and the implications of this "massive global trauma event." More specifically, staff reported increases in youth's anxiety, particularly at the beginning of the pandemic: "we did see clients that were feeling pretty good about [COVID-19] and weren't that worried. As it kept going, they kind of realized "Oh, this is actually a thing." So there was a lot more anxiety." In addition, staff noted increases in youth's substance use:

I also see a lot of the young people starting to struggle with [substance] abuse...and so I wonder...if it's, you know, just because there's nothing else to do, they're no longer able to go to work, places they used to go are no longer open. Don't know, but certainly a number of folks are seeming to have troubles now, again.

Staff also noted how youth's prior traumas have resurfaced during COVID-19. A member of the leadership team explained the significance of this trauma for homeless youth specifically:

...this is a triple challenge for our clients who are vulnerable from a medical perspective...they are vulnerable from an emotional, mental health perspective, because ...there is a lot to be emotionally vulnerable with right now, and our clients are, as we know, significantly vulnerable to trauma and the retriggering of trauma.

Youth's Access to Technology

The importance of technology in service delivery, not surprisingly, has increased during the pandemic. As services transitioned to a virtual setting, staff relied more heavily on technology to connect with youth. In addition to having more difficulty reaching their service providers, youth without technology access are also unable to easily reach their broader social networks. This issue was summed up by a staff member in the RRH program as follows:

...[youth] without cell phones are really just cut off from the case managers and really just everything else, from any resource. So, they're definitely just kind of on an island in their unit, in their apartment.

As a result, staff have struggled to contact clients who lack reliable access to technology, requiring staff to attempt to reach the youth in person in order to serve them:

...it's the getting ahold of clients. It's—maybe they do have a phone, but they didn't pay their bill this month for a variety of reasons. So now that's gone, and so... case managers go by once a week to their apartment. If they're not home, they're having to leave notes. So just that contact—it's taken a lot more just to even get in contact with the client. So that's—I mean, that's a huge barrier.

Facilitators for Service Delivery

Staff identified five key facilitators that supported service delivery during COVID-19. The major facilitators that emerged included (a) communication between youth and staff (when technology is available), (b) funding opportunities and flexibility, (c) within-team support and cross-program collaboration, (d) agency culture, support from leadership, and shared vision, and (e) youth and staff resiliency.

Communication Between Youth and Staff (When Technology is Available)

Surprisingly, many staff members commented on how communication between youth and staff improved during the pandemic—provided the youth had access to technology. Because case management sessions were held virtually, youth no longer faced some of the logistical barriers that may have previously prevented them from attending an in-person session (e.g., finding childcare, securing transportation). As a result, youth's engagement seemed to improve due to these youth being able to actually attend and be mentally present for the session. As explained by one staff member, "[youth are] calling and wanting to engage," which has made "these phone conversations much more productive." In addition, staff noted that the virtual conversations often seemed more natural:

...it seems like the communication [with youth] is a lot better...it's not face-to-face...[but] it doesn't seem forced. [I]t seems like...they feel more comfortable having a phone conversation or a text conversation over an in-person conversation...the phone calls and the meetings are happening more often than if they were scheduled face-to-face.

Funding Opportunities and Flexibility

Although some funding restrictions have complicated service delivery during the pandemic, these have been largely offset by an array of funding opportunities. For starters, a

large amount of funding became available for COVID-19 relief, as described by one staff:

...if I can give one silver lining, like, because of the amount of funding that's flowing due to the COVID crisis, it really feels like the opportunity to move the needle and really end youth homelessness...for the first time, I think we're really feeling like, from at least the grants and contracts side, we are actually chipping away at that goal.

