

crb network news

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newsletter of the citizen review board

Fostering Independence



Photo: SUNY Potsdam Campus by Jenica26

Report says a new approach is needed to ensure success in higher education for youth exiting New York foster care system

A recent report on children in New York's foster care system estimates less than 25% of college-aged youth in the Empire State who've been in substitute care are enrolled in college – a rate far below that of their non-foster care counterparts.

That study – [“Fostering Independence: The Need for a Statewide Foster Youth College Success Initiative”](#) – also touches on the barriers to a college degree for this vulnerable population, such as the rising cost of higher education, difficulty accessing financial aid programs, and lack of support from parents or caseworkers in the application process.

“Fostering Independence” was commissioned by the **Community Ser-**

vice Society of New York and the **Youth in Care Coalition** to illustrate the need for New York to develop and implement a statewide, comprehensive college success program for youth aging out of foster care.

CSSNY officials Apurva Mehrotra and Lazar Treschan authored the document, and said in their work that college success for youth in foster care “depends largely on good fortune” in finding the right support as they navigate the complex financial aid system.

“The time has arrived for all young people in the state’s care to be offered an equal opportunity to put themselves on the most promising pathway to independent adulthood,” Mehrotra and Treschan wrote.

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new crb volunteers

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Be vigilant for conditions of return during case review

The following is a hypothetical situation during a CRB review that discusses the **conditions of return** in a juvenile case, and what should be observable prior to the Department of Human Services (DHS) moving toward a trial reunification plan:

Tommy was born six months ago. He was placed in foster care from the hospital. The present danger was methamphetamine in his system. The impending danger was his mother's reckless behavior that caused her child to be born drug-affected, and her continued drug addiction, which interferes with her capacity to safely parent. Tommy's mother has a history of drug abuse and unsafe parenting.

Tommy does not have a legal father. Approximately 18 months ago, her parental rights to another young child were terminated due to similar circumstances.

At the six-month CRB review, the caseworker reported the mother exhibited drug relapse behavior early in the case dependency. Since then, she completed a 60-day inpatient drug treatment program. She is also currently engaged in outpatient drug treatment, AA/NA meetings, and mental health counseling.

The mother visits the child two times per week at DHS. The caseworker noted that parent/child visits are successful, and that community visits will start soon.

The mother's attorney told the board that his client has done everything DHS requested: that she has ameliorated the safety threats and adjudicated conditions, and that housing assistance is available as soon as DHS commits to a trial reunification plan.

The attorney asks the board to recommend a trial reunification plan be implemented immediately.

The astute CRB lead reviewer noted that **conditions for return** should be a written statement of specific behaviors, conditions or circumstances that must exist within a child's home before a child can safely return and remain in the home with an in-home ongoing safety plan.

However, the action agreement was outdated and the **OR**



Walt Gullett
CRB
Field Manager

-KIDS document did not clearly identify the **conditions for return** in the active safety threats section of the **CF6788 Child Welfare Case Plan**. The lead reviewer then asked the caseworker three clarifying questions:

1. Describe the willingness and ability of the mother to cooperate with the **safety plan**. What steps has she made to achieve the **expected outcomes**? The caseworker indicated the mother is active in recovery, has a sponsor, and has been clean and sober for 134 days. The mother commented on the danger to her child created by her addictive choices and said that she is committed to sobriety and to keeping her child safe.
2. Describe the **living environment** needed for a safe, stable and sustainable in-home ongoing safety plan. The caseworker indicated that housing must be adequate, and the mother's behavior must be calm and stable enough to allow others to be in the family home to care for the child. The caseworker said the mother is making personal and parenting gains.
3. Does the agency have a **safety service provider** in mind? The caseworker indicated "not yet," but commented the minimum agency requirement would be a responsible family member or a combination of volunteers and professionals in the family home every day to provide adequate supervision and care of Tommy, as well as supervise all contact the mother has with the infant. The mother reported that she is on the top of the housing list and that Tommy's aunt would like to move in with her and be a **safety service provider**. The caseworker said that was the first she had heard of the aunt's availability, but she would gladly meet with her immediately.

