

**Seminars on Adolescent Health: Searching for a Path through Bureaucratic
Systems:**

Helping Youth with Multiple Problems

June 30, 2004

TRINA ANGLIN: Welcome to the maternal and child health bureau, office of adolescent health webcast, searching for a path through bureaucratic systems, helping youth with multiple problems. This is the second of two webcasts that we are sponsoring this year, as part of the national initiative to improve adolescent health. The national initiative, which is simultaneously based on Healthy People 2010's critical health objective is co-facilitated by CDC's division of adolescent and school health and our office of adolescent health.

This webcast has been planned by a committee of state adolescent health coordinators.

Our audience includes professionals from the public health, personal health care,

education and juvenile justice arenas. Technical support for our webcast is provided by

the center for the advancement of distance education, CADE, from the University of Illinois

at Chicago. I am Trina Anglin, from the Office of Ado -- Adolescent Health, will serve as

moderator. Before I introduce distinguished panel, you will see power point slides on the

computer screens and hear the voices of the panel. Slides will appear in the central

window and should advance automatically.

The slide changes are synchronized with the speaker's presentations. You may need to

adjust the timing of the slide changes to match the audio, by using the slide delay control

at the top of the messaging window. We encourage you to ask the speakers questions at

any time during the webcast. Simply type your question in the white message window on

the right of the interface. Select question for speaker, from the dropdown menu and hit send. Please include your state or organization in your message so we know from where you are participating. The questions will be relayed to the moderator periodically throughout this broadcast. The panel will respond to your questions during the discussion period which follows the formal presentations. If we don't have the opportunity to respond to your question during the broadcast, we will email you an answer afterwards. And again, we encourage you to submit questions at? -- at any time during the broadcast. On the left of the interface, is the audio control. You can adjust the volume of the audio using the volume control slider, which you can access by clicking on the loud speaker icon.

Those of you who selected accessibility features when you registered will see text captioning underneath the audio control window. At the end of the broadcast, the interface will close automatically and will you have the opportunity to complete an online evaluation. Your responses will help us to do future broadcasts and improve technical support. Gibby Serna from the state of Texas department of family protective services has become ill, and won't be able to join us, but he does wish our well in the webcast. However, our other two speakers have very graciously agreed to extend their own presentations, and perhaps to be able to answer some questions that Gibby might have wanted to have answered. Our first panelist is Eva Klain. She is an attorney who directs the American Bar Association Child and Adolescent Health Projects. She directed the court improvement project and worked with judges, attorneys and other child welfare professionals on the systemic improvement of juvenile dependency courts. Also worked for the national center for prosecution of child abuse and with a high court of the Czech

Republic. Remember, that you can type in questions at any time during Eva's presentation. Eva.

EVA KLAIN: Thank you. It's a pleasure to be able to speak with you all today, and I would like to start by just taking a few minutes to describe our child and adolescent health project which is the partners in program planning for adolescent health, or PIPPAH project, some of you may be familiar with. It is a HRSA funded project, designed to bring together the eight national organizations you see listed on the slide to increase interdisciplinary collaboration, and also the disciplines they represent. And also within their own organizations to increase the focus on adolescent health. As the legal organization among the partners, our work focuses on many issues that brings kids into the court system. Although we try to address legal issues that go beyond court involvement, but I'm going to mainly look at adolescents in the foster care system, and other things they may face in navigating the multiple systems.

The next slide, the youth who come into care. According to the latest children's bureau statistics, you can find it on the children's bureau website, there are approximately 540,000 children in foster care in the United States. And of those, 30% are 11 to 15 years old, 17% are 16 to 18 years old, 2% are 19 or older. And if you add those all up, totals 49% of all children in foster care. That's a sizeable portion of the foster care population that is 11 or older. And these youths in care have higher rates of some of the problems that are listed on the slides such as serious emotional and behavioral problems, chronic physical disabilities, birth defects, developmental delays, and poor school achievement.

So do address this issue, our center, center on children and the law put together a judge's guide for help for teens in care, and I'm pleased today this project was started under the auspices of the other speaker today, Kathi Grasso, who directed the PIPPAH project before me. You'll hear from her in a few minutes.

The guide tries to help judges understand the complex health needs of the adolescents in the health care system. This is a book we would offer to anyone on the webcast for free, all you need to do is contact me. My contact information will be on my last slide. So I would be happy to respond to that. But it's a comprehensive book that really lays out all the issues that judges should be aware of when they are addressing issues related to health for the children that come into care. And this is really necessary because as my next slide shows, it just provides a few more detailed specifics about the health needs of adolescents in care, many of which you are probably aware. To give a few examples, a study in San Francisco showed 12% of teens in care had positive TB tests, compares with 2.5% in the healthy adult population and 6.1% of adult inmates in correctional facilities. You can clearly see that this is an issue that affects teens at a higher rate, and is a great concern.

In Baltimore, 90% of a large cohort of teens over a two-year time span had an abnormality in at least one body system. 25% failed their vision screen, 15% failed a hearing screen, and more than 50% required either you -- urgent or non-urgent dental care and mental health services. So in addition to both those studies, we also know that adolescents living in foster families or in group homes have four times higher rate of serious psychiatric

disorders than those who are living with their own families. So obviously we need to focus much more on the health of adolescents in care. And one of the ways we are doing that as the next slide shows is through the child and family services reviews. And these problems are being borne out by the child and family services reviews or CFSR's. For those of you who are not familiar with the CFSR, federal review of how well states are performing in child protection cases and meeting the mandate of the adoption and safe families act. That act requires an emphasis on permanency, safety and well-being of children in foster care. It also requires certain actions within a shorter time frame than was needed prior to it in the child welfare system.

