

11-5-2021

Preventing Foster Youth Homelessness

Spencer Lee Barthlett

COUN 6785: Social Change in Action:
Prevention, Consultation, and Advocacy

Social Change Portfolio

Spencer Lee Barthlett

Contents

Below are the titles for each section of the Social Change Portfolio. To navigate directly to a particular section, hold down <ctrl> and click on the desired section below.

Please do not modify the content section, nor remove the hyperlinks.

[Overview](#)

[Introduction](#)

[Scope and Consequences](#)

[Social-ecological Model](#)

[Theories of Prevention](#)

[Diversity and Ethical Considerations](#)

[Advocacy](#)

[References](#)

[ScholarWorks Contributor Agreement](#)

OVERVIEW

Keywords: homelessness, foster youth, prevention, advocacy, Sarasota County, FL

Preventing Foster Youth Homelessness

Goal Statement: I will develop a prevention strategy to reduce the foster youth homeless population in Sarasota County, FL by addressing the risk/protective factors and causes that place them in jeopardy.

Significant Findings: Foster care youth in Sarasota County, FL and all through the United States face a large number of difficulties. These foster youth lack any plans for stability after departing the child welfare system which makes them likely to experience homelessness (Kelly, 2020). 23,000 youth “age out” of care each year and preventing homelessness for this population has developed into a major public health crisis (Shah et al., 2017). In 2019, there were 1,135 homeless people in Sarasota County, FL, 400 were teenagers and young adults, as compared to the total homeless population in Florida which was 28,591 (Florida Council on Homelessness, 2019). Recommendations to establish permanency and jumpstart prevention when working with foster youth include programs that focus on stable housing, health care, employment, mentorship, life skills, and increasing well-being (Armstrong-Heimsoth et al., 2021).

Objectives/Strategies/Interventions/Next Steps: Two evidence-based programs for this targeted crisis are the Big Brother/Big Sister and Critical Time Intervention programs (Social Programs that Work, 2018). Increasing foster care services to the age of 21, discharging foster youth from care at age 18 only if they have a place to live, and mentoring have been shown efficacious when taking the next steps to the prevention of foster youth homelessness (Verulava et al., 2020).

INTRODUCTION

Preventing Foster Youth Homelessness

The shift to adulthood creates a multitude of difficulties for youth in foster care in Sarasota County, FL and throughout the United States. Countless foster youth leave the child welfare system before any strategies for permanence can be accomplished which makes them more susceptible to homelessness (Kelly, 2020). Deficient housing and homelessness are substantial obstacles that youth and young adults “aging out” of foster care in Sarasota County, FL and the United States encounter more than their similar-aged counterparts. Given that almost 23,000 youth age out of care every year, forecasting and preventing homelessness for this populace becomes a major public health requirement (Shah et al., 2017). Wyoming Department of Health (2021) defines prevention as intercessions delivered before the inception of a disorder or public health issue aimed to prevent or lessen the risk of developing a behavioral health challenge or chronic issue such as homelessness within a particular populace. Preventing foster youth from experiencing homelessness is important to the overall prosperity of my community as well as for the many youth involved in their struggle for well-being and independence.

PART 1: SCOPE AND CONSEQUENCES

Preventing Foster Youth Homelessness

The identified target problem in my community, Sarasota County, FL, is foster youth experiencing homelessness. This public health issue can be addressed through prevention. According to Shah et al. (2017), discovering who is truly at risk for homelessness in the

population of youth and burgeoning adults aging out of foster care is an essential first phase in preventing homelessness.

As reported by the United States Interagency Council on Homelessness (2021), in 2020 Florida had an estimated 27,487 individuals experiencing homelessness on any particular day. Additionally, 1,331 were unaccompanied young adults (aged 18-24) and 5,182 were persons combatting chronic homelessness. Moreover, Florida's Council on Homelessness (2019) registered a total homeless population in Sarasota County of 1,135 as compared to the total homeless population in Florida which is 28,591. Consistent with the Gulf Coast Community Foundation (2021), more than 400 teenagers and young adults in Sarasota County are homeless. The majority of these young individuals have left their households because of serious family dysfunction, abuse, and neglect. Countless cases are former foster care children. Kelly (2020) identified running away while in foster care, exhibiting delinquent behaviors, history of childhood physical abuse, and having mental health conditions as consequences or primary risk factors conducive to homelessness within the foster youth population. Furthermore, drug use, youth who were parents and experienced housing insecurity, youth who had a criminal sentence, and youth implicated in the juvenile justice system were prone to becoming homeless (Kelly, 2020).

