HEALTH NOTE: Fostering Stable Housing Opportunities Amendment Act of 2022
Bill 24-0941
(This bill has since been incorporated into B24-0857, the "Preserving Our Kids' Equity Through Trusts (POKETT) Amendment Act of 2022")
Council of the District of Columbia, Council Period 24

Introduced by: Councilmembers Nadeau, Pinto, R. White, Lewis George, Henderson, and Cheh

Bill Summary: [1] Bill 24-0941 would (1) Direct the Child and Family Services Agency to work with the D.C. Housing Authority to "take any action necessary" to secure Family Unification Program Housing Choice Vouchers for youth leaving care who are at risk of homelessness; and (2) Require the Child and Family Services Agency to provide or secure supportive services to youth receiving vouchers and work to identify youth eligible to participate and communicate with them about their eligibility.

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What is the goal of this health note?

Decisions made in sectors outside of public health and health care, such as in education, housing, and employment, can affect health and well-being. Health notes are intended to provide objective, nonpartisan information to help legislators understand the connections between these various sectors and health. This document provides summaries of evidence analyzed by the Health Impact Project at The Pew Charitable Trusts while creating a health note for Council of the District of Columbia Bill 24-0941. Health notes are not intended to make definitive or causal predictions about how a proposed bill will affect health and well-being of constituents. Rather, legislators can use a health note as one additional source of information to consider during policymaking. The analysis does not consider the fiscal impacts of this bill.

How and why was this bill selected?

With the help of the Council of the District of Columbia's Office of the Budget Director, the Health Impact Project identified this bill as one of several important policy issues being considered by the Council of the District of Columbia during Council Period 24 (2021–2022). The health note screening criteria were used to confirm the bill was appropriate for analysis (See Methodology on page 11).

The project selected Bill 24-0941 for analysis because research has consistently demonstrated a strong link between housing and health, with housing quality, affordability, location, and attributes of the surrounding community tied to specific health outcomes.[1] Affordable housing means that people can pay for necessities such as utilities, food, and medical care that are critical to their health. Housing located near public transit, parks, quality schools, jobs, healthy food sources, and medical care can reduce the incidence of chronic disease, injury, respiratory illness, and poor mental health.[2]

SUMMARY OF HEALTH NOTE FINDINGS

Young adults who transition out of foster care face of a range of challenges to their health and well-being, including higher rates of homelessness, unemployment and underemployment, poverty, substance use, mental health issues, involvement with the criminal justice system, and earlier pregnancy and parenting compared with youth who were not in foster care.[3] National estimates of rates of homelessness among U.S. foster care youth can vary depending on the definitions of homelessness used in the research.[4] Data from the National Youth in Transition Database (NYTD) from 2011, 2013 and 2015, which defines homelessness as having no regular or adequate place to live, suggest that 29% of foster youth report experiencing homelessness between the ages of 19 and 21.[5] However, since many youth cannot be located to participate in follow-up surveys, these estimates may substantially underestimate rates of homelessness in the

[1] Summary as described by the Council of the District of Columbia, https://lims.dccouncil.gov/Legislation/B24-0941. The Health Impact Project conducted this health note based on the bill as introduced.
[2] The Health Impact Project is committed to conducting non-partisan research and analysis.

foster youth population.[6] NYTD data among D.C. foster youth age 21 in 2018 found that 44% of respondents reported experiencing homelessness in the prior two years.[7]
The Fostering Stable Housing Opportunities Amendment Act of 2022 (Bill 24-0941) would instruct the Child and Family Services Agency (CFSA) to collaborate with the D.C. Housing Authority to "take any action necessary" to secure Family Unification Program (FUP) Housing Choice Vouchers for youth leaving care who are at risk of homelessness.[8] The bill would also require the CFSA to provide or secure supportive services to youth receiving vouchers, work to identify youth eligible to participate, and communicate with them about their eligibility. Based on data from the last two fiscal years, approximately 50 youth ages 18 and older exit foster care in D.C. each year, and evidence suggests that three-quarters of those exit without having a permanent, legal connection to an adult or family member.[9]

