



Policy
IN PRACTICE

CENTERING YOUTH AND FAMILIES IN
A REIMAGINED FOSTER CARE SYSTEM

CONGRESSIONAL COALITION ON ADOPTION INSTITUTE

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FOREWORD FROM THE EXECUTIVE DIRECTOR

With more than 368,000 children and youth currently in foster care in the United States, the need for reform is urgent to guarantee that no child grows up without the lasting support, belonging, and connection that permanency can provide.

Recognizing the urgent need for reform, CCAI launched the Foster Youth Internship (FYI) Program® in 2003 to bridge the gap between lived experience and federal policymaking. The program was designed to ensure that those most directly impacted by the foster care system have a voice in shaping the policies that affect their lives. Through the FYI Program, leaders with firsthand experience in foster care are empowered to engage with Congress, share critical insights, and advocate for policy solutions that promote permanency, safety, and stability.



As we mark over two decades of the program, CCAI is proud to introduce ten extraordinary leaders - the authors of this report - to Congress, the Administration, and broader child welfare community. Drawing from months of in-depth research and their own lived experience, these leaders have developed thoughtful federal policy recommendations to advance meaningful foster care reform. Their proposals address critical issues, such as improving placement stability and permanency through better coordination and trauma-informed care; ensuring timely and consistent access to health and mental health services; expanding education, mentorship, and life skills; strengthening kinship care and adoption supports; addressing the intersection of foster care and the justice system; and uplifting youth voice while transforming the child welfare workforce.

Alexis, Amirah, Cadon, Eli, Elyzabeth, Michael, Nik, Shia, Shayla, and Stephanie — thank you for the dedication, insight, and heart you have brought to Washington this summer. Your aptly titled report underscores how lived experience must inform meaningful federal reform. Your recommendations offer a clear and compelling vision for how federal policy can better support those navigating the child welfare system.

We have sincere gratitude for the leadership from our Board of Directors, Advisory Council, and support from many faithful partners who help make this work possible. We give special thanks to: American Council of Life Insurers, Annie E. Casey Foundation, Apollo Global Management, Brownstein Hyatt Farber Schreck, Casey Family Programs, Conrad N. Hilton Foundation, Constellation Energy, Dave Thomas Foundation for Adoption, Duke Energy, Retail Orphan Initiative, Sara and Joel Fagen, and Sharon and Bill Bailey.

We are pleased to introduce the Congressional Coalition on Adoption Institute's 2025 Foster Youth Internship Program® federal policy report, *Policy in Practice: Centering Youth and Families in a Reimagined Foster Care System*. We hope you are inspired by the ideas and solutions for change.

A handwritten signature in cursive script that reads "Kate McLean".

Kate McLean
Executive Director

ABOUT CCAI



MISSION

The Congressional Coalition on Adoption Institute is dedicated to raising awareness about the millions of children around the world in need of permanent, safe, and nurturing families and to eliminating the barriers that hinder these children from realizing their basic right to a family.

VISION

Our vision is a world in which every child knows the love and support of a family.

HISTORY

CCAI was founded in 2001 by advocates of children in the U.S. and around the world in need of safe and nurturing families. In founding CCAI, these advocates sought to match the commitment of Members of Congress' Adoption Caucus, the Congressional Coalition on Adoption (CCA), with the information and resources needed to make the dream of a family a reality for every child through the creation of CCAI. As a convener, CCAI brings together voices of experience and expertise to the U.S. Congress. CCAI believes every child deserves a family and every family deserves a caring community.

Although the Adoption Caucus (CCA) and CCAI are distinct entities, they are closely linked in partnership. Over 125 Members of the 119th Congress have joined and are actively engaged in supporting legislation and policy that improves the lives of children and families in the United States and around the world. Both the CCA and CCAI are deeply committed to bipartisanship, strengthening families, and permanency.

CCAI is unique in that each of our programs brings together policymakers and individuals with direct foster care or adoption experience. When Members of Congress hear direct experiences of those affected by child welfare systems, they become engaged in this issue and work to bring about legislative improvements to ensure each child's right to a family is realized.

ABOUT THE PROGRAM



FOSTER YOUTH INTERNSHIP PROGRAM®

CCAI's Foster Youth Internship (FYI) Program® is a congressional internship for individuals who have experienced the foster care system to raise awareness to federal policymakers about permanency, foster care, child welfare, financing, abuse, and neglect. Since 2003, the FYI Program provided the Foster Youth Interns (FYIs) the opportunity to intern in a congressional office on Capitol Hill — both exposing the FYIs to the policymaking process as well as raising awareness to federal policymakers about the needs and unique perspectives of those who have experienced foster care.

For the past 17 years, since 2008, the FYI Program has offered the Foster Youth Interns the opportunity to use their newfound understanding of Capitol Hill and federal policy to research and write a policy report. The interns focus on topics they are personally passionate about, generally linked to their own experience in foster care, and make policy recommendations to improve the U.S. child welfare system for children who are currently in foster care. This report and its recommendations are disseminated across the country and presented by the interns in briefings to the U.S. Congress, White House Domestic Policy Council, and beginning in 2019, at two additional briefings to industry leaders in the private sector and U.S. Department of Health and Human Services (HHS). Many of these policy recommendations have been passed into law.

After their time on Capitol Hill, CCAI's Foster Youth Interns have gone on to work in the U.S. Senate and House of Representatives, White House, Federal Bureau of Investigation, U.S. Department of Veteran's Affairs, community banks, law firms, counseling groups, national child welfare organizations, and state child welfare agencies. Many FYIs also pursue degrees of higher education after obtaining undergraduate degrees. Moreover, the FYIs leave Washington, D.C. with experience and skills that continue to bolster their careers and provide a foundation for them to become lifelong advocates for youth in foster care.

Note: The opinions, findings, and conclusions presented in the Foster Youth Internship Program® Policy Report are the authors' own and do not necessarily reflect the view of CCAI including leadership, donors, and partners.



2025
FOSTER
YOUTH
INTERN
POLICY
REPORTS

ENHANCING YOUTH VOICE IN HEALTHCARE DECISIONS

By Elyzabeth Andersen

RECOMMENDATION SUMMARY

In order to help ensure timely, appropriate, and consistent access to healthcare tailored to foster youth, and empower them to advocate for their own needs, Congress should 1) establish national standards for personalized appropriate healthcare transition plans in consultation with the youth and their provider, 2) set national standards to designate a specific and consistent individual to act as the youth's medical decision maker, and 3) provide funding to support state-level creations of a centralized information-sharing platform that allow healthcare professionals, foster youth, and the child welfare system access and ability to modernize record-keeping and reduce misinformation.

EXECUTIVE SUMMARY

Over 85% of foster youth have significant physical, developmental, and mental health needs (Leslie et al., 2005). Despite a high need for healthcare services, youth do not presently receive access to high-quality healthcare responsive to their needs. To help ensure all youth receive timely, appropriate and consistent access to healthcare that is specific to their individual needs, Congress should pass legislation designed to increase youth voice and autonomy.

PERSONAL REFLECTION

Throughout my time in foster care, I encountered several negative experiences with the healthcare system due to a lack of transparency and failure to respond to my unique responsiveness to my needs. Like many other foster youth who experience significant trauma, I was ordered to attend court-mandated therapy. One therapist made decisions for me based on a report I had never seen. When I eventually learned about the report and requested to review it, I found that it significantly misrepresented my needs. Despite this, I was denied any input in my care or the opportunity to explore alternative strategies.

In addition, my social worker required documentation demonstrating that I went to the doctor annually. However, I personally never saw those records myself and had no way of knowing whether they accurately reflected my visits. After aging out of the foster care system, I finally had the opportunity to review some of my recorded healthcare information, which revealed considerable inaccuracies.

THE PROBLEM & CURRENT LAW

Numerous studies document a correlation between Adverse Childhood Experiences (ACEs), traumatic life events that occur before age 18, and poor physiological, psychosocial, and developmental health outcomes (Bryan, 2019). Boullier and Blair (2018) found that the more ACEs a child experiences, the higher their risk of early death and life-threatening conditions. Over half of all youth reported to the child welfare system experience four or more ACEs, compared to only 13% of the general population (Stambaugh et al., 2013).

Despite the clear need for healthcare services, systemic barriers still impact foster youth's access to care. Placement instability, defined as frequent placement disruptions, often results in missing or incomplete medical histories, leading to inadequate care (Deutsch & Fortin, 2015; Smith, 2005). Additionally, providers may avoid providing referrals for specialized services due to burdensome documentation requirements and poor information-sharing between child welfare agencies and healthcare providers (Deutsch & Fortin, 2015). These gaps can be detrimental to foster youth, who frequently need more intensive and specialized services, leaving many of their healthcare needs unmet.

Currently, legal authority over a foster youth's healthcare decisions is shared among multiple parties, including the child welfare system, birth parents, and foster parents. This often manifests in the youth themselves being excluded from powerful decision-making about their care (Chilton, 2022). Deutsch and Fortin (2015) found that being required to coordinate among several medical decision-makers results in poor record-keeping and misinformation. Policies exist to support autonomy for individuals unable to make medical decisions, such as judicial mandates to consider a person's preferences when appointing conservators for individuals with disabilities. These protections should be extended to foster youth (AL Code § 26-2A-104, 2024; Cal. Probate Code § 1810, 1990; § 72-5-410, MCA).

Foster youth often face coercive medical practices, exclusion from treatment decisions, and a lack of individualized care (Barnett et al., 2018). For example, approximately half of foster youth report feeling forced to take psychotropic medication (Moses, 2011). Many youth have also reported being overprescribed medications or denied alternative approaches. However, in order to receive responsive and appropriate care, foster youth require access to a diverse range of holistic treatment options (Cancel et al., 2020). Additionally, medical decisions for youth in congregate care settings often fail to consider youth's cultural, religious, or personal needs (Barden, 2021). This lack of autonomy contributes to increased rates of substance use, homelessness, and incarceration in adulthood (Chilton, 2022).

Minor consent laws vary significantly by state. Foster youth are often expected to make medical decisions at specific ages without previously having opportunities to advocate for themselves (Barnett et al., 2018; National Center for Youth Law, n.d.).

THE PROBLEM & CURRENT LAW (CONTINUED)

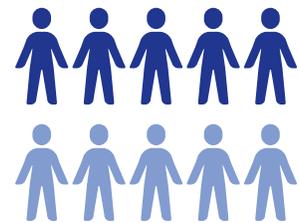
According to the American Academy of Pediatrics (AAP), best practices include consistently incorporating youth perspectives in their medical decisions (Katz et al., 2016). The AAP also recommends transition planning that consists of supporting independence and preparing adolescents for the shift from pediatric to adult care (White et al., 2018). Research shows that enhancing patient autonomy increases commitment to treatment, patient satisfaction, and overall well-being (Doyle et al., 2013; Rathert et al., 2012).

POLICY RECOMMENDATIONS

In order to help ensure timely, appropriate, and consistent access to healthcare tailored to foster youth, and empower them to advocate for their own needs, Congress should:

- **Establish national standards for personalized appropriate healthcare transition plans in consultation with the youth and their provider.** These plans should be updated annually and include developmentally appropriate goals that support youth autonomy. Courts should annually review the youth's progress and access to opportunities outlined in the plan.
- **Set national standards to designate a specific and consistent individual to act as the youth's medical advocate.** This individual should be selected based on the youth's preference and have documented ability to meet the youth's medical needs. They should be accountable for providing age-appropriate assistance so that each youth can understand, consent to, and acquire medical treatment. Youth should retain the right to change their designated medical advocate.
- **Provide funding to support state-level creations of a centralized information-sharing platform that allow healthcare professionals, foster youth, and the child welfare system access and ability to modernize record-keeping and reduce misinformation.** Several pilot programs already exist in California, Florida, Texas, and Massachusetts. These platforms use personalized interfaces and protect privacy by restricting access to information based on an individual's qualifications.

Numerous studies document a correlation between Adverse Childhood Experiences (ACEs), traumatic life events that occur before age 18, and poor physiological, psychosocial, and developmental health outcomes.



Over half of all youth reported to the child welfare system experience four or more ACEs, compared to only 13% of the general population.