I wanted to take a minute to describe the steps that occur when a child enters foster care. And there are many ways that a child can enter foster care, an emergency removal or there can be a report to the child welfare agency which then does an investigation, and removes the child. But at some point when the child welfare agency finds that there is concern that there is a substantiated report, they will remove the child, petition will be filed, and the children are taken into care. And that's when it kicks in. And there are certain time lines that must be met, so most states obviously vary in their statutes how they handle foster care cases or child welfare cases but usually an emergency removal, there will be an emergency hearing, some sort of proceeding to show it was justified that the children were taken into care, and there has to be an adjudication and disposition of the child's case to show that there is evidence to show that there was abuse or neglect. And one of the things that they did was to require earlier and more decisive permanency hearings which used to be held as much as 18 or more months after the child entered into

care, but now are required within 12 months of the child's original placement which could be from the time of the first judicial finding of abuse or neglect, which is generally adjudication, or 60 days after the child's removal from the home. So at the outmost, Permanency Hearing, a key hearing in the whole process has to be held at the latest within 14 months of the child's entry into care. And there's a lot that needs to happen within that time. And one of the things that they require is not only permanency and safety, but also well-being. And the CFR's are looking at the well-being outcomes and are the outcomes, are those needs being met. And some of those outcomes are health, both, or physical, mental and dental health, education, and for older children, transition planning in terms of what services and assistance is available to, to the youth transitioning out of foster care.

Unfortunately the states are failing miserably on the well-being outcomes on the CFRs. And as a result, each state has to implement a program improvement plan so that they have the opportunity to try to improve their performance in these areas. And so I think the states are working very hard to focus on these well-being issues, and make sure that as they require, the health and education are reflected in case records maintained by the court and agencies, that permanency reports contain case-specific information about the teen's mental, educational, dental health, and also the Social Security act, which includes both Medicaid and ASFA, requires the child welfare agency assures processes in place that help teens obtain the health care that is promised by the Medicaid law, including the early and periodic screening, diagnostic and treatment act, or APSDT. So as part of our work on adolescent issues, the center is work on a book about permanency planning. My

next slide shows some of the additional issues that might arise for teens in care. The work is still, or the book is still a work in progress, but it really addresses why adoption is the preferred option for teens.

Once the permanency hearing comes along, as I mentioned before, it needs to take place within the first 14 months the child is in care, there needs to be a permanency plan set for that child. And there is a hierarchy in terms of what the options are for the permanency plan and adoption is the primary goal, or the first choice, and adoption is impossible, then there are other possibilities. But we want to address why adoption is the preferred option for teens, and really one of those reasons is that they need permanent ties with adults. I think we can't just assume that when a youth turns 18, that all of a sudden they are ready to face the world. They need the ties with adults, they need mentoring, they need that kind of support continuing on into their adulthood. It also provides mutual lifelong commitment in a parent and child relationship. It also provides a psychological sense of well-being and a symbolic association in other people's minds that this is someone's son or daughter, father, mother, family, what have you. And very often, unfortunately, adolescents are often written so as unadoptable, without a full exploration. We try to promote -- let me backtrack a little bit.

When a child comes into care, reunification is always the goal in terms of, you know, if and when possible reunification with the family and providing the services that are necessary for that child to return home is the primary impetus. But when that is not possible, then the permanency hearing needs to look at these other options. Be also address some of

the other issues that are significant in the lives of teens in care. And one of those is the adolescent's conflicting feelings about permanency. A lot of adolescents do not want to suffer the ties with the biological families, they have siblings, and they have played a parenting role for. When they were with their parents. And so there are other issues that might lead to a disruption in an adoptive placement. That's something that needs to be addressed by the professionals and the people working with the adolescent. Some of the other issues are delinquency and status offenses, abused and neglected children a 59% greater likelihood of arrest as juveniles as non-abused children. I'll defer to Kathi Grasso to speak a little about that area, and cover some of the others that are listed here instead, including teen pregnancy and parenting, substance abuse, often the result of self-medication or escape from the abuser or some of the trauma they have suffered, interpersonal relationships, may include violence, some challenges in the education area because there are special issues that arise for teens, and then there's also financial concerns which I actually won't address so much today.

But I would like to first start with teen pregnancy and parenting. This next slide really raises more questions than answers, because each case is different. But if the attorneys on the case and the judge answer these questions throughout the course of the foster care case, then the teen's chances of getting the help she needs increases. So just to sort of raise some of the questions, the first one are appropriate health care services being provided, achieving permanency is especially hard for pregnant teens and teen parents. Complex health care needs they present and this affects the placements that people must make. They have risk taking behaviors and are at a high risk for pregnancy.

We need to look at how the pregnancy can affect placement decisions, entry into care, is the current permanency plan appropriate if the pregnancy occurs after the child enters foster care, preadoptive parents or others meet the teen's new health care needs and parenting needs. All the issues need to be explored as the case continues, especially if the pregnancy occurs after the child has entered care.

Some of the really important issues that attorneys need to look at or ought to look at is that the, you know, is the teen eligible in receiving Medicaid, has she availed herself of all screening opportunities, receive prenatal care, where and how frequently, any health care service gaps, and I think this is an excellent juncture for the health care systems and the attorneys to work together, keeping in mind, of course, any confidentiality concerns, but because the teens will most likely have an attorney or some sort of law guardian to assist them, that's an important person in the child's life who should be representing either their best interests or their direct wishes in terms of their representation. And these questions are very important for that Guardian ad Litem or attorney representing the child to know, because otherwise they are not providing full representation, or the best representation possible. Another question, of course, is once the child is born, will the child be able to live with the teen mom and will she retain custody? And the status of the teen mom's child can really complicate permanency, especially if the baby is deemed a dependent child.

If the mother continues in care but the child is not dependent, the mother and baby can be placed together as long as the mother continues to properly care for the child. And also in addition to that, foster care maintenance payments can be increased to allow the baby to

be placed with the mother without the need to find the baby dependent. So just because a teen has a baby in, while in care does not mean that child needs to be found dependent. However, if the child is found dependent, appropriate placements for the mother and child must be found, and much harder to identify because they need to work for both the mother and child. Another question is are the teen's educational needs being met. This is a special circumstance, not only is this another system that the teen must navigate, but it is complicated by her pregnancy or parenting status. So any potential educational disenfranchisement needs to be addressed. In a study of pregnant and parenting teens in the New York City foster care system, 40% dropped out of school while pregnant, 22% changed schools due to the pregnancy.

