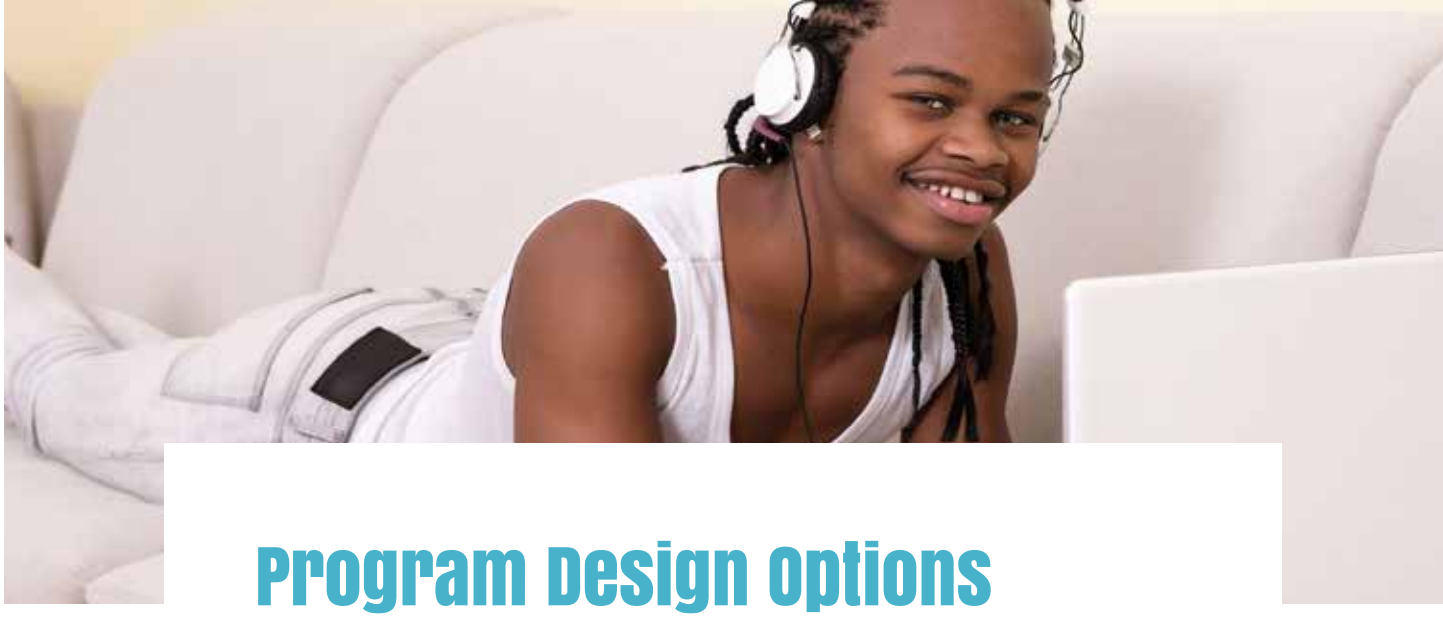

Program Design Options

This section describes some of the program options that are available for supporting young people with mental health challenges in their search for stable housing. In the first part we examine several types of housing options that have been offered to young adults with mental health challenges and review available research. Based on this review, we conclude that there are three types of housing programs that seem to best meet the range of needs and preferences of young adults (as expressed in Section 3) and that have some supporting research. These three approaches are transitional living programs, host homes, and supported housing. The second part highlights principal issues to be considered by a group that is planning for effective ways to support young people in housing. Other issues will emerge based on the unique needs of the young people that you plan to serve or on the resources of the local community.

What Framework or Housing Approach Will Drive Your Program?

In Section 2, we described two housing perspectives, "housing first," and "continuum of care" or "treatment first." The concept of "housing readiness" is one element that sharply differentiates the two approaches. Proponents of "housing first" attempt to eliminate requirements that must be met before a program participant is placed in permanent housing. This means that the individual does not need to have a job, be sober, or be in treatment before being

housed. "Continuum of care" is based on the idea that program participants will be more successful if they develop certain skills and resources before moving into an independent setting. This may include finding a job and saving money, and maintaining sobriety and learning basic daily living skills.

