

# Infants and Toddlers Demonstration Project

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FINAL REPORT TO THE STUART  
FOUNDATION, MAY 2003



ADMINISTRATIVE OFFICE  
OF THE COURTS

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CENTER FOR FAMILIES, CHILDREN  
& THE COURTS

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## **CASA INFANT AND TODDLERS DEMONSTRATION PROJECT EXECUTIVE SUMMARY**

One of the most significant changes in the child welfare system in this country has been the increase in cases of very young children.<sup>1</sup> Infants and toddlers in the child welfare system have historically been underserved due to a lack of understanding of their unique developmental needs and a sparsity of services available to meet those needs. As the number of children under the age of three in the welfare system swells, it becomes increasingly important to consider the issues of this age group.

The Stuart Foundation funded CASA Infant and Toddler (I&T) Demonstration Project was designed to address some of these needs. Begun in 1998, the project paired advocates in four counties with children age 3 and under and required collaboration with multiple system players to ensure that the needs of these children were voiced in the court system. The project planners hypothesized that the early assignment of CASAs to children in this age range would reduce the amount of time they spent in the dependency system. The lack of reliable comparison information at this time makes it unclear whether or not this objective was met; however qualitative data collected indicate that the project resulted in numerous positive outcomes, several of which were unexpected. The project has had significant effects on the children involved as well as on the participating CASA programs and on the county dependency systems.

### Effects of Infant and Toddler Project on Children

Two hundred and ninety eight children received CASAs during timeframe of the study, and 161 of their cases closed. Reflective of statewide trends, the average length of time children in the sample spent in the dependency system was well over the six-month statutory timeline. However, the children were placed in their permanent home in an average of less than eight months and had relatively few placement changes (2.2 on average). Type of permanent placement significantly impacted the length of time until the case resolution. Adoption cases took an average of nearly 23 months to achieve permanency whereas cases in which reunification took place were generally dismissed within 15 months. Children who were permanently placed with (non-parental) relatives waited longer for their cases to be resolved than those who are placed with non-relatives (27 vs. 22 months).

Many of the key players interviewed for the project were unsure if I&T CASAs decreased the amount of time the children spent in the dependency system; however, nearly all interview respondents noted the qualitative difference made in the lives of kids who were assigned advocates. Infant and toddler CASAs were consistently perceived to be the only adults in the children's lives with both the time and training to detect the need for services and identify adequate placements. CASAs were viewed as being very effective in working with caregivers by modeling effective parenting skills and, in cases that did not reunify, ensuring that the cases moved through the system smoothly.

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<sup>1</sup> Kemp, S. & Bodonyi, J. (2000). Infants who stay in foster care: child characteristics and permanency outcomes of legally free children first placed as infants. *Child and Family Social Work*, 5, 95-106.

### Effects of Infant and Toddler Project on CASA Programs

The Infant and Toddler Project increased the visibility of the CASA programs both within the dependency system and to the public. Because of the sheer volume of cases, particularly in the urban counties, advocates cannot be assigned to as many cases as would potential benefit from them. In addition, CASAs working with older children do not appear in court as often as I&T advocates. The early assignment of I&T advocates and their participation in the every court hearing enhances their position as a key player in the cases.

In addition to increasing the visibility of CASA to other participants in the dependency system, working with infants and toddlers has proven to increase the level of awareness of CASA to the public. Volunteers and donors have been attracted to the CASA program specifically due to their desire to work with very young children. Some of the counties have received Proposition 10 funding, earmarked for services for children age zero to five to continue their Infant and Toddler Programs. One county received funding to expand their program from a private donor who had an interest in children in that age group.

### Effects of Infant and Toddler Project on the Dependency System

*Heightened system awareness.* The I&T Project provided all of the four participating counties an opportunity to educate key system players in infant and toddler mental health issues. The education occurred at both the program and individual levels. CASA infant and toddler case managers arranged for zero to three educational seminars for judicial officers and representatives from social service agencies. In some counties case managers were instrumental in the formation of multi-disciplinary teams geared towards providing services to children in that age range.

Educational efforts were also necessary at the individual case level. I&T CASAs requested services, assessments and provided input into placements. CASAs often needed to provide information on infant and toddler development to the bench and other system players in order to support these requests.

*Increased system collaboration.* The Infant and Toddler Demonstration Project required significant collaboration between CASA and the county social services agencies. The level of system collaboration varied among the four counties. Some CASA programs experienced increased collaboration at high levels and have begun cooperative 0-3 training efforts with county social services agencies. System collaboration in other counties occurred mainly at the individual level. Unlike CASAs serving older children who have varying levels of interaction with their child's social workers, infant and toddler CASAs must communicate extensively with the all of the adults involved in the child's case.

The roles and responsibilities of the I&T CASA differ from those of CASAs who serve older children and have more of a tendency to overlap with the responsibilities of the social workers. While determining a proper division of labor required some negotiations with the social workers in many cases, it has opened the lines of communications in all of the participating counties.

## Conclusion

The Infant and Toddler Demonstration Project has provided a useful tool for addressing some of the needs of the youngest and most vulnerable members of society. The lessons learned in this project are documented in the Infant and Toddler Demonstration Project Final Report submitted to the Stuart Foundation in May 2003. This report will provide the foundation of a training curriculum to be developed by the Judicial Council/ Administrative Office of the Courts. The experience of the four pilot counties has been, and will continue to be, shared at the national level. Numerous programs have expressed interest in replication and will be notified at the completion of the training curriculum.

A follow-up report documenting additional efforts of both the evaluation and advocacy arms of the project will be issued in the fall of 2003. Every effort will be made to obtain and analyze useful non-CASA comparison information in the follow-up report.

# Infants and Toddlers Demonstration Project

## Final Report

### Introduction

One of the most significant changes in the child welfare system in this country has been the increase in cases of very young children.<sup>2</sup> Infants and toddlers in the child welfare system have historically been underserved due to a lack of understanding of their unique developmental needs and a sparsity of services available to meet those needs. As the number of children under the age of three in the welfare system swells, it becomes increasingly important to consider the issues of this age group.

The Stuart Foundation funded CASA Infant and Toddler (I&T) Demonstration Project was designed to address some of these needs. Begun in 1998, the project paired advocates in four counties with children age 3 and under and required collaboration with multiple system players to ensure that the needs of these children were voiced in the court.

### Project Description

In March 1998, the California CASA Association (CalCASA) submitted to the Stuart Foundation the proposal *Request for Special Funding: Infants and Toddlers*. That initial proposal addressed several key issues:

- Recent research has concluded that children under age 3 who are brought into the dependency system and are not permanently placed within one year are likely to remain in the system for three to five years.<sup>3</sup>
- Inadequate parenting during the first three years of a child's life, a crucial developmental period, can have tragic, life-long consequences for the child's mental and physical development.
- Many judges in California do not assign CASAs to infants and toddlers. Judges frequently assign their counties' limited CASA resources to older children—those who have already been in the system for more than a year, those who have experienced multiple placements while in dependency, teenagers, and children who are not appropriate for typical mentoring programs.

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<sup>2</sup> Kemp, S. & Bodonyi, J. (2000). Infants who stay in foster care: child characteristics and permanency outcomes of legally free children first placed as infants. *Child and Family Social Work*, 5, 95-106.

<sup>3</sup> Berrick, Neddell, Barth, and Johnson-Reid, *The Tender Years: Toward Developmentally-Sensitive Child Welfare Services for Very Young Children* (March 1996), Child Welfare Research Center, University of California at Berkeley.

## Children's long stays in the system

The following factors contribute to young children's unacceptably long stays in the dependency system:

- The needs of drug-affected infants and their mothers for extensive services;
- The lengthy time required to terminate parental rights in appropriate cases; and
- Insufficient numbers of families that are either African-American or "culturally competent" and are available to adopt African-American children.

## Issues of children ages 0–3

The mental health field for infants and toddlers is itself in its infancy. However, studies and clinical field work in this area are demonstrating that very young children have rich emotional and psychological lives and that early environment makes a difference. Nurturing relationships are critical. Early intervention can have a profound impact on the lives of children in this age group because of their intense physical and emotional development.

**Developmental needs.** The most opportune period for the development of an attachment between an infant and a parent or primary caretaker is between the ages of 6 months and 3 years. Virtually all infants develop close emotional bonds, or attachments, to their caretakers in the early years of life. "These early attachments constitute a deeply rooted motivational system that ensures close contact between babies and adult caregivers who can protect, nurture, and guide their development."<sup>4</sup> The process of attachment also allows other developmental milestones to take place. A child's sense of security and capacity for social reciprocity are influenced by his or her level of attachment to primary caretakers. Self-regulation develops from the dyadic relationship between the child and his or her primary caretakers.

