The Center for Children’s Advocacy, based at the University of Connecticut School of Law, was founded in 1997 as a non-profit organization to protect and promote the rights and interests of poor children who are dependent upon the judicial, child welfare, health, education and juvenile justice systems for their care. The Center’s twin missions are to provide holistic legal services to children in their communities and to improve the quality of legal representation of children through interdisciplinary models and training programs.

The Center’s programs are innovative in design and delivered within a holistic framework. It is recognized that these children fall between the cracks because an uncoordinated service delivery system does not meet their true needs. The Center is unique in its approach of bringing its services to where the children are and providing multiple forms of advocacy. Its programs and trainings focus on interdisciplinary and collaborative approaches in an attempt to impact child outcomes. The Center has an outreach strategy in which it actively seeks out poor children at points of service — schools, hospitals and other institutional settings. Individual legal representation is provided in a wide variety of cases ranging from abuse and neglect to mental health care to special education. In addition, systemic advocacy is conducted using three approaches: class action litigation, administrative advocacy and legislative reform.

Unique Community-based Collaborative Legal Services for Children

Because of its recognition that interdisciplinary approaches contribute immensely to the understanding of children’s issues, the Center is committed to working in partnership with experts and policy analysts to develop appropriate solutions to meet the complex challenges.

(continued on page 4)

Innovative Partnerships to Meet Children’s Legal Needs:
Center for Children’s Advocacy, Inc. by Martha Stone

In this Issue:

| In Memoriam: Stephen M. Cohn | 3 |
| EPSDT Class Action | 1, 5 |
| Subcommittee Sign-up Information | 7 |
| Resources and Upcoming Events | 3 |
| Membership Information | 7 |
| Center for Children’s Advocacy, Inc. | 1, 4, 6 |
| From the Chairs | 2 |

EPSDT CLASS ACTION INCREASES INDIVIDUALIZED MENTAL HEALTH SERVICES TO CHILDREN IN CALIFORNIA by Virginia Weisz

Eighteen (18) year old Emily had been abandoned by her single parent and had lived in institutional placements, rather than in a home-like setting, since the age of six. Carl’s mother was a substance abuser, and he was born addicted to drugs and alcohol. Since the age of 3, Carl had been a ward of the dependency court and had lived with his grandmother. At the age of 14 years old, Carl had intensive mental health needs his grandmother could not handle. He was moved to the county emergency shelter where he stayed for months, although he wanted to go back to live with his grandmother.

Janice was an older teen with critical mental health needs who was living in a group residential facility. Her father had abandoned her. Her mother and her mother’s

(continued on page 5)
From the Chairs

Recently, I saw a bumper sticker that read, “Mothers of teenagers know why animals eat their young.” As the mother of three teenagers, I sometimes understand this sentiment, especially when I am faced with my offspring’s oppositional behavior, poor judgment, impulsivity, or lack of consideration of the consequences of their actions. But, I am usually more impressed by their humor, passion, energy, creativity, spontaneity, loyalty to friends, tolerance and willingness to try new things.

As an attorney working with teenagers, I see the universal promise and problems of all teenagers in my clients as well as layers of added issues resulting from abandonment, abuse, and neglect. I see children taken from dysfunctional families only to be placed within a dysfunctional child welfare system, and served by a mental health and educational system fraught with inadequacies.

Most of my Philadelphia clients are struggling not only with adolescent angst, but multiple placements, school difficulties, and a life without family. With numerous problems and no social supports, they grow older each day and get closer to aging out of a child welfare system that, however inadequate, is the only supportive system they know. Recent surveys suggest that teenagers across the nation involved in the foster care system are more likely to quit school, be unemployed, be single parents, be arrested, be homeless or be victims of violence and other crimes than are other teenagers age. Susan K. Livio, The Star-Ledger (NJ) (12/09/01) (citing surveys by Garden State Coalition for Youth and Family Concerns and University of Wisconsin).

A resolution regarding teenagers, age eighteen (18) to twenty-one (21), who are about to age out of the child welfare system was proposed at the ABA Mid-Year meeting this past February. The report and recommendations were a preliminary effort to get the support of the ABA on the issues of quality legal representation for teens, transition services for foster care youth until age twenty-one (21), medical coverage through medical assistance until age twenty-one (21) (under the Foster Care Independence Act of 1999, 42 U.S.C. sec. 1305 et seq., states can opt into this or not), and the jurisdiction over dependent youth (i.e. foster children) until they turn twenty-one (21) for the purpose of oversight.

