

## Young Adult Housing Guidelines

The Young Adult Housing Guidelines are an effort to raise awareness, provide support, and foster Evidence Based solutions to end homelessness for young adults in Missouri.

**Problem Statement:** Young Adults with behavioral health concerns are more likely to experience chronic homelessness and other adverse outcomes. Housing and support services need to be specialized in order to meet the unique needs of this population.

**Purpose Statement:** The purpose of these Division of Behavioral Health (DBH) Young Adult Housing Guidelines is to build provider capacity to meet these unique needs, answer questions, and provide technical assistance. Specifically, these guidelines are for providers interested in developing housing services for young adults or for existing housing programs interested in enhancing housing supports for young adults with complex circumstances.

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## **\*Young Adult Housing Guidelines**

### **1. DBH Housing for Young Adults is one intervention tailored to support Young Adults in need of housing.**

- Housing and supportive services are used as tools to help young adults move towards and achieve recovery.
- Young Adults are decision makers and their identified unmet needs drive their treatment plan.
- Services are individualized and unique to Young Adults; tailored to address identified needs.
- Strategies for Young Adult housing and service implementation is identified in existing Evidence Based Practices and Lessons Learned highlighted within this document.
  - Recommended Best Practices are:
    - ❖ Transition to Independence Process' guiding principles (TIP),
    - ❖ Permanent Supported Housing,
    - ❖ Supported Education,
    - ❖ Individual Placement and Support (IPS),
    - ❖ Supported Employment,
    - ❖ Early Identification and treatment of individuals experiencing their First Episode of Psychosis.

### **2. Housing programs for Young Adults require creativity, exploration, and braiding of multiple funding sources.**

- Federal Dollars
- Private Grants
- MO HealthNet
- State General Revenue Dollars

### **3. Housing programs for Young Adults involve active identification of community resources and natural supports, experiential learning/skill building, support for secondary and post-secondary education, and employment.**

- Age 18 entitlements, guardianship, contracts, voting are all examples of issues discussed with the Young Adult upon beginning a housing program.
- Staff are knowledgeable of the alternatives to guardianship.
- Best practices provided by the provider support a smooth transition from foster care to housing, when applicable.
- Skill building is achieved through an experiential curriculum.
- Employment and/or education is an expectation.

#### **4. Housing programs for Young Adults elicit input from Young Adults and place high value on staff development and specialized trainings.**

- HR hiring practices are continuously examined and staff reflects the necessary character qualities to effectively support Young Adults.
- Program development, implementation, and policies are filtered through the lens of the Young Adult residents. A Young Adult Council is recommended to provide ongoing feedback for improvement of the housing program and ancillary services.
- Trainings are informed by the evidence informed Transition to Independence Process (TIP).
- Trainings and staff development practices are considered trauma informed and practices are trauma responsive.
- Staff members are knowledgeable about brain development, substance use, and the prevalence of trauma.
- Training topics include risk management, harm reduction strategies, and teaching life's lessons through natural consequences.

#### **5. DBH is committed to partnering with agencies to provide housing and specialized services to Young Adults.**

- DBH works to strengthen state-level collaborations with agency partners.
- DBH coordinates with multiple agencies to provide housing and housing related services.
- DBH recognizes the unique challenges the Young Adult population and provides resources and technical support to housing providers.

**DMH-DBH defines Young Adults as individuals who are ages 16-25.** DBH advises providers to consult with their own agency's legal personnel before combining the minor and adult population. The provider can also contact their respective DBH regional office to discuss this topic.

**For more resources for young adults go to the Young Adult Webpage at DMH**

<http://dmh.mo.gov/mentalillness/provider/youngadult.html>

## Housing Guidelines for Young Adults Resources

### Section 1:

#### Test Your Knowledge

True or False

### Section 2:

#### Questions and Answers

What does the research say?

Where are the nationally recognized programs for young adults who are homeless?

What are the key issues for the Young Adult population and what are the corresponding Evidence Based Programs?

### Section 3:

#### Descriptions of Housing programs and Housing settings within Missouri

Brief history of housing in Missouri

Existing Housing Programs for Young Adults

Necessary Services for Young Adults

### Section 4:

#### Questions and Answers by Young Adults currently residing in a TAY Housing program in Missouri.

### Section 5:

#### Questions specific to Young Adults

Medicaid and SSI Guidelines

Guardianship

Transition/Children's Division

Foster Care Transition Toolkit (May 2016)

### Section 6:

#### Young Adult Resources

## Section 1: Test Your Knowledge

### True or False:

1. Homeless youth are less likely to spend time in the same places as homeless people who are in an older age range. **True or False?**
2. Homeless youth are often less willing to disclose that they are experiencing homelessness or may not even identify as homeless. **True or False?**
3. Homeless youth may work harder to try to blend in with peers who are not homeless. **True or False?**
4. November is Youth Homelessness month and brings awareness to Youth Homelessness. **True or False?**

**Answers on next page**

1. True

2. True

3. True

4. True

## Section 2: Questions and Answers

### Question 1: What does the research say about young adults, behavioral health, homelessness, and foster care?

Summary Statement: Necessary Supports in Young Adulthood are a key to recovery. Young Adults aging out of foster care are at high risk for homelessness. There is a major shortage of housing for Young Adults.

