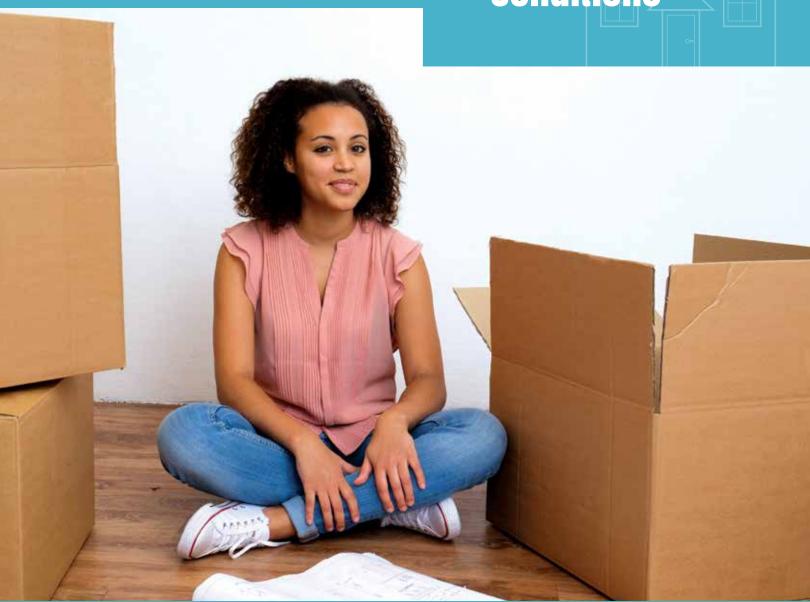
# Housing & Transition: Adults with Mental Health

**Meeting the Needs of Young Conditions** 





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Research and Training Center for Pathways to Positive Futures Portland State University, Portland, Oregon

# Housing & Transition:

Meeting the Needs of Young Adults with Mental Health Conditions

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### **Executive Summary**

This report addresses challenges faced by transition-age youth and young adults with mental health conditions as they try to find and maintain stable housing. This document was written specifically for program designers, administrators, and policy-makers, and others who are planning to develop or modify housing supports that are available to young adults. It may also be of interest to advocates and young people working to improve housing policy and program options for young people. The document is grounded in two critical considerations: 1) the current political and economic conditions that affect the availability of affordable housing also restrict the availability of living wage employment for young people and 2) information about the needs and preferences of youth and young adults with mental health conditions regarding how and where they live, spoken in their own voices.

Much of the research and commentary available about housing represents the experience of service providers with adults. The term "permanent and stable" when applied to housing means one thing to adults and has a different meaning for young people. A successful housing outcome for young adults may be six months or a year in length. There is no way to know what a successful housing outcome is without listening to the preferences of young people and involving them in the discussion. In this report, we highlight the thoughts of young adults who have mental health disorders or who have been in out-of-home care whenever possible.

After a brief introduction, the report provides a brief analysis of social, political, and economic issues that affect many young people as they search for independent housing. The third section of the report summarizes issues gleaned from first-hand accounts from young people with identified mental health conditions and interviews with youth who have been in the child welfare or juvenile justice systems, and youth who are or have been homeless. Section four examines the major housing options that are in use today and reviews research and evaluation results that are available about each option. Three options are highlighted as particularly relevant for young people: Transitional Living Programs, Host Homes, and Supported Housing. These three options demonstrate a range of structure, supervision, and housing readiness which is optimal for serving the widely ranging needs of young adults. Section four also includes a discussion of design issues relevant to all program options such as ways to fund rent supplements for participants. In the concluding section we provide discussion and recommendations about next steps in policy, programming, and research.

4 Executive Summary

# Introduction Introduction

oung adults with mental health needs face many challenges as they transition into adulthood and establish their own place in the community. A central mission in supporting community integration is to help young people find and maintain a living situation that is affordable, safe and available for as long as they wish to live there. In this report we summarize issues faced by transition—age youth and young adults with mental health conditions as they try to find and maintain stable housing. We then highlight practice, program, and policy options that appear to have promise for addressing this challenging area. We also provide an in—depth look at the programs and policies that currently control the availability of housing subsidies and public housing units and the impact of these policies on young adults.

This document is intended for individuals who are interested in developing ways to improve housing support for young adults as they transition into independent community living. This would include program administrators and planners in local or state mental health systems and policy leaders, as well as consumer-led organizations and other advocacy groups. This report will provide much of the background information and research that is needed to identify the desirable components for housing programs for young adults and, where available, the research that supports these components.

Two framing principles provided a structure for this document and are relevant to any consideration of housing issues for transition–age youth and young

Section 1: Introduction

adults with mental health concerns. The principle of "community integration" means that young people must have access to integrated community settings including housing, transportation, and leisure; along with community participation, defined as "belonging and contributing to chosen community contexts, access and ability to take part in self-determined activities in the community." Housing-relevant objectives related to community integration are that young people:

- Have a place to call home and be engaged in the community
- Have access to housing dispersed throughout the community that is not conditioned on compliance with treatment or a service plan<sup>152 p.14</sup>

The second framing principle is self-determination, defined as "self-directed action to achieve personally valued goals." Housing-relevant objectives related to self-determination are that young people:

- · Have control over where they live
- Decide with whom they live and how they conduct their lives

Related to the principle of self-determination is our firm commitment to include the voices of youth and young adults as they speak about their experiences and opinions about what helps during transition. As part of our research, we conducted an extensive review of the literature that reported on qualitative studies conducted with young people about their transition experiences, preferences, helpful resources, and issues that were difficult or got in the way of progress. Ideally, we would have findings from a large research study

that examined a diverse array of young people from various parts of the country and focused specifically on their experience with obtaining and maintaining housing. Since this study does not exist, we extracted young peoples' opinions about housing from studies that explored many aspects of transition.

We used multiple methods to identify the issues addressed in this report. We conducted a review of the research literature, including first-hand accounts of transition-age youth and young adults; we examined program literature and online information about housing issues, and we reviewed research and evaluation reports about housing. We also learned about issues facing young people and providers in transition programs through interviews with local, state-level, and federal personnel who are knowledgeable about housing issues and programs for youth and young adults with mental health challenges.

The primary focus of this document is transition-age youth and young adults with serious mental health conditions. However, when we began our literature review we found only a few studies that focused on young people with mental health concerns. Because many young people with mental health issues also have experience in the child welfare, juvenile justice, special education, or other systems, we expanded the review to include the voices of these young people as well. We also included literature addressing homelessness among youth and young adults because of the crossover among youth-serving systems and youth and young adults on the streets and because of the high incidence of mental health issues among youth who are homeless 5.61

6 Section 1: Introduction

This report has five sections. After this introductory section, in Section 2 we summarize some important contextual issues that are relevant to housing and transition-age youth who have had experience with the mental health, child welfare or juvenile justice systems. These issues include philosophy and approaches to providing housing, developmental issues related to transition-age young adults, cultural considerations, and the role of the family. In Section 3 we highlight

major themes extracted from studies of the perspectives of young people, followed by their implications for transition/housing practice, programming, and policy. A review of housing options designed to respond to the needs and preferences of youth and young adults is presented in Section 4, and in Section 5 we summarize our findings and present recommendations for next steps. We include program examples throughout the report.