I was disappointed to learn that the resolution did not pass, by a margin of three (3) votes (68-65). I am told that one of the major objections to the resolution was a concern that other teenagers are in greater need of transition services than the average teen precisely because they are without the safety net of a family, which provides the “transition” services to their children in the form of role modeling, mentoring, emotional and financial support.

The ABA Steering Committee on the Unmet Legal Needs of Children published America’s Children Still at Risk last year, and chapter 12 addresses some of the very issues discussed herein. “The report calls out to lawyers and bar organizations to play an instrumental role in this transition [from childhood to adulthood] by helping children learn to live independently and to succeed in our society as adults.” ABA Steering Committee on the Unmet Legal Needs of Children, American’s Children Still at Risk, 2001, 447. Chapter 12’s recommendations include six ways that lawyers and the organized bar can work to assist children, including foster care youth, in this transition, and should be read by anyone interested in advocating for teenagers. Similarly, other articles in this newsletter outline innovative approaches to advocating for teens. Our Directory of Pro Bono Children’s Law Programs includes model legal programs for teens across the country. If you are interested in the legal plight of teenagers, call Catherine Krebs 202/547-3060 to talk about expanding your program to focus on teens or to volunteer to represent a teen in your area. As always, the Children’s Law Committee looks forward to hearing from you.

As an attorney working with teenagers, I see the universal promise and problems of all teenagers in my clients, as well as layers of added issues resulting from abandonment, abuse, and neglect.

* For information about ordering America’s Children at Still at Risk visit the website: www.abanet.org/unmet/home. To view the Directory of Pro Bono Children’s Law Programs visit our website: www.abanet.org/litigation/committee/childrens_l/
STEPHEN M. CAHN
November 16, 1939 - September 28, 2001

Stephen Cahn, a child advocate from Worcester, MA and a Children's Law Committee member, succumbed last fall to a year long battle with cancer. He was a tireless advocate in the halls of the juvenile court for many of Massachusetts' most at risk children, an extraordinary man who advocated for children and earned the respect and admiration of attorneys, child advocates, probation officers, judges, prosecutors and caseworkers with whom he worked. Stephen M. Cahn worked to improve the plight of abused and neglected children, status offenders, youth charged with delinquency and special needs students. He championed the vulnerable. He will be greatly missed.

Resources and Upcoming Events

♦ The Committee will present a three part program at the ABA 10th Annual National Conference on Children and the Law, which takes place June 6—8, 2002 in Washington, D.C. Part I will focus on the nuts and bolts of starting and sustaining a children’s law project, part II will focus on innovative ideas for new children’s law projects, and part III will cover the economics of running a program. Register on-line for this conference at www.abanet.org/child

♦ The Committee will be co-sponsoring a training for children’s lawyers along with NITA, Northwestern University School of Law and Loyola University School of Law, at the University of Pennsylvania Law School in Philadelphia, PA, October 2—6, 2002. This training will focus on the training of the child advocate to represent the whole child, and include components regarding delinquency, child welfare, education, negotiation, mediation cross-examination of experts, and many more topics. Save the date, and watch for more details.

♦ The Youth Advocacy Center in New York, NY has produced a new video, Beyond the System, which portrays the typical experiences of many of the 100,000 young people between the ages of 16 and 21 in foster care in the United States. (Beyond the System also tells the true and inspiring story of a young woman in foster care who took control of planning for her future as a graphic designer.) To order a copy of the video, email: yac@youthadvocacycenter.org

♦ The ABA Center on Children and the Law recently published the book Keeping Kids Out of the System: Creative Legal Practices as a Community Child Protection Strategy, by Leigh Goodman. This book highlights the array of legal programs that can deliver services to families so that child protective services need not be involved. Each section of the book describes a specific legal program and its services, plus contact information; how the program helps avoid child protective intervention; and how the program is funded and staffed. This book aims to spur communities to import some of the program ideas into their efforts to meet the needs of at-risk families without necessitating full-scale child protective system involvement. Order by calling the ABA Service Center at (800) 285-2221 and ask for PC#5490310, or order on-line at www.abanet.org/child/catalog/books.html.

♦ West Group has published Children and the Law, In a Nutshell, authored by Ramsey and Abrams. To order a copy of this book call (800) 328-9352.