In addition to attachment, several other developmental changes highlight the need to carefully monitor dependent children in this age group. Davin Youngclarke, in his presentation to the National CASA Conference in Boston on March 30, 2003, cited the following as additional developmental considerations:

- Rapid brain development,
- Formation of personality templates, and
- Staggering language acquisition (2 to 7 years).

**Impact of early intervention.** If infants and toddlers are removed from abusive or neglectful environments, they may be more resilient than older children who are removed from abusive homes. If the abuse stops when a child is an infant or toddler, it may have occurred over a relatively short period of time, and the level of psychological and physical damage may be

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<sup>4</sup> National Research Council Institute of Medicine, *From Neurons to Neighborhoods: The Science of Early Childhood Development* (November 2000).

mitigated. Studies have demonstrated that when previously institutionalized children were placed in nurturing situations, they were able to thrive cognitively, emotionally, and physically.<sup>5</sup> In addition, very young children respond well to enriching environments, owing in part to their rapidly growing brains. If a young child experiences developmental delays, an enrichment program such as Early Head Start may provide appropriate stimulation to decrease developmental gaps.

**Risks of not intervening.** If no intervention takes place for children ages 0–3, the negative effects of early maltreatment become increasingly irreversible over time. For example, it is much more difficult to reverse psychological damage—which may have resulted in learning difficulties—in a 10-year-old than for a toddler.

Another risk is actual physical harm. Because children from birth to 3 are preverbal or minimally verbal, they cannot tell anyone that they are being abused or neglected. They are far more isolated than older children and more at jeopardy. According to the National Clearinghouse on Child Abuse and Neglect, 77 percent of mortalities in children from abuse and neglect are children under age 4.<sup>6</sup>

### **CASAs traditionally appointed to older children**

Traditionally, CASA volunteers have been appointed to children 10 years old and older. Francine Byrne in her presentation *Speaking for the Voiceless: Advocating for Infants and Toddlers in the Dependency System*, delivered at the National CASA Conference in Boston on March 30, 2003, described four reasons CASA volunteers historically have not been appointed to infants and toddlers.

1. *View of CASAs as mentors more than as advocates.* The primary responsibility of a CASA volunteer is to establish a relationship with the dependent child. This relationship is often perceived as solely a mentoring relationship, and infants and toddlers do not require mentoring. In reality, there are two reasons for establishing this relationship with the dependent child: (1) to assist and guide the child through his or her time in the dependency system (the CASA is often the only consistent adult in the child's life during this period), and (2) to advocate for the child and provide the court with information and recommendations in the child's best interest. A CASA for an infant or toddler focuses on advocacy for the best interest of the child.
2. *Belief that statutory guidelines protect babies sufficiently.* Many dependency system participants believe that the fast-tracking statutory guidelines—which offer parents only

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<sup>5</sup> *Ibid.*

<sup>6</sup> U.S. Department of Health and Human Services, Administration for Children and Families, *Child Fatalities Fact Sheet* (2002).

6 months of services instead of the previous 12 to 18 months—will protect the child from languishing in the system. However, the reality is quite different. For example, a young child can remain in the system for two to three years even when adoption is the child’s permanent plan. Often the delays in completing paperwork will keep the case from being dismissed.

3. *Lack of knowledge of infant and toddler mental health.* The field of infant and toddler mental health is in its nascency. Few professionals in the dependency system are aware of the major impact early environment has on a very young child.
4. *Limited understanding of I&T CASA effectiveness.* Few dependency stakeholders understand the role and effectiveness of I&T CASAs, owing to their limited numbers.

### **Proposal and expected outcomes**

CalCASA proposed to the Stuart Foundation in 1998 that CASA volunteers be appointed to infants and toddlers as they entered the dependency system. CalCASA expected the following outcomes for those in the study group:

- More timely permanent placements;
- Higher rate of kinship guardianships;
- Higher rate of adoptions;
- Lower re-entry rate for children who have been reunified with their birth parents; and
- Collection of information about the successes and failures of efforts at permanent placement, which would inform (a) those involved in legislative advocacy and (b) the judges and social workers in the demonstration counties about the real availability of local support services.

If the effectiveness of CASAs with infants and toddlers could be demonstrated, it would open a door to both individual advocacy for small children and systems advocacy within CalCASA and National CASA.

The CalCASA Infants and Toddlers Demonstration Project (“I&T project” or “demonstration project”) commenced operation in August 1998. Four counties were selected to participate: Fresno, Imperial, San Francisco, and Santa Clara. Data collection took place from February 1, 1999, through November 30, 2002.

### **Project Funding**

Each of the four participating CASA programs received \$32,500 annually for four years to establish and implement the I&T project. Each used the funding to employ an I&T case manager.

In three out of the four CASA programs, the original case manager left the CASA program, and a replacement case manager was hired with no disruption to the I&T project.

Initially CalCASA and later—when the project was transferred to it—the Administrative Office of the Courts (AOC) received \$42,250 for administrative costs. That funding primarily covered expenses for data collection and research analysis, administrative support, training of case managers in infant and toddler issues, and case managers’ meetings.

## Project Goals

The I&T project’s original design included the following four goals. Each goal is followed by a description of its outcome.

### **Goal 1. Train CASAs to work effectively in the context of concurrent planning to quickly identify financial and support systems, which would emphasize reunification, guardianship, or adoption.**

Concurrent planning requires the Department of Social Services (DSS) in each county to investigate alternative permanent homes at the same time as it makes efforts at reunification. All of the case managers received initial training on concurrent planning from CalCASA staff. Three factors in addition to this training contributed to the success or the challenges of concurrent planning in infant and toddler cases: (1) DSS’s internal policies on concurrent planning, (2) the unique challenges in each county’s dependency system, and (3) collaboration between the social worker and the CASA.

DSS’s internal policies. All of the DSS agencies in the four counties implemented concurrent planning in at least some of their reunification cases. In San Francisco, the focus on establishing a concurrent plan protocol was greatest at the beginning of the project, in 1999, and decreased over the next four years. Santa Clara County established “concurrent planning social workers” who investigated relative homes as potential adoptive homes in the event that the reunification effort was not successful. However, as a result of agency reorganization and budget cuts, those positions no longer exist. For most of the counties, some modification of the original concept of concurrent planning was eventually assimilated into the routine case plan.

Unique challenges in each county’s dependency system. The CASA programs faced many concurrent planning challenges because cases frequently got stuck in the counties’ dependency systems around certain issues. In Santa Clara County, cases often slowed down around the “diligent search for a relative.” In San Francisco, court management of contested hearings slowed the process. In Imperial County, failure to notice the fathers and paternity testing bogged down the cases. The Fresno County I&T project staff reported that the social workers in the county were poorly trained and supervised, which impaired the concurrent planning process.

Collaboration between social worker and CASA. Collaboration efforts between CASA programs and DSS happened on at least two levels. For example, in Fresno County the CASA program collaborated with the management of the Department of Children and Family Services from the beginning of the I&T project, and as a result, several collaborative projects were born. One of

these, the Infant and Toddler Task Force, included staff from the DCFS Concurrent Planning Unit. CASA I&T staff found that the line workers were not well trained in issues of infants and toddlers, which limited the success of concurrent planning and case planning in general. Over time, however, psychologists in the community and CASA staff provided training to both social workers and CASAs. The I&T case manager from Fresno reported that, by the end of the I&T project, the social workers were open to working in partnership with CASAs on developing an alternative plan to reunification.

CASA I&T staff had the opposite situation in San Francisco. From the beginning of the demonstration project, social workers and CASAs collaborated well in San Francisco. The San Francisco I&T case manager reported very early in the project that the social workers valued the assistance of the CASA volunteers on the infant and toddler cases. That continued to be true for several social workers throughout the four-year project. For example, as part of the concurrent plan, CASAs talked with and evaluated other relatives of a child. In one case, a CASA coordinated visits for the child with out-of-town relatives who were potential adoptive parents.

Unfortunately, even more problematic than not collaborating with concurrent planning was the fact that management at DSS, and to some extent the judicial officers in San Francisco, consistently maintained a preference for appointing CASAs to older children. By the end of the project, once the protocol for appointing CASAs to the first five infant or toddler cases ended, the court was appointing few volunteers to infant and toddler cases. CASA I&T staff also continually struggled to receive mental health assessments for children under 3. Infant and toddler mental health was not a priority for DSS in San Francisco.

