PART I OF II

EVIDENCE OF A PROBLEM:

NORTH CAROLINA'S FOSTER CARE PLACEMENT SYSTEM AND ITS IMPACT ON OLDER YOUTH IN CARE

Quincy Ellzey

December 2014

TABLE OF CONTENTS

INTRODUCTION

Roughly twenty billion dollars are spent annually on all of America's foster youth, whom currently total 397,000, yet those involved with the child welfare system mostly agree that the system is not working.[1] Unfortunately, the literature examining outcomes for foster youth, particularly emancipated youth, support such a belief.[2] For every youth who ages out of foster care, taxpayers and communities pay a conservative average of $300,000 in social costs like public assistance, incarceration, lost wages to an actual individual, and lost state and federal tax revenues. At this rate, the approximate 26,000 youth who age out of foster care each year cost the nation roughly $7.8 billion (see Appendix A) (Jim Casey Youth Opportunities Initiative, 2013).[3] While America is spending dollars supporting this population, these older youth often spend a lifetime working through the personal repercussions of abuse and/or neglect.

Foster children are twice as likely to develop Posttraumatic Stress Disorder as veterans of war. Eighty percent of foster children have serious emotional problems, and 50% have chronic medical issues (Beam, 2013). Only 57% of emancipated foster youth have received high school diplomas or GEDs by the age of 19. Over 20% end up homeless at 18, and half will be unemployed by the age of 24. One in four youth will become involved in the criminal justice system soon after leaving foster care. Seventy-one percent of females from foster care will

---

[1] Public costs for removing America's foster youth from their families include short term expenses like medical care, housing costs, and child care payments in addition to longer term societal costs due to the developmental risks associated with child maltreatment and family disruption (Zill, 2011).

[2] America's foster care system is comprised of children, ages 0 to 21, with the emancipation age varying across states. Emancipation or "aging out" refers both to the emancipation of minors and to youth who age out of foster care between the ages of 18 and 21, depending on individual state policies (Child Welfare Information Gateway, 2013). By North Carolina law, the emancipation age for foster youth is 18. However, foster youth are offered the opportunity to sign a Contractual Agreement for Continued Residential Support (CARS) and continue receiving placement services and other resources until age 21. Over half of the youth participating in Second Family Foundation (SFF) have aged out of foster care (with 4 having signed a CARS).

[3] According to the 2013 brief issued by the Jim Casey Youth Opportunities Initiative, one cohort year graduating at the rate of the general population would increase earnings over a working life by $1,867,000,000 and increase taxes paid by $430,000,000; one cohort year of unplanned, too early childbearing would cost $250,000,000; and one cohort year of criminal justice costs for a criminal career would total $5,236,000,000. Therefore, the estimated total costs for academic failure, unplanned pregnancy, and criminal involvement each year are $7,783,000,000. Jim Casey gathered these numbers from a frequently cited study by the Alliance for Excellent Education.

become pregnant by the age of 21 (Jim Casey Youth Opportunities Initiative, 2013). These youth are faring poorly, and the funding poured into the system does not appear to be making enough of a difference to ensure their successful transition to adulthood.

To determine how best to improve foster youth outcomes at the local level, SFF's past ten years of research has concentrated on understanding the total foster care experience. This research includes an ongoing collaboration with the Orange County Department of Social Services and previous collaborations with the North Carolina Division of Social Services. Jordan Institute for Families at the University of North Carolina at Chapel Hill's School of Social Work was an early partner in the SFF work and included valuable guidance from esteemed child welfare educator Rick Barth. Barth was able to organize a meeting between SFF board members and Casey Family Programs at Casey's headquarters in Seattle, Washington. Initial information learned from Casey Family Programs, Barth, and SFF partners emphasized that an area worthy of SFF's attention is foster care placements and providers. Direct experience with placements over the past ten years lead SFF to believe it remains an issue needing attention. At the start of this new decade for SFF, a more in-depth look into North Carolina's foster care placement system is critical to implementing effective changes and gaining an understanding of what is affecting older foster youth.

This document, Part I of a two-part paper discussion, will first review legislative efforts implemented to support foster care experiences and outcomes. This paper will also outline national foster care placement trends and options, with a focus on ones specific to North Carolina. The overall effects of placement quality and placement stability (or lacks there of) on older foster youth will be discussed as well. Part II of this series will examine several different services and approaches designed to improve the development and well-being of the nation's

foster youth. The insights gained in Parts I and II will support the suggested SFF program changes.