Section 1: Introduction 7



he challenge of gaining access to affordable and stable housing is not unique to young adults with mental health needs. The overarching problem of insufficient and expensive housing affects anyone in this country who is unemployed or working for wages that are insufficient to cover basic expenses. Young people, as a population, face some additional barriers to finding and maintaining housing, and those with mental health conditions are affected by even more hurdles.

The overlapping nature of the problems related to housing is summarized in Figure 1. The outer circle indicates the social, economic, and political factors that influence the housing environment for all citizens except the most fortunate. The two most prominent societal issues are the lack of affordable housing units and the lack of employment that pays a living wage. The lack of affordable housing is shaped by varied factors across the country including gentrification, governmental policies about investing in affordable housing, and lack of incentives for the private housing market to build affordable housing. Among young adults, the low wages and lack of benefits in many of the jobs available to them constitute critical contextual factors regarding their access to housing.

The second circle in Figure 1 represents barriers to housing common to all young people. Transitioning to adulthood is a period of instability for most young people, characterized by changes in living situations and relationships, and, according to Arnett,<sup>3</sup> higher rates of drug and alcohol use than at any other period, which can also interfere with brain development.<sup>133</sup> Most young people

of transition-age (usually ages 17 to 26) have little or no work history, poor or no credit history, and limited or no rental history. Many are still in college and have not had an opportunity to develop work, credit, or rental histories. Young adults may encounter landlords who have negative attitudes about renting to young people or who may discriminate based on race or sexual preference. Having a previous criminal conviction adds another barrier to a young adult's chances of finding a unit to rent. It should be noted that HUD issued

guidance in 2016 about the use of criminal records by housing providers, citing circumstances when denial of housing may violate the Fair Housing Act.<sup>32</sup>

The innermost circle of Figure 1 represents the additional challenges young adults with mental health issues may face in their search for stable and affordable housing. These challenges may include stigmatization or discrimination based on their mental health disability. Further, young people with mental health issues may have difficulty maintaining housing or may

Figure 1. Affordable & Stable Housing Context



Not enough affordable housing options for young adults with mental health conditions

develop a negative rental history because of behaviors related to their mental health condition. Aspects of the mental health condition itself may interfere with family and peer relationships and the extent to which the young person can, or is allowed to, take responsibility for making decisions and life choices. In addition, there is some evidence that psychotropic medications can have adverse effects on the growth and development of children and adolescents.<sup>25</sup>

Many youth and young adults who have spent part of their childhood living in out-of-home placements are less prepared to take on adult roles and responsibilities than the typically developing young person. Young people who have spent considerable time in mental health, child welfare, and/or juvenile justice settings may enter the transition period having had few opportunities to learn and practice making decisions, shoulder increased responsibilities, or learn the skills needed to successfully transition to adult life. It is estimated that 60–80% of children and youth in foster care have a diagnosable mental health condition. 31,64,87 Similarly, estimates of the rates of mental health conditions among young people in the juvenile justice system range from 50 to 90%<sup>18,74,151,156</sup> and even higher rates have been reported in statewide or local studies.<sup>58</sup> In interviews with program directors from mental health transition programs, the challenges of helping young people "catch up with development" or "undo institutionalization" were emphasized (Davis, G., telephone interview [April 6, 2017]; Young, S., telephone interview [April 5, 2017]). Stott comments, "When placement instability and restriction prevent youth from exploring and engaging in relationships, their relational, emotional, and social growth is limited." 144, p. 226

#### **Cultural Considerations**

Cultural differences (values, traditions, experiences, beliefs) may affect the transition needs and preferences of youth and young adults, and therefore, the transition goals of young people. It is important to note that "cultural differences" and "cultural diversity" are relative terms, and that diversity or difference is defined in relation to the larger context of the young person. In many cultural groups, "independence" may not be the primary goal of the transition process; rather, the development of interdependence may be more culturally congruent. For example, Friesen, et al.41 note that because many American Indian/Alaska Native (Al/AN) groups are more collectivistic than individualistic, an emphasis on independent living may be at odds with the goals and preferences of Al/AN youth and their families. Leake, Black and Roberts<sup>82</sup> also point out that interdependence and residing with kin are often more culturally compatible transition goals for Al/AN young people than independent living. These values often apply in other cultures that are more group-rather than individually-oriented. Preferences for living with or near family may influence choices about employment and secondary education.14,57,66 Cultural values about family relationships can also affect youths' preferences and choices about transition goals. Fuligni and Pedersen<sup>42</sup> found variation in feelings of family obligation among young adults of various ethnic and racial backgrounds, with non-majority young adults placing the most importance on family obligation and direct contributions to the family household, especially in families that have recently immigrated.

A mixture of independence and interdependence as realistic and appropriate goals for youth and young adults is not, however, limited to those from non–European cultures. This idea is also proposed by many experts for young people with mental health conditions, substance abuse disorders, and young adults who have been in the foster care or juvenile justice systems. Some authors suggest that success in adulthood for all people requires the development of interdependence (see, for example, Raeff<sup>118</sup> and Stroud, Mainero & Olson <sup>145</sup>).

#### The Role of Family in Housing

The role of parents and other family members in supporting the housing needs of young adults often goes unnoticed. Many parents contribute financially to the support of their young adult children and may provide housing whether or not their children have mental health or other disabilities. 4,126 Developmentally, young adults are trying to establish their independence, and some may not want to live with their parents or relatives even when this option is a convenient way to avoid homelessness. Families may also want their sons or daughters to move out of the family home due to limited space and finances, behavioral issues, or concern that their children need to live on their own to become independent. The situation for each young person and each family is unique and must be viewed in terms of available resources and the preferences of the young adult and other family members.

Evidence suggests that parents and other relatives are a source of considerable support for young adults with mental health challenges. The national cross site evaluation for the comprehensive community mental

health services for children and their families program (CMHI) reported that sixty—five percent of the 14–15–year–old youth, 52% of the young people 16–17 years of age, and 48% of the 18–22–year–olds had lived in their family home for the six months before intake into services. Braciszewski, Toro, & Stout report that most homeless adolescents return to stable housing quickly (57% within 14 days) and two–thirds return

Success in adulthood for all people requires the development of interdependence.

to their parents' home. Further, the US Department of Housing and Urban Development (HUD) takes the position that returning to the parents' home is the first option, when appropriate, for young people who are homeless. "Family reunification should be a primary referral option for youth under 18, where only a small percentage may be most appropriately served by an independent, safe and stable housing situation..." 150, p.12

## Current Approaches to Providing Housing Support

Ideas about the best way to work with adults who need housing due to mental health needs, substance abuse, or chronic homelessness have changed considerably since the 1980s. In the early years of deinstitutionalization of psychiatric hospitals, services were based

on the assumption that individuals needed structure and oversight in order to learn how to maintain stable housing. 107, p. 75 Often referred to as "continuum of care" or "treatment first," individuals moved through a series of levels of service and/or housing options with close supervision. The individual had to demonstrate readiness for independent housing and was required to abstain from drugs and alcohol, to participate in substance abuse and/or mental health treatment. to take medication regularly, and accept regular case management. Under this approach, individuals were housed in one location (e.g., group home or boarding home), housing was time-limited and staff were located in or close to the housing. Many current approaches to providing housing support operate according to at least some of these same principles.