If the pregnant teen is forced to change schools, it causes more stress. A change of school location may necessitate a removal from a specific placement that was meant to be permanent. That can disrupt the teen's life even further. Educational attainment has a clear link to teen mothers and the children. Reduces the overall chance a girl will graduate high school by 8 to 15%. Teen mothers are less likely to attend college, which in turn affects their future earning potential, and her ability to care and provide for the child. This is especially significant for those teens whose permanency goal is either another planned permanent living arrangement or who participate in independent living programs. And then finally it's also very important to look at whether the current placement is safe. Again, they focus on permanency and safety and well-being, and so this includes safety in placement. Is the pregnancy the result of sexual abuse within the placement setting, if it is a criminal investigation should be launched. Is the father a caregiver or another teen in

the home, or foster or preadoptive placement, are sufficient controls in home and should the home remain the placement. Behavioral assessment can help make the determinations.

Again, this is a juncture at which the health care system and the legal system can work together to promote a more positive outcome for this child. And I want to talk a little about healthy relationships in general. They're especially important to pregnant and parenting teens who need healthy role models, sort of mothering role models who can show them how to properly care for the child and so forth. Also important to all teens in care because one of the other complicating issues that teen might face, which again puts them in touch with another part of the justice system, is teen dating violence. So just sort of to look at that issue, as my next slide shows, teen dating violence is associated with significantly higher rates of eating disorders, lower self-esteem, higher rates of suicide attempts, lower levels of emotional well-being. We know that between 1993 and 1999, 22% of all homicides against girls 16 to 19 years old were committed by an intimate partner. This is not limited necessarily to children or in foster care but it affects them just as well.

Teen dating violence and unhealthy relationships are also closely related to statutory rape issues. The federal government has placed emphasis on the response to statutory rape, it's a complicated area and considerable tension between the medical and legal professions regarding an adolescent's right to confidential health care. A lot of questions about who should have discretion, at what point either to report or to act on that report. Health care providers generally operate under a legal requirement to maintain

confidentiality, while simultaneously required to follow the state reporting laws. Mandatory reporters are historically accustomed to reporting child abuse but not generally required to report sexual activity, that does not involve coercion, or exploitation or abuse. So some flexibility of reporting. This creates the tension between confidentiality and reporting. But there are also concerns of what will happen once a report is made. Is the child welfare system organized in a way -- in a way that can address the issues. It is difficult for the child welfare agency to respond to, unfortunately, and so there are a lot of questions about what is the best course of action. But, regardless of all those issues, we need to protect teens from unhealthy relationships. Especially those with unequal power, whether the unbalance stems from large age differences or the control of the teen through violence.

So sort of going back to some of the legal issues in teen dating violence, some of the problems that related to that, and some of the systems that the teens may encounter yet another layer of bureaucracy or another court system that they may encounter, is that the juvenile delinquency system rarely addresses the problem of teen dating violence, in that there are not a lot of provisions for juvenile offenders of teen dating violence or juvenile victims. In the civil context, very few states that authorize minors to seek civil protection orders unless they are married, living with the abusers or having a child in common with the abuser. The teens are not able to have -- to initiate the case, they need the assistance of an adult to start the case. Some statute orders expressly limit the protection to adult victims of domestic violence which totally leaves teens out from any legal recourse. And when they can't initiate a protective order, they are precluded from any of the other protections that a protective order provides. Such as counseling, ordering the

abuser to batterer intervention, child support if necessary, reimbursement for shelter, shelter accessibility, return of property or protection of property, etcetera. And you know, there are very few counseling and treatment services that are available to help adolescents, and even fewer prevention programs to designed to help children develop less violent ways of resolving conflicts in their intimate relationship. So again, this is an area where health and legal professionals need to work together more closely to help teens who do come in contact with the legal system in this area of teen dating violence to protect them and to ensure the needs are being met.

Finally, I want to address education issues teens face while in care, because yet again, it's another system they must navigate, and health issues are often first identified within the school system. And so the three, the health, legal and education systems really play very primary roles in a foster child's life. Now I do want to just say here that this is not my area of expertise, a lot of what I am going to say comes from my colleague here at the center, Kathleen, who has lectured and written on the topic, I think it's an important one for adolescents in care and yet another system they need to get through. I want to start with the right to education, which basically stems from the fact that all states require children of certain ages attend school. Most state laws have criminal sanctions for parents whose children do not regularly attend school. And based on the requirement to attend, children obtain the right to attend. If they are within the required ages. For teenagers, of course, that has other significance, because there's no federal law that address how long a child must stay in child. State laws differ on the requirement as well as the age of the child has a right to education, versus the age they must be in school. For example, in Maryland

children have the right to an education until they turn 21. But that same child only is required to attend school until age 16. And teens in foster care very often are sort of, they're waivering as to whether to continue in school. And that's why it's I -- imperative the child welfare system has a means to keep them in school, and the foster care independence act of 1999, children that leave the system at age 18, continue education, find employment, get the necessary life skills they need to be successful adults.

This law doubles the amount of federal funds, which are commonly referred to as CHAFFE funds, provided to the state for older teens, transferring out of foster care and gives states increase flexibility in how they use the funds. They can use the funds to aid educational goals, tuition, tutoring, financial aid and other educational expenses that are related to getting a high school diploma, GED, or post secondary education. Also there are tuition waivers, and a recent amendment to the safe and stable families act passed in early 2002, which authorized additional funds for educational and training voucher programs for youth who are aging out of care, and also youth who has been adopted from foster care reaching age 16, and this program provides youth with vouchers up to \$5,000 per year for education and training, including post secondary training. I also want to talk a little about children with disabilities, and the individuals with disabilities education act. This act provides that all children with disabilities that affect their ability to succeed in school have a right to a free appropriate public education in the least restrictive environment possible, and appropriate that meets the child's unique educational needs must be in place for each child with a disability.

And so the education plan must be provided according to an individual education program, tailored to each child's needs, a child qualifies for the IDEA services if he or she has one or more disabilities, learning disabilities, emotional disturbance, physical disability, and then the team must develop an individualized plan for the child that identifies goals and objectives, and necessary accommodations or modifications and related services. And as I mentioned earlier, many of the children and youth who are in foster care have some of these disabilities, and so it's very important for those to be identified and for there to be some sort of educational advocacy on behalf of those children.

Just really quickly, I want to mention fair discipline because although all children have the right to attend school, the school does still retain the authority to discipline a child for misconduct, including suspension and expulsion. And so one of the goals of attorneys working on behalf of children in the education area is to make sure that appropriate disciplinary actions are taken, whatever action is taken accounts for the fact that the child is in the foster care system, and also for the circumstances leading to the foster placement to begin with in deciding which, or what type of discipline to impose. And I think an important thing to remember in regard to discipline is that whether a child in foster care has a disability or not, disciplinary actions can be devastating for the child's future. Many in care who are on the fence about whether they should continue in school or not often leave school permanently following a suspension or expulsion. So it's very important for that advocacy to be there.

