

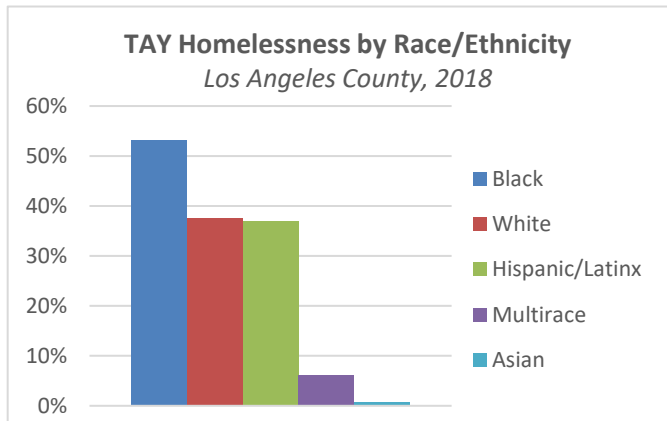


Best Practices for Working with Transition-Age Youth (TAY) Experiencing Homelessness

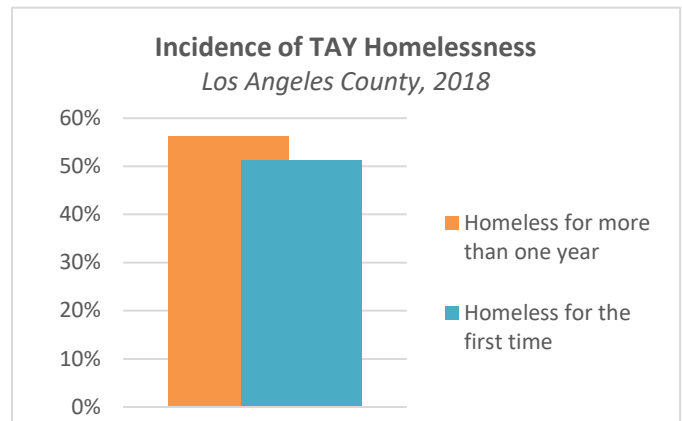
Background

On any given night in Los Angeles County there are approximately 2,389 transition-age youth (TAY) experiencing homelessness, according to the 2018 Greater Los Angeles Homeless Count. While there is no single, consistent definition of the TAY population, this group is often characterized as unaccompanied youth and young adults between the ages of 18-24. Reasons for TAY homelessness are diverse and can include family conflict, abuse or neglect, poverty, aging out of foster care, and rejection over sexual orientation. As such, the service needs of this population are unique and vary from those of adults and younger youth. Effectively serving this group requires strategic thinking on ways to reach, engage, support, and house homeless TAY.

TAY Homelessness in Los Angeles County



Source: 2018 Greater Los Angeles Youth Demographic Survey



Source: 2018 Greater Los Angeles Youth Demographic Survey

Key Takeaways:

- Enrollment in school can have a significant impact on TAY. Best practices for improving education enrollment for homeless TAY include:
 - Coordinating efforts with homeless service providers working with school-age youth, and
 - Providing seamless transition to post-secondary education.
- Employment services can play a key role in permanently ending homelessness for TAY. Strategies to consider when designing employment programs include:
 - Coordinating employment services with housing and homeless assistance,
 - Reviewing federal policies to identify mechanisms to improve access to work support, and
 - Improving system-wide coordination and integration of employment programs.
- Rapid re-housing (RRH) provides a flexible housing model for TAY with independent living skills. Promising practices for RRH TAY programs include:
 - Engaging landlords early in the process, and
 - Ensuring flexibility in case management style, funding, and outcome measures.
- When safe and appropriate, family reunification can limit TAY homeless recurrence. Best practices include:
 - Conducting standardized assessments upon reunification, and
 - Providing individual and family counseling as well as conflict mediation and resolution.



