

Achieving Permanency for Adolescents in Foster Care

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Case Study

Molly, a pregnant 15 year old, moved out of the home she shared with her mother because of growing tension over her 19-year-old boyfriend Tom. At first she moved in with her cousin, but when the cousin lost her job and had to relocate, Molly found herself on the street. Soon thereafter, Tom broke off their relationship. Molly came to the attention of child protective services when a teacher noticed her attendance and grades slipping and could not get straight answers from Molly about her living situation.

Source: Achieving Permanency for Adolescents, American Bar Association, 2006

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Permanency Options Under the *Adoption and Safe Families Act*

- Reunification**
 - Adoption**
 - Legal Guardianship**
 - Permanent Placement with a Fit and Willing Relative**
 - Another Planned Permanent Living Arrangement (APPLA)**
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- Reunification**
 - Have issues that led to care been addressed?
 - Treatment for parents should relate to those issues
 - Expectations of agency, adolescent and parents must be clear
 - Consistent and frequent visits (supervised if necessary)
 - Trial extended home visit when appropriate
 - Adoption**
 - Respect youth's wishes and obtain necessary consents
 - Contact relatives, family friends, teachers, coaches, mentors and other important adults
 - Educate adoptive resources about subsidies and supports
 - Consider a post-adoption contact agreement w/birth family
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Source: Achieving Permanency for Adolescents, American Bar Association, 2006

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- ❑ **Legal Guardianship**
 - Consider guardianship when:
 - ❑ Youth doesn't want her parents' rights terminated
 - ❑ Caregiver doesn't want to adopt for family/cultural reasons
 - Determine whether guardian will allow inappropriate/harmful contact with birth family
- ❑ **Placement w/ Fit and Willing Relative**
 - Consider whether above options could be achieved
- ❑ **Another Planned Permanent Living Arrangement**
 - Can include long-term foster care, independent living, residential treatment, emancipation
 - APPLA with an identified, committed family is preferred
 - Discuss long-term intentions with foster parents before placement

Source: Achieving Permanency for Adolescents, American Bar Association, 2006

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Achieving Permanency for Adolescents

- ❑ **In all situations:**
 - Use concurrent planning
 - Ensure parent/caregiver understands rights and responsibilities
 - Don't rule out any permanency goal (e.g., adoption) simply because of age
 - For youth in group care, consider likelihood of discharge before exiting foster care when choosing a permanency plan
 - Ensure case reviews, permanency hearings, and decisions happen in a timely manner

Source: Achieving Permanency for Adolescents, American Bar Association, 2006

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Strategies to Achieve Permanency

- System-wide prioritization of permanency planning for adolescents
 - Targeted recruitment of homes for teens
 - Increased involvement of relatives and other important adults in planning
 - Financial and other support for pre- and post-placement services
 - Concurrent planning
 - Careful review of entire case record for resources
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Helping Youth Identify Adult Resources

- Who cared for you when your parents could not? Who paid attention to you, looked out for you, cared about what happened to you?
 - Who do you like? Feel good about? Enjoy being with? Admire? Look up to? Want to be like someday?
 - Who believes in you? Stands up for you? Compliments or praises you? Appreciates you?
 - Who can you count on? Who would you call at 2:00 a.m. if you were in trouble? Wanted to share good news? Bad news?
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Source: National Child Welfare Resource Center on Legal and Judicial Issues

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Helping Youth Identify Adult Resources

- With whom have you shared holidays and/or special occasions?
- Who are the three people in your life with whom you have the best relationship?
- Would it help to review where you have lived in the past? To help you recall important adults in your life?
- To whom have you felt connected in the past?
- Who from the past or present do you want to stay connected to? How? Why?

Source: National Child Welfare Resource Center on Legal and Judicial Issues

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Health and Permanency

"Children and adolescents in foster care have a higher prevalence of physical, developmental, dental and behavioral health conditions than any other group of children." --American Academy of Pediatrics

- In one study of children in care, 60% had at least one chronic health problem, and 25% had three or more
- Another study found psychiatric disorders in 40 to 60 percent of children in care, and discovered that these children were using mental health services "at a rate 15 to 20 times higher" than other children.

Source: Child Welfare League of America, *Standards for Health Care Services for Children in Out-of-Home Care*, citing Simms and dosReis. (<http://www.cwla.org/programs/standards/cwsstandardshealthcare.htm>)

How might health affect permanency?

- ❑ Costs and burdens of health conditions could make caregivers hesitant to adopt/reunify
- ❑ Youth's unmet behavioral or mental health needs could cause placement/reunification disruptions
- ❑ Youth could exit the foster care system unable to meet their own health needs

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Child and Family Services Reviews

- ❑ Only *one state* achieved substantial conformity on the measure that asked whether children received services to meet their physical and mental health needs.
- ❑ Common challenges identified included:
 - Shortage of providers willing to accept *Medicaid*;
 - Lack of *mental health* services;
 - Inconsistent provision of *preventative* and/or dental services; and
 - Inconsistent provision of physical and mental health *assessments*.