It is important to decide early what housing readiness requirements will be the basis for your housing support program. The following elements of permanent supportive housing generally associated with housing first listed by Rog[122, p. 289] can be used as a guide for that discussion:

- Tenants have full rights of tenancy, including a lease in their name, and the lease does not have any provision that would not be found in leases held by someone without a mental disorder.
- Housing is not contingent on services participation.
- Tenants are asked about their housing preferences and are provided the same range of choices as are available to others without a mental disorder.
- Housing is affordable, with tenants paying no more than 30% of their income toward rent and utilities.
- Tenants live in scattered-site units or buildings in which a majority of units are not reserved for individuals with mental disorders.
- House rules are similar to those found in housing for people without mental disorders.
- Tenants can choose from a range of services based on their needs and preferences.

The ability to offer several types of housing options with varying levels of supervision and support is probably the optimal way to meet the needs and preferences of young adults. In the next section we provide detail about three housing options that seem compatible with the diverse preferences of young adults and show beginning evidence of effectiveness: Transitional living programs, host homes, and supported housing.

Transitional living programs

The term "transitional living programs" is used to refer to a variety of different approaches to helping young people move into adulthood. The Administration for Children and Youth provides funding for transitional living programs as a part of their response to runaway and homeless youth. Recipients of this grant funding may choose from a variety of housing options including group homes, supervised apartments, and host homes. The focus of these programs is to provide young persons with a safe living place and services that will help them develop the skills necessary for independent living.[37] This funding may also be used for programs that are more educational in nature and do not include a housing component. In this report, the term "transitional living programs" refers to programs that temporarily house young people in congregate settings or supervised apartments, with close supervision.

Transitional living programs are most closely related to the "continuum of care" approach to housing support and are usually structured around tasks such as getting a job, following a budget, taking medication, and following house rules. As young people demonstrate that they can successfully perform each set of tasks, they are given greater independence and opportunities to make their own decisions. The series of steps are intended to result in each young person's maintaining a living situation of her/his choice. Transitional living

programs that include a housing component often have rules and restrictions that are more like those in institutional settings. For example, participants may be required to live with a roommate who is not of their choosing, adhere to curfew rules and accept close supervision. Transitional living programs are often limited in the extent to which they allow young people to exercise choice or preferences and may struggle to help the young person find permanent housing at the end of the program. These programs are available in most states for young people who are homeless; similar programs are available for some young people aging out of foster care. A few states, such as Illinois, Vermont, and Oregon, offer transitional living programs for young adults with mental health challenges who are leaving an institutional or residential treatment setting.

Transitional living programs are often limited in the extent to which they allow young people to exercise choice and may struggle to help the young person find permanent housing.

Providers and program planners have been developing creative ways to increase the amount of choice and independence given to young people while in a transitional living program. One program in Missouri maintains participants in scattered site housing during their time in the transitional living program. The apartment leases are held by the agency while the young people are in the program but can be transferred to them when they successfully graduate. Some staff described working directly with apartment managers, assuring them that the program would provide oversight and supervision to their tenants who participate in the program. Building relationships with apartment managers increases the chance that young people will find housing and reduces the risk assumed by the managers.[2,81]

The assumption that transitional living programs are necessary or even effective for all or most young adults with mental health challenges is subject to debate. Very little research or evaluation has been published about the effectiveness of transitional living programs that serve young adults in general and almost none has been conducted on transitional living programs that focus on young adults with mental health concerns. Some research is available regarding the effectiveness of transitional living programs for young people leaving foster care.[93,121] For example, Rashid[121] evaluated a transitional living program for homeless youth who had been in foster care. This study followed 23 former foster care youth for six months after discharge from the program. The average length of stay in the transitional living program was seven months. All youth were discharged to successful living situations. At six months post discharge, 20 of the 23 youth could be located; of these, 90% (n=18) were living independently in stable housing, one was incarcerated, and one had returned to the streets.

A large study of the transitional living programs for youth in foster care provided by Youth Villages[136] evaluated interventions that focused on the development of independent living skills through the use of a

manualized process implemented by transition living specialists in weekly meetings. Some of the participants were in stable housing, and others required help finding housing as part of their treatment plans. The program did not provide housing and increasing housing stability was not one of the original objectives of the program. The two-year follow-up study, however, documented increased housing stability as well as increased earnings and increased economic well-being among young people that were a part of the intervention. They also found some improved outcomes related to health and safety. However, the intervention group did not demonstrate improved educational attainment, increased social support or decreased criminal involvement. Holtschneider[62] conducted in-depth interviews with 32 previously homeless young people who had been out of a Chicago transitional living program for varying amounts of time. Young people reported a variety of positive aspects of the program; some said that the transitional living program had saved their lives. Benefits of the program described by the young adults included developing permanent social connections, having the opportunity to help other youth and being afforded the time and space to engage in self-discovery. All had struggled since leaving the transitional living program and most had had episodes of homelessness since leaving.