LEGISLATIVE AND POLICY EFFORTS

In 1997, the Adoption and Safe Families Act (ASFA) was passed to reduce the time children are allowed to remain in foster care before being available for adoption. The focus of the act was to impose stricter time limits on reunification efforts and accelerate permanent placement plans. Ten years after ASFA became law, the number of children in foster care on any given day was about 7,000 fewer than before ASFA was passed (Child Welfare Information Gateway, 2014).

The John Chafee Foster Care Independence Act of 1999 provides funding for foster youth who are aging out to assist them with achieving self-sufficiency; each state determines how best to administer the funds. North Carolina's Foster Care Independence Program, called NC LINKS, attempts to build a network of relevant services with and for youth so that they will have ongoing connections and other resources to facilitate their transition to adulthood (North Carolina Department of Health and Human Services, 2012).

The U.S. government also funded the Education and Training Voucher (ETV) Program in 2001 to assist youth who emancipated out of foster care in obtaining college or vocational training for free or at a reduced cost. In North Carolina, qualified students may receive up to $5,000 a year for qualified school-related expenses (Foster Care to Success, 2014). This funding is in addition to other need based funds such as the US Pell Grant.

In the early 2000s federal investigators spent three years evaluating the foster care system in all 50 states. They assessed the safety and well-being of children using the following criteria:

- Children are protected from abuse and neglect
- Children are safely maintained in their homes whenever possible and appropriate

- Children have permanency and stability in their living situations
- The continuity of family relationships and connections is preserved for children
- Families have enhanced capacity to provide for their children's needs
- Children receive appropriate services to meet their educational needs
- Children receive adequate services to meet their physical and mental health needs

Sixteen states, one of which was North Carolina, did not meet any of the seven criteria (Pear, 2004). No state met more than two of the seven criteria, indicating additional legislative adjustments were necessary (Beam, 2013).

There was a noticeable decline in the number of children in North Carolina's foster care system following the 2006 statewide implementation of Multiple Response System (MRS). Under MRS, investigations of child abuse/neglect reports can follow one of two tracks: investigative or family assessment. The investigative track is similar in most respects to the way maltreatment reports were handled prior to MRS implementation. The family assessment track, on the other hand, allows and encourages the provision of services to families that would build on their strengths and eliminate the risk of harm to their children (Stewart & Duncan, 2013).

The Fostering Connections to Success and Increasing Adoptions Act of 2008 is the most recent piece of major federal legislation and arguably the most influential. This bill extended various benefits and funding opportunities for foster children between the ages of 18 and 21. It also strengthened the push to keep sibling groups intact and follow case plans for all foster youth (Children's Defense Fund, 2012). The ability to extend services up to age 21 is important to child welfare agencies when making case plans for youth with a goal of emancipation. With federal support, agencies can coordinate transitional living plans and ensure continued healthcare, independent living assistance, and educational assistance.[4] These afforded opportunities increase the likelihood of a successful shift into adulthood. SFF acknowledges these types of services

---

[4] Nationally, emancipated youth are now eligible for Medicaid health insurance up through the age of 26. This additional time (age 22-26) is due to the Affordable Care of Act of 2010.

exist in North Carolina, and have had youth in the program utilize some benefits (i.e. health insurance), but most services are not obvious until sought by the youth.

EXISTING TRENDS

The nation's total population of foster youth steadily declined over the past decade, decreasing by almost a quarter (23.7%) between 2002 and 2012, from 523,616 to 399,546 (Administration on Children, Youth and Families, 2013). According to the state database maintained by Jordan Institute at UNC (2014), that trend was evident in the foster care system in North Carolina overall and in Orange County in particular. Both the state and county experienced an overall decline in total children in foster care under the custody of the Department of Social Services (DSS), particularly since the implementation of MRS. However, annual data now reflects an increase to the total North Carolina foster youth (9,955 as of September 2014) for the first time in eight years.[5] Orange County's total numbers seemed to have ebbed and flowed over the past couple of years: an overall decline is noticed with an occasional insignificant increase. At the end of September 2014, there were 105 children under the custody of Orange County DSS. Of those 105 children, 25 are over the age of 12.

