In the Winter/Spring 2000 issue of Permanency Planning Today, authors Sheryl Dicker and Elysa Gordon described the special health care needs of children in foster care, their vulnerability to health problems, the stress on caregivers who care for children with serious health conditions, and the important role child welfare professionals play in ensuring their healthy development. They cited the critical link between a child's healthy development, the achievement of permanency and family stability, and also offered a checklist of ten questions to identify a foster child's health needs and gaps in services.

In response to such significant health care needs, states and communities throughout the country are improving the way they address the health needs of children in foster care. In its Child and Family Service Review process, the Administration for Children and Families (ACF) looks for numerous outcomes including states' ability to provide adequate services to meet the physical and mental health needs of children in foster care. In this issue, we describe key features of strategies used by a number of states and communities for meeting the health care needs of children in the foster care system.

The Georgetown University Child Development Center is completing a 3-year study primarily funded by the federal Maternal and Child Health Bureau, and partially supported by ACF, to identify and describe promising strategies for meeting the health care needs of children in the foster care system. In this study, "health care" encompasses physical, mental, emotional, developmental and dental health. Based on analysis of the findings from eight site visits and extensive phone interviews with 75 other sites, as well as review of existing and proposed health care standards, we have identified a number of critical components that form a framework for a comprehensive, community-based system that fully addresses the health needs of children in the foster care system:

- initial screening & comprehensive health assessment
- access to health care services & treatment
- management of health care data & information
- coordination of care
- collaboration among systems
- family involvement
- attention to cultural issues
- monitoring & evaluation
- training & education
- funding strategies
- designing managed care to fit the needs of children in the child welfare system

We learned that while many sites are implementing one or more of these components in their efforts to provide comprehensive health care, rarely has a single state or community addressed all of these components. Descriptions of each component and key features that many sites noted as contributing to their success are presented below.

### Initial Screening & Comprehensive Health Assessment

Initial screenings, provided for all children as they enter care, help to identify health problems that require immediate attention. Comprehensive health assessments, conducted shortly after placement and at regular intervals...
thereafter, address a child's physical, dental, mental/emotional and developmental strengths and needs and focus on the child, the family, and the environment in which they live.

**Key features:**
- accessible assessment sites
- immediate eligibility for Medicaid
- a system to identify & refer all children who enter care
- ability to gather health history information
- increased reimbursement rates for providers
- systematic follow-up on recommended care

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**Access to Health Care Services & Treatment**

Children in foster care are able to access a comprehensive array of health care services appropriate for their special needs. Family support services that enable caregivers to attend to a child's health care needs also are available.

**Key features:**
- a system for accessing care (a defined process applicable to all children in care – not left to each individual worker to pursue)
- qualified provider network
- centralized comprehensive health centers (used by some communities rather than a community-based provider network)
- direct access to specialty care
- mental health clinicians located in child welfare offices

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**Management of Health Care Data & Information**

Information about a child's health care is gathered, organized, retained, and shared in a way that assures the information is complete, updated regularly, and available to all persons closely involved in the care of the child.

**Key features:**
- health passports (both manual & electronic)
- standardized health record forms used by providers
- information & data systems (both child welfare system & external data bases)
- collection of aggregate data to identify needs/resources.

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**Coordination of Care**

Responsibility for coordination of health care is assigned to a specific person or unit. A child health plan that documents needs and services is developed and followed.

**Key features:**
- child health plan is part of the permanency plan
- health care & status addressed in all case reviews
- important role of care coordinators or medical case managers
- involvement of nurses
- specified liaisons between health/mental health providers & child welfare
- tickler systems

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**Collaboration Among Systems**

Child-serving systems, health care providers, and community organizations work together in a variety of ways to improve the health care system.

**Key features:**
- co-location of staff (health, mental health, child welfare)
- sharing of financial resources
- cross-system training
- interagency collaborative teams
- formal interagency agreements
- open & continuous communication
- active involvement of the courts
- flexibility and willingness to change as needed.

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**Family Involvement**

Families – birth, relative, foster, and adoptive – are viewed as partners in providing health care, and a child's health care is addressed in the context of the family's strengths, needs, culture, beliefs, and environment. Families also are included in strategies for improving health care at the system level.

**Key features:**
- gathering health history from parents at initial court hearing (often a nurse's role)
- involvement in child's medical appointments
- providing needed health care for other family members
- sharing health information at transition points (e.g., reunification, adoption)
- special training about child's health condition
- satisfaction surveys

Respondents noted inconsistent practices in the role of birth parents in services and decisions about the health care of their children, frequently dependent upon individual caseworker discretion rather than agency-wide policy. Practices varied from very close involvement to none at all. Health care providers frequently had no direct access to birth parents.

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**Attention to Cultural Issues**

There is an understanding of the diverse cultures represented among the children in out-of-home care. This influences the design of health care services in order to meet the needs of children and families from these different cultures.

**Key features:**
- profiling to identify providers from child's own culture
- neighborhood based provider networks
- use of interpreters
- bilingual health passports
- training
- therapeutic interventions based in child's culture

Respondents also described many challenges in this area, e.g., the lack of clinicians from diverse cultures, standardized assessments that are not normal on children of different cultures, and medical reports not translated into a family's native language.

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**Monitoring & Evaluation**

Monitoring and evaluation are necessary to ensure that health care procedures are being followed, that health outcomes and provider satisfaction are assessed, and that improvements are based on the monitoring results.

**Key features:**
- satisfaction surveys
- procedural requirements (e.g., % of children receiving assessments)
- follow-up care compliance
- satisfaction
- some oversight of providers

Rarely were individual child and family health outcomes being evaluated.

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**Training/Education**

Training, individualized to fit the audience, is offered to parents, caregivers, health care providers, child welfare staff, and other child-serving systems.
Training generally focused on three areas of health care:
- how to use the health care system
- special health & mental health needs of children in foster care
- training & consultation about an individual child’s care

Funding Strategies
State and community leaders use multiple strategies to fund comprehensive health care services.

