Improving Outcomes for Youth Transitioning Out of Foster Care

OVERVIEW OF FOSTER CARE

The purpose of the foster care system is to provide a temporary safe and stable environment for children and youth who have been abused or neglected, or who otherwise cannot be adequately cared for by their parents. The ultimate goal for every young person in foster care is to have a permanent home, whether through safe reunification with his or her parents, permanent adoption, or placement with a legal guardianship.[1] While in foster care, children are typically in the legal custody of the state, with shelter and daily care provided by foster or kinship (i.e., relative) families or by staff in residential or group homes. The primary administrative responsibility of child welfare services, which include foster care, rests with states. The federal government supports states by funding programs and establishing legislative initiatives.[2] In Hawai'i, the child welfare system is administered by the Department of Human Services (DHS).

In recent decades, reforms to federal and state child welfare policies and practices have led to greater emphasis on family preservation services, enhanced family reunification services, greater adoption promotion and support activities, and services that connect youth with family members and support kinship care.[3] The last decade has seen a decline in the number of children in foster care, likely the result of such improvements to child welfare policies and practices. Nationally, the number of children under 18 entering foster care decreased by 12% between 2000 and 2010, and by 47% in Hawai'i (see Figure 1). During this period, the number of children and youth in foster care decreased by 26% in the U.S. and by 49% in Hawai'i (see Figure 2).

FIGURE 1

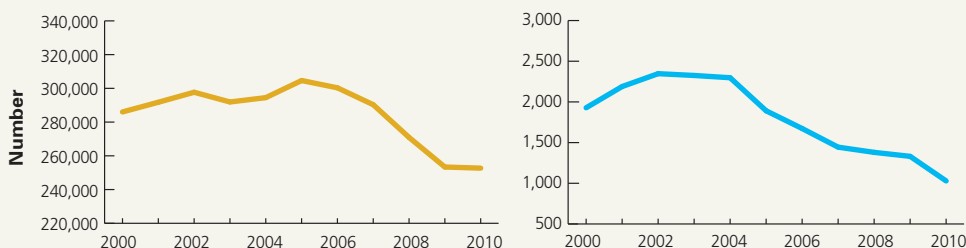Number of Children and Youth 0–17 Entering Foster Care: 2000–2010

FIGURE 2

Number of Children and Youth in Foster Care: 2000–2010
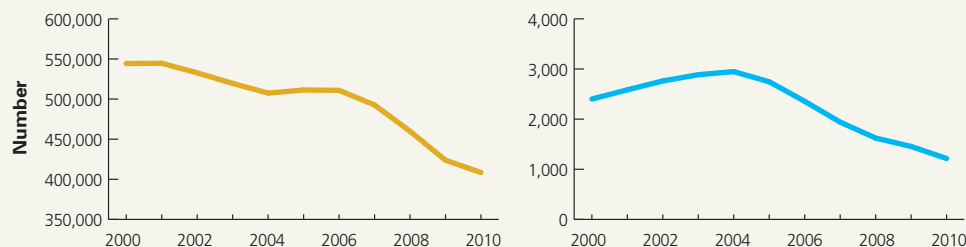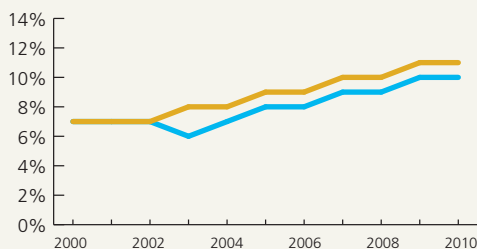

FIGURE 3

Percent of Youth Emancipated from Foster Care: 2000–2010

Data Source: Child Trends analysis of data from the Adoption and Foster Care Analysis and Reporting System (AFCARS), made available through the National Data Archive on Child Abuse and Neglect. See http://datacenter.kidscount.org/data/acrossstates/Trend.aspx?ind=6268&dtm=13034; http://datacenter.kidscount.org/data/acrossstates/Trend.aspx?ind=6242&dtm=12985; and http://datacenter.kidscount.org/data/acrossstates/Trend.aspx?ind=6277&dtm=13051&ch=2632

Data Notes: Most states allow children to remain in the foster care system until their 18th birthday, though some states have age limits that extend a few years beyond this. Except for the data presented in Figure 1, data include children up to age 20 regardless of their state limit. Youth are categorized as being in foster care if they entered prior to the end of the current fiscal year and have not been discharged from their latest foster care spell by the end of the current fiscal year. For data on emancipated youth, percent estimates are based on youth exiting foster care, where the reason is known. Missing data are excluded from percentage and frequency distributions. Children and youth are categorized as leaving foster care if they exited during the current fiscal year and remained out of foster care on the last day of the year. Data include children who have entered foster care in the current fiscal year or in a prior fiscal year. National estimates include Puerto Rico.