A more recent approach to housing support is represented by housing first programs, also referred to as "supported housing" or "permanent supported housing." These programs "focus first and foremost on moving individuals to appropriate and available housing and providing the ongoing supports necessary to

keep individuals housed."<sup>39,p,97</sup> The following principles characterize a housing first approach: 1) immediate placement in housing that is considered permanent; 2) no requirement to abstain from drugs or alcohol or take psychiatric medication; 3) no requirement to participate in treatment programs, although options are offered; and 4) no requirement to work with a case manager, although those services are available.<sup>107</sup> Housing is most often located throughout the community in scattered sites, and staff support is located separately from participants' housing.

Because the needs and preferences of young adults are varied, offering a range of housing support is optimal. Three approaches that provide different degrees of support and structure and can be tailored to meet young adults' needs are supported housing, transitional living programs, and host homes. A description of the range of program options that are most commonly provided for young adults with mental health challenges and the research and evaluation studies associated with each option are presented in Section 4

## Perspectives of Youth and Young Adults

o learn more about the perspectives of youth and young adults that could provide useful information for transition practice and programming relevant to housing issues, we conducted an extensive review of the literature that featured first-person accounts from young people about their transition experiences, preferences, helpful resources, and issues that were difficult or got in the way of progress. In this section we present themes from this "youth view of transition" as a foundation for identifying implications for practice, program, and policy in the transition process, with specific references to housing issues when they were addressed.

Our research review focuses on issues that may have an impact on housing access and outcomes for the most vulnerable young people — those with mental health challenges, those who have been in foster care or group homes, young people who have been housed and/or treated in the juvenile justice system, and those who are or have been homeless. We found nine studies that focus solely on youth and young adults with mental health concerns and directly solicited their experiences and ideas, and one study involving young adults with mental health conditions who were also homeless.<sup>39</sup> Five studies collected information from youth who had experience with both the mental health and child welfare systems, and one study featured the voices of young adults with both developmental disabilities and mental health issues.<sup>111</sup>

We included 18 articles designed to learn from youth with foster care experience and nine studies for which homeless youth were the primary informants. We also included a study that gathered the perspectives of youth with physical or intellectual disabilities, <sup>89</sup> and a study of post–secondary transitions among Navajo Indians. <sup>68</sup> A list of the studies of youth perspectives by category that were reviewed is available in Appendix A.

As noted earlier, there is considerable overlap across these groups of young people. It is estimated that nearly two-thirds of young people in foster care have emotional, behavioral, or other mental health conditions.<sup>31</sup> and the rates are even higher in iuvenile justice settings.74,151 Edidin, et al.35 report that the lifetime prevalence of psychiatric disorders among homeless youth is almost twice as high as in their peers who have housing. Perlman and colleagues found high rates of depression, suicide ideation and attempts. and self-harm for homeless youth in a national data set.<sup>113</sup> For many young people, it is difficult to know whether being homeless is the result of mental health problems, a major contributor to them, or both, but there is considerable evidence that homelessness has a cumulative negative effect on physical and mental

For many young people, it is difficult to know whether being homeless is the result of mental health problems, a major contributor to them, or both.

health. <sup>86,137</sup> Young adults with serious mental health conditions and former foster care youth often end up on the street. <sup>31</sup> Because of this overlap we have summarized common findings of the perspectives of young people across these groups.

## Themes Reflected in Studies of Young People's Perspectives

## Expectations for independence seemed unrealistic and confusing to some youth

Some young people found it difficult to see how they would be ready to transition. 27.28.44 For example, one young person said that the practice he got (for transition) was not sufficient preparation. He was hoping for a job training program that would provide housing and training in everyday skills, such as working and driving. 27. p. 593 In several studies young adults also expressed concerns about expectations that they should become independent. 27.28.62.99.126 Other young people expressed excitement about emancipating from a mental health program, describing turning 21 as "the start of a great life," or "a whole new change... a whole new story. "78.p. 211 Some young adults in the same program also expressed difficulty imagining and forming plans for the future. 78

Mitchell, et al.<sup>92</sup> interviewed 17-year-old foster youth about their transition planning. Sixty percent of the young people were either not aware of their transition plans or didn't know if they had played a role in them. In several studies young people expressed anxiety over perceived losses upon transition; these included financial insecurity, loss of social support from staff, peers, and relationships with foster parents. They were also uncomfortable with perceived pressure toward

high levels of self-reliance. 27,92,100 Macomber 88 discusses youth with anxiety and/or depressive disorders, noting that anxiety about transitioning may be especially acute for youth with these mental health concerns. In a study of youth transitioning from residential care to treatment foster homes, 100 many young people looked forward to increased freedom and normative experiences and relationships in foster homes, as compared to the restrictiveness they experienced in congregate care. When they were interviewed 2–3 months after moving to the treatment foster homes, some youth who had had trouble relating to their new foster parents appeared to have shifted to focusing more on being self-reliant and less on building better relationships with foster parents.

#### Implications for practice, programs, and policy:

- Staff working directly with young people may need training and support to deal with concerns about transition that may be felt, if not expressed, by the youth that they serve.
- Hiring, training, and supervision processes can be directed to understanding and supporting the developmental needs of transition-age youth, especially those who have been in out-of-home placement. This activity may include dealing with trauma related to youths' pre- and post-placement experiences, and elevated levels of anxiety. Staff may also benefit from mental health consultation about how to be most supportive to youth and young adults in transition.
- Youth are more invested when they take leadership in planning.<sup>132</sup> Some programs use tested, structured transition processes such as Achieve My Plan

- (AMP)<sup>155</sup> that helps youth approach planning in manageable segments, or the Transition to Independence Process (TIP) model.<sup>21</sup>
- A positive policy change has been extending eligibility for foster care to age 21 in 25 states and the District of Columbia (as of 7/28/17) according to the National Conference of State Legislatures.<sup>102</sup> Many states that have not extended foster care eligibility beyond 18 do offer other services to former foster youth between 18–21 years of age.

Ambivalence about wanting to be independent may result in accepting guidance and support at times, and rejecting it at others.

## Young people may both want support and resist it

Ambivalence about wanting to be independent may result in accepting guidance and support at times, and rejecting it at others. 12,70,126,127,142 On the one hand, young adults don't want to be treated like children, and want to be given choices, but they also want support and help when it is needed. This finding may reflect the developmental place of many youth and young adults. Gonzales and Andvig 19 report a similar phenomenon among adults with mental illness who discussed their experiences with acquiring and maintaining housing.

Ryan and Thompson<sup>126</sup> noted that this "oscillation" between the desire for independence and need for formal support may be frustrating and discouraging for providers.

Many young people expressed a desire to make their own choices, wanting the freedom to make decisions and be selfdetermined.

#### Implications for practice, program, and policy:

- Staff working with transition-age youth and young adults may need information about typical adolescent and young adult development<sup>4</sup> and specific strategies about how to deal with the ambivalence about independence and help-seeking that is common in this developmental period.
- Approaches such as motivational interviewing may address ambivalence about seeking/using help.<sup>38</sup>
- Staff training may also help staff understand and support young people who have experience with out-of-home placement (separation, instability) and possible trauma related to their pre- and post-placement experiences.
- Policies regarding access and eligibility that allow for instances of multiple entry, exit, and re-entry would better address the developmental realities of young adulthood.