Host Homes

This approach to housing young people has emerged recently out of efforts to end youth homelessness. A host home is a private home that voluntarily hosts youth in need of temporary shelter. Usually the host home is a family-like environment that provides shelter, food and mentoring and helps the young person move toward stable housing. Although the adults who offer host homes are volunteers, they are usually supported by a Host Home Program that recruits and trains host home providers, provides counseling support and case management, and helps mediate problems between youth and hosts.

Host homes were first tested in rural areas through the Rural Host Home (RHH) Demonstration Project, funded by the Family and Youth Services Bureau from 2008 to 2011.[125] This three-year grant project funded 18 grantees and was evaluated by the Runaway and Homeless Youth Training and Technical Assistance Center. The follow-up data on participants was difficult to obtain and often incomplete. The final report noted that the average length of stay in a residence was 40 days, 44% of the young people had mental health issues and 38% were assessed with alcohol and drug issues. At exit, 54% of the young people went to live in a private residence. Twenty-five percent of the participants for whom data were available exited to live in residential programs, shelters, on the street or similar living situations. No response about situation at exit was provided for 21% of the participants. One of the greatest difficulties reported by grantees was the licensing process often required by state or local governments.[125]

Two states that currently support host homes are Washington and Minnesota. In Washington, host homes are provided by volunteers who do not receive state or federal money for housing young adults, although they may receive a small stipend to cover the cost of food. These volunteers are associated with a Host Home Program that recruits and trains host families, provides case management to young persons, and gives support

to the host family. Host homes in Washington do not need to be licensed if the Host Home program meets certain standards and provides oversight. A report published in 2017 by the Washington Department of Commerce provides detailed descriptions of four host home programs within the state.[11]

Supported housing can be effective with young adults, especially if certain modifications are in place.

In Minnesota, Avenues for Youth describes three Host Home programs on its website (http://avenuesforyouth.org). Two of these programs, GLBT and ConneQT are specifically for LGBTQ-identified young people ages 16–24. The following best practices are offered by the Minnesota Host Home Network:[157]

- *Youth Agency:* The youth has a choice of host homes. They may be hosted by someone they already know or may choose from several options.
- *Shared Identity:* Efforts are made to match youth and host demographics. For example, the GLBT Host Home program ensures that hosts share a queer identity with youth or are queer affirming.
- *Supportive Community:* A supportive social norm within the community helps the host families feel supported and also offers potential funding sources for the program.
- *Support for Youth and Hosts:* External support for both young person and host can help stabilize the arrangement. This may take the form of case managers for the youth and support from other staff for the host family. Some Host Home Programs provide a modest monthly stipend to cover costs.
- *Shared Expectations:* Creating a shared agreement about the length of stay, goals for the youth and house rules provides a basis for navigating conflicts that may arise.

Supported Housing

The term "supported housing" is often used interchangeably with terms such as "permanent supported housing" and "supportive housing." Although some authors describe precise technical meaning for each of these terms, we will use the term supported housing in this report. Supported housing in our definition is characterized by 1) immediate permanent housing, 2) a wide array of voluntary support services and 3) full integration of individuals into the community.[7, pp. 7-8]

Supported housing is sometimes seen as a less appropriate option for young people than other program models because it allows maximum independence and choice to young people who may not have developed the skills needed to live on their own.[63] Despite this argument, there is beginning evidence that supported housing can be effective with young adults, especially if certain modifications are in place. The effectiveness of supported housing for adults with mental health challenges has been well established.[6,55,73] Three recent studies have examined the outcomes associated with the implementation of supported housing with young adults.[24,45,79]

Kozloff, et al.[79] report on the analysis of a subset of data from young adults who were part of a larger Canadian study about housing first. One hundred fifty-six young people participated in this larger randomized study that compared a housing first program with treatment as usual. Young adults in the housing first intervention were stably housed 65% of the time as compared to 31% of participants in "treatment as usual." The authors conclude that, "Housing First is a viable intervention to promote housing stability in homeless youth with mental illness and is as effective for young people as it is for adults in general."[79, p. 8]

Gilmer[45] analyzed administrative data for young people with serious mental illness who enrolled in permanent supported housing in California and compared them to a control group created with propensity scoring. Outcomes studied included cost of the program and the use of inpatient and outpatient mental health services. Young people in high fidelity permanent supported housing programs had increased costs ($13, 337 over four years of data) over the control group. This included costs for inpatient, crisis and residential services and mental health outpatient services. Other studies of the cost of Housing First programs for all adults concluded that Housing First supports were cheaper, primarily because participants were less likely to enter inpatient facilities[26,55] In the Gilmer study, young people in high fidelity permanent supported housing had greater declines in the use of inpatient programs and greater increases in outpatient service use than did young people in low fidelity permanent supported housing.[45] Based on these findings, the authors suggest that current models of permanent supported housing need further study to determine which practices are most likely to be effective with young adults.