In addition to new funding opportunities, some existing funders have shown great flexibility throughout the pandemic. For example, several funders released waivers to accommodate the shift from in-person services to virtual services. Even funders at the federal level—who have historically imposed a range of limitations on how their funds can be allocated—have released waivers. Under normal circumstances, for instance, case managers would be expected to meet with youth in person; due to social distancing and stay-at-home orders, funders relieved staff of this expectation at the height of the pandemic. Additionally, some funders expanded their list of allowable expenses. For instance, rental arrears have historically been a challenging expense to cover and, as such, posed a significant barrier for youth navigating the housing process. In response to COVID-19, one major funder made paying for rental arrears an allowable expense, which enabled several youth who were previously unable to secure housing able to do so. Perhaps most impactful, other funders made their grants completely unrestricted, allowing the organization to allocate the funds at its discretion. As one staff member explained, “a lot of our funders have come back [to us] and said, ‘You could pay for this, buy whatever, our funding is now unrestricted,’” which allowed programs to show flexibility in response to the rapidly changing circumstances surrounding COVID-19 and cover any unexpected expenses (e.g., buying cell phones for youth to provide access to virtual services).

Within-Team Support and Cross-Program Collaboration

Across the interviews, staff mentioned how they felt connected to and supported by their coworkers throughout the pandemic. Staff described how they were able to turn to their coworkers for tangible support (e.g., asking a coworker to drop off diapers for a client) as well as emotional support (e.g., talking with a coworker about the challenges presented by COVID-19). One manager reflected on the support they've observed within their team:

...the case manager team...was and is continuing to be amazing...the energy and the collaboration is definitely a lot more heightened. People are definitely more vocal during our team meetings...they have

played such an integral role in supporting each other, and because each case manager has their own personal life going at home. Some have children. Some don't. Some have anxiety over the whole situation. Some don't...so, they're definitely supporting each other based on what those needs are. But everybody is pulling their weight, plus some....

Staff in leadership or manager roles have also supported their staff in various ways. For instance, at the residential facilities, leadership celebrated national “Thank a Youth Worker Day,” during which they gave residential staff a t-shirt and handwritten thank-you note. Managers have also supported their staff through one-on-one meetings:

...in the beginning of the meeting, I just try to always check in about just life first, you know, and be really, like, human and honest and supportive...the thing that I really want to avoid is ever, like, coming across... like, “you just need to keep working”...I want people to know that it's okay to have a day that's not super productive because, like, we are experiencing something, and everyone is going to process it differently. And...I am always going to hold you accountable in, like, a loving, honest way. And so...finding that balance in, like, a public health crisis has been something that I've been really mindful of.

In addition to staff supporting one another within their own team or program, they have also been providing more cross-program support. As described above, because all residential services quickly transitioned to being open 24/7 as a result of the stay-at-home order, the residential team had to find staff to help cover the additional shifts. Although existing residential staff stepped up to fill a majority of these hours, employees from other programs also covered shifts. One residential staff member described how employees from other programs have been “really stepping up” by working these shifts—including weekend shifts—that offer no other direct benefit to the employee besides helping their colleagues and youth the organization serves.

This willingness to support other programs, often with no direct benefit to the staff member, showcases staff's dedication to their work and one other. In this way, the support that staff provided to one another, both within and across teams, was a major reason why the agency was able to shift its approach to service delivery with relative ease at the onset of the pandemic.

Agency Culture, Support from Leadership, and Shared Vision

Staff also expressed how agency culture, support from leadership, and a shared vision have helped facilitate

service delivery. Many staff commented on how the agency's tendency to prioritize youth's well-being and face challenges without fear made the organization well-positioned to handle the COVID-19 crisis:

...as an organization before COVID and during COVID, we've just been able to adapt to all sorts of things...if something is working, we don't just kind of stick with it. We just kind of are always trying to find the best way to meet our clients' needs...we were really ready for the challenge. And not to say it's gone extremely well and there hasn't [*sic*] been any problems. But I think everyone's really kind of just willing to make changes and be flexible, and really just has...clients in mind with any decision they're making. So, yeah, I just feel like we're just very well-suited as an agency for something like this.

In addition to agency culture, many staff mentioned how a shared vision—specifically, making youth homelessness rare, brief, and non-recurring—served as a facilitator to service delivery. As a member of leadership put it:

...it is incredible what people can achieve when they share a singular vision, right? And I think that that singular vision has brought this organization... through just profound challenges and changes...and has brought us to a place of innovating and creativity.