In Imperial and Santa Clara Counties, the I&T executive director and case manager reported that the primary stumbling block to concurrent planning was that DSS did not always follow the legal guidelines established for children under 3. Instead of proceeding with terminating parental rights, the department would recommend that the parents be given more opportunities than were legally mandated or that hearings be continued to give the parents more time to fulfill their requirements. Instead of services being terminated at 6 months, the cases would drag on 12 months, 18 months, or longer. CASAs were then in the position of aggressively pursuing an alternative plan for the child without the cooperation of the social workers.

**Goal 2. Coordinate with Judicial Council to train bench officers in ways to reasonably expedite decision making for infants and toddlers in the system.**

Individual programs made efforts to train bench officers in expediting decision making for infants and toddlers. These efforts included giving information to judicial officers from I&T case managers and volunteers who were in attendance in juvenile court and through court reports written by the I&T volunteers. I&T case managers or their executive directors participated on multidisciplinary resource teams that included judicial officers in their counties. Also, most of the counties invited early childhood experts, such as Alicia Lieberman from the San Francisco Trauma Project, to speak to the judicial officers in the counties.

The coordinated efforts with the Judicial Council to train bench officers about early childhood issues included the following presentations, workshops, and articles.

**Beyond the Bench, December 2000.** The 2000 Beyond the Bench conference included a workshop on the collaborative relationship between Fresno County CASA and DCFS, and the numerous projects that developed out of that collaboration. The presenters were Judge Martin Suits; Cathi Huerta, assistant director of DCFS; Polly Franson, director of the CASA program; and Mari DeMera, the original I&T case manager and the current assistant director.

**California Judicial Administration Conference, January 2001.** In a workshop for judicial officers and court administrators, Judge Gary Hoff, Presiding Judge of the Superior Court of Fresno County and founding member of its CASA program, and Judge Donna K. Hitchens, Presiding Judge of the Superior Court of San Francisco County and former supervising judge of San Francisco's Unified Family Court, spoke on the effectiveness of CASAs in the courts. Their presentation included a description of their work of the Infants and Toddlers Demonstration Project.

**Article in the AOC newsletter, *Update*, October 2000, Volume 1, Number 3.** "The CASA Infants and Toddlers Demonstration Project: Building a Service Infrastructure for Dependent Infants and Toddlers," by Mari Demera, I&T Case Manager, and Polly Franson, Executive Director, both of CASA of Fresno County.

**National CASA Conference, San Diego, April 2002.** The national conference in 2002 included a workshop on the importance of early childhood development and an overview of the I&T project. The workshop included a description of Baseline Assessment and Screening for Young Children (BASYC), a tool developed by the staff of CASA of Fresno County. The presenters were Davin Youngclarke, M.A., UCSF-Fresno; Polly Franson, executive director of CASA of Fresno County; Mari Demera, assistant director of CASA of Fresno County; Nancie Lee Rhodes, executive director of CASA of Imperial County; Helen Doherty, executive director of Child Advocates for Santa Clara and San Mateo Counties; and Amy Prine, case manager for the San Francisco CASA program.

**Speaking for the Voiceless: Advocating for Infants and Toddlers in the Dependency System, National CASA Conference, Boston, March 2003.** The importance of early childhood development and the highlights of the I&T project's final report were presented by Davin Youngclarke, M.A., UCSF-Fresno; Francine Byrne, research analyst at the AOC; Robin Allen, executive director of CalCASA; Mari Demera, assistant director of CASA of Fresno County; Amy Prine, case manager for the San Francisco CASA I&T program; Cristi Lerma, case manager for the I&T program at CASA of Imperial County; and Patti Bossert, case manager for the I&T program at Child Advocates of Santa Clara and San Mateo Counties.

**Judicial Benchbook for Juvenile Law.** The AOC's Center for Families, Children & the Courts staff is developing a benchbook for judicial officers related to juvenile law issues. Information on I&T CASAs has been included in the guidebook.

**Beyond the Bench: 100<sup>th</sup> Anniversary of the Juvenile Court, December 2003.** Davin Youngclarke, M.A., UCSF-Fresno, will present a workshop on the final results of the I&T Demonstration Project.

**Goal 3. Work with DSS on the state and local levels and with other children's advocacy organizations to develop local resources, which will help support both reunification and adoption.**

Imperial County was the poorest of the four counties involved with the I&T project, and as a result, had virtually no services for the infant and toddler population. However, the program collaborated well with the DSS and assisted in the development of several of the few services that currently exist. The Imperial County CASA executive director and case managers also worked with the following programs:

- Betty Jo McNeece Shelter for dependent children (CASA receives daily reports of all the children that are in the shelter);
- Behavioral Health FACES Team works with dependent children with psychological problems and or medication needs (Behavioral Health Case Managers locate suitable facilities for children) ;
- Imperial Valley College's Child Development Center;
- Charlee Foster Agency's "BABY HOME" (New emergency shelter for very young children);
- New Creations Women/Children Rehabilitation Home.
- Family Tree House (New facility providing hands-on parenting modeling for the CASA infant and mother);
- Proposition 10 Commission;
- The Imperial County Office of Education's Child Development Department;
- The Imperial County Public Health Nurse; and
- The San Diego Regional Center.

In Santa Clara County, few collaborations existed that focused on infants' and toddlers' needs. Patti Bossert, the I&T case manager in Santa Clara County, helped initiate the Infant Preschool Family Mental Health collaborative in early 2001 and became the chair of that group's Service Linkage Subcommittee. In addition, she worked with the following programs or people:

- Santa Clara County's Perinatal Network, to identify and access local resources;
- First Time Moms, an intensive home visiting program, and Families Project, an inpatient-outpatient substance abuse counseling program;
- The adoptions program manager at DSS, to assist in moving adoptions through the system more expeditiously;
- Santa Clara County Combined Mental Health Department Family & Children's Provider and Santa Clara County Mental Health Board Family Adolescent & Children's Committee to advocate for making young children and families a budget priority;

- A review panel for Proposition 10 funding (CASA was the only nonprofit asked to participate on the panel);
- A multidisciplinary case consultation group (clinicians came together to discuss difficult families and issues with a multidisciplinary approach); and
- 2002 Santa Clara County Beyond the Bench Conference, which focused on a model infant-toddler court, with Judge Cindy S. Lederman as keynote speaker.

In Fresno County, the demonstration project revealed that services for dependent infants and toddlers were nonexistent, inadequate, or underutilized. The Fresno County I&T staff helped develop or worked with the following services to improve resources for the 0–3 population:

- An infant mental health component made up of clinicians who are assigned to provide assessments, evaluations, and treatment for infants and toddlers in the dependency system;
- Baseline Assessment and Screening for Youth and Children (BASYC);
- Early Head Start (with a memorandum of understanding);
- Infant and Toddler Treatment Team, made up of specialists in infant and toddler mental health, which focuses on the identification of the most serious cases and creates family-based treatment plans with followup;
- 0–5 Unit at Children’s Protective Services;
- Psychologists who conduct training for CASAs and social workers serving infants and toddlers;
- Infant and Toddler Task Force, a multidisciplinary group of professionals from human services department units, Emergency Response, Concurrent Planning, Adoptions, Voluntary Family Maintenance, and County Mental Health. Also included are representatives of community agencies such as University Medical Center, Valley Children’s Hospital, Exceptional Parents Unlimited, Central Valley Regional Center, and

San Francisco County had few mental health resources for infants and toddlers. The I&T case managers developed a community resource manual for the volunteers to assist them in serving the 0–3 population in San Francisco. The San Francisco case managers also worked with the following programs or people:

- Regional Center Services: Golden Gate Regional Center, East Bay Regional Center, Napa Infant Program, Redwood Coast Regional Center (assessments, case plans, and referrals for children age 0-3 with developmental disabilities or at risk of being developmentally delayed, CASAs would identify risk or need in child and make referrals)
- Infant Parent Program (therapeutic visitation between parents and their infant child, focusing on developmental needs of child parenting skills, CASAs would consult with how parents were progressing to determine best reunification recommendations)
- Support for Families with Children with Disabilities (they provide training,

support group, and referrals for families and caretakers of disabled children, CASAs would use them to help kids transition out of regional center services when they turn 3, also attended many trainings there)