Consequences to foster youth experiencing homelessness not only affect the youth themselves but society as a whole. Consequences to foster youth, according to Tyrell and Yates (2018), includes greater rates of residential volatility, unstable housing, inadequate educational outcomes, and struggles to attain and preserve employment. Furthermore, foster youth also report elevated rates of mental illness than their non-fostered contemporaries. As stated by Tyrell and Yates (2018), one example of an economic consequence is the unemployment rates of foster

youth experiencing homelessness. Additionally, research indicates that former foster youth undergo PTSD nearly five times the rate of the general populace in tandem with high rates of comorbid mental health diagnoses in cases of former foster youth (Greeno et al., 2019). The consequences of foster youth experiencing homelessness heartbreakingly impacts the community of Sarasota County, FL and the United States.

Goal statement: I will develop a prevention strategy to reduce the foster youth homeless population in Sarasota County, FL by addressing the risk/protective factors and causes that place them in jeopardy.

PART 2: SOCIAL-ECOLOGICAL MODEL

Preventing Foster Youth Homelessness

As per the Centers for Disease Control and Prevention (CDC, 2021), a four-level social-ecological model is utilized to comprehend the intricate relationship between the individual, relationships, community, and societal factors as they relate to prevention strategies. As it relates to my community target problem of foster youth homelessness, the social-ecological model suggests that people are located within categorized levels of influence. Additionally, the social-ecological methodology also underscores opportunities for thorough, multilevel interventions whose impacts are more likely to be maintained (Garney et al., 2021).

As per the Substance Abuse and Mental Health Services Administration (SAMHSA, 2019) protective factors are attributes correlated with a lower probability of negative outcomes or that reduce a risk factor's influence. Protective factors may be seen as encouraging counteracting occurrences. Moreover, risk factors are attributes at the biological, psychological, family, community, and cultural levels that are linked to a higher probability of negative results

(SAMHSA, 2019). According to Shpiegel (2016), risk factors for the foster youth homeless population involve child mistreatment, child welfare issues, school changes, and difficulties in the original family. Additionally, protective factors include a positive mindset, religiosity, school circumstances, reading level, and supportive individuals (Shpiegel, 2016).

Individual-level risks, according to Prince et al. (2019), for foster youth include racial/ethnic minority, male gender, early risk history, placement volatility, child behavioral difficulties, and residence in a group residential home. A protective factor, as stated by Farmer et al. (2021), is having strong advocates either through formal or informal sources that act as safeguards against homelessness for youth who are of transition age. Moreover, mentors can offer one source of such assistance, and having a mentor was considerably associated with fewer incidents of homelessness after age 18 (Farmer et al., 2021).

Risk factors at the relationship level of the social-ecological model involve the loss of valuable relationships such as the biological family unit, neighbors, teachers, and friends. Mihalec and Cooley (2020) indicated that many foster youth reported unfavorable self-esteem due to their negative experiences in care. Equally, bolstering the youth's self-esteem is significant as a protective factor for foster youth in my community (Mihalec & Cooley, 2020).

Community-level risk factors for foster youth include the youth's negative assessment of social control and possible penalties in response to undesirable behaviors. In addition, specific risk behaviors involve drug abuse and unfavorable school outcomes (Elfassi et al., 2016). Community-level protective factors are comprised of youth being included for participation in prosocial events and community programs that nurture positive relationships between adults and youth (Elfassi et al., 2016). Furthermore, these community protective factors were linked to healthy youth development and a diminished involvement in risk behaviors (Elfassi et al., 2016).