Key features:
- use of different funds targeted for different aspects of health care, e.g., treatment, care coordination, data management, administration, training
- enhanced Medicaid rates for providers
- Medicaid case management resources (Skilled Professional Medical Personnel & Targeted Case Management)
- special state budget allocations
- contracts to cover administrative costs

Designing Managed Care to Fit The Needs of Children in the Child Welfare System
The special needs of children in custody are considered in the design of the managed care system and special provisions are developed as needed. Mechanisms exist to solve problems as they arise and to assist families in navigating the managed care system.

Key features noted in addressing managed care issues included:
- specified liaisons
- encouraging child welfare providers to join the network
- simplified enrollment and authorization procedures
- excluding foster children from the Medicaid managed care system (in a few states).

Availability of Additional Information:
More detailed findings from the Georgetown study will be available in the near future on their website: (http://gucdc.georgetown.edu/foster.html)

This will include:
- 8 detailed individual site visit reports
- brief descriptions of all sites interviewed
- a complete summary of state & community efforts (key findings)
- strategies for implementation (a technical assistance tool)
- a literature review
- issue briefs on special concerns

In this issue of “Permanency Planning Today” – our semi-annual newsletter – we approach the three most critical themes of the Adoption and Safe Families Act: Safety, Permanency, and Well Being.

Our lead article focuses the area which, is most often, though I believe not intentionally, left for last – child and adolescent well being. Jan McCarthy from Georgetown provides readers with an in-depth overview of the three-year conducted by the Georgetown University Child Development Center, which is primarily funded by the federal Maternal and Child Health Bureau. Dr. McCarthy identifies a number of critical components that form a framework for a comprehensive, community-based system that fully addresses the health needs of children in the foster care system. In a complementary voice, Robin Nixon, Director of the Foster Care Awareness Project for Casey Family Programs provides readers with insight on dealing with issues of well being from a youth perspective.

As many workers know, finding permanent homes for children who have reached adolescence can be very challenging work. Teens who have been in the child welfare system for many years have experienced repeated placements, watched many relationships come and go, and are at a difficult crossroad between childhood and adulthood. These problems, however, are a clear indication of how important permanence is to adolescents, and how, by all indications, continued instability increases the risk that teens will experience long-term social and emotional problems. Reprinted from a recent issue of Adoptalk, a publication of the North American Council on Adoptable Children, Lessons Learned about Permanency for Teens, our first of four articles on Permanency, highlights the importance of Youth Permanency and provides an overview of a research study conducted by colleagues in Iowa.

Our second article in the Permanency tract, written by Jere Kirkland from the Mississippi Band of the Choctaw Indian Tribe, highlights the philosophical orientation of Project C.A.R.E.S. (Choctaw Approach to Resiliency and Empowerment Services), an intensive case management program utilizing a strength-based wraparound services approach to working with children, youth, and families.

Our third and fourth articles in the Permanency tract are written by two of our consultants from The National Resource Center for Foster Care and Permanency Planning. Ilza Earners’s article focuses on the salient issues confronting immigrant families as they interface with the foster care system, where she provides ten points that the Immigrants in Child Welfare Project is promoting for child welfare service providers to consider in working with immigrant families.

Building on the lessons learned from our recently published dual licensure paper, Lorrie Lutz, provides readers with preliminary findings from a national study on Recruitment and Retention of Resource Families which she is conducting on behalf of The National Resource Center for Foster Care and Permanency Planning and Casey Family Programs National Center for Resource Family Support.

The issue of child and adolescent safety hit very close to home for all of us on September 11th in ways that most of us probably never imagined. In our final article, focusing on child and adolescent safety, I have tried to discuss ways that readers can help children, youth, and child welfare staff handle anxiety related to September 11 events.

We hope that our readers will let us know what you think of this issue and we welcome your comments, your suggestions for future issues, and your own ideas and articles for submission.

Gerald P. Mallon, DSW
NRCFCPP Director
Personal and social functioning, health, education and employment are all critical areas of well-being for young people as they move toward adulthood. The experiences that result in children and youth being placed in foster care, as well as the actual experience of foster care, can create barriers to achieving well-being in any or all of these areas. Coordinated efforts on the part of policy makers, public officials, caregivers, service providers, educators, community members, and youth themselves are critical to the positive development of young people making the transition to productive interdependence. Young people who have transitioned from the foster care system to independence note that disruptions in education due to changing placements, inadequate preparation for the workplace, lack of access to physical and mental health care, and the immediate struggle for day-to-day survival after leaving care make planning for a good future very, very difficult.

To ensure the current and future well-being of transitioning foster youth, practitioners and policy-makers must:

- Provide a continuum of support and preparation for adulthood that begins when a child or youth enters foster care and continues through adoption or the post-emancipation period.
- Stabilize foster care placements to ensure educational continuity and achievement.
- Increase youth involvement in the planning and delivery of services to transitioning youth at the local, state, and national levels.
- Create national and local networks of foster youths and former foster youths that will enhance overall levels of support and participation.
- Provide opportunities for organizations serving older youth to network with each other, communicate strategies, and coordinate service delivery.
- Facilitate greater coordination among and between national and local education, housing, health, employment, and assistance programs to better serve this population.

Why is there a Special Need for Health Care Services for these Youth?

The extent of the health care problems facing abused and neglected children and youth in foster care is truly alarming (Schor 1982; Hochstadt et al., 1987; Simms, 1989; Halfon, 1992). Most children enter foster care in a poor state of health, and most enter with developmental, behavioral, and emotional disturbances. Even when compared with other children of the same socioeconomic background, children in foster care suffer much higher rates of serious chronic physical disabilities, birth defects, developmental delays, and emotional problems (American Academy of Pediatrics, 1994). A GAO study found that, “As a group, they [children in foster care] are sicker than homeless children and children living in the poorest sections of the inner city.” Chronic medical problems affect 30-40% of children and youth in the child welfare system. Often these chronic conditions have been untreated or only partially treated (Schor, 1988).

Adolescents in foster care experience higher risk for continuing medical problems, which are exacerbated by multiple placements, lack of continuity of intervention and record-keeping, and declining emphasis on preventive measures (e.g., immunization) as they enter adolescence. In addition, adolescents in foster care report feeling low levels of trust in adults and the service system, which may prevent their accessing health care and other services.
During the time immediately following statutory discharge from the foster care system (usually at age 18), former foster youth experience tremendous problems both in terms of their health status and in their ability to access health services. Because health coverage ends at the time of emancipation, young people lose both routine preventive care and the care they have needed to treat chronic medical conditions. As many as 25% of youth leaving foster care experience homelessness during the year following emancipation (Cook, 1991). In a national study of youth accessing services from urban health clinics, 41% of homeless youth served had a history of placement in foster care (National Coalition for the Homeless, 1998).