- Homeless Pre-Natal Program (helping families get housing so they can reunify)
- Drug Treatment Programs: Jelani House, Walden House, Ashbury House (all programs that allow parents to have their children placed with them while in recovery, CASAs would rely on feedback from the counselors there on how parents were doing and how kids were doing)
- UCSF Child Trauma Research Project--Alicia Lieberman, Pat Van Horn (case consultations initiated by Department and by CASA)
- Bay Area Children First (provided therapeutic supervision for visits, CASAs would request their services often)
- Easter Seals Early Intervention Services Easter Seals (provide Physical therapy, occupational therapy, speech/language therapy, in home services, CASAs would identify need and make referral, or work with them at direction of the regional center)
- St. Elizabeth's Epiphany Center (families referred by DHS-FCS worker, with kids birth to three, go in home to teach parenting and life skills, trained in early intervention strategies for drug exposed infants, offer a Women's Day Treatment Program, STAR Project (Services to Accelerate Reunification), Epiphany House, Shared Family Care, Early Intervention Program, also train those who care for medically fragile infants)
- Edgewood Kinship Program (provide training, support, and referrals for relative caretakers of dependent children)
- Consortium for Children/Tom Rutherford Program (Permanency Planning Mediation, CASAs would request this service for adoptive families and some participated in the mediations themselves)
- Family Development Center (specialized child care program for special needs kids)

**Goal 4. Demonstrate, in year four, the effectiveness of CASA volunteers in facilitating early permanent placement of infants and toddlers.**

See the Results section of this report, starting on page 15.

## Case History

### **An example of CASA infant and toddler advocacy**

The following story furnishes an example of the type of advocacy provided by the Stuart Foundation grant. The names of each child and volunteer have been changed to protect their privacy.

Twins Elizabeth and Troy were born one year ago to alcohol- and cocaine-addicted parents. They and their six brothers and sisters, who range in age from toddler to preadolescent, are

developmentally delayed and have complex medical needs. They experienced severe neglect at home.

The only services the children received were from Volunteer Family Services, which sent a public health nurse to observe them shortly after their births. The nurse reported to the juvenile dependency court that the infants exhibited serious developmental delays. The court removed the twins and all of their siblings from their parents and placed them in foster homes. Elizabeth and Troy were placed in the same home. They were three weeks old.

Two weeks later, Troy died in his new foster home. The cause of his death was not known, but it was assumed to be Sudden Infant Death Syndrome. The foster parents elected not to keep Elizabeth because they worried that she might also die. She was moved to a home for medically fragile infants, where the causes of her developmental delays continued undiagnosed.

At the urging of Elizabeth's child welfare worker, Renee, a newly sworn San Francisco CASA (SFCASA) volunteer, was assigned to Elizabeth's case. The child welfare worker began to rely on Renee as a partner in advocating for Elizabeth. Together, they decided to have Elizabeth placed in the Mount St. Joseph–St. Elizabeth Epiphany Center for Families in Recovery, a highly specialized facility offering expert care to medically fragile infants.

Elizabeth's developmental delays became increasingly pronounced. Rather than move her eyes to focus on an object, she flung her head from side to side. A condition known as tongue thrust caused her to have difficulty swallowing food. Renee and the Child Welfare Worker attended monthly assessment meetings at the Epiphany Center and learned the details of Elizabeth's condition. Concerned that her condition might be neurological, they petitioned the court for permission and funding for an MRI. Their request was granted.

The MRI revealed an extremely rare and serious congenital neurological condition, an underdevelopment of the brain causing poor muscle and kidney function and speech impediments due to poorly functioning lungs and throat. Without treatment, the condition can be fatal. It was likely that it had been the cause of Troy's death.

At the Epiphany Center, Elizabeth received monthly developmental evaluations, daily infant therapeutic massage, physical therapy, speech pathology to address potential future speech problems, and the specialized attention of a primary care nurse. After five months of treatment, Elizabeth was considered stable enough to be moved to a foster-adoption ("fost-adopt") home.

Elizabeth's brothers and sisters have also been assigned SFCASA volunteers. When Renee's advocacy on behalf of Elizabeth uncovered the baby's neurological condition, the court approved MRIs to test for the condition in all of her siblings, and as expected, all were found positive. Now therapy and intervention have begun for them as well, and they have all shown demonstrable progress, particularly in the area of speech and language skills.

In addition to making comprehensive reports to the court on behalf of the children, the project volunteers facilitate regular sibling visits so that the children who are placed in different foster homes can remain close. The SFCASA I&T project coordinator notes an overall significant improvement in these children's sense of well-being, and affirms that, in view of their progress, they are all adoptable.

Without Renee's advocacy, both Elizabeth's placement at the Epiphany Center and the discovery of her and her siblings' neurological condition would have been unlikely. Now Elizabeth is able to swallow soft foods and has sat up and crawled months earlier than expected. She continues to have monthly assessments and quarterly full evaluations at the Epiphany Center. Renee reports regularly to the court on Elizabeth's needs and ensures the flow of information to everyone involved in the case. Renee will continue to be Elizabeth's advocate until her placement in a foster-adopt home is secured.

## Methodology

The original goal of this project was to determine the effect of CASA assignments on the length of time children remained in the dependency system. This outcome is one important indicator of the effectiveness of the project, but it is only one of many factors that should be considered. The Infants and Toddlers Demonstration Project resulted in several unanticipated changes in the dependency system and the CASA program. These outcomes could not be tracked through the child-specific data collection forms.

Furthermore, it was essential to have a clear understanding of the process of such an innovative program in order to adequately assess its efficacy. To gain this understanding, it was necessary to incorporate *qualitative* data collection techniques with the *quantitative* methodology previously planned. Child-specific (quantitative) outcomes were evaluated through the use of survey data. Interviews and focus groups provided qualitative information on the program's processes and outcomes. A brief description of the research methodology of the project follows.

### Quantitative data collection

**Program data.** Data were collected on 297 children. To ensure a random assignment, the first five children ages 0 to 3 who came into the county dependency system each month were assigned CASAs. Children were assigned CASAs at their detention hearings—generally the first time the case is seen before a judge. An I&T case manager filled out an entry form for each child at program entry (see Appendix A). In addition, followup forms were used periodically to track new case activity, such as changes in hearings or placements (see Appendix B). The data collection and followup forms focused on the following child-specific data:

- Demographics of child and CASA;
- Reason for removal from home;

- Average time in dependency system;
- Number of placements and hearings;
- Reason for case closure; and
- Final placement type.

### **Comparison data.**

Despite numerous attempts, including verbal and written agreements from DSS personnel at both the state and local levels, non-CASA comparison data were not available. We will continue to pursue these data for several more months and issue a followup to this report by the end of summer 2003. In the absence of non-CASA comparison data, we have compared the four counties to each other. Although this is not the optimal approach, it provides a great deal of useful information. The four counties operated in very different environments and had different levels of resources. Comparing them to each other allows us to assess the relative effectiveness of their approaches.

### **Qualitative data collection**

To evaluate the effectiveness of such an innovative project, it is necessary to explore both the impacts on children in the CASA programs and the impacts on the programs themselves. Program-specific qualitative data were collected during site visits. This information is presented by county in the County-Specific Information section on page 21 of this document.

From October 2000 through August 2001, the I&T site visit team, comprised of Francine Byrne, research analyst at the AOC; Stephanie Leonard, CASA grants manager at the AOC; and Sandra Hanson, deputy director of CalCASA, visited the sites of the four participating programs. Through interviews and focus groups, detailed information was collected on a variety of topics, including CASA-community collaboration, the level of judicial support for the demonstration project, program expectations, and perceived effects of CASA assignment on the length of time infants and toddlers spend in dependency. The following program participants were interviewed either one on one or in a focus group:

- CASA infant and toddler case managers,
- CASA executive directors,
- Dependency judges,
- Social workers,
- Dependency attorneys,
- County attorneys,
- Volunteers, and
- Foster parents.

In each county, the I&T site visit team explored the following program-specific outcomes in the interviews and focus groups:

- Effects of the I&T project on the dependency system;
- Effects of the I&T project on the CASA program; and
- Effects of the I&T project on children.

## Results

The information acquired through the data collection forms is summarized below. We used a statistical technique called ANOVA (analysis of variance) to analyze the differences in mean length of stay in the system across the four participating counties for the 161 cases that were closed within the time frame of the study. In addition to total length of stay, we compared the average time from placement in the permanent home to case dismissal and the time from removal from the home until permanent placement. Simple descriptive statistics are displayed to provide general information on the sample. Descriptive statistics specific to each county can be found in Appendix C.

