

# **Child Custody Issue**

# Advocate

Vol. 17 No. 3

A newsletter on children's issues

**August 2007** 



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### **Calendar of Events**

Events relating to helping children are available at: www.tennessee.gov/tccy/webcalen.pdf.

### **TCCY**

For more information on the Tennessee Commission on Children and Youth and its programs, check out the website at: www.tennessee. gov/tccy.

## Tennessee Commission on Children and Youth

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# State Strives to Better Parent Children in Custody

Children who enter state custody have a lot of challenges to overcome. The state of Tennessee – representing all of its citizens – becomes the parent for these children. Ideally, the state as a parent provides the opportunities each of us provide our own children as they grow and learn.

After a child is removed, the goal is to achieve a permanent home, either with the child's family or relative or with another family. However, sometimes this does not happen, and a child remains in state custody until he or she ages out of the system.

The state has established 18 as the age when youth attain legal adult status even though few parents consider their 18-year-olds capable of fully accepting adult responsibilities. State custody generally ends at age 18. However, because of an awareness that young people continue to need "parental" assistance in order to find their place in the world, federal law passed in 1999 created the Chafee Foster Care Independence Program, which provides independent living services to eligible young people through age 21.

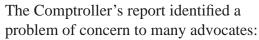
Each year since 1994, the Tennessee Commission on Children and Youth has evaluated cases of children in state custody, interviewing everyone involved in the case, including children who are old enough. The reviews have found on-going risk factors for children in custody include learning delays, parental and youth alcohol and drug abuse, and absent or incarcerated fathers and, increasingly, mothers. Other risk factors include low parental

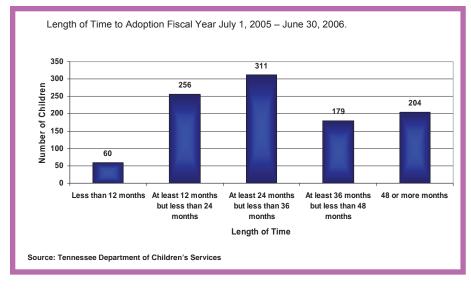
education and mental illness. These risk factors are true for dependent and neglected children as well as unruly and delinquent children.

Unfortunately, many children who remain in the child welfare system until they reach legal maturity are still impacted by these factors.

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According to a report by the Comptroller's Office, more than a third of children in state custody qualify for special education services, but one in five of these children who need special education services fail to receive them. The report, issued in 2006, found that the Department of Children's Services Division of Education was making efforts to improve educational services for children in state custody.





lack of collaboration among agencies and groups responsible for education of children in state custody. The Department of Children's Services, the Department of Education, public schools and juvenile courts were not working together to prevent gaps in children's education. The report pointed out the failure of educators to be involved in Child and Family Review Teams and problems with the implementation of Foster Care Review Boards.

Boards.			
	The Tennessee Commission on Children and Youth		
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	Beverly Cosley Chattanooga	Carlton Lewis Nashville	
	Michelle Crowley Antioch	Christy Little Jackson	
	Adam Grant Dickson Jonesborough	Jerry Maness Memphis	
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	Barbara Holden Memphis	JoAnn Yates Lookout Mt.	
	Trudy Hughes	Linda O'Neal	

A recent report by the Bureau of Justice Statistics found the prisoners surveyed reported that 14 percent of prisoners in state prisons, 8 percent in federal prisons and 11 percent in local jails had been in foster care as children. The report, which was on the incidence of mental illness in prisoners, found almost one in five (18.5 percent) state prisoners with mental health symptoms had been in foster care (2006).

Runaways. Runaways are a significant problem for children and the child welfare and juvenile justice systems. According to a report by the Child Welfare League of America, (CWLA), children in foster care are twice as likely to run away than are children in the general population, with, according to one estimate, half of children in care having run away at some point. Likelihood of running away is highest in the first months of foster care, according to one study listed in the CWLA report, but another found that the likelihood increased over time in care, especially for males. DCS reports it has reduced delinquent runaways by 52 percent since May 2005.

The report identified "push" factors, including placement breakdown, limitations in the supply of resource homes and problems in managing challenging behavior.

The report, having noted that older children in care were more likely to run away, said, "Running away is the first step toward independent living for a high proportion of 16-17-year-old children in care."

