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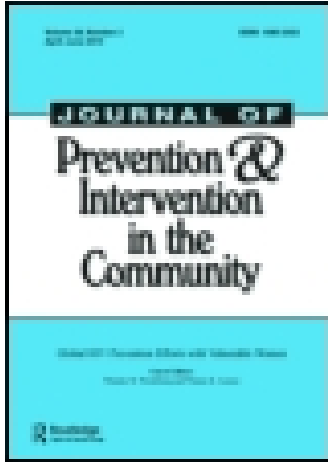

Journal of Prevention & Intervention in the Community
Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/wpic20

Preventing Homelessness: An Examination of the Transition Resource Action Center

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Published online: 10 Apr 2009.

To cite this article: Charles Senteio , Khiya J. Marshall , Evy Kay Ritzen & Jennifer Grant (2009) Preventing Homelessness: An Examination of the Transition Resource Action Center, Journal of Prevention & Intervention in the Community, 37:2, 100-111, DOI: 10.1080/10852350902735601

To link to this article: http://dx.doi.org/10.1080/10852350902735601

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Journal of Prevention & Intervention in the Community, 37:100–111, 2009
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ISSN: 1085-2352 print/1540-7330 online
DOI: 10.1080/10852350902735601

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Preventing Homelessness: An Examination of the Transition Resource Action Center

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Each year in the United States, as adolescents age out or are emancipated from the foster care system, they are at risk of experiencing homelessness. It is essential that services and programs focus on encouraging and supporting youth in transition from foster care to a life of independence, and The Transition Resource Action Center (TRAC) strives to provide these services. The researchers sought to determine if TRAC's residential program provides their clients with a chance of a stable life (e.g., housing, employment, health care). Findings suggest that fewer clients of TRAC became homeless and more acquired transitional or temporary housing from screening 1 to screening 2, demonstrating promise that these services have fostered change in the lives of their clients.

KEYWORDS *adolescent family support, adolescent health, adolescent poverty, foster care, homeless*

There is no question that the "normal" transition process from adolescence to adulthood is a challenge. Every young adult must face the obstacles of obtaining an education, resisting peer pressure to engage in risky behaviors (e.g., alcohol/drugs and sexual behaviors), and trying to gain independence, but most have the love and support (emotional and financial) of a family,

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whether biological or otherwise. Each year in the United States, approximately 20,000 adolescents who age out or are emancipated from the foster care system must face the difficulties of surviving life on their own (Casey Family Programs, 2001). These young adults are between 18 and 21 years old, depending on the state, and are no longer under state supervision (English, Morreale, & Larsen, 2003).

During the transition to independence, many young adults who are leaving the foster care system are faced with overcoming the challenges of physical and mental health problems, alcohol/drug abuse, teenage pregnancy, the criminal justice system, unemployment, and homelessness (Casey Family Programs, 2001; The Children's Aid Society, 2005; Wertheimer, 2002). As a result of these challenges, they are less likely to complete high school (40–63%), access health insurance coverage (30–62%), and are more likely to become unemployed (25–55%) or a parent (within a year and a half after leaving foster care, 40–60%; Courtney et al., 2005; The Children's Aid Society, 2005; Wertheimer, 2002). In particular, aging out youth are at risk to experience homelessness shortly after exit from foster care. Within a few years after exiting from the foster care system, 17% of aged out youth live on the streets, and an additional 33% experience precarious housing (Fowler, Toro, Tompsett, & Hobden, 2006). Therefore, it is essential that services and programs focus on encouraging and supporting youth in transition from foster care to a life of independence. The purpose of this study was to explore services that may decrease the possibility of aged out youth becoming homeless over time.

THE FOSTER CARE SYSTEM

Recently, there has been a dramatic change in the number of children in foster care. From 1980 to 2000, the number grew from 300,000 to over 500,000 (Wertheimer, 2002). There are several reasons to account for this increase; more individuals became aware of child abuse and neglect (which resulted in new legislation) and more children enter than leave the foster care system (Wertheimer, 2002). This number continues to grow, with 8 out of 1,000 children are in the foster care system (Casey Family Programs, 2001). In Texas, there are over six million children and 22,191 are currently in the foster care system (Center for Law and Social Policy [CLASP], 2006). In Texas, the average length of stay in the foster care system is 27.8 months compared to 30 months across the United States (CLASP, 2006).

When examining gender, there are more males in the foster care system than females (53% and 47%, respectively), and the average age of children in foster care is 10 years old (The Foster Care System, 2005a). Ethnic minorities are disproportionately represented in the foster care system. In the general

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population of youth under the age of 18, 63% are Caucasian, 17% are Hispanic, and 15% are African American, but in the foster care system, 41% are African American, 38% are Caucasian, and 15% are Hispanic (The Foster Care System, 2005a; Wertheimer, 2002).