Methods Summary: To complete this health note, Health Impact Project staff conducted an expedited literature review using a systematic approach to minimize bias and identify recently published studies to answer each of the identified research questions. In this note, "health impacts" refer to effects on determinants of health, such as education, employment, and housing, as well as effects on health outcomes, such as injury, asthma, chronic disease, and mental health. The strength of the evidence is qualitatively described and categorized as: not well researched, mixed evidence, a fair amount of evidence, strong evidence, or very strong evidence. It was beyond the scope of analysis to consider the fiscal impacts of this bill or the effects any funds dedicated to implementing the bill may have on other programs or initiatives in the District. To the extent that this bill requires funds to be shifted away from other purposes or would result in other initiatives not being funded, policymakers may want to consider additional research to understand the relative effect of devoting funds for this bill relative to another purpose. A detailed description of the methods is provided in Methodology Appendix on page 11.

This analysis reviewed evidence regarding homelessness and housing instability among foster youth, and the effectiveness of housing vouchers and supportive services in improving outcomes among youth exiting foster care. Below is a summary of key findings:

- **There is strong evidence that youth who are aging out of foster care experience a variety of challenges in early adulthood**, including trouble accessing education, employment, income, stable housing, and social support.[10]
- **There is strong evidence that homelessness negatively affects the health and well-being of foster youth.** The experience of homelessness can exacerbate existing physical and mental health issues among foster youth and put them at risk for violence, transactional sex, incarceration, substance use, and premature death.[11]
- **The effects of providing housing vouchers specifically to foster youth on housing, health, and other outcomes are not well researched.** However, there is strong evidence that housing vouchers in general can reduce homelessness, over-crowding in housing, and frequent moves, as well as decrease the risk of food insecurity, substance use, and mental health issues among low-income individuals and families.[12]
- **The evidence regarding the effects of supportive services on transition outcomes is mixed**, given the broad set of programs studied in the literature and the specific populations receiving those services. Some programs have shown improved housing

stability and educational outcomes, while others yielded inconclusive results or suggested that these programs do not have a significant impact on outcomes.[13]

- **There is strong evidence that youth who are already at risk of experiencing health inequities are at highest risk for negative outcomes when transitioning out of foster care.** These populations include African American youth overall and particularly Black males, American Indian/Alaska Native youth, LGBTQ youth, and females, especially those who are pregnant or parenting.[14]

WHY DO THESE FINDINGS MATTER FOR THE DISTRICT OF COLUMBIA?

Approximately 20% of the District of Columbia's foster care population is age 18 or older and preparing to transition to independent adulthood.[15] The District extends foster care through age 21 for youth who have not achieved permanency through reunification, adoption, or guardianship.[16] Between October 1, 2020 and September 30, 2022, 102 youth ages 18 and older exited care in D.C.[17] Roughly three-quarters of D.C. foster youth leave care without having a permanent, legal connection to an adult or family member, compared with approximately half of the overall U.S. foster care population.[18] 2018 data suggest that, by age 21, D.C.'s foster care population has higher rates of stable housing (81%) compared to the U.S. foster care population (70%), and that they participate in federally funded housing assistance programs at higher rates (35% compared with 19%).[19] These data also suggest that D.C. foster youth have lower rates of educational attainment and participation in federal educational financial assistance programs compared with the U.S. foster care population, and that by age 21 more D.C. youth report being young parents than among the country's foster care population.[20]

WHAT ARE THE POTENTIAL HEALTH EFFECTS OF B24-0941?

