



New Jersey Office of the Child Advocate Newsletter

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I N S I D E

Juvenile Justice Reforms	1
From the Child Advocate	2
IAIU Monitoring Report	3
Child Advocacy Centers	4
Adolescents in Transition.....	6
Legal Services of NJ Spotlight	7
Bureau of Citizen Complaints	8

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Juvenile Justice Reforms Emerging

In November 2004, the Office of the Child Advocate released an investigative report on the conditions of care for youth with mental health needs in New Jersey's 17 county juvenile detention centers.

The report found that some juvenile detention centers are commonly overcrowded; youth with mental and behavioral health issues remain in detention for extensive periods of time in violation of State law; detention centers



**Jennifer Velez, Esq. &
Brian Hancock, Esq.**
Juvenile Justice Project Leaders

are grossly ill-equipped to care for these youth; and youth with mental health needs are at great risk in these facilities.

Since the release of that report, "Juvenile Detention Center Investigation: An Examination of Conditions of Care for Youth with Mental Health Needs," the Office has been spearheading, participating in and monitoring efforts to correct the problems identified during the investigation.

The Office is currently working closely with the Juvenile Justice Commission (JJC) and the University of Medicine and Dentistry of New Jersey to create a training program for juvenile detention officers and juvenile corrections officers, to assist officers in understanding and coping with youths' mental and behavioral health needs.

This program aims to train every juvenile detention officer and juvenile corrections officer in techniques for

identifying and managing youth with mental health needs, de-escalation and communication skills. The Office hopes to create a safer and more respectful environment in the detention centers.

Additionally, the JJC reports that all detention centers will begin using the Massachusetts Youth Screening Instrument II (MAYSI II) by the end of the year.

The MAYSI II is a mental health screening tool, designed by Thomas Grisso, Ph.D., professor at the University of Massachusetts Medical School, to assist juvenile justice facilities to identify youth during the admission screening process who have special mental health needs.

The MAYSI II screening tool is designed so that it can be administered and scored by detention center employees, whether or not they have extensive mental health expertise.

This statewide utilization of the MAYSI II will for the first time establish uniform screening practices, and increase the likelihood that children at risk for suicide, or in imminent need of mental health services, are identified early, perhaps avoiding another tragic adolescent suicide in detention.

The Office hopes to create a
safer and more respectful
environment in juvenile
detention centers.

Finally, there have been great improvements in the Camden County detention center, which was the most overcrowded facility in 2003, with a daily average population of 91 youth, despite a

Continued on page 3

From the Child Advocate



Last year, after police discovered four malnourished former foster children living in a DYFS foster home, we filed separate motions in court seeking the appointment of Michael Critchley, Esq., as counsel for the oldest of the boys, and Marcia Robinson Lowry, Esq., the Executive Director of Children's Rights, Inc., as guardian *ad litem* for the three younger boys. Both graciously agreed to donate their services to the children.

We conducted an independent investigation into the State's interactions with the children from 1991 to 2003, and documented numerous systemic deficiencies that had placed the children in harm's way.

Following that effort, Ms. Lowry sued the State to recover damages for the three boys because of the horrific abuse they had endured.

In response to the boys' lawsuit, the State sought to dismiss the entire case, alleging the boys did not have any viable legal claims.

On April 6, 2005, however, the United States District Court for the District of New Jersey rejected the vast majority of the State's arguments and held that the boys' claims could proceed.

U.S. District Court Judge Stanley Brotman reached a novel legal conclusion that could have sweeping consequences for children served by the State.

The boys alle-

ged that they could file suit under the Child Placement Bill of Rights Act, *N.J.S.A. 9:6B-1 to -6*, which provides several enumerated rights to children in out-of-home placements.

The State argued that they could not do so on the ground that these rights "are so vague and amorphous" that they cannot be enforced in a court of law.

But Judge Brotman sided with the boys.

Children now have a powerful new tool to compel better care: they can sue the State for violating these specified rights, including the right to "adequate, safe and appropriate food, clothing and housing," the right to "adequate and appropriate medical care," and the right "[t]o placement in the least restrictive setting appropriate to the child's needs and conducive to the health and safety of the child."

The significance of those rights cannot be understated; they are designed to ensure that children in out-of-home placement are safe and receive the services they need to thrive.

Two recent court decisions wisely put children first.

Children benefited from another recent court victory as well.

In August 2001, the parents of teenager S.S. filed a juvenile-family crisis petition with the Superior Court of New Jersey, Family Part.

In a juvenile-family crisis proceeding, the court has the authority to order that the child and parents receive necessary services in order to address the family problems causing the crisis.