Recent federal legislation has been created, aiming to help adolescents aging out of the foster care system. The Foster Care Independence Act of 1999 was created to allow additional provisions (health insurance coverage) for young adults who had been in foster care until the age of 21 (in some states, youth are allowed to stay in foster care until the age of 21; The Foster Care System, 2005b). The Foster Care Independence Act also expands the Independent Living Program from $70 to $140 million in order for young adults to address substance abuse and life skills, and 30% of the additional funds must directly address the housing needs of individuals 18–21 years old (English et al., 2003; The Foster Care System, 2005b).

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HOMELESSNESS IN AMERICA

Homelessness can be interpreted in various ways, but the definition widely used to describe homelessness is from the Subtitle B of Title VII of the McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act).

> The term "homeless children and youths"—
>
> (A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and
>
> (B) includes—(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C)); (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and (iv) migratory children).

Several factors contribute to homelessness, especially the affordability of housing and financial stability (Blair, Jacobs, & Quiram, 1999; Hombs, 2001; National Alliance to End Homelessness, 2000). Homeless youth face physical/mental health problems such as sexually transmitted diseases, depression, and suicide attempts more than their peers who are not

homeless (National Alliance to End Homelessness, 2006; Ringwalt, Greene, Robertson, & McPheeters, 1998). In 1994, former U.S. Department of Housing and Urban Development (HUD) Secretary Henry Cisneros spoke of the need to address the reasons behind homelessness, instead of simply providing temporary housing (Blair et al., 1999). Today, this is even more essential because the number of individuals that are homeless continues to escalate.

Individuals who had previously been in the foster care system are more likely to be part of the homeless population, although a direct link between foster care and homelessness has not been established (Roman & Wolfe, 1995). Approximately 25% of children who were formerly in the foster care system become homeless two to four years after they left foster care (Hombs, 2001). It was discovered that individuals who were in foster care as children experience certain risk factors that place them at a greater risk of becoming homeless adults (Roman & Wolfe, 1995). These risk factors include mental health, alcohol/drug abuse, lack of life skills, lack of supportive relationships, and dealing with emotional problems that result from initially being placed in the foster care system. The Transition Resource Action Center (TRAC) strives to provide youth transitioning from foster care to self sufficiency these services.

THE TRANSITION RESOURCE ACTION CENTER (TRAC)

The Transition Resource Action Center, established in 2001, is a haven for youth who are exiting foster and juvenile care. Located in North Texas, TRAC is a program of Central Dallas Ministries, a $7 M non-profit agency. TRAC is one of Texas' largest programs for youth who are emancipating from foster care, and it is the only program in the area that comprehensively addresses the needs of this population, planned with the input of young people. The mission of TRAC is to connect youth, aged 14–24 years, who are in transition from substitute care to self-sufficiency, with support, planning, and access to community services.

TRAC's main location is located just north of downtown Dallas in a very safe, centrally located environment near public transportation. Most staff, the vast majority of whom have Child Protective Services (CPS) experience, are located on site and the various services offered, which include education support, job training, emergency services, mental health, housing, and transition planning, emanate from this main location. TRAC's staff includes several professionals who have extensive experience in social work and the foster care system. They include caseworkers, a social worker, and a psychologist. TRAC has eight case managers who all have a social work background, many with direct experience at CPS or with foster youth, and roughly one-half have a Master of Social Work (MSW) degree. TRAC's Site Coordinator has

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over 15 years of experience working with at-risk and homeless youth, including supervision of a residential program. The Residential Services Manager also has similar experience. TRAC is directed by a 25-year veteran of the nonprofit sector and has major contracts with CPS and HUD.

TRAC's programming is based on the Casey Family Programs Transitions Framework. The Casey Family Programs Transitions Framework is a nationally recognized program with years of experience and research regarding youth in foster care. Since 1966, the Casey Family Program has been helping families with the mission to prevent foster care (Casey Family Programs, 2001). TRAC's clients are able to obtain employment, enroll in higher education, access health care, as well as plan their future based on the services provided, to several hundred youth each year.

A major component of TRAC is the residential program. The goal of the residential program is to provide an indirectly supervised apartment setting for former substitute care adolescents. The youth must be current or former residents of substitute care and can stay in the residential program for a maximum of two years. The TRAC staff is very knowledgeable about available housing resources in Dallas County and works closely with the Dallas Housing Authority and HUD to not only inform youth of available housing services but also has the goal of increasing the number of transitional housing programs available to youth aging out of substitute care.