#### Behavioral Health

A study published in July 2015 followed 1,420 children from 11 counties in rural North Carolina. Researchers found:

26% of children in the group suffered some form of emotional disorder and 31% displayed sub threshold psychiatric problems. In this same study, 1,273 people were later re-evaluated at ages 19, 21, and 25. Of the young adults who had suffered from a sub threshold psychiatric problem in childhood, 42% suffered an adverse outcome in adulthood. Of the kids who had behavioral or emotional issues as kids, 60% of them reported having trouble as adults. (This compared to young adults who had no psychiatric issues, only 20% reported adult problems.)

Ages 19 through 21 are a peak periods in terms of criminal behavior, substance use problems and transition from the home. Age 25 is when things typically start to stabilize.

Author: Tanya Basu retrieved from  
<http://time.com/3955745/childhood-mental-illness/>

Behavioral Health Statistics for Young Adults below are retrieved from  
<https://www.placesforpeople.org/hear-our-voices/>

- More than 3 million young adults have serious mental health conditions.
- 29% of 18-24 year olds living in Missouri had a mental illness in the past year.
- Symptoms usually appear between the ages of 13 and 25, but often appear earlier in males than females.
- 70% of youth in juvenile justice systems have at least one mental health condition, and at least 20% live with a severe mental illness.
- Mental disorders are the leading cause of disability in the U.S. for people ages 15 to 44.

### National Homelessness Data

36,907 unaccompanied youth were homeless on a single night in 2015, 87 percent of whom were between the ages of 18 to 24.

During a year, approximately 550,000 unaccompanied, single youth and young adults up to age 24 experience a homelessness episode of longer than one week.

Approximately 380,000 of those youth are under the age of 18.

**Currently, targeted homeless youth programs serve only approximately 50,000 youth per year. This does not come close to reflecting the actual number of youth and young adults in need of such support.**

The above summary is information found at  
[http://www.endhomelessness.org/pages/youth\\_overview](http://www.endhomelessness.org/pages/youth_overview)

### Foster Care

Each year, about 25,000 young adults “age out” of the foster care system in the United States. This transition is often difficult putting young adults at high risk of homelessness. 11 to 36 percent of young adults who age out of foster care become homeless, and 25 to 50 percent experience unstable housing arrangements, such as “couch surfing”. Unstable housing can compromise health and further limit employment. Less than half of all public housing authorities administering Family Unification Programs are serving youth, instead the rental assistant program is directed to families involved in the child welfare system. In 2012, young adults made up only 14 percent of households assisted under this special-purpose voucher. Only 2,912 of these family reunification vouchers are used by youth.

**Public housing authorities are not serving more young adults largely because they receive relatively few or no young adult referrals.**

Full report found at HUD’s website:  
[http://www.huduser.org/portal/youth\\_foster\\_care.html](http://www.huduser.org/portal/youth_foster_care.html)  
(Above facts are May 2015 statistics compiled by Robin Dion at Mathematica Policy Research)

## Question 2: Where are the nationally recognized young adult housing programs?

**A. Portland, Maine: Permanent housing for Homeless Youth at Preble Street: An onsite collaborative model.** <http://www.preblestreet.org/>

Target populations: Chronically homeless, ages 18-23, average length of time individuals have been homeless is 2.28 years before they come to Preble Street, mental health issues, trauma and abuse, history of substance use, and few independent skills.

### Approach:

Relationship is everything. Young Adult skill development. Harm Reduction Model. Housing First, holistic, collaborative, involve young adults in decision making, and hold monthly meetings.

### Description:

- Drop-in center, overnight shelter, street outreach
- Legal Assistance, sexual assault response, safety and empowerment
- Outreach, large LGBTQ focus
- Alliance for Homeless Youth, case management and family mediation
- Received three year grant from John T Gorman Foundation and requires Preble Street to seek public funds through RHYA, HUD, and state
- External Challenges- maintaining access to vouchers, maintaining affordable apartments.
- Internal Challenges- Maintaining good relationship with landlord
- Balancing individualized approach with consistent expectations of the organization
- Support culture shift from street to stability. For example, first 3 months there are no overnight guests; mantra is be a good neighbor and have good boundaries. Residents must write a proposal at the end of 3 months and propose what they want and come up with any compromises.

### Goals and Outcomes:

For graduation, personal goals must include stable income, primary medical care, community involvement, and high school diploma. In addition, personal goals may include higher education, sobriety, harm reduction model, for example, wait until the end of the day to drink, mental health management, and rebuilding family relationships- staff members at Preble often see this as a personal goal of the residents.

**B. True Colors-New York City** <http://westendres.org/true-colors-residence-2/>

Target Population: LGBT Youth. LGBT have greater chances of experiencing harassment, and are more prone to mental illness and substance use. Family rejection is the #1 reason of lost support of caregiver.