Risk of homelessness and effects of homelessness on health

- Youth who are aging out of foster care experience a variety of challenges in early adulthood, including trouble accessing education, employment, income, stable housing, and social support.[21] Housing instability and homelessness are documented barriers to gaining employment and income. At the same time, youth leaving foster care often lack financial assets and cannot afford housing without income, highlighting the importance of securing free or affordable housing for youth exiting foster care to address the gap between their incomes and the price of housing. They may also face barriers, such as credit issues, that prevent them from accessing housing.[22] For example, research examining employment outcomes and income among youth exiting foster care has found that youth who age out of care have, on average, incomes below the poverty level and earn less compared with young adults from low-income families or youth who were in foster care but reunified with their families.[23]
- There is strong evidence that youth with foster care experience and youth that have aged out of care — especially those that report a history of trauma or mental health challenges — face an increased risk of homelessness.[24] Multiple studies estimate that nearly 1 in 3 youths who were in foster care will experience homelessness in their first year out of care, and between 31% and 46% will experience homelessness by age 26.[25]

- The experience of homelessness can exacerbate existing physical and mental health issues among foster youth and put them at risk for violence, transactional sex, incarceration, substance use, and premature death.[26] Youth who become homeless after aging out of care lack access to health care services and experience increased rates of mental health disorders and risk of physical or sexual violence.[27] Housing instability among foster youth has been linked to post-traumatic stress disorder.[28] Strong evidence shows that mental health challenges are linked to reduced cognitive functioning — encompassing memory, attention, communication skills, and executive function — which is important for decision making, long-term planning, problem solving, housing stability, and employment.[29]
- Housing instability and homelessness can undermine emerging adults' transition to independence when aging out of the foster care system through negative effects on education, employment, and mental health outcomes.[30]
- Certain risk and protective factors can increase or decrease the likelihood that youth exiting foster care will become homeless.
    - Research suggests that connections to an adult and remaining in care until at least at 21 are the strongest protective factors against homelessness among foster youth.[31] Specifically, using the National Youth in Transition Database (NYTD) — which surveys foster care youth at ages 17, 19, and 21 — one study found that youth who reported a connection with an adult at age 21 had 58.7% lower odds of being homeless than those who did not report such a connection. [32] Youth who were still in care at age 21 had 42.4% lower odds of becoming homeless compared with youth who had already left care. [33] A longitudinal study of youth enrolled in a transitional living program found that attending high school or college and/or being employed were less likely to experience housing insecurity.[34] Being employed, receiving at least a high school diploma or equivalent, having a high GPA, and being placed with relatives during foster care are also factors that protect against homelessness among foster youth.[35] One probability modeling study found that youth with a physical or sensory disability had a reduced risk of homelessness, even when controlling for services received, potentially indicating a different quality of experience in child welfare.[36]
    - Incarceration and substance use were found to be the two strongest predictors of homelessness in this population.[37] One study using NYTD data found that youth who had been incarcerated had 157.5% higher odds of being homeless compared with those that had not been incarcerated. [38] Youth who had been referred for substance use treatment had 108.6% higher odds of becoming homeless compared with those who had not been referred for substance use treatment.[39] Furthermore, residential and school instability can amplify foster youth's risk of homelessness, exacerbate mental health challenges, and contribute to post-traumatic stress disorder symptoms.[40] Foster youth with a history of five or more placements are nearly twice as likely to report being homeless as foster youth with four or fewer placements.[41] Youth who have parented a child are also more likely to experience homelessness; one study found a strong association between having been pregnant or gotten someone else pregnant and long-term homelessness.[42] A study of transition-aged youth in Washington State and a nationwide systematic review found that African

American youth with foster care experience were more likely to become homeless than other foster youth.[43]

- One study found that parenting youth experiencing homelessness were not more likely to access public housing assistance than their housed counterparts, which could indicate a lack of appropriate services or challenges accessing services for this population while experiencing homelessness.[44]