The criteria to be considered into the residential program include:

- Youth must be emancipated and less than 24 years of age at admission.
- Youth must have demonstrated, at minimum, the ability to perform basic life skills (social skills, etiquette, cooking, and hygiene).
- Youth must enter the program voluntarily.
- Youth must be functionally literate (4.5- to 6th-grade level).
- Youth must not have demonstrated assaulting behaviors for 60 days immediately prior to admission.
- Youth must not have demonstrated self-harm behaviors for a period of 30 days immediately prior to admission.
- Participation in TRAC programming activities (life skills, education, employment, etc.).

TRAC's housing support services, which include referrals to area shelters, homes, and apartments also include three levels of transitional apartments operated and managed by TRAC. TRAC's transitional housing offers three levels of residential and support services designed to support young adults between 18–21 years old develop and practice skills to live independently. Each level is designed to fit the individual needs of participants who are at varying stages of their journey to independent living. Level I focuses on intake, assessment, and stabilization. The young adults share an apartment with three other young adults under the on-site supervision of a resident

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advisor for up to three months. At Level I, all room and board and personal hygiene items are paid by TRAC. Youth save 80% of any income with TRAC, which will be saved for them when they leave the program. As they demonstrate stability and develop direction for their transition, they are ready to move into Level II, a shared apartment to live with three others and without direct supervision for up to 6 months. At Level II, rent is paid; tenants pay for food and personal items, while a smaller portion of income is saved. Participants who enter Level III are ready to move into their own apartment; indirect supervision is offered but at a reduced level. At Level III, youth pay rent based on Section 8 guidelines: one-third of income with a $50 minimum. The balance of the fair market rent is subsidized. TRAC does not save any of their income for them. As their income increases, they would ultimately no longer need the subsidy to make the full rent payment and could theoretically afford rent in the community. Section 8 vouchers are portable for tenants who have stayed at least one year, so they can move out of TRAC transitional housing at the two year limit, yet still have a rent subsidy if required, just in another community location. These phases are intended to facilitate the movement of homeless young adults to sustainable independent living within 24 months. The program serves young adults who were formerly in foster or juvenile care and are homeless.

The goal of the residential program is to have all participants, by the end of two years, self-sustained at the level of paying full rent and bills. Moreover, there is no direct staff supervision in the apartments. The clients must continue working, continue a relationship with an adult mentor or family member, continue working with any volunteer community service project, and develop a support system, which may include program staff, other residents, and community contacts. Residents at each program level enter into a contractual agreement with TRAC staff establishing rules and expectations of the program participant. A primary expectation of the program is that housing residents utilize the full range of services available to them to help promote residential stability, increase independent living skills, and support advancement to livable wage jobs.

PRESENT STUDY

For this study, the researchers sought to determine if TRAC's residential program provides adolescents and young adults under CPS care a chance of a stable life, including guidance with housing, employment, education, health care, family relations, and community involvement. It was hypothesized that over time, TRAC clients would have improved outcomes and would be less likely to become homeless as a result of the services that TRAC provides. For young adults aging out of the foster care system, no standard of assessment

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exists for the evaluation of programs that service these young adults (Voices for America's Children, 2004). Therefore, this study helps shed light on the prevention of homelessness among young adults transitioning from foster care to self-sufficiency.

METHOD

Participants

Participants were 24 young adults, an average of 20.3 years old at initial screening ($SD = 1.2$) and 54.2% were female. Over half of the participants (54.2%) identified as African American, 29.2% as Caucasian, 12.5% as Hispanic, and 4.2% as Native Hawaiian/Pacific Islander. Twenty-eight clients have left the residential program (including four that were lost to follow-up) and nine still remain. There was not a difference between clients who were included in the study ($n = 24$) and those who were not included in the study ($n = 13$); across the following: housing, employment, income, education, health care, life skills, family relations, and community involvement.

The study participants were selected from youths who were participating in TRAC's housing assistance program. The vast majority of the youth in TRAC are referred by another organization or individual. There were 842 youths who utilized TRAC services in 2006. Any youth between 14 and 24 who is or has been in the care of the state can be referred to TRAC. Referrals can occur by various means, including through TRAC's website. Once the referral is received, TRAC contacts the caseworker to assess youth needs through an interview with the caregiver to determine where TRAC's offerings could be beneficial. At that point, housing services may be recommended. Additionally, services can be declined based on individual program criteria and interviews are conducted to not only assess need but also to assess fit. A particular emphasis when assessing housing needs and options is determining if the youth will be compliant (e.g., will they take their prescribed medications) because of the group-living environment in Level I of the TRAC housing program. After the initial screening, sufficiency is tracked periodically using the Self Sufficiency Matrix based on individual youth needs.