Securing and maintaining employment are critical factors in accessing health insurance for all adults. Youth who are forced to leave foster care at 18 are often still in high school, and most are still in entry-level employment, if they have been able to secure employment at all. Research suggests that about half of the youth leaving care are employed at the time of discharge (March, 1994). Furthermore, since only 35-45% of teenagers in foster care are able to graduate from high school, their employment prospects are particularly discouraging (Nixon, 1998). Clearly, the realities of educational underachievement and difficulties with securing and maintaining employment place these youth at a significant disadvantage for achieving self-sufficiency and meeting their health needs.

Like most young people their age, youth leaving foster care cannot achieve immediate economic independence. They carry the additional burdens of the long-term effects of severe abuse and neglect, and of not having access to family members who might provide for some of their needs. This vulnerable population of young people needs sustained support from the child welfare system to ensure that their long-term health needs are met during the transition to adulthood. Most importantly, they deserve the opportunity to achieve their potential as healthy adults and productive citizens.

The NRCFCPP is committed to continued dialogue on issues pertaining to Youth Safety, Permanency and Well-Being. For more information and resources on these issues, visit the Casey Family Program Web site at www.Casey.org, or e-mail Robin Nixon, Director of the Foster Care Awareness Project at Rnixon@casey.org. You may also visit the web site of our colleagues at the National Resource Center for Youth Development at www.nrcys.ou.edu/

References

Please look for the next issue of Child Welfare, the professional journal published by the Child Welfare League of America . . . .

Special Issue On:

With a particular focus on diversity issues, this special issue will highlight some of the broad themes in practice, policy, and research on Permanency Planning. The journal is due to be published in March, 2002. Contact cwla.org for details.
As many workers know, finding permanent homes for children who have reached adolescence can be very challenging work. Teens who have been in the child welfare system for many years have experienced repeated placements, watched many relationships come and go, and are at a difficult crossroad between childhood and adulthood. It is hardly surprising that so many youth in foster care exhibit attachment disorders and behavioral problems that make them less appealing to would-be adopters. These problems, however, are a clear indication of how important permanence is to adolescents, and how, by all indications, continued instability increases the risk that teens will experience long-term social and emotional problems.

The question then becomes: How can workers best achieve permanence for teens?

The short answer: Work very consistently, tenaciously, and repeatedly to overcome barriers.

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**The Value of Teamwork**

One of the most pervasive barriers to teen permanence involves perception and priority-setting. Professionals are often convinced that teens do not want to be adopted or that no prospective adopters will ever agree to bring a teen into their homes. Placement priorities are also weighted heavily in favor of younger children by law and practice.

To help overcome workers’ sense that adolescents cannot or do not want to be permanently placed, Permanency for Teens Project (PTP) staff employed a team approach to case management. They hired staff to work in partnership with Department of Human Services (DHS) case workers and permanency planners in each region of Iowa, and instituted quarterly case review meetings where team members could celebrate accomplishments and collectively strategize ways to achieve planned placement or relationship-building goals.

Project staff recommend that, for each adolescent in state care, a team (that includes the case worker, a permanency planner, and a DHS transition specialist) shares responsibility for making and implementing decisions regarding the teen. As with all child welfare practice, continuity of staff should be a priority in planning for permanence.

PTP permanency teams also addressed another common barrier to teen permanence: limited involvement during the permanency planning process of adults who are significantly connected to the teen. Such individuals—relatives, foster parents, therapists, etc.—may be the critical resource needed to expand placement options, help define central problems that could prevent permanency, or identify critical support services that a teen needs. For this reason, in addition to the project staff member and DHS worker, PTP teams included members who had an extra connection to the teen: counselors or therapists participated on three-quarters of the teams; current foster parents joined nearly half of the teams; and former foster parents served on about a quarter of the teams. Other participants included grandparents, other birth relatives, additional case workers, and other concerned adults. One teen had nine team members.

Whenever possible, it is critically important that the teen also be a team member. During the project, staff encouraged all youth to participate in permanency planning and to identify birth family members—mothers, fathers, aunts, uncles, sisters, brothers, grandparents—to whom they felt connected. PTP staff also used placement genograms (diagrams that visually depict and help children make sense of their past placements in foster homes, treatment centers, etc.) to locate others who were significantly connected to the teens. A teen’s case file, of course, can provide a lot of clues about past connections, and possible permanency resources as well.

**Recruitment Strategies**

Staff emphasize that targeted, child-specific recruitment efforts—for instance, asking teens to identify possible resources—are best suited to meet the needs of individual youth. General recruitment, however, can also be part of the mix. General recruitment activities for the Permanency for Teens Project were conducted in conjunction with Iowa’s KidSake Adoption Project. PTP youth were
featured in the photolisting book, and participated in state events such as video parties, television spots, and adoption fairs.

**Support Services**

Unfortunately, even if recruitment strategies are sound, the scarcity of intensive pre- and post-placement support services often presents another barrier to finding and maintaining placements for teens. To help prevent needless disruptions, the Permanency for Teens Project provided a full range of support services including training, child and family preparation activities, financial assistance, and other pre- and post-placement activities. The most common services and interventions included: recruitment or identification of connective resources; transportation; communication with connective resources and families; visits to youth in placement; individual therapy; group therapy; medication monitoring; support to the youth's school; crisis intervention; residential treatment; and assistance with new placements.

**Defining Permanency**

One enduring lesson of the Permanency for Teens Project was that permanency-especially for older children nearing adulthood-needs to be re-conceptualized to include a broad range of options. For adolescents, ongoing and meaningful connections with family and important adults in their lives are particularly important. For this reason, PTP staff charged permanency teams both with seeking permanent placements, and nurturing ongoing relationships between teens and important people in their lives—siblings, other birth relatives, foster families, mentors, etc. By project end, nearly every teen could identify a potentially permanent connection.