### Demographic characteristics

**Child characteristics.** The average age of entry into the dependency system was 9 months for our sample; however 39 percent of the children entered the system before they were 1 month old. Approximately 50 percent were removed from their parents, and 41 percent were taken directly from medical facilities. Most of the remainder were removed from grandparents or other relative caregivers.

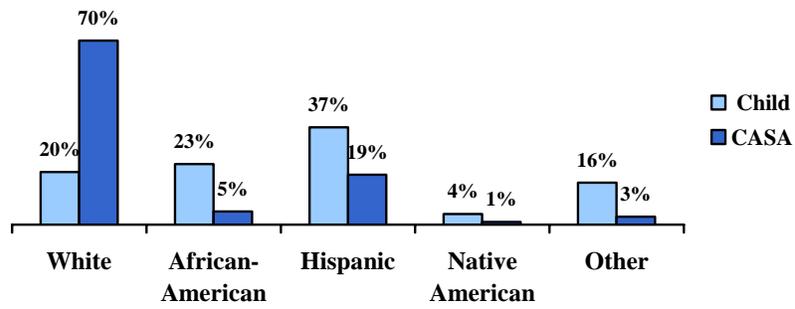
The vast majority of the children (79 percent) had at least one parent with substance abuse issues. The level of known parental substance use varied significantly among the four counties, ranging from 60 percent in Santa Clara to 92 percent in San Francisco. These rates are comparable to parental substance abuse rates found in other studies in California.<sup>7</sup>

**CASA characteristics.** The demonstration project children were the first assigned cases for many of the advocates in the study. Approximately 19 percent of the volunteers had had no experience as CASAs prior to their infant and toddler cases. Although the average number of years of experience was 2, the range was wide, from 0 to 20 years. The CASAs in the project were well educated, reflecting national trends. All had high school diplomas, and 65 percent were college graduates. Graph 1 displays the racial distribution of the CASAs and children in the project.

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<sup>7</sup> N. Halfon, A. Mendonca, and G. Berkowitz, "Health Status of Children in Foster Care: The Experience of the Center for the Vulnerable Child" (1995) 149 *Archives of Pediatric and Adolescent Medicine* 386–392.

Graph 1. Child/CASA Race

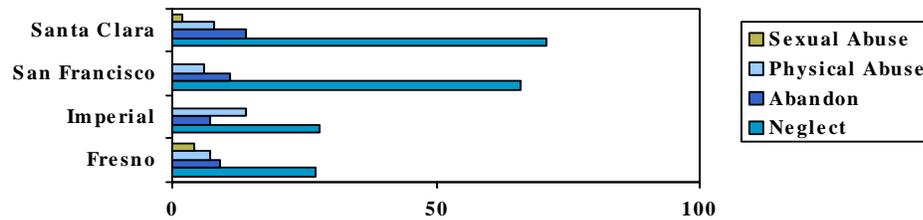


**Reason for**

**removal.**

The reasons for removal from the home varied among counties. Neglect was the most commonly cited reason for removal in all four of the counties; however, it accounted for only slightly over half of the removals in rural Fresno and Imperial Counties and well over two-thirds of the removals in the urban areas of San Francisco and Santa Clara Counties. See Graph 2 for details.

Graph 2. Reason for Removal



**Length of**

**stay**

**in the dependency system**

One hundred sixty-one cases closed during the time frame of the I&T project. The average stay in the system was longer than had been expected at the onset of the study. The original hypothesis was that the average case would close within the 12 months specified in the statutory guidelines. As Table 1 shows, this did not occur in any of the four counties. However, it should be noted that children themselves, particularly very young children, may not be significantly affected by the official closure of a case. Placement stability, on the other hand, has a profound impact on the lives of infants and toddlers. For this reason, we investigated the length of time the children were in unstable placements. We defined *instability* as the number of months between the time the child was removed from the home and the time he or she was moved to a permanent placement.

In addition, we looked at the length of time from the child’s permanent placement to the closure of the case (*length of placement stability*). Although this figure varied across the counties, on

average the children were placed in their permanent homes more than 12 months before their cases closed. Table 1 displays the length-of-stay breakdown by county.

**Table 1. Length of Stay by County (average months)**

County	Length of stay <sup>8</sup>	Length of instability	Length of stability
Fresno	22.9*	6.3*	16.3†
Imperial	14.2* †	7.8	7.5* †
San Francisco	19.1†	6.5	13.5†
Santa Clara	22.1*	10.1*	12.5*
<b>Four-county average</b>	<b>19.4</b>	<b>7.7</b>	<b>12.4</b>

\*  $p < .05$ .

†  $p < .01$ .

### Placement changes and number of hearings

Children were moved an average of 2.2 times while in the dependency system (Table 2). Fresno County had significantly fewer placement changes than the other four counties, whereas Imperial County had significantly more. Because of its rural nature and the lack of emergency foster care homes, Imperial County has a shelter where many infants and toddlers stay for a few days before being placed in their foster homes. This may explain its relatively high number of placement changes.

The average number of court hearings per case was 8.9. All four of the counties experienced more court hearings than anticipated at the beginning of the study, and more than the statutory assumption of four hearings in a “fast-track” case. Santa Clara County had significantly more hearings than any other county in the study. This can be at least partially explained by a monthly review protocol assigned to many of its cases.

**Table 2. Average Number of Placements and Hearings by County**

County	Placements	Hearings
Fresno	1.7†	7.2
Imperial	2.8	8.4
San Francisco	2.1	7.8
Santa Clara	2.3	12.3†

<sup>8</sup> The numbers in the other two columns may not add exactly to this sum due to rounding and to missing data in some cases.

<b>Four-county average</b>	<b>2.2</b>	<b>8.9</b>
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†  $p < .05$

### Type of permanent placement

The type of permanent placement heavily influenced the length of time in the dependency system. In adoption cases, achieving permanency—from the time the child entered the system to dismissal of the case—took an average of nearly 23 months. Cases in which reunification took place generally were dismissed within 17 months.

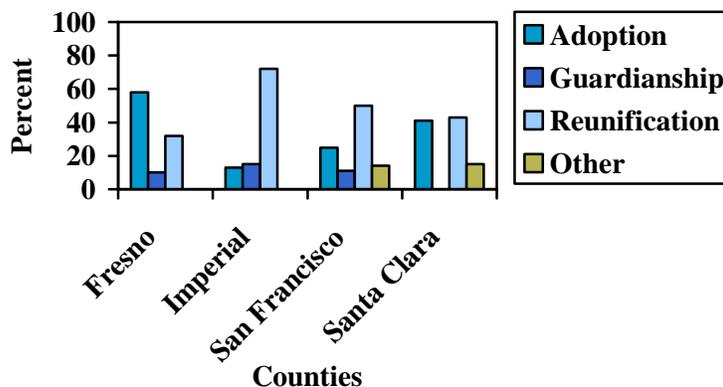
The type of final placement had fundamental impacts both on the length of time the case remained in the system and on placement stability. In cases that terminated in adoption, it took an average of less than 7 months after entry into the system for children to be placed in their permanent adoptive homes. Once they were placed in those homes, the cases remained open for nearly 17 months before dismissal.

In reunification cases, on the other hand, it took about 9 months for the children to be returned to their parents. Case dismissal occurred an average of 8 months after that.

Final placement statuses differed greatly among the four counties and explain a large part of the county differences in length of stay. For example, it took an average of close to two years to close cases in Fresno County, where nearly 60 percent of cases end in adoption. In contrast, Imperial County, which reunified families in 72 percent of its cases, closed cases in an average of slightly over 14 months.

While the majority of children were adopted, reunified, or placed in guardianship situations, some had different permanent placement plans. The two urban counties, San Francisco and Santa Clara Counties, placed some children in long-term foster care. In nearly all of these cases, grandparents, relying on state resources available to foster caregivers, were the guardians. Graph 3 compares the final placement types of the four counties.