YOUTH AGING OUT OF CARE

For many young people in foster care, the goal of finding a safe and permanent home is not met, and these individuals are emancipated from (or "age out" of) the child welfare system at the age of 18 or older without a family of their own.[4] While the number of children in foster care has decreased, the share of youth who age out of care has increased. Nationally, 11% of those exiting care in 2010 aged out, up from 7% in 2000. The percent of youth aging out of care in Hawai'i has remained slightly below the U.S., however, the trend is similar (see Figure 3). There is wide variation in the percentage of youth who age out across states, with some states having much higher rates than others.[5] Several factors may explain why some youth are still in care as they reach the age of legal independence, including variations in state-level policies and practices. For example, some states have focused their efforts on reducing lengths of stay for younger children. Others have invested in services for older teens and—as some experts may argue—these states may not emphasize permanency (e.g., adoption, guardianship) for this age group because of the perception that youth receive more services when they remain in care.[6] There is also evidence to suggest that youth entering foster care as teens are at greater risk of aging out of the system as the odds of adoption decrease with age.[7]

While most young people in the general population continue to receive various forms of support from their families well into their twenties and experience the transition to adulthood as an extended process,[8] youth who age out of care are often expected to live independently well before their peers. A growing body of research suggests that youth who exit the foster care system without stable relationships and supports to help them navigate this developmental transition are at risk for a number of poor outcomes across several domains:

Education:

A higher proportion of these young people lack a high school diploma or GED, compared to their peers, likely the result of inter-related factors such as multiple school changes or delayed enrollment due to foster care placement changes, higher rates of grade retention, and higher rates of placement in special education. While many have educational aspirations similar to that of their peers, the education deficits nevertheless continue to persist through young adulthood, with youth formerly in foster care having much lower rates of postsecondary education enrollment and completion.[9]

Economic Security:

Given the link between educational outcomes and employment and income, this population also has higher jobless rates and reports lower earnings than their counterparts in the general population. As young adults, many continue to struggle to be self-sufficient and are more likely to experience economic hardship, more likely to receive government benefits, and less likely to have basic assets such

…youth who age out of care are often expected to live independently well before their peers.

as a bank account or a car. Many experience episodes of homelessness or unstable living arrangements (e.g., "couch surfing") given the lack of financial resources.[11]

Health:

Youth formerly in foster care may be at elevated risk for mental health issues that can be caused by the trauma and losses they experience, including post-traumatic stress disorder, substance use disorder, and depression. For those transitioning out of foster care without adequate supports in place, such mental health issues may be exacerbated as the stress of living independently takes its toll. Those aging out of care also report greater physical health issues, and more hospitalization and emergency room visits than other young people in this age group. Unfortunately, they are also are less likely to have health insurance coverage; those who do have health insurance are more likely to be covered by a public program rather than by employer-sponsored insurance or through their parents or spouse/partner.[12]

Safety and Risky Behaviors:

Young people transitioning from foster care are less likely to report the consistent use of birth control and a larger share of these young women experience pregnancy compared with their counterparts in this age group. This population, especially the young men, also experiences a higher level of involvement with the criminal justice system.[13]