The caseworker advised the board that in addition to a **safety service provider, a trial reunification plan** would include: a monitoring plan, a detailed safety plan, and a comprehensive aftercare service plan.

The board members concluded the mother has made progress toward the primary permanency goal of reunification, but they were split when determining whether or not there is a continuing need for placement.

What is your response to Finding #10 — is there a continuing need for placement?

If yes, what one recommendation would you make to move the case forward?

If no, what one recommendation would you make to ameliorate the reason for the "no" finding?

If you have questions regarding any of the bold print terms above, you might enjoy a discussion with your field manager and other board members. After all, if you have a question I suspect several others do, too.

What to know about immunizations for youth in foster care



Photo: Center for Disease Control and Prevention

BY LISA ROMANO
CRB FIELD MANAGER

Flu season has started! Flu season typically starts in the fall and peaks in January or February. It is recommended that everyone ages 6 months and older should receive an annual influenza vaccination. I thought I would take this opportunity to discuss issues related to immunizations.

Vaccinations vs. Immunizations

Before going into more detail, let's first describe the difference between vaccinations and immunizations. A vaccination is the injection of a killed or weakened organism that produces immunity in the body against that organism. An immunization is the process by which a person becomes protected from a disease. Vaccines cause immunization, and there are also some diseases that cause immunization after an individual recovers from the dis-

ease.

School Immunization Requirements

Shots are required by law for children attending public and private schools, preschools, childcare facilities, and Head Start programs in Oregon. Nearly every place that provides care for a child outside the home requires shots or a medical or nonmedical exemption to stay enrolled. **The Public Health Division of the Oregon Health Authority** determines which immunizations are necessary. Although beneficial, flu shots are not required by law.

Shots provide protection against contracting serious diseases to the person who receives them. They also protect others by reducing the number of people vulnerable to these diseases. Outbreaks of disease occur more frequently in schools and pro-

grams working with young children.

Exemptions: Medical vs. Nonmedical

Oregon allows medical exemptions for children who have a medical condition that contraindicates vaccination, such as an allergy to specific vaccines or a suppressed immune system. Only physicians or local health departments may sign a medical exemption.

New legislation, which took effect on March 1, 2014, changed the process for claiming nonmedical exemptions. The new law requires parents or guardians who want to claim a non-medical exemption to receive education about the benefits and risks of vaccination before claiming the exemption. They may do so either by talking to a health care practitioner or viewing an online education module. In both scenarios, the parent or guard-

Statewide survey of visitation policy implementation

For children in foster care, visits with parents, siblings and other family members preserve attachments and reduce anxiety about the foster placement. Frequent and quality visits between children and parents are also one of the best predictors of successful and lasting reunification.

The Department of Human Services (DHS) policies require preparation of a **Temporary Visit and Contact Plan** when a child first enters care, and development of an **Ongoing Visit and Contact Plan** within 30 days. Review of the Visit and Contact Plan is supposed to be part of the face-to-face review of the case plan with the parents or guardians every 90 days. The child, parent or guardian, and each sibling have a right to visit as often as reasonably necessary to develop and enhance their attachment to each other.

When DHS resources alone cannot meet the family contact and visitation needs of the child, the caseworker must solicit help from family and community resources. DHS will only prohibit or cancel visits when the parent or guardian's acts or omissions: would result in child abuse or neglect during the visits; the child's safety cannot be managed by supervision; the visit does not meet the child's best interests; or a court order prohibits visits.

Last year, the Child Abuse Prevention and Treatment Act (CAPTA) panel in Lane County conducted an extensive review of local visitation practices and found that initial Visit and Contact Plans were often not being reviewed and updated as required by DHS policies. The

panel requested that the effectiveness of visitation policy implementation statewide be explored. The idea was presented to Lois Day, Director of Child Welfare, who agreed that the data would assist in informing the field about current practice.

