

# Homelessness Among Foster Care Youth in California: Interventions and Policy Recommendations

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## Abstract

California's struggles with youth homelessness are well-known, especially for foster-care youth who experience unique challenges when finding a secure environment. The focus of this review is on interventions targeting five main risk factors prevalent among foster care youth: aging out of the system, housing instability, familial problems, mental health and substance abuse. This review specifically looked at four interventions: (a) Transitional Housing Program Plus transitional housing programs, specifically the LEASE/Holloway house; (b) the Teaching-Family Model family-based model; (c) Multidimensional Family Therapy, the family based prevention therapy model; and (d) YVLifeSet, a flexible case-management-based program. Overall, the review found that preventative programs that underscore flexible, individual-based and all-encompassing, integrated interventions are most promising for addressing specific foster care needs and preventing risk factors to homelessness. However, there are critical gaps in the implementation and effectiveness of these programs, particularly in providing adequate support for comprehensive solutions that target structural and age-based challenges as well as improving educational outcomes for foster care youth.

## 1.0 Introduction

Like the 20,000 foster care youth that age out of the foster care system in the United States every year, the story of Nicole Childers represents a heart-breaking yet inspiring story as she ages out of the foster care system with nowhere to go. The same year she turned 18, Childers had been admitted into the University of Pennsylvania, feeling like her life had suddenly changed for the better. However, after her high school graduation, her foster care mother informed her that she had to leave, and with nowhere to go, Childers was in a dilemma (Childers, 2015). As one of the many who had legally aged out of the foster care system, Childers had no access to foster care services, had lost her safety net, and became extremely vulnerable to homelessness. Although she stayed with her high school administrator until she went to college, her story follows the thousands who experience the daunting transition to adulthood where many who eventually fall into homelessness. In fact, foster care alumni face more unemployment, school dropouts, substance abuse and mental health concerns compared to their peers (Brown & Wilderson, 2010). This review evaluates which interventions are most promising for reducing the risk of homelessness for foster-care youth in California and outlines policy recommendations based on the current literature.

## 2.0 Background

### 2.0.1 History of the Foster-care System in the USA.

Although foster care history dates back centuries, the early 1900s were a crucial turning point, with the transformation of child placement in a state setting, which established the government's

role in child welfare (Rymph, 2018). The middle of the twentieth century emphasized legislation that provided funding to child welfare services and furthered the government's involvement with foster care youth (Sethi, 2021). In 1980, the Adoption Assistance and Child Welfare Act was established to streamline federal funding for child welfare systems with judicial oversight to ensure accountability, a pivotal change for foster care youth (Adoption Assistance and Child Welfare Act of 1980, 1980). Another major legislative reform, the Adoption and Safe Families Act (ASFA) of 1997, restricted the amount of time foster care youth could remain in the child welfare system without a permanent home. Since then, there have been many changes to the foster care system, including the surge of foster care homelessness and aging out of the system despite the previous reforms made. Some of the most relevant changes include the age extension of foster care services to 21 years old instead of 18. Despite this, approximately 20% of young adults in foster care become homeless immediately after being emancipated, and nationwide, half of the homeless population has spent time in foster care (*Housing & Homelessness*, 2021). In the fiscal year 2022, the United States was estimated to have 369,000 foster care individuals in the child welfare system (*Trends in Foster Care and Adoption: FY 2013-2022*, 2024). The history and present issues of the U.S. foster care system reveal a long-standing need for reform, especially with the frightening numbers of youth at risk of homelessness.