Staff described how this shared vision served as a constant reminder about the broader impact of their everyday work. It also created a sense of unity, that all staff are collectively working toward this larger goal. Staff have been able to rely on this shared vision, even during such a challenging time, to stay focused on the bigger picture and continue helping youth navigate the transition from homelessness to housing.

In a similar vein, staff described how valued they feel by the agency, and recognized how everyone's roles across the organization are intertwined. Many staff described how this support has generated a feeling of being "all in it together," creating a sense of solidarity that helped each program continue working toward the agency's overarching goal of transitioning youth from homelessness to housing.

In addition to describing how valued they felt by the organization, staff also expressed appreciation for the support they received from the agency and the agency's response to the pandemic. For example, in talking about how the organization worked with employees juggling both work and childcare, one staff member mentioned that leadership is "focused on [employees] as people who have families as well, not just as employees."

Youth and Staff Resiliency

Another one of the main facilitators cited was youth's resiliency in the face of the pandemic. For instance, some staff expressed that they were initially nervous about how youth would adjust to virtual case management sessions and whether this change would impact their engagement in services; however, staff reported that youth showed incredible adaptability when the organization went virtual and tended to remain engaged in services (provided they had access to technology), allowing their work with the youth to continue. If anything, staff realized that they had perhaps been providing more assistance than necessary prior to the pandemic:

So, I think by virtue [of] shelter-in-place, case managers are beginning to realize that perhaps they were stepping in more than necessary. And that...youth were very capable of stepping into some of the voids that were left [by case managers]...I've heard from a couple different case managers, where they realized that, 'Huh, maybe I've been doing too much for my clients. And actually, maybe it's really good for them to do their own stuff, right?'

Further, several staff noted how resiliency seemingly helped youth cope through this challenging time:

...you forget how resilient these clients are, until you see stuff like this. You know, they're kind of like, "Eh, whatever. This is it. This is life." You know, they just get on with it...I was doing a walk around my neighborhood the other week, and...I saw [a client] just hanging out at a church, just in this corner with a book, drawing.... And I'm like, "You know what? They're more resilient than we know." And I think sometimes we forget that.

In addition to youth's resiliency, staff's resiliency was also highlighted. At LifeWorks, staff have shown resiliency through their determination, energy, collaboration, and unity throughout the pandemic. When the pandemic first began, there was some concern that staff would not be as productive or readily available due to the stress of the situation and the novelty of working from home. However, managers expressed that staff have shown great determination and commitment to service delivery during the pandemic:

What has surprised me the most?...I don't know if it's adaptability, I don't know if it's a willingness to step in, but just continuing the work. I mean, we could all just be in our beds not being able to function because there's so much grief and loss and [change] and what maintains us every day has completely shifted...[I'm surprised by] just the resiliency and the ability to continue to push through the work that's happening....

Due to staff's dedication to their work, they have been able to remain focused on providing services to youth and on the organization's mission. A member of leadership explained how staff's commitment is connected to the number of youth the organization has been able to house during the pandemic:

So, I just think we are all going to look back on [the pandemic]...know[ing] that we made a tremendous impact with all of these youth that we are housing, and we'll probably look at it as a, "Wow, we were able to accomplish so much because we made good decisions, and we stepped up." Stepped up...to support the community.

Discussion

As client needs and external factors (e.g., funding availability, environmental context) change over time, housing and homelessness programs must adjust their services and service delivery approaches to best align with these evolving circumstances. The onset of the COVID-19 pandemic represented a significant external event that forced organizations across the country to revisit how to effectively deliver services and prioritize client needs while also ensuring client and staff safety. In the current paper, we provide an overview of the ways in which the COVID-19 pandemic impacted housing and homelessness programming at a youth-serving organization and present the key challenges and facilitators that surfaced across programs. The results of this study have the potential to inform service delivery approaches for other organizations who are serving unhoused individuals during the pandemic and may help agencies prepare for public health crises in the future.

