

CASA Makes a Difference in the Health of Children

By Darlene Ward, Executive Director, CASA: Advocates for Children of New York State

The idea that children in foster care have unmet health needs was not a new one to CASA. In all of our cases, our role includes exploring whether the child and family's needs are being met in a number of areas, and perhaps identifying new community resources and facilitating the delivery of services. In case report after case report, health, mental health, dental, hearing, vision, developmental screening and immunization issues were being identified. CASA volunteers were doing what they could do to address these concerns, but lacked a clear, efficient strategy for assessment and a succinct summary of the legal and procedural mandates that provide for the child's needs to be met.

Judge Judith S. Kaye's Permanent Judicial Commission on Justice for Children identified the healthy development of children in foster care as a key issue more than five years ago, and produced the publication "Ensuring the Healthy Development of Foster Children: A Guide for Judges, Advocates and Child Welfare Professionals". Included in that booklet is a 10-question checklist that provides a comprehensive tool to measure progress on healthy-related concerns (see page 4 for details), as well as all of the background necessary to give "teeth" to those questions to assure answers are forthcoming.

"Courts can be a gateway to services for young foster children. Yet, harnessing the court's power to ensure that young foster children actually obtain services that can enhance their healthy development requires court actors to ask questions about their health needs," said Sheryl Dicker, the Commission's Executive Director.

CASA was seen as an integral player in the implementation of the Commission's vision to make sure that every child in foster care received the proper evaluations, treatment and opportunities to which they were entitled. Through pilot projects, collaborative trainings throughout the state, as well as wide distribution of the Commission's booklet, CASA and the Commission have made great strides in identifying and meeting the health needs of children in foster care.

In fact, the results have been dramatic: CASA volunteers were able to help service providers identify unmet medical needs, facilitate service delivery, and monitor to make sure needs continued to be met. Some examples:

4 CASA's insistence that complete and thorough medical evaluations be done on a two-year-old girl in foster care revealed a tumor

behind her eye that had been previously undetected. The tumor was operated on, and was found to be benign, but was growing at a rapid rate and would have caused vision problems if left untreated.

4 A 5-year-old girl was placed in foster care upon her mother's incarceration. Her initial physical indicated she had high blood pressure. Weeks later, CASA learned there had been no follow-up and brought this to the judge's attention, who ordered it to occur. At the follow-up exam, the child was referred to a cardiologist for an apparent heart condition.

4 Two girls, ages 8 and 10, who had twice been removed from their mother's home, were living in kinship foster care with their grandmother when CASA was assigned this case. One of the girls, blind and with cerebral palsy, had no wheelchair and had outgrown her

leg braces and helmet. She had not been evaluated by a doctor, which was required in order to obtain the needed equipment. Through CASA's persistence, the girl received the wheelchair, helmet and correct leg braces, and had a condition of tooth decay remedied. Working cooperatively, CASA and the caseworker managed to have the child placed in a special therapeutic support program at BOCES. When CASA learned, however, that the wheelchair was not being transported to the school with the child because the bus driver did not want to lift it, CASA reported this and the problem was resolved. When the child outgrew her helmet, CASA obtained a new one.

By continuing to work closely with the Commission on this initiative, and with local service providers, CASA can help to ensure that the health needs of children in care, or at risk of placement, do not go unmet. "In doing so," said Ms. Dicker, "the court can reach its potential to enhance not only a foster child's healthy development, but his or her prospects for a safe, stable, and permanent home."

CASA Helps Find Solutions in Monroe County

Background

- Two children, Robert, 10, and Seth, 5.
- The children spent a few days in foster care and were then placed with their maternal great aunt.
- Mother, Sally, was pregnant, homeless and suspicious of authority.
- Sally has a third child (Tanya, age 4), who has always informally lived with her aunt where the boys are placed.
- Father of Robert is serving a life sentence for murder.
- The whereabouts of Seth's father is unknown.
- Goal at case assignment: to return the children to their mother.

From the first day CASA was assigned to this case, Sally identified a number of problems she had with the services. She was responsive to suggestions from CASA and followed through with most requests. Seth and Robert were removed from their aunt's home. Robert moved to his paternal aunt's home, and a few months later Seth moved to a foster home.

