

The Essential Advocate: Using CASAs to Promote Child Well-Being

By Sheryl Dicker & Elysa Gordon

Courts are a powerful gateway to services that promote the well-being of children in the child welfare system. Judges play a crucial role in shaping court culture and community expectations that a child's healthy development is an essential component of case review and permanency planning. Yet, achieving child well-being requires resources to assist the court in asking the questions, gathering information, and translating the results of evaluations relevant to permanency decision making. The Court Appointed Special Advocate Program (CASA) is an existing resource uniquely poised to meet this need. CASA volunteers can provide extensive information that would not otherwise be available to the judge. In many courts, CASAs are a tangible link between the judge and service providers working with a child and the child's caregiver.



This article describes a New York State initiative that harnesses the resources and expertise of CASA volunteers to identify the needs of individual children in the child welfare system and to assist the court in making informed decisions about placement, visitation, services, and permanency. At the same time, the New York CASA Project serves as a model to strengthen the recruitment and retention of CASA volunteers and focus CASA fundraising efforts, increasing CASA availability as a resource for judges.

The CASA Program

For more than two decades, CASA programs have assisted the courts by providing information and advocacy for abused and neglected children. Once appointed, these specially trained community volunteers appointed by a juvenile or family court judge become an official part of the judicial proceedings, working alongside the judge, attorneys, and social workers as an appointed officer of the court for a particular case to help identify a child's best interests. In 1990, Congress encouraged the expansion of CASA with the passage of the Victims of Child Abuse Act (VOCAA) (P.L. 101-647). In 1996, the Child Abuse Prevention and Treatment Act (CAPTA) (P.L. 93-247) was amended to require the appointment of a guardian *ad litem* in cases of abuse and neglect—either an attorney or a court appointed special advocate—whose role is to obtain a clear understanding of the needs of the child and make recommendations to the court concerning the best interests of the child. The newly amended and reauthorized CAPTA (The Keeping Children and Families Safe Act of 2003, P.L. 108-36) now requires that CASA volunteers have training appropriate to their role and authorizes CASA training as an approved activity for CAPTA state funding. Today, the CASA program has more than 900 offices in 49 states and the District of Columbia.

Numerous studies have found that a child with a well-trained CASA receives more services and has a greater likelihood of achieving permanency. Most recently, the Pew Commission on Children in Foster Care's final report recommends an expansion of CASA as an important resource for courts and children.¹ Yet, most judges have noted the insufficient number of volunteers to meet the need generated by court caseloads.²

The Need for CASA

Children in foster care are far more likely than all other children to have serious medical problems, developmental delays

and emotional difficulties. Nearly 80% are prenatally exposed to substance abuse, and 40% are born low birthweight and/or premature. The vast majority suffer from serious, chronic medical conditions; more than half experience developmental delays; and between 35%-50% have significant emotional and behavioral health problems.³ Their risks for poor health often are compounded by their parents' drug and alcohol addiction, limited cognitive abilities, serious mental illness, and domestic violence.

CASA involvement provides a tangible link among the court, child welfare caseworkers, service providers, and caregivers.

Despite their obvious need, a significant percentage of these children do not even receive basic health care, such as immunizations, hearing and vision screening, testing for exposure to lead and communicable diseases, and dental services. Specialized needs such as developmental delays and emotional and behavioral conditions are even less likely to be addressed. And despite compelling evidence of the importance of early experiences on child development, few infants and young children receive early intervention services.⁴ Children in the child welfare system also are among the most educationally vulnerable children in the nation. They are at great risk for educational failure with the vast majority lagging behind their peers in academic achievement and dropping out of school at twice the rate of other children.

The lack of health, developmental, and educational services to these children is particularly alarming because virtually all children in foster care are eligible for the Early, Periodic, Screening, Diagnosis and Treatment Program (EPSDT) under Medicaid law. Courts can order that a child

in foster care receive EPSDT services and require that information about these services be shared with the court. Under CAPTA and Early Intervention laws, children under age three involved in substantiated cases of abuse or neglect must be referred to the Early Intervention Program (also known as Part C of IDEA)⁵ Courts have the authority to order that child welfare agencies meet their referral obligation and that eligible children receive entitled services.⁶ The law

of *Foster Children: A Guide for Judges, Advocates and Child Welfare Professionals*. The Checklist contains ten questions to identify a foster child’s health needs and gaps in services and the booklet provides reasons for asking each question and references to expert sources.

Implementing the Checklist highlighted the need for resources to assist the court in asking the questions, gathering information, and using information about a child’s needs



now use the *Checklist* to routinely incorporate information about a child’s health and development in their court reports.

