

The National Perspective

Preventing Homelessness among Foster Care Youth through Discharge Planning

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Each year, approximately 23,000 to 30,000 youth across the country “age out” of the foster care system, also known as “emancipating.” Unprepared for independent living and lacking the social supports afforded to youth living in stable families, many become homeless immediately following exit and are also at risk of experiencing housing instability later in life. In one large-scale study, two-fifths (42%) of youth were homeless within two years of exiting the system, while researchers estimate that anywhere from 10% to 40% of homeless adults have formerly

“Aging out” and “emancipating” refer to the process of leaving the foster care system upon reaching the age of majority—most commonly age 18—instead of receiving placement in a permanent home through reunification with parents, adoption, or placement with relatives.

been in foster care. Preparing foster care youth for stable independent living is an essential component of curtailing both youth and adult homelessness.

Childhood and young-adult years are critical from a developmental perspective, as they lay the foundation for future health and stability; the brain continues to mature substantially up until age 25. Many foster care youth experience emotional neglect, physical abuse, and other forms of trauma before they enter state custody, which have been shown to alter brain development and lead to a higher risk of negative health, academic, and social outcomes. Cycling through multiple foster care placements while under state supervision can lead to additional trauma and may impede access to necessary mental and physical health care services. With histories of trauma and without caring adults to rely upon for emotional and financial support, many youth, not surprisingly, struggle to attain self-sufficiency after discharge.

At the federal level, several key initiatives focus on improving outcomes for foster care youth. The federal plan to end homelessness, *Opening Doors*, recognizes that providing foster care youth with extensive preparation prior to emancipation as well as establishing ongoing supports are key practices in preventing and ending youth homelessness. As part of its annual application process for homelessness program funding, the U.S. Department of Housing and Urban Development (HUD) requires Continuums of Care (CoCs) to detail their efforts to prevent the routine discharge of foster care youth into homelessness, provide information about the places where youth routinely go upon discharge, and identify the stakeholders responsible for ensuring the prevention of homelessness for these youth. The *Fostering Connections to Success and Increasing Adoptions Act of 2008* (hereafter “*Fostering Connections*”) requires states to work with youth to develop personalized transition plans, and the John H. Chafee Foster Care Independence Program provides \$140 million annually to fund services aimed at helping older foster care youth transition successfully to independent living.