And then finally, quality education and safe schools are the no child left behind act of 2001 imposes all sorts of new requirements on schools. One of the ones that is most written about in the media and heard about is that children attending schools that have been designated in need of improvement for two consecutive years must be given the opportunity to attend a better public school, and then also that schools fail to meet the state standards for at least three of the four previous years must make supplemental educational services which can include tutoring or academic support available to low income students. States must allow students who attend persistently dangerous schools, or victimized by school violence to transfer to a safe school. So advocates need to take steps to ensure that all these options are available to youth who are in the foster care system as well. And then just again, very quickly, four ways to meet these educational needs include direct advocacy, who is the student's advocate. There are some interesting programs that have been started around the country.

One is in New York City, the education advocacy project, which really focuses on three major goals, training children's attorneys, agency, caseworkers, foster parents, parents, to address some of the issues. And direct advocacy for children in the child welfare system, a great need for children in foster care, and encouraging collaboration among the many entities that affect a child's education. So that's one approach that's been taken locally in New York City. And in contrast, Tennessee has a state-wide education program that resulted actually from a class action lawsuit on behalf of the children and the foster care system, and resulted in a consent agreement that designated 12 education attorneys and 14 education specialists for one of each assigned to 12 different regions across the

state, and these education specialists attend the IEP meetings and other school matters whenever there's a need for help or expertise on education issues. Also courtroom attention, bench marked hearings in Cook County, Illinois, and held in Washington D.C., basically in addition to other court reviews, such as permanency hearings and six-month reviews where an older youth in foster care who is preparing to transition out of foster care and these hearings help the youth discuss and understand their independence, goals and helps them complete their current educational pursuits, and plan for future education efforts.

Also the option of legislation. State legislation can launch statewide improvement by addressing the needs of youth and care and can bring statewide attention to important issues and lay the ground work for future amendments. California passed a very detailed bill that I am -- imposed new duties and rights educating children in foster care, and a couple of the highlights, requires the welfare agency to consider the foster care placement decision, allows children in the foster care to remain in the school of origin for the remainder of the school year, and things like that. Ensures there are no penalties for absences due to foster care changes or court appearances or related court-ordered activities. Legislation can be a very comprehensive way to address the issues. Finally in the agency collaboration, which I think can be applied to many different areas, not just education, but it provides a more consistent and targeted services for children in foster care, meetings, committees and agreements, you know, that can create uniform policies in the agency, and set procedures for how the agencies interact, and also desig -- designate key staff. So I know I have covered a lot of information very generally, but I'm happy to

answer any questions during the webcast and welcome anyone to contact me at the center. Contact information is listed on the last slide, and I would certainly welcome any questions or comments that you have. Thank you.

TRINA ANGLIN: Thank you, Eva, very much. We are going to hold questions for Eva Klain's presentation until after we hear from our second panelist, who is Kathi Grasso. Kathi is an attorney who serves as senior juvenile justice legal and policy advisor to the administrator of juvenile justice and delinquency prevention in the department of justice. She will include by discussing the office of juvenile delinquency and prevention. She was employed by the American bar association's center on children and the law. She also served as chief attorney of the legal aid bureau in Baltimore, who staffed advocate for abused and neglected children in juvenile, appellate and federal courts. Remember, you can type in questions at any time during Kathi's presentation.

KATHI GRASSO: Hello. Can everyone hear me? I appreciate the opportunity to share with you information about the health related programming of my office, the office of juvenile justice and delinquency prevention. I understand that many of you participating in this webcast are state adolescent health coordinators and other health professionals. I have a strong interest in adolescent issues, having spent five years as the liaison to the health program, prior to coming to the United States department of justice. I have learned so much from all of you over those years. Please know your influence has been carried over to the department of justice. I am usually the one in our agency's internal meetings who says what about the health care implications of this course of action? I bring up your

influence because it is clear to me that our mission at OJJDP cannot be accomplished without our federal, state and community partners and all of you representing a variety of critical child-serving disciplines.

I would like to start out by pointing out the reference to the website. I will be talking about quite a number of programs during this webcast, and I would highly recommend if you want additional detail about the programs, certainly you can contact me but I would also refer you to the website where there is information about the programs plus publications. In addition, you can obtain information on our website about grant opportunities and also join on a juvenile justice listserv. During the presentation I will provide background on the office of juvenile justice and delinquency prevention, specifically the mission and program goals, and its relationship to the states, District of Columbia and the territory. And I would encourage you to go to the website to find out about additional programming. Finally, I would like to strategize with you about how we can potentially work together to address the serious health care needs of youth involved in juvenile justice systems.

Before I continue with my slides, I want to relate to you one young man's story that puts into context the challenges, legal and other professionals face in addressing the health care needs of children in state custody. In the mid 1980s, when I represented children in Baltimore's dependency court system, I first met a young boy who I will call Michael in the courthouse waiting room. He was about 12, and had been in an urban foster care system since about five, when he had been found abandoned in a McDonald's restaurant where he and his twin brother had been looking for food. When I first met Michael, he had been

in multiple foster care placements, and now was in a residential treatment facility. He was an energetic young boy who in my first interview with him told me that he was learning to speak Italian. The cook at the center where he lived was teaching him. He proceeded to say a few words to me in Italian, having recognized I had an Italian last name. I thought to myself this young man has so much potential. As I came to know Michael over the next six years, it became apparent he suffered from serious mental health problems that professionals struggled to treat.

I advocated over and over again for mental health and other services in the least restrictive placement appropriate to his needs. At one point the judge agreed to a plan in which the state agreed to pay for a community-based placement where extensive wrap around services would be provided. At this point this plan saved Michael from being waived into the adult criminal justice system. Unfortunately Michael continued to get into trouble. I am sure due in part to his serious mental health problems. On one of my final days at the juvenile court, I arrived for Michael's review hearing where the court would terminate juvenile court jurisdiction. He was 18 and charged as an adult with the crime of stealing a car. My final sight of him, was him standing in the adult lock-up with many men. As I stood with the iron bars between us, Michael asked me if I would like to meet someone. I said yes. He then proceeded to introduce me to his father, who was standing in the cell with him. The father was there for his own criminal case. He was someone Michael had not seen for a long time, and someone who had never appeared during any of Michael's court proceedings.