The national annual percentages of youth aging out of the foster care system continue to rise, even when the total number of children entering foster care decreases. These older youth are less likely than younger children to have a family-based placement and therefore less likely to find a permanent home while in the system.[6] Consequently, many of these youth exit the foster care system without the benefit of an established family connection. Missing family experiences during adolescence harms the youth; they may not learn essential self-development skills and/or

---

[5] Monthly totals indicate that 11,210 children were in NC foster care at the end of September 2006. This number steadily declined to 8,636 at the end of September 2012. Since that time, the numbers have slowly increased.

[6] One-third of the youth who recently aged out of foster care reported that their last placement was a non-family setting (Langford & Badeau, 2013).

know how to use them effectively if and when they learn them. These losses may help explain why older youth are performing poorly during their transition to adulthood.

PLACEMENT OPTIONS

North Carolina pays for foster care through two program streams, North Carolina Foster Care Funds (also known as IV-E funds) and the State Foster Home Fund (SFHF). Title IV-E of the Social Security Act is a funding stream comprised of federal dollars as well as state and county funds.[7] IV-E funds are used to assist with "board payments"—the cost of the child's care while in a licensed out-of-home placement (which includes placement Levels I through IV). If a child is IV-E eligible, then the custodial DSS is reimbursed back at about 65% of the foster care board rate. SFHF funds are used to cover the remaining foster care placement costs when children are not otherwise eligible for other types of foster care funds, such as IV-E. Medicaid health insurance dollars can also play a role in the costs and reimbursement of a foster home (Level II and higher).

While funding can influence placements, North Carolina Department of Health and Human Services (NCDHHS) has several policies that DSS agencies should consider when locating an out-of-home placement. When children cannot be assured safety in their own homes, the best alternative resource can often be found within the extended family and other "kin." Kinship is the self-defined relationship between two or more people and is based on biological, legal, and/or strong family-like ties. Most people have loosely structured kinship networks that are available in times of difficulty. Recognizing the importance of maintaining family connections, DSS agencies shall first attempt to seek out kinship placement options and try to place sibling groups together or in the closest proximity possible, unless contrary to the child's

---

[7] Eligibility to IV-E funds is contingent upon an annual family income test derived from the 1999 program Aid to Families with Dependent Children.

developmental, treatment, or safety needs. Parents and guardians facing the risk of child placement should be given a reasonable opportunity to identify and come together with their kinship network to plan and provide safety, care, nurture, and supervision for the child. The DSS agency has the responsibility of assessing the suggested resource to ensure that the child will receive appropriate care (North Carolina Department of Health and Human Services, 2012). Kinship providers are not required to be licensed and are not paid for their services unless they choose to become licensed, which often occurs.

If an appropriate placement with relatives or kin cannot be identified, then an appropriate licensed foster care placement resource shall be chosen. This placement shall provide the least restrictive, most family-like setting available. The closest placement to the parent's home that is consistent with the best interests and special needs of the child shall be chosen. In keeping with federal laws, each child-placing agency should make all efforts to keep the child in his/her same school district when a child is placed into foster care.

North Carolina state law requires that all agency-provided foster homes be licensed. These licenses are issued by NCDHHS. DSS and several private child-placing agencies help potential foster parents navigate the licensing process and provide them with ongoing supervision and support after they are licensed (North Carolina Department of Health and Human Services, 2012). There are many requirements to become licensed. Some of these include the following:

Providers should:

- Meet the minimum age requirement (at least 21 years old)[8]
- Pass a physical health and mental health exam[9]
- Undergo a criminal background check[10]

---

[8] There is no upper age limit.
[9] All family members 18 years old and up must have a TB skin test.
[10] NC law requires a criminal history check be conducted on all foster parent applicants and all adult members (18 years old and

- Provide proof of adequate income without relying on foster care payments
- Be willing to participate in shared parenting or in working with biological families if deemed in the foster child's best interest
- Complete the mandated training curriculum[11]
- Complete a licensing application and a mutual home assessment (home study)

The home should:

- Pass all environmental and health regulations and
- Provide each child with his/her own personal bed

North Carolina has two categories of nonrelative licensed foster homes: family foster homes (Level I) and therapeutic family foster homes (Level II). A Level I home is considered the least restrictive out-of-home licensed placement. Children placed in these homes generally do not have special needs and can typically maintain in a regular family-based setting. Currently the standard board rate for a teenager (ages 13+) is $634/month in Level I homes.[12]

