
From Inpatient Treatment to Homelessness:

Envisioning a Path Toward Healing and Safe Housing for Young People in Washington State

A Way Home Washington
December 2018

A Way Home Washington

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EXECUTIVE SUMMARY

Young people who access inpatient behavioral health treatment—mental health and substance use disorder programs—are incredibly vulnerable. These youth and young adults have been determined to have such serious mental health or substance use disorders that they cannot effectively receive treatment in their communities. Leaving treatment and subsequently becoming homeless or unstably housed compromises these young people’s basic health and safety and puts their educational and vocational progress at enormous risk.

The data underscore this extreme vulnerability. In Washington State, every year about **1,200 young people become homeless or unstably housed within 12 months of their discharge from publicly funded inpatient behavioral health treatment programs.**

Public and private stakeholders working on the issue of youth homelessness are preparing to respond to legislative action—Substitute Senate Bill (SSB) 6560—that requires a statewide plan to ensure that all young people who are discharged from publicly funded systems exit into safe and secure housing. This collaborative planning effort presents a momentous opportunity to prevent and end youth homelessness in Washington State.



A Way Home Washington hopes this report will help guide the SSB 6560 conversations by providing system planners a global view of the complex reasons why young people—those who are under and over 18—held so closely and under such scrutiny in a publicly funded system could

thereafter become homeless. The full report provides a review of the current information available about youth homelessness from the inpatient behavioral health perspective, offers insight into massive system initiatives underway around behavioral health and youth homelessness, and shares the perspectives of stakeholders who interact with the inpatient behavioral health system. The full report also provides more detailed information about the inpatient behavioral health landscape that serves young people in Washington.

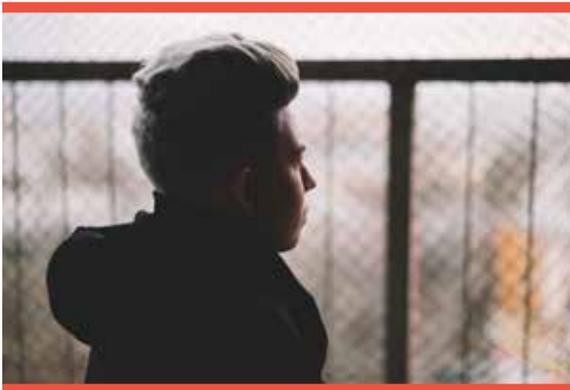
This report identifies systemic failures that are not new to families, young people, service delivery professionals, or system agents. It is not intended to comprehensively identify policy, practice, and funding barriers that may need to change so that Washington State can reduce the likelihood that young people leaving inpatient programs experience homelessness or unstable housing.

This report is intended to be a platform for many conversations to come. It was informed by A Way Home Washington's work over the past year with inpatient and community behavioral health providers, homeless youth service providers, state agency leaders, advocates, families, and young people.

Key Findings

- ◆ Of the roughly 1,800 young people leaving all state public systems of care who subsequently experience homelessness or unstable housing every year, **almost two thirds (1,178) of them come from the inpatient behavioral health system**. The remaining one third who experience homelessness come from foster care (130), the state juvenile justice system (132), or the state adult corrections system (384).
- ◆ Of the nearly 1,200 young people who become homeless or unstably housed after an inpatient behavioral health episode, around 85% of them are young adults (ages 18 – 24).
- ◆ There is a general system disconnect between behavioral health and youth/young adult homelessness planning efforts. Behavioral health system leaders and on-the-ground experts engage in regular and intensive dialogue about how to improve the inpatient programs that serve young people, but it does not appear that this work sufficiently connects to homelessness prevention or that youth housing or homeless providers are part of those conversations.
- ◆ The authors were unable to identify any inpatient mental health or substance use disorder programs or specific program design, including discharge planning, that serves the unique developmental needs of young adults.

- ◆ The bed capacity needed for young adults to receive inpatient mental health or substance use disorder treatment is unclear. Likewise, the bed capacity needed for youth (ages 12 – 17) for inpatient mental health or substance use disorder treatment is unclear.
- ◆ Washington does not have enough comprehensive, less restrictive forms of treatment and intensive in-home support that allows young people to stay with their families and avoid institutional care altogether.
- ◆ Families and young people’s support systems experience challenges to meaningful engagement in discharge planning. Facilities accept youth from all regions of the state, and families often struggle to visit and get involved in discharge planning due to transportation barriers and the demands of work and caring for other children in the family. Families also experience ‘burn out’ due to a young person’s intensive and long-term mental health or substance use disorder needs. Additionally, the families of minors may also encounter barriers to engaging in discharge planning due to the youth’s legal right to exclude their caregivers from their behavioral health treatment planning.
- ◆ Washington lacks a comprehensive post-inpatient treatment community-based support system for young people and their families. Caregivers



may not have the skills to assist in post-discharge treatment plans and may not know how to manage problem behaviors at home. Many young people feel abandoned by parents and caregivers who have given up. Young people and their families/ caregivers need access to comprehensive, in-home, skill-based behavior support wraparound services, regardless of the young person’s age or Medicaid eligibility. Peer support to young people and respite care for families are also important components of an ongoing treatment plan.