ENHANCING DUE PROCESS, EQUITABLE SUPPORT, AND TRANSPARENCY IN FOSTER CARE PLACEMENTS THROUGH A SUPPORTED KINSHIP DIVERSION MODEL

By Elijah B. Davis

RECOMMENDATION SUMMARY

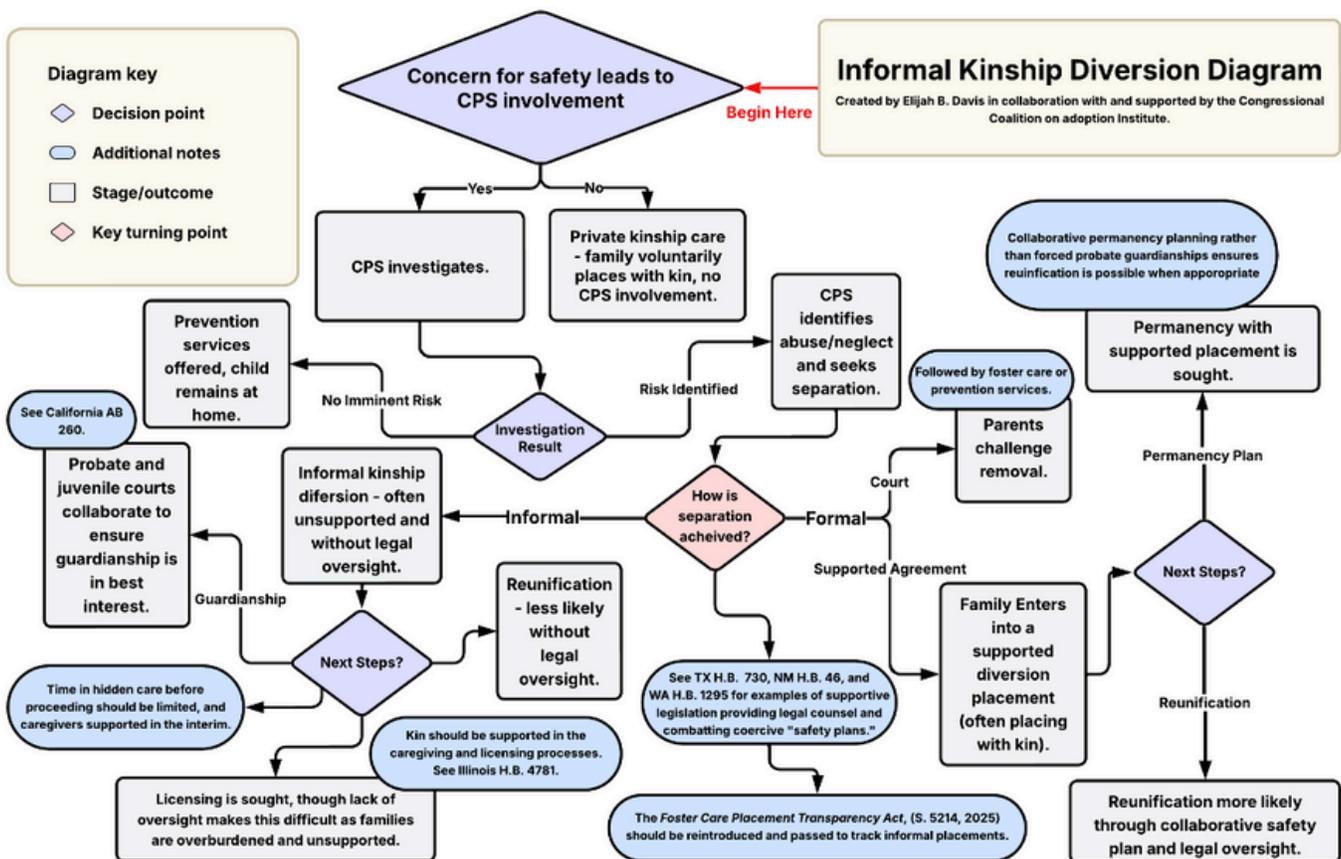
In order to enhance due process, provide equitable support, and increase transparency in informal foster care placements, Congress should pass legislation to 1) provide parents with access to legal counsel and oversight immediately at the time of interaction with Child Protective Services (CPS) using Texas H.B. 730, Washington H.B. 1295, and New Mexico H.B. 46 as precedent, 2) expand financial and supportive services for all known, safe, informal kinship caregivers, including those not yet licensed by following the model of Illinois H.B. 4781, 3) reintroduce and pass the Foster Care Placement Transparency Act, (S. 5214, 2025) in order to track informal kinship diversion, and 4) ensure that probate courts collaborate with juvenile courts to ensure reunification services are available; when appropriate, guardianships should be safe and in the best interest of both parents and children, as has been enacted in California A.B. 260.

EXECUTIVE SUMMARY

Informal kinship diversion – defined in this report as out-of-home placement with kin due to Child Protective Services (CPS) involvement but without legal or court oversight – may benefit children and families when properly implemented with equitable support, legal oversight, proper tracking, and clear goals regarding reunification and licensure. Informal kinship may also include “private” kinship diversion, where families make kin placement arrangements without CPS involvement, though such cases fall outside the scope of this report. In contrast, formal placements involve legal proceedings or counsel, which are essential for ensuring due process, case tracking, and collaborative planning. While licensed formal caregivers receive essential financial and social support, most informal caregivers either lack licensing or face barriers to acquiring it, despite often having greater need. Federal policy currently lacks standards to ensure such oversight and support, leaving parents vulnerable to coercive separation and kin caregivers under-supported. In passing legislation aligned with the recommendations below, Congress may address these challenges by replacing informal kinship diversion with a “supported diversion” model — one in which parents and child welfare professionals collaborate, known informal placements are adequately supported, and advocacy is advanced through transparency.

PERSONAL REFLECTION

My experience with both traditional (formal) and "hidden" (informal) foster care shapes this proposal. After initial separation from parents, being placed in a guardianship with kin despite our situation calling for CPS involvement, my brother and I faced ongoing challenges with caregivers who lacked state support and oversight – all without any reunification planning. After failed reunification efforts by our parents, I entered formal foster care before aging out, receiving crucial support as I entered adulthood. My brother immediately entered yet another probate guardianship without CPS or court reunification efforts. Better outcomes may have been possible with proper CPS involvement, parental support, and collaborative juvenile-probate court oversight.



THE PROBLEM & CURRENT LAW

Informal kinship diversion often occurs when CPS pressures parents to place children with relatives through “safety plans” or “voluntary placement agreements” without legal oversight and often under threat of their children being placed in formal foster care and losing contact with them (Gupta-Kagan, 2020). While around 340,000 children are in traditional licensed foster care, estimates suggest 100,000–300,000 children are in informal arrangements (ACF, 2025; Malm et al., 2019; Casey Family Programs, 2023; Brown, et al., 2022).

Unlicensed informal placements receive less support despite often being in greater need, face reduced reunification chances, and are disproportionately represented in low-income and BIPOC communities (Armendariz, 2023; Edwards-Luce, 2022; Baskin, 2021; Brown et al., 2022; Caliendo et al., 2023; Schwartz & Krebs, 2020). Too often, child protection agencies have removed children without due process and failed to support impoverished kin caregivers (Asgarian, 2021; The Imprint, 2021; Ambrose, 2021; Smith, 2008; Croft, 1997). As a result, some experts have concluded that “informal placement is never justified” (Casey Family Programs, 2023; McDaniel, 2021; Schwartz & Krebs, 2020).

However, preserving caregiving options outside of formal child welfare involvement while addressing these issues may provide a necessary option for families. Kinship care leads to better outcomes than traditional foster care with non-kin, including fewer placement changes, reduced trauma, better cultural fit, and stronger community ties — especially when kin can obtain supports that accompany licensing (Child Welfare Information Gateway, 2022; Generations United et al., 2025). This proposal supports a “supported diversion” approach to kinship care that emphasizes proper tracking, equal support to formal care, collaborative decision-making, risk assessment, comprehensive services, clear reunification paths, and defined legal status (Annie E. Casey Foundation, 2013). This would directly benefit children and families currently in informal kinship arrangements who need support, as well as future children and families at risk of entering into such placements without due process or state tracking.

While some informal kin caregivers may currently receive indirect support through organizations funded by Title IV-E or the Family First Prevention Services Act, they are not eligible for direct foster care maintenance payments available to formal caregivers, being only eligible for TANF grants – leaving significant gaps in support (American Bar Association, 2024; Annie E. Casey Foundation, 2023). Current policy lacks provisions for legal counsel for threatened parents, case tracking systems, protection against forced probate guardianship, and adequate support for informal, unlicensed kin caregivers – who have demonstrated need for financial assistance, and ongoing support as they pursue licensure.

POLICY RECOMMENDATIONS

In order to enhance due process, provide equitable support, and increase transparency in informal foster care placements, Congress should pass legislation to:

- **Provide parents with access to legal counsel and oversight immediately at the time of interaction with CPS, using Texas H.B. 730, Washington H.B. 1295, and New Mexico H.B. 46 as precedent.** Texas H.B. 730, for example, which requires legal counsel for parents, limits hidden placements to 30 days (with possible "good cause" extensions), and mandates tracking, has reduced unsupported hidden arrangements from 12,000 to 2,582 by requiring the system to either license caregivers, support family reunification, or proceed to court (Tiano & Suggs, 2024). Extensions should be granted for successful kin placements needing licensing time and struggling parents working toward reunification in a way that balances due process with preventing unnecessary disruption (Frank, 2023; Loudenback, 2023; NM, 2022; WA, 2023).
- **Expand financial and supportive services for all known, safe, informal kinship caregivers, including those not yet licensed, by following the model of Illinois H.B. 4781.** This legislation ensures that licensed kin receive payments equal to those of other licensed foster homes, allows unlicensed kin to receive at least 90% of that rate, and permits reimbursement for licensing-related expenses and emergency support when needed.
- **Reintroduce and pass the Foster Care Placement Transparency Act, (S. 5214, 2025) in order to track informal kinship diversion** (Cornyn & Ossoff, 2024).
- **Ensure that probate courts collaborate with juvenile courts to ensure reunification services are available; when appropriate, guardianships should be safe and in the best interest of both parents and children, as has been enacted in California A.B. 260.** Many states' practice of granting kin guardianships without juvenile court oversight undermines reunification and family preservation goals. Probate court decisions often finalize cases which need ongoing supervision (California Caregivers, 2021; Alliance for Children's Rights, 2025).

CLOSING THE EDUCATIONAL ACHIEVEMENT GAP FOR FOSTER YOUTH THROUGH MENTORSHIP

By Amirah J. Foster

RECOMMENDATION SUMMARY

To help foster youth succeed in higher education, career readiness, and achieve independence, Congress should 1) require all colleges and universities receiving Educational Training Voucher (ETV) funds to provide dedicated campus support programs for foster youth, 2) increase award amounts for both Pell and ETV programs, and 3) amend the Every Student Succeeds Act (ESSA) to expand dedicated mentorship opportunities for foster and adopted youth in secondary and post-secondary education.

EXECUTIVE SUMMARY

Foster youth face significant barriers in higher education and career readiness. They often lack the relational support and stability necessary to succeed academically, resulting in lower graduation rates and limited career outcomes. To address this, federal policy should focus on establishing mentorship initiatives to guide foster youth through their educational journey, provide increased funding for support programs, and raise awareness of available resources. Providing comprehensive support, from financial aid to career development, is crucial for helping foster youth achieve relational permanency, independence, and long-term success. Consistent, supportive relationships enable positive academic and professional outcomes.

PERSONAL REFLECTION

I am passionate about mentorship and support in higher education for foster youth because I have experienced firsthand the systemic barriers foster youth face. Starting in high school, I lacked the proper guidance and entered college unprepared for the challenges ahead. I began my college journey at the University of Connecticut (UConn) during the height of COVID-19. I quickly found myself without the support systems needed to manage the emotional and practical challenges I encountered. The isolation of the pandemic only made things harder. I was left to figure everything out on my own, without the relational support that many of my peers were afforded — the emotional, social, and practical help that comes from having strong personal connections with friends, family, mentors, or peers. As a full-time student, I faced constant stress. At one point, I experienced housing instability due to data entry errors resulting in late tuition payments, which led to major setbacks.

PERSONAL REFLECTION (CONTINUED)

At my college, students typically aren't allowed to remain in housing unless they are athletes or student workers, so these clerical mistakes had serious consequences. Without consistent case management or mentorship, I struggled through these issues and others by trial and error. The pressure became overwhelming, and I frequently considered dropping out. These problems persisted even when I transferred to Eastern Connecticut State University.

These experiences are not just personal hardships. They reflect deeper failures in how the foster care and educational systems support foster youth. While many of my peers had family members or mentors to guide them through college, I had to navigate many steps on my own. We, as foster youth, are often expected to act like independent adults before we have been given the tools or support to succeed. Most young people are free to take risks and pursue their goals without fearing that their world will fall apart if they fail, because they have relational permanency. Foster youth often don't have that same safety net, and the absence of stable, long-term support means that even small setbacks can lead to major consequences.

My college journey changed when I connected with SUN Scholars Inc., an organization dedicated to supporting foster and adopted youth. They offered mentorship, academic support, and career guidance with staff, many of whom had firsthand foster care experience, addressing each student's individual needs. They also helped with college registration and communication with the Department of Children and Families, ensuring I had the resources I needed. I went from being on the verge of dropping out to graduating with my bachelor's degree and building a vision for my future. Today, I am pursuing my Master of Business Administration with a concentration in supply chain management at the University of Hartford. These programs changed my life and brought me here today. All youth, including those in foster care, deserve support and opportunity because, with the right systems, we can thrive and give back.

THE PROBLEM & CURRENT LAW

Only 14% of foster youth earn a degree within six years, compared to 31% of their peers, contributing to long-term risks like unemployment and poverty (U.S. Government Accountability Office, 2016). Education is one of the most important predictors of future success and self-sufficiency. However, the structure of the foster care system often denies youth the relational and financial support that other young adults rely on when navigating college or starting a career. Foster youth are often expected to become independent without the stable, supportive networks that help others thrive in early adulthood. This lack of relational permanency, such as consistent and supportive relationships with caring adults, makes it harder for them to manage academic stress, access resources, and persist through challenges (Georgetown University Center on Education and the Workforce, 2024). While some financial aid is available, such as Chafee Education and Training Vouchers (ETV) and Pell Grants, these supports are limited in scope. The maximum Pell Grant award is \$7,395 for the 2025–2026 academic year (U.S. Department of Education, 2025).

THE PROBLEM & CURRENT LAW (CONTINUED)

The ETV program provides a maximum of \$5,000 per year (Congressional Research Service, 2024). These amounts combined often fall short of covering total college expenses, including housing, food, books, and technology. Notably, the ETV program's maximum award has remained unchanged since it was introduced in 2001. As a result, financial instability remains a key factor contributing to college dropout rates among foster youth.

Mentorship is essential to increasing educational retention and success for foster youth, who often lack access to consistent, trusted adults to guide them through higher education; effective programs boost access, retention, and graduation by providing both emotional and practical support (Juvenile Law Center, 2018). For example, California's Torero Renaissance Scholars combine financial aid with relationship-based guidance and can serve as a model for supporting foster and adopted students nationwide (Alvarado, 2022).

THE CHALLENGE: FOSTER YOUTH IN HIGHER EDUCATION

CLOSING THE EDUCATIONAL
ACHIEVEMENT GAP FOR FOSTER YOUTH
THROUGH MENTORSHIP

This infographic contrasts our existing programs with proven solutions, analyzing key metrics to understand shortfalls and impacts. It offers insights into potential challenges and guides strategies for helping achieve success through modifying existing laws and programs.