Shortly thereafter, Sally had her fourth child, Mike. After the baby was born, preventive services were assigned to her case, and Sally cooperated fully with these services. Subsequently, Sally was physically abused by Mike's father. The police were called, and a week later CPS removed Mike. Three days later, at CASA's suggestion, Sally moved into a safe house. The baby - and ultimately her daughter, Tanya - was returned to Sally, and they are all living at the safe house.

How has CASA helped?

CASA has acted as a sounding board for the children's mother and gained her confidence. She admitted to CASA prior to anyone else that she had had numerous relationships where domestic violence was an issue. She agreed to go to the Association for Battered Women and has been in counseling on a weekly basis for four months. CASA helped

Sally advocate for and obtain one-on-one counseling. She is now in a supportive living situation, with continued support from CASA.

CASA also facilitated transportation for the child and parent for necessary medical and intake appointments when alternative transportation was not available. CASA helped Sally fill out applications to access services, and met with school personnel and medical providers for the children. CASA speaks with Sally at least three times a week, visits the children independently at least once a month, and observes visits between parent and children.

Sally is now engaged in domestic violence counseling, and is cooperating with all service providers. Two of her four children are now living with her, and visits with the other children have been so consistent that they have been expanded to five hours on Saturdays (and are expected to expand to overnight visits).

Not only has the Urban League said that without CASA, Sally would be on the streets; but, the Law Guardian stated that CASA consistently brings balanced, practical and rational solutions to the table in such cases.

Business Partners

In each issue of The CASA Volunteer Salute, CASANYS spotlights members of the business community who recognize the important work of our volunteers.

CASANYS would like to thank the **Albany County Convention and Visitors Bureau** for featuring our Little People Pins, our jeweled flower and butterfly pins, and our note cards in the Albany Visitors Center Gift Shop. Since April, the sale of these items on consignment has benefited both CASA and the Visitors Center. Often the first stop for people visiting the capital of New York State, the Center is also helping to spread awareness of CASA volunteers. We're delighted with the response and very appreciative.

Checklist for the Health Development of Foster Children

Reprinted from *Ensuring the Healthy Development of Foster Children*, a booklet by the New York State Permanent Judicial Commission on Justice for Children

- ✓ Has the child received a comprehensive health assessment since entering foster care?
- ✓ Are the child's immunizations complete and up-to-date for his or her age?
- ✓ Has the child received hearing and vision screening?
- ✓ Has the child received screening for lead exposure?
- ✓ Has the child received regular dental services?
- ✓ Has the child received screening for communicable diseases?
- ✓ Has the child received a developmental screening by a provider with experience in child development?
- ✓ Has the child received mental health screening?
- ✓ Is the child enrolled in an early childhood program?

- ✓ Has the adolescent child received information about healthy development?

Dental Care for Children in Foster Care

Excerpts from <http://foster-parenting.adoption.com/basics/dental/index.php>

Below are some tips regarding dental care for children, particularly children in foster care.

Does the foster child know how to properly brush and floss? If not, caregivers should have the dentist show them. Caregivers should ask the dentist to check the following areas, as needed:

- dental flossing
 - dental plaque - removal & prevention of
 - sore mouth
 - clicking jaw
 - proper brushing
 - any cavities
- Caregivers should ask the dentist about some possible diseases he will be looking for (gingivitis, oral thrush, etc.)
 - Be informed. Consult a medical encyclopedia on "Dentist, visiting, dental care, etc."
 - Something as simple as brushing your teeth may need to be taught to a foster child or teen. Caregivers should have the dentist show the child how to brush properly. It is important that each child gets into a good habit of brushing properly and everyday. Brush after each meal served at home, it is easy and convenient to do. Things to look for:
 - If the brush looks brand new after two months, the child may not be brushing at all.
 - If the brush bristles are bent over after one month, the child is brushing too hard.
 - If the tube of toothpaste is used in three weeks, too much paste is being used, eaten or thrown away.
 - If a tube of toothpaste lasts for eight months, the child is not using enough. See package for amount to use.