Approach: There are 30 studio apartments with outdoor space, community space and a library resource center. Funding is Project 8 for all 30 apartments and True Colors contracts for social services. The staff structure: 3 full-time social service employees. There is onsite service delivery of trauma informed care, services are provided within a harm-reduction model, identify, affirmation, and self-esteem workshops with activities are provided. True Colors has a resident advisory council.

Goals and Outcomes:

- Stable housing which means not homeless and not in the street.
- Employment (10% receive SSI).
- Drastic reduction in substance use. From 2011-2015 substance use dropped 60% to 30%
- Non-time limited housing .
- Developing skills “organically”.
- Pre-True Colors program, young adults experienced street homelessness, substance use, sex trafficking, and prostitution.
- True Color recommendations- Be accessible to landlord to resolve any concerns. Provide references from other landlords.

**Question 3: What are the key issues in supporting Young Adults in Missouri? In addition, what are the Evidence Based Practices to support Young Adults who experience chronic homelessness, mental illness, and substance use?**

**Key Issue #1 Recovery (Resiliency), Hope and Purpose:**

<http://dmh.mo.gov/mentalillness/provider/recovery.html>

The Substance Abuse and Mental Health Services Administration (SAMHSA) working definition of recovery from mental disorders and/or substance use disorders is:

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

SAMHSA has delineated four major dimensions that support a life in recovery:

Health

Overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.

Home

A stable and safe place to live.

Purpose

Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society.

Community

Relationships and social networks that provide support, friendship, love, and hope.

Youth may be more comfortable with the word resiliency. Resilience refers to an individual's ability to cope with adversity and adapt to challenges or change. Resilience develops over time and gives an individual the capacity not only to cope with life's challenges but also to be better prepared for the next stressful situation. Optimism and the ability to remain hopeful are essential to resilience and the process of recovery.

Recovery/resiliency looks different for young adults than it does for individuals who might have had a diagnosis for a longer period. Consider completing a personal strengths inventory and identifying the young adult's personal goals when addressing and discussing recovery/resiliency.

For young adults, imagining recovery/resiliency is not necessarily finding an improved way of living similar to their life before their diagnosis. Young adults find recovery/resiliency being able to do those things they had perhaps already thought about doing before their mental health diagnosis, such as, going to college, getting married, getting a good job, and starting a family.

Young adults need assistance finding out what having a mental health diagnosis means for them. How this will change their life, how it won't change their life, what types of things they will need to do to maintain wellness and good health, how they can avoid allowing the mental health diagnosis and mental illness from defining who they are. Their understanding of all these things from a strength-based perspective is so important during this critical period of development.

**Key Issue #2 Skill and Brain Development (impact of trauma and toxic stress):**

<http://dmh.mo.gov/docs/dd/traumaawareness.pdf>

Mental illness in young adults manifests in multiple ways. For example, mental health issues can cause difficulty in planning, decision-making, decomposition or deficits in social skills, irritability, anxiety, an increased level of impulsivity, and mental illness is highly correlated with substance use, making it important to rule out Co-occurring Disorders during this period of development.

“Just as emerging adults are transitioning across systems, their brains and minds are continuing to develop. Indeed, the final stages of the brain’s structural and functional development are not complete until individuals reach their mid-to-late 20s” (retrieved from Children’s Mental Health Network).

Young adult bodies are going through major changes; brains are developing and hormones are especially active. Hormones contribute to the thrill seeking and risky behavior that may be the hallmark for this age group. These physiological changes, risky behaviors, changes in self-identity, and a new level of independence are no doubt made more complicated by mental illness.

Furthermore, this sensitive period when brains and bodies are still developing leaves young adults more vulnerable to trauma and toxic stress. Trauma and toxic stress should be considered when completing a comprehensive behavioral health assessment for young adults.

Toxic stress can (retrieved from Pathways to Positive Futures presentation):

- Cause hyper-vigilance and activation, which can lead to aggression or violence;
- Be mistaken for Attention Deficit Disorder; and
- Result in self-medication, truancy, increase in risk taking, and underperformance at school.

**Key Issue #3 Substance Use:**

Acceptance by peer groups during young adulthood plays a significantly influential role in substance use. Perceived peer approval and perceived low risk of substance use is a strong predictor for use during this age group. Perceived positive effects of alcohol and drugs also influence substance use during this age of development. For example, substance use helps facilitate conversations with friends and reduces social anxiety, which is particularly powerful.

Substance use can quickly become a way to cope with emotional and mental health issues, thus, making young adults extremely susceptible to addiction. All of these experiences contribute to high incidences of trauma, difficult relationships, transient living situations, homelessness and other adverse experiences.

<http://dmh.mo.gov/ada/mobhew/docs/evidencebasedstrategies.pdf>

#### **Key Issue #4 Housing:**

##### **Young Adults- Housing Supports**

Families now make up 40 percent of the country's homeless population. Within these families, more than 1.3 million children are homeless at some time each year. On any given day, this is at least 800,000 Americans, including about 200,000 children, who find themselves without a home (retrieved from NCTSN).

Young Adults who have a mental illness, who have only a few natural supports, and who do not know about or access community supports are at an increased risk of homelessness. Often Young Adults do not know about the resources that can assist them in securing stable housing, employment, and/or education.