Permanency teams' use of concurrent planning helped them to keep sight of both placement and connection goals. Instead of waiting for one plan to fail and then deciding on another course, case plans established primary and concurrent goals that could be worked toward at the same time. Adoption and long-term foster care were the two most common primary goals. The most frequent concurrent goal was establishing relationships with family and friends (59 percent), followed by establishing and maintaining permanent connections with other significant figures in the teen's life (44 percent).

Project staff also noticed a need for flexibility to pursue alternative forms of legal permanency such as subsidized guardianship or even adoption by birth family members. They recommend that courts more consistently recognize and endorse alternative forms of permanent connections for youth and consider the possibility of rein-stating parental rights when appropriate.

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**Case Study**

John, one of the PTP participants, became legally free for adoption when he was five. John's grandparents had volunteered to adopt him when he first entered care, but DHS rejected that plan at the time because they wanted to place John in a family with his brother and sister. Soon, however, John's sister was adopted separately, and John and his younger brother were placed in a different pre-adoptive home. Unfortunately that placement disrupted for John, and between the ages of 8 and 13, he experienced multiple placements in foster homes, hospitals, and shelters. As he hit adolescence, he was turning from a hyperactive boy into an aggressive young adult.

When John joined the project, he was 14 and living in a residential treatment center. Excited about the project and cooperative with staff, John quickly identified permanency team members—his DHS workers, the PTP staff, and a therapist at his residential treatment center. Soon, thanks to the discovery of a long lost file at the DHS office filled with cards, letters, and pictures for John from his grandparents, John's case plan was to move to his grandparents' home in another state. Transition planning began in October 1996 and he moved in during April 1997.

The permanency team in this case was instrumental in ensuring the success of John's case plan. Team members helped the grandparents with the adoption, got the interstate worker to work with DHS to arrange for needed services (including respite, tutoring, and individual therapy) in the new state, worked to resolve conflicts that arose between the grandparents and John's residential treatment center during the transition, and encouraged the grandparents to pursue a medical evaluation of John that identified previously undiscovered brain damage. Though the placement has not been without its difficulties—John took a knife to school in violation of school policies at one point, and had had trouble with school performance—the placement has been very stable, and John's condition has improved.

This case also provided important learning experiences for the PTP staff. Some of the simplest tasks, staff learned, produced the greatest benefit. The cards and letters in John's DHS file that had never been sent to him, for instance, provided important clues to his strongest family connections. The neurological exam found brain damage that might explain some of his aggressive behavior and cognitive learning problems. Medication prescribed as a result of the exam has helped to stabilize John.

As one might expect, not all of the Permanency for Teens Project participants fared as well as John. Many, however, did find permanency through adoption, or enduring connections through stable long-term foster care placements and new bonds with lost family members. And as the report concludes, the "notion of permanency, particularly when applied to older children, needs to be expanded beyond the notion of either a legal status (adopted, emancipated, etc.) or a placement category (long-term foster care, adoptive home, independent living, etc.). Permanency is better understood as a multifaceted construct which includes several key dimensions...[such as] legal status, stability in and appropriateness of the placement setting, connectedness to family and significant others, and the youth's emotional well-being. Only by considering all of these dimensions can we begin to work in a meaningful way toward permanency for youth."

To learn more about the Permanency for Teens Project or to request a copy of the final report, contact: Joan Black, Project Supervisor Four Oaks, Inc. 1916 Waterfront Dr. Iowa City, IA 52240 319-337-4523.
States are targeting recruitment for specific kinds of children ... in addition to "blanket" recruitment strategies.

Training is starting to address more specifically the complexity of the role of resource families (Mary Ford from NACAC is developing very targeted questions to be posed to potential resource families ... more to come on this!)

States are pursuing performance-based contracting with the community based social service provider-establishing new expectations for recruitment and retention. (Missouri and Minnesota’s contracts will be highlighted in the paper).

Recruitment messages are slowly beginning to change as states are asking resource families to serve as either the foster family or the adoptive family ... based on the final permanency plan for the child.

States are counting the cost, asking what is the actual cost associated with the recruitment of a new family.

In November of 2000 the National Resource Center for Foster Care and Permanency Planning in concert with Casey Family Programs National Center for Resource Family Support published a monograph on dual licensure and its impact on the child welfare system. In the paper it was highlighted how today in the child welfare practice, foster parents, and not newly recruited adoptive parents, have come to serve as the most consistent and viable option for permanence for children in care.

Children are entering our child welfare systems with complex, long-term special needs. As a result, child welfare agencies have found it increasingly difficult to recruit adoptive parents who could meet the needs of children in their custody. The system is relying on foster parents to fill the gap. ASFA has moved professionals and policy-makers toward finding more effective and better ways to recruit and retain resource families for children and youth in need of permanent homes. In previous work (1) it was highlighted how today in the child welfare practice, foster parents, and not newly recruited adoptive parents, have come to serve as the most consistent and viable option for permanence for children in care.

According to the Children's Bureau Express, 64% of children adopted from the child welfare system are adopted by their foster parents (2) (although not necessarily the families with whom they were first placed). Not only are foster parents adopting children in their care, but according to the National Adoption Information Clearinghouse, these adoptive placements are very successful ... with 94% remaining intact throughout the life of the child. (3) Thus, we are beginning to learn that the promise of permanency for children and youth in the child welfare system, who are unable to return to their birth parents lies in many instances with their foster parents.

This reality has far reaching practice and policy implications. One of the critical practice implications is the need to keep the pool of foster parents growing due to the fact that as foster families took on the role of adoptive parents to children in their care, the pool of foster parents would diminish. How to do this is the challenge.

Building on the learning of the dual licensure paper The National Resource Center for Foster Care and Permanency Planning and Casey Family Programs' National Center for Resource Family Support decided to put our energies together again by further exploring the many facets of resource family recruitment, the efforts of states to expand recruitment strategies, and the cost of such expanded activities. This research, still in process is leading to some initial themes:

While we don’t expect that this paper will provide "the answers" on foster care recruitment, it will ask the right questions and begin to provide a framework for recruitment in under this evolving practice model within public child welfare systems. We look forward to describing the results of this research in the next issues of Permanency Planning Today.