## Wide-ranging views of program helpfulness and quality

In several studies, youth and young adults identified both positive and challenging aspects of programs designed to prepare them for transition. Some youth felt that they had little preparation for transition, and didn't have a chance to practice skills while in care. 40,44,99 Some youth observed that their foster parents, child welfare workers, or transition program staff did not always have the information they needed (e.g., housing, employment, or financial assistance). 99,129

Across studies, many young people expressed a desire to make their own choices, wanting the freedom to make decisions, and be self-determined. 70,89,115,117,124,141

Examining the housing experiences of young people with first-episode psychosis, Roy, et al. 124 found that some youth were forced to move out of their parents' homes before they felt ready to do so. Some were asked to move out because their parents (sometimes in consultation with mental health professionals) thought that "it was time," believing that leaving home was a way to encourage independence. Some young people felt excluded from this decision-making process.

Several youth in a study by Geenen and Powers<sup>44</sup> felt that caseworkers did not include them in decision-making. One young adult expressed anger about caseworkers "making plans behind your back and then inform[ing] you after it's done."<sup>44, p. 1090</sup> Similarly, young people wanted foster parents and caseworkers to give them more flexibility to make decisions: "We need to see what's out there, what's out there for me, so I make my own mistakes and I can learn from them."<sup>44, p. 1090</sup> Foster parents in this study stated that agency

concerns about safety constrained them from allowing foster children as much freedom as they might give their own children.

Youth interviewed by Samuels and Pryce<sup>127</sup> provided another perspective that appears to be a variant of self-determination. Some young people anticipating the prospect of aging out of foster care had developed an intense sense of self-reliance that included rejection of help and characterized asking for help from others as a sign of weakness. The authors commented that this self-reliance may have reflected young people's belief that no one else would help. While youth in several studies<sup>20,44,129</sup> felt that they were not sufficiently involved in decisions that affected them, in a study by Freundlich.<sup>40</sup> some young people stated that they did have sufficient input, or that they made decisions by themselves

Youths' concerns about "mixed messages" given by transitional or independent living programs appeared in several studies. Young people reported that they were asked to develop independent living skills, find employment, and take care of themselves, but that their programs, especially residential transitional living programs, were quite structured, and did not include many opportunities to make choices and develop life skills 44,99 Curry and Abrams 28 identified the positive effects of flexible program structure and boundaries in a program that included opportunities for transitioning youth to make choices and expand the areas in which they felt competent.

Florida Youth Shine, Let Kids be Kids, is an example of positive policy change designed to address foster youths' longing for normalcy. <sup>139</sup> In 2013 the Florida legislature passed House Bill 215 that removed many

barriers to foster children's being allowed to engage in normal childhood activities (e.g., driving, dating or sleeping overnight at a friend's house). Expanded latitude for foster parents and group home operators to allow foster children more freedom also increases the ability of foster youth to make choices and function more independently. Florida Youth Shine, an organization of current and former foster youth, played a key role in this policy change.

A positive program example for homeless young adults addresses the issue of self-determination and engaging severely marginalized youth. This strengths-based program described by Slesnick and colleagues<sup>137</sup> emphasized choice for program participants. The researchers found that increase in personal control for young adults was associated with an increased likelihood of exiting homelessness and maintaining housing.

#### Implications for practice, program, and policy:

It may be useful to review program design and philosophy, rules, or expectations that seem contradictory.
 Look for places where structure might be relaxed to offer more responsibility, choice, and opportunities for skill-building to young clientele. Involving staff and young people in this review could help lay the foundation for changes in structure and practice.

Increase in personal control for young adults was associated with an increased likelihood of exiting homelessness and maintaining housing.

- Consider engaging young people in discussions about the sometimes-conflicting goals of providing guidance, structure and safety, and preparing young people to live and work independently. Young adults may offer useful suggestions about how to blend and address both goals.
- Clarify which agency or program has responsibility for providing information and skill-building needed by transition-age youth and young adults.

Youth and young adult participants in several studies placed a high value on relationships.

#### **Support** needs

Several types of needed support identified by transition–age youth included *emotional support* from caring adults and peers, *instrumental support* (e.g., help finding and securing housing and financial assistance), and *informational support* about services, school, jobs, and transportation. A desire for belonging, support, caring, and respect were also expressed by youth and young adult informants. 99,129

Youth and young adult participants in several studies placed a high value on relationships. 44,52,129,134 Jivanjee, Kruzich and Gordon 72 reported that youth expressed the desire to have friendships; more broadly, Munford

and Sanders<sup>95</sup> found that youth wanted to build safe and secure connections with others. Youth also spoke positively about staff going above and beyond the minimum they had to do.<sup>99</sup> The quality of desired relationships with staff was addressed by youth who placed high importance on unconditional regard and emotional support.<sup>123</sup> Describing the help and support they received from their youth advocates (caseworkers), Native American/Alaska Native youth valued the relationships they had, especially if the advocates were culturally similar.<sup>41</sup> In this study, "support" included the provision of structure, holding youth accountable for working toward their goals, and emotional and informational support.

Not infrequently, when youth who had experienced foster or congregate care talked about their relationships, they were referring to their caseworkers in the child welfare system, or staff in group living situations. Examining social networks and supportive relationships of former foster youth, Singer and colleagues<sup>134</sup> noted that the young people expressed high levels of attachment and high expectations of professional child welfare workers. These researchers cautioned that because these relationships are temporary under the current system, workers must be "transparent and honest with foster youth about the impermanency of their relationship." <sup>134, p. 2116</sup>

Over the last 15 years, considerable attention has been given to helping transition–age youth and young adults expand their social networks so that they will have ongoing sources of support. Both formal mentoring that matches young people with volunteer or paid adults and "natural mentors," adults known and nominated by the young person, 53,98 are models that

are receiving increased attention. In a study of non-kin natural mentors, youth identified "keeping on track," instrumental, informational, and emotional support as positive contributions that these adult mentors made to their lives.<sup>98</sup>

Addressing the support needs of transition-age youth is complicated by the reality that because youth and young adults are at various levels of experience and development, an individualized approach is essential, but difficult to accomplish in many current programs. A related issue is that youths' complex and multiple needs for support may be difficult for any one practitioner or program to address.

#### Implications for practice, program, and policy:

- Addressing the support needs of a youth with a variety of experiences is likely to require coordination across community resources and learning opportunities.<sup>140</sup>
- Individualized planning and coordination requires enriched staff resources, sometimes accomplished

- by limiting the number of youth served to allow for adequate service levels for each youth;
- Funds available for transition planning and services are outstripped by need. Transition failures are very costly to transitioning youth and young adults, and to society. The siloed systems of funding and services may keep the "big picture" from being understood or addressed.
- Although young people identified many types of positive support provided by natural mentors, it is unrealistic to expect that volunteers can substantially replace the need for formal services for young people who have multiple needs and few personal resources.

Findings from this review of studies that gather and reflect the perspectives of young adults may be useful in the work of planning and implementing housing options for youth with serious mental health challenges, and for other youth with experience in the child welfare, juvenile justice, or other child-serving systems.





his 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<sup>122, p.289</sup> 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.<sup>37</sup> 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.<sup>281</sup>

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<sup>136</sup> 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<sup>62</sup> 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.<sup>125</sup> 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.<sup>125</sup>

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.<sup>11</sup>

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://avenuesfor youth.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.<sup>7,pp.7-8</sup>

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.<sup>63</sup> 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.<sup>6,55,73</sup> Three recent studies have examined the outcomes associated with the implementation of supported housing with young adults.<sup>24,45,79</sup>

Kozloff, et al.<sup>79</sup> 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." The authors are stabled in the stability in homeless youth with mental illness and is as effective for young people as it is for adults in general."