The following document is an excellent resource for services available for Young Adults. Although it is based on a relatively small sample and evidence is anecdotal, the strategies listed make a lot of sense and provide guidance for providers with limited to no experience working with this age group. The following is an excerpt cited in this document titled, *Homeless Young Adults Ages 18–24 Examining Service Delivery Adaptations by the National Health Care for the Homeless Council*.

<http://www.nhchc.org/wp-content/uploads/2011/10/younghomelessadult1.pdf>

“The estimated numbers of young adults who experience an episode of homelessness each year range from approximately 750,000 to 2 million, and are believed to be increasing. This is not only a problem facing young individuals, but families as well: individuals aged 18 to 24 make up 13% of the adult homeless population and comprise 26% of homeless families (Burt et. al. 1999).”

##### **Children and Youth- Housing Supports**

It is important to raise awareness about supports that are available for young children and youth. The “Every Student Succeeds Act of 2015,” (ESSA), includes nearly all of National Association for the Education of Homeless Children and Youth (NAEHCY) recommendations to strengthen and improve the education of over 1.3 million children and youth experiencing homelessness, from early childhood through high school graduation. It incorporates best practices from states and school districts across the country to increase the identification, enrollment, stability, and school success of children and youth experiencing homelessness. ESSA increases resources for homeless students by expanding the availability and use of Title IA funds, and by raising the authorized funding level for the McKinney-Vento Act's Education for Homeless Children and Youth program.

ESSA also includes nearly all of NAEHCY's recommendations to provide children and youth in foster care with core protections for school stability and school access through a statutory vehicle that is separate from the McKinney-Vento Act, and that outlines clear, distinct and appropriate responsibilities for both the education and child welfare agencies. Taken together, these amendments will assist students experiencing homelessness to enroll in and attend school, complete their high school education, and continue on to higher education—their best hope of avoiding poverty and homelessness as adults.

<http://www.naehcy.org/sites/default/files/dl/legis/eseafinalsummary12-4.pdf>

### **Key Issue #5 Education:**

Personal recovery goals might include returning to school or continuing education. Every person deserves the opportunity to access educational services. A person should feel supported in achieving their educational goals. In some cases, it is necessary to put effective educational supports in place. Supported Education is considered an evidence-based practice. SAMHSA provides a toolkit designed to help implement a Supported Education Program. This toolkit can be found at <http://store.samhsa.gov/shin/content//SMA11-4654CD-ROM/HowtoUseEBPKITS-SEd.pdf>.

There are also Supported Education resources for individuals experiencing First Episode of Psychosis: <http://www.nasmhpd.org/sites/default/files/IssueBrief-SED.pdf>

### **Key Issue #6 Employment:**

Serious mental illness makes it difficult to complete high school and to find employment. Employment is a significant way to support a young adult's road to recovery. There are Evidenced Based Practices mental health professionals can implement to support young adults with mental health concerns in their search for employment.

Individual Placement and Support/Supported Employment is one model used in Missouri tailored to working with Transitional Age Youth and is an evidence-based practice that employs employment specialists along with the clinical team to engage young adults. IPS uses researched strategies proven to support an individual to obtain and maintain employment.

Reasons to support employment as part of the young adult's recovery:

- Employment fosters empowerment and pride;
- Employment helps young adults from being dependent on a fragmented system;
- Long-term unemployment is associated with negative health outcomes;
- Employment provides purpose and meaning; and
- Being employed can mean different things for different people. The type of employment and time spent on the job should always be individualized to support the young adult.

SAMHSA provides a Supported Employment Toolkit at this link  
<http://store.samhsa.gov/shin/content//SMA08-4365/HowtoUseEBPKITS-SE.pdf>

**There are many links and resources with helpful information at the employment page on the DMH website found at <http://dmh.mo.gov/mentalillness/adacpsemploymentservices.html>**

### **Key Issue #7 First Episode of Psychosis:**

A majority of individuals with serious mental illness experience the first signs of illness during adolescents or early adulthood. Peak onset occurs between 15 and 25 years old. DBH is increasingly focused on providing support for this age group by looking for ways to support youth, families, and providers in identifying early symptoms of mental illness and managing these symptoms before, during, and after the First Episode of Psychosis. There are Evidence Based Practices that support and target skill development and management of mental illness during young adulthood, more specifically, during the Prodromal Phase of the mental illness and the First Episode of Psychosis (FEP).

There are six teams in Missouri that provide an Evidence Based Practice, Assertive Community Treatment, specifically for Transitional Age Youth (ACT-TAY). These teams have received specialized training focused on services specifically for supporting Young Adults. ACT-TAY is a team approach to treatment delivery, using a multidisciplinary group of providers with individual areas of expertise who share responsibility for meeting an individual's complex service needs, integrating care and providing a variety of service interventions for individuals with severe and persistent mental illness. Team members typically include a psychiatrist, nurse, peer specialist, case managers, therapist, substance use specialist and vocational specialist. Teams have received training on Supported Education and Employment, Individualized Resiliency Training, and Family Education Program.