♦ If you know of, or are interested in working on legislative efforts to abolish the juvenile death penalty in your state, or are representing a death eligible juvenile and need training or technical assistance on crafting domestic law and mental health arguments, please contact Steve Harper at 305/625-4332. He can also provide assistance in areas such as discussing cases, outlining possible tasks and case strategies, reviewing pleadings, providing contacts with possible expert witnesses and staffing cases.
Innovative Partnerships to Meet Children's Legal Needs (continued from page 1)

of these interlocking systems. This interdisciplinary focus has spurred collaborative efforts with the Hartford public schools, the Connecticut Children’s Medical Center, the Juvenile Public Defender’s Office and the University of Connecticut Schools of Law, Medicine and Social Work.

Medical-Legal Partnership Project

The Center launched the Medical-Legal Partnership Project with the Connecticut Children’s Medical Center (CCMC) in April 2000, in which on-site legal services provide improvement in children’s health through legal advocacy and policy reform. A full-time staff attorney is located at the Medical Center and devotes one-third of this time to representing individual children; a third to training hospital staff on legal issues, to increase the effectiveness of their advocacy for child patients; and, a third to systemic advocacy on children’s health and mental health issues. The program is the second of its kind, modeled after a successful program at Boston Medical Center. The project received national attention in 2001 as it was featured in articles in the ABA Journal and the New York Times.

Hartford Public High School Legal Advocacy Clinic

The Center established a legal services drop-out prevention program at Hartford Public High School (HPHS) in September 1998. On-site legal services are provided at HPHS to students in order to address the legal issues confronting them and to provide legal intervention before a student decides to leave school. Individual cases expose systemic problems, which the project then tries to remedy by promoting changes to the policies and practices of the school, the school system, the state board of education and other state agencies. The office provides legal representation to teens, in-service training to school staff and students and informational materials for students on legal issues. The program is staffed through a two-year Skadden Fellowship. It is one of six school-based legal clinics in the country and was recently featured in the December 2001 issue of the ABA Child Law Practice.

TeamChild

The Center collaborates with the Hartford Juvenile Public Defender’s Office on the TeamChild program, which teams a juvenile public defender in delinquency cases with an attorney from the Center who handles the child’s civil legal issues, to improve the outcome for the child in the juvenile justice system. The Center’s attorney represents the child on issues such as special education or mental health needs, which may be at the root of the delinquency. The Center’s TeamChild project is one of only four programs nationally, and is the first in the Northeast. TeamChild was recognized in the ABA April 2001 edition of Child Law Practice, as a program that works at curbing delinquency at its roots.

Individual Representation in Abuse and Neglect Cases

The Center provides individual legal representation in abuse and neglect cases to Connecticut’s most vulnerable population: poor children who fall through the cracks of state systems, children who are often diagnosed and categorized to satisfy the needs and mandates of particular state agencies and/or who are passed from one state agency to another. As a result they do not receive the particular placements, or educational or mental health services to which they are entitled. The Center also represents poor children who are institutionalized at state psychiatric and juvenile facilities who otherwise would receive no legal representation to address their problems within these institutions or to find needed alternative placements.

UConn Interdisciplinary Children’s Health/Mental Health Team

The Center has created a partnership between the University of Connecticut graduate schools of law, medicine, and social work to address the issues of health and mental health services for poor children in Hartford and the state. The partnership affects all areas of the Center’s work—interdisciplinary training, interdisciplinary systemic and policy advocacy, and an interdisciplinary approach to individual representation. The premise of the project is that pooling the perspectives of the three disciplines will produce better outcomes for the child than any discipline separately. Individual cases from all of the Center’s projects described above are brought to the team, consisting of lawyers, doctors, psychiatrists and their respective students, for review and recommendations.

KidsCounsel Program

The Center also offers resources to help attorneys representing children with emerging legal issues through its KidsCounsel training program. The KidsCounsel program also has an interdisciplinary focus: concepts from pediatric medicine and child development are included, as are explanations of child psychiatric disorders, psychological assessment practices and special education issues. There is a strong emphasis on current information, including the most recent legal developments. Currently the KidsCounsel Program provides the following:

- Interdisciplinary Training Seminars – Seminars on current or emerging issues are presented bi-monthly for attorneys for children and child welfare practitioners.
- KidsCounsel Newsletter – The newsletter is published three times
boyfriend had physically and sexually abused her. She had been diagnosed with post traumatic stress disorder as well as depressive disorder and dissociative disorder. Her foster mother had cared for her for several years, but was unable to manage Janice’s mental health needs on her own. Janice was facing transfer to a large, locked psychiatric institution.