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2) Promising Practices; States Streamline Foster and Adoptive Home Approval Process. (November, 2000).
3) Foster Parent Adoption: What Professionals Should Know. (December, 2000 Downloaded) National Adoption Information Clearinghouse Website.
Creating community change is always challenging. In early 2001 the Department of Family and Community Services responsible for the delivery of all behavioral and social services on the Mississippi Band of the Choctaw Indians Reservation, in Philadelphia, Mississippi launched Project C.A.R.E.S. (Choctaw Approach to Resiliency and Empowerment Services). Project C.A.R.E.S. is an intensive case management program utilizing a strength-based wraparound services approach. The success of this program led to the belief that this same philosophy could be used in developing programs and delivering services throughout the tribe.

One of the first steps in creating community change is to provide continuing education and training to the community about the key concepts utilized to encourage transformation. Sponsored by the Tribe’s Department of Family and Community Services and facilitated by National Resource Center for Foster Care and Permanency Planning and the National Resource Center for Organizational Improvement, The Mississippi Band of Choctaw Indians supported the first in a series of community conferences designed to change how programs and services for our community are developed and delivered within our tribal lands. These gatherings brought together more than one hundred department heads; service providers and members of the Tribe with the goal of unifying the community behind the philosophy of strength-based wraparound services.

The Wraparound Process which works at both the individual client and community levels is not a program, it is a Philosophical orientation for planning and program development, which encourages community growth. This philosophy involves encouraging community agencies and individuals in developing plans to help children, youth, and families and by doing so, tribal members have services "wrapped" around them. Families are also empowered in the process to have more say and greater investment in the planning process.

There are several key principles of wrap around services, namely:

- **ACCESS**
- **Voice**
- **Ownership**
- **Community Based**
- **Culturally Competent**
- **Community Participation**

**ACCESS**
Access occurs when community members are offered inclusion in the decision making process. Family is central, parents and children are integral members of the team. No planning occurs without the presence of the family. The family is not passively involved they are given a seat at the table.

**VOICE**
Community member’s concerns and ideas are heard and valued. Honoring the voices of tribal members is an age-old tradition. Everyone in the tribe has value. Partnership with people occurs when respect of opinion and story has been established.

**OWNERSHIP**
When community members are involved in the process they develop a sense of responsibility. People who are included want to be identified with and support the plan or program. People who are involved in the planning feel empowered to help make positive changes.

**COMMUNITY BASED**
All planning is based on community need. Multiple community planning teams are needed to make wrap around services come alive. Working with the family to identify four to ten persons who will help form a family team - with no more than 50% of professional staff as members of the team is an integral part of this process. Teams must look at strengths, values, preferences, cultural identity, and norms of the child and family. The norms, cultures, and traditions of the Choctaw people are respected in this process.

**CULTURALLY COMPETENT**
Plans must be built on the unique values and strengths of the community. Getting the Choctaw community to be as excited about helping to build a strong community, as they are about sports events in the community, i.e. Stickball (a favorite Choctaw sport) is a challenge. During this process we asked ourselves many times: How can we empower tribal members to be as linked to helping to improve our community, as they are to cheering for and supporting their favorite stickball team?
COMMUNITY PARTICIPATION

Members from across the community should be included at all levels of planning. In our attempt to introduce these wrap-around concepts we included Elders; School personnel; Cultural leaders; Spiritual leaders; Law enforcement officials; Child Advocates; Tribal Judges; Parents; and the Business community. As Mississippi Choctaw we have become very economically privileged. Although there is a strong tradition of economic sharing in our Tribe, we also needed to reflect on how to help those in need to better help themselves.

Keys to Wrap Around Casework include many of the same elements, which reflect good casework practice with children youth, and families:

- Focus on strength
- Partnership with people
- Empowerment
- Individualized planning
- Team work
- Cultural respect & competence
- Unconditional care
- Outcome based goals

Services for the Tribe must include a balance of formal and informal community as well as traditional family resources. The focus on a family’s strengths is paramount to the success of this approach. Services must be unconditional, and yet individualized to meet needs - We must give up on no child or family, we must adapt our services according to family’s need. As a means toward becoming accountable to our funding sources, including the Tribal Council, there is an expectation that program effectiveness will be monitored and that outcomes will be measured.

As The Mississippi Band of Choctaw Indians moves toward a wraparound service delivery approach to working with our community, these elements will prove useful in transforming services to be more comprehensive and effective in insuring the safety, well-being, and permanency of all children and youth in our tribe. Our first goal is to try to utilize this approach to address the needs of our most in need families. Our workers in the C.A.R.E.S. program who do home visits to families in need, have found that utilizing a wrap around approach helps to get all of the players involved early on in the case. Meeting families on their own turf empowers the family to be intimately involved in their own planning. Involving community members identified by the family early on permit us to keep children safely with their own families.

Engaging the police department, the school, our courts, and others in the tribe, brings everyone to the table and permits us to wrap the needed services around the family, rather than asking the family to go to several different places to seek help when they are in crisis. Although it is sometimes difficult to have everyone in the community involved when you or your family is having a problem, knowing that there are concerned members of the tribe available to provide counsel, services, and guidance is something which is valued by most of our families.

Building a strong community has always been a long-standing Choctaw tradition, using the philosophy of wrap around service delivery is a powerful means towards continuing to strengthen our families and our tribe.

The Immigrants & Child Welfare Project

by Ilze Earner, C.S.W.

The field of children, youth and family services has always been concerned with immigrants in the child welfare system. Grace Abbott, Director of the U.S. Children’s Bureau from 1921 to 1934 had a strong commitment to the issues concerning immigrant families and wrote extensive about their complex needs.

In the 21st century, the issue of immigrants in the child welfare system continues to challenge American child welfare professionals and policy-makers. Although there is very little literature or research on the topic, based on practice wisdom, there appears to be three distinct groups of children, youth and families affected by immigration issues. The first group, and the one which this article focuses on, are undocumented children and families who enter the country without visa or legal sanction. Refugee groups, resettled in the U.S. on political or religious asylum grounds such as the Mhong people from the Highlands of Laos, who were resettled in Fresno, California, Washington State, and Minneapolis, Minnesota, constitute the second group. Traditional immigrant children and families that enter the country with visas, green cards, or through marriage with a citizen round out this trio.