FEDERAL POLICIES THAT SUPPORT TRANSITIONING FOSTER YOUTH

Two of the most recent and comprehensive federal laws reflect the growing knowledge and philosophical shift in the role child welfare systems have in supporting youth through this transition and doing so into early adulthood, rather than terminating services at age 18. The Foster Care Independence Act of 1999 (and its later expansion) increased funding to states for life skills preparation and transitional services (e.g., educational, vocational and employment training, and housing support) for adolescents, but also granted states the option to provide these independent living and transitional services to former foster youth up to age 21.[14] More recently, the Fostering Connections to Success and Increasing Adoption Act of 2008 (Fostering Connections Act), allows states the option to use federal entitlement funding to provide youth up to age 21 who meet certain conditions (e.g., enrolled in school or training, employed for at least 80 hours per month, or disabled) with basic necessities, including housing assistance, and case management services. The act also recognizes the importance of family connections in several ways, including allowing states to use federal funds for payments to legal kinship guardians (e.g., grandparents and other relatives) that care for youth who would otherwise remain in the system until they age out, with payments extended to guardian families that support youth up to age 21. Other provisions targeting transitioning-age youth (1) require child welfare agencies to develop a personal transition plan at the direction of the youth leaving care at least 90 days prior to their exit from care; and (2) clarify that youth who leave foster care after age 16 for kinship guardianship are eligible for independent living services and education and training vouchers (i.e., for tuition, books, and other educational and training expenses).[15]

## RECOMMENDATIONS AND STRATEGIES TO IMPROVE OUTCOMES

Despite these findings, many youth do navigate the transition out of foster care successfully.[16] Researchers, child welfare experts, and policymakers are understanding more fully how resilience can be developed, outcomes improved, and how youth aging out of care can be better supported and prepared for a successful transition to adulthood. Recommendations for strategies that mitigate the challenges faced by transitioning-age foster youth generally emphasize:

Supporting educational success and attainment.

Educational attainment is not only a positive outcome on its own, but also serves as a valuable resource that supports better outcomes across a number of domains, such as employment and economic security.[17] Strategies that minimize changes in schools and, therefore, disruptions to learning, are critical for academic success. Recent federal legislation heeds this recommendation; it requires states to make sure that children and youth placed in care, or whose care placement is transferred, can stay in the same school or be transferred promptly if a change is inevitable.[18] School-based strategies must also ensure that approaches targeting behavioral problems (which are common among foster youth) are effective and do not simply rely on suspensions and expulsions, which interfere with learning. High school completion can be further supported through efforts that promote school attendance and provide access to supplemental educational services (e.g., tutoring). Foster youth must also be supported in achieving their postsecondary educational or training aspirations, with comprehensive supports offering assistance with entry and financial aid applications, opportunities for grants and tuition waivers, and focused academic and career counseling and mentoring.[19]

Providing employment opportunities and addressing barriers to employment.

Most young adults require guidance for completing job applications, developing resumes, conducting themselves in a job interview, and learning appropriate jobsite behavior. Young people in the general population may also benefit from their parents' natural networks when seeking employment. Job-seeking guidance, opportunities to learn about career options, and mentoring that provides connections to employment are especially important for transitioning foster youth in order to help them improve their long-term employment and economic outcomes.[20] Many child welfare agencies partner with public workforce investment systems, employers, and community colleges to provide such opportunities to transitioning foster youth.[21] However, there are subgroups within this population with particular barriers to employment. For example, research indicates that those who have been involved with the juvenile and adult criminal justice systems are less likely to be hired. Young mothers also face barriers to employment due to their child-rearing duties, often as single parents. Researchers point to the need for closer collaboration between child welfare agencies and criminal justice systems, as well as organizations that serve young low-in-
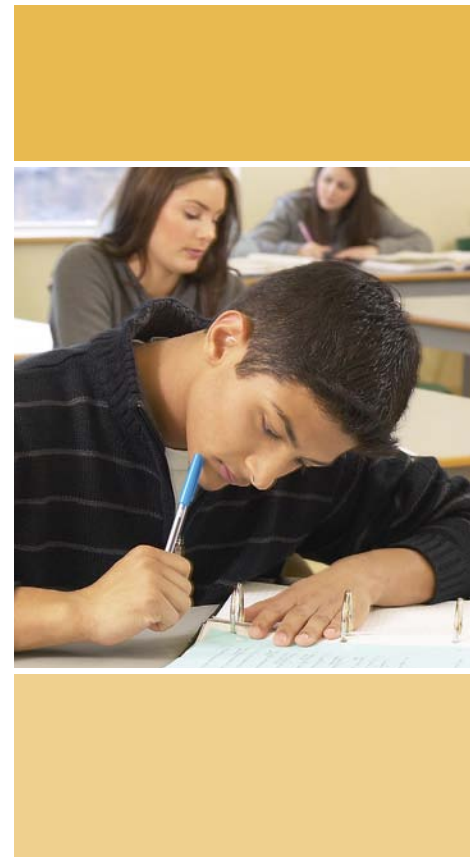
Researchers, child welfare experts, and policymakers are understanding more fully how resilience can be developed, outcomes improved, and how youth aging out of care can be better supported and prepared for a successful transition to adulthood.

come parents, in developing programs that address the particular training and employment needs of such subgroups. Researchers also point to correlations between the living arrangements of foster youth and poor employment outcomes, with those transitioning out of group care being especially vulnerable and perhaps requiring additional and more targeted employment assistance.[22]

Facilitating access to safe and affordable housing.