These proceedings are designed to help parents and children stay together, not to punish either the child or the parents.

In S.S.'s case, her parents advised the court that she was staying out late and running away.

The trial court entered an order that stated that if S.S. did not "obey Rules of Home, [and] Rules of School," the police would charge her with criminal contempt, subjecting her to incarceration.

A few months later, S.S. did not come home one evening and local police did in fact charge her with criminal contempt; the court then adjudicated her delinquent.

S.S. appealed, and the case was eventually heard by the New Jersey Supreme Court.

"Children should not be locked away for acts ... which are not criminal in nature."

We joined our colleagues at the New Jersey Institute for Social Justice (NJISJ) in submitting an *amicus curiae*, or "friend of the court," brief in support of S.S.

We noted that charging children with delinquency for disobeying their parents, however heartbreaking, is unwise because it opens the door for children to be locked in detention centers, which present significant risks to their well-being, especially overcrowded detention centers.

Children should not be locked away for acts, such as truancy and running away, which are not criminal in nature. Their time in detention may well lead to further involvement with the juvenile justice system.

This March, the New Jersey Supreme Court concluded that trial courts do not have the authority to adjudicate children delinquent based on a violation of a juvenile-in-crisis order.

Within the confines of existing law, the Supreme Court also imposed significant limitations on a trial court's authority to use its civil contempt power to detain children.

The Supreme Court's decision, like Judge Brotman's opinion, wisely puts the best interests of children first.

Each decision illustrates the courts' historic role as a protector of young people, and reminds us of the utility of litigation in certain instances to vindicate the interests of the voiceless and marginalized.

Kevin M. Ryan

Office Releases First Annual IAIU Audit



Adrienne Bonds, Esq. &
Arburta Jones, MPA
Lead Staff of IAIU audit

In February, the Office of the Child Advocate published the first annual monitoring report of the Institutional Abuse Investigation Unit (IAIU) within the New Jersey Department of Human Services (DHS), revealing fundamental weaknesses within the unit.

We conducted the audit of the IAIU in collaboration with the Center for Children and

Families, affiliated with Rutgers University School of Social Work. The Office and the Center audited 10 percent (161) of the cases from the IAIU that were referred and accepted for investigation from November 2003 through May 2004.

We are required by law to monitor and evaluate the activities and practices of the IAIU, the child welfare system's investigative arm responsible for ferreting out abuse or neglect of children within out-of-home settings, such as schools, foster homes,

juvenile detention centers, day care centers, camps and residential placements. IAIU is the main safety net for children who have been removed from their families.

We found the IAIU demonstrated improved decision-making in better identifying abuse or neglect of children, when compared to the results of a similar audit conducted two years ago by Diane DePanfilis, Ph.D., of the University of Maryland School of Social Work.

Our audit, however, revealed that the IAIU has a large backlog of incomplete investigations and in most cases did not begin investigations quickly, placing children at risk.

The audit found that approximately two-thirds of the investigations were not completed within the unit's own 60-day timeframe, and the backlog of overdue matters reached 956 investigations in November 2004.

In more than half of the investigations reviewed in our audit, the State apparently failed to check its own child abuse registry to determine if complaints had been logged against adults in contact with children.

The DHS agreed that the unit is critical to its mission of protecting children, and that improvements must be made.

The DHS has committed to implement a comprehensive corrective action plan, which we are monitoring.

Juvenile Justice Reforms Emerging

Continued from page 1

regulated capacity for only 37 youth.

The Camden County Juvenile Detention Alternatives Initiative (JDAI) Steering Committee worked to examine policies and practices that impact on the number of juveniles admitted to detention and how long they stay. Together, our efforts have led to a significant decrease in the male population. Between January 2004 and September 2004, the male population averaged 72 per month (195% of capacity). Between October 2004 and December 2004, the male population decreased to 59 per month (159% of capacity). The December in-house average daily population for Camden County was 50, which is the lowest detained population in many years.

Camden County leaders have agreed to create a "safety valve" of a maximum of 62 youth. If the population approaches 62, Camden County leaders have agreed to engage an immediate triage system for removing youth from the center to alternatives, for example, detention beds in nearby counties. Camden County is constructing a new facility, built to house up to 83 youth.

One important commitment of the New Jersey Child Welfare Reform Plan is the State's promise to release youth previously languishing in detention centers to appropriate alternative placements by June 30, 2005. We are monitoring the State's compliance with this commitment vigilantly.