Parental abandonment, the child welfare system, to the delinquency system, and then the adult criminal justice system. Michael's circumstances are experienced by too many children. I think about the children, including my child clients like Michael who may have experienced a better quality of family and community life if only they had received effective coordinated comprehensive services, including school-based services at an early age. His case also highlights the importance of the need for scientifically sound evaluations to determine the effectiveness of mental health treatments and other interventions. Services were provided. Why did they not work? OJJDP's mission to try to answer the question I just posed. OJJDP is the federal agency tasked to provide national leadership, coordination, and resources to prevent and respond juvenile victimization. We accomplish these goals primarily by state and through research and evidence-based program development.

Next slide. This next slide highlights our primary connection to the states, and this is through OJJDP's administration of its formula and block grant primary. In order for states to receive funding under our program, there are four legal requirements that the state must abide by. And these four requirements are listed in the slide, on the slide. They include the deinstitutionalization of status offenders. One reason the act came to be, passed in the early 1970s, to address this very issue that many young people who had not committed a crime but were viewed as status offenders were locked up in correctional facilities. Offenders may include behavior such as truancy, curfew violation, running away. The act is designed to eradicate the problem within the nation.

The second item here is the separation of juveniles and adults in institutions.

Determination was made that juveniles, and based on evidence, should not be locked up with adults in institutions. There is an exception to this in that as you may know and I'll talk a little bit more about this later on in the presentation, young people at certain ages, teenagers, can be waived into the adult saved. However, no mandate under the act the juveniles, under the age of 18, must be placed with adults. They can still be maintained in juvenile correctional facilities. Another requirement of the act is that juveniles not be placed in adult jails or lock-ups. This is a particular problem in rural jurisdictions because they may not have a juvenile facility. There are some exceptions in our act that allow for the placement of a young person in a jail, but for only a very short period of time and then they must be out of the sight of any, and sound of any adult inmates who may be detained. The fourth requirement of the act is that states actively work to reduce disproportionately minority at this contact. It was modified in accordance with the recent authorization in 2002 to include contact.

Just to provide some additional information about our relationship with the states, we do have within our office a state relations and assistance division which oversees the state compliance with the act. In accordance with our act, in addition to complying with the statutory court requirements, each state and the district of Columbia and the territory is to submit every two or three years a plan to include new programs and projects, a plan designed to set out for us how they will comply with the statutory core protections of the act, as well as implement, prevention and other kinds of programs designed to address juvenile delinquency. There is a plan represented on the group, representatives of public

agencies concerned with delinquency prevention or treatment, such as mental health, as well as individuals with knowledge of topics, learning disabilities, emotional disabilities, child abuse and neglect, and youth violence. I would encourage all of you to find out more about your state plan, and I would encourage you to participate and attend public meetings of the advisory group.

You should know, and many of you may already know this, that in your states a juvenile justice specialist should also be designated in accordance with our act. Information about specific contact information for your state can be found on our website. And this is contact information for the juvenile justice specialist as well. Next slide. I know many of you may have specific questions about law that governs your jurisdiction as well as general information on statistics involving the characteristics of youth in juvenile justice systems. I would refer you to the national center for juvenile justice, the center is the research arm of the national council of juvenile and family court judges, and this organization, national center, is a grantee. They have been tasked with the responsibility of developing a statistical briefing book, where you can obtain county specific information with the demographics in your jurisdiction. For example, in the statistical briefing book you can get information on juvenile population characteristics on race, gender, age, juveniles in court, corrections, you can also access a variety of data sets relative to the work that you do. The center staff actually conducts analyses of F.B.I. Uniform crime report information or data collection as well as other data sets. In addition to the statistics, you can also obtain national overviews on such topics as the waiver of juveniles into the adult system. Finally, you can also obtain specific state profiles. So for example, prior to this webcast I

randomly downloaded information on the state of Alabama, and there was detailed information on how delinquency services are organized in that state, what is the jurisdiction of the juvenile court in relationship to various crimes committed by juveniles, it provided information on legislative highlights related to juvenile probation services fund, so numerous topics that are highlighted for each state. And this website can also be accessed through the juvenile justice, our juvenile justice website, as well as the website presented on the slide.

Next slide. I just wanted to highlight a few of our programs that we fund with, that have a particular emphasis on mental health. We do not do this work alone. We do this work in partnership with the U.S. Department of Health and human services, including the Maternal and Child Health Bureau and others. We are -- much of the program focuses on trying to address the needs of mental health, and substance abuse disorders, as well as confinement. In terms of mental health, we have found there are an increasing number of youth with mental health occurring substance abuse disorders, entering the juvenile justice system in the way that Eva talked about. The health-related problems of youth in the foster care system, we are experiencing the same in the juvenile justice system. Often these conditions go unrecognized, and untreated. We are working hard to develop promising programs, and promising programs and practices have emerged. On the slide I note custody relinquishment and generally accounting office studies. I would refer you to the website of the general accounting office, which is the investigative arm of the United States congress. Last year they issued a report providing background information on the

problem of parents relinquishing the custody into the state, whether it be child welfare or the juvenile justice system to attain mental health services.

We at the office of delinquency prevention testified before congress last summer and we, through the mental health programming, are attempting to address the concerns raised in the GAO study. I would highly recommend you go to the study if you want more information on this particular topic. I just am highlighting here a few of the research findings of a major study looking at the mental health disorders. This is a study funded in part by my agency as well as other federal partners. It was a study of 1800 youth in juvenile temporary detention center in Cook County, Illinois. What was found was that 64% of males and 70% of females met diagnostic and functional impairment criteria for one or more psychiatric disorders. Nearly 50% of male and female detainees had substance abuse disorders. Our juvenile justice liserv just announced a bulletin that you can access, entitled detention and prevalence of substance abuse among juvenile detainees. It focussed on the cannabis and cocaine. The study confirms there is high use among juvenile detainees, and special attention should be paid.