### 2.0.2 History of the Foster-care System in California.

California is routinely considered the state with the most children in foster care; there are over 42,000 children in foster care as of April 2024 (Webster et al., 2024). It is estimated that over one-fourth of all the unaccompanied homeless youth in the country are in California (de Sousa et al., 2023). Concerningly, reports in 2023 estimated that there were over 10,000 homeless youth in California, the most in the country. It is double that of New York, which had the second-highest number of homeless youth at over 4,000 (Korhonen, 2024). California implemented reforms in the 1980s and 1990s aimed at improving outcomes for foster care youth, including the implementation of the Child Welfare Services/Case Management System and efforts to address racial disparities (*Child Welfare Services Chronology*, 2004). The passage of the Fostering Connections to Success and Increasing Adoptions Act in 2010, brought increased federal support for youth transitioning out of foster care and most importantly, extended the age eligibility for foster care youth (Welch, 2012).

### 2.0.3 Pandemic Effects.

Even with all the 21st century reforms, the COVID-19 pandemic has led to a notable negative increase in employment, educational attainment, ability to meet basic needs, connection to work and school among transitional aged foster youth (Rosenberg et al., 2022). More than 1 in 4 foster youth reported experiencing at least one night of homelessness prior and during the pandemic (Courtney et al., 2020). The housing crisis, coupled with the economic crisis during the pandemic, has crippled transitional aged youth (typically ages 18 to 25), especially those in foster care. The Courtney 2020 study also found that all challenges have been exacerbated by the impact, with a quarter of respondents having experienced food insecurity, and a third having struggled with mental health or substance abuse. Because of the pandemic, the struggle for housing stability among foster care youth in California intensified: 68 percent reported that the

pandemic had a direct impact on their housing, up from 39 percent at the start of the pandemic (Rosenberg et al., 2022). The participants in the study responded that the pandemic had a negative impact on their education, whilst unemployment increased 10 percent. Mental health issues also experienced a significant rise, jumping from 24 percent to 50 percent. As California continues to battle the sustained impact of the COVID-19 crisis on foster care youth, new efforts are necessary to address this issue, and could take the form of increased funding for transitional housing programs and interventions for the transition process for youth aging out of foster care.

### **3.0 Risk Factors for Homelessness among California's Foster-care Youth.**

In order to identify which programs can effectively mitigate and prevent teen homelessness among the foster-care populations in California, the risk factors must be comprehensively examined. What follows is an overview of four specific risk factors that impact foster care youth homelessness, and a brief look into possible interventions tackling these risk factors.

#### **3.1 Risk Factor #1: Aging Out of the Foster Care System.**

One of the biggest risks that youth face is aging out of the foster care system, which is a documented precursor to youth homelessness as up to 46 percent of aged out youth had been homeless at least once by 26 (Dworsky et al., 2013) When a child or young adult reaches the age of 21 in California, they are no longer eligible to receive foster care services and must leave the system, frequently leaving without a roof over their heads. This problem is particularly prominent in California, where a 2018 study found that nearly 25% of foster care youth in California had experienced homelessness by age 21 (Courtney et al., 2018). About 36 percent of chronically homeless youth in LA County reported that they were involved in foster care at some point in their lives ("Aging Out of Foster Care Statistics: 42 Statistics," 2022). There are several indicators of their struggles for self-sufficiency: lower levels of academic achievement, lower employment rates, earnings that are about half as much as other young adults, and higher rates of poverty than other youth (Berzin et al., 2011; Okpych & Courtney, 2014). To combat this problem, a growing number of programs are targeting youth who will age out of foster care. A study analyzing the most supportive interventions for foster care youth aging out of the system found that programs specifically targeting the creation of safe, stable, and lifelong relationships received the highest score (Greeson et al., 2020). More specifically, a promising solution for California emphasizes school-level practices that create relationship-centered environments, promoting positive development and learning for students in foster care to address their major developmental needs (Burns et al., 2022). What is most important is prevention and transitional programs that can ease transitional-aged foster youth into adulthood, rather than programs designed to intervene once the youth is already experiencing homelessness (Salazar et al., 2013).