Societal-level risk factors, according to Farmer et al. (2021), consist of previous experiences with hardship, inadequate social support, and having unsatisfactory housing supports. Protective factors for foster youth consist of social workers delivering a source of support and authentic caring while extending necessary advice and direction as the youth traverse their way into adulthood (Farmer et al., 2021). In addition, protective factor supports also come from the youth staying in foster care past age 18, as staying in foster care at age 19 or age 21 has been discovered to be a protective factor in diminishing homelessness (Farmer et al., 2021).

PART 3: THEORIES OF PREVENTION

Preventing Foster Youth Homelessness

One identified theory of prevention for foster youth experiencing homelessness is community organization. A second identified theory of prevention for foster youth experiencing homelessness is communication theory. According to the National Cancer Institute (2005), community organization theory highlights community-driven methodologies to assessing and resolving health and social challenges. Community groups are aided to pinpoint general problems, activate resources, and employ strategies to reach cooperative goals (National Cancer Institute, 2005). This theory is congruent with an ecological perspective in that it acknowledges numerous levels of a health or social problem. The levels are empowerment, community capacity, participation, relevance, issue selection, and critical consciousness (National Cancer Institute, 2005).

Applying the theory of community organization to the prevention of foster youth experiencing homelessness is appropriate for the problem in various ways. To ultimately prevent this problem, we must first understand how organizational settings affect all communities

especially those of foster youth. As stated by Boyd (2015), organizational settings govern our lives including places where we work, play, and volunteer. Additionally, if we applied this theory to the places where we coexist, we might help those in charge of them run more proficient, approachable, and successful organizations that in the long run deliver improved services, programs, and results for the people they serve (Boyd, 2015).

Shaw et al. (2014) highlighted the significance of promoting the overall development of the youth rather than merely attempting to “fix” their problems. Advocating for the development of foster youth requires a concentration on five key personality attributes which are competence, confidence, character, connection, and caring (Shaw et al., 2014). From a community organization theoretical viewpoint, establishing youth programs that generate or foster ecological assets fortify and establish resourceful mindsets for youth to become engaged in community activities that endorse positive behaviors and ways of thinking (Shaw et al., 2014).

Applying communication theory to prevention of foster youth experiencing homelessness focuses on how messages are conceived, transmitted, collected, and absorbed in the realm of public health (National Cancer Institute, 2005). To advocate for and prevent foster youth experiencing homelessness, public health communications must enhance knowledge and understanding of the health issue, influence opinions, beliefs, and the attitudes that factor into social norms (National Cancer Institute, 2005). Public health officials must encourage prevention action, establish or illustrate healthy skills, boost support for services, expose misconceptions, and bolster all organizational relations (National Cancer Institute, 2005).

Before identifying evidence-based programs that could help prevent foster youth from experiencing homelessness, one must recognize the depth of the issue and how various programs currently exist that address the transition of foster youth back into society. As per Armstrong-

Heimsoth et al. (2021), foster youth that transition out of system care are between the ages of 18 and 21, and each year roughly 24,000 adolescents make this transition in the USA. In addition, Child Trends (2021) reported 1,766 transition-age youth in Florida leaving foster care in 2015. By the age of 26, 40% of these discharged young adults have undergone homelessness and many have experienced complications in maintaining reliable transportation which impacted their work, education, and relationships (Armstrong-Heimsoth et al., 2021).

To enhance outcomes, as stated by Armstrong-Heimsoth et al. (2021), many transition programs exist and fall within one of three categories which are permanency supports, viable social supports, and postsecondary access and success supports. Permanency supports encompass housing, health care, transportation, employment, and financial assistance, while sustainable social supports involve programs that concentrate on mentorship, self-advocacy skills, life skills, and well-being (Armstrong-Heimsoth et al., 2021). Moreover, postsecondary access and success supports consist of programs that are aligned around vocational training, interviewing skills, college aid, and tutoring (Armstrong-Heimsoth et al., 2021).

Two existing evidence-based programs for this targeted problem, according to Social Programs that Work (2018), are the Big Brother/Big Sister program and the Critical Time Intervention program. The Big Brother/Big Sister program was founded as a community-based mentoring program for underprivileged youth ages 6-18 and is relevant to my identified target population of foster youth experiencing homelessness (Social Programs that Work, 2018). The Critical Time Intervention program was formed to prevent recurring homelessness in persons with severe mental illness exiting shelters, hospitals, or other institutions and applies to my identified target population of foster youth experiencing homelessness (Social Programs that Work, 2018).

