

Recent publications relevant to youth with history of foster care and homelessness.

#### Reference 1

Shah, M. F., Liu, Q., Mark Eddy, J., Barkan, S., Marshall, D., Mancuso, D., ... Huber, A. (2017). Predicting Homelessness among Emerging Adults Aging Out of Foster Care. *American Journal of Community Psychology, 60* <http://doi.org/10.1002/ajcp.12098>

**Abstract** This study examines risk and protective factors associated with experiencing homelessness in the year after “aging out” of foster care. Using a state-level integrated administrative database, we identified 1,202 emerging adults in Washington State who exited foster care between July 2010 and June 2012. Initial bivariate analyses were conducted to assess the association between candidate predictive factors and an indicator of homelessness in a 12-month follow-up period. After deploying a stepwise regression process, the final logistic regression model included 15 predictive factors. Youth who were parents, who had recently experienced housing instability, or who were African American had approximately twice the odds of experiencing homelessness in the year after exiting foster care. In addition, youth who had experienced disrupted adoptions, had multiple foster care placements (especially in congregate care settings), or had been involved with the juvenile justice system were more likely to become homeless. In contrast, youth were less likely to experience homelessness if they had ever been placed with a relative while in foster care or had a high cumulative grade point average relative to their peers.

#### Reference 2

Lim, S., Singh, T. P., & Gwynn, R. C. (2017). Impact of a Supportive Housing Program on Housing Stability and Sexually Transmitted Infections Among Young Adults in New York City Who Were Aging Out of Foster Care. *American Journal of Epidemiology, 186*(3), 297–304. <http://doi.org/10.1093/aje/kwx046>

Former foster youth are at increased risk of housing instability and sexually transmitted infections (STIs) during the transitional period following foster care. We measured housing stability using sequence analysis and assessed whether a supportive housing program in New York, New York, was effective in improving housing stability and reducing STIs among former foster youth. Matched administrative records identified 895 former foster youth who were eligible for the housing program during 2007–2010. The main outcomes included housing stability (as determined from episodes of homelessness, incarceration, hospitalization, and residence in supportive housing) and diagnosed STI case rates per 1,000 person-years during the 2 years after baseline. Marginal structural models were used to assess impacts of the program on these outcomes. Three housing stability patterns (unstable housing, stable housing, and rare institutional dwelling patterns) were identified. The housing program was positively associated with a pattern of stable housing (odds ratio = 4.4, 95% confidence interval: 2.9, 6.8), and negatively associated with diagnosed STI rates (relative risk = 0.3, 95% confidence interval: 0.2, 0.7). These positive impacts on housing stability and STIs highlight the importance of the supportive housing program for youths aging out of foster care and the need for such programs to continue.

Reference 3 Montgomery, A. E., Szymkowiak, D., Marcus, J., Howard, P., & Culhane, D. P. (2016). Homelessness, Unsheltered Status, and Risk Factors for Mortality: Findings From the 100 000 Homes Campaign. *Public Health Reports (Washington, D.C. : 1974)*, 131(6), 765–772. <http://doi.org/10.1177/0033354916667501>

## Abstract

**Objectives:** People who live in unsheltered situations, such as the streets, often have poorer health, less access to health care, and an increased risk of premature mortality as compared with their sheltered counterparts. The objectives of this study were to (1) compare the characteristics of people experiencing homelessness who were sleeping primarily in unsheltered situations with those who were accessing homeless shelters and other sheltered situations, (2) identify correlates of unsheltered status, and (3) assess the relationship between unsheltered status and increased risk of mortality. **Methods:** Using primary data collected as part of the 100 000 Homes Campaign—a national effort to help communities find homes for vulnerable and chronically homeless Americans—we estimated 2 generalized linear mixed models to understand the correlates of unsheltered status and risk factors for mortality. Independent variables included demographic characteristics; history of homelessness, incarceration, foster care, and treatment for mental illness or substance use; sources of income; and past and present medical conditions. The study sample comprised 25 489 people experiencing homelessness who responded to an assessment of their housing and health as part of the 100 000 Homes Campaign from 2008 to 2014. **Results:** In the full model, the following characteristics were associated with unsheltered status: being a veteran (adjusted odds ratio [aOR] ¼ 1.10); having 5 years), incarceration (aOR ¼ 1.32), or substance use (aOR ¼ 1.10 for ever abusing drugs or alcohol, aOR ¼ 1.13 for ever using intravenous drugs, aOR ¼ 1.98 for drinking alcohol every day for past month). Being unsheltered (aOR ¼ 1.12), being female (aOR ¼ 1.22), or receiving entitlements (aOR ¼ 1.63) increased respondents' odds of having risk factors for mortality. **Conclusions:** These findings highlight the need to assertively reach out to vulnerable populations and provide interventions to assist them during their transition—for example, as they exit incarceration or age out of foster care. Such a response could prevent unsheltered homelessness and thereby address increased mortality risk. Connecting people with resources to increase their access to employment, benefits, and other sources of income is especially important.