TO VIEW THE JUVENILE DETENTION REPORT OR VIEW
UPDATES ON THE PROJECT, LOG ON TO
[HTTP://CHILDADVOCATE.NJ.GOV](http://childadvocate.nj.gov)



JERSEY CARES

DAY 2005

SATURDAY

MAY 14TH

MOBILIZING VOLUNTEERS TO REVITALIZE THE CITY OF NEWARK

8:00am: Breakfast & Registration @ NJPAC

9:00am-2:00pm: Volunteer @ Project Site

2:00pm: Thank You Party @ NJPAC

JERSEY CARES DAY is a full day volunteer service event that offers a singular opportunity to make a difference through meaningful community service that benefits the City of Newark.

VISIT THE OFFICE OF THE CHILD ADVOCATE

WEB SITE TO JOIN OUR TEAM,

OR GO TO JerseyCares.org

FOR MORE INFORMATION

POLICY BRIEF: CHILD ADVOCACY CENTERS

The National Model for Responding to Child Sexual Abuse

Program Objectives of Child Advocacy Centers

Taken from the National Children's Advocacy Center Web-Site
www.nationalcac.org

- Develop a comprehensive, multidisciplinary, developmentally and culturally appropriate response to child abuse which is designed to meet the needs of children and their families in a specific community;
- Establish a neutral, child friendly facility where interviews and/or services for abused children can be provided;
- Prevent trauma to the child caused by multiple, duplicative contacts with different professionals;
- Provide needed mental health treatment and other services to children and families;
- Coordinate and track investigative, prosecutorial, child protection and treatment efforts so that cases do not "fall through the cracks";
- Hold more offenders accountable through improved prosecution of child abuse cases;

For a listing of
Child Advocacy Centers
in New Jersey, by county,
go to our Web site:
childadvocate.nj.gov

Child Advocacy Centers (CAC) are an innovative community effort in the investigation, prevention and treatment of child sexual abuse, with the goal of helping to alleviate many of the bureaucratic conflicts inherent within the child protection system.

Child sexual abuse cases often involve many different state and local government agencies. When these agencies fail to communicate effectively with each other, an abuse victim may be forced to recount their painful story repeatedly through duplicate interviews. Answering intimate questions about their experiences to a host of strangers can be a traumatic experience for a child.

The CACs offer an alternative, bringing together representatives from the various disciplines of the child protection system: law enforcement, government services, mental health, and medicine. CACs specialize in dealing with child sexual abuse cases, offering onsite medical and therapeutic services.

These teams meet together regularly to share information and coordinate case plans, merging efforts to prosecute offenders and treat victims.

By conducting joint, video-taped child-interviews involving law enforcement officers and social workers, CACs facilitate the successful prosecution of perpetrators. By combining relevant services for victims of child sexual abuse, they foster skills among professionals and promote the awareness among communities necessary to treat and prevent child sexual abuse.

A Guide for Parents, Caregivers & Schools: What to do if a child may have been sexually abused?

- First, contact the Child Abuse Unit within your local county prosecutor's office and the Division of Youth and Family Services (DYFS) at 1-877-NJ ABUSE (652-2873). Both will be able to direct you on the local protocol and connect you with support and services in your area.
- Ask your local prosecutor's office for direction in ensuring a timely and proper medical examination for your child, especially if you believe the abuse to have occurred in the last 24 hours. The collection of medical evidence through an examination is a critical component of a comprehensive prosecution.
- The county prosecutor should also arrange for your child to have a taped interview with a specially trained mental health professional. This is typically arranged through your Child Advocacy Center, if applicable to your county. It is important to advocate for your child to only have to tell their story once, instead of suffering the trauma of repeated interviews.
- Ensure that your child will have access to appropriate therapy and treatment. Your local DYFS office, Child Advocacy Center, or prosecutor's office can provide you with this information.

CACs and Sexual Abuse: The New Jersey Experience

The services and support offered to the victims of child sexual abuse vary widely in New Jersey, primarily according to the county in which the victim resides.

Currently, at least nine counties in New Jersey have nationally-recognized Child Advocacy Centers (CACs) affiliated with their prosecutor's office.

In some counties, children and their families are referred to one of the four Regional Diagnostic Treatment Centers (RDTC) in the state for counseling and examinations.

RDTCs are hospital-affiliated centers of excellence in the diagnosis and

treatment of child abuse.

While every county does have some form of multi-disciplinary team (MDT) designed to respond to allegations of child sexual abuse, the form and function of these teams also varies by county.

In some areas, MDTs operate under the authority of DYFS, while in others they work out of the county prosecutor's office; some MDTs provide case planning treatment and services, but others focus only on investigation.

New Jersey's child welfare plan identifies this lack of standardization statewide a problem that must be

addressed, recognizing that an equal partnership between child protective services and law enforcement is the best way to handle child sexual abuse.