Recommendations and Implications

One of the key challenges that staff mentioned was centered around youth's disregard for COVID-19 protocols and safety measures. As described by staff members, youth's unwillingness to take the virus seriously likely stems from their developmental stage and lack of trust in systems. During emerging adulthood (i.e., late teens to mid-20s), individuals are often exploring their identity and newfound independence, which can include engaging in risky behaviors (Arnett, 2000). As a result, youth in general may be less likely to adhere to social distancing and other COVID-19 safety guidelines (Andrews et al., 2020). Youth who are either actively experiencing homelessness or have a history of homelessness often distrust adults and institutions (Ensign, 2003) and may have been especially likely to question the

information they were receiving from staff, the media, medical professionals, or other institutions.

Although providers who honor youth's autonomy tend to have greater success in building rapport and increasing youth's willingness to engage in services (Slesnick et al., 2009), the complexities presented by the pandemic may require providers to shift their priority from compassion toward compliance. For instance, the Centers for Disease Control and Prevention (CDC) recommends homelessness service providers implement many of the safety practices adopted by LifeWorks (e.g., handwashing, social distancing, face coverings) in order to protect other residents, staff members, and the larger community (CDC, 2020). When youth dismiss the danger of the virus and neglect to follow these established safety protocols, they not only put their safety at risk, but they also jeopardize the safety of the youth and staff around them. As a result, service providers may be forced to make the difficult choice between providing for youth's basic needs or ensuring public safety. When faced with similar circumstances, other service organizations may consider relocating youth from residential services to a hotel in order to minimize returns to living on the streets; however, this option requires additional funding and is only a temporary solution.

The pandemic also had major implications for youth's food security, social connections, mental health, and substance use. Under normal circumstances, youth experiencing homelessness tend to have difficulty meeting their basic needs, such as having enough food (Pedersen et al., 2018)—an issue that our findings suggest has been exacerbated during the pandemic. Food insecurity seems to be impacting youth experiencing homelessness more broadly, as a recent study of 90 homeless youth found that 54% of these youth reported it was harder to get enough food to eat during the pandemic (Tucker et al., 2020). Although LifeWorks staff regularly ordered groceries for clients or delivered grocery orders to their clients to ensure that youth had access to enough food, the pandemic prevented youth from going grocery shopping with their case manager. As a result, youth missed out on a chance to learn valuable life skills (e.g., budgeting, selecting ingredients to form a full meal; e.g., Rempfer et al., 2003). When case managers are unable to teach these skills to youth directly, providers may consider connecting youth to life skills classes so they have the opportunity to develop these competencies.

Staff also reported that youth faced challenges staying connected to others (e.g., friends, family, community members, case managers) during the pandemic, which may have some longer-term implications. Humans are social beings with an inherent need to form meaningful, rewarding, and lasting relationships with others (Baumeister & Leary, 1995). Not surprisingly, loneliness has been associated with negative outcomes such as depression (Cacioppo et al.,

2006), personality disorders (Richman & Sokolove, 1992), cognitive impairment and decline (Tilvis et al., 2004), alcoholism (McWhirter, 1990), and suicide (Goldsmith et al., 2002). In addition, loneliness predicts increased morbidity and mortality, even in young adulthood (Caspi et al., 2006). Unfortunately, youth experiencing homelessness often face social isolation (Watson & Kane, 2016) and continue to experience loneliness when they transition to housing (Cruwys et al., 2013; Thulien et al., 2018). In the current study, staff reported that these feelings of loneliness may be exacerbated by social distancing guidelines implemented as a result of COVID-19. Thus, in order to combat any potential negative outcomes related to loneliness in the midst of the pandemic, the agency worked to address youth's sense of isolation by offering ways for youth to connect virtually and by hosting small social gatherings outdoors. Nevertheless, the social isolation that youth experienced during COVID-19 is substantial and may have negative implications for their long-term health and well-being.

In a separate but related vein, staff mentioned that the pandemic has negatively impacted youth's mental health and substance use. This observation is in line with recent work showing that youth experiencing homelessness reported numerous mental and behavioral health issues stemming from COVID-19, such as hopelessness, anxiety, loneliness, sleep problems, and depression, as well as increased alcohol, tobacco, and marijuana use (Tucker et al., 2020). Interestingly, in the same study, youth also noted that it was more difficult to access case management, mental health, and substance use services as a result of the pandemic. Given that many youth experiencing homelessness already face mental health issues (e.g., Hodgson et al., 2013), this additional symptomology may exacerbate existing struggles, especially if youth are unable to access the services they need. In order to assist youth in accessing these services and to make appropriate referrals, providers may need to increase their outreach efforts and, once engaged, consider screening youth for increased mental health or substance use issues.