Literature Review & Data Analysis

Background and Research Motivation

According to the Los Angeles Homeless Services Authority (LAHSA), transition-age youth (TAY) account for 72% of the overall youth homeless population in Los Angeles County. Often defined as homeless individuals between the ages of 18-24, homeless TAY present unique service challenges as most are too old for child services but not yet ready or eligible for adult services. The experience of homelessness for TAY is unique. This group may become homeless for a number of reasons including poverty, family conflict, abuse, or rejection over sexual orientation. In Los Angeles County, 46% of the homeless TAY population reported experiencing some form of domestic violence, according to the Greater Los Angeles Youth Demographic Survey. Research suggests that the early-life adversity associated with the experience of youth homelessness is linked to a wide range of adverse physical and mental health outcomes, as well as increased risk of sexually transmitted diseases and substance use (Edidin et al., 2011). As service providers and community partners create systems of support for the homeless TAY, it is important to take into account the distinct challenges facing this population. This memo reviews best practices and outlines strategies for service providers working with the homeless TAY population.

In LA County, 46% of homeless TAY report experiencing some form of domestic violence.

Best Practices and Strategies for Serving TAY Experiencing Homelessness

Engaging TAY Experiencing Homelessness

The harm reduction model of care is a well-established component of homeless services and a principle of the Housing First approach (Pauly et al., 2013). “Meeting clients where they are,” a key strategy of the harm reduction model, has been widely utilized by service providers working with TAY experiencing homelessness (Hishida, 2016). Employing this strategy successfully requires keeping the experiences of TAY in mind when engaging them and doing so in a way that makes them feel comfortable.

The National Health Care for the Homeless Council (NHCHC) developed a guide of best practices for building relationships with TAY. The guide outlines six main components to relationship building with youth populations:

- Trust: It is gained through genuineness, consistency, dependability, and transparency.
- Safety: When youth feel safe they are more willing to voice opinions or fears, set boundaries, and form attachments.
- Respect: Providers must attempt to view whole individuals, their perspectives, behaviors, expressed ideas, and experiences from a non-judgmental stance.
- Boundaries: Identifying and remaining respectful of a person’s boundaries is essential to the youth’s sense of safety.
- Cultural Competency: Providers should be aware of how their client’s cultural framework informs their need for services.
- Power: Youth gain power when they are asked to become part of the decision-making process and are not simply passengers on the journey.



Serving LGBTQ TAY Experiencing Homelessness

LGBTQ youth are overrepresented in the homeless population.

Research suggests LGBTQ youth account for approximately 20% of all youth experiencing homelessness despite making up between 4-10% of the general population (Lambda Legal, 2009). The Greater Los Angeles Youth Demographic Survey shows that 23% of TAY experiencing homelessness in the region identified as LGBTQ. According to the 2014 LGBTQ Homeless Youth Provider Survey, some of the most commonly reported reasons for homelessness among LGBTQ TAY include family rejection over sexual orientation or gender identity/expression, physical/emotional/sexual abuse, untreated mental illness, and aging out of foster care. After housing needs, acceptance of sexual identity and emotional support is the second most cited need among LGBTQ youth – while transgender youth identify transitional support as their second most vital need (Choi, Wilson, Shelton, & Gates, 2015). It is important for providers to understand the unique needs of this subpopulation in order to provide inclusive and competent services to LGBTQ TAY experiencing homelessness.

23% of TAY experiencing homelessness in LA County identified as LGBTQ.

The National Recommended Best Practices for Serving LGBT Homeless Youth is a guide which addresses how staff of organizations can improve the responsiveness and effectiveness of their assistance (Lambda Legal, 2009). The guide highlights the following recommended best practices:

- Improving Practices
 - o Treat LGBT youth respectfully and ensure their safety
 - o Appropriately address LGBT Identity during the intake process
 - o Support access to education, medical treatment, and mental health care
 - o Support Transgender and Gender-Nonconforming youth participants
 - o Inform LGBT youth participants about local programs and services
- Improving Organizational Culture
 - o Create a positive physical environment in the work place
 - o Adopt and implement nondiscrimination policies
 - o Adopt confidentiality policies
 - o Provide LGBT competency training to all agency employees and volunteers
 - o Establish sound recruitment and hiring practices
 - o Develop agency connections to LGBT organizations and LGBT community
 - o Collect and evaluate data
- Improving Residential Services
 - o Keep LGBT youth safe in shelters and other residential services
 - Create a safety plan for LGBT youth to respond to harassment or danger
 - Ensure LGBT youth participants are not treated differently from heterosexual youth in shelter placement determination
 - Ensure staff never automatically isolate or segregate LGBT youth