The Critical Time Intervention program was shown effective to society by sizeable declines in the average number of nights spent homeless over an 18-month follow-up period (Social Programs that Work, 2018). Furthermore, there was more than a 60% drop in the likelihood of being homeless in the closing weeks of the 18-month follow-up (Social Programs that Work, 2018). The Big Brother/Big Sister program proved just as successful to society. According to Social Programs that Work (2018), there was a 46% reduction in the likelihood of participants using illicit drugs and cutting school during the past year. Additionally, there was a 32% decline in incidents of violence towards others within the last 12 months (Social Programs that Work, 2018).

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Preventing Foster Youth Homelessness

Youth articulate becoming homeless for a multitude of reasons including social, economic, and environmental influences however, youth who identify as LGBTQ most often communicate experiencing homelessness because of their sexual orientation or gender identity (Forge et al., 2018). Of particular distress to advocates is the fact that LGBTQ homeless youth are estimated to comprise 20–40% of all homeless youth, even though the LGBTQ population comprises only 7–10% of the complete population (Norman-Major, 2018). Research reveals that youth of color who identify as LGBTQ, transgender, or gender expansive encounter bias and discrimination focused on their race, ethnicity, sexual orientation, and gender identity (Erney & Weber, 2018). Amongst young people aging out of foster care, youth who identify as LGBTQ, and specifically youth of color who are LGBTQ, are at greater jeopardy of housing insecurity and homelessness, as per Erney and Weber (2018). While young people are emancipating from the child welfare system, it is imperative to provide services and supports that help them make

that transition successfully, including those that foster community relationships and ensure that young people are supported in getting these basic needs (Erney & Weber, 2018).

Mechanisms to increase cultural relevance of prevention programs, when working with LGBTQ foster youth experiencing homelessness, include cultivating trusting relationships from a strengths-based method, promoting the development of culturally competent staff, empowering homeless queer youth, creating receptive service interventions, growing community partnerships, and increasing public awareness (Ecker, 2016). These mechanisms will also be applied to working with all foster youth experiencing homelessness in my prevention plan and throughout this social change portfolio. Applying these mechanisms to preventing foster youth homelessness entails utilizing them at the individual, community, and public policy levels of advocacy. According to Reese and Vera (2007), it is necessary to remain culturally competent and culturally relevant when employing prevention programs. Cultural relevance refers to the degree to which interventions are in harmony with the values, beliefs, and desired outcomes of a particular group of people (Reese & Vera, 2007). Likewise, the prevention program application is a function of the extent to which a community's traditions, cultural beliefs, and systems are incorporated into program content, delivery, and evaluation (Reese & Vera, 2007).

Core ethical considerations when prevention programming for LGBTQ foster youth experiencing homelessness include developmental and cultural sensitivity, confidentiality and advocacy, and multicultural/diversity considerations (American Counseling Association [ACA], 2014). Section A.2.c. of the ACA Code of Ethics (2014) declares that counselors convey information in ways that are both developmentally and culturally applicable. In alliance with clients, counselors consider cultural nuances of informed consent procedures and counselors modify their practices appropriately (ACA, 2014). Additionally, section A.7.b. of the ACA Code

of Ethics (2014) articulates counselors gaining client consent before participating in advocacy efforts on behalf of a discernable client to improve the delivery of services and to work toward the elimination of systemic barriers or obstacles that hinder client access, growth, and development.

Not only do we require more culturally sensitive, ethically sound, satisfactory programs that interest and keep children and families, but we also need to create programs that foster positive youth development and happiness (Taussig et al., 2019). Positive youth development (PYD) programming is built on the belief that kids have strengths and resources that can be nurtured and that the deficit-based viewpoint should be rejected (Taussig et al., 2019). PYD programs include three important components, a positive, prolonged relationship with a mentor, activities for developing life skills, and opportunities to use life skills in significant community activities (Taussig et al., 2019). Mentoring is a desired PYD-promoting involvement for youth in foster care and the youth report wanting and undergoing life-changing emotional support from mentors, and, when united with other components, mentoring-based interventions for children in foster care have confirmed efficacy (Taussig et al., 2019). The core ethical codes listed above apply to this particular prevention program when working with all youth in foster care experiencing homelessness, especially LGBTQ youth.