Measures

The Self Sufficiency Matrix is a tool that has been used by a number of states, and was created as a standard to assess individuals' movement out of poverty (Volunteers of America, 2006). The Self Sufficiency Matrix is used as both a self-assessment tool for the client as well as a management tool for TRAC to determine what services are working and how to improve certain services (Volunteers of America, 2006). The Self Sufficiency Matrix asks a series of

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"yes" or "no" questions to determine the client's needs (at the time of the interview) based on various services that are provided by TRAC (e.g., employment, education, health care, mental health, and life skills). It has various dimensions of self-sufficiency. The Self Sufficiency Matrix is filled out by the case manager, a member of the TRAC staff, and scored based on the "yes" or "no" answers provided. The instrument is embedded in TRAC's Web-based client information system and the work is done at the TRAC office. The case manager completes the matrix based on their knowledge of the particular youth and their situation and scores are kept in TRAC's client tracking system. The Self Sufficiency Matrix is to be administered within the first month of initiation of services, to provide a baseline assessment. Subsequently, it is done for all clients in December and June of each year. Each time the Self Sufficiency Matrix is administered, scores are captured so that historical analysis can be performed and sufficiency can be tracked over time.

Procedures

Data was collected at two time periods (screening 1 and screening 2) with at least a year separating each screening ($SD = 7.3$). One year was selected as the time frame because it provided an opportunity for the youth to receive the necessary programs and services to become self-sufficient and improve their existing condition.

RESULTS

A series of Pearson Chi-Square tests examined change in percentages from screening 1 and screening 2 of homelessness, as well as other areas that contribute to housing stability, including employment, income, education, life skills, family relations, and community involvement. Table 1 shows the changes from screening 1 to screening 2. Fewer clients were homeless or were threatened with eviction at screening 2 compared to screening 1. Two clients were even able to find safe, adequate, unsubsidized housing during this same time period.

Employment, income, and education are key indicators that help determine an individual's socioeconomic status and ability to obtain housing. The percentage of clients who were unemployed at screening 2 drastically decreased from screening 1. More clients obtained temporary, part-time, or full-time employment, and their income also increased but not significantly. Additionally, at screening 2, one-third of clients did not have an income, while at screening 1, three-fourths did not have an income. One-third of youth could meet basic needs with subsidy at screening 2 compared to 8.3% at screening 1. Although the income level had improved, 29.2% still had inadequate income, and no client had income that was sufficient, well

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TABLE 1 Screening 1 and Screening 2 of the Self Sufficiency Matrix

	Screening one *n* (%)	Screening two *n* (%)	χ^2
	n=24	*n*=24	
Housing			10.2*
Homeless or threatened with eviction	9 (37.5)	1 (4.2)	
Transitional, temporary, or substandard housing	7 (29.2)	13 (54.2)	
Household is safe, subsidized housing	8 (33.3)	8 (33.3)	
Household is safe, unsubsidized housing	0 (0.0)	2 (8.3)	
Employment			17.0***
Unemployed	21 (87.5)	7 (29.2)	
Temporary, part-time, or seasonal	2 (8.3)	10 (41.7)	
Full-time	1 (4.2)	5 (20.8)	
Full-time with adequate benefits	0 (0.0)	2 (8.3)	
Income			10.7**
No income	19 (79.2)	8 (33.3)	
Inadequate income	3 (12.5)	7 (29.2)	
Can meet basic needs with subsidy	2 (8.3)	8 (33.3)	
Can meet basic needs without assistance	0 (0.0)	1 (4.2)	
Education			10.2*
Literacy problems—no high school diploma/GED	3 (12.5)	2 (8.3)	
Enrolled in literacy and/or GED program	11 (45.8)	3 (12.5)	
Has high school diploma/GED	7 (29.2)	8 (33.3)	
Needs additional education/training	2 (8.3)	10 (41.7)	
Has completed education/training	1 (4.2)	1 (4.2)	
Health Care			7.1
No medical coverage with immediate need	1 (4.2)	1 (4.2)	
No medical coverage and great difficulty accessing care	0 (0.0)	5 (20.8)	
Some members on AHCCCS[a]	8 (33.3)	9 (37.5)	
All members can get medical care when needed	1 (4.2)	0 (0.0)	
All members are covered by affordable, adequate health insurance	14 (58.3)	9 (37.5)	
Life Skills			11.3**
Can meet a few but not all needs	10 (41.7)	1 (4.2)	
Can meet most but not all daily needs	9 (37.5)	10 (41.7)	
Able to meet all basic needs	5 (20.8)	12 (50.0)	
Able to provide beyond basic needs	0 (0.0)	1 (4.2)	
Family Relations			11.6*
Lack of necessary support from family and friends	7 (29.2)	1 (4.2)	
Family/friends may be supportive	7 (29.2)	4 (16.7)	
Some support from family/friends	6 (25.0)	17 (70.8)	
Strong support from family/friends	3 (12.5)	1 (4.2)	
Has healthy/expanding support network	1 (4.2)	1 (4.2)	
Community Involvement			20.1***
Not applicable due to crisis situation	6 (25.0)	0 (0.0)	
Socially isolated and/or no social skills	12 (50.0)	3 (12.5)	
Lacks knowledge of ways to become involved	2 (8.3)	9 (37.5)	
Some community involvement, but has barriers (e.g., transportation)	4 (16.7)	11 (45.8)	
Actively involved in community	0 (0.0)	1 (4.2)	