Each of these groups brings with them significant challenges for child welfare professionals attempting to promote permanency, safety, and well being in the lives of these children, youth, and families as they adjust to life in a new country. In states that share international borders -- Texas, Arizona and California immigration issues are an important priority for child welfare professionals for the second group. In New Jersey, New York, Connecticut, and Illinois, states that have significant populations of new immigrants, the plethora of issues that intersect with children, youth, and family services on every level can be daunting.

Although immigration issues challenge child welfare professionals in many states and regions of the country, this article focuses on an actual case in New York City, historically an entry point for many immigrant groups. In January 1998 Celia A., a 60 year old Mexican grandmother living in East Harlem showed up at a neighborhood preventive services agency to ask for help. She had two grandchildren, ages 3 years and a newborn, which was at the time in foster care placement. The children had been placed when their mother, Celia’s 28-year-old daughter Alma, was found on
a bridge allegedly threatening to jump. Alma was severely schizophrenic and living in Celia’s home. No mental health services or any other type of support were in place because of Alma’s undocumented immigration status. Celia herself was deemed ineligible to care for the children because child protective workers all asserted that she had failed to protect them from their schizophrenic mother by allowing her to live in her home. By the time Celia had found someone to listen to her story plans were already being made to place her grandchildren for adoption. Astonishingly, there were half a dozen aunts and uncles living in the area who had requested that the children be allowed to live with them yet child welfare officials deemed them ineligible because of their immigration status. What unfolded in Celia’s story was a case example of how child welfare services often fail immigrant families - first, by not recognizing the barriers immigrant families and youth encounter in trying to live in a foreign country and second, by disregarding the special needs of immigrant families and youth once they become involved with child welfare services. While immigration has received considerable attention in the national policy arena, there has been little examination of immigration in the context of child welfare. What little we do know has come to our attention from anecdotal evidence gathered from family services providers and case examples such as those of Celia. What is clear however is that we are in the midst of the largest wave of immigration since the turn of the last century with the largest groups arriving from Mexico, Southeast Asia and the Caribbean. These immigrants are significantly less educated and more economically disadvantaged when they arrive.

The Immigration and Child Welfare Project, housed at the National Resource Center for Foster Care and Permanency Planning at the Hunter College School of Social Work, and funded with grant from the Child Welfare Fund, is a coalition of family service providers who work with immigrant families and who are concerned about the experiences of these families and youth in the child welfare system. The Project has engaged parents and advocates as active partners in the process of seeking to raise awareness about the special needs of immigrant families and youth and promote the development of training programs and policy initiatives to make child welfare services more effective in reducing risk to immigrant children and promoting family well-being.

Now beginning its second year of funding from the Child Welfare Fund, the ICWP is in the process of compiling the findings from a needs assessment of immigrant families involved with child welfare services in East Harlem. These data suggest that most families experienced insensitivity on the part of child welfare workers that were unfamiliar both with their culture and with the reasons for migration. Families interviewed in the study reported that they did not have access to translators and were denied access to resources and entitlements based on their immigration status. These factors combined to promote the separation of families and resulted in what appear to be longer stays in foster care for immigrant children and youth.

We believe that these findings are not unique to New York and preliminary results suggest that similar situations exist in other states where immigration issues in child welfare systems are perceptible.

Plans for this year include the development and implementation of a training curriculum on families, youth and immigration statuses and their influence on service provision and access. This training curriculum, which is currently being written, has already been funded by the Administration for Children’s Services in New York City will be made available to both public and private family services providers. The Immigration in Child Welfare training curriculum will be piloted during the next six months - the curriculum will be available to our readers on the NRCFCPP’s website as it becomes available.

Familiarity with the issues surrounding the various immigration statuses and an understanding that entitlements vary with immigration status are necessary for effective service delivery - this knowledge should, and must, become a factor in culturally competent service provision to families and youth. These are ten points ICWP is promoting for child welfare service providers to consider in working with immigrant families:

1. Ensure that immigration status is not used as a reason to deny families and children preventive services or kinship placement of children in foster care
2. Permanency planning for undocumented youth in foster care placement must include legalization of immigration status
3. Translators who speak the family’s native language must be made available during child protection investigations, family court proceedings, and meetings between service providers and families
4. Minor children must never be used as translators for their parents or guardians with child welfare workers
5. Family, youth and children’s services providers must ensure that staff receives training on immigration and immigration status and how they affect families’ ability to access services
6. Family, youth and children’s services providers must ensure that staff receives cultural sensitivity training in order to work effectively with immigrant populations
7. Family and children’s services providers must make greater efforts to recruit and hire bilingual and bicultural staff representative of immigrant populations served
8. Additional community based outreach must be done to recruit foster families from diverse immigrant population
9. Family, youth and children's services providers must develop programs and services to meet the needs of immigrant families
10. Greater outreach must be made to immigrant families in neighborhoods to make them aware of what services are available to them

The ICWP would be very interested in hearing from other family, youth and children service providers to learn about their experiences with immigration and steps they have taken to address problems. Please check the NRCFCPP website for additional information or contact Ilze Earner, Project Director at (212) 452-7435 or e-mail: il35@columbia.edu

The NRCFCPP is very happy to announce the initiation of several new projects:

The NRCFCPP has launched a new initiative on Parent-Child Visitation with Dr. Peg Hess as Principal Investigator, who is working with the Institute for Families in Society at the University of South Carolina. Dr. Hess will explore best practices in Visitation and will produce a monograph to be shared with colleagues around the country.

The City of New York has awarded us a grant to train Child Welfare practitioners using a new curriculum which has been designed especially for use in New York. This training will assist the City in transforming child welfare services for New York’s children, youth, and families.

In collaboration with our partners at Casey Family Programs National Center on Resource Family Support, the NRCFCPP with our consultant Lorrie Lutz, is in the process of completing a study on Recruitment and Retention issues. The results of this important project will be published and widely disseminated during the next few months.

On January 1, 2002, the new Independent Living Resource Center for New York City moved into the Hunter College School of Social Work. The NRCFCPP is thrilled to have the Independent Living Resource Center as our new neighbors and looks forward to working closely with them on issues of Youth Permanency.
Life is precious. If I didn't realize that before, I did on September 11, 2001.

While driving to work from Queens, New York into Manhattan on a beautiful Fall morning on September 11th, I witnessed the horror and shock of my life as my partner and I sat on the highway and watched two commercial airliners crash into the World Trade Center towers in New York City where we live.