Next slide. Just would ask people keep in mind that in 2001, our statistics tell us that law enforcement agencies made an estimated 2.3 million arrests of persons under the age of 18. And what this tells us is that there is a significant number of young people at risk for commitment to restrictive placement, many of whom have mental health and related problems. It is encouraging to note that we just got notified that next week on Wednesday, I believe before the house government reform committee, there is going to

be a hearing on this very issue of the detention of youth with mental health problems, and juvenile justice facilities. So congress is paying attention and hopefully they'll be, some of the promising approaches that we'll be discussing will be further enhanced and replicated throughout the country.

Next slide. In terms of the OJJDP response, I would highly recommend that if you are interested in this topic, you go to the website of the national center for mental health and juvenile justice. They are one of the grantees, and I believe they receive funding from the MacArthur Foundation to do the work, too. They have developed a comprehensive service delivery model to address the mental health needs in youth in juvenile justice settings and serve as a national resource for the collection and dissemination of evidence based and best services to use.

Next slide. Regarding conditions of confinement, it is certainly the, one of the primary goals of this agency is to keep children and youth out of the juvenile justice system. But we also have a responsibility to address the needs of those youth who are confined. I would just like to highlight two programs at the department of justice. OJJDP in the mid 1990s conducted a study examining the conditions of juvenile confinement, and the study revealed a number of serious deficiencies in the quality of care being provided to young people. As a result. Another project came to be called the performance-based standards project. The project was instrumental, and the standards are still being developed as we speak. The standards were designed to address conditions of confinement and services for youth housed in correctional facilities. The standards are an evolving stage of

development addressing security, order, safety, health, mental health services, and justice of the facility. I would refer you to the website and the website is WWW.performance-standards.ORG.

Also pleased to announce this project is one of 15 finalists for the innovations in government awards sponsored by the Harvard University's school of government. It's an OJJDP-funded project and headed by Ned Lawgren. If you are interested in learning more about the project, I'm sure he would be happy to discuss the program with you. Secondly, I just wanted to advise people of another, a very important division of the United States department of justice that is concerned with conditions of juvenile confinement. That is the United States department of justice's civil rights division. Within that division, there's a special litigation section, and the staff is tasked to investigate violations institutionalized people. As stated on the website, the section has made a priority of ensuring adequate access to mental health treatment and focused attention on very young juveniles, with medical problems, and problems with crowding of juvenile facilities. If you want more information, and even state-specific information about, if you wanted to learn whether your state was the subject of department of justice litigation, you should be able to find that information on the website. I would suggest going to www.USDOJ, and click on the special rights division and then the special litigation section. They also accept complaints about, or concerns about constitutional violations of people in confinement, it can be made to the civil rights division.

Next slide. I'm going to quickly run through the remaining slides as I'm running out of time here, and there's lots and lots of programs, and certainly I would suggest you good to our website to learn more. Regarding juvenile court improvement, we are currently funding a project being facilitated by the national council of juvenile and family court judges to address, to develop national delinquency court guidelines. As part of the discussion with the national council of juvenile and family court judges, we are asking them to address how judges and other professionals who work in these systems can be better educated about the health care needs of juveniles at risk for or entering the systems. In addition, the guidelines are specifically addressing youth's access to, and the quality of legal representation provided to them. Advocates can be instrumental in ensuring that children receive the services that they need.

Next slide. In addition to what I've already discussed, OJJDP has convened a number of study groups of prominent criminologists and others. To date the groups that have formed and issued actually several comprehensive publications, and bulletins that highlight the findings of these groups can be found on the website. But some of the topics addressed have been the very young offender, child delinquents, plus the serious and juvenile offender. As I said, this information about these projects can be found on our website, as well as the publication listing of the national criminal justice reference service. Another study group that is soon coming is a growth study group. We are concerned about the number of young women entering the juvenile justice system. Why is it happen, and how can we keep them out of the system, but this they are in the system, what are the appropriate interventions needed.

Other initiatives, many of these initiatives are managed by our demonstration programs division. We have projects dealing with gang reduction, juvenile mentoring, truancy reduction, safe schools healthy students that we, part of the project we work in partnership with the U.S. Department of Education and HHS. We also have a tribal youth program. This program supports and enhances tribal efforts to prevent and control delinquency, and improve the juvenile justice system for American Indian, Alaska native youth. Federally recognized tribes may use the funds to address prevention services, intervention, tribal justice system, as well as substance abuse. Also a child protection division which some of the highlights that I've noted here, we have an initiative trying to address the issue of juvenile prostitution. We have provided funds to two sites, one site is New York City, another Atlanta. These are planning grants to assist these communities of planning strategies for combating juvenile prostitution. There's a concern very young girls, this is particularly the case I understand in Atlanta, were entering the juvenile justice system and the judge in Atlanta was very concerned that these young girls were being treated as criminals, and not as victims. And that the -- the causes for why they were entering the juvenile justice system were not addressed. We also do have concerns about Internet crimes against youth, and we have a number of projects.

Next slide. There are several programs that this agency funds. One program, drug-free community support program is done in collaboration with the White House office of national drug control policy. This program strives to reduce substance abuse. We also have enforcing under age drinking laws program. This is a block grant program to all 50

states and the district of Columbia. This supports efforts to support the sale of alcoholic beverages to minors, and to prevent them from purchasing and consuming alcohol. One of the primary concerns here at our agency, given limited funds, is we want to fund what works. We get a lot of questions from around the country about, you know, and people in the state have the same concerns about limited funding. I would highly recommend that you go to the website and access information about the blueprint program. This website, and actually this information can also be accessed through the website at the center for the study and prevention of violence, with -- which is the third item on the slide. This website actually breaks down those programs that have been rigorously evaluated, so you can go to the website and find out what programs related to violence prevention are out there that we know are effective, at least in the jurisdictions where these programs have been tested. I would highly recommend that website.