PART 5: ADVOCACY

Preventing Foster Youth Homelessness

Murray and Crowe (2016) characterize advocacy as taking action to generate environmental transformation on behalf of clients and is deemed a framework to help explain how counselors can exercise social justice. As it pertains to advocating for foster youth experiencing homelessness, Toporek et al. (2009) further characterized advocacy as action taken

by counseling professionals to expedite the removal of external and institutional barriers to clients' well-being. We must recognize this declaration and understand how oppression and systemic barriers constrain our clients' health and welfare and may even be the reason for their distress (Toporek et al., 2009).

Barriers to addressing and advocating for foster youth experiencing homelessness occur at the intrapersonal, interpersonal, institutional, community, public policy, and international/global levels, as per the Multicultural and Social Justice Counseling Competencies (MSJCC, 2015). Barriers at the institutional, community, and public policy levels will be further analyzed for this portfolio. Multicultural and social justice skilled counselors at the institutional level utilize social advocacy to eradicate systemic barriers experienced by marginalized clients within social institutions (MSJCC, 2015). Instances of barriers to foster youth at the institutional level include a lack of youth being able to create their purpose and rules of engagement within these institutions (Schoenfeld et al., 2019). In these organizations, there exists a power disparity between adults and youth, and decision-making is severely bureaucratic, such as in child welfare, juvenile justice, and other social service environments (Schoenfeld et al., 2019).

Social justice and multicultural competent counselors at the community level are to make use of social advocacy to focus on community norms, values, and regulations entrenched in society that impede the growth and development of marginalized clients (MSJCC, 2015). Examples of barriers to foster youth at the community level consist of essentially disregarding the input of youth when it comes to community planning and development in a variety of social systems (Schoenfeld et al., 2019). Youth frequently feel overwhelmed and intimidated when asked to connect with other community members and are not supplied with the same information, resources, and skills as their adult counterparts (Schoenfeld et al., 2019).

Multicultural and social justice competent counselors, as stated by the MSJCC (2015), are to take part in social action to change the local, state, and federal laws and policies that help privileged clients at the expense of marginalized clients. Moreover, counselors are to utilize social advocacy to ensure that local, state, and federal laws and policies are fair-minded toward marginalized clients (MSJCC, 2015). Occurrences of barriers to foster youth at the public policy level involves rigid child welfare policies and program strategies that create difficulties to housing for youth in transition, criminalizing youth for a lack of housing, and a deficiency in strong policies and programs that are intended explicitly for youth who are aging out of foster care (Oudshoorn et al., 2020).

Advocacy actions to take to address foster youth experiencing homelessness at the institutional level includes improved interaction and collaboration with child welfare constituents producing a greater understanding and gratitude for the state agencies tasked with executing foster care policy (Forenza, 2016). Advocacy actions to take at the community level include demanding meaningful roles for youth inside organizations and other decision-making bodies (Schoenfeld et al., 2019). It is particularly challenging to engage marginalized youth, such as those with a history of homelessness or involvement with the child welfare system, however, it is exactly these populations who stand to gain the most (Schoenfeld et al., 2019). Advocating for the tenets of youth empowerment must be embraced across a variety of child systems including schools, child welfare, and systems that persist in marginalizing and oppressing human growth and development (Schoenfeld et al., 2019).

Advocacy actions to take at the public policy level consist of foster youth being released from the care system at age 18 only if they have a place to live and feel secure in that environment (Verulava et al., 2020). Policymakers should contemplate increasing foster care

services to the age of 21 with the goals of boosting educational stability, housing permanence, and employment services as youth transition to adulthood (Verulava et al., 2020). Expanding foster care services to the age of 21 would permit the youth to feel better equipped for life and able to confront the hardships associated with transitioning into adulthood (Verulava et al., 2020).