Effects of housing programs on homelessness prevention and other youth outcomes

- This literature search uncovered a limited amount of evidence regarding the effectiveness of housing voucher programs on housing stability and health among foster youth, which is not surprising given that the U.S. has only recently begun targeting housing assistance specifically for this population through programs such as the Foster Youth to Independence Initiative.[45] However, there is a strong body of evidence supporting the effects of housing vouchers on health factors and outcomes among low-income individuals and families receiving vouchers.[46] For example, research shows that vouchers can reduce homelessness, overcrowding in housing, and frequent moves, as well as decrease the risk of food insecurity, substance use, and mental health issues and demonstrates the power of vouchers to improve housing outcomes for formerly homeless families compared with other temporary housing assistance programs.[47]
- Data from the U.S. Department of Housing and Urban Development's Family Options Study compared the effectiveness of three programs aimed at supporting homeless families: permanent housing subsidies, primarily in the form of housing vouchers; community-based rapid re-housing through temporary rental assistance and limited services to help families find housing; and project-based transitional housing in designated buildings or housing units paired with intensive supportive services.[48] Families were randomly assigned to the different housing and service groups, or a control group that did not have priority access to any particular homeless or housing assistance programs, and followed over time in this experimental study. The study has demonstrated the substantial benefits of long-term rent subsidies through housing vouchers compared with short-term housing assistance programs, with the vouchers leading to reductions in housing instability, psychological distress, domestic violence, and food insecurity.[49]
- An analysis of qualitative data from participants in a housing program for youth experiencing homelessness found that youth were obliged to rent poorly maintained apartments in neighborhoods that felt unsafe or lacked transportation due to voucher limits.[50]
- A recent evaluation examined the Family Unification Program Family Self-Sufficiency demonstration (FUP-FSS), which focuses on creating housing stability and increasing economic independence among youth aging out of foster care and at risk of or experiencing homelessness by combining FUP and FSS program benefits. The researchers conducted a point-in-time analysis and found that 50-60% of FUP recipients remained in subsidized housing after 1000 days — approaching the maximum allowable time of 36 months — compared with more than 75% of those receiving both FUP and FSS benefits, which provide two additional years of housing subsidies and the possibility of further

extensions.[51] These findings indicate ongoing need for housing support among former foster youth.[52]

- A study that interviewed 39 formerly homeless youth — not necessarily youth who had been in foster care — in supportive housing found that permanent supportive housing can alleviate some significant causes of food insecurity.[53] For example, housing that includes a kitchen and refrigerators allows residents to purchase healthy perishable foods, such as fresh produce. Some supportive housing recipients reported eating regular, smaller meals as a result of having a private space in which to store their food.[54]
- One study found that youth living in a state that spent more than average of their John H. Chafee Foster Care Independence Act allocations on housing support were less likely to experience homelessness and incarceration than youth in other states.[55]

Effects of supportive services on homelessness prevention and other youth outcomes

- The U.S. Interagency Council on Homelessness developed a framework that identified four key areas of support critical to ending youth homelessness: stable housing, permanent social connections, educational attainment and employment, and social and emotional well-being.[56]
- Supportive services cover a wide range of activities, such as life skills training and education and career counseling, to help youth prepare for and adjust as they transition from foster care.[57] The evidence regarding the effects of supportive services on foster youth transition outcomes is mixed, given the broad set of programs studied in the literature and the specific populations targeted with those services. Much of the evidence base has examined independent living or transitional support programs for older foster youth, both of which focus on building skills for self-sufficiency and can occur when youth are living in either independent or group settings.
    - One international review concluded that, aside from personal characteristics, successful transition to independent living was associated with good education, social support, and money management.[58]
    - The FUP-FSS demonstration project identified significant unmet mental health care needs for youth transitioning out of foster care. FUP participants expressed that five years of rental support was insufficient, especially for youth who needed ongoing mental health services and were recovering from trauma.[59] Those unmet mental health needs can further delay key milestones in the transition to self-sufficiency, such as pursuing post-secondary education, finding and holding a job, and building credit or finding a guarantor to rent an apartment.[60]
    - In general, systematic and scoping reviews and one meta-analysis examining the effectiveness of independent living programs and services — which typically include education and employment support, tuition waivers, and life skills training — have shown inconclusive results or suggested that these programs do not have a significant impact on outcomes such as housing, employment, education, or supportive relationships.[61]
    - Examinations of NYTD data and reviews of independent living or transitional support services have found improvements in areas such as participants' educational attainment, employment, housing stability, and legal system

involvement. However, these findings were not consistent, as one systematic review did not identify any benefits on educational attainment.[62]