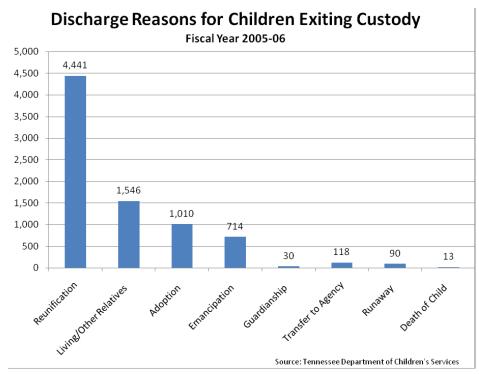
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## Children in Custody

In addition to recommendations about preparing children for placements, anticipating problems and addressing them, maintaining quality of services and good communication, the CWLA report recommended regularly photographing children and conducting a periodic census of children in care.

Health Care. Many of the risks children in state custody have had to overcome impact their health. Therefore, each DCS region has a Health Care Advocacy team to help assure children in state custody receive the health services they need.

The American Academy of Pediatrics, working with



the CWLA, has formulated recommendations for care of children in state custody. An article in the journal *Pediatric Nursing* stated, "Children in foster care are the most vulnerable to experiencing poor health compared with any other group of children in the United States."

The Advocate is published by the Tennessee Commission on Children and Youth as an information forum on children's issues. The Tennessee Commission on Children and Youth, an independent state agency, serves as an advocacy agency and information resource for planning and coordination of policies, programs, and services on behalf of the state's children and youth. The 21-member Commission, appointed by the governor, works with other agencies and with regional councils on children and youth in each development district to collect information and solve problems in children's services. To receive The Advocate, sign up on the website at www.state.tn.us/tccy/listserv.html or contact Fay L. Delk, Publications Editor, Tennessee Commission on Children and Youth, 710 James Robertson Parkway, 9th Floor, Nashville, TN 37243-0800. Phone: (615) 741-2633.Fax: (615) 741-5956. E-mail: fay.delk@state.tn.us.

Prior to coming into care, these children have faced challenges to their health, including abuse. A baseline study found from nearly half to more than three quarters of children in custody had chronic conditions. The article presented recommendations, including care coordination and interdisciplinary collaboration; maintenance of adequate, up-to-date health records; vigorous follow-up; and health-targeted advocacy.

A U.S General Accounting Office study reported 12 percent of a random sampling of children age 3 or younger in care in the three largest state foster care populations had received no routine health care and 34 percent had no immunizations during their time in custody. Disconnects caused by multiple placements contributed to the lack of health services.

Mental Health. The baseline study found 75 percent of children entering care had a family history that included mental illness or drug or alcohol abuse. This correlates to TCCY CPORT research findings. National research suggests up to 80 percent of children in custody have mental health diagnoses, predominately externalizing behaviors like conduct disorders, but with a high level of comorbidity. Although research has shown gaps in available treatment, one evaluation found children in foster care used half the mental health services provided by California's Medicaid program, although they made up only 4 percent of the program participants.

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The high percentage of children in care with mental health diagnoses also means many children have been prescribed psychotropic drugs. The Department of Children's Services has been monitoring the use of these drugs by children in care.

Education. Children in state custody also have education problems. These problems can begin before birth, with exposure to alcohol and drugs. Lack of community supports and family stress leads to trauma, malnutrition, frequent moves, etc. Studies have shown that, even without other risk factors, children who transfer between schools score lower. Moves may continue in custody, with multiple placements. Many children in care attend low-performing schools. Their mental and physical health problems also contribute to educational difficulties.

The National Conference of State Legislatures reported foster children performed significantly worse than other children. They

- Were more likely to be retained;
- Scored lower on standardized tests;
- Had higher rates of absenteeism and truancy; and
- Were more likely to drop out of school.

## **How DCS Measures Successes**

Reduce the number of children entering out of home care.

**Increase** the proportion of children entering out of home care who are initially placed in their **home county**.

**Increase** the proportion of children initially placed in a **family setting**.

**Decrease** the **length of stay** for children in placement.

**Increase** the number and percent of children exiting custody to **permanency**.

**Decrease** the number and percent of children **re-entering** out of home care.

**Increase placement stability** for children in out-of-home care.

Increase the number and rate of siblings placed together.

**Improve performance** for all measures regarding **racial disparity**.

Source: Tennessee Department of Children's Services

DCS has education specialists to help when education problems are reported to them.

**Aging Out.** On average, people who leave care at age 18 have spent five years in custody. Tennessee ranked fourth in the largest percentage of youth who aged out of foster care without a permanent family at 15 percent, a figure that actually fell by 5.5 percent between 2000-04, according to a Casey Youth Initiatives report.

*Time for Reform: Aging Out and On Their Own*, the recent report found the number of children in foster care who have reached adulthood without having either been reunited with their families or achieved an adoptive family reached more than 165,000 youth between 1998 and 2005 nationally.