### **Key Issue #8 Gender identity and sexual preference:**

Lesbian, Gay, Bi-Sexual, and Transgender (LGBT)- It is important to be sensitive to the needs of LGBT young adults, find resources to support the LGBT population, and to build and support natural supports within families and communities. SAMHSA has identified many helpful resources.

See available resources at SAMHSA <http://www.samhsa.gov/behavioral-health-equity/lgbt>

### **Key Issue #9 Disparity:**

Disparity is a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.” (Cited by SAMHSA, Healthy People 2020).

Significant behavioral health disparities persist in diverse communities across the United States, including:

- Racial and ethnic groups
- Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) populations
- People with disabilities
- Transition-age youth
- Young adults

See available resources at SAMHSA <http://www.samhsa.gov/health-disparities>

**Key Issue #10 Young Adult Culture/Engagement on what is important to young adults.**

Engagement is the foundation to effective services and positive outcomes for young adults. One resource is *Transition of Youth and Young Adults with Emotional or Behavioral Difficulties, and evidence-Supported Handbook* by Hewitt B. Clark and Deanne K. Unruh

**Key Issue #11 Gender Specific support/treatment**

A critical component of SAMHSA's public health mission is to understand and meet the unique mental health and substance use needs of the nation's different population groups.

See <http://www.samhsa.gov/specific-populations>

## Section 3: Descriptions of Housing programs and Housing settings within Missouri

**Brief History- Summary below is based on (and/or directly taken from) information in Missouri Housing Toolkit.**

See Missouri Housing Toolkit for more details. <http://dmh.mo.gov/docs/housing/housingtoolkit.pdf>

Deinstitutionalization was a movement to move people with serious mental illness out of large state institutions into the community, which began in the late 1950's and continued through the early 70's. The introduction of federal dollars in the form of Medicare and Medicaid allowed states to move people into the community and shift costs away from the states to the federal government. Although people were living in the community there are many reasons why people were not achieving complete independence. The 1990's introduced a paradigm shift from community placement to supported living. Priscilla Ridgway and Anthony Zipple laid out the key conceptual differences between the Continuum Model and a Supported Housing approach.

<b>Old Paradigm</b>	→	<b>New Paradigm</b>
Residential treatment setting	→	A home
Placement	→	Choice
Client role	→	Client control
Grouping by disability	→	Social integration
Transitional preparatory settings	→	In vivo learning in permanent settings
Standardized levels of service	→	Individualized flexible supports and services
Least restrictive environment	→	Most facilitative environment, long term supports

Because of the new paradigm, placements became houses and individual client choice became a priority for providers. The goal was for everyone to live independently. However, providers quickly received the message that providers should be in business of providing services, not housing. Unfortunately, the message received was housing and services should never be linked.

The 2000's have ushered in some lessons learned:

- Individuals have a variety of needs at different times and in different places.
- Some clients need or even want onsite support.
- There should be an array of choices when it comes to housing and services, rather than a continuum of services. This means supports are provided based on client choice and needs instead of a succession where one skill must be achieved before additional support is offered.
- There are a disproportionate and inappropriate number of people with mental illness living in skilled nursing facilities and residential care facilities because of a lack of appropriate supportive in skilled nursing facilities and residential care facilities because of a lack of appropriate housing resources.

*"The field has evolved from heavy reliance on institutional care, to a community program focus, and now, hopefully, to a focus on individualized services and supports for recovery, driven by consumer choice and participation."*

- Francie Broderick, 2011,

Past Director at Places for People and a long time advocate

## **Existing Housing Programs- There must be more options for young adults in need of housing who find difficulty adjusting to adult life. What are the alternatives to skilled nursing facilities and residential care for Young Adults?**

The following are long-term housing options for Young Adults ranging in ages 17-25. There is not a arbitrary time limit on how long people may stay as every situation is viewed individually, with exception, that age 22 is the upper limit for the PATH program and age 18 is the lower limit for ReDiscover. Providers bill service codes that are necessary to arrange and design the right level of service to meet the needs of young adults within the housing program. To qualify, participants must have a serious emotional disturbance, which is determined through an assessment. Following are the descriptions of housing programs and housing settings tailored to meet the needs of Young Adults with complex needs in Missouri.

### **A. Ozark Center, PATH- Pre-Adult Transitional Housing Program:**

#### **Description of housing program:**

- Age eligibility of young adults in need of housing: ages 17-25
- Two apartment complexes located in Joplin, MO. Each complex contains eight single dwelling, fully furnished apartments.
- Demonstrated preparedness for transitional living services, meet the criteria for admission into the Community Psychiatric Rehabilitation Program (program designed for youth with serious emotional disturbance and/or low level of functioning per the Daily Living Assessment (DLA 20). Tenants must be a State of Missouri resident, with priority given to residents of Jasper, Newton, Barton & McDonald County residents
- Initial apartment complex was opened in 2010, followed by a second complex in 2013.
- Due to the nature of this program, there is generally a waitlist for apartments. However, our staff can work with connecting young adults with various other resources until an apartment comes available.

#### **Hurdles:**

Often the young adults we encounter have past experiences (trauma, etc.) that make it difficult to gain their trust and investment in our staff and resources.