Education Services

According to the United States Interagency Council on Homelessness (USICH), enrollment in school can have a significant impact on homeless TAY (USICH, 2018). Schools can provide safety, stability, and a connection to community that can help mitigate the impact of homelessness. Additionally, a lack of education can impact the ability of TAY to remain stably housed and secure employment once they exit homelessness. Literature suggests that schools provide an opportunity to assess and address the needs of homeless youth (Toro, Dworsky, & Fowler, 2007). The USICH has developed several strategies for improving education enrollment for homeless youth including:

- Improving identification of youth experiencing homelessness
- Eliminating barriers to enrollment and provide seamless transitions to post-secondary education
- Coordinate efforts with homeless service providers working with school-age youth

For many TAY experiencing homelessness, higher education provides a pathway to long-term future stability. However, college students who are housing insecure face many challenges and may require substantial support from campus administrators in order to retain stability. Researchers have identified a need for integrated services tailored for students experiencing homelessness on college campuses – including financial aid services, housing services, access to counseling, and academic support (Hallett & Freas, 2018). Literature also suggests it is important to create a designated safe and supportive place for students experiencing homelessness. A shared space allows for networks to form between students as well as with school staff members. The space can also serve as a way for administrators to gather information about homeless students and further identify areas of need (Hallett, Westland, & Mo, 2018).

Employment Services

Employment can also play a key role in permanently ending homelessness for TAY. Finding a job can help youth gain confidence in their abilities, increase their sense of self-worth, and create independence through income generation (CSH, 2013). The USICH cites employment as one of the most effective ways to support individuals as they move out of homelessness and into permanent housing. Programs designed to connect TAY to employment opportunities must be accessible and responsive to their lived experience and should coordinate with housing and other intervention programs. The USICH outlines several strategies service providers should consider when designing employment programs such as:

- Coordinating employment services with housing and homelessness assistance
- Reviewing federal program policies to identify educational, administrative, or regulatory mechanisms that can be used to improve access to work support
- Identifying ways the Workforce Innovation and Opportunity Act and TANF programs can help remove barriers to employment for homeless individuals
- Improve system-wide coordination and integration of employment programs



Trauma-Informed Services

Many transition-age homeless youth have experienced sexual or physical abuse, neglect, exposure to violence, or some other form of trauma (Martijn & Sharpe, 2006). In fact, youth often cite physical or sexual abuse as their reason for leaving home (Robertson, 1989). According to the Greater Los Angeles Youth Demographic Survey, 10% of TAY reported experiencing homelessness as a direct result of fleeing domestic violence. Consequently, TAY are often distrustful of adult authority figures and may be hesitant to engage with service providers. In some cases, youth may choose to avoid services altogether despite a need for those services (Toro and Goldstein, 2000). Programs designed for the TAY population should take a “trauma-informed” approach to ensure services are tailored to address the needs of this population (CSH, 2013). Research suggests that trauma-informed care for youth leads to positive outcomes, such as improved self-esteem, healthier relationships, and an increased sense of safety (Hopper, Bassuk, & Olivet, 2010). Hodas (2006) outlines three goals service providers should strive for when designing trauma informed services for TAY: promote wellness and a therapeutic experience for TAY, prevent crisis, and intervene at the early signs of a problem. The Phoenix Rising Model is one of the few trauma-informed care models designed specifically for TAY. Phoenix Rising adapts concepts from the commonly used Attachment, Self-Regulation, and Competency (ARC) Model for use with homeless adolescents and young adults (Hopper, Bassuk, & Olivet, 2010). This model focuses on four main components:

10% of TAY experiencing homelessness in LA County cite domestic violence as their reason for leaving home.

- Staff training and ongoing consultation
- Trauma-informed milieu changes
- Comprehensive risk counseling and services
- Group activities (expressive art therapies and community-building)

Many youth experiencing homelessness also face mental health challenges including depression, bipolar disorder, posttraumatic stress disorder, and substance abuse disorders. Service providers working with homeless Given that substance use is tightly interwoven to youth homelessness, service providers working with this population should work to identify risk-reduction behaviors with clients rather than advocating for abstinence which might cause youth to avoid services altogether. Homeless TAY might also find it difficult to address mental health issues if their basic needs – such as food, shelter, etc. – are not being met. This means service providers should be mindful of crafting mental health interventions that also address the basic needs of youth (Kidd et al., 2018).