Starting November 1, 2014, CRB field staff will be assisting Citizen Review Boards in filling out a visitation survey for each child reviewed with a plan of reunification. The survey is designed to collect data on:

- The frequency of visits with the mother, father and siblings.
- Efforts to ensure the frequency and quality of visits are sufficient to maintain or promote the continuity of the relationship.
- Whether the visitation plan was reviewed with the parents within the last 90 days.
- Whether the frequency of visits with the parents increased or level of supervision reduced in the review period.
- Whether the board believes the circumstances of the case support revision of the current visitation plan.

Your field manager will be providing additional information and instruction about the survey on your board day. To download a copy of the visitation survey, click [HERE](#). Please don't hesitate to contact Christina Jager-nauth, CRB Assistant Director, at christina.jagernauth@ojd.state.or.us or 503-986-5941 if you have any questions.

Immunizations: DHS delegates consent to foster parents

Cont. from page 3

ian receives a **Vaccine Education Certificate** which must be submitted to the child's school. The law also changed the language from "religious exemption" to "nonmedical exemption".

The law was changed because Oregon has one of the highest exemption rates in the USA. Some counties in Oregon have kindergarten exemption rates ranging between 15 to 70%. This leaves communities vulnerable to diseases.

Consent for Immunizations

Department of Humans Services (DHS) delegates its authority to consent to routine medical treatment to foster parents. This includes immunizations as they are considered to be regular preventative care.

Youth who are 15 years of age or older are able to con-

sent to immunizations on their own.

In cases where biological parents object to the vaccination of a child in DHS custody, including objections based on religious grounds, the authority to make vaccination decisions rests with DHS. The Supreme Court of Oregon recently affirmed this position in the case of [Department of Human Services v. S.M. et al.](#) in April 2014.

CRB Reviews

Since children in foster care are more likely to have missed vaccinations than children who are not, it is important that volunteer board members ensure a child's immunizations are up to date. Under Finding #3, volunteer board members should inquire about a child's immunization history. For more information about required immunizations, click [HERE](#).

Independence: a need for a centralized support system

Cont. from p. 1

Summarizing

The Fostering Independence Report

The subgroups of foster care that face the greatest transitional risks are those who exit the system or remain in care at age 18 or older. Suddenly lacking housing and support from foster parents or agency staff, those who age out of care must navigate life situations and their future by themselves.

In 2012, there were 1,827 young people ages 18 and older who exited foster care in the state of New York, with nearly three quarters of them discharged to independent living. Additionally, there were 2,243 young people 18 or older who remained in care at the end of 2012, with nearly two-thirds of this total having been in care for more than three years.

In New York's public schools, 60% of all students enroll in post-secondary education the year after graduating high school; Mehrotra and Treschan estimate only 18 to 24% of youth in foster care go on to enroll in college or a vocational program. Data showing the number who actually went on to receive a degree was not available.

While the challenges to college enrollment that a youth from foster care might face aren't wholly different from other young people, "foster youth experience these challenges even more acutely" Mehrotra and Treschan wrote.

Some of the findings include:

- Educational and Training Vouchers, Pell Grants and state-level Tuition Assistance Programs are typically how youth in foster care pay for college. But those programs don't cover everything. Even while receiving the maximum level of public assistance in the State/City University of New York system, students still in care must foot the bill themselves for between 15 to 30% of annual expenses.

- Many children from foster care lack savings and are simply unaware of financial aid options to pay for school. Overcoming the cost of college requires working extra jobs and receiving assistance from non-profit organizations.
- Programmatic supports are "inconsistent." Educational opportunity programs run by the state don't specifically target foster youth, and there is no data showing the extent to which the foster care population utilizes these programs.