Level II foster care is a more intense level of care for youth who exhibit significant behavioral, mental health, or substance abuse needs (North Carolina Department of Health and Human Services, 2012). These therapeutic foster homes cost two and half times more per month (about $1600) than Level I homes and utilize Medicaid insurance reimbursement for most of the expenses. Private agencies, such as Easter Seals or Children's Home Society, rather than DSS, train and manage therapeutic foster homes/foster care providers and file for Medicaid reimbursement. In addition to the 30 hour MAPP training curriculum, therapeutic foster parents complete an additional 10 hours of education focused on caring for children with significant behavioral and mental health needs. As of August 2013 (the most recent completed data

---

up) who reside in the home. Each adult must meet licensing requirements according to NC General Statue 131D. Fingerprints are used to check State Bureau of Investigation and Federal Bureau of Investigation records to determine whether individuals meet these requirements. Applications to provide foster care will be denied if applicants or household members are registered on the NC Sex Offender and Public Protection Registry or the Health Care Personnel Registry. Records from local courts and the NC Department of Corrections must be checked for all adult household members.

[11] Each county's DSS uses the same 30-hour Model Approach to Partnerships in Parenting (MAPP) training curriculum to train foster parents. Recently, the state began using the updated trauma-informed MAPP curriculum for foster parent training.

[12] North Carolina also uses residential childcare facilities to meet the needs of children with Level I needs who, for various reasons, are not best served in a Level I foster home. As of June 2014, NC had 86 licensed Level I residential childcare facilities.

available), North Carolina had 6,584 licensed foster homes, which included 3,657 Level I homes and 2,927 Level II homes.[13]

Other out-of-home placement categories and the most expensive and restrictive levels of care in North Carolina's foster care system are Level III mental health group homes and Level IV psychiatric residential treatment facilities (PRTFs). These placements house children who cannot maintain in a home setting and need a greater amount of supervision. Due to the extensive mental health services required, the North Carolina Division of Health Service Regulation (NCDHSR)—rather than NCDHHS—licenses these facilities. The board rates at these placements, ranging from $7,000 to $9,400 per month, are substantially higher than lower-level placements. As of June 2014, North Carolina had 18 PRTFs, none of which are in Orange County.

While the numbers demonstrate a shortage of foster homes in Orange County, statewide numbers suggest an ample amount of foster homes. Yet a survey conducted by NCDHHS in 2008 questioning the 100 county DSS agencies about the need for foster care placements resulted in the 68 responding DSS agencies expressing a desire for an additional 1,200 foster homes. The group went on to stress that the real need lies in placing teens. NCDHHS responded that rather than adding more foster homes, occupying the ones North Carolina does have makes the most sense.[14] While this solution may seem straightforward, the issue is complicated by the many factors that determine whether a foster home is used and whether the match between foster parents and foster youth is right.

PLACEMENT QUALITY

---

[13] According to NCDHHS, these numbers had generally remained the same during the prior three years.
[14] The NC foster home totals available do not differentiate between occupied and unoccupied homes.

Of the many reasons that dictate whether a certain foster home is used, two are most influential when trying to place teens. The first is finding the right match between the foster family's skills and abilities and the often-overwhelming needs of the teenager being placed. Adolescents, especially those affected by periods of neglect and/or abuse, typically have more behavioral needs than those of a young child; consequently, adolescents are less desired in family foster homes. A second factor is the control that the foster family has over their stated preferences with respect to age and gender. Foster parents do not have to accept a presented child if s/he does not meet the foster parents' desired preferences. These reasons help clarify why teens are disproportionately represented in residential childcare facilities across the state and why many potentially very good foster homes remain vacant.[15] These factors could also explain why SFF and others working with placement providers are dissatisfied with the quality of care older youth are receiving.

While agreeing with difficulties noted above, two local agencies (Orange County DSS and Chatham County DSS), when asked, could not pinpoint exactly why "high-quality" foster parents for teens are hard to secure. One agency did suggest that most caring, well-intentioned adults with child welfare interests prefer to support these youth through donations rather than be trained to serve as foster parents and feel responsible for steering them into adulthood. Each agency indicated that it makes substantial, independent efforts to recruit and retain foster parents without much success.