The successful response to the Healthy Development Checklist encouraged the Commission to develop a similar court-based strategy to highlight the needs of infants in foster care—the Babies Can’t Wait Project. CASA has played a key role in the project. In its first phase in the Bronx Family Court, CASAs served as members of the Project Advisory Committee and as advocates on individual cases. To prepare CASA staff and advocates and other agencies involved with Babies Can’t Wait, the Commission

The Permanent Judicial Commission on Justice for Children’s Checklist for the Healthy Development of Children in Foster Care

1. Has the child received a comprehensive health assessment since entering foster care?
2. Are the child’s immunizations up-to-date and complete for his or her age?
3. Has the child received hearing and vision screening?
4. Has the child received screening for lead exposure?
5. Has the child received regular dental services?
6. Has the child received screening for communicable diseases?
7. Has the child received a developmental screening by a provider with experience in child development?
8. Has the child received mental health screening?
9. Is the child enrolled in an early childhood program?
10. Has the adolescent child received information about healthy development?

also clearly requires that the educational needs of children be identified and addressed.

Court orders alone, however, may be insufficient to ensure that judges receive information about a child’s needs and a caregiver’s capacity to meet those needs. Court orders also do not guarantee that a child will receive appropriate and timely services or have an informed advocate to interface with the myriad systems required to address his or her needs. CASA volunteers can be an essential liaison between the court and the professionals who serve children, linking children to needed services and linking those services to permanency decision making.

The New York State CASA Project

Since its inception, the New York State Permanent Judicial Commission on Justice for Children, chaired by New York State Chief Judge Judith Kaye, has focused on the well-being of children involved in cases before New York State courts by creating court-based innovations. In September 1998, the Commission launched the Healthy Development for Children in Foster Care initiative to focus all those involved in child protection proceedings on the healthy development of children in foster care. To assist the court in this endeavor, the Commission published the Healthy Development Checklist for Foster Children and the booklet, *Ensuring the Healthy Development*

as part of permanency decision making. The Commission devised the CASA Project to harness the resources of CASA volunteers. Partnering with the Director of New York State CASA, the Commission embarked on an intensive training effort. Every training session highlighted the link between healthy development and permanency. The Commission trained all the New York State

The Permanent Judicial Commission on Justice for Children’s Checklist for the Healthy Development of Infants in Foster Care

1. What are the medical needs of this infant?
2. What are the developmental needs of this infant?
3. What are the attachment and emotional health needs of this infant?
4. What challenges does this caregiver face that could impact his or her capacity to parent this infant?
5. What resources are available to enhance this infant’s healthy development and prospects for permanency?

CASA Directors to use the Checklist and the directors have trained their local volunteers. The Commission helped local CASA Program Directors identify local service providers and programs and inform local family court judges about the goals of the initiative. In many cases, CASAs developed relationships with local pediatricians and clinics to receive ongoing training, consultation and to develop protocols to improve information-sharing. CASAs throughout New York State

developed a training curriculum focusing on infants. Topics included the health care and emotional needs of infants, infant development, the Early Intervention program, and Early Head Start. The final session provided participants with an infant case to review. The Commission also wrote an infant checklist and booklet, “Ensuring the Healthy Development of Infants in Foster Care: A Guide for Judges, Advocates and Child Welfare Professionals” designed to

spotlight infants' unique needs.

The judges assign CASAs to infant cases at the earliest possible point in the court process. Using the Infant Checklist, the CASA works closely with child protective services, the foster care agency, and the child's caregivers to identify the child's immediate needs. CASA volunteers facilitate the referral of every infant to the Early Intervention (EI) program, informing judges of the need for court orders when necessary. CASAs inform the court of the results of the child's Early Intervention evaluation and work with providers to ensure that services are provided and linked to permanency goals. If a child is found ineligible for Early Intervention, CASA refers the infant for re-evaluation at 6 to 10 months of age. During the child's first year of life, CASA volunteers report to the court on the progress of the child's medical care and other services. When the permanency goal is reunification, the CASA informs the parent about the child's needs and services. Babies Can't Wait has been replicated in Queens County Family Court.

In Brooklyn Family Court, the initiative was expanded further. A judge developed a specialized court project with Commission

staff serving as an early childhood specialist. At the first hearing on all infant cases, the judge appoints a CASA to report on the health and development of the infant using the Infant Checklist and orders a referral to the EI Program, a comprehensive medical examination, and a due diligence search for both parents. The judge calendars the case for review every 30-60 days with the CASA

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reporting on the infant's well-being. As a result of these initiatives in New York City, CASAs have provided the court with timely information on infants' needs, ensuring that the majority of infants have up-to-date, complete immunizations, a medical home, and referrals to Early Intervention. The frequent court reviews have resulted in fewer place-

ment changes for the infants, allowing them the critical developmental opportunity to create attachments to their caregiver.

In addition to the Healthy Development and Babies Can't Wait Initiatives, the Commission has partnered with CASA to implement its Education Project. Replicating the successful approach used in our other well-being efforts, the Commission developed a Checklist, booklet, and training curriculum. This has enabled judges to have up-to-date information about children's educational needs and services.