- A systematic review of 28 studies, including two randomized controlled trials, found that programs designed for transition-aged youth with behavioral health issues, such as coaching and mentoring interventions, have demonstrated positive effects on behavioral health outcomes such as anxiety, depression, and stress.[63] Another program that also contained a coaching component demonstrated positive benefits on transition outcomes. Specifically, an evaluation of this transitional supportive housing program wherein youth who were about to age out of foster care lived independently while receiving coaching on independent living skills and attaining education and employment goals, as well as mental health and clinical support. The youth who participated in this program reported better long-term housing, education, and employment outcomes than former foster care youth overall: 96% were stably housed, 58% were enrolled in two- or four-year colleges or universities; and 86% of those not enrolled as full-time students reported working at least 30 hours per week.[64]
- Despite the documented, important role that social support has in preventing negative outcomes for youth exiting care and transitioning into adulthood, the research on programs and services to bolster support has been mixed, particularly those that use classroom-based instruction models.[65] For example, a randomized controlled trial of four independent living programs in Los Angeles County using the county's "Life Skills Training" model for 17-year-old youth in care — which involves classroom-based instruction focused on skill areas such as education, employment, and daily living as well as short-term case management services — found that all foster youth in the study reported reductions in their social support over time regardless of whether they participated in the training program.[66]
- A randomized trial evaluation of an intensive case management and supportive services program for youth transitioning out of foster care or the juvenile justice system reported improved outcomes for housing stability, mental health, earnings, economic well-being, and exposure to intimate partner violence.[67]
- A literature review of asset building transition services, comprising post-secondary education and budgeting or financial education services, for older foster youth found positive outcomes for the few youth that receive them.[68] Youth receiving education services were more likely to receive financial aid, be enrolled in school, and report part-time employment.[69] Budgeting and financial education services were associated with receiving increased rates of financial aid and decreased rates of homelessness compared with foster youth overall.[70]

- A review of the effectiveness of transition programs for youth exiting foster care has also highlighted research gaps in evaluation evidence on these types of programs.[71] Among the 79 programs that the study examined, which aimed to positively influence education, employment, housing, social support, and health and mental health outcomes, only 10 had been rated using an established child welfare scientific rating scale, with the remaining not having sufficient research to rate their effects on transition outcomes.[72]
- The literature on supportive services for young adults of all backgrounds experiencing homelessness identified positive outcomes regarding self-sufficiency. A review of housing

interventions for young adults experiencing homelessness found that participating in a transitional living program for more than 12 months was associated with better outcomes regarding education, employment, and income compared with shorter tenure.[73] Among youth who are already experiencing homelessness, a systematic review of 22 studies found evidence that the use of cognitive behavioral therapy combined with case management helped improve the percentage of days that homeless youth were housed, and also found benefits of housing first interventions on housing stability.[74] These studies were not specific to foster care youth, but given their disproportionate representation in the population of homeless youth, may offer relevant findings.

- Other research has examined factors that may contribute to or hinder successful implementation of interventions for homeless youth and youth who are in unstable housing situations. These studies have highlighted, for example, the importance of consistent outreach and continual engagement from program staff, providing a balance of structure and flexibility, addressing barriers and time limits that prevent participation in programs, and ensuring appropriate and quality spaces and locations for services.[75]