#### **Helpful strategies:**

Increase tolerance for behaviors that traditionally would be penalized. Providing options and natural consequences provides young adults opportunities for learning. For instance, substance use: Young adults are referred to a community specialist who has received training in substance use.

Staff need to be a “good fit” with young adults, “they wear lots of hats”, providing coaching, setting boundaries, and provide natural consequences. Sometimes the CSS is close to the same age so good boundaries are important.

Young adults come from different programs often with more restrictive environments. PATH finds that rules are important but it is walking the fine line between setting rules that can be enforced and those that cannot. For example, the young adults have internet, smart phones and are free to have visitors. There is an approved visitor list and young adults know they are responsible for their guests. There is also a probation period for guests who have not followed the rules or made healthy choices while visiting.

## **B. ReDiscover, Transitional Housing Program:**

### **Description of housing program:**

- Age eligibility of young adults in need of housing: 18-25
- 16 apartments, which are clustered sites in Raytown, MO
- Program is “gritty”. The apartments only provide young adults with the necessities and even then, the young adults are required to find the resources they need to maintain their apartment.
- Young adults are enrolled in the Intensive Community Psychiatric Rehabilitation (ICPR) program and there is 24/7 staffing, egress checks, medication administration, coaching, and staff trained in the Transition to Independence Program model, which is an evidence informed practice.
- Young adults will acquire the lease if that is what they request, once they have successfully completed the program.
- Congregate living is now provided at the ReStart Program.
- Referral sources are homeless shelters, CPRP programs, and Children’s Division. It is a Medicaid funded program.

**Hurdles:** Young adults come with complex trauma histories. Sometimes their developmental age is not the same as their chronological age and this can be scary when assessing their readiness for this level of independence. Refer to trauma-focused therapists.

**Helpful strategies:** Youth learn best with choices and consequences. Provide clear expectations with if/then problem solving. Providing pro-social options and coaching. Young adults attend a young adult PSR group that includes art therapy and experiential learning opportunities. Programs that refer young adults such as DYS have historically provided classroom learning. ReDiscover provides more hands on learning.

ReDiscover measures success by when a young adult stays engaged and do not fall of the cliff. Having a discharge plan for young adults is success. (If/when they find themselves on the streets, Will they call us? Will they stay connected?)

Keep landlords happy. Keep them engaged as part of the intervention for the young adult. ReDiscover agrees to keep the lease and guarantees payment at the beginning of the lease.

Transition to Independence Process (TIP) practices is key. Staff trained in TIP is the way to go.

### **C. Hopewell, Responsibility, Integrating, Stabilization, Evaluation (RISE) Program**

#### **Program Description**

The RISE program is dedicated to helping transitional aged youth/young adults (18-26) RISE above adversity and move to toward a brighter future. **Responsibility** for recovery choices. **Integrating** mental and physical health needs while supporting overall wellness. **Stabilization** of housing, medication, and illness management. **Evaluation** and assessment of individualized needs.

- Age eligibility of young adults in need of housing: 16-25
- RISE is a transitional housing opportunity and provides services to facilitate adjustment to adult life.
- RISE curriculum is provided to 32 individuals. Not all of them are residents in the housing programs but still are welcome to attend.
- RISE program is in North St. Louis City and began with a survey of needs 1 ½ years ago.
- Identified that this age group's needs, young adults, was being left out of the service array.
- Hopewell already owned a couple of properties and with the RISE program added:
  - Renovation of a 4plex,
  - A house for 3 individuals,
  - Two 4-plexes with two individuals with children
  - Two 1-bedroom apartments
  - Seven apartments
- Hopewell currently has CPR staff, nursing case managers, direct staff, and a family child development specialist. Hopewell provides ICPR services to support this age group.
- The RISE curriculum is TIP informed for all individuals in the housing program as well as others who have an interest/need and are young adults. This curriculum has identified topics and content that is interactive and supportive for young adults.
- Young adults graduate and earn a certificate of completion from these trainings. E- learning is accessed for some trainings.

**Hurdles:** Young adults sometimes have relationships that are not positive. Training staff to effectively provide support to this age group is challenging.

**Helpful strategies:** Maintaining good working relationships with landlords. Young Adults do not like living with groups and prefer individual or smaller settings. RISE will begin using peer mentors for young adult peer support. Young Adults with lived experience learn best from other Young Adults with lived experience.

**More Information on Necessary Services for Young Adult residents and information on housing programs do's and don'ts, including state and federal program guidelines and funding can be found at:**

The Missouri Housing Toolkit: <http://dmh.mo.gov/docs/housing/housingtoolkit.pdf>

Service descriptions include but are not limited to:

Oversight Services

Services are flexible and individualized as much as possible. As we see with the existing housing options for young adults, there are variations in building design and structure based on the level of support and oversight that is indicated. Some buildings have onsite and 24/7 security guards and other programs have security guards who rotate between buildings without a centralized location. Some buildings have more than one entrance while others have one locked and controlled entrance/exit.