The Success of the CASA Project

CASA volunteers have been an essential component of the Commission's initiatives—assisting the court at the earliest possible point to elicit information about a child's health, developmental, and educational needs, identify needed services, and make the information relevant to permanency decision making. Often, CASA involvement provides a tangible link among the court, child welfare caseworkers, service providers, and caregivers. The impact of these initiatives on individual children has been widespread and significant. Specific examples include:

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- A CASA volunteer used the *Healthy Development Checklist* to determine that an infant had not received the mandatory comprehensive exam since entering foster care. The court ordered an exam, and the child was found to have a tumor behind her eye. A court order facilitated an immediate operation which not only saved the child's sight, but assured her healthy development.

- A CASA volunteer was assigned to the case of a medically fragile 3-month-old. The infant had undergone open heart surgery shortly after birth and was then placed in a foster home with a 3-year-old sibling. While the child and sibling thrived in the foster home, the child welfare agency requested a change in placement due to concerns regarding the foster mother's age and language difficulties. The CASA contacted the infant's physicians who confirmed that the caregiver was invested in the child's well-being and that the child was thriving in the foster home. The CASA provided the agency and the court with examples from the physician of the caregiver's capacity to identify the infant's medical needs and provide the needed care. At the court appearance, the CASA presented a physi-

cian's letter and prevented the unnecessary change in placement.

In addition to helping courts make a difference in the lives of individual children, the CASA Project has focused and strengthened the New York State CASA program, increasing its availability as a resource for judges statewide. The collaboration between the Commission and the New York State CASA Director has created an opportunity to infuse the New York State CASA Program with specialized expertise and skills. At the same time, the focus on healthy development, the intensive trainings and the Checklist tools have created meaningful and unique volunteer experiences, augmenting volunteer recruitment and retention.

To further strengthen CASA and increase its availability as a resource for judges statewide, Chief Judge Kaye appointed a high level CASA committee. In 2005, the efforts of this committee created a new statewide funding stream to support and grow CASA programs and to establish a full-time CASA office funded by the Court Improvement Project within the court system to provide program and fiscal oversight, technical assistance, and training. Significantly, new court rules



have been promulgated that institutionalize the role that CASAs have played in New York State. The rules specifically recognize the "vital role that a CASA can perform in aiding Family Courts to further the health, safety and well-being of children...and recognize CASA's role that may include regularly providing thorough information about the health, safety, well-being and permanency plans of children and their families to the Court."⁷

The Commission's CASA Project and its institutionalization spotlight the promise of CASA as a resource to assist judges in obtaining information essential to child well-being and permanency. Its strategies of identifying a clear focus for CASA advocacy and providing specialized training and tools can serve as a springboard for the expansion of CASA programs in other states and localities.

For more information:

- NYS Permanent Judicial Commission on Justice for Children, www.nycourts.gov/ip/justiceforchildren
- National Association of CASA, www.nationalcasa.org
- Pew Commission on Children in Foster Care, www.pewfostercare.org

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END NOTES

¹Pew Commission on Children in Foster Care. (2004). *Fostering the future: Safety, permanency and well-being of children in foster care*. Washington, DC: Author.

²National CASA Association. (2005). Evaluation of Court Appointed Special Advocates/Guardians ad Litem Volunteer Impact, Judicial Survey, Available online at www.casenet.org/download/casa-surveys/0510_casa_eval_report_0024.pdf

³Silver, J., Haecker, T., & Forkey, H. (1999). Health care for young children in foster care. In J. Silver et al. (Eds.), *Young children and foster care*, Baltimore, MD: Paul H. Brookes; Blatt, S., Saletsky, R., & Meguid, V. (1997). A comprehensive, multidisciplinary approach to providing health care for children in out-of-home care. *Child Welfare*, 76, 331-349; Halfon, N., Mendonca, A., & Berkowitz, G. (1995). Health status of children in foster care. *Archives of Pediatric and Adolescent Medicine*, 149, 386-392.

⁴U.S. General Accounting Office. (1995). Foster care: *Health needs of many young children are unknown and unmet* (GAHS-95-114). Washington DC: Author.

⁵Individuals with Disabilities Education Act (IDEA) of 1990, P.L. 101-476, 20 U.S.C. §§ 1400 *et seq.*; 34 C.F.R. § 303.19, § 406 (2000).

⁶Adoption and Safe Families Act. *Pub. Law 105-89, Statute 2115-2135* (1997) (codified as amended in scattered sections of 42 U.S.C.).

⁷The Uniform Rules for the Family Court Regarding Court Appointed Special Advocate Programs, Part 43 of the Rules of the Chief Judge and Part 117 of the Rules of the Chief Administrator (2005). Available online at www.nycourts.gov/courts, click on rules, then amendments.

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