Gilmer<sup>45</sup> 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<sup>26,55</sup> 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<sup>24</sup> 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<sup>24</sup> 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<sup>24</sup> 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."<sup>7, p.1</sup>

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<sup>158</sup> 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. 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.<sup>12</sup>

## 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.<sup>34</sup> Bowen and colleagues<sup>12, p,217</sup> 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.<sup>34,81</sup> 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<sup>112</sup> 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<sup>33</sup> 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.3334

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.<sup>114</sup> 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.<sup>12</sup>

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.<sup>29</sup> 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.<sup>33</sup>

## 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<sup>137</sup> 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. As noted earlier, the balance between support and independence is critical and will differ across groups of young people. B

## 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. 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. The science of the program in Denver, Colorado is using this model to pay for supportive housing services.

## 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<sup>126</sup> 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<sup>149</sup> 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. 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. 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<sup>60</sup> 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.

## Discussion and Recommendations

s we reviewed the findings from the literature reviews and conversations with young adults, providers and other experts in the field of housing for transition-age youth, we reflected on how much we have learned and how much more there is to do.

Several areas stand out for us as worthy of attention in the effort to increase housing options for youth and young adults with mental health conditions. These include the immense contribution of the first-hand accounts by youth to our consideration of housing issues for young people, the neglect of cultural considerations in much of the housing literature, and how concepts of independence and interdependence interface with housing planning at the individual, program, and policy levels. They also include the issue of individualization and housing for transition-age youth, and the need to clarify expectations about housing outcomes at all levels. We conclude with recommendations for needed research and a discussion about housing issues for young people within the context of public policy.

#### **Value of Youth Perspectives**

Our emphasis on youth voice as a way to frame many of the important issues related to transition and housing promotes a principle of children's mental health: "Youth are respected as strong voices and advocates in both their own care and in the systems created to care for them." 91, p. 28 Youth MOVE National defines

youth voice as, "The engagement, representation and application of lived experience of young people in program and systems development and implementation." <sup>159,p3</sup> Our focus on youth perspectives is much more than a value statement, however. Reviewing the 50 research articles included in this report that document young people's stories, preferences, and recommendations about transition re–affirmed our expectations that first–hand information from young adults would bring unique perspectives and valuable insights into the real time, real life experience of transition.

The themes we identified across the young people's accounts included:

- The sentiment of youth across many studies that "independence" seemed unrealistic came alive when they shared their specific hopes, their fears, and their important ideas about how things might be different.
- The finding across several studies that young people may both want help and support but also reject it led to the identification of necessary work to be done in the areas of youth engagement, staff training, and policy review.
- Wide-ranging views of program helpfulness and quality helped to identify aspects of programming and staff relationships that were appreciated by youth and are also areas for review and attention.
   Notably, accounts from youth about "mixed messages" that they should become self-reliant and independent while living with substantial program constraints on their ability to make choices and to act on their decisions may help to stimulate ideas about possible practice and program improvements.
- Support needs identified by youth included emotional support, instrumental (practical) support,

and support in obtaining the information they needed. Many young people also identified ongoing supportive relationships as an important need; <sup>134</sup> this information may help to stimulate additional ideas about helping youth build lasting support systems into and beyond the transition period.

Because so few first-hand accounts of the transition and housing experiences of young people with mental health concerns are available in the published literature, more qualitative studies are needed to help build a foundation for further research.

#### **Cultural Issues and Housing Policy**

Although the terms "street culture," "peer culture," "LGBTQ culture," "recovery-oriented culture," "high school culture," and "agency/organizational culture" were all used in the literature to discuss the cultures that providers should consider when developing or adapting programs for young adults in transition, there was little attention to ethnic or cultural diversity and youth of color, or young people from families that were fairly recent immigrants except in a few studies that specifically focused on cultural issues.

Five studies had a substantial focus on issues of cultural diversity and/or identity. 41,43,68,130,149 Several other studies make specific mention of cultural considerations in theory building, 89 access to services, 71 and in measurement of youth connections with supportive adults. 131 Documents that include compilations of research findings and resources, such as The National Network for Youth 146 and Dion, et al., 33 include discussions of culturally competent services related to housing.

The lack of specific consideration of culture in the studies involving youth with mental health concerns, young people currently or formerly in foster care, homeless youth, and young adults with disabilities may be partially explained by two phenomena: First, as Gone<sup>48</sup> observes, "...cultural practices comprise the almost invisible participation in shared thought and activity that need never be conscious since most people in the community are socialized into such routines."48, p. 427 Thus, young people may not be aware that their preferences for, or discomfort with. certain expectations or practices are culturally related unless they are engaged in conversations about their lives, families, and backgrounds, and without such information, important cultural issues may be unknown or ignored by staff.

Cultural considerations for youth from non-dominant groups may be crowded out by what are seen by programs as more pressing issues.

A second consideration that may to contribute to insufficient attention to cultural issues is that many young people experience what Broad, Sandhu, Sunderji, and Charach<sup>15</sup> call "multiple, concurrent transitions." Young people may be moving from a family home to a friend's couch, from the streets to shelters or housing, from foster care to "independent living," from children's mental health services to the adult mental health

system, or from a congregate care setting (mental health, juvenile justice, or child welfare) to a transitional housing setting or to independent community living. They may also be seeking or engaged in employment, entering a meaningful relationship, or becoming parents. Young adults in transition have very complicated lives with much to learn and accomplish, and cultural considerations for youth from non-dominant groups may be crowded out by what are seen by programs as more pressing issues. Because of the disproportionate representation of children and youth of color in many of the youth-serving systems and among homeless youth, however, cultural considerations should receive direct attention in transition services as they are likely to affect young people's opportunities, choices, and outcomes in transition, and beyond.

This does not necessarily suggest that additional programs must be developed to address cultural issues with youth and young adults. Young people in transition are diverse in many ways, and efforts to individualize transition planning and services can, by design, include attention to cultural issues. Schmidt et al. 130 suggest an approach they call "cultural humility" that helps staff move from the expectation that they must be experts and supports them to learn about each young person's culture directly from the youth themselves. This approach may require some additional training or re-training, but can be aligned with other individualized planning and service approaches such as Wraparound services. 17,109,154

## Independence, Interdependence, and Housing Issues

The concepts of independence and interdependence are frequently presented as examples of major

differences between individualistic and collective. or group-oriented cultures, and indeed, operating primarily within one or the other of these frameworks may be associated with young adults' choices and experiences during the transition period. Common examples have to do with whether or not young adults want to live with family or apart, and the degree to which they feel an obligation to contribute financially or to help with family tasks. 42,54 Raeff,118,119,120 however, argues that all people are physically and mentally separate and simultaneously socially connected, and presents evidence that both independence and interdependence are valued in diverse cultures. 120, p. 32 This suggests that transition goals for all young adults should include building the skills needed to engage in interdependent and mutually beneficial relationships.

Transition goals for all young adults should include building the skills needed to engage in interdependent and mutually beneficial relationships.