Efforts have been in place at the federal level to address the persistently high rates of homelessness and housing instability among youth formerly in foster care. States are allowed to spend federal funds on housing for transitioning youth until age 21, and funds through the Department of Housing and Urban Development have been made available to provide limited rental assistance for some eligible foster youth.[23] Nevertheless, research on the housing outcomes of youth who age out of care suggest that funding is insufficient in this area given the scope of the problem.[24] In order to support more youth with their housing needs, recommendations encourage partnerships among state and local housing authorities and community-based and nonprofit organizations that can pool rental assistance subsidies and leverage resources from various affordable housing programs.[25] Research further reveals a critical need for better discharge planning with respect to housing.[26] Federal legislation now requires states to help youth

PLACEMENT MATTERS

Most children and youth in foster care are placed with families, whether relatives or non-relatives, which is preferable and important for healthy development.[27] Some, typically older youth or those with behavioral or health problems, are placed in group homes or residential care settings.[28] Youth placed in these congregate care settings are at greater risk for less favorable outcomes. Older youth in congregate care are less likely to find a permanent home and more likely to age out of foster care, often lacking the types of family connections that are more easily developed in family-based settings and necessary for lifelong success.[29] In Hawai'i, a higher proportion (88%) of children and youth in care are in foster family settings, compared with the U.S. (74%). Hawai'i also has a smaller share
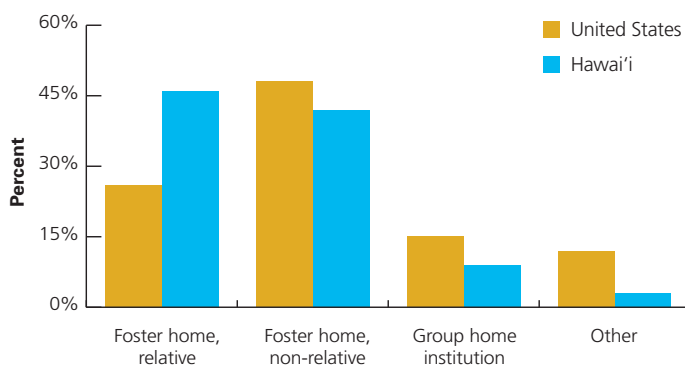
(9%) of foster children and youth in group or residential care settings, compared with the U.S. (15%). Oregon and Washington lead the nation with the smallest share (5%) of children and youth in congregate care and Colorado has the largest (37%), with Hawai'i ranking seventh in 2010.[30]

Data Source: Child Trends analysis of data from the Adoption and Foster Care Analysis and Reporting System (AFCARS), made available through the National Data Archive on Child Abuse and Neglect. See http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?ind=6247

Data Notes: Data includes children and youth from birth up to age 20 in the foster care system by placement type, where placement type is known. Most states allow children to remain in the foster care system until their 18th birthday, though some states have age limits that extend a few years beyond this. The current indicator includes children up to age 20 regardless of their state limit. "Other" includes supervised independent living, runaways, pre-adoptive homes, and home visits. Missing placement type data are excluded from percentage and frequency distributions. Placement type is the setting in which the child was living at the end of the fiscal year. National estimates include Puerto Rico. Youth are categorized as being in foster care if they entered prior to the end of the current fiscal year and have not been discharged from their latest foster care spell by the end of the current fiscal year.

develop a personalized transition plan prior to exiting care, with housing as one of the critical needs that must be specifically addressed in the plan (see discussion of the Fostering Connections Act).[31]

Helping youth access health insurance and needed health services.