The plan commits the State to developing a uniform statewide effort that is consistent with the national model, and stipulates that counties located far from an RDTC need adequate access to properly trained medical personnel.

New Jersey's children deserve care that is not subject to differences in quality according to the county in which they live. Fortunately, New Jersey's child welfare reform plan recognizes this.

National & Regional Resources

North East Regional Child Advocacy Center Philadelphia Children's Alliance

4000 Chestnut Street
Philadelphia, PA 19104-3020
800-662-4124 toll free
215-387-9500 telephone
215-387-9513 fax

National Children's Advocacy Center (NCAC)

<http://www.nationalcac.org>
210 Pratt Avenue
Huntsville, AL 35801
Phone: (256) 533-KIDS (5437)
Fax: (256) 534-6883

Spotlight on Best Practices:

Cognitive Behavioral Therapy for Child Sexual Abuse Victims

Cognitive Behavioral Therapy for Child Sexual Abuse (CBT-CSA) is an empirically based treatment designed to help children and adolescents who have been the victims of sexual abuse.

The program was developed by Dr. Esther Deblinger, Associate Professor at the University of Medicine and Dentistry of New Jersey (UMDNJ), and co-director and co-founder of the New Jersey Child Abuse Research Education and Services Institute (NJ CARES).

Dr. Deblinger's intervention has proven effective in helping children understand and articulate the feelings they experience in the wake of sexual abuse, which, if untreated, can lead to post-traumatic stress disorder, depression, and aggressive or defiant behaviors.

CBT-CSA has earned both statewide and national recognition, and has been designated a model program by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services.

All children who have been victims of sexual abuse should have access to effective, clinically appropriate treatments, in order to prevent a lifetime of behavioral health issues.

It is imperative that the Department of Human Services' Office of Children's Services continue to expand the state's capacity to offer treatments such as CBT-CSA, both by contracting for evidenced-based best-practice models and by helping to train clinicians in their use.

FOCUS: Services for Transitioning Adolescents

Teens in DYFS care are entitled to:

- Have their DYFS placement and case kept open until their 21st birthday.
- Life skills training and instruction beginning at age 14 for all youth in all types of settings, even those in adoptive settings.
- Funding for resources that help youth achieve independence, such as: computer courses, driving classes, counseling, and any other resource necessary for school or work.
- If the youth is over age 18, funding is available to assist youth in obtaining and setting up an apartment (up to \$3000 for security deposit, furniture, pots, pans, linens, etc.).
- Continued health insurance coverage through the Medicaid Extension Program up to age 21.
- Scholarships and tuition waivers for college and vocational programs.
- Aftercare services and booster shots (additional help in times of need after completion of certain programs or DYFS case closure).

SPEAK UP!

Youth and their caseworkers must request that placement continue beyond a youth's 18th birthday. Otherwise, there will be a placement closure.

The transition to adulthood is challenging, even under the most ideal circumstances.

The change is much more difficult when young people lack familial support, strong role models, educational opportunities and bridges to independence.

This is the case for many young people who have grown up as foster children in the care and custody of the Division of Youth and Family Services (DYFS).

According to the New Jersey Department of Human Services (DHS), there are approximately 4000 adolescents between the ages of 13 and 21 in out-of-home care in the state.

Approximately 300 of these youth exit the system annually, or "age out," upon reaching the age of 18. Many youth leave care without the skills requisite to survive on their own.

The outcomes for many unprepared and disconnected youth are not hard to predict: homelessness, unemployment, substance abuse, gang involvement, institutionalization, prostitution and all manners of victimization and exploitation.

Teens in foster care have long been overlooked in an overtaxed system charged with protecting abused, neglected and destitute children.

In the New Jersey child welfare reform plan, the State has committed to implement policy changes to address this problem.

New DYFS policy bars automatic case closure upon a youth's 18th birthday. The DYFS case manager should discuss plans for independence with the youth no later than six months before the youth's

18th birthday.

During this time period, the case manager should work with the youth to make important decisions regarding whether to remain in placement and/or continue receiving services.

If the youth wishes to continue in placement, the youth must specifically request that placement continue. Absent that request, services may continue, but the placement will be closed, potentially leaving youth on their own to find a new place to live.

The Office of the Child Advocate is embarking on a project that will evaluate the current practices of the State to ensure effective and comprehensive services to youth aging out of DYFS care.

The Office will focus on the manner in which resources for these youth are being accessed and made available, by monitoring the commitment to serve youth through the age of 21.

David Kelly, Esq., Senior Assistant Child Advocate, is leading this effort for us. David has an extensive background working with adolescents in transition.