THE PROBLEM: LESS ACCESS AND LESS SUPPORT, NOT LESS MOTIVATION OR ABILITY

70%
of 17- and 18-Year Old
Foster Youths aspire
to attend college

Compared to their
peers, foster youth
achieve a degree
45%
less often

Lack of informed
mentorship in high
school and university
lead to missed
opportunities and lower
graduation rates

ACCESS TO INFORMED MENTORSHIP IS KEY



**LESS THAN 1/3 OF
ETV ELIGIBLE YOUTHS
APPLIED FOR THE PROGRAM**



**ESSA TITLE IV-A DOESN'T REQUIRE
MENTORSHIP OR TRAINING RELATED TO
HIGHER EDUCATION**

PROJECTED FUNDING SHORTAGES



Since 2001, total cost to
attend college has increased
OVER 125%



while the PELL Grants and ETV
funding have only increased an
AVERAGE OF 35%

POLICY RECOMMENDATIONS

To help foster youth succeed in higher education, career readiness, and achieve independence, Congress should:

- **Require all colleges and universities receiving ETV funds to provide dedicated campus support programs for foster youth**, including advising, mental health services, academic coaching, and career development, while providing funding to help cover these costs.
- **Increase award amounts for both Pell and ETV programs** and expand and create federal scholarships for foster youth. Expanding tuition waivers nationwide can ease financial burdens and support college completion.
- **Amend the Every Student Succeeds Act (ESSA) to expand dedicated mentorship opportunities for foster and adopted youth in secondary and post-secondary education.** Modify Title IV-A to create a national mentorship initiative connecting foster and adoptive youth with trained mentors. Additionally, Title I-A should be amended to require local education agencies to train counselors on the education rights and unique needs of foster and adopted youth to support coordinated transition planning focused on career development, college readiness, and financial aid.

STABILITY AS A RIGHT: STRENGTHENING FOSTER CARE THROUGH TRAUMA-INFORMED POLICY AND APPROPRIATE PLACEMENT PRACTICES

By Shayla George

RECOMMENDATION SUMMARY

In order to improve foster placement stability, Congress should 1) mandate comprehensive trauma-informed training and continuing education for foster care providers, 2) implement clinical oversight for foster family, youth matches, and placement removals, and 3) leverage technology to improve placement practices.

EXECUTIVE SUMMARY

The foster care system struggles to provide the stability necessary for vulnerable youth to thrive. A significant barrier to achieving permanency—a permanent, stable relationship with a family—is the lack of consistent federal regulations for foster placement stability. This inconsistency leads to frequent moves that disrupt a child’s psychological and educational development. To address this issue, targeted reforms are needed, including mandatory trauma-informed training for all foster care providers, clinical oversight of placements and removals, and the use of technology to improve matching and enable real-time communication across agencies.

PERSONAL REFLECTION

I entered foster care in search of the stability I believed it would offer – a chance to complete my high school education and build a foundation for my future. Ironically, by the time I reached high school, I had already attended more than ten schools. I craved consistency long before I even understood what that truly meant. Yet even in care, I changed schools three more times and moved between seven different foster homes in less than three years. In many ways, I went from one unstable situation to another, through no fault of my own. This experience highlighted a deeper issue through a fundamental gap in knowledge and training among the adults who wielded significant influence over the lives of foster youth, including caseworkers and foster families. Education is the most powerful tool one can possess, and equipping professionals with the necessary trauma training will benefit young people like me. Recognizing and addressing these educational gaps for child welfare professionals is the first step toward providing foster youth with the stability they desperately need and rightfully deserve.

THE PROBLEM & CURRENT LAW

Placement stability is one of the most critical yet often overlooked challenges in the foster care system. It refers to a child's ability to remain in the same home over time with consistent caregivers who can meet their physical, emotional, and developmental needs. However, the absence of uniform federal regulations has led to inconsistent practices across states, causing many children to experience frequent placement changes. These disruptions often result in repeated trauma, emotional instability, and long-term psychological effects, such as attachment disorders and difficulty trusting others. Placement instability also hinders academic achievement and the ability to form lasting relationships, leaving many children without a sense of permanency or belonging and making it difficult to envision a stable future (Children's Bureau, 2020; Pecora et al., 2005).

Current federal and state laws do not adequately address the need for placement stability in foster care. While acts like the Adoption and Safe Families Act (ASFA) and the Fostering Connections Act promote permanency, they lack clear requirements to limit placement moves or to standardize caregiver training, trauma-informed care, and child–family matching. As a result, states vary widely in how they manage placements, often responding to crises rather than preventing them. Research shows that children with stable placements are twice as likely to perform well academically and are more likely to graduate from high school and avoid involvement with the juvenile justice system (Webb et al., 2010).

Several states have introduced promising strategies to improve placement stability in foster care, offering valuable models for broader reform. In Oregon, the Foster Youth Connection program emphasizes comprehensive assessments of foster homes, targeted training for foster parents, and consistent support services tailored to each child's needs. These efforts have contributed to a notable reduction in placement disruptions: as of September 30, 2021, 58.3% of children in care had two or fewer placements, reflecting the state's focus on stability (Oregon Department of Human Services, 2021). Oregon's approach, grounded in proactive training and structured follow-up, demonstrates how data-informed practices can improve outcomes. Similarly, New Jersey implemented a matching tool within its Statewide Automated Child Welfare Information System (SACWIS), aligning children's needs with caregiver characteristics. Between 2009 and 2016, this innovation helped reduce congregate care placements by 45%, suggesting that more children were placed in family-based settings better suited to their needs, an indicator of stronger alignment and greater placement stability.

Over $\frac{1}{3}$ of foster children experience more than two placements each year, with some states reporting rates as high as 51%.



NATIONAL OVERALL



THE PROBLEM & CURRENT LAW (CONTINUED)

While this reduction is a step in the right direction, uniform federal regulations are necessary to prevent the inconsistent practices across states that continue to result in frequent placement changes for foster youth. For example, behavioral challenges, often stemming from trauma, are a leading cause of placement disruptions (Rubin et al., 2007). These tools should also support cross-agency communication and coordination, prioritizing placements that keep foster youth near their support systems and the communities where they entered care. According to the Child Welfare Information Gateway, effective data systems are essential for guiding child welfare decision-making and improving practice. They help agencies share information and reduce instances where children are placed in less suitable in-house options due to lack of coordination between agencies (Children Welfare Information Gateway, n.d.).

POLICY RECOMMENDATIONS

In order to improve foster placement stability, Congress should:

- **Mandate Comprehensive Trauma-Informed Training and Continuing Education for Foster Care Providers:** Require all foster care providers to complete standardized, trauma-informed training focused on child development, the effects of trauma, and strategies for stable caregiving. Ongoing education should be mandated to ensure providers remain informed about best practices.
- **Implement Clinical Oversight for Foster Family and Youth Matches and Placements Removals:** Require clinical oversight in the placement matching and removal process, using licensed mental health professionals to assess both the child's needs and the foster family's caregiving capacity. This structured approach promotes compatibility and stability using trauma screenings and readiness assessments. If a foster family requests removal of a child, a clinical review should determine whether removal is necessary or if targeted support and intervention could stabilize the placement.
- **Leverage Technology to Improve Placement Practices:** Implement data-driven tools and algorithms that match youth with families based on compatibility rather than availability, leading to more stable and supportive placements. More importantly, these tools should facilitate real-time communication between agencies about open beds and child needs, helping prevent unsuitable or emergency placements driven by availability alone.

REFORMING WORKFORCE DEVELOPMENT AND YOUTH ENGAGEMENT IN PERMANENCY PLANNING FOR FOSTER YOUTH TRANSITIONING OUT OF CARE

By Ov'Var'Shia Gray-Woods

RECOMMENDATION SUMMARY

To improve outcomes for older youth who have experienced foster care, Congress should 1) incentivize collaboration among child welfare agencies, workforce development boards, and local organizations, 2) require youth voice in permanency planning early, and 3) extend eligibility for services to age 25 for youth who have aged out of foster care.

EXECUTIVE SUMMARY

Our current child welfare system lacks the structural and emotional support needed to serve youth aging out of the child welfare system. With strong federal leadership, we can reform the system collectively through expanded workforce development, proper education on youth rights, meaningful youth engagement, extended services, and greater professional accountability. Investing in this population isn't just smart policy — it's a moral imperative to young adults everywhere that can transform individual lives and strengthen future generations.

PERSONAL REFLECTION

As a foster youth, I was exploited and silenced by professionals within the child welfare system. I met my court-appointed guardian ad litem for the first time on the day my case was closed, even though my case had been open for nearly two years. Despite tearfully expressing that I did not want to return home due to significant and ongoing issues in my biological family, I was reunified with my mother. At no point was I informed of my rights or empowered to advocate for myself. Less than two years later, Child Protective Services abruptly removed me and my five siblings once again. We were placed more than an hour away with my brother's former foster parent. This "safety plan" was never documented. My parents were not informed of their rights or next steps. We were marked absent from school, and no one in the system offered resources or answers. As a result, my academic performance declined drastically, and I lost temporary custody of my own child.

PERSONAL REFLECTION (CONTINUED)

Thankfully, I was part of a college preparatory program at the time with the Park West Foundation of Michigan. When I suddenly stopped attending, the program director began advocating for me and my siblings to be located. They eventually uncovered the so-called “safety plan” and realized that, instead of protecting us, it had created more trauma, instability, and legal confusion, particularly when my mother removed me from the placement without knowing whether it was legally permitted, since the plan had never been properly documented. My experience is not unique. Many transition-aged youth across the country face similar, or even worse, circumstances. These injustices fuel my passion to transform the child welfare system into one where young people are truly seen, heard, and supported — not just to survive, but to thrive.

THE PROBLEM & CURRENT LAW

Older youth aging out of foster care face instability at an alarming rate compared to the general population. Once youth who have experienced the child welfare system reach the age of 18 – or 21, in states with extended foster care – many lose access to essential services, relationships, and structured support. Even before the age 18, many are not provided with the resources they are eligible for, such as scholarships, grants, post case services, knowledge of their rights, and housing assistance. Without proper planning, education, and inclusion in decision-making, these young people oftentimes struggle with housing, healthcare, employment, education, transportation, and mental health, leaving them unprepared for independent adulthood.

Despite federal efforts to support older youth in foster care such as Fostering Connections to Success and Increasing Adoptions Act and the John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee Program), significant gaps persist. These laws do not consistently require youth involvement in permanency planning, adequately support career development, or incentivize long-term permanency. As a result, poor outcomes persist. Over 36% of youth who age out of care experience homelessness within four years. Nearly 20% of the prison population is made up of former foster youth. The unemployment rate among foster care alumni hovers around 47%; and nearly 70% are arrested by age 26 (Annie E. Casey Foundation, 2022; Carson, 2018; Courtney et al., 2011; Courtney et al., 2009). Education disparities are equally staggering; dropout rates are three times higher than average and fewer than 10% earn a degree (NFYI, 2025).



The unemployment rate among foster care alumni hovers around 47%.



Over 36% of youth who age out of care experience homelessness within four years.



Education disparities are equally staggering; dropout rates are three times higher than average and fewer than 10% earn a degree

THE PROBLEM & CURRENT LAW (CONTINUED)

Programs like the Crossover Youth Practice Model (CYPM) provide examples for future federal reform. CYPM focuses on supporting youth and their families by identifying additional resources and promoting stability. Research has shown that CYPM leads to reductions in youth recidivism, pre-adjudication detention, sustained juvenile justice petitions, and the use of Another Planned Permanent Living Arrangement (APPLA). It also improves behavioral health outcomes, access to resources, home placement, reunification, educational success, and engagement in pro-social activities (CEBC, 2018). To date, CYPM has been implemented in over 120 counties across 23 states (Center for Youth Justice, 2025).



Youth advocates and professionals with lived experience emphasize the need to extend foster care services beyond age 21. Services must be youth-driven, developmentally appropriate, and responsive to the unique needs of older youth (Journey to Success, 2024). Addressing these needs with intentional, sustained support is essential for improving long-term outcomes and breaking cycles of instability.

POLICY RECOMMENDATIONS

To improve outcomes for older youth who have experienced foster care, Congress should:

- **Incentivize Cross-System Collaboration:** Congress should incentivize collaboration among child welfare agencies, workforce development boards, and local organizations. This collaboration should be supported by a national shared resource database and federally funded implementation benchmarks. A model similar to the Crossover Youth Practice Model can serve as a national standard, given its demonstrated impact and implementation in 23 states and over 125 communities across the country.
- **Require Youth Voice in Permanency Planning Early:** Beginning at age 13, youth should be involved in crafting their transition plans. Currently, transition planning typically begins at age 16. Starting earlier, specifically during early high school, would allow youth more time to prepare for adulthood. These plans should include housing, education, employment goals, and mentorship. Additionally, federal investment is needed to fund paid opportunities for youth with lived experience to serve as professionals and leaders in the field.

POLICY RECOMMENDATIONS (CONTINUED)

- **Extend Care and Support Services Until Age 25:** Extend eligibility for services to age 25 for youth who have aged out of foster care. These services should focus on housing stability, educational access, employment readiness, mental health, and disability supports. The SOUL Family Framework emphasizes permanent, supportive relationships and community connections that create a family-like environment for older youth even after they exit formal foster care. By adopting this framework, states can move beyond traditional systems and implement more flexible, youth-centered approaches that prioritize stability, belonging, security, and lifelong connection.

UNLOCK POTENTIAL, BREAK THE CYCLE: INVESTING IN FOSTER YOUTH THROUGH EXPUNGEMENT

By *Nikolas Hughey*

RECOMMENDATION SUMMARY

To expand equitable access to juvenile record expungement for foster youth and reduce systemic barriers to adulthood, Congress should 1) direct the U.S. Department of Health and Human Services (HHS), in coordination with the U.S. Department of Justice (DOJ), to require that all Title IV-E transition plans include expungement education and support for eligible foster youth, 2) HHS and the DOJ should send a joint letter to all child welfare directors and juvenile justice offices with best practices for juvenile record confidentiality, data privacy, and record system modernization, and 3) Congress should request a U.S. Government Accountability Office (GAO) report on the cost of expungements for dual status youth as part of a larger review dual status youth issues and transition planning.