My first reaction was complete astonishment at what I had just witnessed. It took me a few seconds to realize that what I saw was real and not some high tech special effects movie. My second reaction was to get off the highway and to go as quickly as I could to the safety of our home. After parking our car, my partner and I walked, very quickly to our son's school and took him home. I am not sure why we felt that he would be safer at home, but somehow we needed to be home and to have our child close to us.

I am sure that millions of Americans did the same thing on that horrible day. Somehow the safety of our own homes seemed comforting in what was soon to be an increasingly frightening world.

In light of the recent tragedy on September 11th and then again closer to our home on November 12th when a plane en route to the Dominican Republic crashed into a residential Queens neighborhood, it is difficult to know exactly how and what to communicate with the children in our lives.

Professions and parents need help to work through these difficult feelings. Most children will feel the anxiety and tension in the adults around them. And, like us, children may be experiencing the same feelings of profound sadness, helplessness and lack of control that these recent, unthinkable and horrific acts have brought about.

The following information was adapted from the Children's Bureau website and may prove to be very practical and useful information for our readers.

Depending on their age, understanding and development children will respond to such events in different ways. However, an event like this can create a great sense of anxiety in even very young children because they may interpret the disaster as a personal danger to themselves and those they care about.

Behaviors such as bed-wetting, thumb sucking, difficulty separating from their parents (including refusal to attend school), or a fear of sleeping or using the bathroom alone may intensify or reappear.

Here are some suggestions for helping with children handle anxiety related to the recent tragedy:

- Carefully monitor television viewing. Pre-adolescent children should not watch televised reports of the disaster. There is absolutely no benefit in having children (or adults) watch repeated graphic images of the disaster and/or recovery efforts.
Helping Staff Handle Anxiety Related to September 11

As program administrators, directors and staff supervisors you have the critical responsibility of calming and comforting your staff members in this time of national crises. In order for staff members to be available and strong for the children and parents they serve, they need to be taken care of themselves.

Here is some guidance for calming and encouraging staff members:

- Assure program safety. This is a good time to implement or review emergency plans for your program.
- Allow staff time to talk. Make a place and time available for staff members to express their feelings and concerns. Consider having a mental health specialist available for the meeting if appropriate.
- Discourage staff from falling into the easy trap of being judgmental about whose grief is worse or who is more needy. These conversations will not help people heal, but instead will divide staff.
- Be sensitive to staff who may have personal connections to the crisis. They may verbalize their feelings or may show signs of distress and anxiety. Be available to talk with them and encourage them to seek professional help if appropriate.
- Be aware that distress related to this tragedy may not show up immediately. Possible signs of distress for staff may manifest themselves in the following behaviors:
  - prolonged irritability
  - frequent yelling
  - impatience
  - easily annoyed
  - low energy
  - low motivation
  - low enthusiasm
  - indifference
  - wondering “what's the point?”
  - crying easily
  - extended or erratic absenteeism

- Provide guidance for staff on how to help children deal with anxiety related to trauma and crisis (see above).

- Don't be afraid to seek help for yourself. This is a difficult time for all of America and it can be particularly trying for those of us who are responsible for the mental health of staff members, parents and children.

For additional information on helping children handle anxiety see:

- National Association of School Psychologists (NASP)
  “Coping with a National Tragedy” (resources for parents, teachers, and the community)
  www.nasponline.org/NEAT/crisis_0911.html

- National Mental Health Association (NMHA)
  “Time for Reassurance” (includes a statement from NMHA and lists resources)
  www.nmha.org/terrorism.cfm

- Zero to Three
  (statement with ideas on addressing the topics of death and terrorism with toddlers)
  www.zerotothree.org/parent.html/
  Load=pr_091101.html

- National Institute of Mental Health
  (information on helping children and adolescents cope with violence and disasters)
  www.nimh.nih.gov

- Casey Family Programs
  National Center for Resource Family Support
  (excellent resources on child trauma)
  casey.org/cnc/
New Publications

Myrna Lumbsden
Information Specialist NRCFCPP

The National Resource Center for Foster Care and Permanency Planning at the Hunter College School of Social Work has as part of its mission to disseminate information in the form of print publications (books, magazines, journals, special reports), videos, Power Point presentations, and other resources to increase the capacity of child welfare agencies to provide children with safe, permanent families in supportive communities.

Our Center staff receives numerous publications every week from all over the country and we thought it might be interesting for our readers to know what new publications have recently come out.

**Black Children**

*Social, Educational, and Parental Environments*

by Harriet Pipes McAdoo, Editor

Sage Publications.

For copies: 2455 Teller Road, Thousand Oaks, CA 91320

e-mail: order@sagepub.com • internet: www.sagepub.com

"African-American children develop a duality for their existence. To be fully functional, they must develop skills to do well simultaneously in two different cultures, both Black and non-Black." So begins this wonderful book which approaches the legacies of enslavement, racism, and the debilitating impact of economic exploitation. Black Children moves the reader away from the traditional comparisons of black and white children in the context of a Eurocentric focus and toward a new framework for an African and African-American theoretical framework to guide future practice, research, and community interventions.

**Beyond Black**

*Biracial Identity in America*

by Kerry Ann Rockquemore & David L. Brunsma

Sage Publications, Inc.

For copies: 2455 Teller Road

Thousand Oaks, CA 91320

e-mail: order@sagepub.com • internet: www.sagepub.com

The findings from this amazing study provide the latest empirical foundation for future debates about the efficacy of multiracialism and the future of racial categorization in America. This is one of the first books to address issues pertaining to racially-mixed people in America.

**Bridges/Fall 2001**

*Association of the Interstate Compact on Adoption and Medical Assistance*

For copies: c/o APHSA, 810 First Street, NE, Suite 500

Washington, DC 20002

telephone: 202-682-0100 • fax: 202-289-6555

This newsletter is published quarterly, and was created to administer and support the Interstate Compact on Adoption and Medical Assistance. This issue has particularly good information on the adoption opportunity grants, and up to date information on current legislation.