Most closely aligned with supported housing for young adults with mental health issues is Stable Homes, Brighter Futures, a demonstration program in Los Angeles supported by the Corporation for Supportive Housing[24] and funded by charitable foundations. The program serves transition-age youth who are homeless and engage in high-risk behaviors. Seventy percent of the youth in the project reported mental health challenges that interfered with their daily living and ability to live independently. Five developers, eight services providers, and 17 housing developments provided supportive housing that included single population units for transition-age youth, mixed-population units and scattered site housing. The three-year demonstration project was funded from 2012 to 2015. Results from the year 2 Interim report[24] are based on data that were available for 65 young adults who had resided in supported housing for a year or more. Participants were more likely to be female, between the ages of 19 and 26 and over half were Black/African American. Analysis of change over time was conducted to examine change between baseline and 365+ days in supported housing. Because of missing data, the sample sizes in this analysis were very small (n=24–28) and it was not possible to run statistical tests with enough power to determine significant differences. The interim findings will be summarized here and should be viewed as suggesting possible trends over time. When it is published, the Year 3 report should be more definitive about the outcomes of these programs.

The interim findings for Stable Homes, Brighter Futures[24] suggested a slight increase in income over time; however, most participants were earning less than $500 per month. Few young people were employed at either baseline or follow up. Changes in a positive direction were reported for increased health and nutritional benefits, improved self-reported health

status and increases in service utilization. Of the 170 young people included in the evaluation, 30 had exited supported housing. The average length of stay for exiters was 15 months, and they were more likely to be male and to have been involved with the criminal justice system. Thirty-eight percent (n=11) of exiters left voluntarily, mostly for housing that was a better fit. The remaining exiters (n=18) left because of criminal activity, non-compliance with rules, non-payment of rent or similar reasons.

Supported housing should be considered as a reasonable intervention, despite the low level of housing readiness of many young adults.

Because data are only available for a small number of those involved in the program, the above findings must be viewed as descriptive. They do, however, provide us with insight into a carefully planned demonstration project that incorporates the principles of immediate and permanent housing accompanied by services that are voluntary for young adults, many of whom have mental health conditions. Given the research summarized here, it is our conclusion that supported housing should be considered as a reasonable intervention, despite the low level of housing readiness of many young adults.

Choices Around Program Design and Staffing

Once clarity has been achieved about the types of housing approaches you will offer, issues of structure need to be addressed. Three key structural issues are: 1) where will program participants be housed? 2) How will housing for young adults be funded? 3) Will services be mandated, or made available but not required? Decisions about these programmatic options will depend partly on what resources are available and partly on the housing approach identified above.

Will this program provide scattered site or clustered housing or both?

Whether the housing support provided will be in the community (scattered site) or in one location (clustered housing) is a critical program design consideration. Scattered site housing can exist anywhere in the community, is usually an apartment or rented house, and it is often the responsibility of the young person to locate the unit with help from program staff. Clustered housing usually exists in one location such as a group home, congregate care facility or boarding house. Young people with mental health challenges are housed together and often staff are on site or close by. While considering the use of clustered housing, planners need to consider the implications of the "integration mandate" established by the Americans with Disabilities Act (ADA). In 1999, the Supreme Court issued the Olmstead Decision that clarified the integration mandate for people with disabilities. Olmstead makes it clear that states must avoid needlessly institutionalizing individuals with disabilities and must provide services in integrated settings (*Olmstead v.*

L.C., 527 U.S. 581, 1999). For most people with disabilities, the most integrated setting is "their own apartment or home, with supports that they need to live there."[7, p. 1]

Generally, both adults and young people with mental health concerns prefer scattered site housing.[106] Scattered site housing allows young adults the choice of where they live and with whom and allows them to feel more normal and part of the community. Despite this preference, many mental health programs offer transitional housing to young adults in cluster locations such as the wing of a state hospital or unused group home.[46,47] Such locations are easier to find, less expensive, and easier to staff; however, using an available facility for cluster housing does not encourage community integration nor is it attractive to young people. On the other hand, Wong and Solomon[158] provide an argument for housing young people near each other: "Although research has consistently found that consumers generally prefer independent living.... at least one study observed that some consumers expressed their desire to share housing with friends (including friends with mental illness) because of social isolation associated with living alone...."[158, pp. 19-20]