Many foster youth are eligible for Medicaid while in care, but are at risk of losing their eligibility when they turn 18. Federal policy now allows states the option to extend Medicaid coverage for youth who have aged out of care, up to age 21. In addition, beginning in 2014, the Patient Protection and Affordable Care Act (i.e., the health care reform act) will make this option mandatory, up to age 26.[32] However, even when they exit care with health insurance eligibility, these young people need assistance enrolling in public insurance programs and, in many cases, re-enrolling annually to maintain their coverage. Those with coverage require assistance and guidance in navigating health and mental health systems in order to receive the care they need.[33] Federal policy now requires states to develop a plan for ongoing oversight and coordination of health care services for youth in care.[34] Given their elevated risk for mental health issues, recommendations also include increasing access to evidence-based mental health treatment services and increasing mental health insurance coverage.[35]

Helping youth build enduring, supportive relationships.

Research shows that having stable, supportive relationships is critical for positive development, and youth who exit care without those supports fare poorly.[36] Foster youth may become disconnected from extended family and social networks when multiple placements, school changes due to placement changes, or placements in institutional settings occur. Integrated transitional planning, therefore, must include connecting older youth in care to a family member (such as a grandparent, aunt, or uncle) or other caring adult who is committed to the youth for a lifetime, with transitional services offering skills to build relationship competencies.[37] Recommendations within this area also emphasize that older youth in care not be placed in group settings but, instead, be in the context of family.[38] Many relative caregivers are often willing to care for these young people but need the additional support and resources to do so. Federal legislation now allows for such support to relative or "kinship" guardians (see discussion of Fostering Connections Act).[39] Finally, experts argue that states typically do not prioritize permanency options (such as adoption or guardianship) for youth beyond middle adolescence, and that such practices must be reversed and policies implemented to better support older youth secure permanent relationships.[40]

Extending foster care to young adulthood.

Cutting across these strategies is the recommendation that foster care be extended to at least age 21. Although still limited, there is evidence to suggest that young adults in extended foster care (i.e., after age 18) are more likely to stay in school and pursue higher education, have a decreased risk of economic hardship, and are more likely to access health services, delay pregnancy, and utilize independent living services.[41] Because

…there is evidence to suggest that young adults in extended foster care (i.e., after age 18) are more likely to stay in school and pursue higher education…

young adults who have reached the age of majority are able to choose whether to stay in care or not, foster care services for this age group must be youth-driven and developmentally appropriate. Services must further focus on providing the educational, employment, housing, and health care supports and relationship connections that will position them to achieve better outcomes.[42] The additional costs to states of extending foster care services to age 21, however, has been a concern at the center of this recommendation. Federal legislation now allows states the option to extend care up to age 21, providing federal entitlement funds for supports and services to young adults (see discussion of Fostering Connections). To date, 13 states and the District of Columbia are exercising this option, however, several states are pending approval of their plan to extend care.[43] Child welfare researchers argue that costs to federal and state govern-ments may very well be offset in the long run by the benefits to foster youth and society.[44]

Implementing cross-systems, collaborative approaches.

As foster care services are increasingly offered to youth beyond age 18, state child welfare agencies will have to work collaboratively with and rely on other public institutions to carry out their new role of parenting into young adulthood.[45] Transitioning foster youth clearly have unique and significant educational, employment, housing, and health care needs. In meeting these needs, child welfare agencies are warned *not* to reinvent the wheel by providing services that are not within their scope but, instead, to break through bureaucratic silos and work with other public institutions that have the expertise and infrastructure necessary to effectively and efficiently address the needs of this population.[46]

HAWAI'I YOUTH OPPORTUNITIES INITIATIVE: HELPING HAWAI'I'S FOSTER YOUTH MAKE SUCCESSFUL TRANSITIONS TO ADULTHOOD

In Hawai'i, a strong network of organizations serves youth in and transitioning out of foster care. Various nonprofit, funding, and private organizations have formed partnerships and collaborative relationships with the Hawai'i Department of Human Services and Family Court (which has jurisdiction over children in state custody) to maximize resources and efficiently deliver services to this population.

The Hawai'i Youth Opportunities Initiative is one example of effective partnership and collaboration that implements many of the strategies and recommendations targeted at improving conditions for transitioning youth. In 2010, Hawai'i was selected as a co-investment site for the Jim Casey Youth Opportunities Initiative, a national foundation with a mission to bring together the people, systems, and resources necessary to support successful transitions for young people leaving care. In its work to improve outcomes for this population, the initiative applies the latest research and knowledge of best practices. Locally, the Hawai'i Youth Opportuni-

ties Initiative engages a youth-led board (comprised of youth currently in and those who have transitioned from foster care) and community partners (including representatives from the Hawai'i Department of Human Services, Family Court, local foundations, the university system, other public institutions, and the business sector). Together, they develop strategies and activities aimed at ensuring that youth leaving care have:

- an adult to rely on and a supportive family network;
- stable education and postsecondary educational and training opportunities;
- employment opportunities and opportunities for economic success;
- access to safe, affordable housing;
- access to physical and mental health care; and,
- supportive relationships in the community that can help them achieve their personal goals.