#### **3.2 Risk Factor #2: Housing Instability**

A disproportionate number of youth who experience homelessness or housing instability have prior foster care experience (Administration for Children and Families, 2024). In Los Angeles County, for example, more than one-third of transition-age youth (ages 18-25) experiencing

housing instability have been involved in foster care (Hunter et al., 2024). Foster care youth often lack access to crucial resources and services, especially restrictions to stable housing programs. These barriers include limited social or financial support for move-in costs, difficulty finding landlords willing to rent to individuals with no credit history, and a lack of staff in human services and behavioral health sectors to assist them effectively (Gaston, 2024). The problem runs deeper as foster care youth age out of the foster care system, leaving youth abruptly in a housing crisis (Fowler et al., 2017). In a representative sample of foster youth in California, more than one-third of 19-year-olds who have aged out of the system experience homelessness, while over 40% engage in couch surfing (Courtney et al., 2018). Increasingly, organizations and government funded programs have invested in traditional housing programs that target foster care youth aging out of the system or experiencing homelessness to prevent housing instability (Brown & Wilderson, 2010).

### 3.3 Risk Factor #3: Familial Problems

Familial problems, most commonly characterized as abuse, neglect or strain, are often the root cause of why youth enter the foster care system in the first place, and impact them long after placement. These unresolved family problems leave foster youth with fewer resources to rely on, increasing their risk of homelessness. Experiences of trauma, neglect, or abuse can lead to issues like lifetime post-traumatic stress disorder (PTSD) and other trauma-induced mental health issues, which are prevalent among foster youth (Salazar et al., 2013). The study also notes how the sustained impact of trauma can become problematic as they begin their abrupt transition to adulthood. Without a stable familial system, these youth often struggle to secure housing, leading to increased rates of substance abuse, and mental illness, all which exacerbate the risk of youth homelessness (Roche & Barker, 2017). There is an emphasis on homelessness prevention through familial ties: rebuilding family connections for teens before they age out of foster care, is a powerful and effective youth development initiative (Avery, 2010). Overall, familial problems stress the interconnectedness of all the risk factors, oftentimes substance abuse or mental health issues in a family contribute to familial issues that become a serious risk for homelessness.

### 3.4 Risk Factor #4: Mental Health Issues.

Mental health is identified as the largest unmet health need for children and teens in foster care, and mental health issues are correlated with homelessness and couch surfing (Mental and Behavioral Health Needs of Children in Foster Care, 2021). In fact, up to 85 percent of youth in foster care have a condition or disorder that requires mental health treatment (*California's Chance to Improve Access to Mental Health Services for Foster Youth*, 2016). A study highlights a multitude of problems: foster children often live in varied and temporary settings that disrupt the continuity of mental health services, making it difficult to apply interventions designed for stable parent-child relationships. Additionally, most children in foster care do not complete more than a few sessions of outpatient mental health treatment (Hambrick et al., 2016). The study also characterized two promising Parent-Child Interaction Therapy adaptations, where behavior problems improved in both groups (Mersky et al., 2016), as well as a Trauma-focused Cognitive Behavioral Therapy intervention that was more likely to be retained until treatment completion (Dorsey et al., 2014). However, there is still a significant gap in providing consistent, accessible

support services, especially for youth who experience frequent instability and have fragmented social relationships.

### 3.5 Risk Factor #5: Drug abuse.

Substance abuse exacerbates foster care homelessness vulnerability by creating additional barriers such as worsening mental health and less access to supportive services. In a study conducted on transitional age youth experiencing homelessness, a population that is vastly represented in the foster care populace, rates of single and co-occurring psychiatric disorders and specific SUDs (cannabis use disorder [CUD] and alcohol use disorder [AUD]) were notably high (Burke et al., 2023). Additionally, substance abuse is identified as one of the strongest risk factors for specifically foster care youth aging out of the system (Kelly, 2020). The correlation between foster care youth and substance abuse with homelessness has always been a well-established fact, as another study conducted in Australia found that young people who suffered from substance misuse challenges faced homelessness or housing instability when they left out of home care and faced the most instability in care (Chikwava et al., 2024). As the drug crisis globally, and especially in California, worsens, there is an urgent need for substance abuse oriented interventions for youth. To effectively address the intertwined challenges of substance abuse and homelessness among foster care youth, it is crucial to implement targeted interventions that focus on both prevention and support.