EXECUTIVE SUMMARY

Nearly 50% of young people in foster care come into contact with the juvenile justice system, often due to trauma-related behaviors rather than criminal intent. These interactions create lasting legal and economic barriers that persist into adulthood. Even low-level or non-violent offenses can disqualify youth from federal student aid, limit access to affordable housing, prevent enlistment in the military, and hinder employment opportunities, particularly in fields requiring background checks.

While juvenile record expungement can mitigate these harms, existing processes remain fragmented, inaccessible, and rarely account for the compounded challenges faced by youth aging out of care. To address these disparities, Congress should require the U.S. Department of Health and Human Services (HHS) to include juvenile record expungement support in all Title IV-E transition plans and incentivize state-level adoption of automatic, standardized expungement policies. Targeted investments in court record modernization and interagency coordination with the U.S. Department of Justice (DOJ) are essential to prevent foster youth from being permanently disadvantaged by the very systems designed to protect and empower them.

“
Nearly 50% of young people in foster care come into contact with the juvenile justice system, often due to trauma-related behaviors rather than criminal intent. These interactions create lasting legal and economic barriers that persist into adulthood.
 ”

PERSONAL REFLECTION

Growing up, I believed that hard work and resilience would eventually outweigh my past. As the first in my family to graduate high school and attend college, I thought I had left my childhood struggles behind. But in my late teens, I became involved in the juvenile justice system – a direct result of the instability and trauma I experienced as a child. Years later, while applying for new opportunities, I discovered how easily those records could resurface, exposing deeply personal history and overshadowing the person I had worked so hard to become.

Although I ultimately overcame these obstacles; I became a U.S. Army officer and served my country with pride. However, the experience delayed my career, cost me critical opportunities, and nearly derailed my dreams. Expungement would have made a profound difference. Foster youth deserve to be seen for who they are today, not judged forever by fragmented moments of adolescence shaped by circumstances beyond their control.

THE PROBLEM & CURRENT LAW

Youth in foster care are overrepresented in the juvenile justice system. This is not always due to criminal intent, but as a result of trauma and systemic failure (Youth.gov, n.d.). These "dual system-involved" youth are often punished for behaviors like truancy or running away — trauma responses that demand support, not incarceration. Once involved, even minor, non-violent offenses can lead to records that persist into adulthood. Although juvenile records are intended to be rehabilitative and confidential, they often remain accessible to employers, landlords, schools, and the military.

Expungement laws vary widely by state. Expungement is the legal process of erasing or sealing a person's criminal or juvenile record, so it no longer appears in background checks or is accessible to the public. Most youth must navigate complex petition processes, attend court hearings, and pay fees. Many of these are burdens that are often unrealistic for young people aging out of care without legal support. As of 2019, only nine states offered strong confidentiality protections (Touro Law Review, 2019). In others, juvenile records may still be shared with schools, law enforcement, or employers.

Mental health records, often documented during moments of crisis, are frequently included in juvenile case files. These records, which are not protected under the Health Insurance Portability and Accountability Act (HIPAA), remain accessible to decision-makers across child welfare, education, and justice systems (U.S. Department of Health and Human Services, 2017). In many states, foster youth face additional barriers because juvenile records, even records including sensitive mental health information, can be legally shared with schools, employers, landlords, and military recruiters (National Juvenile Defender Center, 2018).

THE PROBLEM & THE CURRENT LAW (CONTINUED)

Without consistent privacy protections, mental health histories can follow youth into adulthood which can create barriers to housing, education, scholarships, and military service, and compound stigma with long-term consequences. Youth with juvenile records face not only personal barriers but also impose significant public costs. Each foster youth aging out without adequate support and expungement opportunities costs taxpayers an estimated \$235,000 over their lifetime in incarceration, public assistance, lost earnings, and healthcare expenses (Annie E. Casey Foundation, 2011). A 2022 study by the Federal Reserve Bank of St. Louis found that individuals convicted as juveniles earn less and are less likely to be employed full-time a decade later. Conversely, states with robust expungement policies report increased stability and economic mobility.

Some states are leading the way. For example, California's SB 1296 provides legal aid to youth pursuing expungement (California Legislative Information, 2022). Michigan's "Clean Slate for Kids" law automates record clearance and has gained bipartisan support, including from business groups focused on workforce development. Modernized court technology has made automatic expungement more feasible and cost-effective. However, outdated and fragmented record-keeping systems in many states continue to complicate efforts to clear eligible juvenile records, creating technical and administrative barriers to expungement. Without federal guidance, progress remains inconsistent, and a youth's future continues to depend on where they grow up.

Embedding expungement support into federally required Title IV-E transition plans would create a consistent, natural pathway for youth to move forward. Federal action is needed to ensure that juvenile records do not lock foster youth out of the future they have worked hard to build.

POLICY RECOMMENDATIONS

To expand equitable access to juvenile record expungement for foster youth and reduce systemic barriers to adulthood, Congress should:

- **Direct the U.S. Department of Health and Human Services (HHS), in coordination with the U.S. Department of Justice (DOJ), to require that all Title IV-E transition plans include expungement education and support for eligible foster youth.** This support should include access to legal services, assistance with filing, education about legal rights, and referrals to relevant resources. Embedding this in the transition process would ensure youth are not left navigating complex legal systems alone and would create a uniform baseline of support across states.

POLICY RECOMMENDATIONS (CONTINUED)

- **HHS and the DOJ should send a joint letter to all child welfare directors and juvenile justice offices with best practices for juvenile record confidentiality, data privacy, and record system modernization.** This should include limiting access to sensitive mental health information in juvenile case files, prioritizing states for discretionary grants to modernize record systems, and promoting integrated data infrastructure to streamline expungement while protecting youth privacy.
- **Congress should request a U.S. Government Accountability Office (GAO) report on the cost of expungements for dual status youth as part of a larger review dual status youth issues and transition planning.**

FOSTER YOUTH SUICIDE PREVENTION

By Michael Anthony Miser

RECOMMENDATION SUMMARY

In order to prevent suicide among former and current foster youth, Congress should 1) amend Title IV-E of the Social Security Act to enable suicide prevention programs for foster youth to qualify for Enhanced Federal Financial Participation, and 2) request a Government Accountability Office (GAO) report focused on the effectiveness of Title IV-E mental health programs and other services for foster youth in preventing suicide.

EXECUTIVE SUMMARY

Current and former foster youth are four times more likely to die by suicide than their peers who were never in foster care. Despite this disparity, current federal and state systems lack scalable, funded models to implement preventive solutions to address this crisis. In 2018, Congress took a critical step forward by passing the Family First Prevention Services Act (FFPSA), allowing states to receive partial federal reimbursement for delivering preventive mental health services and training. The training and services that states can implement at these reimbursed rates are noted in the Title IV-E Clearinghouse. Despite the robust offerings in the Title IV-E Clearinghouse, there are none specifically focused on suicide prevention. Congress can take meaningful steps to eliminate preventable suicides by enhancing states' abilities to implement evidence-based suicide prevention programs at increased reimbursement rates. Congress can further bolster suicide prevention by supporting the development of effective prevention programs and funding Government Accountability Office (GAO) studies to further the cause.

PERSONAL REFLECTION

As a Navy veteran and former foster youth, I have witnessed firsthand the mental health struggles that led to suicide among friends and peers. What stands out is that the Navy intentionally built systems to prevent suicide, while the foster care system lacks the same structure and focus. The difference is stark, given the similarities in trauma profiles for both populations. Death by suicide is a preventable tragedy that more lives can be saved by training individuals to recognize signs of suicidality in their peers and loved ones.

Suicide is the second leading cause of death amongst youth from ages 10 to 24 in the United States, with more than 6,500 young people dying each year from this preventable reality.



Adverse childhood experiences, also known as ACEs, are directly linked with suicidal ideations and attempts.



80% of foster youth experienced six or more adverse childhood experiences, a 65% increase in comparison to their peers in the general population, with only 15% experiencing six or more.

THE PROBLEM & CURRENT LAW

Young people are dying every day from preventable deaths in the United States, and unfortunately, foster youth are overrepresented in this reality. Suicide is the second leading cause of death amongst youth from ages 10 to 24 in the United States, with more than 6,500 young people dying each year from this preventable reality (CDC, 2025; NIMH, 2025). Adverse childhood experiences, also known as ACEs, are directly linked with suicidal ideations and attempts (Dube, 2001). An individual's ACE score is tracked by their experience in three areas: abuse, neglect, and household dysfunction. The higher an individual's ACE score is out of 10, the more experience they have with these forms of maltreatment. The greater the level of involvement with these forms of maltreatment, the higher the rates of suicidal ideations and attempts tend to be.

Foster youth are disproportionately exposed to mental illness because of early and ongoing trauma, abuse, neglect, and constant instability (Szilagyi et al., 2015). Without a stable and nurturing adult to help youth cope, these experiences can make it difficult to manage emotions, focus, and make decisions, increasing the risk of post-traumatic stress disorder (PTSD), depression, and anxiety which have all been shown to exacerbate the risk of suicide. The National Library of Medicine published research showing that 80% of foster youth experienced six or more adverse childhood experiences, a 65% increase in comparison to their peers in the general population, with only 15% experiencing six or more (Liming et al., 2021; Swedo et al., 2023). This increased level of trauma for our population directly ties into the dark reality that at the end of the day, foster youth are disproportionately affected by suicide, with rates over four times higher than those of their peers in the general population: 37.5 deaths per 10,000 vs. 8.3 deaths per 10,000 (Brown, 2020).

Through the Family First Prevention Services Act (FFPSA), Congress recognized the value of prevention services in improving the lives of system-impacted individuals. Just five years following the enactment of FFPSA, Chapin Hall Center for Children (2024) reported to the U.S. Senate that yearly entries into foster care fell from nearly 242,000 in 2018 to about 162,000 in 2023 a 30% decline in foster care entries. But despite this success, one crucial gap remains: suicide prevention. There is no federal effort specifically targeted to prevent foster youth suicide.

THE PROBLEM & CURRENT LAW (CONTINUED)

There are numerous supported and well-supported prevention programs that the Title IV-E Clearinghouse authorizes for helping foster youth combat anxiety, depression, and PTSD. The reality is that foster youth experience each of these conditions at exacerbated rates. Each of these mental health conditions goes on to largely contribute to the likelihood of suicidal ideations, attempts, and even deaths (Harmer et al., 2025). However, a clear gap remains in supported suicide prevention services for foster youth. In 2022, the U.S. Department of Defense (DOD) established the Suicide Prevention Response and Independent Review Committee, which reviewed the DOD's suicide prevention training. A key finding from their report was that gatekeeper training should be increased. This type of training teaches peers and members of communities to recognize signs that suicidal individuals display (U.S. Department of Defense, 2022).

The bottom line is that suicide remains a preventable death and is claiming the lives of far too many foster youth. Congress has taken meaningful strides in suicide prevention; we have yet to fully bridge the gap between prevention and permanency. Prevention doesn't just save lives, it saves families and reduces long-term costs. While every dollar spent on foster care results in a negative return on investment — costing up to \$9.55 for each \$1 spent — investments in prevention, such as economic supports and family resource centers, yield overwhelmingly positive returns (Chapin Hall, 2024; Puls et al., 2021; OMNI Institute, 2021). Prevention is an investment in keeping families together, promoting life, and investing in our future by reducing the debt burden on future generations. Congress should fund research to develop comprehensive suicide prevention training programs to help foster youth, and to incentivize states to implement suicide prevention programs by offering enhanced federal financial participation.

POLICY RECOMMENDATIONS

In order to prevent unnecessary suicide rates among former and current foster youth, Congress should:

- **Amend Title IV-E of the Social Security Act to enable suicide prevention programs for foster youth to qualify for Enhanced Federal Financial Participation.**
 - This expansion should include gatekeeper-style suicide prevention trainings for transition-aged youth (18-26), professionals who interact with youth in care, and adoptive parents.
 - The Administration must clarify this as an allowable administrative expense for training and case management, prior enacting new legislation.
- **Request a Government Accountability Office (GAO) report focused on the effectiveness of Title IV-E mental health programs** and other services for foster youth in preventing suicide.

HELPING CASEWORKERS SUPPORTING FOSTER YOUTH'S MEANS OF ACHIEVING WELLNESS & PERMANENCY: MENTAL HEALTH CARE COORDINATION

By Stephanie M.V. Popper

RECOMMENDATION SUMMARY

To accomplish the health and mental health coordination goals in current law, and to ensure Caseworkers have the skills to support Foster Youth in achieving Wellness & Permanency, Congress should 1) require Title IV-E state child welfare agencies to have designated mental healthcare professionals involved in compliance with the current law that requires state child welfare agencies to develop coordinated strategies with Medicaid to oversee and coordinate health care, and 2) establish a Federal Standard for comprehensive training mandated for caseworkers in direct care positions.

EXECUTIVE SUMMARY

A significant factor hindering transition-aged foster youth from achieving permanency and wellness is the nationwide adolescent mental health crisis and the accumulation of unmet mental health needs (AAP, 2021). The American Academy of Pediatrics (AAP) reports that up to 80% of children and adolescents who spend time in foster care have significant mental health needs. Caseworkers, despite their best efforts, are often overwhelmed by high caseloads and the complexity of these needs and are frequently unequipped to address them. States can support youth and caseworkers by ensuring that local child welfare agencies designate healthcare professionals to coordinate and manage healthcare tasks for youth, including mental health care. This would allow caseworkers to prioritize time with youth and focus on achieving permanency goals.

PERSONAL REFLECTION

My professional, educational, and lived experiences have given me a deep understanding of the complexities of mental health. As a licensed social worker who has worked with, studied, and personally faced mental health challenges, I understand the toll unaddressed issues take, especially on foster youth, who face unique barriers to permanency. Many foster youth experience significant, unmet mental health needs and lack a reliable support

PERSONAL REFLECTION (CONTINUED)

system. As a nation, we have not adequately addressed how to support these marginalized populations, who are isolated by design. In a society that values independence, we fail to recognize how unrealistic it is to expect foster youth to overcome these challenges alone.