Youth who age out without a permanent home are forced to live without a safety net.

**Independent Living**. As the massive number of collect telephone calls on Father's Day and Mother's Day testifies, children continue to rely on their parents long after age 18. However, the state's legal responsibilities

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Gwendolyn Wright 170 N. Main St., 9th Floor Memphis, TN 38103 Gwendolyn.Wright@state.tn.us Children in State Custody

for children in its care ends at their legal adulthood. Federal funding for services for children aging out of custody began in 1986, and the Chafee Foster Care Independence Act of 1999 increased the funding and allowed states to pay for services, such as housing, education, substance abuse treatment, preventative health, etc., for youth up to age 21.

**Child and Family Team Meetings.** One of the agreements in the Brian A. Consent Decree is that children in custody participate in Child and Family Team meetings. DCS has been expected to, by itself, "fix" the lives of children in custody and those whose families have been identified as having problems caring for them appropriately. All too frequently, DCS workers have had equally unrealistic expectations of what families are able to accomplish.

Inherent in the Child and Family Team Meeting is the belief the state child welfare agency cannot solve all children's problems by itself and the families certainly cannot.

flome is the place where, when god have to go there. They have to take gou in.

~Robert Frost, The Death of the Hired Man

According to the DCS handbook, the Child and Family Team Meeting

brings together family members, resource parents, interested people and formal resources. Interested people can include others the family views as potentially supportive. Formal resources include child welfare, mental health, education and other agencies.

The meeting should identify the family's strengths, as well as its weaknesses; design supports and services to match the family's needs and strengths; develop a plan; make a clear assignment of responsibility; and achieve safety, permanency and well-being for the child and family.

"Family meetings reduce tensions, foster cooperation, and reduce the overall time families are involved with us," said Billy Poindexter, a North Carolina child welfare expert.

**Diversity and State Custody.** The Chapin Hall Center for Children released a study of ethnic and racial disparity in state custody in Tennessee last year. It found the disparity rate, the ratio of the rates of children in custody per 1,000 in Tennessee in 2005, was 1.2 for African-American children and 1.4 for Hispanic children. African-American children under 1 year were the most likely to come into care. Disparity rates are also higher for African-American teen-agers.

More than half of all African-Americans in state custody came from Davidson and Shelby county regions. The Shelby County child custody rate per 1,000 was one of the lowest in the state, but the county has the second highest disparity rate.

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While the surrounding East Tennessee DCS region has the lowest rate of disparity, Knox County had the highest disparity rate in the state.

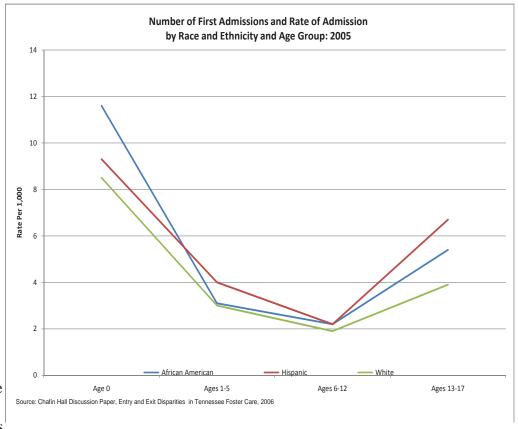
The report found the prevalence of single-family households and parents without a high school education were intervening factors in explaining disparity.

Based on an evaluation of all children placed in foster care from 2001 through the end of 2005, the study

found African-American children stayed longer in care. Generally, regions with more disparity in entry also had disparities in lengths of stay, but this was not consistent.

White children were more likely to be adopted, but African-American children were more likely to be placed with relatives. Prior to the institution of a legal guardianship for families, children who were placed in kinship foster care remained in custody longer.

The report identified singleparent families as those for whom better supports should be identified and provided. It also suggested that efforts to address



disparity be focused on Davidson and Shelby counties, as well as Knox County.

**Legal Guardianship.** The courts and the state now have another mechanism to achieve permanency for the child while continuing to provide for the child's security and minimize family disruption.

Prior to 2005, extended family members wishing to open their homes to abused or neglected relatives had to either participate in a disruptive and frequently adversarial process to force the parents to terminate parental rights or to accept long-term foster care, a solution that should be a temporary one. Many reasons may prevent care givers who wish to provide a permanent home for a child from adopting. Obtaining health care, selecting and dealing with schools, afterschool activities, agreeing to sleep overs with other families and family travel can present problems for children and foster care families.