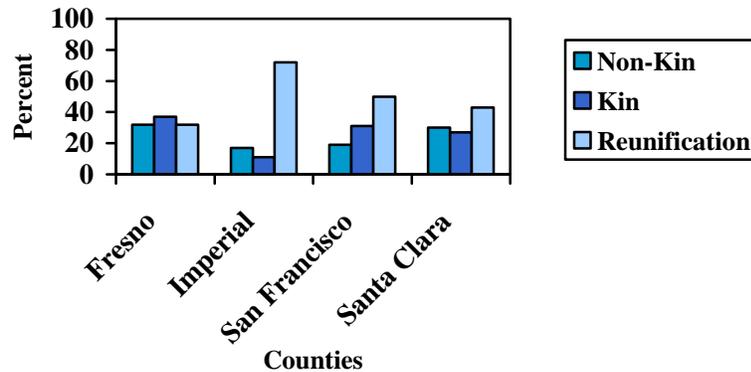
**Graph 3. Final Placement Type**



### Effects of relative placement on case closure

Case resolution in adoption, guardianship, or reunification is only one component of final placement type. In nonreunification cases it is also important to look at whether children are placed with family. Approximately 42 percent of the children placed in guardianship or adoption went to live with relatives. Graph 4 displays the breakdown of relative placements by county.

Graph 4. Kin v.s Non-kin Final Placement



Cases in which the children were placed with relatives took more time to be resolved, on average, than non-kin placements. The average length of stay in the system for relative adoption cases was approximately 27 months, whereas nonrelative adoption cases took less than 22 months. This is a statistically significant difference ( $p < .05$ ).

This difference in “length of stay” stems partly from the fact that the time between the termination of parental rights (TPR) and case closure varied significantly depending on whether the child was placed with relatives. The cases in which the child was placed with a relative took an average of 9.9 months from the time of TPR to case dismissal, whereas nonrelative placements took only 8.7 months. This statistically significant difference ( $p < .05$ ) may be due to the fact that relatives might require additional services to prepare them for the adoption or guardianship, since they are likely to have some of the same risk factors as the child’s parents, and since relative caregivers may not be as prepared for a permanent situation as a non-relative adoptive family.

Information gathered during the interviews suggested that one of the major obstacles to case resolution in adoption and guardianship cases occurred in the time between the termination of parental rights and case dismissal. In nearly 30 percent of the cases, the time from TPR to case dismissal was more than a year. It was during this time that the CASAs were perceived as being particularly effective in ensuring that the case did not slip through systemic cracks.

## **Comparison with statewide length of stay**

In the absence of comparison data from the four participating counties, no methodologically sound statistical tests can be performed to determine quantitatively the impact of CASA assignment on the lengths of infants' and toddlers' stays in the dependency system. However, published reports on median length of stay are available through the University of California at Berkeley and the State Department of Social Services.<sup>9</sup> Median length of stay is the period of time within which 50 percent of cases close.

Sadly, research has suggested that infants may actually remain in the system longer than children in other age groups.<sup>10</sup> The published statewide median length of stay for all children, regardless of age, is 18 months. Previous research has estimated the median length of stay for infants in California to be 25 months.<sup>11</sup> In the demonstration project, the median length of stay for closed cases was 17.6 months. Length-of-stay information from counties in California can be found in the individual county sections.

Comparisons should not be made between the published reports on median length of stay and the information provided in this document, for the following reasons:

- The statewide data do not separate length of stay by age group, and they include all children in the system ages 0–3.
- It is not possible to extricate the CASA cases from the statewide information.
- The quality of the statewide information is questionable.

Although a true measurement of the effects of CASAs on case length is not possible, information on median length of stay is provided in this document as a way of describing the state of the dependency system. Median length of stay by county can be found in the following county-specific sections.

## **Systemwide results**

The I&T site visit team obtained program information from the project counties through early site visits, quarterly progress reports, and meetings with case managers. The four participating counties represent California's economic, racial, and geographic diversity. Therefore, each one's experience with the Infants and Toddlers Demonstration Project was unique. Key results of the project are reported in the following section. For more detailed information on the individual counties, see Appendix C.

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<sup>9</sup> B. Needell et al., *Child Welfare Services Reports for California* (2002). Retrieved from University of California at Berkeley Center for Social Services Research Web site: <http://cssr.berkeley.edu/CWSCMSreports/>.

<sup>10</sup> S. Kemp and J. Bodonyi, "Infants Who Stay in Foster Care: Child Characteristics and Permanency Outcomes of Legally Free Children First Placed as Infants" (2000) *Child and Family Social Work* 5, 95–106.

<sup>11</sup> J. D. Berrick, B. Needell, R. P. Barth, and M. Jonson-Reid, *The Tender Years: Toward Developmentally Sensitive Child Welfare Services for Very Young Children* (New York: Oxford University Press, 1998).

**Increased system collaboration.** Unlike CASAs serving older children, who have varying levels of interaction with their assigned children's social workers, I&T CASAs must communicate extensively with all of the adults involved in the child's case. The demonstration project required significant collaboration between CASA and the county social service agencies. The levels of system collaboration varied among the four counties. Some CASA programs experienced increased collaboration at high levels and began cooperative projects with county social services agencies to train staff in issues of infants and toddlers (0–3). System collaboration in other counties occurred mainly at the level of individuals.

The roles and responsibilities of infant and toddler CASAs differ from those of CASAs serving older children and tend to overlap more with the responsibilities of the social workers. While determining a proper division of labor required some negotiation with the social workers in many cases, it has opened the lines of communications in all of the participating counties.

**Heightened system awareness of unique needs of very young children.** The I&T project provided all four participating counties with an opportunity to educate key system players in infant and toddler mental health issues. The education occurred at both the program and individual levels. CASA infant and toddler case managers arranged for 0–3 educational seminars for judicial officers and representatives from social service agencies. In some counties, case managers were instrumental in the formation of multidisciplinary teams geared toward providing services to children in that age range.

Educational efforts were also necessary in individual cases. Infant and toddler CASAs requested services and assessments and provided input about placements. CASAs often needed to provide information on infant and toddler development to judicial officers and other system players in order to support these requests.

**Increased visibility of CASAs.** The Infant and Toddler Demonstration Project increased the visibility of CASA programs to both the dependency system and the public. In the past, because of the sheer volume of cases (particularly in the urban counties), it has been impossible to assign CASAs to as many cases as would potentially benefit from them. In addition, CASAs working with older children may not appear in court as often as I&T CASAs. The early assignment of infant and toddler advocates and their participation in every court hearing enhance their position as key players in the cases.

Working with infants and toddlers has increased the public's level of awareness of CASAs. As a result, volunteers and donors have been attracted to the CASA program specifically because of their desire to work with very young children. Some of the CASA programs have received Proposition 10 funding, earmarked for services for children age 0 to 5, to continue their infant and toddler programs. San Francisco County received funding to expand its program from a private donor who had an interest in children in that age group.

## County-Specific Information

### Fresno County

**County overview.** Fresno County is an agricultural community in central California. It has a relatively large population of nearly 825,000 and is ranked 41st of California's 58 counties in per capita income. Its large geographic area has both rural and urban components. Fresno County has a large dependency caseload, with nearly 3,500 children supervised by Child Welfare Services in out-of-home placements, accounting for slightly over 1 percent of the population over age 18.<sup>12</sup> In the decade from 1991 to 2001, the proportion of children under age 5 in the Fresno County dependency system has increased from approximately 41 percent to nearly 49 percent. The median length of stay for all children in the system, regardless of age, was 20 months.<sup>13</sup>

The Stuart Foundation-funded demonstration project served 55 children in Fresno County. Forty-two of their cases closed during the duration of the project. CASA of Fresno County has secured Proposition 10 funding to continue and expand its infants and toddlers program.

**Effects of the I&T project on the CASA program and the dependency system.** The Infants and Toddlers Demonstration Project has been very successful in Fresno County and has contributed to several systemwide changes in the dependency system there. In partnership with the county Department of Children and Family Services (DCFS), the CASA program is now involved in assessing the case of every child under age 3 and determining the child's need for a CASA assignment and/or additional services. Awareness among judicial officers of issues pertaining to children in this age group has increased substantially in Fresno County. The county has dramatically improved its level of county-CASA collaboration, and CASA has become a highly visible presence in the dependency system.

Fresno County CASA recognized the need to partner with county agencies at the onset of its infants' and toddlers' program. CASA Executive Director Polly Franson consulted with DCFS Acting Director Cathi Huerta during the process of applying to the Stuart Foundation for project funding. Prior to that contact, according to Huerta, "I had not put any consideration into the unique needs of that age group. . . . We were both smart enough to know that we needed each other to create a good infant and toddler program in the county." The collaboration between the heads of the two agencies fostered effective communication and cooperation between advocates and social workers. DCFS has incorporated instructions on working with CASAs into its core training curriculum.