Another challenge highlighted during the interviews was youth's limited access to technology. In general, technology can provide several benefits for individuals experiencing homelessness. For example, cell phones provide a way for these individuals to call for help in the case of an emergency; find work; stay in contact with service providers and close others; and access information, supportive services, and housing opportunities (Eyrich-Garg, 2010; Goodwin-Smith & Myatt, 2014; Rhoades et al., 2017). Unfortunately, youth experiencing homelessness often have unreliable access to technology (Bender et al., 2014), which may make it difficult for them to communicate with their case manager, healthcare providers, and close others. Further, young people experiencing homelessness are typically difficult to engage in services under normal circumstances (Ensign &

Bell, 2004; Hudson et al., 2008). In addition to these typical challenges, youth experienced exacerbated technology barriers during the pandemic, making it even more difficult for them to engage with service providers. Service providers facing similar challenges may explore covering the cost of client's WiFi or providing cell phones or laptops to their clients; however, these solutions are often only possible after receiving donations or additional funding.

Although many youth faced barriers to accessing technology during the pandemic, in the situations where youth were able to access technology, staff reported improved communication with their clients. As mentioned previously, studies of youth experiencing homelessness have often found that youth prefer to have autonomy and agency when choosing how and when to engage in services (Garrett et al., 2008). Because meeting in-person has become more challenging due to COVID-19, many programs have adopted a more flexible approach to service delivery. Due to this shift, youth may feel they have more say around the way services are provided. Considering that youth experiencing homelessness are frequent users of technology (Barman-Adhikari & Rice, 2011; Karabanow & Naylor, 2007; Pollio et al., 2013; Rice & Barman-Adhikari, 2014), youth may feel more comfortable engaging in services when they have more control over deciding how and when to connect with their case manager, especially if communicating with technology is an option. If permitted by funders, agencies should continue to offer virtual services following the pandemic to meet youth's unique needs and preferences around the format of service delivery.

The importance of having strong relationships characterized by open communication was a key factor underpinning several of our findings. For instance, staff mentioned within-team support and cross-program collaboration as key facilitators that promoted the effectiveness and efficiency of services during the pandemic. Across the literature more broadly, interpersonal support is often referred to as a coping resource (e.g., Bakker & Demerouti, 2007; Hobfoll, 2001), and it is particularly important when organizations are undergoing some type of change (and when feelings of uncertainty are at their highest; Cullen et al., 2014; Schreurs et al., 2012). Although organizational change can result in adverse outcomes for employees (e.g., anxiety, burnout, illness, reduced performance; Bakker & Demerouti, 2007; Leka & Jain, 2010), research suggests support from supervisors and colleagues can help employees cope with and alleviate the negative effects of organizational stress (Cohen & Wills, 1985; Giaque, 2015; Terry et al., 1996). To foster staff support, other organizations may consider offering trainings (especially for managers) on importance of supporting their employees and how to do it effectively (Schreurs et al., 2012; Thomas & Lankau, 2009). In addition, although it was not explicitly stated by participants, it is also essential to cultivate strong relationships with funders, so that when

crises arise, organizations can have open and honest conversations with funders about necessary funding accommodations (e.g., providing cell phones for clients).

Relatedly, agency culture, support from leadership, and a shared vision were also mentioned as a key facilitator. Previous research has shown that having a shared vision helps leaders and their teams become inspired and committed to a collective goal (Martin et al., 2014), while support from leadership—or the degree to which an agency provides resources, reinforcement, encouragement, and support to an employee to perform their job effectively—is a vital factor that contributes not only to agency success, but also to employee satisfaction, performance, and engagement (Cullen et al., 2014; Eisenberger et al., 1986, 2002). Support from agency leadership can be especially helpful to employees during stressful experiences (e.g., Veenema et al., 2017), such as COVID-19 (Labrague & De los Santos, 2020). The support that LifeWorks' staff reported receiving from leadership, bolstered by leadership's focus on the health, safety, and well-being of staff, made it clear to staff that the agency values them and recognizes how many of them have responsibilities outside of work that have been compounded by COVID-19. Staff reported appreciating some of the modifications the agency made to support them during the pandemic—for instance, implementing flexible work schedules allowed staff to more easily balance their job duties and personal responsibilities. Given the role that leadership support plays in employees' job satisfaction and performance (e.g., Cullen et al., 2014), other organizations may consider implementing a range of techniques to increase perceptions of organizational support, such as high-involvement management practices, frequent and clear communications, and employee feedback opportunities (Cullen et al., 2014; Riordan et al., 2005).