When I was in foster care, I was fortunate to have been assigned a public healthcare worker. This healthcare professional, a nurse in my case, worked alongside my child welfare caseworker to ensure my medical needs, including mental health care, were prioritized. She helped me get to appointments, explained my healthcare coverage, and taught me to manage essential documents. More importantly, she shared responsibilities with my caseworker, helping us use our limited time more effectively. For instance, she coordinated logistics so my caseworker and I could focus on meaningful conversations about my goals during and after care. This support allowed my caseworker to concentrate on helping me explore paths to permanency through housing, employment, and education. Amid high caseworker turnover, she was the most consistent presence in my life who modeled reliability, advocacy, and the importance of caring for myself and my health.



*When mental health issues go unaddressed, the consequences often include **unstable housing, unemployment, broken relationships, and in too many cases, homelessness, incarceration, or poverty.***

**THE PROBLEM & CURRENT LAW**

Across the nation, we are witnessing an adolescent mental health crisis (AAP, 2021). While recent attention has highlighted social media's harmful impact on youth mental health, less focus has been given to the longstanding, unmet needs of children and youth who have experienced significant trauma. For youth in foster care, these effects can be especially harmful, disrupting their ability to transition successfully into adulthood. Foster youth face higher rates of mental health challenges than their peers (NFYI, 2023) and encounter greater barriers to achieving permanency, as detailed in Appendix I. When mental health issues go unaddressed, the consequences often include unstable housing, unemployment, broken relationships, and in too many cases, homelessness, incarceration, or poverty.

The primary goal of foster care is to serve as a temporary arrangement until children can live in safe, permanent families (Annie E. Casey Foundation, 2014). Yet for Chafee-eligible youth aged 14 and older, nearly half will not be connected to permanency before turning 18 (AFCARS, 2022), and over 20,000 age out of care each year without it (Annie E. Casey Foundation, 2024). Many are left to navigate life on their own, expected to build lasting relationships, secure housing, and pursue education and employment, all while managing mental health challenges with minimal support.

THE PROBLEM & CURRENT LAW (CONTINUED)

Child protection workers are essential in bridging the gap to needed resources. A comprehensive assessment of individual needs is critical (NASW, 2023), but caseworkers face widespread burnout and limited training, leaving them underprepared for the complex mental health needs of youth. This burnout directly hinders youth's progress toward permanency and wellness.

To address this, Congress should clarify the law and improve care coordination and health protocols in child welfare. Under Title IV-B, states and tribes are required to develop a Health Care Oversight and Coordination Plan for children in foster care, including mental health care (42 U.S.C. § 622(b)(15)(A)). These provisions, created under the The Fostering Connections to Success and Increasing Adoptions Act of 2008 and expanded in the Protecting America's Children by Strengthening Families Act of 2024 (H.R. 9076), allow states to collaborate with health departments and utilize healthcare professionals to support and not replace caseworkers. This administrative support is reimbursable under Title IV-E and helps caseworkers better meet youth's health and permanency goals. Additionally, implementing mandatory trauma-informed training standards for caseworkers will ensure they are equipped to handle complex mental health needs and remain eligible for Title IV-E reimbursement (45 CFR §1356.60).

Utah offers a promising example. Since 1997, Utah's Division of Child and Family Services has partnered with the U.S. Department of Health and Human Services through the Fostering Healthy Children (FHC) program. Registered nurses serve as Healthcare Coordinators, ensuring that medical, dental, and mental health needs are met according to best practices. These nurses input data into the state's child welfare information system, provide consultations, educate DCFS staff, train out-of-home care providers, and participate in quality improvement efforts. By delegating healthcare coordination to professionals, Utah enables caseworkers to better focus on helping youth achieve lasting permanency.

POLICY RECOMMENDATIONS

To accomplish the health and mental health coordination goals in current law, and to ensure Caseworkers have the skills to support Foster Youth in achieving Wellness & Permanency, Congress should:

- **Require Title IV-E state child welfare agencies to have designated mental healthcare professionals involved in compliance with the current law that requires state child welfare agencies to develop coordinated strategies with Medicaid to oversee and coordinate health care.** These healthcare professionals would be Designated Healthcare Coordinators who work alongside caseworkers to monitor, manage, and coordinate healthcare services for children and youth in custody. This administrative support is reimbursable under Title IV-E.

POLICY RECOMMENDATIONS (CONTINUED)

- **Establish a Federal Standard for comprehensive training mandated for caseworkers in direct care positions.** Training would include NASW's comprehensive trauma-informed training series, cultural humility training, and any other training relevant to the field. Adopting this federal standard of training would incentivize State child welfare agencies to receive IV-E reimbursements.

ADVANCING BEHAVIORAL HEALTH OPPORTUNITIES IN THE U.S. FOSTER CARE SYSTEM

By Alexis Corazon Rodriguez

RECOMMENDATION SUMMARY

In order to accomplish a more equitable and healing-centered child welfare system, Congress should 1) mandate consistent, trauma-informed support systems that meet youth where they are; culturally, developmentally, and geographically, 2) amend Title IV-E and Chafee funding guidelines to recognize and reimburse non-clinical wellness services as legitimate behavioral health interventions, and 3) direct the U.S. Department of Health and Human Services to launch a national initiative that evaluates and scales culturally specific behavioral health programs.

EXECUTIVE SUMMARY

Behavioral health plays a critical role in the stability and long-term well-being of children in foster care. Despite growing national awareness of trauma's impact on children's development, attachment, and sense of safety, federal and state policies remain largely reactive and inconsistent in ensuring access to healing-centered, developmentally appropriate, and culturally responsive supports. While promising initiatives exist, many are limited in scale or target only younger children, leaving older youth especially underserved. Congress must strengthen behavioral wellness pathways — systems that provide continuous, holistic, and culturally rooted mental health care for youth in and transitioning from foster care — by expanding proactive, community-based models and ensuring continuity across placements and jurisdictions. This is especially critical given the frequent disruptions in foster care, which can compound trauma and delay recovery. Creating these conditions is essential not only to achieving permanency but to ensuring the possibility of a truly positive childhood.

PERSONAL REFLECTION

I was raised between households where emotional neglect, cultural indifference, and silence created an environment that made wellness feel out of reach. Vulnerability was not safe and was met with punishment or indifference rather than comfort or connection. My early cries for help were labeled as behavioral outbursts, which further jeopardized my placements rather than prompting support for a teen navigating a traumatic experience. I felt unseen by caregivers, educators, and caseworkers — not because they didn't care, but because they did not know how to care in ways that met me where I was.

PERSONAL REFLECTION (CONTINUED)

Like many foster youth, I wasn't guided toward healing; I was simply tolerated until I aged out of foster care. It was not until I aged out that I began to process my trauma, seek therapy and mentorship, and find healing through education and hobbies. This shift came after I was introduced to a campus support program for first-generation students, which encouraged therapy and self-reflection. If I had access to supports like mentorship, expressive arts, and consistent behavioral health services, my healing journey could have begun long before adulthood. Even then, I faced systemic barriers. Extracurricular activities were treated as luxuries rather than therapeutic outlets, and culturally relevant support was limited. These experiences taught me the power of preventative, intentional care over reactive responses. I want to ensure that youth in care do not have to wait until adulthood to begin healing, or worse, get punished for the pain they never had the tools to express. Advocating for building systems that uplift and prevent youth and families, not just intervene and respond, should be a top priority. My vision is a child welfare system that recognizes behavioral wellness as foundational to permanency and prioritizes joy, connection, and community as much as clinical care.



*Advocating for **building systems that uplift and prevent youth and families, not just intervene and respond, should be a top priority.** My vision is a child welfare system that **recognizes behavioral wellness as foundational to permanency and prioritizes joy, connection, and community as much as clinical care.***



THE PROBLEM & CURRENT LAW

Children in the child welfare system are at heightened risk for behavioral health challenges due to exposure to trauma during key developmental years. These challenges, including mental health conditions and substance use disorders, can arise prior to system involvement or emerge during placement transitions. Yet, these evolving needs often go unmet due to fragmented systems, inconsistent care, and limited access to culturally and developmentally responsive services.

In 2021, over 40% of Medicaid- and Children's Health Insurance Program (CHIP)-enrolled children aged 3 to 17 involved in child welfare were diagnosed with behavioral health conditions (HHS, 2023). Trauma significantly impacts cognitive development, emotional regulation, physical health, behavior, and relationships (Bartlett & Steber, 2019). Federally, Substance Abuse and Mental Health Services Administration's (SAMHSA)'s Fiscal Year 2023 System of Care Expansion and Sustainability Cooperative Agreements provided \$31.5 million to improve behavioral outcomes, with \$10.3 million directed to 13 communities serving children at risk of entering foster care with complex needs (SAMHSA, 2023). However, this investment remains a small, competitive, and geographically limited portion of national behavioral health funding.

THE PROBLEM & CURRENT LAW (CONTINUED)

States like California are taking proactive steps, using SAMHSA and other federal resources to address unmet needs. California defines “complex care” as cases with long-standing, multifaceted needs across behavioral health, education, and child welfare systems. The state’s Positive Childhood Experiences (PCEs) programming delivers culturally competent, county-level training to agencies, including probation, behavioral health, and tribal partners (California Department of Social Services, n.d.). These efforts support emotional stability and healthier life outcomes, but similar programs are inconsistently available in other states and rarely tailored to older youth.

Programs that offer culturally relevant care face limited evaluation and funding, restricting their inclusion in federal evidence-based clearinghouses (Casey Family Programs, 2024). This highlights a broader need to invest in adaptable, community-rooted behavioral health services for older youth.

Recent legislative efforts emphasize early prevention over crisis response. Colorado’s HB23-1249 (2023) requires counties to implement collaborative care plans for justice-involved youth ages 10–12 (Colorado General Assembly, 2023), while Florida’s HB945 (2020) mandates coordinated support systems for children with repeated crisis stabilization visits (Florida Senate, 2020). These laws model the kind of cross-system, community-based interventions needed nationwide to improve behavioral health outcomes for foster youth.

POLICY RECOMMENDATIONS

In order to accomplish a more equitable and healing-centered child welfare system, Congress should:

- **Mandate consistent, trauma-informed support systems that meet youth where they are; culturally, developmentally, and geographically.** Congress should provide funding and technical assistance to support states in implementing Community Wellness Navigators as dedicated staff embedded in child welfare systems to ensure continuity of behavioral health care across placements and transitions. These navigators would serve as trusted, culturally competent advocates trained to recognize trauma responses, maintain youth-centered healing plans, and connect young people to non-clinical supports such as mentorship, spiritual spaces, expressive arts, and peer-led groups. California has pioneered promising work in this area through its Pathways to Mental Health Services initiative, which coordinates wraparound behavioral health services for children in foster care across agencies including child welfare, probation, and education. Under this model, youth receive individualized care planning through Interagency Placement Committees and Child and Family Teams, leading to more stable placements and improved emotional outcomes (California Department of Social Services, 2020). Congress should build on this model and require every state to establish a coordinated care approach to ensure behavioral wellness is not lost in system transitions.

POLICY RECOMMENDATIONS (CONTINUED)

- **Amend Title IV-E and Chafee funding guidelines to recognize and reimburse non-clinical wellness services as legitimate behavioral health interventions.** Currently, federal reimbursement structures focus narrowly on evidence-based clinical therapies, excluding many effective, community-rooted practices that many youth depend on. Services such as mentorship programs, culturally embedded healing rituals, expressive arts, and recreational outlets play a key role in managing trauma and supporting identity development. Quality can be assessed using trauma-informed care standards, youth and caregiver feedback, school engagement metrics, and data analysis about the number of youth experiencing a behavioral crisis or placement disruptions. By expanding the definition of behavioral health, federal policy can better reflect the full range of tools contributing to a healthy and stable upbringing.
- **Direct the U.S. Department of Health and Human Services to launch a national initiative that evaluates and scales culturally specific behavioral health programs.** Despite demonstrating effectiveness within their populations, many of these community-developed supports remain excluded from the Title IV-E Prevention Services Clearinghouse due to a lack of formal evaluations. Congress should fund pilot studies and long-term tracking for programs addressing racial identity, intergenerational trauma, and community belonging. A parallel evidence track should be considered within the Clearinghouse to capture better outcomes aligned with culturally grounded healing models. By elevating these interventions, the federal government can ensure foster youth have access to behavioral health care that reflects both their trauma and their cultural truths.

REFORMING ADOPTION PRACTICES TO PROMOTE PERMANENCY

By Cadon Sagendorf

RECOMMENDATION SUMMARY

To reform adoption practices to promote permanency, Congress should 1) create federal legislation for adoption recruitment listings, 2) establish nationwide post-adoption support programs, and 3) guarantee continuous Medicaid coverage after adoption.

EXECUTIVE SUMMARY

To reduce re-entry into the foster care system and improve permanency outcomes, Congress should enact federal legislation that funds trauma-informed post-adoption services, ensures continuous Medicaid coverage for adopted youth, and regulates the ethical use of youth profiles in adoption recruitment. These reforms will provide youth with the dignity, protection, and long-term support they deserve. By shifting from a placement-centered to a youth-centered model, adoption can be reimagined as a process that uplifts and empowers young people rather than exposing or retraumatizing them far too often.

PERSONAL REFLECTION

I was adopted from the foster care system at birth and, for a brief moment, believed I had found my forever home. I believed adoption meant safety, love. However, at 15, due to a lack of post-adoption support, that sense of permanency was shattered when I was placed back into foster care, eventually aging out at 18.

As a transracial adoptee, I grew up without racial mirrors, which shaped my development and sense of culture in a unique way. Because of that, I struggled to find a sense of familiarity, which was often misinterpreted as defiance or acting out, rather than recognized as a sign of unmet emotional and cultural needs. Due to this lack of post-adoption support, I returned to the foster care system during adolescence. Returning to the system disrupted and tore apart familial bonds I had built over years, deeply affecting my relationships. This trauma and upheaval might have been avoided if comprehensive post-adoption supports had been accessible and if stronger protections had been embedded within the post-adoption process itself.