Now juvenile courts have another option, legal guardianship. Legal guardians have physical custody of the child and have the following rights and responsibilities:

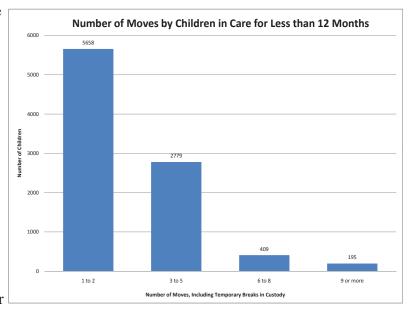
• To protect, nurture, disciple and educate the child;

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## Safe Learning Environment

- To feed, dress, shelter, educate and provide health care for the child:
- To make health care choices;
- To authorize release of information;
- Consent to social and school activities, military enlistments and marriage and approve the child's contacts with others;
- Make travel decisions:
- Manage the child's income and assets.

However, the relationship between the parent and the child is not terminated. The child can inherit parental assets. Parents may agree to permanent guardianship and may, as specified by the permanent guardianship court order, continue visitation. They must consent to an adoption. Their responsibilities for financial and other support for the child continue.



Source: Tennessee Department of Children's Services

The parent, the guardian, the state or a child age 16 or older can request modification of the order. The modification shall be based on an investigation that reveals changed circumstances and a finding that the change is in the best interests of the child.

It is hoped increased options for both serving families and placing children will improve outcomes for children, assure they are safe and avoid painful disruptions.

## Quality Service Reviews: Efforts Continue to Improve Well-Being

Since 1994, TCCY, through its CPORT program has conducted reviews of services provided to children in state custody to identify the status of the children and the performance of the system that serves then to see if both are functioning as they should. CPORT, initially the Children's Plan Outcome Review Team and then Children's Program Outcome Review Team, reviewed a random sample of children in each region and statewide. The program was one of the pioneers of the quality service review methodology.

In 2004, the Department of Children's Services began to create an internal quality service review process and integrate it with the existing CPORT process. Since 2005 CPORT staff have shared their expertise and experience with DCS to implement a Quality Service Review process.

TCCY and DCS now have a full partnership to collaborate in an integrated Quality Service Review process. TCCY is continuing to participate in evaluations in each DCS region and also continues as a third-party conducting external reviews of random samplings of children in state custody. In addition, TCCY conducts special targeted reviews. This summer CPORT staff participated in reviews of children in youth development centers and reviews of children placed with contracted service providers.

# Interdependent Living: Program for Older Children in Care Changes Name, Focus

By Lane Simpson, Director Office of Interdependent Living

The Department of Children's Services, in recognition of the changing face of today's adolescents and an increased need for permanency-based work for this population, has changed the Office of Independent and Transitional Living to the Office of Interdepedent Living (IL). This name reflects a change in core values from expecting youth emancipating from foster care to live independent of their home communities to a focus on teaching appropriate interaction with those communities. It emphasizes a need to cultivate and maintain permanent connections to committed adults for ongoing support and relationships.

During this time of evaluation, IL has worked collaboratively with many intradepartmental programs and external technical assistants to develop a strengths-based and youth-focused practice that truly reflects quality work. In so doing, IL has redesigned many programs, strengthened community and provider relationships and focused on empowering youth to become active and vital agents of the change process. Armed with a newly approved arsenal of policies that expand eligibility of services and rely heavily on normalizing the experiences and services available to this population, IL is focused on providing the best possible outcomes for the youth and young adults of this state.

Among the many examples of the expanding role of IL are the focus on using existing community resources to provide services to our youth and young adults. Many of the programs offered by IL historically have mirrored programs available to other youth but for which IL was being forced to provide at a cost to the program. IL is working with:

Home is the one place in all this world where hearts are sure of each other.

It is the place of confidence.

It is the place where we tear off that mask of guarded and suspicious coldness which the world forces us to wear in self-defense, and where we pour out the unreserved communications of full and confiding hearts.

It is the spot where expressions of tenderness gush out without any sensation of awkwardness and without any dread of ridicule.

 $\sim$ Frederick W. Robertson, 19th Century English minister

- $\sqrt{\phantom{a}}$  Local health departments to provide sex education and teen parenting seminars and trainings;
- $\sqrt{\phantom{a}}$  Local school systems to provide drivers education training, and
- Housing authorities to assist with housing needs,

Because of this collaboration, the limited funds allotted by the Chafee Foster Care Independence Program can be used in preparing youth for their respective roles in adulthood.