Community Support Services:

Case management includes coordination of all psychiatric and primary health care services, assistance with understanding and implementing a health and wellness plan, including medication management, money management and budget planning, and supportive counseling. In addition, case management can include Evidence Based Practices such as Illness Management and Recovery (understanding the illness and developing coping techniques) , developing a recovery plan- working on things like school, employment, community involvement, regaining custody of children and parenting skills. Individualized case management services explore interests and identify strengths.

## Section 4: Questions and Answers by Young Adults currently residing in Missouri TAY housing programs

### Question 1: What do you like about the program?

- The treatment program teaches young adults to be independent.
- The treatment program does not make you feel as if you are strange. The program lets you know that you are not by yourself; you are not the only one with a mental illness. I also like that I feel as if they are my family, with love unconditional.
- Some of the staff treat us like family, which I mean they go out of the character to make this happen for us.

### Question 2: What is important about your living space?

- Clean and smells good.
- Having my living space to myself.
- Having room for my dog.
- Being able to use it for myself.
- I like having a clean apartment.
- Being here helps with seeing some of what it takes to be adult.
- A clean living space is important to me.
- That it is a comfortable place, that it is safe for me and my kids, and privacy.
- My living space is important to me because it gives my boys and me a comfortable place to lay with no worries. I've learned to become a provider, and how to clean up.

### Question 3: What have you accomplished since you have been in the program?

- I accomplished how to keep food in my house, house to clean, how business is always first and bull\*\*\*\* second.
- What I keep in mind is that I can do anything with a mental illness. Saying that I have reached my goals towards getting my kids back and (program) teaches me independence with everyday living.

### Question 4: What do providers need to know that would be helpful for them to assist young adults in achieving their goals while they reside in a TAY housing program?

- Helping people how to drive to get their license and practice.
- More group options.
- Allow them to make mistakes without appearing to be condescending after said mistake has been made.
- Giving a little push when needed for motivation.
- Not expecting young adults to be immediately trusting.
- Help remind them of their goals and make sure they achieve their goals.

- Being adult and my own person and getting my goals.
- I feel some of the staff bring their personal life to work and make it everybody's problem. I don't like it when I put a request in and nothing happens.
- Nothing but what you been doing. Sometimes it takes two. Can't just put responsibility on us. Other than my apartment, I'm happy.

**Question 5: What is missing (in current TAY housing)?**

- Allowing everyone to have a small pet.
- I understand that dogs/cats/bigger animals will need to be therapy animals, but small ones such as fish/hamster, I think would be okay since they're low-maintenance animals.
- I would like a swimming pool.
- A pool in doors it will help the kids wear them down and be a hang-out spot.
- But when a situation happens, I get in trouble or something, I find the program is helpful, I enjoy being here, and you all help change me in many ways. I learn and, grow, thank you.
- New staff that cares cause you can tell when they care, and when they don't. We have a mental illness and that we are not stupid.

**Question 6: Anything else?**

- No further comment.
- No everything is good.
- Maybe some benches so people can eat outside and an outdoor grill.

## **Section 5: Questions specific to Young Adults**

### **1. What are the SSI Guidelines for Young Adults eligibility, and other related issues?**

The Social Security Administration has released the "2009 Red Book: A Summary Guide to Employment Supports for Individuals with Disabilities" under the Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) programs. The Red Book serves as a general reference source about the employment-related provisions of SSDI and SSI programs for educators, advocates, rehabilitation professionals, and counselors who serve people with disabilities. It is available in English and Spanish at the following link:

<https://www.socialsecurity.gov/redbook/documents/TheRedBook2015.pdf>

### **2. What types of Guardianship are there to consider?**

An excellent Missouri resource to assist in future planning and understanding guardianship is the MO Guardianship: Understanding your Options and Alternatives. A Resource Guide by UMKC, 2<sup>nd</sup> edition, September 2013. At this link <http://moguardianship.com/>

### **3. What about the transition between being in the custody of Children's Division and Aging out of Children's Division?**

Missouri Department of Social Services, Children's Division has made available information about the older youth programs. This information will assist in providing support for young adults who are aging out of the Children's Division custody. At this link

<https://dss.mo.gov/cd/info/cwmanual/section4/ch21/sec4ch21sub3.htm>

### **4. Is there a toolkit for Children in Foster Care who are transitioning to adulthood?**

Yes, see PDF link (published May 2016) below.



youth-transition-tool  
kit.pdf

## Section 6: Resources for supporting Transitional Age Youth and Housing Programs

Note that housing programs should never provide housing for a 16 year old in the same housing complex as a 22 year old because of legal concerns being that the 16 year old is a minor. There will most likely be different services/issues to address even though both are technically considered young adults.