## 4.0 Overview of Intervention Programs and Their Strengths and Weaknesses

With the increasing attention on youth homelessness, especially on the California-specific factors that have contributed to foster care youth homelessness, interventions designed to prevent and target these risk components are becoming more widespread. California faces unique socio-economic and policy-related challenges that put certain groups, such as foster care youth, at heightened risk of homelessness, as discussed previously. Many programs have adopted preventive strategies to reduce the likelihood of homelessness and have begun to shift towards more comprehensive, individualized plans for foster youth. The focus of this evaluation will be on four main types of interventions designed to address the risk factors described in the previous section: (a) California's Transitional Housing Program Plus transitional housing programs, specifically the LEASE/Holloway house; (b) the Teaching-Family Model family-based model; (c) Multidimensional Family Therapy, the family-based prevention therapy model; and YVLifeSet, a flexible case-management-based program.

### 4.1 California Transitional Housing Program Plus (THP-Plus).

Our initial focus was on California Transitional Housing Program Plus (THP-Plus) housing facilities, state-funded programs designed to prevent homelessness, specifically targeting transition-age youth and foster care youth aging out of the system (Eccles, 2011). The San Francisco organization Larkin Street carries two THP-Plus housing facilities for youth under 25 who can be housed for up to 24 months (Wilderson, 2011). Among the specialized housing programs in Larkin Street, the two preventions that are part of the California THP-Plus system are Larkin Extended Aftercare for Supported Emancipation (LEASE) and Holloway House. Both are prevention programs designed to prevent aging out, compared to the other intervention



programs where individuals accessed services after becoming homeless. Two studies (Brown & Wilderson, 2010; Wilderson, 2011) conducted comparing the effects of the LEASE/Holloway THP-Plus prevention programs and the other intervention programs reported that the prevention programs had lower rates of housing instability, depression and anxiety, and substance abuse, whilst also reporting higher rates of high-school completion and employment. The results of the study signify the effectiveness of the THP-Plus program and specifically prevention programs designed for transition age youth.

A promising aspect of transitional housing programs, such as THP-Plus (LEASE/Holloway), is their focus on preventing the significant risk of homelessness by providing structured housing and support during a critical transitional period for transition age foster care youth. The studies conducted on these prevention housing programs have indicated significantly positive outcomes for issues that are heavily prevalent among foster care youth: aging out of the system, housing instability, substance abuse and mental health (Brown & Wilderson, 2010). Additionally, the LEASE/Holloway programs are situated in Northern California, shedding light on the specific effects on California foster care youth. Because the program is California-based, it is uniquely able to target the variety of problems mentioned that come from California's housing and youth homelessness crisis. The Wilderson 2011 study also noted that 25% of the participants in the LEASE/Holloway program described their last stable living condition as foster care, furthering the applications of the THP-Plus program on foster-care youth.

#### 4.2 The Teaching-Family Model (TFM).

The Teaching-Family Model (TFM) is one of the most researched interventions in literature, having been implemented since 1967. It is touted as one of the first “evidence-based” programs, by advocating for a holistic approach to trauma and relationship-based interventions. TFM focuses on teaching social, emotional, and life skills through the development of healthy relationships with trained caregivers. TFM generally reported better academic functioning, higher levels of adult/youth communication, improvement in problem behaviors, overall adjustment, family adjustment, relationship with parents, and offense rates. Although participants exhibited higher post-treatment alcohol abuse, TFM was rated “promising” in a study on group-care interventions (James, 2011). TFM has demonstrated positive outcomes for delinquent behavior (De Wein & Miller, 2009; Farmer et al., 2017) and has been used successfully in foster-care scenarios due to improved parent-child relationships (Wim Slot et al., 1992). Overall, TFM has been able to improve foster care placements, foster care discharge rates and other risk factors such as educational outcomes, mental health and others (*The Teaching Family Model: 2024 Survey and Impact Report, 2024*).