Note: $^{*}p \leq .05$, $^{**}p \leq .01$, $^{***}p \leq .001$.
[a]AHCCCS = Arizona Health Care Cost Containment System.

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managed, nor able to save some of their income. More clients were enrolled in literacy and/or a GED program in screening 1, but in screening 2, more clients stated that they needed additional education/training to improve their employment situation than in screening 1.

Historically youth in foster care have had access to Medicaid until the age of 18 years; however, recently they have been extended to automatically have access until the age of 21 years. In screening 2, half of all clients could meet all basic needs of daily living without assistance compared to only 20.8% in screening 1. Moreover, the amount of family/friend support almost doubled from screening 1 to screening 2. Twenty-five percent of clients at screening 1 received some support from family/friends, and also acknowledged and sought to change negative behaviors, compared to almost 75% at screening 2. Half of the clients in screening 1 were socially isolated and/or or had no social skills and/or lacked the motivation to become involved, but in screening 2, almost half of all clients had some community involvement (advisory group or support group) but some barriers remained, most frequently transportation.

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DISCUSSION

Findings suggest that fewer clients of TRAC became homeless and more acquired transitional or temporary housing from screening 1 to screening 2 (with at least a year separating each screening). In addition, unemployment decreased, while income, assessing health care, like skills, family/friend support, and community involvement all improved or increased; all likely contributing to greater housing stability. This resulted in fewer clients becoming homeless and more acquiring transitional or temporary housing. The literature has shown that of youth, who were 2.5–4 years out of foster care, only 38% had maintained a job and 48% maintained a full-time job, with a weekly salary of $205 (Courtney & Piliavin, 1998). Clients of TRAC's residential program were more likely (70.8%) to have maintained a job (temporary, seasonal, part time, or full time), but no client was able to maintain permanent employment with adequate income and benefits.

Results from the Casey National Alumni Study have shown that education is an essential component to achieving success after foster care (Voices for America's Children, 2004). Further research needs to be conducted to adequately address why fewer individuals in the present study were enrolled in a literacy and/or GED program during screening 2, but they were more likely to need additional education/training during screening 2. One reason could be that they have completed their literacy and/or GED program and now they need help entering into post-secondary education. With respect to community involvement, fewer clients felt socially isolated and/or had no social skills and/or lacked motivation to become involved during screening 2, but one-third stated that they lacked knowledge of ways to become

involved. It is imperative that community involvement for the clients in the residential program is addressed.

There were several limitations to this study. Foremost, no comparison group existed to determine whether TRAC services improved functioning of youth versus other aged out youth. This limits our ability to suggest that differences are due to TRAC and not other causes, such as the mere passage of time. In addition, there was a small sample size used, which may make the results seem important when they may not be important. The time that the data was collected could also be problematic. In the lives of these young adults in transition, their situation can change from day to day, but the time frame of a year helps to show the overall improvement of their situation. The results cannot be generalized to other young adults who have transitioned out of foster care, but the results may help shed light on how services provided by agencies can help improve the lives of these individuals and move them to self-sufficiency.

The major strength of this study is that research evaluating programs such as TRAC is scarce. This study will help to illustrate the programs and services and how effective they are in decreasing homelessness among the emancipated population. Additionally, more attention needs to be placed on youth who age out or are emancipated from the foster care system. These youth must receive assistance not only focusing on stable housing but also employment, health care, life skills, education, and community involvement. This population's needs must be addressed to promote self-sufficiency to live a healthy, well-rounded, and productive life. Ultimately, the results show promise that the services TRAC provides has fostered change in the lives of their clients.

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