Expanding foster care services to 21 would expand financial, social, and psychological supports along with opportunities to obtain stable housing, employment, and community integration (Verulava et al., 2020). Likewise, according to Abrams et al. (2017), increasing foster care to 21 can lead to better outcomes in numerous domains. Youth have a higher probability of completing at least one year of college, greater earnings, and a decreased chance of facing homelessness by age 21 (Abrams et al., 2017). Lastly, due to the elevated rates of teen pregnancy amongst 18 to 21-year-old female foster youth, expanding foster care to 21 can provide a tool for delivering targeted pregnancy prevention and parenting assistance programming (Abrams et al., 2017).

REFERENCES

- Abrams, L. S., Curry, S. R., Lalayants, M., & Montero, L. (2017). The influence of policy context on transition age foster youths' views of self-sufficiency. *Journal of Social Service Research, 43*(1), 37–51. <https://doi-org.ezp.waldenulibrary.org/10.1080/01488376.2016.1217579>
- American Counseling Association (2014). *2014 ACA Code of Ethics*. <https://www.counseling.org/Resources/aca-code-of-ethics.pdf>
- Armstrong-Heimsoth, A., Hahn-Floyd, M., Williamson, H. J., Kurka, J. M., Yoo, W., & Rodríguez De Jesús, S. A. (2021). Former foster system youth: Perspectives on transitional supports and programs. *The Journal of Behavioral Health Services & Research, 48*(2), 287–305. <https://doi.org/10.1007/s11414-020-09693-6>
- Boyd, N. M. (2015). Organization theory in community contexts. *Journal of Community Psychology, 43*(6), 649–653. <https://doi-org.ezp.waldenulibrary.org/10.1002/jcop.21767>
- Centers for Disease Control and Prevention. (2021). *The social-ecological model: A framework for violence prevention*. <https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>
- Child Trends. (2021). *Transition-age youth in foster care in florida*. https://www.childtrends.org/wp-content/uploads/2017/09/Transition-Age>Youth_Florida.pdf
- Ecker, J. (2016). Queer, young, and homeless: A review of the literature. *Child & Youth Services, 37*(4), 325–361. <https://doi-org.ezp.waldenulibrary.org/10.1080/0145935X.2016.1151781>

- Erney, R., & Weber, K. (2018). Not all children are straight and white: Strategies for serving youth of color in out-of-home care who identify as LGBTQ. *Child Welfare, 96*(2), 151–177.
- Elfassi, Y., Braun, L. O., Krumer, N. M., & Sagy, S. (2016). Community sense of coherence among adolescents as related to their involvement in risk behaviors. *Journal of Community Psychology, 44*(1), 22–37. <https://doi-org.ezp.waldenulibrary.org/10.1002/jcop.21739>
- Farmer, G. L., Heyman, J. C., Kelly, P. L., & Leaman, T. L. (2021). Prevalence of risk and protective factors for homelessness among youth in foster care. *Child Welfare, 99*(1), 1–23.
- Florida's Council on Homelessness. (2019). *2019 annual report*. <https://www.myflfamilies.com/service/programs/homelessness/docs/2019CouncilReport.pdf>
- Forenza, B. (2016). Psychological empowerment and the pursuit of social change: Outcomes of foster youth engagement. *Journal of Public Child Welfare, 10*(3), 274–290. <https://doi-org.ezp.waldenulibrary.org/10.1080/15548732.2016.1140698>
- Forge, N., Hartinger-Saunders, R., Wright, E., & Ruel, E. (2018). Out of the system and onto the streets: LGBTQ-identified youth experiencing homelessness with past child welfare system involvement. *Child Welfare, 96*(2), 47–74.
- Garney, W., Wilson, K., Ajayi, K. V., Panjwani, S., Love, S. M., Flores, S., Garcia, K., & Esquivel, C. (2021). Social-ecological barriers to access to healthcare for adolescents: A scoping review. *International Journal of Environmental Research and Public Health, 18*(8). <https://doi-org.ezp.waldenulibrary.org/10.3390/ijerph18084138>