Next slide. My final slide. As I stated earlier, I would highly recommend if you have not done so already, I would encourage you to communicate with your state juvenile justice specialist. As I indicated, the contact information can be obtained on the OJJDP website. If you have already developed successful collaborations, we would love to hear about them. Are there lessons to be learned from you to enhance communications between juvenile justice and health care professionals. Also encourage you to obtain copies of the state plans I described earlier. I understand the state advisory does conduct state meetings. If you have any ideas as I pose more questions to you all, please do not hesitate to type them in and Trina can retrieve them for me. In closing, I would encourage us to create and maintain effective multi-disciplinary collaboration designed to address the

physical and mental health of the nation's most vulnerable and youth. Specifically recommend the following, encourage you to inform your constituents about the needs of children in the juvenile justice system and how public health and related programs can be instrumental in preventing children from entering the system. Ultimately as a society, we all pay when the children's and family's needs go unaddressed. There are also children and youth who are going to reenter into our communities from juvenile justice settings. We need to work together to develop strategies to ensure children are being prepared from the day they enter into an institution to the transition back to the community. How can we work together to ensure the child's successful reintegration to the family, school and communities.

Finally, figure out how professionals and others involved can better access your expertise, additionally, how do we encourage these professionals to be concerned about the health care needs of children involved with the juvenile justice system. I believe we in the juvenile justice system can learn from you regarding the provision of health care and other services in correctional settings. On behalf of the senior leadership of my office, particularly my administrator, I want to thank you all for what you do to enhance the quality of life for the nation's children and families. Thank you.

TRINA ANGLIN: Kathi, thank you so much for your presentation. We are now ready for the question and answer or discussion part of the webcast. The first question is directed towards Eva Klain, and it actually is to explain two different acronyms. First is CHAFFE, and the second is IDEA.

EVA KLAIN: No problem. I apologize for any confusion. CHAFFE refers to the late senator from Rhode Island, is that correct, from Rhode Island, who championed the foster care independence act through congress. So it's just shorthand for that particular, for that particular act. So it was the funds attached to that act that sort of in shorthand people refer to as CHAFFE. And individuals with disabilities education act, IDEA, and that provides all children with disabilities that affect their ability to succeed in school to an appropriate public education. So hopefully that clarifies some of those.

TRINA ANGLIN: Okay.

EVA KLAIN: Some of the confusion.

TRINA ANGLIN: Thank you.

EVA KLAIN: Uh-huh.

TRINA ANGLIN: The next question has to do with transition from foster care for youths who are basically too old to be a part of the system. And had Gibby been here, that he would have been able to address that whole issue -- being an alumnus of the state foster care system himself, but what are things to be considered when youths are aging out or graduating from foster care?

EVA KLAIN: Sure. It's an interesting issue, right now there's a lot of discussion about states that continue jurisdiction or continue the youth and care until age 21, which provides them with a few additional years of assistance and services and transition, and those who terminate their involvement with the child welfare system at 18 but I think for both of the groups there are some issues that are very pertinent to their success in adulthood, and I think starting with education and some of the legislation that's designed to help them making sure they complete the high school diplomas or GED degree, because, of course, that translates into their earning potential and their ability to join the work force, and so other work-related issues, in terms of skills, training and assistance with employment and so forth. And of course, you know, other issues such as if they do want to continue on to get secondary education, you know, there is, there are funding mechanisms available to them to help them with post secondary education and other financial assistance that might be available to them.

I remember even when Kathi worked here at the ABA center we had an intern who was a student at George Washington University here in the district, and a lot of that was not available to her and she felt that a lot of it was, you know, up to her. She only found out afterwards perhaps this program or that program would have been available to her. I think child welfare agencies need to really focus on, as they help youth transition, what opportunities are there for them financially and education, you know, and work-related arenas. Also just simple things like -- not a simple issue, but the basic necessities is what I mean, such as housing. They need help. It's not like, especially if they don't have any connections to other adults, you can't just let them go at 18 without helping them establish

a home base, and sort of a network, a support network that they can rely on and turn to. Someone, whether it be a mentor or some adult who can help them navigate some of the, the thorny issues into adulthood.

TRINA ANGLIN: Thank you so much.

EVA KLAIN: Sure.

TRINA ANGLIN: Kathi, here is a question for you. Over the last decade or so, our country has become aware of the need to involve youth in programming that's designed for them. I'm wondering whether the office of juvenile justice and delinquency prevention recognizes the need to include youth.

KATHI GRASSO: Certainly. I should point out that in our, and actually congress put this into law that authorizes our agency, during my presentation I talked about the fact that each state has to create a state advisory group to receive our funds. Well, in accordance with the law, in addition to the adult representative, who I named, three members who have been or currently are under the jurisdiction of the juvenile justice system. I would suggest to young people who might wish to be involved in such a prominent activity in the state they be recommended for participation on their state advisory, on the state advisory group. A second program that comes to mind that is all about youth, positive youth development empowerment is our youth court program. And this is a program where law enforcement, the court, can actually divert youth who have been accused of minor

offenses, they still may be, not necessarily just status offenses, but are criminal offenses, but they can be referred to a program whereby other youth actually sit in judgment of them. And there are different models, and certainly more information about the models can be provided to you. But what has been found is that youth who have actually participated as the accused are more likely to accept the, the findings of their, of their peer group as well as the punishment that might be dolled out by the peer group. And I have been to one or two briefings on this particular court program, and it is just remarkable to hear youth talk about how they learned so much, not only about the justice system but just about, you know, how do you build consensus when you are trying to make a decision whether somebody is guilt or innocence, and so it's a very empowering experience for them.

TRINA ANGLIN: Kathi, here is another question for you, kind of a different type of transition issue on youth involvement. In terms of, you had mentioned that juvenile offenders certainly can be remanded to the adult court system. What are some issues people need to think about in terms of the health, mental health and well-being of adolescent minors who end up being charged as adults and who then are found guilty and are remanded to the adult system?

KATHI GRASSO: I think the issues in terms of health, I believe, would be very much the same. I mean you are dealing with the same individual, whether they're in the juvenile court under the juvenile court's jurisdiction or the adult court's jurisdiction. In terms of advocacy. One -- a major initiative that may be of interest, the audience involves the

whole issue of adolescent development. Because there are issues when a young person is referred to the adult system, whether they're competent to stand trial as an adult. The MacArthur foundation has funded, and I believe my agency has also funded in part a major initiative looking at the whole question of adolescent development in relationship to juvenile and criminal justice issues. And a number of studies are being conducted to address, for example, you know, what is the age at which somebody, you know, should be tried as an adult. If you are going to have very general laws, a referral or waiver of certain age groups into the adult system. So I would highly recommend going to that website to take a look at, you know, some of the findings of that organization. But I think generally, I mean, one concern I would have would be to ensure that, you know, if there's a possibility of a young person continuing to be placed in the juvenile justice facility, versus the adult facility, that would be something I would certainly advocate for. Particularly if the young person is under the age of 18. There is an ongoing project, research project being conducted out of Duke University on the issue of deviant -- what is the research telling us about putting young people together who have similar behaviors. So there is a concern about adult influence on young, as well as if they are placed with peers in a juvenile facility. And they're, this group is trying to look at, you know, really what are effective interventions to diminish this problem, so people don't come out worse than they were, or influenced in a negative way and commit more crime when they get out.