According to Mehrotra and Treschan, what's missing is a centralized system by which all foster youth are made aware of the resources available to them and directed to those services. While foster care agencies do have educational specialists on staff, "the extent to which these workers are engaged and knowledgeable enough to direct foster youth to the right program varies dramatically."

Solutions? Streamlining the financial aid system and providing additional supports could go a "long way." Those supports could range from mentorships and career coaching to assistance with transportation and housing needs.

Also key is ending the perception of foster youth that the prospect of a college education is unrealistic. This requires an initiative that makes college a realistic option and gives young people the tools to succeed.

This includes: early guidance starting in middle and high school; help navigating the college application process; financial aid to cover tuition and living costs; and ongoing academic and social support.

"If we are to make better outcomes for youth in care a goal, then the system of supports and resources must be universal across the state and easily accessible to all of those who can benefit from them," Mehrotra and Treschan wrote.

Models in Other States

Oregon approved a law during the 2011 Legislature that waives tuition and fees for youth in foster care and gives them preference for receiving Oregon Opportunity Grants.

Twenty other states across the country also provide free college tuition for foster youth. In addition, several have developed their own college financial and support programs to ensure success for prospective students in foster care.

CALIFORNIA

The Guardian Scholars program, created in the late 1990s, provides individual mentoring and referrals to campus resources for youth enrolled in colleges throughout the state. In addition, all of California's 112 community and technical colleges have a foster care liaison to the program.

CONNECTICUT

The state will pay for expenses equal to the cost of tuition, fees, and room and board at the University of Connecticut for youth who were adopted after December 31, 2001 or were still in care at age 18.

TEXAS

Students who were in the foster care system after their 14th birthday qualify for a tuition and fee waiver at any public college or vocational school. Tuition and fees are waived by presenting the appropriate forms to the financial aid office of a given college.

WASHINGTON

Through Washington's Passport to College Promise Program, college students who were formerly in foster care may qualify for scholarships, guidance from academic and financial aid counselors, and receive support finding housing over the breaks during the college school year.

SOURCE:

Fostering Independence: The Need for a Statewide Foster Youth College Success Initiative

Youth in foster care vulnerable to credit fraud and ID theft

Did you know that youth are 35 times more likely than adults to be victims of identity theft? Or that approximately 6% of foster care youth are identity theft victims?

Foster youth are particularly susceptible to credit problems and identity theft because they often lack a permanent address, and their personal information is frequently shared with numerous adults and agencies. Children and youth have no

prior credit history, making their information attractive to organized crime. Also, thieves believe their crimes will go undetected for years.



Lisa Romano
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To address this problem, both the federal [Social Security Act](#) and the [Oregon Administrative Rules](#) require the Department of Human Services (DHS) to ensure that every foster youth 16 years of age and older:

- Receives an annual copy of their consumer credit report, if one exists.
- Obtains some assistance in interpreting their credit report and resolving any inaccuracies in the report.

A credit report is a report compiled by a credit-reporting agency. The agency then sells the credit report to those seeking to evaluate a person's application for credit, insur-

ance, employment or housing. Information contained in a credit report includes:

- Identifying information (name, address, date of birth, and social security number).
- Credit accounts (credit card accounts and credit limits).
- Credit inquiries (a list of lenders who have accessed a person's credit report within the last two years).
- Public records and collections (bankruptcies, foreclosures, lawsuits and judgments).

Positive accounts and negative items (payment history and late payments).

The **Fair Credit Reporting Act** permits all consumers to obtain a free annual copy of their credit report from the major credit reporting agencies (Equifax, Experian and TransUnion).

DHS Central Office runs credit reports for 16- and 17-year-olds following the month of their birthday. For youth 18 years of age and older, credit reports are run with a signed authorization form and upon request from the Independent Living Program caseworker. Central Office obtains the credit reports electronically and sends it to the caseworker, who is then supposed to print two copies. The youth is provided with one copy of the report for their own records, and the second copy is signed and uploaded into OR-Kids.