The initiative targets youth leaving care up to age 25. The initiative's core strategies include (1) engaging youth in developing the skills and leadership abilities they need to plan for their future and to advocate for others; (2) engaging community partners and securing resources that create opportunities and improve outcomes; (3) utilizing research and evaluation data to document results, drive decision making and communications, and to increase public awareness of the challenges faced by young people leaving care; and (4) advocating and shaping policy agendas to improve conditions for these young people. In addition, the "increased opportunities" strategy of the initiative provides youth participants financial literacy training. Upon training completion, participants receive stipends and, through a partnership with a local bank, a savings account that can be matched up to $1,000 a year and used for education, transportation, housing, and medical expenses or applied toward an investment.

The Hawai'i Youth Opportunities Initiative's current policy efforts are focused on:

- improving access to health insurance coverage and health care;
- supporting state efforts to extend the option to remain in foster care up to age 21;
- improving success in postsecondary education and training on Oahu; and,
- improving access to safe, stable, and affordable housing in East Hawai'i. †

† For more information on the Hawai'i Youth Opportunities Initiative, visit the EPIC 'Ohana, Inc. website at http://www.epicohana.info.

CITATIONS

1 Child Trends (2011). *Foster care data snapshot*. Child Trends Data Snapshot. Washington, DC: Child Trends; Dworsky, A., & Havlicek, J. (2009). *Review of state policies and programs to support young people transitioning out of foster care*. Chicago, IL: Chapin Hall at the University of Chicago.

2 Child Welfare Information Gateway (2012). *How the child welfare system works*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau; Child Welfare Information Gateway (2012). *State vs. county administration of child welfare services*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

3 Casey Family Programs (2011). *Ensuring safe, nurturing and permanent families for children: Foster care reductions and child safety*. Seattle, WA: Casey Family Programs; Murray, K.O., & Gesiriech, S. (2004). *A brief legislative history of the child welfare system*. Pew Commission on Children in Foster Care. The Pew Charitable Trust. Retrieved on December 5, 2011, from http://www.pewtrusts.org/our_work_report_detail.aspx?id=48994.

4 McCoy-Roth, M., DeVooght, K., & Fletcher, M. (2011). *Number of youth aging out of foster care drops below 28,000 in 2010*. Analysis No. 5. Washington, D.C.: FosteringConnections.org. Retrieved on February 16, 2012 from http://www.fosteringconnections.org/tools/assets/files/Older-Youth-brief-2011-Final.pdf; The Pew Charitable Trust (2007). *Time for reform: Aging out and on their own*. Philadelphia, PA: The Pew Charitable Trust.

5 McCoy-Roth, M., DeVooght, K., & Fletcher, M. (2011).

6 Ibid.

7 DeVooght, K., Malm, K., Vandivere, S., & McCoy-Roth, M. (2011). *Trends in adoptions from foster care in the wake of child welfare reforms*. Analysis No. 4. Washington, D.C.: FosteringConnections.org. Retrieved on January 25, 2012 from http://www.fosteringconnections.org/tools/assets/files/Connections_Adoption.pdf; Evan B. Donaldson Adoption Institute (2011). *Never too old: Achieving permanency and sustaining connections for older youth in foster care*. New York, N.Y.: Evan B. Donaldson Adoption Institute; Wertheimer, R. (2002). *Youth who "age out" of foster care: Troubled lives, troubling prospects*. Child Trends Research Brief Publication #2002-59. Washington, D.C.: Child Trends.

8 Furstenberg, F.F. (2010). On a new schedule: Transitions to adulthood and family change. *The Future of Children, 20*(1), 67-87; Jim Casey Youth Opportunities Initiative (2011). *The adolescent brain: New research and its implications for young people transitioning from foster care*. St. Louis, M.O.: Jim Casey Youth Opportunities Initiative; Schoeni, R.F., &

Ross, K.E. (2005). Material assistance received from families during the transition to adulthood. In R.A. Settersten, F.F. Furstenberg, & R.G. Rumbaut (Eds.) *On the Frontier of Adulthood: Theory, Research, and Public Policy* (pp. 3-7). Chicago, IL: University of Chicago Press.