In 2000, he was a recipient of a Yale Law School grant to implement a law and advocacy project at Covenant House New Jersey to assist foster teens in accessing transition services and resources.

David has represented homeless and at-risk youth, the vast majority of whom were former foster youth. He has also previously worked with the Garden State Coalition and the Empire State Coalition on legal issues concerning the aging out population.

To reach David, you can contact the Office's Trenton office: 609-984-1188, or visit <http://childadvocate.nj.gov>.

For More Information on Adolescent Transitioning:

Call our Bureau of Citizen Complaints, 1-877-543-7864

Frequently Asked Questions about the Foster Care Independence Act of 1999

<http://nrcys.ou.edu/nrcyd/programs/programspdfs/faq.pdf>



Legal Services of New Jersey

Legal Services of New Jersey (LSNJ) is an independent, non-profit organization that coordinates the statewide network of non profit Legal Services programs that provide legal

assistance in civil cases to low-income New Jersey residents who cannot afford private lawyers.

There are six regional Legal Services programs in New Jersey, with 22 offices covering all 21 counties in the State. LSNJ ties the regional program efforts together, providing information, training, legal and administrative coordination, technical assistance and other support.

LSNJ strives to ensure equal access to justice under law to all people of New Jersey, providing free legal assistance to low-income people in civil matters.

To learn about access to these services, call the LSNJ

Hotline at 1-888-LSNJ-LAW (576-5529).

Low-income people in need of help with a civil legal problem, no matter where they live in the State, can call the hotline.

All callers are screened by trained intake staff or paralegals for income eligibility (200% of the federal poverty level, currently about \$16,000 per year for a family of three).

Eligible clients will get help from LSNJ staff, be referred to a regional Legal Services program or be directed to another appropriate source of help.

While LSNJ's toll-free hotline can help eligible clients with the full range of problems (see below), direct representation is provided in areas of legal specialization through special projects, such as the Family Representation Project.

For more information on Legal Services programs or LSNJ, visit LSNJ.org. You can also visit the Web site, <http://LSNJLAW.org>, for more low-income legal resources.

SPOTLIGHT:

Legal Services for Children and Families

NJ Legal Services Regional Programs

Central Jersey Legal Services

Mercer, Middlesex and Union Counties

317 George Street, Suite 201
New Brunswick, NJ 08901
732-249-7600

Northeast New Jersey Legal Services

Bergen, Hudson and Passaic Counties

574 Summit Avenue, 3rd Floor
Jersey City, NJ 07306
201-792-6363

Essex-Newark Legal Services

Essex County

5 Commerce Street, 2nd Floor
Newark, NJ 07102
973-624-4500

Ocean-Monmouth Legal Services

Ocean and Monmouth Counties

25 Broad Street, Suite 13
Freehold, NJ 07728
732-866-0020

Legal Services of Northwest Jersey

Hunterdon, Morris, Somerset, Sussex and Warren Counties

34 West Main Street, Suite 301
Somerville, NJ 08876
908-231-0840

South Jersey Legal Services

Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester and Salem Counties

745 Market Street
Camden, NJ 08102
856-964-2010

Areas of LSNJ Work:

Housing and Tenancy

Public Assistance

Education

Divorce, Custody, Visitation

Domestic Violence

Consumer and Bankruptcy Matters

Employment

Immigration

DYFS Issues

Expungement

Small Claims Court

Name Changes

Disability Issues

Seniors' Issues

Health Care Access

Social Security



**1-877-
543-7864**

**7 days a week
24 hours a
day**

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**"Every Single
Child is Worth
the World."**



Bureau of Citizen Complaints

Since November 2004, our Bureau of Citizen Complaints Helpline has received over 500 new calls. The Bureau staff works hard each and every day to ensure that callers to the helpline receive an appropriate response, investigation or referral.

Our Bureau most recently became involved in a case concerning a 16-year-old boy, named James.*

James was brought to our attention by the father of a child whom James had befriended while in one of his foster placements.

James had a long history with the Division of Youth and Family Services (DYFS), after being removed from his mother's care. James bounced from his

mother, to foster care, to relative placements, to shelters.

The caller contacted our Bureau because James was once again removed from his home. At the time of the call, James was living at a shelter without a genuine permanence plan.

We were able to identify one of James' former foster families in Pennsylvania through the caller, and they expressed interest in resuming care for James.

Our Bureau worked with the family and DYFS, and initially secured a respite stay for James with the foster family, while the interstate approval process continued.

After some time, James has now officially been placed with his former foster family. James is currently doing very well in his new home, attending school and is involved in his very first extra-curricular activity: track.

**Name has been changed*