1. Youth & Young Adults with Emotional or Behavioral Difficulties, an *Evidence-Supported Handbook*, By Hewitt B. Clark and Deanne K. Unruh 2009
2. National Registry for Evidence Based Practices and Programs at Substance Abuse and Mental Health Services Administration (SAMHSA). <http://www.nrepp.samhsa.gov/>
3. The California Evidence Based Clearinghouse for Child welfare. <http://www.cebc4cw.org/>
4. Find Youth Info.gov is the U.S. government web site that helps you create, maintain, and strengthen effective youth programs. <http://www.findyouthinfo.gov/>
5. The Office of Juvenile Justice and Delinquency Prevention's Model Programs Guide (MPG) is designed to assist practitioners and communities in implementing evidence-based prevention and intervention programs that can make a difference in the lives of children and communities. <http://www.ojjdp.gov/mpg/>
6. The PPN website is a unique resource that offers credible, research-based information on what works to improve the lives of children and families. <http://www.promisingpractices.net/>
7. The National Child Traumatic Stress Network. <http://www.nctsnet.org/>
8. Higher Education Support Toolkit. The Higher Education Support Toolkit, developed by the Center for Psychiatric Rehabilitation, provides disability service staff and health care staff with a simple way to work with students who are experiencing challenges arising from their psychiatric disability. <http://www.bu.edu/cpr/resources/supportstudents/>
9. Guide to Employment Supports from Social Security The Social Security Administration has released the "2009 Red Book: A Summary Guide to Employment Supports for Individuals with Disabilities" under the Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) programs. The Red Book serves as a general reference source about the employment-related provisions of SSDI and SSI programs for educators, advocates, rehabilitation professionals, and counselors who serve people with disabilities. It is available in English and Spanish at the following link: <http://www.socialsecurity.gov/redbook/>

10. In an effort to better understand and utilize state and local strategies and practices around youth residing in and aging out of the public child welfare system, the National Association of Public Child Welfare Administrators' (NAPCWA) Youth Aging Out Workgroup developed a survey. The survey captures information in multiple issue areas related to youth so that states can access and utilize model programs and practices that have been implemented in other states. The survey was completed by either a child welfare director or a designated individual in each state. The results of the survey have been synthesized and presented in full as a dedicated section of the NAPCWA website and will serve as a learning tool to help states meet and respond to the needs of youth residing in and aging out of foster care. Access the full survey at : [http://www.napcwa.org/Youth/practice\\_areas.asp](http://www.napcwa.org/Youth/practice_areas.asp). (Missouri is not listed but many other states identify strategies to serving youth in transition. Categories are: housing, education, transition to adult programs, family/permanency connections, youth with disabilities, medical health, aftercare networks, youth leadership/advisory boards, driver's license, insurance, and other transportation, creative partnerships, creative funding, and employment.)

11. Recommendations for working with Young Adults:

<http://cjr.georgetown.edu/pdfs/Transition/RecommendedPracticeforYoungAdultTeamsPimaAZ.pdf>

12. The Center for Juvenile Justice Reform recently coordinated a symposium "Supporting Youth in Transition to Adulthood: Lessons Learned from Child Welfare and Juvenile Justice." To access publications and materials featured at the symposium, go to <http://cjr.georgetown.edu/resources.html>

13. The PPN website is a unique resource that offers credible, research-based information on what works to improve the lives of children and families.  
<http://www.promisingpractices.net/>

14. Coordinated Specialty Care- NAVIGATE /RAISE models  
<http://www.nimh.nih.gov/health/topics/schizophrenia/raise/coordinated-specialty-care-for-first-episode-psychosis-resources.shtml>

15. Young Adult Webpage at DMH  
<http://dmh.mo.gov/mentalillness/provider/youngadult.html>

## Helpful references for pertinent state and federal legislation

### Missouri State Statutes

Chapter 431- General Provisions as to Contracts, Section 431.056. Minor’s ability to contract for certain purposes, also known as the “Qualified Minor Law”

Chapter 455- Abuse—Adults and Children—Shelters and Protective Orders, Section 455.200 Provides definitions for “designated authority”, “domestic violence”, “family” or “household member”, “shelter for victims of domestic violence” or “shelter”

Chapter 167- Pupils and Special Services, Section 167.020, Registration requirements, residency, homeless child or youth defined, recovery of costs, when records to be requested and provided.

Chapter 210- Child Protection and Reformation Section 210.110 terms provided and defined.

### Federal Law

The McKinney-Vento Act, a federal law, guarantees homeless children and youth an education equal to that which they would receive if not homeless. The law ensures that children and youth experiencing homelessness can enroll in, attend, and succeed in school and preschool programs

## Evidence Based Family Interventions for Young Adults and Housing



FamilyInterventions.  
pdf

## Trauma Resources

National Center on PTSD [www.ncptsd.va.gov/facts/specifics](http://www.ncptsd.va.gov/facts/specifics)

Helping Traumatized Children Learn [http://www.massadvocates.org/documents/HTCL\\_9-09.pdf](http://www.massadvocates.org/documents/HTCL_9-09.pdf)

The Heart of Learning and Teaching <http://www.k12.wa.us/CompassionateSchools/pubdocs/TheHeartofLearningandteaching.pdf>

[www.annainstitute.org](http://www.annainstitute.org)

[www.aacap.org/clinical/ptsdsum.htm](http://www.aacap.org/clinical/ptsdsum.htm) (American Academy of Child & Adolescent Psychiatry)

[www.nimh.nih.gov/healthinformation/ptsdmenu.cfm](http://www.nimh.nih.gov/healthinformation/ptsdmenu.cfm) (National Institute of Mental Health)