- Greeno, E. J., Fedina, L., Lee, B. R., Farrell, J., & Harburger, D. (2019). Psychological well-being, risk, and resilience of youth in out-of-home care and former foster youth. *Journal of Child & Adolescent Trauma, 12*(2), 175–185. <https://doi-org.ezp.waldenulibrary.org/10.1007/s40653-018-0204-1>
- Gulf Coast Community Foundation. (2021). *Unaccompanied homeless youth*. <https://www.gulfcoastcf.org/our-initiatives/health-human-services/unaccompanied-homeless-youth>
- Kelly, P. (2020). Risk and protective factors contributing to homelessness among foster care youth: An analysis of the National Youth in Transition Database. *Children and Youth Services Review, 108*. <https://doi-org.ezp.waldenulibrary.org/10.1016/j.chilyouth.2019.104589>
- Mihalec, A. B. P., & Cooley, M. E. (2020). Examining individual-level academic risk and protective factors for foster youth: School engagement, behaviors, self-esteem, and social skills. *Child & Family Social Work, 25*(2), 256–266. <https://doi-org.ezp.waldenulibrary.org/10.1111/cfs.12681>
- Multicultural and Social Justice Counseling Competencies. (2015). <http://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=20>
- Murray, C. E., & Crowe, A. (2016). Counseling advocacy competencies in action: Lessons learned through the See the Triumph Campaign. *Journal for Social Action in Counseling and Psychology, 8*(1), 53-69.

- National Cancer Institute (2005). *Theory at a glance: A guide for health promotion practice*. Washington, DC: U.S. Department of Health and Human Services: National Institutes of Health. <https://cancercontrol.cancer.gov/sites/default/files/2020-06/theory.pdf>
- Oudshoorn, A., Dej, E., Parsons, C., & Gaetz, S. (2020). Evolving an evidence-based model for homelessness prevention. *Health & Social Care in the Community*, 28(5), 1754–1763. <https://doi-org.ezp.waldenulibrary.org/10.1111/hsc.13000>
- Prince, D. M., Vidal, S., Okpych, N., & Connell, C. M. (2019). Effects of individual risk and state housing factors on adverse outcomes in a national sample of youth transitioning out of foster care. *Journal of Adolescence*, 74, 33. <https://doi-org.ezp.waldenulibrary.org/10.1016/j.adolescence.2019.05.004>
- Reese, L. E., & Vera E. M. (2007). Culturally relevant prevention: The scientific and practical considerations of community-based programs. *The Counseling Psychologist*, 35(6), 763–778.
- Schoenfeld, E. A., Bennett, K., Manganella, K., & Kemp, G. (2019). More than just a seat at the table: The power of youth voice in ending youth homelessness in the United States. *Child Care in Practice*, 25(1), 112–125.
- Shah, M. F., Liu, Q., Mark Eddy, J., Barkan, S., Marshall, D., Mancuso, D., Lucenko, B., & Huber, A. (2017). Predicting homelessness among emerging adults aging out of foster care. *American Journal of Community Psychology*, 60(1–2), 33–43. <https://doi-org.ezp.waldenulibrary.org/10.1002/ajcp.12098>
- Shaw, A., Brady, B., McGrath, B., Brennan, M. A., & Dolan, P. (2014). Understanding youth civic engagement: debates, discourses, and lessons from practice. *Community Development*, 45(4), 300–316.