*Infants and Toddlers Treatment Team.* Fresno County CASA has been instrumental in establishing the Infant and Toddlers Treatment Team—a multidisciplinary team of experts in

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<sup>12</sup> [Needell, B., Webster, D., Cuccaro-Alamin, S., Armijo, M., Lee, S., Brookhart, A., Lery, B., Shaw, T., Dawson, W. & Kim, H. (2002). Child Welfare Services Reports for California. Retrieved from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/CWSCMSreports/>

<sup>13</sup> *Ibid.*

young children, including CASAs, infant mental health therapists, and Early Head Start staff. Each week, cases identified by DCFS and/or CASA are staffed for services specific to the needs of individual infants and toddlers and their families. This team has been very successful in identifying and addressing critical issues that, left unattended, could very well result in additional trauma, behavior issues, lack of proper development, and unresolved grief.

*Zero–5 Unit.* The Fresno County DCFS has established a unique unit dedicated to addressing the needs of children ages 0–5 and their siblings. Historically, Fresno County social workers have had no specific training in working with this age group. Fresno County CASA is assisting in training the social workers who will staff the unit. Training topics will include infant-toddler mental health, attachment and bonding issues, developmental milestones, and health matters relevant to infants and toddlers. Much of the countywide emphasis on children in this age group can be attributed to the I&T project. Huerta states, “We would probably not have gone to 0–5 if it were not for the CASA I&T project.”

*BASYC Program.* The Baseline Assessment and Screening for Young Children program is a newly created collaboration between Fresno County CASA and DCFS. It is an assessment and screening pilot program for children ages 0–5 entering the dependency system. The BASYC team is currently made up of four CASA evaluators and four DCFS social workers. The baseline investigation includes gathering birth and medical information, placement history, and other pertinent case information. Most of this information is gathered by interviewing the parents, caregivers, and others related to the case.

*Increased Judicial Awareness of Infant and Toddler Issues.* Fresno County has two judicial officers working exclusively on dependency cases. Both are highly supportive of CASA. One judge sits on the board of directors of Fresno County CASA. The court conducts monthly in-house trainings in dependency proceedings for attorneys. CASA is invited to the trainings, as well.

According to the judicial officers, the I&T project has been instrumental in changing the focus of the county dependency system to children ages 0–3. There is now a belief that “getting them” at a younger age will have more of an impact on the overall system, and an emphasis must be chosen since resources are limited. This focus on young children is a radical departure from the approach taken prior to the I&T project. One judge stated: “In 1997, it was not possible to order infant mental health services because they weren’t available in the county. The attitude at that time was that children under age 5 didn’t need special services. . . . CASA and Cathi Huerta were critical in the development of the 0–5 focus. It was an educational process for us. They had experts [in early childhood development] come in and talk to us [about attachment and other infant mental health issues].”

**Effects of the I&T project on children.** Although nearly all of the people interviewed felt that having an advocate on an infant or toddler case had a significant impact, few believed that a CASA would shorten the time the child was in the dependency system. Several people stated

their feeling that a CASA may have a positive effect on the *quality* of placement for a child and therefore may help reduce the child's *number* of foster care placements (since successful placements need not be truncated).

Few of the CASAs who were interviewed related their involvement to shortening the length of the child's stay in the dependency system. Those who felt they did have an impact on case length were all involved in adoption proceedings. Adoptions require a great deal of paperwork and tend to be time-consuming. CASAs often assisted in filling out the paperwork and "acted as the squeaky wheel," ensuring that files did not get held up in the bureaucratic process.

## **Imperial County**

**County overview.** Imperial County is a small county with a population of 150,000, bordered by San Diego County and Mexico. It is ranked 55th out of California's 58 counties in per capita income.<sup>14</sup> Fewer than 500 children in Imperial County—approximately 0.5 percent of its population under age 18—are supervised in out-of-home placements by Child Welfare Services.<sup>15</sup> CASAs are assigned to an estimated 25 percent of those children, a relatively significant number of cases. In the past decade, the number of children in the dependency system has more than doubled while the proportion of children under age 5 has decreased from slightly over 50 percent in 1991 to approximately 42 percent in 2001.<sup>16</sup> Because Imperial is a small, relatively poor county with few resources or services for children ages 0–3, the CASA program is one of the key players in the county dependency system.

The Imperial County bench takes pains to adhere to mandated case processing times for children ages 0–3. In the past, cases regularly took two to three years to close. The current juvenile court presiding judge has emphasized the mandatory timelines. The median length of time that children, regardless of age, spend in the dependency system in Imperial County is 10 months.<sup>17</sup>

CASA of Imperial County was founded in 1994. It has four staff members, including both full- and part-time workers. CASA has taken advantage of the benefits of small-town life. Stakeholders in the dependency system operate in a close-knit community and utilize their relationships to the advantage of children in the system. There is a reasonably good working relationship among CASAs, social workers, and attorneys in the county. Problems with communication and information sharing are not as prevalent in Imperial as in large counties.

**Effects of the I&T project on the CASA program and the dependency system.** Prior to the advent of the infants and toddlers program, very few CASAs were assigned to children in that

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<sup>14</sup> The 2001 per capita income in the county was \$17,550. 2001 Census data from Department of Finance Web site: [www.dof.ca.gov/HTML/FS\\_DATA/profiles/imperial.xls](http://www.dof.ca.gov/HTML/FS_DATA/profiles/imperial.xls).

<sup>15</sup> B. Needell et al., *Child Welfare Services Reports for California* (2002). Retrieved from University of California at Berkeley Center for Social Services Research Web site: <http://cssr.berkeley.edu/CWSCMSreports/>.

<sup>16</sup> *Ibid.*

<sup>17</sup> *Ibid.*

age group. The project has increased program and community awareness of the unique needs of children in this age range. It has made the community aware of the numbers of very young children who go through the system. The I&T project has encouraged the CASA program to examine placement issues more than in the past. It has also enabled them to develop additional training and education activities. This has benefited cases of all age groups.

Some interview respondents felt that the I&T project had been beneficial in reducing the workload of the Department of Social Services in Imperial County. The responsibilities of I&T CASAs tend to have more overlap with social workers than the responsibilities of advocates for older children. Although this may cause stress in dealings between the two agencies, it also provides DSS with additional resources to manage its heavy caseload.

The demonstration project had an additional important and unexpected outcome in Imperial County. The addition of Demonstration Project personnel allowed the CASA program to begin working with the local Quechan Indian tribe for the first time. The Quechen social worker and a CASA I&T volunteer have established a positive working relationship that will open the door for collaboration between the two groups for children of all age groups.

**Effects of the I&T project on children.** Some interview respondents stated that the I&T project had brought previously ignored issues of children under age 3 to the forefront. Numerous incidences of the qualitative impact of I&T CASAs were noted. For instance, when a Spanish-speaking child was placed in an English-only home, the CASA was the only person who advocated for a better placement. CASAs were consistently able to spot developmental problems that went unnoticed by social workers. One CASA discovered that a caregiver's boyfriend was violating a restraining order and looking after the child. One advocate was able to locate a child's relative, who later became his adoptive parent.

## **San Francisco County**

**County overview.** San Francisco County has one of the highest rates in the state of per-capita children in the dependency system. In July 2002, Child Welfare Services supervised nearly 2,500 children in out-of-home placements,<sup>18</sup> accounting for approximately 1.6 percent of the population under 18. San Francisco City and County is the most densely populated of California's 58 counties and DSS often cannot place children in its vicinity. According to DSS, more than 40 percent of children in the county dependency system are placed outside San Francisco.<sup>19</sup> In the decade from 1991 to 2001, San Francisco experienced a decrease in the proportion of children under age 5 entering foster care for the first time, from 61 percent to

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<sup>18</sup> Statistic retrieved from California Department of Social Services Web site: [www.dss.cahwnet.gov/research/res/pdf/CWS/2002/cws1jul02.PDF](http://www.dss.cahwnet.gov/research/res/pdf/CWS/2002/cws1jul02.PDF).

<sup>19</sup> *Ibid.*

53 percent. The median length of stay for first entry in the San Francisco dependency system—for all children, regardless of age—was 19 months.<sup>20</sup>

Shortly after the beginning of the Stuart-funded demonstration project, a private donor was informed of the program and contributed \$300,000 to fund an additional program for children under age 3. Therefore, San Francisco supported two infant and toddler programs during the project. The Stuart Foundation grant has supported one case manager and 86 children.

**Effects of the I&T project on the CASA program and the dependency system.** The I&T project has been instrumental in increasing the visibility of CASAs in the courts. Because of the early assignment protocol, I&T CASAs are assigned much earlier in the cases and appear in court far more often than do advocates who work with older children. Either the advocate or the I&T case managers attend every hearing of each child in the project. This increased visibility is important in establishing trusting relationships between CASAs and other system players, such as attorneys, judges, and social workers. Several members of the CASA staff viewed this as a significant development.