From a cost perspective, SFF would argue you do not necessarily get what you pay for. Experiences show that a better-paid foster parent does not necessarily guarantee a better-trained foster parent. On paper, Level II foster parents only have 10 more hours of training than Level I

---

[15] Nationally, of the youth in foster care aged 16 and older, 36% are placed in group homes or institution-like settings compared to only 1% of children aged 5 and under (Kids Count, 2011).

foster parents, yet Level II foster parents are paid sometimes $1,000 more per month per child. SFF has worked with Level I and II foster homes as well as Level I congregate care settings. Overall, it has been difficult to differentiate between the Level I and Level II placements. Many therapeutic foster parents have neither measured up to SFF's expectations nor adequately met the needs of SFF youth. Though expressed as a need, SFF has received less aid than expected from placement providers, a lack that has hindered many SFF initiatives.

Even more noticeable has been the challenge to differentiate between the youth that are placed in Level I versus Level II homes. This is significant as it relates to the cost of care and services offered, as well as to the location and availability of potential placements. Most unfortunate, it seems that the appropriate level of mental health engagement and intervention for older youth is often overlooked since Level I youth often exhibit similar emotional and behavioral needs as Level II children and yet receive fewer interventions and services.

Previous SFF research indicates foster youth alumni also recognize deficits of the system and desire better care for future foster youth. In the SFF document, *Reflections from Foster Care Experiences*, Nell discusses foster care perspectives from some of the former foster youth who grew up in Orange County's foster care system over the last 20 years. This focus group provided answers to the following interview questions:

- What was most beneficial while in foster care
- What was least beneficial while in foster care
- What would have been helpful but not received while in foster care[16]

Foster care benefits mentioned by the participants included having access to unique services and supportive social workers. Some drawbacks reported were being away from family, a feeling of placement instability, and the inability to have a normal teenage experience. Above

---

[16] Thirty-nine of the 241 participants were willing to participate in the phone interviews. These 39 participants appeared to be faring far better on most domains and therefore "doing the best" within this group. SFF theorizes that the remaining 202 individuals, who were not interviewed, are living off the grid and faring very poorly.

all, the most frequent responses related to finding better quality foster homes (Second Family

Foundation, 2014).

PLACEMENT STABILITY

Placement stability substantially declines the longer a child spends in foster care.

Although policy indicates a goal of permanency should be reached within 12 months, the

average length of stay in America's foster care system is almost 2 years (22.7 months). Nine

percent of foster youth remain in the system five or more years (Children's Rights, 2014b).

Although fewer children in North Carolina are being placed in foster care now than in years past,

the median length of stay in North Carolina's foster care system is longer today than it has ever

been. According to the most recent data (from 2011-2012), the average length of stay in care for

North Carolina foster youth of all ages was 474 days. This state average is below the national

average but still exceeds state and federal policy time frames of one year (McMahon, 2014).

Youth who enter foster care during adolescence are less likely to leave the system with a

permanent home and also experience the majority of placement disruptions. In 2012, 15% of the

nation's older foster youth were in care three years or more before being emancipated

(Children's Rights, 2014a). More than a quarter of the nation's emancipated foster youth

reported having five or more out-of-home placements while in care (Langford & Badeau, 2013).

During the most recent state fiscal year, 40% of North Carolina's foster youth aged 13 to 17

experienced three or more out-of-home placements. Sixty-seven percent of 13 to 17 year-old

Orange County foster youth also experienced three or more placements during their time in the

system. These totals are significant as placement disruptions often contribute to a variety of

damaging outcomes for these youth. Placement instability can provoke behavioral and

attachment problems, mental health issues, and educational under-achievement, frequently

resulting in unemployment and poverty in adulthood (Sudol, 2009).

Both County DSS agencies agree that it is sometimes necessary to drift from placement policy guidelines in order to protect a youth's best interests.[17] Therefore, youth (they said) are often placed outside of their community in attempts to secure the best placement match and stability. For example, the option to place a youth presenting high educational needs with providers of strong educational backgrounds could override the policy recommendation to choose a placement within the youth's county of origin, near the youth's school, or near family. The same is true for pairing a behaviorally challenged child with parents whose fostering history demonstrates an ability to support this type of child. This decision to match needs first, they agreed, would probably cause less harm in the long run. Both agencies also reported that skilled caretakers are scarce. Unfortunately, such a scarcity limits optimal foster home placements and many other optimal childhood experiences, one of which is an enriching education.