Family Connections

According to the National Alliance to End Homelessness (NAEH), family can be both the cause of a youth’s homelessness and a possible solution. When safe and appropriate, family engagement or reunification can help TAY develop, maintain, or strengthen family connections. Reconciliation with family units is particularly important because research suggests that the majority of runaway youth return home at some point (Milburn et al., 2007). When conducted effectively, family reunification lessens the likelihood of homeless recurrence among TAY (Sloane, Radday, & Stanzler, 2012). Key features and promising practices of family engagement include:

- Standardized assessments upon reunification
- Individual, family, and group counseling



- Conflict mediation and resolution
- Coordination with behavioral, mental health, and substance abuse services
- Connection to community supports and activities
- Respite or caregiver support as needed
- Securing of income and health benefits

Tailored Housing Services

Like the general homeless population, homeless TAY need a variety of housing options with varying levels of supervision and independence. More independent youth may be immediately ready to move into their own housing units with temporary financial assistance and will require fewer services and check-ins with case managers. Less independent youth may need support in learning to care for themselves (Sloane, Radday, & Stanzler, 2012).

Transitional housing and transitional living provide time-limited (typically 21-24 months) supportive housing for youth who are not ready to live independently. According to the U.S. Department of Housing and Urban Development (HUD), the transitional housing/living model places an emphasis on developing life skills and enrolling in school or securing employment. Upon completion of the transitional stay, some programs may offer youth the option to assume the lease, a practice known as “transition-in-place” (NAEH, 2015). Providers have identified several promising transitional housing/living practices including:

- Codifying flexible time limits
- Supporting housing choice and diversity through congregate and scattered site models
- Focusing on education, employment opportunities and income supports
- Case managing toward transition to permanent housing
- Involve youth in creating house rules, program design, and planning activities
- Supporting independence with adult mentors

Rapid re-housing (RRH) is a Housing First model that allows TAY to quickly exit homelessness and move into their own housing units (NAEH, 2015). This housing model is most effective for TAY who have greater independent living skills and cannot reconnect with family or need time to do so. Literature suggests that age appropriate and individualized case management is particularly important for TAY when enrolled in RRH programs (HUD, 2016). In 2017, the NAEH developed the Rapid Re-Housing for Youth Toolkit which compiles key lessons learned from NAEH partners about how they are implementing the RRH model for TAY. Key takeaways include:

- Rapid re-housing for youth requires purposefully embracing a client-driven, Housing First philosophy
- Landlord engagement is crucial to implementing a successful rapid re-housing for youth program
- Getting the services right is key for youth success in rapid re-housing



- Rapid re-housing for youth requires flexibility—in case management style, in funding, and in outcome measures

Permanent supportive housing (PSH) provides non-time-limited subsidized housing paired with intensive services for high need, typically disabled, transition-age homeless youth (NAEH, 2015). This housing model is often used for TAY with the highest service needs such as mental health, substance abuse disorders, or severe trauma – providing trauma-informed care, with voluntary comprehensive support services (HUD, 2016). According to the Greater Los Angeles Youth Demographic Survey, homeless TAY in Los Angeles County face a wide-range high service needs – with 6% of youth reporting a physical disability, 7% reporting a developmental disability, 29% reporting a long-term health condition, and 13% reporting substance abuse disorders.

LA County homeless TAY face wide-ranging health challenges such as physical/developmental disabilities, long-term health conditions, and substance use disorders.

Host homes are a flexible and cost-effective model for TAY seeking stable housing and supports. This model offers a home-like, non-institutional environment rooted in community. Host homes are often an arrangement between screened volunteer community members and youth service providers. The service provider typically offers program coordination, host support, and case management services. Hosts may receive financial assistance to offset the cost of housing youth (HUD, 2016). Providers suggest that youth are often able to identify their own host homes: caring adults in their own social network who might be willing and able to provide long-term housing if they had access to additional supports to help them (NAEH, 2015).