Scattered site housing has the advantage of being permanent, whereas housing in a cluster setting is often temporary and contingent on compliance with skill-building and a treatment program. It is possible to combine some elements of scattered site and cluster approaches, as demonstrated by Clifasefi, Malone, & Collins.[22] These authors describe a program for adults who are homeless that provides housing in units scattered across a large, public low-income housing development. The advantage of this approach is that it allows participants to have contact with neighbors who do not have mental health challenges and builds toward increased social networks and community integration.

Locating scattered-site housing can be quite difficult and is often the responsibility, at least partially, of the young person. This means that case managers must be trained in locating and negotiating housing so that they can support young people in their housing searches. Even in small urban settings, participants reported feeling overwhelmed when attempting to apply for housing assistance and to navigate the available options, and they expressed the need for a mentor or advocate.[12]

How will the program help young people manage the cost of housing?

There is general agreement in the literature that housing programs for young adults with mental health challenges need to provide some level of subsidy for the cost of moving in and ongoing rent.[34] Bowen and colleagues[12, p.217] noted that "even in relatively low-cost housing markets, independent housing remains out of reach to young adults with extremely limited financial resources." Housing subsidies for young people usually take one of the following forms: 1) a subsidized unit in a building owned or managed by an agency, 2) monthly rental assistance in the form of a voucher, or 3) a monthly stipend for living expenses.[34,81] Most programs require participants to contribute at least a minimal amount toward rent.

The choices for accessing financial support for housing for young adults are limited. There are specific subsidies available to young people who are exiting foster care through the Chafee Foster Care Independence

Program. A 2012 federal report[112] estimated that the Chafee funds allocated to the states would support about 1/8 of the eligible youth at a modest $300 per month. The Family Unification Program (FUP) is a small special purpose Housing Choice Voucher available through HUD intended to support child-welfare-involved families and youth ages 18–21 who have left foster care. A 2014 federal report[33] noted that fewer than half of the Public Housing Authorities participating in FUP provided vouchers to youth. The primary reason reported for allocating few vouchers to youth was that public child welfare agencies were not referring youth. Some states may use federal appropriations that flow through block grant mechanisms to fund housing subsidies and housing programs for young adults with mental health challenges. These subsidies are managed by the state but most often follow eligibility guidelines and processes established at the federal level. In 2009, a majority of states reported that they supplemented federal funds for housing with state general funds.[33,34]

Application by individual young adults to federally funded housing, such as the Housing Choice Voucher, is another option; however, federal resources do not begin to meet the demand. Only one in four households eligible for federal housing assistance actually receive it.[114] Young adults often do not meet criteria for "chronically homeless," which is the highest priority for funding and there are long waiting lists in most regions. Young adults are also more likely to be a part of the sub-population of homeless people known as "travelers"; i.e., individuals who move from one area of the United States to another on a regular basis. This lack of history or connection to a location may also make it more difficult to qualify for subsidies from both state and federal sources.[12]

Federal housing assistance is administered through the local offices of Housing and Urban Development (HUD). Federal guidelines for the use of HUD money state that they follow the "housing first" philosophy. Local and regional HUD offices, however, may choose to add more restrictive eligibility requirements and local units are mostly self-managed with regard to processes for handling misbehavior, breaking tenant rules, fines and eviction.[29] HUD awards grant funds competitively to Continuums of Care (CoC) on an annual basis. A CoC is a consortium of local providers and agencies that work collaboratively to identify needs and build systems for people in need. The contact information for all Continuum of Care committees in the United States can be found under "contact a COC" at https://www.hudexchange.info/programs/coc. Persons served through the CoC must meet the federal definitions of homelessness, although there are some prevention services available for those who are at risk of homelessness.[34] Most federal subsidies are awarded to individuals, but some mental health programs have had success in working directly with a local CoC to develop options for specific populations of young adults.[33]

Will the use of services such as case management be mandatory or voluntary?