Effects on education and its relationship to housing stability

- Although former foster youth are less likely than their peers to graduate from high school or receive a GED and are among the least likely populations to attend and graduate from college, strong evidence shows the financial, social, and health benefits of higher educational attainment. These benefits include higher earnings, greater financial stability, and delayed parenthood, making education an important vehicle for foster youth to transition to self-sufficiency.[76] As previously noted, enrollment in high school or university can have a protective effect against housing instability.[77] Furthermore, post-secondary education is associated with higher incomes and rates of employment in the U.S.[78] However, one mixed methods study found that foster youth who enroll in higher education still face substantial housing instability.[79]
- NYTD data from 2018 suggest that, among youth transitioning out of foster care in D.C., 67% reported having a high school diploma or GED by age 19 and 80%reported this level of attainment by age 21.[80] Adults with higher levels of educational attainment report better physical and emotional wellbeing and live longer, healthier lives than those with fewer years of education.[81]
    - The Midwest Evaluation, which followed 732 youth exiting foster care, found that by ages 25-26, 20% of young adults with foster care experience had not received a high school degree, compared to 6% of all young adults, and only 8% had attained a two- or four-year post-secondary degree, compared to 46% of young adults overall.[82]
    - Although nearly 3 in 4 foster youths say they want to attend college, fewer than 3% of youth who age out of foster care will attain a college degree in their lifetimes.[83] Foster youth face a particular set of barriers that persist once they enter a higher education program: food and housing insecurity and reduced social and financial support.[84] To the extent that this bill promotes actual or perceived housing security, it may promote increased rates of college enrollment and completion, and subsequent employment and income, among youth exiting the D.C. foster care system.

    - Former foster youth also had an employment rate of 48% at age 26 compared with 80% in a nationally representative sample of 25- and 26-year-olds, and their median earnings were $18,000 less than the comparison group of other young adults.[85]
- A scoping review of studies that analyzed efficacy of different independent living programs on educational outcomes for youth aging out of foster care found three themes associated with improved educational attainment: longer time spent in a program, programs that focus on developing participants' individual characteristics, and programs that provide subsidies for housing and/or higher education.[86]
- A systematic review found that independent living preparation, including coaching in academic skills, accessing and maintaining housing, employment, money management, and tutoring, was associated with college retention and graduation.[87]

WHICH POPULATIONS ARE MOST LIKELY TO BE AFFECTED BY THIS BILL?

African American youth represent 89% of D.C.'s foster care population, but African Americans of all ages make up only 54%of the general population in the city.[88] Several U-S.-based studies have found that African American youth with foster care experience face a higher risk of experiencing homelessness than counterparts of other races. [89] Data from D.C.'s 2022 point-in-time count of people experiencing homelessness found that 85.3% of people experiencing homelessness in the District were Black or African American, and that 13% of all adults counted were young adults ages 18-24.[90] A disproportionate number of youths in the foster care system exhibit behavioral health issues such as anxiety disorders, depression, and substance use disorders, and research shows that use of behavioral health services decreases when youth leave care.[91] Sexual and gender minority youth, including lesbian, gay, bisexual, transgender, and Two-Spirit youth, are also overrepresented in the U.S. foster care system.[92] When compared with their cisgender, heteronormative counterparts, they are more likely to have been kicked out of their family homes and show lower rates of reunification with family or adoption once in care.[93] Research using the NYTD show that American Indian and Alaska Native foster youth face significantly worse transition outcomes compared with foster youth of other racial and ethnic groups, with higher rates of homelessness and incarceration and lower rates of enrollment in higher education.[94] Studies have also shown that successful transition to adulthood varies by sex, with males having a greater likelihood of incarceration.[95]

Female foster youth, in particular those who are pregnant or parenting, may stand to benefit from this bill. Females in foster care have a higher risk of early pregnancy and childbirth, with research estimating that one in five give birth by age 19.[96] Another study found that 56% have at least one living child by age 21, and 90% of those were living with their children.[97] Research has also shown that female youth experiencing homelessness are more financially vulnerable than their male counterparts overall.[98] They report lower incomes, and females experiencing homelessness are more likely to be parenting a child.[99] Furthermore, one study found that transition-aged mothers experiencing homelessness are more likely to be Native American or African American than those who are housed.[100]