9 Courtney, M., Terao, S., & Bost, N. (2004) *Midwest evaluation of the adult functioning of former foster youth: Conditions of the youth preparing to leave state care*. Chicago, IL: Chapin Hall at the University of Chicago; Courtney, M., Dworsky, A., Lee, J., & Raap, M. (2010). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at ages 23 and 24*. Chicago, IL: Chapin Hall at the University of Chicago.

10 Child Trends (2009). *Older youth in foster care*. State child welfare database. Retrieved on December 8, 2011, from http://www.childwelfarepolicy.org/.

11 Brandford, C., & English, D. (2004). *Foster youth transition to independence study*. Seattle: Washington, Department of Social and Health Services, Office of Children's Administration Research; Courtney, M., et. al. (2010); Pecora, P.J., Kressler, R.C., Williams, J., O'Brien, K., Downs, A.C., English, D., White, J., Hiripi, E., White, C.R., Wiggins, T., & Holmes, K. (2005). *Improving family foster care: Findings from the Northwest foster care alumni study*. Seattle, WA: Casey Family Programs.

12 Courtney, M. et. al. (2004); Courtney, M.E., & Dworksy, A. (2006). Early outcomes for young adults transitioning from out-of-home care in the USA. *Child and Family Social Work, 11*, 209-219.; Courtney, M., et. al. (2010); Leslie, L.K., Landsverk, J., Ezzet-Lofstrom, R., Tschann, J.M., Slymen, D.J, & Garland, A.F. (2000). Children in foster care: Factors influencing outpatient mental health service use. *Child Abuse & Neglect, 24* (4), 465-476; Pecora, P.J., et. al. (2005).

13 Brandford, C., & English, D. (2004); Courtney, M., et. al. (2010).

14 Administration for Children and Families (n.d.). *John H. Chafee Foster Care Independence Program*. Retrieved on April 30, 2012, from http://www.acf.hhs.gov/programs/cb/programs_fund/state_tribal/jh_chafee.htm; Golonka, S. (2010).

15 FosteringConnections.org (n.d.); Golonka, S. (2010); Peters, C.M., Dworsky, A., Courtney, M.E., Pollack, H. (2009).

16 Courtney, M., & Hook, J.L. (2010). *Distinct subgroups of former foster youth during young adulthood: Implications for policy and practice*. Chapin Hall Issue Brief. Chicago, IL: Chapin Hall at the University of Chicago.

17 Osgood, D.W., Foster, M., & Courtney, M.E. (2010). Vulnerable populations and the transition to adulthood. *The Future of Children, 20* (1), 209-229.
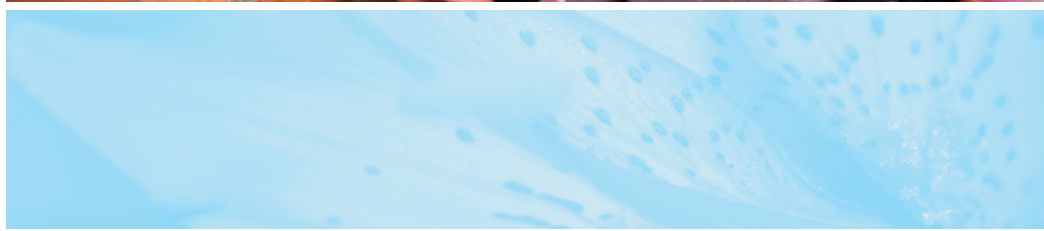
18 FosteringConnections.org (n.d.). *Description of the law*. Retrieved on April 30, 2012, from http://www.fosteringconnections.org/about_the_law?id=0001 .