Until recently, these and other children in California with severe mental health disabilities were denied services or put on long waiting lists for services they desperately needed. In 1998, the Emily Q. class action lawsuit was brought in federal court to ensure that medically necessary services would enable children like Emily, Carl and Janice to live in the community instead of bouncing between restrictive group homes and psychiatric hospitals. Melinda Bird, Managing Attorney at Protection and Advocacy, Inc., spearheaded the class action with other child advocates: Robert Newman from the Western Center on Law and Poverty, Nancy Shea, from Mental Health Advocacy Services, and Virginia Weisz from Public Counsel.

Before the lawsuit was brought, the state and counties of California did not provide children in their care the full scope of mental health services available under the federal Early Periodic Screening Diagnosis and Treatment (EPSDT) Act. EPSDT is a federally funded program that provides screening diagnosis and treatment of Medicaid eligible children including physical and mental health, dental health, vision and hearing. (See The Medicaid Act, 42 U.S.C. §1396 et seq.)

Under EPSDT, children have a right, free of charge, to all medically necessary services, even if the state does not normally cover those services for adults. States have some discretion in determining which groups their program will cover. However, to be eligible for federal funds, states are required to provide Medicaid coverage to all individuals and groups designated in 42 U.S.C. §1396a(10)(A)(i). These groups include low income families with children, as described in §1931 of the Social Security Act.

States participating in Medicaid must first provide EPSDT screening services to identify defects, conditions and illnesses. 42 U.S.C. §1396d(r)(1). The states’ EPSDT programs must then provide children with diagnostic and treatment services “to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening service, whether or not such services are covered under the state plan.” 42 U.S.C. § 1396d(r)(5).

The federal court in Emily Q. ordered that the Medicaid program in California known as “Medi-Cal,” provide Therapeutic Behavior Services (hereinafter “TBS”), a short-term intensive intervention as one component of a comprehensive mental health service plan. Under the court order, the state now includes TBS for Medi-Cal eligible children experiencing a life crisis or when a life crisis is imminent, who need additional support to transition from a higher to lower level placement or to prevent movement to a higher level of care.

TBS includes one-to-one behavioral assistance and interventions by trained personnel to achieve certain behaviors and outcomes for a child to alleviate the need for residential placement. The aide would be with the child on-site for up to 24 hours a day during a specified length of time in his or her home and community. This short-term additional assistance prevents the need for an institutional placement or helps the child transition to a less restrictive setting.

TBS has already made it possible for hundreds of children and youth to live in community settings and out of locked group homes or a state mental hospital. Typically, these children have problems such as assaultive behavior, poor impulse control, destruction of property or self-injurious behavior, which have deteriorated beyond their family or foster parent’s ability to handle.

Under EPSDT, children have a right, free of charge, to all medically necessary services, even if the state does not normally cover those services for adults.

To be considered for this new service, a child must be under the age of 21 and eligible for Medi-Cal. The child must have target behaviors or symptoms that are not responding to other mental health services, that jeopardize the child’s current placement, and that can be expected to respond favorably to short-term intensive intervention. Under the terms of the court order in Emily Q., children MUST be given an assessment for TBS if they:

- Are placed in a level 12 or 14 (the most restrictive) group home or a state mental hospital
- Are being considered for placement in those facilities, or
- Have had at least one emergency psychiatric hospitalization within the past 24 months for a condition related to their current need for services

The State is now obligated to inform all Medi-Cal beneficiary households with members under age 21 about EPSDT mental health benefits including TBS and where and how to obtain those services.

Other mental health services available, depending on the child’s needs, include counseling as often as twice per week, crisis intervention as an alternative to hospitalization, day treatment, residential treatment, drug and alcohol treatment, medication, case management and assistance with transportation to mental health clinics. One of the best features of EPSDT is the requirement that states receiving Medicaid funding are to provide medically necessary services for the most profoundly physically and mentally ill children. Child advocates can make a difference by advocating for states to provide and publicize the full panoply of services available under EPSDT.

Virginia Weisz has been Directing Attorney of the Children’s Rights Project of Public Counsel in Los Angeles, CA since July, 1992.
Innovative Partnerships to Meet Children’s Legal Needs (continued from page 4)

The Center identifies particular cases which raise important legal issues affecting large numbers of poor children and addresses these concerns through class action litigation, administrative advocacy and legislative reform.

