

Endnotes

CHAPTER I

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- ² Pecora, P., Kessler, R., Williams, J., O'Brien, K., Downs, A.C., English, D., et al. (2005). *Improving Foster Care – Findings from the Northwest Foster Care Alumni Study*. Seattle, WA: Casey Family Programs.
- ³ Roberts, D. (2002). *Shattered Bonds: The Color of Public Welfare*. New York, NY: Basic Books.
- ⁴ Leslie, L. K., Hurlburt, M. S., Landsverk, J., Rolls, J. A., Wood, P. A., & Kelleher, K. J. (2003). Comprehensive assessments for children entering foster care: A national perspective. *Pediatrics*, 112(1), 134-142. See also, Goerge, R. M., Bilaver, L., Lee, B., Needell, B., Brookhart, A., & Jackman, W. (2002). *Employment Outcomes for Youth Aging Out of Foster Care*. Chicago: Chapin Hall Center for Children. For more information on successful transition, visit the Jim Casey Youth Opportunities website located at <http://www.casey.org>.
- ⁵ Pecora, P., Kessler, R., Williams, J., O'Brien, K., Downs, A.C., English, D., et al. (2005). *Improving Foster Care – Findings from the Northwest Foster Care Alumni Study*. Seattle, WA: Casey Family Programs.
- ⁶ Hamm, D. (2003, December). Meeting the Job Training Needs of Youth. Youth Notes: The monthly newsletter of the National Youth Employment Coalition. 1-4.
- ⁷ Pecora, P., Kessler, R., Williams, J., O'Brien, K., Downs, A.C., English, D., et al. (2005). *Improving Foster Care – Findings from the Northwest Foster Care Alumni Study*. Seattle, WA: Casey Family Programs. See also, Goerge, R. M., Bilaver, L., Lee, B., Needell, B., Brookhart, A., & Jackman, W. (2002). *Employment Outcomes for Youth Aging Out of Foster Care*. Chicago: Chapin Hall Center for Children.
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- ⁹ Pecora, P.J., Williams, J., Kessler, R. J., Downs, A. C., O'Brien, K., Hiripi, E., & Morello, S. (2003). Assessing the effects of foster care: Early results from the Casey National Alumni Study. Seattle, WA: Casey Family Programs.
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- ¹¹ Id.
- ¹² Pecora, P., Kessler, R., Williams, J., O'Brien, K., Downs, A.C., English, D., et al. (2005). *Improving Foster Care – Findings from the Northwest Foster Care Alumni Study*. Seattle, WA: Casey Family Programs.
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- ¹⁴ Festinger, T. (1983). *No one ever asked us...A postscript to foster care*. New York: Columbia University Press.
- ¹⁵ Courtney, M., Dworsky, A., Ruth, G., Keller, T., Havlicek, J., & Bost, N. (2005). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 19*. Chicago: Chapin Hall Center for Children.
- ¹⁶ Altshuler, S. & Poertner, J. (2002). The child health and illness profile – adolescent addition: Assessing well-being in group homes or institutions. *Child Welfare*, 81(3), 195-513.
- ¹⁷ Courtney, M. E. (1994). Time to Adoption. In R. P. Barth, M. E. Courtney, J. D. Berrick, and Albert, V. *From Child Abuse to Permanency Planning: Child Welfare Services Pathways and Placements* (pp. 153-176). New York: Aldine de Gruyter.
- ¹⁸ Child Welfare League of America. (n.d.) *Child Welfare: Residential Group Care*. Retrieved April 12, 2006, from <http://www.cwla.org/programs/groupcare/group-careaboutpage.htm>
- ¹⁹ Warner, L. A. & Pottick, K. J. (2003). *Nearly 66,000 youth live in U.S. mental health programs*. Latest Findings in Children's Mental Health, Policy Report submitted to the Annie E. Casey Foundation. New Brunswick, NJ: Institute for Health, Health Care Policy, and Aging Research, Rutgers University. Vol. 2 (1).
- ²⁰ The dearth of foster homes is a problem across the nation. In Seattle, Washington, the number of foster homes dropped by 11% from 1996 through 2001. In Corpus Christi, Texas, the number of children in foster care increased by 70% from 1998 to 2000, while the number of homes for foster and adoptive children increased by only 7% with similar shortages reported in a number of states. See, Hollinshed, D. (2001, July 20). Shortage of foster homes is hurting children, costing state, officials say – Too many grow up in group facilities, child advocates warn. *St. Louis Post-Dispatch*. p. A1.

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- 28 Visit the Jim Casey Youth Opportunities website at <http://www.jimcaseyyouth.org/> for more information on successful transition.
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- 37 A medical home is not a building, house, or hospital, but rather an approach to providing comprehensive primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. In a medical home, a pediatric clinician works in partnership with the family/special needs child to assure that all of the medical and non-medical needs of the child are met. Through this partnership, the pediatric clinician can help the family/child access and coordinate specialty care, educational services, out-of-home care, family support, and other public and private community services that are important to the overall health of the child/youth and family. See, American Academy of Pediatrics, The National Center of Medical Home Initiatives for Children with Special Needs. (n.d.). *What is a medical home?* Retrieved November 6, 2006, from <http://www.medicalhomeinfo.org/>
- 38 Ideally, organizations with national presence should be engaged because they help to extend the scope of resource mapping by better representing both the cultural and geographic diversity of the populations served.

CHAPTER IV