Additionally, IL has garnered the support of programs catering to the needs of the populations represented in our care. **Habitat for Humanity**, for example, has approved the first of our young single mothers for a build to take place in Shelby County and has expressed an interest in serving more of our youth with assistance in acquiring homes. IL is also in negotiations with the **AmeriCorps VISTA** program to provide assistance over a three-year period by supplying up to 13 volunteers to work with staff in building infrasructure for youth boards,

community support boards and increased recruitment of mentors. IL has agreed to help with oversight of the **TN LIFT mentoring initiative** administered through the Governor's Office and the Governor's Children's Cabinet. This program, initiated by Governor Bredesen, seeks to match youth ages 14-16 with adult mentors. It is anticipated to have 250 youth matched with quality trained mentors within the first year.

The primary focus of IL within the coming year will be a renewed push to ensure no youth ages out of care without a caring, committed adult with whom they have a positive and supportive relationship. In order to accomplish this task, IL staff have redefined their roles to be more directly supportive and engaged with regional staff in supporting this work and permanent connections for our youth. Therefore, the focus will be more of a supportive role, rather than a direct service role. IL is committed to engaging regional staff through consultation and training and to be directly involved in Child and Family Team Meetings, ensuring that every youth has a Child and Family Team Meeting at 17½, during which post-custody service options are clearly defined, as well as any ongoing adult service needs. This will also be the opportunity to define the roles of the respective permanent connections for these youth using a permanency pact between these youth and their supportive network.

Interdependent Living is committed to our focus on "Teaming to Engage Resources." Our vision statement reflects our renewed focus and the increased role we play in the success of our youth: Enlightened Staff, Empowered Youth, Enhanced Futures."

## DCS Implements Multiple Response System

A DCS core belief is most parents love their children and would welcome help needed. This belief undergirds the department's new multiple response system to respond to reports of child abuse:

- > Ensuring children are safe;
- Avoiding negative labels for parents;
- > Setting aside the issue of fault;
- Working in partnership with parents to identify the family's strengths and needs;
- Asserting that families are the experts at solving their own problems.

Reports of child abuse indicating serious safety issues and potential criminal charges are referred to the investigation track. For example, under a similar Missouri program, all reports of sexual abuse were placed in the investigation track. Other referrals, those in which it appears family supports are needed to stabilize the family, are assessed for needs.

For decades child protective services caseworkers have had two mutually antagonistic roles: investigator seeking to prove and punish child abuse, and caseworker to support families. In addition, cases were usually only opened when reports of abuse were founded, with child removal a possible response.

An early move away from this was implemented in Washington state, which based provision of services on a risk assessment. Missouri began a "dual track" program in 1994 with pilot projects, which were evaluated. The reports were screened; 71 percent went to the family assessment track and 29 percent to the investigation track. The evaluation found:

- ► Hotline reports declined;
- > Children were made safer sooner;
- Recidivism decreased:

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- Needed services were delivered more quickly;
- Community resources were better utilized;
- Rates of removal of children remained unchanged, but length of time in out-of-home placements were reduced;
- Families, workers and community representatives preferred the new system;
- Families felt more involved in decision-making.

In Michigan, which instituted a five-category system, from court action through either services needed or recommended to services not needed, quarterly outcome evaluations are collected.

A report from the U.S. Health and Human Service's National Child Welfare Resource Center for Family-Centered Practice reported lessons learned by states that have implemented the programs (2001).

- The paramount goal is protecting children and ensuring their safety.
- Assigning families to a track cannot be simplistic and should include comprehensive family assessments. Along with the concern for safety of threatened children, the investigative track should include at the outset planning for permanency for the child.
- Procedures should be established for moving cases to another track when conditions require it.
- More efforts need to be made to engage extended families and kinship systems.
- More community outreach and efforts to bring systems of natural support are needed, including cross training and increased coordination.
- > Training staff and engaging them in accepting changed practice is necessary for success.
- Conducting evaluations and making adjustments based on the evaluations as needed.

The Tennessee program became law in July 2005. It is scheduled to be fully implemented by 2010. Three regions, Northwest, Southeast and Upper Cumberland, began the initial piloting. Memphis-Shelby and Chattanooga-Hamilton County were scheduled to follow. Efforts are planned to consider individual regional characteristics and to use the lessons of earlier experience as the program is extended across the state. The changes have been met with eagerness, and DCS is committed to assuring due care is taken with program expansion.

## Resources

Assessing the Health Status of Children Entering Foster Care, Pediatrics, 93(4), 594-602.

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Improving Public Child Welfare Agency Performance in the Context of the Federal Child and Family Services Reviews, Chapin Hall Center for Children, Chicago.

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