Limitations

Although our study utilized qualitative techniques, which produces rich, valuable data and interpretations (Brekhus et al., 2005; Ponterotto, 2006), our study was limited by the small sample size. In the future, it would be beneficial for researchers to interview a larger number of service providers to provide a more comprehensive view of the programmatic shifts that occur in response to public health crises, such as the COVID-19 pandemic. There is variability, however, in the suggested minimum number of participant interviews that are needed in this type of approach, with many experts suggesting between five and fifty participants as adequate (Dworkin, 2012). Nevertheless, it is important for researchers utilizing qualitative methods to strive to develop relevant conceptual categories, provide repeated evidence for those categories, and fully explain the data (Charmaz, 1990), and while this is possible to achieve with smaller samples, some

experts believe that this is more attainable with samples closer to twenty-five to thirty participants (Charmaz, 2006; Morse, 1994, 1995).

Our project would have also been strengthened by including interviews with youth. Because the aim of our paper was to highlight the key changes experienced by programs during the pandemic, along with the main challenges and facilitators to service delivery, staff interviews were likely more appropriate, as these individuals may be better positioned to speak to programmatic implications. However, interview data from youth would have been helpful to corroborate (or potentially contradict) some of the key challenges and facilitators that were mentioned by staff. In addition to providing clarity on the main themes, youth input may have also helped us identify solutions to some of the key challenges identified by staff (e.g., ways to increase social connection among youth during the pandemic). Therefore, in future studies, researchers should consider interviewing youth about their experiences receiving services in the midst of a pandemic in addition to interviewing staff members.

Lastly, this study was conducted using data from staff who were employed at a single service site. Since these data were collected from one location providing homelessness and housing services to youth, the results may not adequately represent all shifts and changes that organizations in this sector experienced during the pandemic. Nevertheless, LifeWorks is one of the largest providers serving youth experiencing homelessness in Texas, which uniquely positions this study to bolster our understanding of the main implications of the COVID-19 pandemic for delivering these types of services and supports. To build upon the work presented here, researchers should focus on examining data collected from several organizations to better understand these implications. Further, considering the authors of this paper are both employees of LifeWorks, future work building on these findings should ideally be conducted by researchers who are not affiliated with the agencies providing housing and homelessness services to minimize potential or perceived conflicts of interest.

Conclusion

Numerous organizations (e.g., homeless shelters, schools, nursing facilities) have needed to restructure their services in response to the COVID-19 pandemic, including LifeWorks. In the current study, we sought to outline the implications of the COVID-19 pandemic for delivering housing interventions and other supportive services to youth experiencing homelessness. Significant changes and modifications have been made across the agency's RRH, residential, street outreach, and diversion programs to deliver services in a safe, effective manner during the pandemic. Although

the organization faced several challenges that adversely impacted services (e.g., youth's increased food insecurity, social isolation, limited access to technology), there were also a variety of factors that facilitated the productivity and performance of staff and programs during COVID-19. In the midst of the unprecedented challenges presented by the pandemic, improved communication between youth and staff, increased funding opportunities, consistent within-team and cross-program support, strong agency culture, and unwavering youth and staff resiliency made it possible for the agency to continue making progress toward its goal of helping youth navigate the transition from homelessness to housing. By learning from the challenges and facilitators LifeWorks has experienced during COVID-19, other organizations may better able to respond to the pandemic and prepare for future public health crises.

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Declarations

Conflict of interest The authors declare that they have no conflict of interest.

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