CONSIDERATIONS FOR IMPLEMENTATION

- A study of the FUP recommended increased collaboration between public housing agencies (PHAs) and child welfare agencies.[101] Fifty-one percent of PHAs interviewed for the study reported no regular meetings with their partner child welfare agency.[102]
- An evaluation of the FUP-Family Self-Sufficiency demonstration issued the following recommendations for PHAs and child welfare agencies:[103]
    - PHAs should:
        - Employ housing navigators to support FUP youth as they fill out voucher applications, search for housing, lease up, and move in.[104]
        - Recruit more landlords to increase acceptance of youth tenants.[105]
        - Have a dedicated staff member who specializes in youth needs to work directly with FUP participants and other youth.[106]
    - Child welfare agencies should:
        - Train PHAs on how best to serve youth with special needs and possible histories of trauma.[107]
        - Extend and expand required supportive services, including mental health services to address past trauma, beyond current parameters and time limits.[108]
- An analysis of longitudinal data regarding adult outcomes of youth aging out of foster care in three Midwest cities issued several recommendations for child services and PHAs to reduce the risk of homelessness for foster youth aging out of care, including:
    - PHAs should give preference to former foster youth on their waiting lists.[109]
    - Child welfare agencies should pay special attention to youth who face the highest risk of experiencing homelessness after aging out of care, such as youth who lacked placement stability while in care, and those who have a history of physical abuse and mental health challenges.[110]
    - Child welfare agencies should do more to help youth build financial resources while still in care to enable them to weather unexpected loss of income that might otherwise result in homelessness.[111]
- Researchers have demonstrated substantial variability among the older foster youth population in terms of their needs and reasons for leaving care, and emphasize the benefits of individualized services compared with a uniform approach.[112]

HOW LARGE MIGHT THE IMPACT BE?

Where possible, the Health Impact Project describes how large the impact may be based on the bill language and literature, such as describing the size, extent, and population distribution of an effect. As previously described, approximately 50 youth ages 18 and older exit foster care in D.C. each year, and evidence suggests that three quarters of youth who exit care do not have a permanent, legal connection to an adult or family member.[113] The impact of this bill would depend on how many D.C. youths aging out of foster care are able to navigate the systems in order to access supportive services and housing vouchers, and how many of those who receive vouchers are able to locate housing.

APPENDIX: METHODOLOGY

Once the bill was selected for analysis, a research team from the Health Impact Project hypothesized connections, or pathways, between the bill, heath determinants, and health outcomes. These hypothesized pathways were developed using research team expertise and a preliminary review of the literature. The selected bill components were mapped to steps on these pathways and the team developed research questions and a list of keywords to search. The research team reached consensus on the final conceptual model, research questions, contextual background questions, keywords, and keyword combinations. The conceptual model, research questions, search terms, and list of literature sources were peer-reviewed by an external subject matter expert. Two subject matter experts also reviewed a draft of the health note. A copy of the conceptual model is available upon request.

The Health Impact Project developed and prioritized five research questions related to the bill components examined:

- To what extent does access to housing choice vouchers for youth exiting foster care prevent chronic homelessness?
- To what extent does access to voucher housing lead to housing stability for youth aging out of foster care?
- To what extent does access to housing choice vouchers for youth exiting foster care affect youth employment rates?
- To what extent do supportive services for youth exiting foster care affect rates of employment? Educational attainment? Housing stability?
- To what extent does housing stability affect rates of employment among young adults? Educational attainment?

The research team next conducted an expedited literature review using a systematic approach to minimize bias and answer each of the identified research questions.[c] The team limited the search to systematic reviews and meta-analyses of studies first, since they provide analyses of multiple studies or address multiple research questions. If no appropriate systematic reviews or meta-analyses were found for a specific question, the team searched for nonsystematic research reviews, original articles, and research reports from U.S. agencies and nonpartisan organizations. The team limited the search to electronically available sources published between 2017 and 2022.