The goal of the Teaching Family Model is less defined towards foster care youth, but rather has an emphasis on learning living skills and positive interpersonal interaction skills, better outcomes related to mental health, reduced restrictiveness of living and reunification with family (*Teaching-Family Model (TFM) Program, 2024*). Its emphasis on mental health and family-style approach is particularly helpful for foster care youth. Studies found that 19.1% of foster care children had a diagnosed mental health disorder (Keefe et al., 2021), and overall suffer from behavioral problems, trauma and other issues that align directly with the goals of TFM programs. Establishing safe, stable, and lifelong relationships for foster care youth are some of the most promising interventions, which is emphasized in TFM (Greeson et al., 2020).

Overall, TFM has had years of success with targeting risk factors similar to those in California, though less application and literature on a foster-care specific population.

#### 4.3 Multidimensional Family Therapy (MDFT).

Another family-based prevention strategy therapy approach that aims to reduce adolescent substance abuse is the Multidimensional Family Therapy (MDFT). MDFT targets multiple areas simultaneously, including improving adolescent functioning and skill development, enhancing parent engagement and parenting abilities, strengthening family dynamics, and improving the family's ability to navigate external systems, such as schools. The therapy focuses on addressing factors contributing to adolescent substance use and related behavioral issues (Pergamit et al., 2016). In a comparative single-site study of MDFT to group therapy, MDFT had higher retention rates, more rapid decreases in substance problems over the 12-month follow-up period, fewer days of substance use as well as increased abstinence, and decreased delinquent behavior over the 12-month follow-up (Liddle et al., 2009).

MDFT has a significant focus on substance abuse, and its positively correlated factors mostly stem from substance abuse, delinquency and family functioning. This intervention was chosen for its therapy strategy to consistently reduce levels of substance abuse, which is identified as one of the strongest risk factors for specifically foster care youth aging out of the system (Kelly, 2020). It is therefore recognized as a potential intervention able to adequately address some specific problems related to California's drug crisis; a significant percentage of transitional age foster youth are at risk of substance abuse, particularly as they navigate homelessness and mental health issues which make them susceptible to substance abuse (Braciszewski & Stout, 2012). While there is not much literature about the effects of MDFT on foster-care youth, it is promising.

#### 4.4 YVLifeSet.

Finally, a comprehensive case management intervention was developed for aging out of the child welfare system and the juvenile justice system called YVLifeSet. It is a nine-month individualized period including meetings with specialized case managers. YVLifeSet provides a variety of interventions based on youth needs, such as cognitive behavioral therapy or family-locating services (Pergamit et al., 2016). A one-year evaluation of YVLifeSet conducted in 2015 in Tennessee found a multitude of benefits: the increased likelihood of youth having graduated, being in the workforce, or still being in school, plus the reduced likelihood of experiencing homelessness or couchsurfing, boosted earnings, and improved mental health. However, there were mixed results that surfaced from the evaluation, as there were no significant impacts on substance use, risky sexual behaviors, victimization, or criminal involvement (Valentine et al., 2015).

YVLifeSet is specific to the subpopulation of foster care youth, designed to tackle the unique challenges of aging out of the system and address the vulnerability to homelessness. Though the application of other interventions can be just as effective, YVLifeSet is able to set up a preventative program to prevent homelessness and its side effects. The intervention led to a 17% increase in earnings, enhanced housing stability, and overall economic well-being, including a 22% reduction in the likelihood of experiencing homelessness. It also showed positive effects on health and safety outcomes, with improvements in mental health and

reductions in intimate partner violence. However, it did not lead to significant progress in educational attainment, social support, or reducing criminal involvement (Valentine et al., 2015). Overall, the program's ability to be flexible and tailoring to individual youth needs calls attention to its broadly and specifically applicable uses to different subgroups of youth experiencing homelessness.