Many researchers and policy advisors concerned with disappointing transition outcomes have called for a shift from "independence" as a transition goal to "interdependence," suggesting that it is unrealistic to expect that young adults who have spent considerable time in out-of-home placement (child welfare, mental health, or juvenile justice) will be prepared

to live independently without considerable ongoing support. 828,62,116 These authors recommend working with youth while they are in care to build their relationship and collaboration skills. Related ideas about how to better prepare young people for transition call for helping young people build networks of supportive peers and adults who will help to provide consistent social, emotional, tangible, and informational support over time. 9 Suggested interventions include various mentoring approaches, 50,51,98,147 strengthening relationships with caregivers, 96,143 and programs such as Family Finding, a process for connecting or re-connecting foster youth with parents and extended family. 10,80,84

## Addressing the Individual Housing Needs of Young People

As we have emphasized in this report, the ability to individualize services and to offer several different approaches to housing support is crucial if the needs and preferences of young people are to be met. Some young people prefer the predictability of living together with other young people while developing skills. Others feel they are ready to move into independent housing and want minimal help to navigate this path. Still other young people with mental health challenges want to live in a home setting as close to their family or foster home as possible. No single approach, even one based in housing first principles, will meet the needs of all young adults. Agencies that are developing or modifying their housing programs are advised to consider offering a range of options which include independent supported housing, transitional living programs and host homes.

## Recommendations for Needed Research

Published research about the effectiveness of various housing support programs specifically for young adults with mental health challenges is almost non-existent. Two of the studies noted in this report are analyses of data for a subgroup of young people extracted from a larger study of adults of all ages. 45,79 While this kind of sub-group analysis is useful, it only gives us insight into programs that were developed for adults and applied to young adults without modification. There is an urgent need to examine some of the housing options that are successful with adults (e.g., permanent supported housing) and elicit ideas from young people about how these approaches could be made more developmentally appropriate and consistent with their preferences. These modified housing options should then be tested with rigorous research designs.

Although transitional living programs have been in use for some time, their effectiveness has been assessed through a small number of studies. <sup>121,136</sup> Some transitional living programs have conducted evaluation; however, most suffer from poor follow-up rates leading to findings that are hard to interpret. A study of the effectiveness of transitional living programs for foster youth has been funded by the Administration for Children and Families with results available after 2019. Whether these programs adequately address the needs of young people with mental health challenges who are leaving their parents' homes should be examined.

There is almost no research or evaluation available on the host home option. Most host homes are provided voluntarily by members of the community and services of volunteers are almost never questioned or evaluated for effectiveness. Examination of host home programs (services that support youth living in host homes and their hosts) is rare, even though these programs are often supported by federal or state resources. A study of rural host homes reported difficulty with locating young people at follow-up, and unclear findings about outcomes. 125

Two studies of supported housing include a subanalysis of data collected for young adults. 45,79 Kozloff reported that young adults were stably housed 65% of the time as compared to 31% in treatment as usual. Gilmer documents that those young people who received high-fidelity housing first supports showed a decline in the use of inpatient services and an increase in the use of outpatient services when compared to youth in low-fidelity housing first programs. In both studies, supported housing was provided to all adults in the same way; i.e., no modifications were made for young adults. Even more promising is Stable Homes, Brighter Futures, a program in California that provides supported housing specifically for young adults who are homeless and engaged in high-risk behaviors.<sup>24</sup> The interim evaluation findings for this program are promising. These three studies allow us to conclude that supported housing should be considered a viable option for young adults and that additional research is needed to determine what modifications might increase the fit between supported housing and young adults with mental health challenges.

In addition to conducting additional studies of the first–hand experiences of young adults with mental health conditions, there is a need for research involving young people across populations and service sectors.

Even though young people with mental health conditions may also be homeless, former foster youth, have had juvenile justice or adult corrections involvement, or have substance abuse problems, many current studies on transition-age youth and young adults have a singular focus on one system, or on a specific diagnostic or disability status. Many transition-age youth have multiple system experiences and face multiple personal challenges, and these experiences most likely affect what Collins and Curtis<sup>23</sup> call their "housing careers," and may be directly related to whether they are able to get and maintain adequate housing.

Having adequate housing available will make it easier to discern which supportive services are needed, in what quantity and for whom.

Finally, with a few exceptions,<sup>70,72</sup> research literature across the fields of mental health, child welfare, and juvenile justice does not reflect the perspectives of families on the transition process and housing issues in particular. There has been more research involving families' views in other disability fields such as health,<sup>65,128</sup> intellectual disabilities,<sup>67</sup> and in the broader area of family studies.<sup>57,85</sup> Research about the roles, perspectives, preferences, needs, and experiences of families whose children are challenged by mental health conditions is needed to fill this information gap.

## Defining Housing Outcomes for Youth and Young Adults

The most commonly used measures of housing program success are ones that were developed for housing programs for adults in general without considering whether these same measures should be used with young adults. For example, an outcome for adults such as "length of time in permanent housing" most likely has a different meaning for young people in transition. Most young people, with or without disabilities, live in multiple places during young adulthood and may well define "stable" in terms of the near future (e.g., "Can I stay here for the next few weeks or months without fear of being asked to leave?"). Other outcomes for young adults, such as the size of their social networks, quality of living or level of community integration may be better indicators of the effectiveness of a housing program. Young people with mental health disorders have not yet been involved in the conversation about what constitutes a successful outcome for a housing support program. Until their voices are included in the conversation about what constitutes success in housing, we will continue to offer programs that may or may not meet their needs and preferences.

#### **Public Policy Context**

Focusing solely on the effectiveness of housing support programs may encourage us to overlook and fail to address larger social issues. Most of the services provided to young people in housing programs focus on building skills in the individual or increasing their "housing readiness." Preoccupation with building young persons' skills to live independently (or their ability to remain sober or take their medications) overlooks

the larger structural challenges that are present. Most studies did not measure the effect of public policy or other system-level issues that contribute to housing challenges for all young adults, although several authors mention this as a concern. 73,105,144 Katz, Zerger & Hwang<sup>75</sup> provide an interesting example of the dampening effect that successful programs may have on the larger social conversation. They argue that while the impact of housing first type programs on the housing status of program participants has "received considerable scientific and public consideration, less attention has been paid to its effects on societal conversations related to housing, public services, and social justice."75, p.139 It is easy to slip into the belief that an effective housing approach, if provided in great enough supply, will solve the complex web of social conditions that lead to poverty and homelessness.