The research team searched PubMed and EBSCO databases along with the following leading journals in public health, as well as sector-specific journals suggested by subject matter experts for this analysis to explore each research question: American Journal of Public Health, Social Science & Medicine, Health Affairs, Children and Youth Services Review, Journal of Adolescent

[c] Expedited reviews streamline traditional literature review methods to synthesize evidence within a shortened timeframe. Prior research has demonstrated that conclusions of a rapid review versus a full systematic review did not vary greatly. M.M. Haby et al., "What Are the Best Methodologies for Rapid Reviews of the Research Evidence for Evidence-Informed Decision Making in Health Policy and Practice: A Rapid Review," *Health Research Policy and Systems* 14, no. 1 (2016): 83, https://doi.org/10.1186/s12961-016-0155-7.

Health, and Child Welfare.[d] For all searches, the team used the following search terms: foster youth transition, housing, homelessness, employment, incarceration, social capital, housing choice vouchers, housing stability, counseling, independence, self-sufficiency, and educational attainment. The team also searched Urban Institute, Chapin Hall, the Annie E. Casey Foundation, and the National Foster Youth Institute for additional research and resources outside of the peer-reviewed literature.

After following the above protocol, the team screened 3614 titles and abstracts,[e] identified 77 abstracts for potential inclusion, and reviewed the full text corresponding to each of these abstracts. After applying the inclusion criteria, 40 articles were excluded. Eight additional sources were identified upon review of the included articles. A final sample of 56 articles, including 11 systematic reviews, was used to create the health note. In addition, the team used 17 references to provide contextual information.

Of the studies included, the Health Impact Project qualitatively described and categorized the strength of the evidence as: not well researched, mixed evidence, a fair amount of evidence, strong evidence, or very strong evidence. The evidence categories were adapted from a similar approach from Washington State.[114]

Very strong evidence: the literature review yielded robust evidence supporting a causal relationship with few if any contradictory findings. The evidence indicates that the scientific community largely accepts the existence of the relationship.
Strong evidence: the literature review yielded a large body of evidence on the association, but the body of evidence contained some contradictory findings or studies that did not incorporate the most robust study designs or execution or had a higher-than-average risk of bias; or some combination of those factors.
A fair amount of evidence: the literature review yielded several studies supporting the association, but a large body of evidence was not established; or the review yielded a large body of evidence but findings were inconsistent with only a slightly larger percent of the studies supporting the association; or the research did not incorporate the most robust study designs or execution or had a higher than average risk of bias.
Mixed evidence: the literature review yielded several studies with contradictory findings regarding the association.
Not well researched: the literature review yielded few if any studies, or yielded studies that were poorly designed or executed or had high risk of bias.

[d] American Journal of Public Health, Social Science & Medicine, and Health Affairs were selected using results from a statistical analysis completed to determine the leading health research journals between 1990 and 2014 and in consultation with policing and criminal justice experts. Merigó, José M., and Alicia Núñez. "Influential Journals in Health Research: A Bibliometric Study." Globalization and Health 12.1 (2016), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4994291/.
[e] Many of the searches produced duplicate articles. The number of sources screened does not account for duplication across searches in different databases.

EXPERT REVIEWERS

This document benefited from the insights and expertise of Michael Pergamit, Ph.D., Senior Fellow, Urban Institute and Peggy Bailey, Vice President for Housing and Income Security at the Center on Budget and Policy Priorities. Although they reviewed the note and found the approach to be sound, neither they nor their organizations necessarily endorse its findings or conclusions.

ACKNOWLEDGMENTS

The Health Impact Project thanks the Council of the District of Columbia's Office of the Budget Director for providing insights into the policy context of B24-0941. The project also thanks Keshia Pollack Porter, Ph.D., Chair of the Department of Health Policy and Management at the Johns Hopkins Bloomberg School of Public Health for her strategic guidance throughout the health note initiative.

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