TRINA ANGLIN: Thank you. A question for Eva. Is, like in the beginning of your presentation you had listed actually a large number of health issues and behavioral issues that teens in foster care, many of whom have been abused, might have. And are there

any special kind of models of foster care programs that have been more successful in reducing some of these issues?

EVA KLAIN: Well, I mean, I think that, that really, I think I mentioned several in terms of like, you know, benchmark hearings for adolescents that have been shown to be, to be particularly successful and helping teens address some of their issues, and their transitions. And to, or out of the foster care system and some of the independence issues. Things like that. But in terms of, you know, specific model programs, I think that really the ones that succeed the most are the ones that rely on collaboration. And also ones that really focus on some of the well-being outcomes during, I talked about with the child and family services reviews in terms of really looking at the mental health and physical health and mental health of youth in care, all children in care. And some of the, some of that is really just now beginning to start to take place because the child and family services reviews are showing that this is an area where the child welfare system really needs to improve in all the states.

In fact, if I remember correctly, I don't believe there's a single state that passed on the dental care, well-being outcomes. So it's going to take a lot of collaboration between the various entities, but I think, you know, for instance, in terms of interagency collaboration, there's a collaboration of of a memorandum of understanding that has been put in place in Broward county, Florida, between the education system and the child welfare agency, and other organization entities working to improve the response to the foster, to the needs of the foster children. So I think that really it's not so much specific programs, but really

focused attention on specific issues, and collaboration, true collaboration that involves, you know, various entities as partners with open communication. Understanding of the various roles and evaluation of what's been going on. I know that Kathi mentioned some of the model courts, the model court program, that the national council of juvenile and family court judges is spearheading and some of the courts have very definite programs that, you know, might address one or another of the issues, you know, and succeed in that. But I think that when the timelines are followed when there are frequent hearings and the court is informed of all the issues that the child is faced with, that that's when the outcomes are the best.

TRINA ANGLIN: Thank you. Here is a real specific question. I guess either of our speakers could address. A member of our audience was wondering what the legality, or what the legal issues are around using corporal punishment on a foster child.

EVA KLAIN: I think in terms of corporal punishment it would depend what the state law is. Foster care placement, the parents would have to be through the training for that jurisdiction. And you know, they would be instructed as to what, what types of discipline is allowed in that jurisdiction. And so again, we need to focus on excessive punishment with reasonable, with, you know, specific to whatever infraction there might have been, and also just following the guidelines that are set out for the foster parents, and by state law in terms of what, you know, where the line is from discipline to abuse.

TRINA ANGLIN: Okay. Time for one more response from each of you. And more than one listener has, has either sort of commented on or has a general query about recognizing the importance of collaboration among juvenile justice foster care and health systems, but do you have any suggestions about how to facilitate those types of collaborative efforts? I suspect the people from the health sector would very much like to be involved but don't quite know how to begin.

KATHI GRASSO: Well, you know, my answer may be in part response, partly in response to your earlier question, talking about the waiver of young people into the adult system. Every state, it varies as to how that actually happens. But in many jurisdictions, the court, you know, makes a determination as to the young person's amenability to treatment when they stay in the juvenile system or the adult system. In collaboration with the juvenile justice folks get together with others to address the systemic reform. There are also ways that physicians and others as individuals, you know, can make a difference, and foster those collaborative relationships. For example, it is very important to have adolescent health professionals and others advising courts as to, you know, what are the appropriate risk assessment tools or assessment tools for young people entering the juvenile justice system. What are comprehensive mental health evaluations? There's a need for the court and others to have access to qualified mental health and other experts who could advise the court as to the appropriateness of a young person being transferred into the adult system. So I mean, collaboration on many levels, but I really do believe that, you know, one, people can work on individual cases if their employment permits that. And two, I would, you know, suggest that they communicate with the juvenile justice specialist

in their jurisdiction. Take a look at the state plans that are developed. And really find out in their communities, you know, what's going on in terms of ongoing collaboration and how they might be able to join in.

TRINA ANGLIN: Thanks, Kathi. Do you have any thoughts on that?

EVA KLAIN: I think I would just ask that often it's easier or when there is a specific issue that, you know, if people are thinking of a specific issue they would like to collaborate on, sometimes it's easier to build on that if they can come to agreement on one issue, and then sort of build that trust and build that communication which I think, you know, are very important, then they can sometimes expand to other areas, but of course the PIPPAH projects are all about collaboration and various levels and types of collaboration possible among the various disciplines, and I think that sort of an understanding that, you know, everybody comes to the table as equal partners, even though sometimes it sort of jump starts something, it might be easier to have, you know, one entity call, you know, people together. I mean I just, you know what comes to mind as my previous work on court improvement where the agency and the court were required to work together, but very often the judge, because of his or her position in the dependency system would be the one to call the initial meeting, to invite everybody to the table, but then the really successful projects are the ones that really, you know, treat each, each partner equally and with respect, and there's open communication and ability to build on any trust that is build up over time and the successes that they might have.

TRINA ANGLIN: Thanks so much, Eva. It's now time to conclude our webcast. We hope that you have enjoyed it and found it to be a good learning experience. Thanks again to our outstanding panel, Eva Klain and Kathi Grasso. We appreciate the technical support of CADE at the University of Illinois at Chicago, and finally, we thank our audience members for their participation and generation of important questions and discussion points. We invite you to spend a couple of minutes evaluating this webcast. A link will appear automatically after the broadcast ends. Your responses will help us plan future broadcasts and improve technical support. The archive of this webcast will be available for viewing within several days at the website www.mchcom.com. All other webcasts that have previously been broadcast, and that are sponsored by the office of adolescent health, are also available by this archive. This concludes our webcast, searching for a path through bureaucratic systems, helping youth with multiple problems. Thanks so much.