Addressing the Health Needs of Children in Foster Care

By the Hon. Sharon S. Townsend, Administrative Judge, Eighth Judicial District

Once a child is placed in the care of the state, it becomes our collective duty to attend to that child's needs as we would our own. This means addressing her needs far beyond immediate safety. We as a system risk further harm to the child by not comprehensively addressing all aspects of the child's well-being, including her primary health, behavioral health and educational achievement. Addressing these broad needs is challenging to the child welfare system, especially in this time of tight budgets and few new resources.

More than ever, the child welfare community must work collaboratively to develop creative approaches to meeting every need of these vulnerable children.

Today, there are nearly half a million children in foster care nationwide, 35,000 in New York State alone. Of this group, 60% of children who enter care are four years old or younger. Between 75-80% of these children are placed out of their home due to parental substance abuse, many are exposed to these substances in utero. More than half suffer from a serious medical condition. Over half experience fundamental delays in development. In contrast, few have a primary care physician, have obtained the recommended immunizations, are seen for routine well visits, or have access to needed specialty care.

In NYS, the Permanent Judicial Commission on Justice for Children ("PJCJC") is modeling promising practices to address the health care needs of young children in collaboration with the state and local social service agencies. With their support, many local communities are engaged in system improvement projects in this area. From these efforts, three key strategies are evident:

1. Create a relationship for each child with an appropriate primary care physician or practice;
2. Utilize all federal and state programming, such as Early Intervention, to assess and manage the complex needs of these children; and
3. Use the natural oversights of the foster care system, including the Judge, the law guardian and CASA volunteers, to ask the questions and demand the answers.

Within the context of comprehensive services, the Early Intervention Program ("EI") is one of the single richest federal entitlements for children in the foster care system. All cases of children under the age of three should be referred. A comprehensive, multidisciplinary EI evaluation offered to all referrals will help determine whether eligibility criteria are met. With family involvement, a written plan for services will be developed and coordinated. At least, the referral of a child on your caseload to EI ensures that there has been an appropriate assessment of her needs. At most, it can include a comprehensive, coordinated service array at no cost to the parent or local government.

At all stages of the case, the child welfare system is replete with professionals looking out for the best interests of children. It is critical that all involved ask the ten critical questions on the Checklist for the Healthy Development of Foster Children (see page 4 of this newsletter).

A pilot program supported by the PJCJC and the local court improvement projects in Erie and Westchester Counties focused on the role CASA volunteers can play in asking these critical questions. All NYS CASA Directors have been trained by the PJCJC on the use of the checklist for their cases. Children are getting better care because of CASA's focus in this area.

As advocates for the foster children in our community, we all have a role in ensuring that their health care needs are attended to fully. These children are at special risk. The earliest possible intervention with appropriate services can impact long-term disability. Thank you for all you do every day to protect these most vulnerable children.

Volunteer Spotlight...Jan Silver

By Laurie A. Holmes, Executive Director, CASA of Rochester/Monroe County, Inc.

Jan Silver is our "faithful Friday office volunteer." She walks into our CASA office every Friday morning with a lively step, a cheerful smile, and an eagerness to begin her day's work. Jan has been a very dedicated volunteer for seven years.

Jan provides our office with invaluable service. What follows are just a few examples of her volunteer work and the special touches she adds:

- Jan enters case activity data from all our volunteers into COMET (our database program). She is very attentive to detail and quick to notice discrepancies that need to be corrected.
- Jan handwrites hundreds of thank you notes to participants in our annual golf tournament.
- Organization is one of Jan's key skills. She recently helped reorganize our case file drawers.
- Jan is also our "Candy Lady." She and her husband Bob go shopping several times a year for the snacks we sell to employees on our floor as a fundraiser for "CASA kids." Jan restocks our snack display box every week, making it look fresh and attractive.
- Jan and her husband Bob have been very active in our annual golf tournaments. They were co-chairs one year and responsible for securing the tournament sponsor. Every year Jan invites her friends to play in the tournament. She is also successful in getting businesses she frequents to donate items for golf play prizes, the raffle, and the silent auction.

For all these reasons, and many more, we salute Jan Silver, our "faithful Friday office volunteer."