## 5.0 Policy Recommendations

As the focus shifts towards the foster care system and the challenges associated with it, especially the skyrocketing rates of foster care youth aging out and/or experiencing homelessness, California's political landscape has shifted dramatically to accommodate these pressing issues.

### 5.1 Current policy landscape in California regarding foster care youth.

For California, housing stability and supportive services has been the center point of legislative decisions regarding foster care youth. There are many state-funded transitional housing programs that have gained recognition and success: Transitional Housing Placement Program (THPP), for youth in foster care between the ages of 16 and 18 years old; Transitional Housing Placement-Plus-Foster Care (THP+FC); and more (*Transitional Housing Programs for Current and Former Foster Youth*, n.d.). Beyond that, one of the most notable shifts in California's child welfare system was the implementation of a policy in 2012 that extended the maximum age to receive foster care services and stay in the system from 18 to 21, known as the California Fostering Connections to Success Act (AB 12). AB 12's purpose is to provide additional support as youth transition into adulthood, recognizing that many are not fully prepared to live independently at 18 (Rogel, 2022). Very recently, AB 2137 was passed by the Senate (August 28, 2024), which ensures youth in foster care and those experiencing homelessness have access to critical educational support and services (*Assembly Committee on Education: AB 2137*, 2024). Overall, while these legislative measures represent significant steps in addressing the needs of foster youth, there remain critical gaps in the implementation and effectiveness of these programs.

### 5.2 Reflection of overall changes needed in California's policies

Whilst California has been moving in a positive direction in the past decade to provide more resources for foster care youth, there is still a lack of widespread programs that can efficiently prevent foster care homelessness. The statistics are still just as daunting: nearly 25% of foster care youth in California had experienced homelessness by age 21 (Courtney et al., 2018). California's policies need to shift towards tailored, comprehensive interventions that address multiple risk factors and structural barriers, with a particular focus on educational advocacy and reforms to the foster care system to prevent homelessness among youth aging out of care.

### 5.3 Prioritizing Structural Interventions to Address Root Causes of Homelessness:

The Salazar study emphasizes structural interventions to address underlying social and economic factors contributing to homelessness. This refers to interventions that would focus on



systemic changes that target the root causes rather than just treating symptoms, such as emphasis on prevention programs for transitional aged youth. There should be more focus on state-funded programs that imitate the LEASE/Holloway strategy: targeting foster care youth before they age out of the system and help them transition to adulthood through teaching important life skills and finding employment (Brown & Wilderson, 2010). For foster care youth, preventative measures are highly important to curbing homelessness, as THP-Plus and YVLifeSet's shared focus on housing stability and employment rates, as well as targeting transitional-age youth before they are left unhoused, are the leading factors of their success in curbing youth homelessness (Valentine et al., 2015; Wilderson, 2011).

Additionally, policy reforms on foster care and social services are crucial for addressing the unique challenges faced by foster youth. Age barriers are a serious structural issue, so expanding access to housing programs like THP-Plus and THP+FC to serve youth up to 25 years old and more age-friendly support would allow for a smoother transition into adulthood. Specifically, a 2021 study conducted in California showed that each additional year in extended foster care increased the likelihood of high school graduation, college enrollment and stronger social relationships, while decreasing the odds of food insecurity and being homeless or couch-surfing (Courtney et al., 2020). A study conducted found that the majority of participants indicated a desire to access homelessness prevention services but described an inability to do so due to age barriers (Garrett et al., 2008). For example, a review of THP-Plus programs indicated that the 24-month program is insufficient to provide the depth or length of support that many former foster youth need to maintain long-term stability and achieve lasting self-sufficiency as adults, and additionally advocated for policies that give former foster youth priority for public benefits, like subsidized housing or automatic Medi-Cal coverage (Kimberlin & Lemley, 2010).