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Fostering Connections to Success and Increasing Adoptions Act of 2008

The Fostering Connections Act addresses many issues that promote permanency and affect health, education and well-being for youth in foster care, including:

- making it easier for relatives to care for children;
 - increasing adoption incentives and support;
 - increasing resources that help birth families stay together or reunite;
 - placing greater priority on keeping siblings together;
 - helping students stay in the same school or promptly transfer when they enter care;
 - providing more direct support to American Indian and Alaskan Native children; and
 - increasing support for training of staff working with children in the child welfare system.
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Fostering Connections: Health Provisions

- Each state must develop, in consultation with health and CW experts, a plan for coordination and oversight of health services for children in foster care, including:
 - Schedules for health screenings;
 - How identified needs will be monitored and treated;
 - How health records will be shared and kept updated;
 - How continuity of care will be achieved;
 - How prescription medicines will be monitored; and
 - How the state will work with health professionals to assess health status and provide treatment for children in foster care.
 - Youth aging out of care receive a detailed personal transition plan which should include health insurance
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Youth in (and aging out of) Care Need:

- A Medical Home
- Regular medical and dental care
 - AAP recommends visits every 6 months
 - Dental visits should occur regularly according to adolescents risk of issues
 - Immunizations, screenings, and follow-up
- Providers they trust and feel comfortable with
- Caregivers who understand and can meet their medical needs

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The Medical Home

- "Primary care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective."
- "All children in foster care should have a medical home in which they receive ongoing primary care and periodic reassessments of their health, development, and emotional status to determine any changes in their status or the need for additional services and interventions."

--American Academy of Pediatrics

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Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

- Medicaid-eligible youth under 21 receive:
 - Screenings for mental and physical health issues
 - Indicated services, such as:
 - Physician and hospital services
 - Family planning
 - Laboratory and x-ray
 - Prescription drugs
 - Vision, Dental, Hearing
 - Home-based care
 - Physical therapy
- Under-utilized by eligible youth

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Youth Transitioning Out of Care Must:

- Understand how to take care of any medical conditions/use medications
- Know how to access their medical home/regular providers
- Have needed medical equipment
- Obtain copies of their medical records and know their family health history
- Have a plan for continuing health insurance (Medicaid, SCHIP, private insurance, FCA)

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Health/IL Services Should Include:

- Mental Health
 - Reproductive Health (STD/Pregnancy prevention)
 - Oral Health, Vision
 - Nutrition and Exercise
 - Management of chronic conditions or disabilities (e.g., asthma)
 - Services around specific issues: parenting, substance abuse, self-harm, relationships
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Link between education and permanency

- No significant data on the link – a clear need for research

 - Anecdotal evidence suggests that both reunification and adoption are hastened when educational barriers are addressed.
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The New York Example

- New York developed a revised permanency report requiring detailed information on the child's health, educational progress, visitation plans, status of the parent, services offered, and reasonable efforts to achieve the permanency plan for the child.
- In 2006, a year after New York mandated that judges ask these questions, a report found:
 - rates of adoption had doubled since 2003
 - 80% of children under 5 who had been victims of abuse and neglect cases achieved permanency

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Blueprint for Change: Education Success for Children in Foster Care



- 8 **Goals** for Youth
- **Benchmarks** for each goal indicating progress toward achieving education success
- National, State, and Local **Examples**

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Goals for Youth

Goal 1: School Stability

Goal 2: Seamless Transitions Between Schools

Goal 3: Young Children Ready to Learn

Goal 4: Equal Access to the School Experience

Goal 5: Dropout, Truancy, and Disciplinary Actions

Goal 6: Involving and Empowering Youth

Goal 7: Supportive Adult as Education Advocate

Goal 8: Postsecondary Education

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GOAL 1: EDUCATIONAL STABILITY



- Of more than 1,000 foster care alumni surveyed in a Casey Family Programs national study, 68% attended 3 or more elementary schools; 33% attended 5 or more.
 - In Chapin Hall's 2004 study of almost 16,000 Chicago youth, over two-thirds switched schools shortly after placement.
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BENCHMARKS THAT SHOW PROGRESS TOWARD GOAL 1

- School stability and continuity considered in school and foster care placement decisions**
 - Right to stay in the school of origin, and implementation of that right including providing transportation**
 - Youth with disabilities maintain appropriate education setting and services provided in IEP, including transportation**
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Case Study – Sarah

Sarah was an A student in junior high. At age 14, she entered the child welfare system when her single mother passed away. Here is a record of her placements between ages 14 and 16:

- An emergency shelter in a new school district.
- A group home in a second school district while waiting for a foster family placement to open up
- A foster family in a third school district

With each move, Sarah's grades got worse. At age 16, Sarah dropped out of school.

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Fostering Connections to Success Act

- Enacted in October 2008
- Broad-reaching amendments to child welfare law
- Important provisions promoting education stability and enrollment for youth in care
- Changes child welfare law, but cannot be realized without collaboration from education system

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Appropriateness and Proximity

- The child's case plan must include "assurances that the placement of a child in foster care takes into account the appropriateness of the current educational setting and the proximity to the school in which the child is enrolled at the time of placement."