An assumption of many professionals is that young adults don't have the skills to live independently and must be given support and structure to develop housing readiness. For this reason, almost all programs for young adults with mental health challenges require the young person to work with a transition facilitator or case manager to remain in the program/living situation. Research with adults with mental health challenges reports that consumer choice about case

Higher levels of personal control reported by homeless youth resulted in increased housing stability and mediated the effects of cumulative risk for homelessness.

management (case management that is easily available but not required) is most effective in achieving housing stability.[56] In fact, in a study by Brown and colleagues, adults for whom case management was an option, not a requirement, were more likely to use the services and to stay housed longer.[16] There is little research that compares mandatory and non-mandatory case management for young adults. In a study that emphasized choice, Slesnick, Zhang & Brakenhoff[137] found that higher levels of personal control reported by homeless youth resulted in increased housing stability and mediated the effects of cumulative risk for homelessness. Other research revealed that young adults identify personal choice and control over residential environment as key elements of housing satisfaction.[99,124] In addition to requiring regular meetings with a case manager, some housing programs require that the young adult comply with mental health or substance abuse treatment plans. At least one study of homeless adults with serious mental illness found that supported housing coupled with voluntary substance abuse treatment resulted in significantly lower rates of substance use and lower rates of leaving the program compared to adults with mandatory case management and substance abuse treatment. Voluntary treatment also resulted in lower rates of participation in substance abuse treatment.[108] As noted earlier, the balance between support and independence is critical and will differ across groups of young people.[28]

Will your mental health organization build, own and/or manage the housing?

Because of the lack of affordable housing in most communities and the limitation of federal subsidies, more mental health authorities are becoming housing providers by building and managing their own housing units. This may take the form of a partnership between a public housing developer and a mental health agency, in which the developer builds or renovates the housing units and the mental health agency oversees the housing and provides case management and/or treatment services. Housing run by mental health agencies is most often congregate in nature. For example, a triplex or apartment complex may be built specifically to house individuals with mental health disabilities. Housing that is owned and operated by a mental health entity almost always bundles treatment and support services as a condition of staying in the housing unit.[1]

Building and maintaining housing units places the mental health agency in the role of landlord and requires that agency staff understand and meet many federal requirements, including access for people with disabilities. In addition, insurance agents consider young adults with mental health disorders a high-risk population and may impose requirements to reduce that risk. This might include on-site staff, 24-hour monitoring, and staff control of medication. Besides increasing costs, these requirements can reduce a

housing program's ability to help young adults build skills and practice self-direction. Poethig, in her 2017 address to the National Academy of Sciences identifies a new model, "pay for success," an approach that combines private capital as a source of funds to support the scaling up of evidence-based social programs.[114] The government repays the investors if the programs are successful. One program in Denver, Colorado is using this model to pay for supportive housing services.[114]

What skills and attitudes do program staff need to have?

Several studies conclude that the attitudes of staff, their perception of the strengths of young adults and their ability to form an empowering relationship are critical to increased use of services and longer-term involvement in services. Interviews conducted by Ryan & Thompson[126] revealed that young people wanted staff who were caring, respectful, and supported an empowering relationship. Young peoples' satisfaction with a housing program was highly correlated with a sense of belonging, staff relationships and agency climate.[59] Examining young adults' perceptions of vocational support programs, Torres Stone[149] noted that Hispanic young adults with mental health challenges were more likely to see program staff as family than were non-Hispanic youth. Hispanic youth also said they wanted Spanish speaking staff available to them. Several studies have noted that the attitudes of program staff and the rules of the program may send a mixed message to young adults about whether to act independently or to follow rules and procedures;[28,45,99] "Participants in numerous ways expressed how they felt like they were living in institutions that were not different from the ones they lived in as children."[99, p. 435]

Maintaining relationships with peers and the availability of peer support was specifically mentioned by young people.[126,141] This suggests that programs might consider including peer supports as part of the service array. A transition intervention that provided both peer and professional support for homeless youth resulted in enhanced health behaviors, improved mental well-being, decreased loneliness and an expanded social network.[141] The research on the effectiveness of peer support in mental health programs that do not focus on housing generally supports the inclusion of peer support staff in work with young people.[69]

Program mission and philosophy is another factor influencing staffing choices. Tiderington and colleagues compared staff working within transition versus permanent housing programs.[148] These authors found that providers in transitional living programs were more focused on skill building and moving the individual to the next step in the continuum of care while providers in permanent housing programs focused on recovery and maintaining clients in services over an extended period of time. Henwood, Stanhope, and Padgett[60] compared front-line providers in housing first programs with providers in traditional (treatment first) programs. Providers in traditional programs spent more time helping consumers finding housing, while providers in housing first programs focused more on clinical concerns because consumers were already in housing.