#### 5.4 Increasing Interventions Oriented Around Educational Achievement:

Whilst interventions have shown positive results thus far, the Kimberlin study notes low levels of educational achievement from the THP-Plus programs, which are similarly seen in other interventions that do not focus on education. An integrated review of studies found that youth in care experienced more negative educational outcomes compared to their peers, including grades, literacy and numeracy test scores, attendance and exclusions (O'Higgins et al., 2015). It is important to advocate for more programs that can target youth education, especially since it is a direct precursor to succeeding and avoiding homelessness, as negative educational outcomes are associated with homelessness (Bowman et al., 2012). Early preventative measures that can adequately address schooling struggles should be prioritized; caregiver involvement in school is cited as a factor for educational success and should be incorporated more in the family-based and case management interventions, such as TFM, MDFT and YVLifeSet (Cheung et al., 2012).

Schools and existing foster housing programs should work together to provide more tailored and stable pathways for foster care youth to succeed in school, as scholars have called for greater focus in policy implementation on ensuring stable housing and supportive connections for youth aging out of foster care, to help them achieve their educational and employment goals (Curry & Abrams, 2015). Researchers are calling for increased collaboration with child welfare and foster programs to improve their effectiveness as well as enhanced funding to schools and county offices to effectively implement the provisions of AB 490, a set of laws aimed at addressing educational challenges faced by children in foster care (Shea et al., 2010). Additionally, both researchers and youth recommended investing in an intervention that

bridged high school to higher education transition (Semanchin Jones et al., 2018). As such, state-funded programs dedicated to foster care youth should incorporate educational improvement into their programs as much as possible to allow foster care youth to develop a solid foundation as they transition into adulthood.

### 5.5 Investing in Tailored and Flexible Foster Care Interventions.

Studies have concluded that interventions need to address more than one risk factor, as overlap in these factors are common among transitional aged foster care youth experiencing homelessness. These studies emphasize the overlap between substance abuse and mental health risk factors in transitional aged youth, thus suggesting multimodal, integrated approaches rather than addressing single issues in isolation (Burke et al., 2023; Jain et al., 2022). A study emphasized the need for flexible, targeted interventions that meet youth where they are, similar to the strategies that TL Specialists use as part of the YVLifeSet program (Winiarski et al., 2021). Rather than addressing these challenges in isolation, state programs should adopt comprehensive strategies that combine mental health services, substance abuse treatment, and support systems to provide holistic care. Another recommended pathway is inter-collaboration between the child welfare programs and services to align their interventions so they integrate with existing community services rather than duplicating efforts or operating in isolation (Salazar et al., 2013). By fostering cooperation across these sectors, policies can better align to meet the comprehensive needs of transitioning foster youth.

Finally, there is a need for more programs that are flexible and tailored as foster care youth often experience unique challenges that separate them from other youth subgroups (Wang et al., 2019). State-funded programs should focus on pathways that are tailored to suit foster care youth, whilst also using early prevention tactics to prevent homelessness. The Winarski study also aligns with the recommendation that California should focus on developing specialized programs and approaches for this vulnerable population. The overall understanding is that whilst many foster care youth have overlapping risk factors, it is also important to realize that the process is not “one size fits all”, as participants in a study stressed the importance of intervention flexibility to fit the individual’s lifestyles and circumstances (Semanchin Jones et al., 2018). There has to be a delicate balance in California’s policies: first, the ability to incorporate solutions to multiple risk factors, and second, the ability to tailor programs to individual needs and experiences, especially for foster care youth.

## 6.0 Conclusion

California heads in a positive direction with the expansion of state-funded transitional housing programs and the passage of AB 2137, but there is still significant work to be done to prevent homelessness among vulnerable foster care youth. Altogether, California’s policymakers should focus their efforts and funding towards multimodal approaches, structural and age-friendly policies, educational interventions and individualized support.

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