THE PROBLEM & CURRENT LAW

The foster care system is designed to offer temporary, supportive environments for children and youth while long-term solutions are secured. While adoption is meant to provide permanent placement, some adoptions, especially those from the foster care system, are disrupted or dissolved. According to the U.S. Department of Health and Human Services in 2020, between 5% to 10% of adoptions from foster care are legally dissolved, while many more experience informal disruptions that leave youth without stable family environments. These breakdowns often stem from a lack of trauma-informed, post-adoption services.



Cadon surrounded by his adoptive family on his official adoption day.

Families adopting youth from the child welfare system are frequently unprepared for the complex emotional, psychological, and behavioral needs of the children they welcome. Many adopted youth, particularly teens and those who've experienced multiple placements, face ongoing trauma. Without sufficient mental health support, family counseling, or crisis intervention, adoptive placements may break down, retraumatizing the youth and placing them at risk of returning to the foster care system (AECF, 2022).

Federal law currently allows states to use funds under Title IV-B, Subpart 2 (Promoting Safe and Stable Families) for post-adoption support services, but it is not a requirement. This voluntary structure has led to inconsistent availability and quality of post-adoption supports across states. As a result, many families lack access to the trauma-informed services necessary to maintain permanency and prevent disruptions.

Additionally, current adoption recruitment practices, especially the use of online youth profiles, raise serious concern about privacy, consent, and retraumatization. Youth in care are often featured on public websites without proper consultation or informed consent, which can be dehumanizing. There is no federal legislation ensuring secure data use or youth approval, leaving children vulnerable to exploitation and emotional harm (Child Welfare Information Gateway, 2023). The absence of clear, age-specific policies across states contributes to inconsistent practices that often overlook the dignity and voice of the youth these systems aim to support. In both post-adoption support and adoption recruitment, current law falls short of recognizing the need for trauma informed, youth driven practices. The result is a system that too often prioritizes placement over permanency and visibility over empowerment. Many states lack a clear, age-specific policy about when and how youth should be involved in creating public-facing adoption recruitment profiles.

THE PROBLEM & CURRENT LAW (CONTINUED)

This absence creates inconsistent practices across the country, contributing to a system that may unintentionally disregard the dignity and voice of the children it seeks to protect. Without federal guidelines, youth can be placed in listings that they did not approve, with little recourse to remove their information later on.



Families adopting youth from the child welfare system are frequently unprepared for the complex emotional, psychological, and behavioral needs of the children they welcome.



POLICY RECOMMENDATIONS

To reform adoption practices to promote permanency, Congress should:

- **Create Federal Legislation for Adoption Recruitment Listings:** Privacy protections similar to those established under the European Union’s General Data Protection Regulation (GDPR) should guide legislation protecting youth profiles used in adoption recruitment. The Family First Prevention Services Act (FFPSA) offers useful frameworks emphasizing family involvement and prevention-focused language. Federal legislation should mandate clear consent, robust consultation, and strong security protocols to protect youth privacy in recruitment processes.
- **Establish Nationwide Post-Adoption Support Programs:** Utilize Title IV-B, Subpart 2 (Promoting Safe and Stable Families) as the foundation for federal grants supporting post-adoption services. These programs should be modeled after SAMHSA’s Systems of Care grants, which require meaningful involvement of families and youth in the planning and delivery of services.
- **Guarantee Continuous Medicaid Coverage After Adoption:** Federal policy should promote adoption-competent provider networks and incentivize provider training through HRSA-funded initiatives. For example, the Behavioral Health Workforce Education and Training (BHWET) program could be expanded to include adoption competency training. Additionally, Certified Community Behavioral Health Clinics (CCBHCs) should be leveraged to provide accessible behavioral health services tailored to adoptive families.

MEET THE AUTHORS

Since 2003, the program has provided individuals who have experienced the U.S. foster care system the opportunity to intern in a congressional office on Capitol Hill and publish a federal policy report on ways the United States can reform the foster care system. Meet the talented 2025 cohort of the Foster Youth Internship (FYI) Program®.



LinkedIn:



Elyzabeth Andersen (CA)

Elyzabeth Andersen earned her bachelor's degree in human development and family science with a minor in education from California State University, Monterey Bay. She is currently enrolled in a teacher credentialing program to obtain her Foundational Mathematics and Education Specialist (Mild/Moderate and Extensive Support Needs) Credentials. Elyzabeth has experience supporting students in both K-12 and higher education settings. She is also a member of the Reproductive Health Equity Project's Youth Advisory Board where she aims to promote a trauma-informed, developmentally appropriate, and inclusive approach to reproductive and sexual healthcare for foster youth. In 2024, she participated in the National Foster Youth Institute's Congressional Leadership Academy where she engaged with legislators and utilized her lived experience to drive policy initiatives aimed at systemic improvements in the child welfare system. Elyzabeth is passionate about removing systemic barriers to ensure equitable access to the education and healthcare systems, especially among underserved and underrepresented communities.



LinkedIn:



Elijah Davis (AZ)

Elijah (Eli) Davis is a former foster youth and first-generation college student at Stanford University. Originally from Alberta, Canada, Eli has lived in various states — experiencing foster care in both Arizona and Utah. As an advocate, he has worked with the National Foster Care Youth and Alumni Policy Council for the past year. Additionally, Eli founded a nonprofit organization called First Gen United dedicated to providing mentorship and support to first-generation college students. As a policy leader, Eli is working with the Bob Gnaizda Youth Leaders Program to develop and present a federal policy proposal in Washington, D.C. in April 2025. Eli also has internship experience with Children's Law Center of California (CLC) as a Law Clerk and works as a volunteer crisis text line counselor. With an educational background in neuroscience and statistics before his recent transfer to Stanford, Eli has extensive hands-on experience in research from managing a sleep neuroimaging lab to developing machine learning models for electronic health record classification as an intern at Harvard Medical School. Eli aspires to become an attorney and continue his work in law, policy, and advocacy. In his free time, Eli enjoys reading and is currently training for a marathon.



LinkedIn:



Amirah Foster (CT)

Amirah Foster is pursuing her Master of Business Administration at the University of Hartford, specializing in supply chain management. She is building on her undergraduate degree in business administration with a concentration in international business from Eastern Connecticut State University. Amirah has also studied abroad in Spain and Peru, gaining valuable insight into culture, laws, and business practices. With nearly five years of experience in marketing, international business, and legislative advocacy, she has contributed to initiatives that blend strategic problem-solving with community impact. As a policy intern at SUN Scholars Inc., Amirah has been involved in youth-focused legislative efforts, including Jaime's Bill, which seeks to improve Connecticut's adoption records process. She also serves as a Connecticut Department of Children and Families (DCF) Youth Advisory Board member to advocate for policy reforms that support foster youth. In addition to her advocacy work, Amirah has led student organizations, managed digital engagement strategies, and developed a global perspective through her international experiences. Fluent in Arabic and conversational Spanish, she thrives in fast-paced environments, applying her strategic planning, marketing, and leadership skills to drive meaningful change.



LinkedIn:



Shayla George (IN)

Shayla (Shay) George is a dedicated advocate and community leader committed to driving systemic change in child welfare, community development, and philanthropy. She will graduate in May 2025 from Indiana University with a Bachelor of Arts in Psychology and a certificate in nonprofit management. Upon completing her internship as a Foster Youth Intern with the Congressional Coalition on Adoption Institute (CCAI), she will begin her Master of Public Affairs (MPA) program with a concentration in nonprofit management while continuing her work at Indiana University.

Shayla currently serves as the administrative director of Lantern Support Services, a nonprofit providing critical resources for foster youth and families in Monroe County, Indiana. She previously worked with Foster Success, helping shape policy and increase federal funding for foster youth programs. Beyond her professional roles, Shayla is deeply involved in civic engagement. She serves as a commissioner on the City Commission on the Status of Women and actively volunteers in her community. The City of Bloomington honored her with the Future Black Leader of Tomorrow award for her involvement. Passionate about advocacy and policy reform, Shayla is committed to creating lasting change for vulnerable communities.



Ov'Var'Shia Gray-Woods (MI)

Ov'Var'Shia Gray-Woods is a proud former foster youth with lived experience in Michigan's Wayne County child welfare system. She recently earned her Master of Social Work (MSW) from Wayne State University in December 2024. Ov'Var'Shia serves as the president of Empowering Foster Youth through Technology (EFyTECH), a foster youth-led and co-created advocacy group supported by the Park West Foundation in Michigan. She also works as a college preparatory coach for the Foundation, helping current and former foster youth pursue higher education. Among her most notable advocacy and educational achievements, Ov'Var'Shia was selected as one of the "Top 20 Most Influential Black Detroiters Under 25" by the Skillman Foundation. She is actively involved in several community organizations, including the Michigan Youth Opportunities Initiative (MYOI) through Michigan Department of Health and Human Services (MDHHS), The Youth Connection, CHAMPS Wayne State, and the National Foster Youth Institute (NFYI). Additionally, she is a scholar of both The nsoro Educational Foundation and Bravo Programs of America. Ov'Var'Shia has experience leading a child welfare presentation alongside judges and attorneys at the 2024 National Association of Counsel for Children. Her commitment to advocating for both current and former foster youth, as well as generations of those in the child welfare system, is central to everything she does. Ov'Var'Shia looks forward to sharing her experiences, skills, and perspectives to inform policy on a broader scale.

LinkedIn:



Nikolas Hughey (PA)

Nikolas Hughey is a dedicated advocate for foster youth, veterans, and public policy reform. A first-generation college graduate from the University of South Alabama, Nikolas is transitioning from military service and pursuing a Master of Business Administration (MBA) at Georgetown University with plans to attend Harvard Law School. His passion for advocacy stems from his lived experience in the foster care system, shaping his commitment to systemic change and meaningful policy reform. Nikolas has held leadership roles in government and policy, serving as an Infantry Officer in the U.S. Army and later interning for U.S. Senator Dan Sullivan of Alaska, where he focused on military, veteran, and national security affairs. He was also selected as a board member for FosterClub's LeX leadership team, where he helps amplify the voices of foster youth at a national level. His advocacy work extends to Facing Foster Care in Alaska (FFCA), a statewide foster youth advocacy organization, and MyHouse, an Alaska-based nonprofit supporting homeless and at-risk youth. With a vision of launching his advocacy initiative, the DreemChasers Foundation, Nikolas remains committed to developing policy-driven solutions that empower underserved communities and create lasting change.

LinkedIn:





Michael Miser (CA)

Michael Miser is a child welfare advocate, political science student, and U.S. Navy veteran. He was raised in Riverside County, California, and is one of five siblings who were adopted together into a loving family. After high school, he served six years in the Navy, where he found a passion for leadership, mentoring, and accomplishing meaningful goals.

LinkedIn:



Following his service, Michael began studying political science at California State Polytechnic University, Pomona (Cal Poly) where he interned with the Anthony Pritzker Family Foundation's Foster Youth Initiative. Michael recently graduated from the National Foster Youth Institute's (NFYI) Congressional Leadership Academy, shaping policy and advocating in congressional offices. As an active NFYI chapter member, he continues to advocate for policy across federal, local, and private sectors. Michael also works as a peer mentor alongside his studies to support former foster youth in their college journey. Now in his junior year, Michael is focused on completing his degree while preparing for law school with the intention of working in policy and legislative affairs.



Stephanie Popper (NJ)

Stephanie M.V. Popper is a recent graduate, having earned her master's degree in social work (MSW) from Monmouth University in 2024. She currently works full-time as a community programs director at her local community farm. Her role focuses on developing programs for individuals with special needs, veterans healing through Post-Traumatic Stress Disorder (PTSD), and local at-risk youth.

LinkedIn:



Stephanie was selected to participate in the Congressional Foster Youth Shadow Day of the National Foster Youth Institute (NFYI) where she learned about the world of child welfare advocacy. She went on to earn a degree in political science with a double minor in anthropology and social work.

Throughout her undergraduate career, Stephanie worked at the federal, state, and local levels of policy. She was part of a hardworking state council that passed the Siblings' Bill of Rights legislation (S1034/A1357) in 2023 and she also mentored and taught life skills to a group of foster youth. Stephanie has immersed herself in advocacy outlets that have changed her perspective on life and shifted her identity as a foster youth. Stephanie is deeply passionate about curating meaningful change.



LinkedIn:



Alexis Rodriguez (CA)

Alexis Corazon Rodriguez is a sophomore at Howard University, double majoring in political science and African studies. Growing up in foster care in the San Francisco Bay Area, she developed a deep commitment to social justice, education equity, and youth empowerment. She has led initiatives to bridge resource gaps for underserved communities, raising over \$70,000 in grants to fund mentorship, employment, and leadership programs for at-risk youth. At Howard, Alexis serves as Vice President of First Gen HU and a Resident Assistant, creating support spaces for first-generation and system-impacted students navigating college independently. Her advocacy extends globally — she studied abroad in Kenya and at the African Leadership Academy in South Africa, where she explored language policy and its role in education access. She envisions using policy and grassroots organizing to uplift marginalized communities and drive systemic change. Alexis is committed to advancing opportunities for those historically overlooked. She believes in education as a tool for liberation and works to ensure that all students, regardless of background, have the resources to succeed. In her free time, she enjoys yoga, jazz music, and spending time with loved ones.



LinkedIn:



Cadon Sagendorf (UT)

Cadon Sagendorf is a junior at the University of Utah pursuing a bachelor's degree in psychology and aspires to become a clinical neuropsychologist. His work focuses on the intersection of child welfare and mental health, utilizing academic research and public policy to drive systemic change. His academic interests lie in neurobiology and neurophysiology and examining how these systems influence emotional, mental, and physical health. Through his research, he seeks to understand the mechanisms that shape human behavior, resilience, and recovery to develop innovative approaches to mental health care. Cadon's professional experience includes serving as a community outreach coordinator for a nonprofit supporting young adults aging out of foster care and working as a constituent and correspondence intern in the Office of Utah Governor Spencer Cox. Additionally, he holds leadership roles on the Court Improvement Program Committee and the Behavioral Health Planning and Advisory Council for Utah. Cadon's advocacy has led him to be selected as a Mental Health America Young Leaders Council member, to speak at the U.S. Capitol before the Work and Welfare Subcommittee of the U.S. House of Representatives Committee on Ways & Means, and to receive the Governor's Spirit of Service Award for his contributions to child welfare in Utah.