Perhaps the most obvious public policy issues are the lack of affordable housing and the high unemployment and low wages associated with entry level jobs typically available to young people, challenges that affect all young adults and many adults who live on low incomes. There are many societal factors that contribute to the lack of affordable housing. These include gentrification, governmental policies about investing in affordable housing and lack of incentives for the private housing market. Similarly, high unemployment among young adults and the low wages and lack of benefits in many of the jobs available

to them are symptoms of a larger and complex public policy problem. The power imbalance between those who control much of the wealth in this country and those who need help continues to overshadow the fact that many young people live on the streets and do not have enough food. Combined with the relative lack of education and job experience among young people with mental health challenges, this results in unemployment or employment in low-wage jobs for most of them. These young people often do not receive income supplements, may be without health insurance and must compete for the limited social and health services that are available

First steps to addressing the housing needs of young adults with mental health disorders are to increase the amount of affordable housing that is available and make it possible for young adults to access it. Newman and Goldman<sup>105</sup> suggest that having adequate housing available will make it easier to discern which supportive services are needed, in what quantity and for whom. Some useful guidance for designing and delivering services for transitioning youth and young adults is provided by Holtschneider. 62 Reflecting on her research with homeless youth, she suggests, "Housing is critical, but not enough; young people value services that invest holistically and authentically in nurturing their development and future goals while simultaneously building a community of support and culture of belonging that will endure."62, p.160

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# Appendix A

studies that include perspectives of young people



## Appendix A: Studies that include the perspectives of young people

Studies that Include the Perspectives of Young People	ADULT MENTAL HEALTH	MINORITYISSUES	CROSS-SYSTEM STUDIES	JUVENILEJUSTICE	PHYSCIAL & INTELLECTUAL DISABILITIES	HOMELESS YOUTH	CHILD WELFARE	YOUTH MENTAL HEALTH
Bowen, E. A., Miller, B., Barman–Adhikari, A., Fallin, K., & Zuchlewski, D. (2017). Emerging adult homelessness in geographic perspective: A view from the Rust Belt. <i>Children and Youth Services Review</i> , 73, 213–219.						X		
Burnham Riosa, P., Preyde, M., & Porto, M. L. (2015). Transitioning to adult mental health services: Perceptions of adolescents with emotional and behavioral problems. Journal of Adolescent Research, 1, 1–31.								X
Cunningham, M. J., & Diversi, M. (2012). Aging out: Youths' perspectives on foster care and the transition to independence. <i>Qualitative Social Work</i> , <i>12</i> (5), 587–602.							X	
Curry, S. R., & Abrams, L. S. (2015). "They Lay down the foundation and then they leave room for us to build the house": A visual qualitative exploration of young adults' experiences of transitional housing. <i>Journal of the Society for Social Work and Research</i> , 6(1), 145–172.							X	
Delman, J., & Jones, A. (2002). Voices of youth in transition: The experience of aging out of the adolescent public mental health service system in Massachusetts: Policy implications and recommendations. Boston, MA. Retrieved from http://escholarship.umasmed.edu/psych_cmhsr/543								X
Forchuk, C., Richardson, J., & Laverty, K. (2013). Service preferences of homeless youth with mental Illness: Housing first, treatment first, or both together. In S. Gaetz, B. O'Grady, K. Buccieri, J. Karabanow, & A. Marsolais (Eds.), <i>Youth homelessness in Canada</i> (pp. 95–110). Toronto, ON, CA: Canadian Homelessness Research Network Press. Retrieved from http://www.homelesshub.ca/youthhomelessness						Х		X
Freundlich, M., Avery, R. J., & Padgett, D. (2007). Preparation of youth in congregate care for independent living. Child and Family Social Work, 12(1), 64–72.							Х	

Studies that Include the Perspectives of Young People	ADULT MENTAL HEALTH	MINORITYISSUES	CROSS-SYSTEM STUDIES	JUVENILEJUSTICE	PHYSCIAL & INTELLECTUAL DISABILITIES	HOMELESS YOUTH	CHILD WELFARE	YOUTH MENTAL HEALTH
Friesen, B. J., Cross, T. L., Jivanjee, P., Thirstrup, A., Bandurraga, A., Gowen, L. K., & Rountree, J. (2015). Meeting the transition needs of urban American Indian/Alaska Native youth through culturally based services. <i>The Journal of Behavioral Health Services and Research</i> , 42(2), 191–205.		X					X	Х
Geenen, S., & Powers, L. E. (2007). "Tomorrow is another problem:" The experiences of youth in foster care during their transition into adulthood. <i>Children and Youth Services Review</i> , 29(8), 1085–1101.							X	
Geenen, S., Powers, L., Vasquez, A. L., & Bersani, H. (2003). Understanding and promoting the transition of minority adolescents. Career Development and Transition for Exceptional Individuals, 26(1), 27–46.		X			X		X	
Gonzalez, M. T., & Andvig, E. (2015). Experiences of tenants with serious mental illness regarding housing support and contextual issues: A meta–synthesis. <i>Issues in Mental Health Nursing</i> , 36(12), 971–988.	X							
Greeson, J. K. P., Thompson, A. E., Ali, S., & Wenger, R. S. (2015). It's good to know that you got somebody that's not going anywhere: Attitudes and beliefs of older youth in foster care about child welfare-based natural mentoring. <i>Children and Youth Services Review</i> , 48, 140–149.							Х	
Heinze, H. J., Jozefowicz, D. M. H., & Toro, P. A. (2010). Taking the youth perspective: Assessment of program characteristics that promote positive development in homeless and at-risk youth. <i>Children and Youth Services Review</i> , 32(10), 1365–1372.						Х		
Holtschneider, C. (2016). A part of something: The importance of transitional living programs within a Housing First framework for youth experiencing homelessness. <i>Children and Youth Services Review</i> , 65, 204–215.						Х		

Studies that Include the Perspectives of Young People	ADULT MENTAL HEALTH	MINORITY ISSUES	CROSS-SYSTEM STUDIES	JUVENILE JUSTICE	PHYSCIAL & INTELLECTUAL DISABILITIES	HOMELESS YOUTH	CHILD WELFARE	YOUTH MENTAL HEALTH
Holtschneider, C. (2016). From independence to interdependence: redefining outcomes for transitional living programs for youth experiencing homelessness. <i>Families in Society</i> , 97(3), 160–170.						X		
Jackson, A. P., & Smith, S. A. (2001). Postsecondary transitions among Navajo Indians. <i>Journal of American Indian Education</i> , 40(2), 28–47.		X						
Jivanjee, P., & Kruzich, J. (2011). Supports for young people with mental health conditions and their families in the transition years: Youth and family voices. <i>Best Practices in Mental Health</i> , 7(1), 115–134. Retrieved from http://www.pathwaysrtc.pdx.edu/pdf/pbBestPractices6.pdf								X
Jivanjee, P., Kruzich, J., & Gordon, L. J. (2008). Community integration of transition–age individuals: Views of young with mental health disorders. The Journal of Behavioral Health Services and Research, 35(4 SPEC. ISS.), 402–418.								X
Katz, C. C., & Courtney, M. E. (2015). Evaluating the self- expressed unmet needs of emancipated foster youth over time. <i>Children and Youth Services Review, 57</i> , 9–18.							X	
Kidd, S. A., Frederick, T., Karabanow, J., Hughes, J., Naylor, T., & Barbic, S. (2016). A mixed methods study of recently homeless youth efforts to sustain housing and stability. <i>Child and Adolescent Social Work Journal</i> , 33(3), 207–218.						X		
Klodnick, V. V., Davis, K. E., Fagan, M. A., & Elias, A. (2014). Launching into adulthood from institutional care with a serious mental health condition. <i>Community Mental</i> <i>Health Journal</i> , 50(2), 209–215							Х	Х
Lee, B. R., Cole, A. R., & Munson, M. R. (2016). Navigating family roles and relationships: System youth in the transition years. <i>Child and Family Social Work, 21</i> (4), 442–451.							Х	Х
Mannino, J. E. (2015). Resilience and transitioning to adulthood among emerging adults with disabilities. Journal of Pediatric Nursing, 30(5), e131–e145.					X			
Mitchell, M. B., Jones, T., & Renema, S. (2015). Will I make it on my own? Voices and visions of 17-year-old youth in transition. <i>Child and Adolescent Social Work Journal</i> , 32, 291–300.							Х	