Multiple moves adversely affect the academic performances and outcomes of school-age youth. Lahey (2014) estimates that with each move a foster youth makes, s/he loses at least 4-6 months of academic progress. This loss puts older youth in foster care who experience multiple moves at a serious disadvantage in graduation, college attendance, and completion rates as noted in the following table.

---

[17] The custodial DSS agency has placement authority over a child in foster care, but it is not solely responsible for making placement recommendations to the Courts. Once a petition alleging abuse, neglect, or dependency is filed by DSS, a Guardian ad Litem (GAL) volunteer is court-appointed to the child. GALs independently advocate for the best interests of the child, and the child only. GAL advocacy includes making court recommendations on behalf of the child to address family contact, placement issues, mental health services, well-being needs, educational needs, and the child's permanent plan.

Educational Facts for School Age Youth in Foster Care 2014
(Sample compiled from several national studies.) (American Bar Association, 2014).

Number of children in foster care on September 30, 2012	399,546
Number of school-age foster children	249,107
Average number of living arrangements during first foster care stay	2.8
Likelihood of foster youth receiving special education	2.5-3.5x that of other students
Likelihood of 17-18 year-old foster youth having an out-of-school suspension	2x that of other students
Likelihood of 17-18 year-old foster youth being expelled	3x that of other students
Average reading level of 17-18 year-old foster youth	7th grade
Percentage of foster youth who complete high school by age 18	50%
Percentage of 17-18 year-old foster youth who want to go to college	84%
Percentage of foster youth who graduate from college	3%-10%

Despite how alarming these rates may be, those working with foster youth easily understand the numbers. Often the first intervention for any school-age child experiencing educational difficulties is creating a network of supportive, trusting adults who can help plan next steps towards the child's progress. For most youth, this network would include their parents and invested school professionals. For foster youth, the experience can be quite different. While the same individuals may "sit at the table," they often do not or cannot make a significant impact when foster youth are uprooted so frequently. After one too many disruptions (and one is often too many), these youth quickly learn not to trust that the situation will remain the same. This distrust extends to the adults (both professional and personal supports) who actually are committed long-term. Sometimes beyond their comprehension, these youth (and their honest reactions) end up being a major contributor to their instability.

As discussed in more detail in a previous SFF document, *The Learning Curve*, SFF experienced these rapid and frequent placement changes amongst the youth in the program. This factor along with the reunification dynamic created a layered problem within the program. SFF

was set up to work with foster parents (and then later with biological parents) in order to initiate and execute the program design. However with swift placement changes this was difficult to procure. Additionally, the reunification prevalence led to unattainable SFF expectations of biological families (i.e. transportation). This unfortunate dilemma generated a decline in program efficacy yet the impetus for SFF to continue the search for positive engagement and change with youth in foster care.

CONCLUSIONS

The everyday lives of older foster youth are filled with unusual obstacles and uncertainties that no child should ever have to face. Multiple moves between subpar foster care placements negate success. After reviewing placement trends in the nation's child welfare system and highlighting North Carolina's, it is easier to recognize why youth aging out of foster care are not advancing.

During the period when most adolescents are enjoying normal teenage experiences, foster youth are instead thinking about where they will sleep that night or if they will ever see their family again. All the while, the child welfare system expects these youth to contemplate future decisions such as secondary education, independent housing, and sustainable income. Fears generated from their foster care experience coupled with the system's demands to plan for their future, often leave older foster youth feeling overwhelmed, unwanted, and ungrateful. Such encounters also lead to distrust in those whom they should—and can—depend on the most, like those of SFF devoted to improving child welfare.

Despite poor performances of both the child welfare system and its youth served, SFF believes these youth are worth the risks and costs associated with improving their quality of life. SFF remains committed but understands that investments in improvements often occur without the guarantee of reversing poor outcomes. The next step for SFF will be to examine what

services and approaches are contributing to positive changes and building resiliency and character in at-risk youth. This information can then be used to transform SFF if and when changes are needed. Further discussion on these topics will be presented in the Part II paper.

References

Administration on Children, Youth and Families. (2013). Recent demographic trends in

    foster care. Retrieved from

    http://www.acf.hhs.gov/sites/default/files/cb/data_brief_foster_care_trends1.pdf

American Bar Association. (2014). Fostering success in education: National fact sheet on

    the educational outcomes of children in foster care. Retrieved from

    http://www.fostercareandeducation.org/NationalWork/NationalWorkGroup.aspx

Beam, C. (2013). *To the end of June: The intimate life of American foster care*. New

    York, NY: Houghton, Mifflin, Harcourt Publishing Company.