19 Casey Family Programs (2011). *Education is the lifeline for youth in foster care*. Seattle, WA: Casey Family Programs. Retrieved on April 30, 2012, from http://www.casey.org/Resources/Publications/pdf/EducationalOutcomesFactSheet.pdf; Courtney, M., & Hook, J.L. (2010); Golonka, S. (2010). *The transition to adulthood: How states can support older youth in foster care*. Economic, Human Service and Workforce Division, National Governors Association Center for Best Practices. Washington, D.C.: National Governors Association Center for Best Practices; Hook, J.L., & Courtney, M. (2010). *Employment of former foster youth as young adults: Evidence from the Midwest study*. Chapin Hall Issue Brief. Chicago, IL: Chapin Hall at the University of Chicago; Osgood, D.W., Foster, M., & Courtney, M.E. (2010); Pecora, P.J., Kressler, R.C., Williams, J., O'Brien, K., Downs, A.C., English, D., White, J., Hiripi, E., White, C.R., Wiggins, T., & Holmes, K. (2005).

20 Golonka, S. (2010).

21 Ibid.

22 Courtney, M., & Hook, J.L. (2010); Hook, J.L., & Courtney, M. (2010).

23 Dworsky, A., & Courtney, M. (2010). *Assessing the impact of extending care beyond age 18 on homelessness: Emerging findings from the Midwest study*. Chapin Hall Issue Brief. Chicago, IL: Chapin Hall at the University of Chicago.

24 Ibid.

25 Golonka, S. (2010).

26 Dworsky, A., & Courtney, M. (2010).

27 Harden, B.J. (2004). Safety and stability for foster children: A developmental perspective. *The Future of Children*, 14 (1), 30-47.

28 Annie E. Casey Foundation (2011). *Data snapshot on foster care placement*. Baltimore, MD: Annie E. Casey Foundation; Harden, B.J. (2004).

29 Annie E. Casey Foundation (2011); Casey Family Programs (2008); Harden, B.J. (2004).

30 Annie E. Casey Foundation, KIDS COUNT Data Center. Retrieved on June 8, 2012, from http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?ind=6247

31 Dworsky, A., & Courtney, M. (2010); FosteringConnections.org (n.d.).

32 The White House (n.d.). *The affordable care act gives parents greater control over their children's health care*. Retrieved on May 24, 2012, from http://www.whitehouse.gov/files/documents/health_reform_for_children.pdf.

33 Golonka, S. (2010).

34 Ibid.

35 Pecora, P.J., et. al. (2005).

36 Evan B. Donaldson Adoption Institute (2011); Golonka, S. (2010); Jim Casey Youth Opportunities Initiative (2011); Osgood, D.W., Foster, M., & Courtney, M.E. (2010).

37 Casey Family Programs (2008). *Improving outcomes for older youth in foster care*. Seattle, WA: Casey Family Programs; Golonka, S. (2010); Jim Casey Youth Opportunities Initiative (2011); Kerman, B. & Glasheen, L. (2009). The central role of permanence in improving outcomes for youth aging out of foster care. *CW360: A comprehensive look at a prevalent child welfare issue*. Spring 2009, 10 – 11 . Saint Paul: University of Minnesota, School of Social Work.

38 Casey Family Programs (2008); Jim Casey Youth Opportunities Initiative (2011).

39 Casey Family Programs (2008); FosteringConnections.org (n.d.).

40 Evan B. Donaldson Adoption Institute (2011); Golonka, S. (2010).

41 Courtney, M.E., & Dworsky, A.(2005). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 19*. Chicago, IL: Chapin Hall at the University of Chicago; Courtney, M.E., Dworsky, A., & Pollack, H. (2007). *When should the state cease parenting? Evidence from the Midwest study*. Chapin Hall Issue Brief. Chicago, IL: Chapin Hall at the University of Chicago; Peters, C.M., Dworsky, A., Courtney, M.E., & Pollack, H. (2009). *Extending foster care to age 21: Weighing the costs to government against the benefits to youth*. Chapin Hall Issue Brief. Chicago, IL: Chapin Hall at the University of Chicago.

42 Jim Casey Youth Opportunities Initiative (2011).

43 National Resource Center for Youth Development (n.d.). *Federally funded foster care beyond 18*. Retrieved on July 17, 2012, from http://www.nrcyd.ou.edu/state-pages/search.

44 Peters, C.M., Dworsky, A., Courtney, M.E., & Pollack, H. (2009).

45 Courtney, M.E. (2009). The difficult transition to adulthood for foster youth in the US: Implications for the state as corporate parent. *Social Policy Report, 23*(1), 3-18; Courtney, M., & Hook, J.L. (2010).

46 Ibid.

CENTER
ON THE
FAMILY

HAWAI'I
kids
count