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"At times I kinda felt I was in an institution": Supportive housing for transition age youth and young adults

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ABSTRACT

Housing stability is essential for young adult development. Older youth and young adults transitioning from public systems of care, such as foster care, the public mental health system and residential settings, commonly experience high levels of transience and housing instability. In recent years, supportive housing policies and programs have emerged to address this situation, yet we know little about whether (or not) new programs are meeting the needs of youth in transition, and, if so, *how* they are addressing the unique developmental, social, and emotional needs of this population. This study is one of the first to speak directly with young adults living in a supportive housing program designed specifically for youth transitioning out of children's systems of care. Study participants spoke about both their overall transition experience and their views on the housing program where they reside. The study conducted four focus groups ($N = 26$) with transitioning youth and young adults, ages 18 to 25 (Mean age = 22), in order to explore the following three broad research questions: 1) what is it like to make the transition to adulthood from public children's systems of care?; 2) how does the supportive housing model they reside in shape their transition experiences?; and, 3) how do they experience the services and staff who are part of the program? Data analysis included grounded theory coding techniques and constant comparison with four coders. Results suggest that participants feel like they continue to be treated as children, and they receive mixed messages regarding their need to be increasingly autonomous, yet follow the rules. Finally, they reported specific aspects of what they found to be helpful in both staff relationships and overall program components. These themes constitute the results of the study. Findings underscore the importance of both listening directly to service users, and developing young adult supportive housing programming expressly designed to meet the unique needs of marginalized young adults transitioning to increased independence and self-sufficiency.
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1. Introduction

1.1. Marginalized youth and young adults in transition

The Institute of Medicine and National Research Council (IOM & NRC) define marginalized young adults as individuals who are living in poverty, court-involved (i.e., foster care, juvenile justice), those living with disabilities and young parents (IOM & NRC, 2014). There are relatively large numbers of marginalized young adults in the United States. For example, a recent report found that 20.4% of young adults in the US are living in poverty (Ray, 2013). The Adoption and Foster Care Statistics annual report noted that 23,090 youth 'emancipated' from foster care in 2013 (AFCARS, 2015). Child Trends reports that over 337,000 young adults, ages 18 to 24, were in jail in 2012. And, approximately 6% of US citizens ages 16 to 20 live with disabilities (Erickson, Lee, & von Schrader, 2014). These numbers point to a growing public health concern in the United States, namely the need to develop, test, and implement programs and services expressly designed for the needs of these marginalized young adults.

In addition to being a large segment of the population, research has convincingly shown that marginalized young adults are much less likely to have a successful transition to adulthood when compared to their same age cohort who are not marginalized, in large part, due to poverty, family disruptions, and the often abrupt loss of services and supports that may have provided them safety during childhood and adolescence (Osgood, Foster, & Courtney, 2010; Munson, Lee, Miller, Cole, & Nedelcu, 2013). For example, among those who age out of foster care, research has shown that these youth are less likely to graduate from high school and/or go to college (Courtney & Dworsky, 2006; Pecora et al., 2006), they experience elevated prevalence rates of behavioral health disorders (Keller, Salazar, & Courtney, 2010; McMillen et al., 2005); and they have and poorer physical health (Ahrens, Garrison, & Courtney,

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2014; Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001), when compared to the general population. Similarly, the National Longitudinal Transition Study 2 (NLTS-2; Wagner & Davis, 2006) found that young adults with emotional and behavioral disorders (EBD) were more likely to dropout of school and not be engaged in the community (e.g., volunteering, working, voting), when compared to those without disabilities. Many of these challenges have been found to be present among youth involved in the justice system (Teplin, Abram, McClelland, Dulcan, & Mericle, 2002), and among young parents (Osgood, 2005). These developmental outcomes are trajectory setting, and without meeting them chances for a successful transition to adulthood may be limited.

Particularly relevant to this study, marginalized youth and young adults experience extensive housing instability and homelessness (Courtney & Dworsky, 2006; Curry & Abrams, 2015; Dworsky, Napolitano, & Courtney, 2013). One reason for this is poverty. Poverty is a barrier to engagement in important opportunities for development, and it mitigates individuals' abilities to meet their basic needs for food, clothing and shelter. Another factor is that supportive housing units can be difficult to access, and they are often not designed to meet the expressed developmental needs of young adults coming from distressed communities and situations (Gilmer, 2016). Further, the economic recession that commenced in 2007 created a challenging context for youth who were already marginalized, as it was suddenly a time when 36% of young adults were living with parents (Fry, 2013). Significant budget cuts, services cuts, and program cuts (Zuehlke, 2009) decreased access and availability to needed services for those who did/do not have a parent's home to return to during difficult economic times.