At CRB reviews for youth age 16 and older, it is appropriate to ask the caseworker under Finding #3 when the youth's credit report was accessed and reviewed with the youth. If a youth is a victim of identity theft, it is easier to resolve the problem with the assistance of DHS before they leave foster care.

Tribal publication aids CASAs on Native children cases

Court Appointed Special Advocates (CASAs) working with Native American children entering, experiencing or exiting foster care will receive a boost from a publication recently produced by the **Confederated Tribes of Grand Ronde** in Oregon, according to a [news release](#) by the *Children's Bureau Express*.

The booklet, "**Supporting Native Children: A Guide for CASA/GAL Advocacy in State Courts**," was designed to support the practice of CASAs or guardians ad litem who lack Tribal affiliation or familiarity with the history, political status, cultural values and practices of Tribal Nations.

Basic information about the history of removing Native youth from their homes and their current over-representation in child welfare is presented, followed by the background and major provisions of the Indian Child Welfare Act (ICWA). The process of determining the child's legal status and the benefits of tribal membership for a child are also examined.

Across the United States, Native American children separated

from their families at a rate of 2.2 times that of the general population, according to the booklet

The document shows how CASAs can promote state compliance with ICWA, such as asking pertinent questions at each stage of the case to ensure that court and state agency personnel are taking the necessary steps to serve the best interests of the child. Questions for CASAs to ask include:

- Is the child of Native heritage?
- If the child is of Native heritage, is he or she enrolled or eligible for enrollment in a federally recognized tribe?
- Will potential foster placements support the cultural well-being of the child?

A worksheet to aid in collecting pertinent information about the child's tribe, links to additional resources and information, and an extensive bibliography are included. To download a copy of the booklet, click [HERE](#).

CRB BULLETIN BOARD

President Obama signed into law the **Preventing Sex Trafficking and Strengthening Families Act** in early October. The legislation aims to reduce child sex trafficking, increase adoptions and improve child support collections.

According to the U.S. Committee on Ways and Means, the law encourages states to combat sex trafficking among youth in foster care, promote normalcy for foster youth, help move more children from foster care into adoptive homes or the homes of relatives, and increase the amount of child support provided to families in which one parent resides outside of the U.S.

Research cited by the U.S. Department of Health and Human Services shows the majority of sex trafficked youth experienced sexual abuse growing up, and that victims of sexual abuse are 28 times more likely to be involved in prostitution than children who have not suffered such abuse

To learn more about the Preventing Sex Trafficking and Strengthening Families Act, click [HERE](#).

The foster care placement process for children in the lower Columbia region of Washington is being made a bit easier, thanks to a group of volunteers, according to a story in *The Daily News of Longview* newspaper

The group, created earlier this year, is called **Office Moms & Dads**. Its function is to meet with children who are removed from homes and wait with them during those tense hours while they're awaiting foster care assignments. Members play games with the children, watch movies with them or feed them snacks.

Volunteers do not keep in contact with the children after the visit. They are there to comfort and keep them company for a short time while they are vulnerable and scared.

"They are distraught and scared, and they need someone other than the social worker who is trying to find them a place to go," said Monica Davis, a Moms & Dads volunteer.

To read the whole story, click [HERE](#).

While many states in the country are seeing a decrease in the number of children entering the foster care system, Arizona is seeing more youth than ever before, according to a recent story by **CBS 5 News** in Phoenix, Ariz.

The number of Arizona children in out-of-home care as of October is 16,400; that's almost 6,000 more children in the system than in 2010. Meanwhile, the number of children who sleep in a shelter for more than 21 days was 802, nearly double the total of four years ago.

Four-fifths of the country has reduced the number of children in foster care, but Arizona is among 11 states that have added youths to the system. Only Texas had a greater percentage of new cases than Arizona. As of July, there were 402,378 children reportedly in foster care nationwide, the highest number since 2010.

For more information or to watch the story as it aired, click [HERE](#).

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