**Children’s Rights**

*Policy and Practice*

by John T. Pardeck

The Haworth Social Work Practice Press

For copies: 10 Alice Street, Binghamton, New York 13904-1580

call 1-800-429-6764

e-mail: getinfo@haworthpressinc.com

internet: www.HaworthPress.com

This book, which one reviewer notes, should be required reading for all children's advocates. It is a comprehensive appraisal of legal, psychological, social, policy, and child advocacy issues. The author clearly addresses practical and ethical dilemmas inherent in balancing a child's right to self-determination against the same child's need to be protected.

**Child Welfare -Case Studies**

by Venessa Ann Brown

Allyn & Bacon

A Pearson Education Company

For copies: 75 Arlington Street, Boston, MA 02116

internet: www.ablongman.com/socwk

This textbook embodies many of the concepts and terms that one needs as a professional social worker. The case studies are rich and varied in scope and texture and will assist readers in bridging the gap between "learning" and "doing". This book will be a valuable tool to use in professional practice, to serve the best interests of real children, youth, and families.

**Finding Time for Fatherhood: Men’s Concerns as Parents**

by Bruce Linton

Berkeley Hills Books

Box 9877, Berkeley, California 94709 • internet: www.berkeleyhills.com

This work focuses on the array of issues that confront men as they parent. The book, in the author's own words, is "intended to stimulate your thinking about what exactly it means to be a father, and what value you place in your own life on being a parent." Questions at the end of each chapter offer an opportunity to discuss the issues raised by becoming a parent.
New Publications

Grand Parents Raising Our Children’s Children
by Doris K. Williams
Ag Communications
For copies call: 208-885-7982
e-mail: cking@uidaho.edu
internet: http://info.ag.uidaho.edu
This book provides an easy-to-use, informative, and realistic approach to assisting grandparents in raising grandchildren. The book covers the realities of finances, legal issues, family relationships, and other issues pertaining to kin raising kin. This resource comprehensive handbook is for both grandparents and the specialists who advise them.

Listening to Children:
Talking with Children About Difficult Issues
by Nancy Close
Allyn & Bacon
A Pearson Education Company
For copies: 75 Arlington Street, Boston, MA 02116
internet: www.ablongman.com/socwk
The words of children, when we truly listen to them are often very powerful. This book which addresses topics such as: Helping children talk about siblings and birth; Dealing with angry and aggressive feelings, and Children's reactions to death, separation, and death, is a rich resource for those who work with children and youth.

Moving In
Ten Successful Independent/Transitional Living Programs
by Mark J. Kroner, Editor
Northwest Media, Inc.
For copies call: 541-343-6636 • e-mail: nwm@northwestmedia.com
Each chapter in this book explores a different transitional living program for adolescents; ten in all from around our nation, serving both rural and inner-city youth. This is a down-to-earth, hands on book with contributors writing about the array of options available to youth transitioning from foster care to independence.

The NRCFCPP would like to congratulate our colleagues who were recently appointed as new Directors of their respective National Resource Centers:

Congratulations to our colleague
Barry Salovitz, MSW,
(bsalovitz@gocwi.org)
the new Director of the National Resource Center for Child Maltreatment

Congratulations to our colleague
Peter Correia III, SW,
(pcorreia@ou.edu)
the new Director of the National Resource Center for Youth Services

We wish them both the very best!

Look for our newly revised web site!
It has new features – namely that all of our print products will be downloadable or free! We think the new web page will be more user friendly and will provide easier access to resources. Within a few weeks, we will have a new web address nrcfcpp.org. Our old address will automatically link visitors to the new site. We are also planning to develop a weekly listserv about topics related to permanency and foster care – please check our site for more details.
Where Can I Find More Information?

The following is a listing of reports, summaries and materials available through the NRCFCPP, unless otherwise noted. Copies can be obtained by contacting: Myrna Lumbsden, Information Specialist (212) 452-7431, e-mail: mlumbsde@shiva.hunter.cuny.edu

Bridging the Gap
Workday Proceedings:
Permanency Planning
with Drug Affected Families
This report was prepared by our Assistant Director, Judy Blunt. It summarizes the proceedings, recommendations and supporting research from a workday held at the Center to address collaboration opportunities between child welfare and substance abuse treatment service systems. The report is available from the NRCFCPP for $5. or download free from our website at www.cuny.edu/socwork/nrcfcpp

Listening to Youth Report
The Listening to Youth Report captures the experiences of youth formerly in foster care and their recommendations about how to improve the system and strengthen services. This report describes the projects’ goals and methodology, lists the interview questions and the moving, thought-provoking youth responses, and provides recommendations for change offered by the former youth in care. A copy of the report can be purchased from NRCFCPP for $5. or download free from our website at www.cuny.edu/socwork/nrcfcpp

“Tools” for Permanency
NRCFCPP “Tools” for Permanency practice and information sheets are available on Concurrent Permanency Planning, Family Group Decision Making, and Child Welfare Mediation. A copy of each “Tool” can be purchased from NRCFCPP for $3. each or download free from our website at www.cuny.edu/socwork/nrcfcpp

Permanency Planning
and ASFA Handbook
Michael A. Neff, an attorney practicing in New York City and NRCFCPP advisor, developed a handbook for child welfare specialists that can be used as a training tool in workshops on permanency planning and ASFA. The handbook incorporates legislative and judicial developments and strategies for good social work practice, as well as caseworker-attorney partnerships. A copy of the handbook can be obtained from the NRCFCPP for a shipping and handling charge of $3. or from Michael Neff (212) 575-1365, maneuffc@aol.com

The Implementation of
Managed Care in Child Welfare:
The Legal Perspective
The purpose of this overview of the legal issues raised by the implementation of managed care principles in child welfare during the early and mid-1990’s by Denise Winterberger McHugh, an attorney and NRCFCPP consultant, is to provide a basic understanding of the legal aspect of managed care and a review of its challenges and potential opportunities for child welfare leaders. The report can be purchased from NRCFCPP for $8. or download free from our website at www.cuny.edu/socwork/nrcfcpp

NRCFCPP Dual Licensure Survey
The NRCFCPP in collaboration with the Casey National Center for Resource Family Support is looking at the practice of dual licensure for foster and adoptive parents. We would like to hear from your state or child welfare agency if you are using or planning to use dual licensing or approval policies/practices to expedite permanency planning for some children. Please contact Myrna Lumbsden (212) 452-7431, mlumbsde@shiva.hunter.cuny.edu