Multidisciplinary research illuminates compelling reasons for the negative outcomes among marginalized young adults, for example, these young adults often experience fragmentation or discontinuation of their social services, mental health services, and housing services during the transition years; services which were oftentimes their primary source of support during their adolescent development (Osgood et al., 2010). Further, studies show that many marginalized young adults lose critical social support relationships, for example those with important teachers, child welfare staff and foster families, who have been instrumental in their lives (Munson, Brown, Spencer, Edguer, & Tracy, 2015; Samuels & Pryce, 2008). Finally, these young people are expected to become financially and emotionally independent during what is a stressful time for all who are transitioning to adulthood (Arnett, 2000), a time of tremendous change in social, institutional, and developmental transitions (Schulenberg, Sameroff, & Cicchetti, 2004). For these youth, developmental trajectories into adulthood are often complicated by personal, social, and systemic factors that impede their *gradual* entry into self-sufficiency and healthy interdependence, rarely allowing for a period of "emerging adulthood," which includes the privilege of exploring options and possibilities during a time that is, for these young adults, filled with responsibilities (Munson et al., 2013). Taken together, research findings illustrate that marginalized young adults are significant in number, they have tremendous needs, and these complicated needs are not yet satisfactorily addressed (Osgood, 2005; IOM & NRC, 2014).

1.2. Living arrangements over the transition to adulthood

The number of transition age youth in shelters and adult housing programs is on the rise, and these programs, to date, are not designed for youth and young adults and their developmental needs (Aledort, Hsin, Grundberg, & Bolas, 2011). One of the most pressing problems facing youth transitioning to adulthood as they leave children's systems of care is housing instability, and the risk of homelessness (Curry & Abrams, 2015). Housing stability is known to be a protective factor among youth and young adults, and providing a base of security from which a young person can explore options for adulthood is essential. A lack of stable housing creates pressures for young people, pressure to provide basic safety and survival for themselves, before most have had time to consider how they will go about providing for any of these basic needs. Housing for adults has been demonstrated as a necessary first step in attaining employment, health and social services (Padgett, Henwood, & Tsemberis, 2015). As many as one quarter of youth who exit children's services face homelessness for some period after leaving care, and many marginalized young adults experience unstable housing including "couch-surfing" and "crashing" with friends or family (Perez & Romo, 2011). Marginalized young adults are thus at greater risk for homelessness than others in their age cohort (Courtney et al., 2001), and few housing programs are tailored to the specific needs of this group (Curry & Abrams, 2015; Gilmer, 2016). For those who are able to find housing support, program offerings often neglect the unique needs of this transition-age population.

1.3. Supportive housing models in young adulthood

Of late, states have begun to develop more supportive housing programs for transition-age youth and young adults (Curry & Abrams, 2015), and researchers have begun to explore these models for young adults formerly involved with children's systems of care (Gilmer, 2016; Gilmer et al., 2013). In California, Proposition 63, also known as the Mental Health Services Act (MHSA), provided a natural policy experiment to examine permanent supportive housing for transition-age youth. In one study, Gilmer et al. (2013) utilized qualitative methods to interview program managers of full service Housing First partnerships for transition-age youth in California that were designed and implemented in distinct ways from standard adult programs. Results suggest that most programs focused on providing "quasi-independent living" with high levels of support services and supervision and an expectation that young adults were to engage in treatment to maintain their unit; a clear distinction from the original philosophy of Housing First models (Tsemberis & Eisenberg, 2000). Gilmer et al. (2013) also found that programs tailored services for transition age youth, focusing on education, employment, and community colleges. Also, they reported that almost half of the programs employed peers on staff to provide social activities for the youth and young adults transitioning to adulthood.

Curry and Abrams (2015) conducted a qualitative study among 14 transition age youth, ages 18 to 24, living in transitional housing in California. Young adults reported four major themes related to their housing experiences, namely 1) changing perspective, 2) experiencing newfound independence and control, 3) performing a juggling act, and 4) wanting to move forward, yet feeling unprepared. The process the young adults in their study described included a need to let go of the past, including attitudes and negative experiences. They also described a tension experienced by the participants of wanting independence, yet knowing, on some level, that they needed supports and services to move forward in their lives. This is the only qualitative study on transitional housing focused on hearing directly from youth in transition about their perspectives on transitional housing program models.

Finally, in a "costing study" on transition age youth and housing, Gilmer (2016) reported increased service costs for young adults in permanent supportive housing when compared to those in a matched control group. More specifically, they found that costs may suggest that when transition age youth become stabilized in a housing program, they finally receive the intensive services (i.e., inpatient, outpatient mental health care) they have needed but had not received earlier for a myriad of reasons, including access issues. Further, the data suggest that the programs that reported higher fidelity to the Housing First model had significantly reduced inpatient admissions, when compared to those reporting low fidelity. This study suggests that the Housing First model could be promising for transition age youth.

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