- ◆ There is no centralized, standardized database that identifies post-treatment services. Inpatient facility providers struggle to find appropriate, community-based or outpatient resources.
- ◆ Washington lacks a comprehensive, post-inpatient treatment housing and step-down program continuum. One example is that there are not

enough recovery-based housing programs available for young adults or minors leaving substance use disorder treatment.

- ◆ Foster youth leaving inpatient behavioral health programs experience significant challenges in finding supportive placements capable of meeting their mental health and/or substance use needs.
- ◆ Young people leaving inpatient behavioral health programs do not have sufficient connections to legal advocacy to ensure they can access housing, supportive services, and public benefits.
- ◆ There are massive initiatives underway that will impact how system partners will interact with each other. It is essential that the system initiatives underway adopt an intentional, dedicated effort to address youth homelessness.

Opportunities & Recommendations

Assign System Ownership

- ◆ Two thirds of young people leaving a state public system of care who become homeless are coming from the inpatient behavioral health system. It is critical to assign some system ownership of this issue. Treatment facilities are in the unique position of having these young people in their care, usually with sufficient time to conduct a comprehensive assessment of their current psychiatric, physical, social, educational and vocational needs, including housing. All this information is vital to successful discharge planning and community reintegration. Facilities need strong partnerships with and support from community providers as well as system ownership over identifying and advocating for cross-system policy, practice, and funding to support the young people in their care.
- ◆ Existing behavioral health work groups must find ways to embed homelessness prevention in their ongoing dialogue and ensure the system leaders who are closest to youth homelessness intervention are part of those conversations. Likewise, youth homelessness work groups

must better understand and identify ways to connect to their work to the inpatient behavioral health system.

- ◆ The statewide planning work through SSB 6560 presents an incredible opportunity to assign ownership of the intersection between inpatient behavioral health and youth homelessness and identify ways to create connections across systems and re-envision existing work groups.
- ◆ As more connections are forged, the behavioral health and youth homelessness worlds must identify ways to increase their collective budget and policy advocacy priorities.
- ◆ The voices and experiences of young people and their families should inform the work once system ownership is assigned.

Identify Additional Data and Learning Opportunities

There are many opportunities to better understand the circumstances of young people who access and leave inpatient behavioral health programs and subsequently experience homelessness or unstable housing. Gathering the following data could help Washington better understand how to build a robust response system for these young people:

- ◆ The housing or homelessness status of young people prior to entering inpatient treatment, including whether they were homeless with their family, homeless and unaccompanied, unstably housed, in foster care, or have some other housing status.
- ◆ Whether the young people who experienced homelessness or unstable housing post-treatment did so unaccompanied or with their family.
- ◆ The rates of homelessness or housing instability at a point in time closer to program discharge, for example, 30, 60, or 90 days following discharge.
- ◆ The post-discharge rates of homelessness from short-term programs (for example, from psychiatric evaluation and treatment facilities) versus long-term programs.
- ◆ Whether young people are counted in more than one system, for example, if they are in foster care at the time of an inpatient treatment episode.

- ◆ The LGBTQ+ status of the young people who experienced homelessness or unstable housing after an inpatient episode.
- ◆ The racial and ethnic identity of young people who experienced homelessness or unstable housing after an inpatient episode.
- ◆ The number of young people who entered inpatient treatment voluntarily, through a parent-initiated treatment referral (youth), or through an Involuntary Treatment Act referral (young adults) and who subsequently experienced homelessness or unstable housing.
- ◆ The number of young people discharged to various caregivers—including parents, legal guardians, the child welfare system, the juvenile justice system, or others—and who subsequently experienced homelessness or unstable housing.

It is also critical to understand whether young people with certain health statuses or diagnoses are more likely to access homeless services or become homeless or unstably housed after leaving treatment. Specifically,



we need to better understand the post-inpatient treatment outcomes for young people on the autism spectrum or who have another identified intellectual or developmental disability or have received services from the Developmental Disabilities Administration (DDA) providers. System leaders must engage disability data experts and advocates to better understand what data is needed so we know who is entering the system, what is their profile, and what is their intersectionality (disability, race/ethnicity, LGBTQ+, and others) in order to track outcomes.

Identify, Adapt, and Invest in Innovative Programs

Public and private partners must work together to:

- ◆ Identify intensive in-home service supports and less restrictive forms of treatments so that young people can remain home in their communities to address their mental health or substance use disorder needs.

- ◆ Develop comprehensive and developmentally appropriate discharge planning toolkits for inpatient providers so they are better connected to post-treatment housing and other services in the community.
- ◆ Identify service and funding gaps and barriers to accessing post-treatment services—peer support, caregiver respite, intensive wraparound, and others—that provide critical support to young people as they transition from inpatient treatment-to-community.
- ◆ Identify innovative and promising post-inpatient treatment housing programs and determine whether the model can be adapted to serve the unique developmental needs of young adults and/or youth.
- ◆ Look to the significant systems initiatives underway for opportunities to leverage blended funding opportunities.