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REFERENCES

- Administration for Children & Families. (2022). Chafee Education and Training Voucher (ETV) Program - State ETV Fact Sheets. <https://acf.gov/opre/report/chafee-education-and-training-voucher-etv-program-state-etv-factsheets>
- Administration for Children and Families. (2023). Information memorandum: Notice of proposed rulemaking (NPRM) on separate licensing standards for relative or kinship foster family homes (ACYF-CB-IM-23-02). U.S. Department of Health and Human Services. <https://acf.gov/sites/default/files/documents/cb/im2302.pdf>
- Administration for Children and Families. (n.d.). AFCARS data dashboard. U.S. Department of Health & Human Services. Retrieved May 18, 2025, from https://tableau-public.acf.gov/views/afcars_dashboard_main_page/mainpage
- AL Code § 26-2A-104 (2024). <https://law.justia.com/codes/alabama/title-26/chapter-2a/article-2/division-2/section-26-2a-104/>
- Alvarado, A. (2022). Torero Renaissance Scholars Program: Mentor reflections and program impact. University of San Diego. <https://digital.sandiego.edu/cgi/viewcontent.cgi?article=1131&context=soles-mahel-action>
- Ambrose, G. (2021, April 4). Kentucky's budget shrunk. These informal foster parents were left with nothing. The Imprint. <https://imprintnews.org/child-welfare-2/kentucky-budget-shrunk-kin-left-nothing/53235>
- American Academy of Pediatrics. (2021). Declaration of a national emergency in child and Adolescent Mental Health. Home. <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-dvelopment/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>
- American Bar Association Center on Children and the Law. (2024). New Children and Families Administration rule: Foster care legal representation kinship provisions. Grandfamilies.org. <https://www.grandfamilies.org/Portals/0/Documents/GeneralKinshipPublications/SummaryFinalRuleonLegalRepKinProvisions.pdf>
- Annie E. Casey Foundation. (2011). Cost avoidance: The business case for investing in youth aging out of foster care. <https://assets.aecf.org/m/resourcedoc/aecf-CostAvoidance-2011.pdf>
- The Annie E. Casey Foundation. (2014, February 6). What is Foster Care. <https://www.aecf.org/blog/what-is-foster-care#:~:text=Foster%20care%20is%20a%20temporary,families%20or%20in%20group%20facilities.>

References Continued

- The Annie E. Casey Foundation. (2022, April 2). *SOUL Family Permanency Option*. <https://www.aecf.org/blog/soul-family-permanency-option-for-older-youth-in-foster-care>
- The Annie E. Casey Foundation. (2022). *Reducing Re-entry into Foster Care: Why it happens and How to Prevent it*. <https://www.aecf.org/>
- Annie E. Casey Foundation. (2024). *Family ties: Analysis from a state-by-state survey of kinship care policies*. <https://www.grandfamilies.org/Portals/0/Documents/KinshipDiversion/AECFReport-kinshipcarediversion-2024.pdf>
- The Annie E. Casey Foundation. (2024). *Youth in transition (aging out)*. <https://www.aecf.org/topics/youth-in-transition#:~:text=All%20children%20%E2%80%94%20and%20especially%20older,fend%20forr%20themselves%20each%20year.>
- Armendariz, S. (2023). *Bringing kinship care out of the shadows*. Chapin Hall at the University of Chicago. <http://chapinhall.org/project/bringing-kinship-care-out-of-the-shadows/>
- Asgarian, R. (2021, July 27). Hidden foster care: All of the responsibility, none of the resources. *The Imprint*. <https://imprintnews.org/hidden-foster-care/hidden-foster-care-all-of-the-responsibility-none-of-the-resources/57170>
- Barden, M. C. (2021). *Medical-decision making for youth placed in congregate care settings*. [Master thesis, Johns Hopkins University]. Johns Hopkins University Campus Repository. <https://jhir.library.jhu.edu/handle/1774.2/64562>
- Barnett, E. R., Concepcion-Zayas, M. T., Zisman-Ilani, Y., & Bellonci, C. (2018). *Patient-centered psychiatric care for youth in foster care: A systematic and critical review*. *Journal of Public Child Welfare*, 13(4), 462-489. <https://doi.org/10.1080/15548732.2018.1512933>
- Baskin, M. (2021, October 4). Kinship caregivers in D.C. say child welfare agency owes foster payments. *The Imprint*. <https://imprintnews.org/top-stories/kinship-caregivers-in-d-c-say-child-welfare-agency-owes-foster-payments/59410>
- Boullier, M., & Blair, M. (2018). *Adverse childhood experiences*. *Paediatrics and Child Health*, 8(3), 132–137. <https://doi.org/10.1016/j.paed.2017.12.008>

References Continued

- Brent, D. A. (1995). *Risk factors for adolescent suicide and suicidal behavior: Mental and substance abuse disorders, family environmental factors, and life stress*. *Suicide and Life-Threatening Behavior*, 25(Suppl), 52–63.
- Brown, A., Redleaf, D., & Spindel, M. (2022). *America's hidden foster system – How it hurts children and families*. DC KinCare Alliance. https://www.dckincare.org/wp-content/uploads/2022/04/HIDDEN-FOSTER-CARE-2022.FINAL1_.pdf
- Brown, L. A. (2020). *Suicide in foster care: A high-priority safety concern*. *Perspectives on Psychological Science*, 15(3), 665–668. <https://doi.org/10.1177/1745691619895076>
- Caliendo, A., & Dalia-Hunt, M. (2023, September 26). *Hidden foster care: How to preserve your rights in guardianship or foster care* [Audio podcast episode]. In *Guardianship Advocacy Project Podcast*. Acast. <https://podcasts.apple.com/us/podcast/hidden-foster-care-how-to-preserve-your-rights-in-guardianship/id1698184867?i=1000628733090>
- California Caregivers. (2021). *AB 260 (Stone) Probate guardianships advocacy overview*. <https://www.cacaregivers.org/wp-content/uploads/2021/03/AB-260-Stone-Probate-Guardianships-Advocacy-Overview-3.11.21.pdf>
- California Department of Social Services. (2020). *Pathways to Mental Health Services: Core Practice Model Guide*. <https://www.cdss.ca.gov/inforesources/pathways-to-mental-health/core-practice-model>
- California Department of Social Services. (n.d.). *Complex Care*. <https://cdss.ca.gov/inforesources/complex-care>
- Carson, E. A. (2018). *Prisoners in 2016*. *Bureau of Justice Statistics*. <https://bjs.ojp.gov/library/publications/prisoners-2016>
- Casey Family Programs. (2009). *Fostering Connections to Success and Increasing Adoptions Act*. <https://www.casey.org/media/FosteringConnectionsSummary.pdf>
- Casey Family Programs. (2023). *How is the practice of hidden foster care inconsistent with federal policy and harmful to children and families?* Casey Family Programs. <https://www.casey.org/hidden-foster-care/>
- Casey Family Programs. (2024). *Creating healing pathways for children with behavioral health needs Key considerations for child welfare leaders and partners*. <https://www.casey.org/media/Creating-Healing-Pathways-for-Children-Report-Sept.pdf>

References Continued

- Centers for Disease Control and Prevention. (2025). *Health disparities in suicide* <https://www.cdc.gov/suicide/disparities/index.html>.
- Centers for Disease Control and Prevention. (2022). *Youth Risk Behavior Survey (YRBS) - Data Summary & Trends Report 2011–2021*. https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf
- Child Welfare Information Gateway. (2017). *Supporting successful reunifications*. U.S. Department of Health and Human Services, Children’s Bureau. https://www.childwelfare.gov/pubPDFs/successful_reunifications.pdf
- Child Welfare Information Gateway. (2020). *Concurrent planning: What the evidence shows*. U.S. Department of Health and Human Services, Children’s Bureau. https://www.childwelfare.gov/pubPDFs/concurrent_evidence.pdf
- Child Welfare Information Gateway. (2020). *Enhancing permanency for youth in out-of-home care*. https://www.childwelfare.gov/pubPDFs/enhancing_permanency.pdf
- Child Welfare Information Gateway. (2021). *Reasonable efforts to preserve or reunify families and achieve permanency for children*. <https://www.childwelfare.gov/pubPDFs/reunify.pdf>
- Child Welfare Information Gateway. (2022). *Family preservation services*. U.S. Department of Health and Human Services, Children’s Bureau. <https://www.childwelfare.gov/pubPDFs/familypreservation.pdf>
- Child Welfare Information Gateway. (2023). *Grounds for Involuntary Termination of Parental Rights*. U.S. Department of Health & Human Services. <https://www.childwelfare.gov/pubPDFs/groundtermin.pdf>
- Children’s Bureau. (2012). *Trauma-focused cognitive behavioral therapy for children affected by sexual abuse or trauma*. https://www.acf.hhs.gov/sites/default/files/documents/cb/trauma_treatment.pdf
- Children’s Bureau. (2020). *Title IV-E prevention services clearinghouse*. <https://preventionservices.acf.hhs.gov/>
- Children’s Bureau. (2023). *National Youth in Transition Database (NYTD)*. Administration for Children and Families. <https://www.acf.hhs.gov/cb/research-data-technology/reporting-systems/nytd>
- ChildTrends. (2022). *Supporting kinship caregivers: Lessons from the field*. <https://www.childtrends.org/publications/supporting-kinship-caregivers-lessons-from-the-field>

References Continued

- Clayton, E. W., Krugman, R. D., & Simon, P. (Eds.). (2014). *Confronting commercial sexual exploitation and sex trafficking of minors in the United States*. National Academies Press. <https://doi.org/10.17226/18358>
- Cohen, S. C., Mannarino, A. P., & Deblinger, E. (2017). *Treating trauma and traumatic grief in children and adolescents*. Guilford Publications.
- Cooley, M. E., Farineau, H. M., & Mullis, A. K. (2015). Child protective services decision-making: The role of children's behavioral functioning. *Journal of Public Child Welfare*, 9(2), 139–156. <https://doi.org/10.1080/15548732.2015.1009606>
- Courtney, M. E., & Huring, D. H. (2005). The transition to adulthood for youth “aging out” of the foster care system. In D. W. Osgood, E. M. Foster, C. Flanagan, & G. Ruth (Eds.), *On Your Own Without a Net: The Transition to Adulthood for Vulnerable Populations* (pp. 27–67). University of Chicago Press.
- Courtney, M. E., Okpych, N. J., Charles, P., Mikell, D., Stevenson, M., Park, K., & Feng, H. (2016). Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 26. Chapin Hall at the University of Chicago. <https://www.chapinhall.org/wp-content/uploads/Midwest-Eval-Outcomes-at-Age-26.pdf>
- Courtney, M. E., Pergamit, M. R., McDaniel, M., McDonald, E., & Zinn, A. (2017). Planning a next-generation evaluation agenda for the John H. Chafee Foster Care Program for Successful Transition to Adulthood. OPRE Report #2017-97. https://www.acf.hhs.gov/sites/default/files/documents/opre/planning_nextgen_eval_agenda_chafee_program_to_ada.pdf
- Crampton, D. (2007). Research review: Family group decision-making: A promising practice in need of more program theory and research. *Child & Family Social Work*, 12(2), 202–209. <https://doi.org/10.1111/j.1365-2206.2006.00464.x>
- Cruden, G. H., McCormick, E., & Evans, M. L. (2022). Evidence-based trauma interventions for youth in child welfare: Current status and future directions. *Child and Adolescent Psychiatric Clinics of North America*, 31(1), 179–192. <https://doi.org/10.1016/j.chc.2021.08.006>
- Cummings, J. R., Wen, H., Druss, B. G. (2011). Racial/ethnic differences in treatment for substance use disorders among U.S. adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 50(12), 1265–1274. <https://doi.org/10.1016/j.jaac.2011.09.006>
- Dettlaff, A. J., & Boyd, R. (2020). Disproportionality and disparity in child welfare: Race and ethnicity in child maltreatment reporting and decision making. *Children and Youth Services Review*, 106, 104516. <https://doi.org/10.1016/j.chilyouth.2019.104516>

References Continued

- Dworsky, A., Napolitano, L., & Courtney, M. E. (2013). Homelessness during the transition from foster care to adulthood. *American Journal of Public Health, 103*(S2), S318–S323. <https://doi.org/10.2105/AJPH.2013.301507>
- Edwards, K. M., & Probst, D. R. (2010). The role of foster care placement on adolescent adjustment: Protective and risk factors. *Children and Youth Services Review, 32*(6), 855–862. <https://doi.org/10.1016/j.childyouth.2010.02.007>
- English, D. J., & Graham, J. C. (2015). Child maltreatment and risk of juvenile delinquency. In R.E. Tremblay, M. Boivin, & R. DeV. Peters (Eds.), *Encyclopedia of Early Childhood Development*. <http://www.childencyclopedia.com/maltreatment/according-experts/child-maltreatment-and-risk-juvenile-delinquency>
- Fisher, P. A., & Kim, H. K. (2007). Intervention effects on foster preschoolers' attachment-related behaviors from a randomized trial. *Journal of Consulting and Clinical Psychology, 75*(1), 56–67. <https://doi.org/10.1037/0022-006X.75.1.56>
- Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. University of South Florida. <https://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/NIRN-MonographFull-01-2005.pdf>
- Fluke, J. D., Yuan, Y. Y., & Edwards, M. C. (2017). Measuring recidivism in child protective services: A comparison of measures. *Child Abuse & Neglect, 72*, 92–100. <https://doi.org/10.1016/j.chiabu.2017.08.005>
- Font, S. A., & Maguire-Jack, K. (2020). Pathways from childhood maltreatment to juvenile offending: The role of race/ethnicity and gender. *Journal of Youth and Adolescence, 49*(6), 1253–1270. <https://doi.org/10.1007/s10964-020-01241-4>
- Fowler, P. J., Toro, P. A., & Miles, B. W. (2009). Pathways to homelessness among adolescents: A review of the literature. *Journal of Prevention & Intervention in the Community, 37*(1), 39–52. <https://doi.org/10.1080/10852350802613548>
- Freundlich, M., & Wright, L. (2005). Connecting family and youth support networks: A key to achieving permanency. *Children and Youth Services Review, 27*(11), 1237–1248. <https://doi.org/10.1016/j.childyouth.2005.05.009>
- Garcia, A. R., & Hardin, J. W. (2014). Factors affecting foster care placement stability. *Journal of Family Social Work, 17*(3), 229–246. <https://doi.org/10.1080/10522158.2014.908717>
- Geiger, J. M., & Hayes, S. A. (2014). The role of trauma in juvenile delinquency: A review of the literature. *Trauma, Violence, & Abuse, 15*(2), 165–175. <https://doi.org/10.1177/1524838013517567>