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Appropriateness and Proximity - Advocacy Questions

- How would this law affect Sarah?
- What are the barriers to implementation?
- What creative models exist for foster care recruitment and school/child welfare collaboration?

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School Stability

- If it is in the child's best interest to remain in the same school despite a placement change, the child's case plan must include
 - "(I) an assurance that the state [or local child welfare agency] has coordinated with appropriate local education agencies ... to ensure that the child remains enrolled in the school in which the child was enrolled prior to placement"

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Transportation

- ❑ The term **foster care maintenance payments** (federal reimbursement for IV-E eligible children) includes “reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement.”



Fostering Connections School Stability – open questions

- ❑ Who determines best interest?
- ❑ What are the best interest criterion?
- ❑ Does this provision establish a right to remain in the original school?
- ❑ How will child welfare and education collaborate?
- ❑ Which children will be provided transportation?

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Education Stability – McKinney-Vento

- McKinney-Vento – youth “awaiting foster care placement” **have right to remain in school of origin**, with transportation provided by school. They are also entitled to help from a liaison at the school.
- Some, but not all, youth in care are eligible under McKinney-Vento, including youth in:
 - Shelters; emergency, interim or respite foster care; kinship care; evaluation or diagnostic centers or placements for the sole purpose of evaluation (PDE). **Ed should work in consultation with caseworker on case-by-case basis..**
 - Placements “unlikely to become permanent” (DPW)

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Stability – advocacy issues

- How would fostering connections help Sarah?
- How would McKinney-Vento help her?
- What are the systemic barriers to using these laws?
- What can we do to overcome those barriers?
- To what degree can school stability foster permanency?

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GOAL 2: YOUTH ARE GUARANTEED SEAMLESS TRANSITIONS BETWEEN SCHOOLS AND SCHOOL DISTRICTS WHEN SCHOOL MOVES OCCUR

Reasons Foster Youth Fall Behind After Switching Schools

- ❑ **Enrollment Delays**
 - ❑ Missing enrollment documents and school records
 - ❑ Lack of clarity as to who is responsible for enrolling the child
- ❑ **Challenges in Transferring Course Credits**
 - ❑ Missing school records
 - ❑ Schools in different districts offer different classes, use different methods of calculating full and partial credits, and have different graduation requirements
- ❑ **Inappropriate School or Course Placements**
 - ❑ Missing school records
 - ❑ Lack of Continuity in Classroom Instruction
 - ❑ Stereotypes about foster youth

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Seamless transitions - Fostering Connections

- ❑ If remaining in the same school is not in the best interest of the child, the child's case plan must include
 - "(II) ... assurances by the State agency and the local education agencies to provide immediate and appropriate enrollment in a new school, with all of the education records of the child provided to the school." 42 U.S.C.A. 675(1)(G)(ii).

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Seamless Transitions: **McKinney-Vento**

- McKinney-Vento grants youth “awaiting foster care placement” the right to immediate enrollment, even without otherwise required records and documentation.

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Seamless Transitions: **Pennsylvania Rights**

- PA law allows foster parent or caseworker to enroll a child in care.
- Enrollment must be prompt:
 - School must enroll child within **5 business days** of receiving required documents
 - If New School asks Old School for records, must be sent within **10 business days**

From: 22 Pa Code 11.11(b)

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Seamless Transitions: Pennsylvania Rights

- For ENROLLMENT, law requires proof of only:
 - AGE
 - Birth certificate, notarized statement by the parent, etc.
TIP: try old school records if you have them
 - IMMUNIZATIONS
 - Can be oral assurance from old district or a doctor with the record to follow later
 - RESIDENCY
 - Agency letter of placement & foster parent provides proof that he or she is a resident
From: 22 Pa Code 11.11(b) + PDE's BEC on Enrollment
 - SWORN STATEMENT OF DISCIPLINARY RECORD
 - Signer can say "to best of my knowledge" if not sure
From: 22 Pa CS 13-1304-A (Act 26) + PDE's BEC on Enrollment

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Seamless Transitions - Advocacy

- Defining "immediate and appropriate" under Fostering Connections
- Ensuring that records follow student
- What barriers arise?
- What solutions have worked?



Youth voices in court

- A national survey revealed that:
 - Over 1 in 4 foster youth reported that they had never attended their own court hearings
 - Most foster youth reported that they would like to be present
 - Of youth who attended court, most said that their attendance yielded real benefit
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Benefits to Children's Presence in Court

Gives children:

- a sense of control and active involvement
- A better understanding of their case and the proceedings

Gives the court:

- More comprehensive information
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Brainstorm on Youth in Court

- ❑ What information on education and health can youth provide?
- ❑ What barriers exist to having youth in court?
- ❑ What barriers exist to promoting a positive experience for youth in court?
- ❑ What strategies can address these barriers?

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Resources

- ❑ ABA Adolescent Health Project (PIPPAH)
www.abanet.org/child/teen-health.shtml
- ❑ Legal Center for Foster Care and Education
www.abanet.org/child/education/home.shtml
- ❑ ABA Bar-Youth Empowerment Project
www.abanet.org/child/empowerment/home.html
- ❑ PA Foster Education Initiative
<http://www.fosteredpa.org/>

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