Child Welfare Information Gateway. (2013). Foster care statistics 2012. Washington,

    DC. Retrieved from U.S. Department of Health and Human Services's Children's

    Bureau website: https://www.childwelfare.gov/pubs/factsheets/foster.pdf

Child Welfare Information Gateway. (2014). Adoption and safe families act of 1997.

    Washington, DC. Retrieved from U.S. Department of Health and Human

    Services's Children's Bureau website:

    https://www.childwelfare.gov/systemwide/laws_policies/federal/index.

    cfm?event=federalLegislation.viewLegis&id=4

Children's Defense Fund. (2012). Fostering connections to success and increasing

    adoptions act: Law will help hundreds of thousands of children and youth in

    foster care. Retrieved from

    http://www.childrensdefense.org/policy-priorities/child-welfare/fostering-

    connections/

Children's Rights. (2014a). Facts about aging out. Retrieved from

    http://www.childrensrights.org/newsroom/fact-sheets/aging-out/

Children's Rights. (2014b). Facts about foster care. Retrieved from

    http://www.childrensrights.org/newsroom/fact-sheets/foster-care/

Duncan, D. F., Kum, H. C., Flair, K. A., Stewart, C. J., Vaughn, J., Bauer, R., & Reese, J.

    (2014). Management assistance for child welfare, work first, and food & nutrition

    services in North Carolina (v3.1). Retrieved from University of North Carolina at

    Chapel Hill Jordan Institute for Families website: http://ssw.unc.edu/ma/

Foster Care to Success. (2014). North Carolina. Retrieved from

    http://www.fc2success.org/our-programs/information-for-students/

Jim Casey Youth Opportunities Initiative. (2013). Cost avoidance: The business case for

    investing in youth aging out of foster care. Retrieved from

    http://www.jimcaseyyouth.org/cost-avoidance-business-case-investing-youth-

    aging-out-foster-care

Kids Count. (2011). Moving in the right direction: More kids in families. Retrieved from

    http://www.aecf.org/m/resourcedoc/AECF-DataSnapshotOnFosterCarePlacement-

    2011.pdf#page=1

Lahey, J. (2014, February). Every time foster kids move, they lose months of academic

    progress. *The Atlantic*. Retrieved from

    http://www.theatlantic.com/education/archive/2014/02/every-time-foster-kids-move-

    they-lose-months-of-academic-progress/284134/

Langford, B., & Badeau, S. (2013). Connected by 25: A plan for investing in the social,

    emotional and physical well-being of older youth in foster care. Retrieved from

    http://www.fostercareworkgroup.org/media/resources/FCWG_Well-

Being_Investment_Agenda.pdf

McMahon, J. (2014). NC focuses on timely permanence. *Children's Services Practice Notes, 19*(2). Retrieved from http://www.practicenotes.org/v19n2.htm

North Carolina Department of Health and Human Services. (2012). Division of Social Services, Child welfare section, foster home licensing. Retrieved from http://www.ncdhhs.gov/dss/licensing/foster_care_rules.htm

Pear, R. (2004, April 26). U.S. finds fault in all 50 states' child welfare programs, and penalties may follow. New York Times. Retrieved from http://www.nytimes.com/2004/04/26/us/us-finds-fault-in-all-50-states-child-welfare-programs-and-penalties-may-follow.html

Second Family Foundation. (2014). *Reflections from foster care experiences.* Chapel Hill, North Carolina: Nell, B.

Stewart, C. J. & Duncan, D. F. (2013). Changes and trends over ten years in the child welfare caseload in North Carolina: October 2013. Retrieved from http://sasweb.unc.edu/cgi-bin/broker?_service=default&_program=dgweb.help.sas&county=North%20Carolina&label=&entry=1&help=papers_cw&entry=1&anchor=

Sudol, T. (2009). Placement stability information packet. Retrieved from http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/Placement_Stability_Info_Pack.htm

Zill, N. (2011). Adoption from foster care: Aiding children while saving public money. Retrieved from http://www.brookings.edu/research/reports/2011/05/adoption-

foster-care-zill