For instance, the Center represents the plaintiff class of children in Juan F. v. O’Neill, on behalf of abused and neglected children, which resulted in a Consent Decree against the Connecticut Department of Children and Families; Emily J. v. Weicker, which resulted in a Consent Decree to improve conditions in Connecticut juvenile detention centers; and Sheff v. O’Neill, Connecticut’s school educational equity case.

The Center develops its programs around its “one-stop shopping” philosophy that multiple forms of advocacy located in one organization is often necessary to address barriers confronting Connecticut’s children.

Other issues have lent themselves to administrative advocacy. For example, the Center was a founding partner of the Connecticut Juvenile Justice Alliance, launched in November 2001, to make public policy recommendations on best practices, training, diversion and treatment alternatives in the juvenile justice system. The Center also recently joined the Girls’ Justice Initiative, a collaboration of national advocates for girls in the juvenile justice system.

In addition, the Center maintains a legislative agenda. Some recent examples of legislation the Center proposed and the Connecticut legislature enacted during the 2001 session include:

- An Act Concerning Gender-Specific Services and Programs for Juvenile Offenders assures that programs for juvenile offenders are gender specific and are one of the goals of the state’s juvenile justice system.

- An Act Concerning Zoning Requirements for Residences for Children with Mental or Physical Disabilities requires local zoning regulations to treat as single-family homes Department of Children and Families-licensed residences housing up to six mentally or physically disabled children and staff.

The Center develops its programs around its “one-stop shopping” philosophy that multiple forms of advocacy located in one organization is often necessary to address barriers confronting Connecticut’s children. For more information about the programs listed above, visit our website or call the Center at the numbers listed below.

Martha Stone, Esq. is the Executive Director of the Center for Children’s Advocacy, Inc., located at the University of Connecticut School of Law. Contact the Center at:

Center for Children’s Advocacy, Inc.
University of Connecticut School of Law
65 Elizabeth Street, Hartford, CT 06105
tel: 860-570-5327 fax: 860-570-5256
www.kidscounsel.org

Systemic Advocacy

On-line Resources through a Website, www.kidscounsel.org - The website provides extensive on-line access to numerous resources as well as the most recent cases and legislation including a case library search engine.

ListServ – Initiated in April 2000 with the intent to foster a professional community among those who represent abused and neglected children, this listserv provides a forum specifically for Connecticut’s child law practitioners.

Legal Resource Center and Brief Bank - Housed at the Center, this collection of publications, pleadings and briefs are available for review. The Center’s staff also provides technical assistance and consultation to attorneys for children.

Internship Placements - Provided for approximately twelve law students (including joint degree law and social work students) each semester, exposing them to a variety of methods of legal advocacy for children.

“Who Will Speak for Me?” – A video showing children in the foster care system speaking out about what they want and need from their attorneys accompanied by reference materials regarding quality legal representation.
MEMBERSHIP IN THE CHILDREN’S LAW COMMITTEE

To receive information on membership, please send this completed form to the address below

NAME: ____________________________________________

ADDRESS: ____________________________________________

Please send me information regarding membership ___
and the Committee

Please send me information on how to start a ___
children’s law center in my area

Are you a member of the ABA? ___ yes ___ no
Are you a member of the Section of Litigation? ___ yes ___ no
If you are a member of the Section of Litigation do ___ yes ___ not at this time
you wish to be enrolled as a member?

For Members Only:

Join a Subcommittee

Members, please note that a Communications subcommittee has recently been formed. This subcommittee is a wonderful opportunity for members, especially law student members, to get involved.

NAME: ____________________________________________

ADDRESS: ____________________________________________

I wish to join the following subcommittee:

_____ Immigration
_____ Communications
_____ Education
_____ Child Welfare
_____ Juvenile Justice

Upon completion, please return form to:
Catherine Krebs, Committee Director

Children’s Law Committee
1348 Massachusetts Ave SE
Washington, D.C. 20003
(p) (202) 547-3060
(f) (202) 547-3064
American Bar Association
10th National Conference on
Children and the Law
June 6-8, 2002
Capital Hilton Hotel

On Saturday, June 8, the Children’s Law Committee will be co-sponsoring:
Organizing and Running a Children’s Law Center and Pro Bono Child Representation Program
Part 1: Starting Up and Maintaining Momentum
Part 2: Program Expansion and Getting Into New Substantive Areas of Work

To register on-line or for more information visit: www.abanet.org/child