References Continued

- Gilbert, N., Parton, N., & Skivenes, M. (2011). *Child Protection Systems: International Trends and Orientations*. Oxford University Press.
- Glisson, C., & Hemmelgarn, A. (1998). *The effects of organizational climate and interorganizational coordination on the quality and outcomes of children's service systems*. *Child Abuse & Neglect*, 22(5), 401–421. [https://doi.org/10.1016/S0145-2134\(98\)00010-8](https://doi.org/10.1016/S0145-2134(98)00010-8)
- Greeson, J. K. P., & Bowen, N. K. (2008). *Adverse childhood experiences, family functioning and adolescent outcomes*. *Child Abuse & Neglect*, 32(10), 1107–1118. <https://doi.org/10.1016/j.chiabu.2008.06.003>
- Harrison, M. A., & Harrington, D. (2001). *Causes of placement disruption in foster care*. *Children and Youth Services Review*, 23(2), 89–108. [https://doi.org/10.1016/S0190-7409\(00\)00103-2](https://doi.org/10.1016/S0190-7409(00)00103-2)
- Havlicek, J., & Wolfe, V. (2002). *Child maltreatment and juvenile delinquency: Investigating gender differences*. *Child Welfare*, 81(5), 641–656.
- Havlicek, J., & Sharif, M. Z. (2006). *Understanding the role of placement instability in behavioral outcomes among youth in foster care*. *Journal of Emotional and Behavioral Disorders*, 14(4), 195–206. <https://doi.org/10.1177/10634266060140040201>
- Hess, N. H., & Prochaska, J. J. (2016). *Child maltreatment and adolescent substance use: A systematic review*. *Child Abuse & Neglect*, 60, 1–12. <https://doi.org/10.1016/j.chiabu.2016.09.004>
- Hines, A. M., & Merdinger, J. M. (2006). *Youths' perceptions of foster care: Factors related to placement satisfaction*. *Children and Youth Services Review*, 28(6), 756–770. <https://doi.org/10.1016/j.childyouth.2005.08.002>
- Hollingsworth, L. D., & Hernandez, M. (2015). *Placement instability and behavioral outcomes among youth in foster care*. *Journal of Child and Family Studies*, 24(9), 2740–2752. <https://doi.org/10.1007/s10826-0150138-7>
- Hussey, D. L., Chang, J. J., & Kotch, J. B. (2006). *Child maltreatment in foster care: A review of current research*. *Child Abuse & Neglect*, 30(12), 1267–1279. <https://doi.org/10.1016/j.chiabu.2006.05.005>
- James, S., & Landsverk, J. (2003). *Placement changes for children in foster care: Patterns and predictors*. *Children and Youth Services Review*, 25(10), 741–760. [https://doi.org/10.1016/S0190-7409\(03\)00135-6](https://doi.org/10.1016/S0190-7409(03)00135-6)
- James, S., Montgomery, S., Leslie, L. K., & Zhang, J. (2009). *Predictors of multiple placements among foster care children: A longitudinal examination*. *Child Abuse & Neglect*, 33(8), 548–558. <https://doi.org/10.1016/j.chiabu.2008.12.004>

References Continued

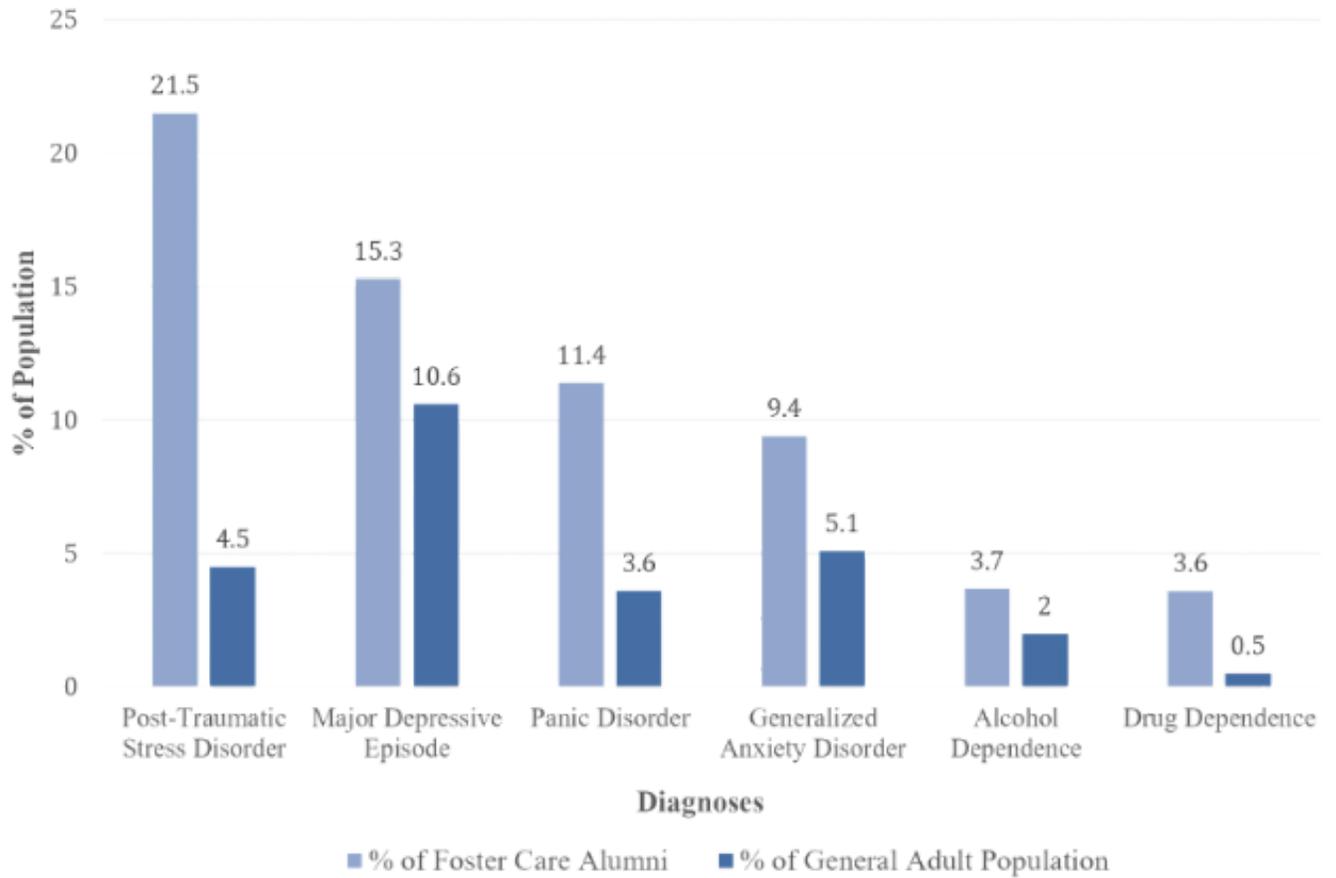
- Johnson, E. I., & Chamberlain, P. (2008). *Pathways into and through homelessness among youth: A longitudinal study*. *Journal of Adolescence*, 31(2), 201–215. <https://doi.org/10.1016/j.adolescence.2007.06.005>
- Jones, L. M., & Berrick, J. D. (2002). *Risk factors for placement instability among children in foster care*. *Child Welfare*, 81(6), 815–842.
- Kelley, S. J., & Wildfire, J. (2015). *The impact of foster care placement changes on child behavioral outcomes: A meta-analysis*. *Children and Youth Services Review*, 54, 58–68. <https://doi.org/10.1016/j.childyouth.2015.05.006>
- Kim, H., & Drake, B. (2017). *Foster care placement stability: A review of the literature*. *Children and Youth Services Review*, 74, 12–22. <https://doi.org/10.1016/j.childyouth.2017.02.003>
- King, C., & Sartorius, J. (2007). *The role of trauma in foster care placement disruptions*. *Journal of Child and Adolescent Trauma*, 1(2), 39–55. <https://doi.org/10.1080/19361520701377338>
- Lee, B. R., & Barth, R. P. (2011). *Predicting early disruptions in foster care*. *Children and Youth Services Review*, 33(7), 1216–1223. <https://doi.org/10.1016/j.childyouth.2011.02.014>
- Leathers, S. J. (2006). *Placement disruption and negative placement outcomes among adolescents in foster care: The role of behavior problems*. *Child Abuse & Neglect*, 30(3), 307–324. <https://doi.org/10.1016/j.chiabu.2005.10.003>
- Linares, L. O., & Li, M. (2012). *Foster care placement changes and child well-being: A meta-analysis*. *Journal of Emotional and Behavioral Disorders*, 20(1), 14–27. <https://doi.org/10.1177/1063426611427647>
- Malm, K., & Allen, C. (2016). *The impact of placement instability on the emotional health of foster children*. *Journal of Child Psychology and Psychiatry*, 57(5), 572–579. <https://doi.org/10.1111/jcpp.12467>
- Marsh, J. C., & Ryan, J. P. (2006). *Placement stability and foster care outcomes: A review of the literature*. *Children and Youth Services Review*, 28(8), 1090–1106. <https://doi.org/10.1016/j.childyouth.2005.12.011>
- McWey, L. M., & Acock, A. C. (2008). *Factors associated with placement disruptions in foster care*. *Children and Youth Services Review*, 30(12), 1359–1366. <https://doi.org/10.1016/j.childyouth.2008.04.004>
- Mennen, F. E., & Trickett, P. K. (2012). *Foster care placement changes and the effects on child outcomes: A longitudinal study*. *Child Abuse & Neglect*, 36(7–8), 613–623. <https://doi.org/10.1016/j.chiabu.2012.04.003>

References Continued

- Newton, R. R., Litrownik, A. J., & Landsverk, J. A. (2000). *Children and youth in foster care: Disentangling the relationship between problem behaviors and number of placements*. *Child Abuse & Neglect*, 24(10), 1363–1374. [https://doi.org/10.1016/S0145-2134\(00\)00198-3](https://doi.org/10.1016/S0145-2134(00)00198-3)
- Pecora, P. J., et al. (2006). *Assessing outcomes for children in foster care: What do we know and where do we go from here?* *Children and Youth Services Review*, 28(12), 1448–1465. <https://doi.org/10.1016/j.chilyouth.2006.04.005>
- Rubin, D. M., O'Reilly, A. L., Luan, X., & Localio, A. R. (2007). *The impact of placement stability on behavioral well-being for children in foster care*. *Pediatrics*, 119(2), 336–344. <https://doi.org/10.1542/peds.2006-2931>
- Ryan, J. P., Marshall, J. M., Herz, D., & Hernandez, P. M. (2008). *Juvenile court involvement and continuity of family contact for youth in foster care*. *Social Service Review*, 82(2), 365–393. <https://doi.org/10.1086/589735>
- Schmid, M., & Tuerk, E. H. (2013). *Placement disruptions and their effects on foster children's mental health*. *Journal of Child and Family Studies*, 22(3), 317–326. <https://doi.org/10.1007/s10826-012-9592-2>
- Simmel, C., Brooks, D., Barth, R. P., & Hinshaw, S. P. (2001). *Predictors of placement moves in foster care*. *Children and Youth Services Review*, 23(3), 225–246. [https://doi.org/10.1016/S0190-7409\(00\)00144-3](https://doi.org/10.1016/S0190-7409(00)00144-3)
- Simms, M. D., Dubowitz, H., & Szilagyi, M. (2000). *Health care needs of children in foster care: Policy, practice, and research issues*. *Pediatrics*, 106(4), 909–918. <https://doi.org/10.1542/peds.106.4.909>
- Smithgall, C., Gladden, R., Howard, E., George, R., & Courtney, M. (2004). *Educational experiences of children in foster care: Key findings from a longitudinal study*. Chapin Hall Center for Children, University of Chicago. <https://eric.ed.gov/?id=ED485788>
- Thompson, R., Proctor, L. J., English, D., Litrownik, A. J., & Dubowitz, H. (2011). *Early adversity, child neglect, and stress neurobiology: A developmental pathway for emotional and behavioral problems*. *Journal of Child and Family Studies*, 20(5), 643–651. <https://doi.org/10.1007/s10826-010-9407-7>
- Turney, K. (2014). *The consequences of foster care placement for adult well-being*. *Social Service Review*, 88(2), 271–297. <https://doi.org/10.1086/676061>
- Wulczyn, F., Kogan, J., & Harden, B. J. (2003). *Placement stability and movement trajectories*. *The Future of Children*, 13(1), 57–75. <https://doi.org/10.2307/1602698>
- Zlotnick, C., Tam, T., & Soman, L. A. (2012). *Life course outcomes on mental and physical health: The impact of foster care on adult well-being*. *Children and Youth Services Review*, 34(3), 478–485. <https://doi.org/10.1016/j.chilyouth.2011.11.001>

APPENDIX

Appendix I. National Foster Youth Institute 2023



Appendix Continued

Appendix II. Caseworker Statistics Infographic

Child Welfare Statistics