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Works Cited

- Choi, S., Wilson, B., Shelton, J., & Gates, G. (2015). Serving our youth 2015: The needs and experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning youth experiencing homelessness. Retrieved from <http://www.escholarship.org/uc/item/1pd9886n>.
- Corporation for Supportive Housing. (2013, November). Best practices in serving youth. Retrieved from https://d155kunxflaozz.cloudfront.net/wp-content/uploads/2014/02/Youth_T.pdf.
- Eddidin, J. P., Ganim, Z., Hunter, S. J., & Karnik, N. S. (2012). The mental and physical health of homeless youth: a literature review. *Child Psychiatry & Human Development*, 43(3), 354-375.
- Hallett, R. E., & Freas, A. (2018). Community college students' experiences with homelessness and housing insecurity. *Community College Journal of Research and Practice*, 42(10), 724-739.
- Hallett, R. E., Westland, M. A., & Mo, E. (2018). A Trauma-Informed Care Approach to Supporting Foster Youth in Community College. *New Directions for Community Colleges*, 2018(181), 49-58.
- Hishida, J. (2016, January). *Engaging youth experiencing homelessness: Core practices & services*. National Health Care for the Homeless Council. Retrieved from <https://www.nhchc.org/wp-content/uploads/2011/10/engaging-youth-experiencing-homelessness.pdf>.
- Hodas, G. R. (2006). Responding to childhood trauma: The promise and practice of trauma informed care. *Pennsylvania Office of Mental Health and Substance Abuse Services*, 177.
- K Hopper, E., L Bassuk, E., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal*, 3(1).
- Kidd, S., Slesnick, N., Frederick, T., Karabanow, J., Gaetz, S. (2018). *Mental Health and Addiction Interventions for Youth Experiencing Homelessness: Practical Strategies for Front-line Providers*. Toronto: Canadian Observatory on Homelessness Press.
- Lambda Legal. (2009). National recommended best practices for serving LGBT homeless youth. Retrieved from <https://www.lambdalegal.org/publications/national-recommended-best-practices-for-lgbt-homeless-youth>
- Martijn, C., & Sharpe, L. (2006). Pathways to youth homelessness. *Social science & medicine*, 62(1), 1-12.
- Milburn, N. G., Rosenthal, D., Rotheram-Borus, M. J., Mallett, S., Batterham, P., Rice, E., & Solorio, R. (2007). Newly homeless youth typically return home. *Journal of Adolescent Health*, 40(6), 574-576.



National Alliance to End Homelessness. (2015, December 29). Ending homelessness for unaccompanied youth age 18-24. Retrieved from <http://endhomelessness.org/wp-content/uploads/2015/12/ending-homelessness-for-older-youth.pdf>.

Pauly, B. B., Reist, D., Belle-Isle, L., & Schactman, C. (2013). Housing and harm reduction: What is the role of harm reduction in addressing homelessness?. *International Journal of Drug Policy*, 24(4), 284-290.

Robertson, M. J. (1989). *Homeless youth in Hollywood: Patterns of alcohol use*. Report to the National Institute on Alcohol Abuse and Alcoholism (No. C51). Berkeley, CA: Alcohol Research Group.

Sloane, P., Radday, A., & Stanzler, C. Improving outcomes for homeless youth. Social Impact Research. Retrieved from <http://www.rootcause.org/docs/Resources/Research/Improving-Outcomes-for-Homeless-Youth/Improving%20Outcomes%20for%20Homeless%20Youth-%20Social%20Issue%20Report.pdf>.

Toro, P. A., Dworsky, A., & Fowler, P. J. (2007, March). Homeless youth in the United States: Recent research findings and intervention approaches. In *National symposium on homelessness research*.

Toro, P. A., & Goldstein, M. S. (2000, August). *Outcomes among homeless and matched housed adolescents: A longitudinal comparison*. Presented at the 108th Annual Convention of the American Psychological Association, Washington, DC.

United States Department of Housing and Urban Development. (2016, August). *Ending youth homelessness guidebook series: Promising program models*. Retrieved from <https://www.hudexchange.info/resources/documents/Ending-Youth-Homelessness-Promising-Program-Models.pdf>.

United States Interagency Council on Homelessness. (2018, August 15). Build career pathways. Retrieved from <https://www.usich.gov/solutions/jobs/>.

United States Interagency Council on Homelessness. (2018, August 15). Foster education connections. Retrieved from <https://www.usich.gov/solutions/education/>.