Studies that Include the Perspectives of Young People	ADULT MENTAL HEALTH	MINORITYISSUES	CROSS-SYSTEM STUDIES	JUVENILE JUSTICE	PHYSCIAL & DISABILITIES	HOMELESS YOUTH	CHILD WELFARE	YOUTH MENTAL HEALTH
Moses, T. (2010). Being treated differently: Stigma experiences with family, peers, and school staff among adolescents with mental health disorders. <i>Social Science and Medicine</i> , 70(7), 985–993								X
Munford R., & Sanders J. (2016). Foster parents: An enduring presence for vulnerable youth. <i>Adopt Foster</i> , 40(3), 264–278.							X	
Munford, R., & Sanders, J. (2015). Negotiating and constructing identity: Social work with young people who experience adversity. <i>British Journal of Social Work, 45</i> (5), 1564–1580.			X					
Munson, M. R., & Lox, J. A. (2012). Clinical social work practice with former system youth with mental health needs: Perspective of those in need. <i>Clinical Social Work Journal</i> , 40(2), 255–260.							X	X
Munson, M. R., Smalling, S. E., Spencer, R., Scott, L. D., & Tracy, E. M. (2010). A steady presence in the midst of change: Non-kin natural mentors in the lives of older youth exiting foster care. <i>Children and Youth Services Review</i> , 32, 527–535.							X	
Munson, M. R., Stanhope, V., Small, L., & Atterbury, K. (2017). "At times I kinda felt I was in an institution:" Supportive housing for transition age youth and young adults. <i>Children and Youth Services Review</i> , 73, 430–436.			X				Х	
Narendorf, S. C., Jennings, S. W., & Santa Maria, D. (2016). Parenting and Homeless: Profiles of young adult mothers and fathers in unstable housing situations. Families in Society: The Journal of Contemporary Social Services, 97(3), 200–211.						X		
Narendorf, S. C., Fedoravicius, N., McMillen, J. C., McNelly, D., & Robinson, D. R. (2012). Stepping down and stepping in: Youth's perspectives on making the transition from residential treatment to treatment foster care. <i>Children and Youth Services Review</i> , 34(1), 43–49.							X	Х
Narendorf, S. C., Munson, M. R., & Levingston, F. (2013). Managing moods and parenting: Perspectives of former system youth who struggle with emotional challenges. <i>Children and Youth Services Review</i> , 35(12), 1979–1987.						X	X	X

Studies that Include the Perspectives of Young People	ADULT MENTAL HEALTH	MINORITYISSUES	CROSS-SYSTEM STUDIES	JUVENILE JUSTICE	PHYSCIAL & INTELLECTUAL DISABILITIES	HOMELESS YOUTH	CHILD WELFARE	YOUTH MENTAL HEALTH
Nesmith, A., & Christophersen, K. (2014). Smoothing the transition to adulthood: Creating ongoing supportive relationships among foster youth. <i>Children and Youth Services Review</i> , 37, 1–8.							X	
Paulsen, V., & Berg, B. (2016). Social support and interdependency in transition to adulthood from child welfare services. <i>Children and Youth Services Review, 68</i> , 125–131.							X	
Pearson, G. S. (2012). The transition experience of developmentally impaired young adults living in a structured apartment setting. <i>Advances in Nursing Science</i> , 35(3), E73–E89.					X			X
Powers, L. E., Geenen, S., Powers, J., Pommier–Satya, S., Turner, A., Dalton, L. D., Swank, P. (2012). My Life: Effects of a longitudinal, randomized study of self–determination enhancement on the transition outcomes of youth in foster care and special education. <i>Children and Youth Services Review</i> , 34(11), 2179–2187.						Х		
Quest, A. Del, Fullerton, A., Geenen, S., & Powers, L. (2012). Voices of youth in foster care and special education regarding their educational experiences and transition to adulthood. <i>Children and Youth Services Review, 34</i> (9), 1604–1615.						X		
Rogers, R. (2011). "I remember thinking, why isn't there someone to help me? Why isn't there someone who can help me make sense of what I'm going through?' <i>Journal of Sociology</i> , 47(4), 411–426.						X		
Roy, L., Rousseau, J., Fortier, P., & Mottard, J. P. (2013). Housing and home-leaving experiences of young adults with psychotic disorders: A comparative qualitative study. Community Mental Health Journal, 49(5), 515–527.								X
Ryan, T. N., & Thompson, S. J. (2013). Perspectives on housing among homeless emerging adults. <i>Evaluation and Program Planning</i> , 36(1), 107–114.						X		
Samuels, G. M., & Pryce, J. M. (2008). "What doesn't kill you makes you stronger": Survivalist self-reliance as resilience and risk among young adults aging out of foster care. <i>Children and Youth Services Review</i> , 30(10), 1198–1210.							Х	

Studies that Include the Perspectives of Young People	ADULT MENTAL HEALTH	MINORITY ISSUES	CROSS-SYSTEM STUDIES	JUVENILE JUSTICE	PHYSCIAL & INTELLECTUAL DISABILITIES	HOMELESS YOUTH	CHILD WELFARE	YOUTH MENTAL HEALTH
Scannapieco, M., Connell-Carrick, K., & Painter, K. (2007). In their own words: Challenges facing youth aging out of foster care. <i>Child and Adolescent Social Work Journal</i> , 24(5), 423–435.							X	
Schmidt, J., Dubey, S., Dalton, L., Nelson, M., Lee, J., Oberweiser Kennedy, M., Geenen, S. (2015). Who am I? Who do you think I am? Stability of racial/ethnic self-identification among youth in foster care and concordance with agency categorization. <i>Children and Youth Services Review, 56</i> , 61–67.		X					X	
Singer, E. R., Berzin, S. C., & Hokanson, K. (2013). Voices of former foster youth: Supportive relationships in the transition to adulthood. <i>Children and Youth Services Review</i> , 35(12), 2110–2117.							X	
Sinkkonen, HM., & Kyttälä, M. (2015). Supportive housing in foster care: The views of young people. <i>Child Care in Practice</i> , <i>21</i> (4), 408–424.							Χ	
Stein, K. F., Connors, E. H., Chambers, K. L., Thomas, C. L., & Stephan, S. H. (2014). Youth, caregiver, and staff perspectives on an initiative to promote success of emerging adults with emotional and behavioral disabilities. The Journal of Behavioral Health Services and Research, 43(4), 582–596.								X
Stewart, M., Reutter, L., Letourneau, N., Makwarimba, E., & Hungler, K. (2010). Supporting homeless youth: Perspectives and preferences. <i>Journal of Poverty, 14</i> (2), 145–165.						X		
Storer, H. L., Barkan, S. E., Stenhouse, L. L., Eichenlaub, C., Mallillin, A., & Haggerty, K. P. (2014). In search of connection: The foster youth and caregiver relationship. <i>Children and Youth Services Review, 42</i> , 110–117.							X	
Torres Stone, R. A., Delman, J., McKay, C. E., & Smith, L. M. (2015). Appealing features of vocational support services for Hispanic and non-Hispanic transition age youth and young adults with serious mental health conditions. The Journal of Behavioral Health Services and Research, 42(4), 452–465.								Х

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