- Shpiegel, S. (2016). Resilience among older adolescents in foster care: the impact of risk and protective factors. *International Journal of Mental Health & Addiction, 14*(1), 6–22.
<https://doi-org.ezp.waldenulibrary.org/10.1007/s11469-015-9573-y>
- Social Programs that Work (2018). *What works in social policy?*
<http://evidencebasedprograms.org/>.
- Substance Abuse and Mental Health Services Administration. (2019). *Risk and protective factors*. <https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf>
- Taussig, H. N., Weiler, L. M., Garrido, E. F., Rhodes, T., Boat, A., & Fadell, M. (2019). A positive youth development approach to improving mental health outcomes for maltreated children in foster care: Replication and extension of an RCT of the fostering healthy futures program. *American Journal of Community Psychology, 64*(3/4), 405–417.
<https://doi-org.ezp.waldenulibrary.org/10.1002/ajcp.12385>
- Toporek, R. L., Lewis, J. A., & Crethar, H. C. (2009). Promoting systemic change through ACA advocacy competencies. *Journal of Counseling & Development, 87*, 260-268.
- Tyrell, F. A., & Yates, T. M. (2018). Emancipated foster youth's experiences and perceptions of the transition to adulthood. *Journal of Youth Studies, 21*(8), 1011–1028. <https://doi-org.ezp.waldenulibrary.org/10.1080/13676261.2018.1441983>
- United States Interagency Council on Homelessness (2021). *Florida homelessness statistics*.
<https://www.usich.gov/homelessness-statistics/fl/>
- Verulava, T., Jorbenadze, R., Bedianashvili, G., & Dangadze, B. (2020). Challenges faced by youth aging out of foster care: Homelessness, education, and employment. *Euromentor, 11*(3), 104–116.

Wyoming Department of Health. (2021). *Prevention vs. treatment: Behavioral health continuum of care model*.

<https://health.wyo.gov/publichealth/prevention/substanceabuseandsuicide/what-is-prevention/prevention-vs-treatment/>

SCHOLARWORKS CONTRIBUTOR AGREEMENT

ScholarWorks Publication Consideration

ScholarWorks makes the intellectual output of the Walden University community publicly available to the wider world. By highlighting the scholarly and professional activities of our students and faculty, ScholarWorks' rich repository encourages new ideas, preserves past knowledge, and fosters new connections to improve human and social conditions.

If you would like your portfolio from your Counseling 6785 course to be considered for submission to ScholarWorks, please review the ScholarWorks Contributor Agreement below and agree to the terms and conditions.

Acceptance of the policies and terms of the ScholarWorks Contributor agreement

- will not impact your grade
- will not guarantee publication

ScholarWorks Contributor Agreement

To administer this repository and preserve the contents for future use, *ScholarWorks* requires certain permissions from you, the contributor. By making a submission to *ScholarWorks*, you are accepting the terms of this license. However, you do not give up the copyright to your work. You do not give up the right to submit the work to publishers or other repositories.

By including an email contact below, you hereby grant Walden a limited license to review the Submission for the purposes of review of scholarly content; to distribute the Submission to the public on the Website; to make and retain copies of the Submission; and to archive the Submission in a publicly accessible collection.

You agree to defend, indemnify and hold Walden harmless from and against any and all claims, suits or proceedings, demands, losses, damages, liabilities and costs and expenses (including, without limitation, reasonable attorney's fees) arising out of or resulting from the actual or alleged infringement of any patent, trademark, copyright, trade secret or any other intellectual property right in connection with any Submission. Walden will not be required to treat any Submission as confidential. For more information, see the [Contributor FAQ](#).

By executing this Agreement, you represent and agree that:

- You are the author or of the submitted work or you have been authorized by the copyright holder, and the submission is original work.
- You hold the copyright to this document and you agree to permit this document to be posted, and made available to the public in any format in perpetuity.
- The submission contains no libelous or other unlawful matter and makes no improper invasion of the privacy of any other person.
- The submission will be maintained in an open access online digital environment via the *ScholarWorks* portal. Because works on *ScholarWorks* are openly available online to anyone with internet access, you do not hold Walden University responsible for third party use of the submission.

ScholarWorks (the Website) is owned and maintained by Walden University, LLC (Walden). All content that you upload to this Website (a Submission) will be available to the public. You represent and warrant that you have the right to upload any such Submission and make it available to the public.

I have read the Scholarworks agreement above, and I agree to have my COUN 6785 portfolio document considered for inclusion in Scholarworks; I also grant my permission for representatives from Walden University to submit this work on my behalf.

By signing again below, I agree to allow my email contact information below to be included in the published document, so that others may contact me about this work.

SIGNATURE: Spencer Lee Barthlett

DATE: 11/05/2021

DIRECT EMAIL ADDRESS: spencer.barthlett@waldenu.edu