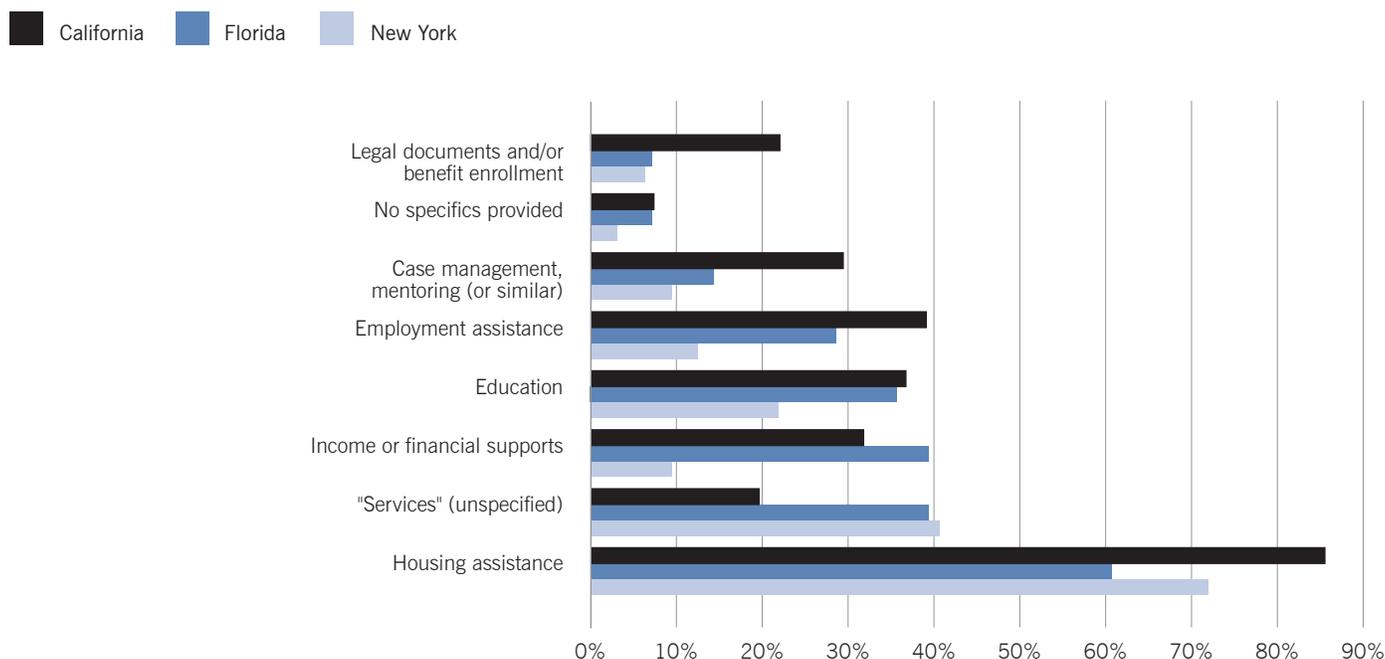
With these financial incentives and legal obligations in place, it is time to take stock of whether communities are active and well-informed partners in providing these essential discharge-planning services. How well-versed are CoCs in the discharge transition planning requirements found in *Fostering Connections*? Do CoCs know where former foster care youth end up? Among the few,

A Continuum of Care, or CoC, is a strategic planning body that coordinates homeless services in a given geographical area and serves as a mechanism for all homeless service providers within the CoC to apply jointly for funding from HUD.

Figure 1

PERCENT OF COCS MENTIONING A PARTICULAR DISCHARGE PLANNING FOCUS AREA

(by issue area and state)



if not the only, sources of information on how the collective body of CoCs is approaching foster care discharge planning are CoCs' annual funding requests to HUD. CoC applications for 2011 in California, Florida, and New York—the three states with the largest homeless populations—indicate that in many communities, the homeless services systems may not be knowledgeable and active participants in the foster care discharge planning process.

Fostering Connections mandates that transition plans address housing, employment assistance, education, health insurance, and mentoring and ongoing support services. Foster care youth need assistance in navigating the housing-search system, including identifying and securing stable housing—services that are provided by the majority of communities in these three states, but not all (see Figure 1). Less than two-fifths of California localities included employment-related activities, and fewer did so in Florida and New York. Just over one-third of CoCs in California and Florida and one-fifth of CoCs in New York cited education services as part of their discharge-planning protocol. Only a handful of CoCs described efforts to connect foster care youth to health insurance or to case management, counseling, and

mentoring, despite those services' being legally required components of discharge planning.

Funding applications indicate that CoCs differ in their involvement with discharge planning but that, in general, a minority of CoCs meet the standards set by Fostering Connections. That the level of awareness of discharge planning practices among CoCs *within the same state* varies considerably suggests that some CoCs are unfamiliar with the workings of the foster care system. Numerous CoCs did not even attempt to answer all of HUD's questions. When asked, for example, to list the non-shelter housing options discharged foster care youth routinely seek out, more than half of CoCs in all three states neglected to provide any information. HUD asks CoCs not to discharge youth into homeless situations, including shelters receiving HUD funds. Nevertheless, a few CoCs listed homeless shelters as actual discharge locations while making clear that HUD-funded programs were never used, a response that appears to miss the point of the main directive guiding HUD's questions: do not discharge foster care youth to homelessness. The homeless services and child welfare systems must better collaborate in order to prevent emancipating youth from becoming homeless. ■