Early assignment may encourage judges to assign advocates or services in a preventive manner when possible. The intense involvement of the CASA program in the dependency process that is necessary for very young children has been instrumental in increasing the program's knowledge of and experience in dealing with all dependency cases.

The I&T project has encouraged San Francisco CASA to focus on specialization by age group. They recognized that distinct training, supervision, and advocate selection criteria were needed. The demonstration project enabled the CASA program to incorporate continuing education classes for their advocates. The project protocol limiting the caseload of each case manager to 30 children has encouraged the program to re-evaluate effective caseload sizes for its staff. (Case managers working with older children have nearly double that number of cases.) Infant and toddler cases tend to be more labor-intensive and require more supervision, but without the 30-case limit, I&T case managers most likely would have had much larger caseloads.

The project has increased the level of CASA's involvement in the community. San Francisco CASA partnered with the Child Trauma Research Center at San Francisco General Hospital and the University of California at San Francisco Medical School. Child development expert Dr. Alicia Lieberman has worked closely with the CASA program and has addressed its training classes.

The opportunity to work with and support programs geared specifically toward infants and toddlers has attracted both volunteers and funders in San Francisco. Advocates who may not

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<sup>20</sup> B. Needell et al., *Child Welfare Services Reports for California* (2002). Retrieved from University of California at Berkeley Center for Social Services Research Web site: <http://cssr.berkeley.edu/CWSCMSreports/>.

have been interested in becoming a CASA under normal circumstances have joined specifically to work with this age group.

**Effects of the I&T project on children.** Several interview respondents, including CASA staff, advocates, attorneys, and bench officers, mentioned that infants and toddlers who were assigned CASAs were referred to and obtained services more often than children without advocates. CASAs tend to spend more time with the child than social workers do, and are trained to detect potential mental health problems such as developmental delays and attachment disorders in order to request professional evaluations. These problems are difficult to identify in preverbal children and tend to be unveiled over the course of time.

Many key stakeholders in the dependency system were unsure whether CASAs affected the length of time that infants and toddlers remained in the system, particularly in cases of reunification. Several felt that, because of CASAs' referrals for additional services, their presence on a case may have actually extended the length of time the child was in the system. CASAs stated that they felt the appropriateness of the placement was more important than speedy case dissolution, and they were willing to stall case closure to ensure that the child received necessary services.

Other interview respondents in San Francisco felt that CASAs were very effective in moving cases along. Several attorneys, a social worker, and a judge indicated that they felt the advocates were particularly adept at acting as "squeaky wheels." "The CASA keeps you on track. The case is more directed."

Several interview respondents believed that CASAs accelerated case closure when children were adopted. One CASA was able to locate a toddler's out-of-state relative, who then adopted the child. CASAs have assisted in completing adoption paperwork. Adoption cases tend to slow down after parental rights are terminated, and a CASA is seen as one of the few players who keep the momentum of these cases going. One attorney stated that a CASA forced her to follow up on a case whose paperwork kept getting lost in the system after parental rights were terminated. She did not believe she would have pursued the case were it not for the CASA's phone calls and e-mails.

## **Santa Clara County**

**County overview.** More than 2,500 children are supervised in out-of-home placements by Child Welfare Services in Santa Clara County.<sup>21</sup> This accounts for approximately 0.5 percent of children in the county under age 18. In the decade from 1991 to 2001, Santa Clara County experienced a decrease in the number of children in the dependency system; however, the proportion of children under age 5 remained relatively constant. Children in that age range made

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<sup>21</sup> Statistic retrieved from California Department of Social Services Web site: [www.dss.cahwnet.gov/research/res/pdf/CWS/2002/cws1jul02.PDF](http://www.dss.cahwnet.gov/research/res/pdf/CWS/2002/cws1jul02.PDF).

up slightly less than 45 percent of the total foster care population in 1991 and nearly 46 percent of the foster care population 10 years later. The median length of stay for first entry in the Santa Clara dependency system—for all children, regardless of age—was 10 months.<sup>22</sup>

Child Advocates of Santa Clara County was founded in 1986 by the judge who now presides over the Santa Clara County dependency court system. In 1990 it was expanded to include San Mateo County. It is the largest affiliate of the National Court Appointed Special Advocate Program.<sup>23</sup> CASA in Santa Clara has enjoyed a long and cooperative relationship with the bench and is viewed as one of the key players in the county dependency system.

**Effects of the I&T project on the CASA program and the dependency system.** Prior to the institution of the program, Child Advocates of Santa Clara and San Mateo Counties assigned very few advocates to children ages 3 and younger. Few county services were available for this age group, and there was little understanding of the need for services for children so young. Although the lack of infant and toddler resources continues to be somewhat of a problem, the project has been effective in spotlighting some of the issues that affect children that young. The I&T case manager arranged for early childhood development specialist Dr. Alicia Lieberman to speak to a group of court and community leaders about the importance of improving mental health services to children under age 3. A collaborative group was started with county Department of Mental Health that focuses on infant mental health. The I&T case manager is a member of the group.

The I&T project has had a marked effect on the workload of the CASA program in Santa Clara County. Program personnel originally believed that the cases of infants and toddlers would take less time than those of older children, due to mandatory case processing timelines for children ages 0–3. They now feel that the cases take at least the same amount of time as older children’s. Problematic infant and toddler cases tend to be at least as complicated as the most difficult cases of older children. According to CASA staff, much of the increased workload is due to the fact that this is a pilot project serving a population that was previously underserved by CASA.

One of the other major effects of the I&T project mentioned by CASA program staff was the impact on the relationship between CASA and the Department of Family and Children’s Services. Because CASAs generally were not assigned to children in that age group prior to the project, few social workers who deal with infants and toddlers are familiar with working with CASAs. This caused some difficulties at the beginning of the program, but most of the major problems have now subsided. Both the CASA and DCFS staffs have noted an increase in the level of their communication in recent months, although there continue to be some disagreements about overlapping responsibilities.

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<sup>22</sup> B. Needell et al., *Child Welfare Services Reports for California* (2002). Retrieved from University of California at Berkeley Center for Social Services Research Web site: <http://cssr.berkeley.edu/CWSCMSreports/>.

<sup>23</sup> Y. Wronge, “Child Advocates Make Vital Link,” *San Jose Mercury News* (June 29, 2002).

**Effects of the I&T project on children.** Several interview respondents indicated that infants and toddlers who had CASAs received more services than those who did not. A bench officer stated that the infants and toddlers with CASAs were the *only* children in that age group who received referrals to services. Although the county was perceived as having relatively few services for children in that age group, the services that were available were more commonly accessed when an advocate was on the case.

Several interviewees described the qualitative difference CASAs have made in the lives of children and families. One baby in the project died from congenital health problems. The CASA accepted the responsibility of informing the child's siblings of the death, and was one of the few people at the funeral. Several respondents indicated that the advocates do a substantial amount of work with the birth and foster parents. The I&T project emphasizes the importance of role modeling effective parenting behavior to caregivers. One bench officer stated that CASAs seemed to greatly reduce the anxiety of foster parents, which, in turn, must reduce the child's anxiety.

## Promising Practices and Lessons Learned

The development of "Promising Practices and Lessons Learned" is a key component of this study. Due to the innovative nature of the project, several of the original program expectations needed to be adjusted and the initial practices needed to be refined. The documentation of promising practices enables CASA programs interested in replication to learn from the experiences of the four pilot counties. The following section of promising practices constitutes information acquired at the completion of year three of the Demonstration Project, obtained from Infant and Toddler Project case managers at each of the four sites.

### **Volunteer recruitment and orientation**

**Recruit specifically for I&T CASAs.** Some programs have recruited specifically for I&T CASAs by doing presentations at college classes, including Social Work, Criminology, and Early Childhood Development. Others have attracted candidates for infant and toddler cases at foster family orientations. One program partnered with the county mental health department for community presentations. One program found that the most successful I&T volunteers were people age 40 and older and specifically targeted that group. I&T information is also posted on program Web sites, in the hope to attract volunteer candidates interested in that particular age group.

**Emphasize unique time commitment of I&T CASAs.** It was originally estimated that Infant and Toddler cases would require less time than the cases of older children. In fact, infant and toddler cases require at least as much time as other cases—often more time in the beginning of a case— however, the time is spent differently.

I&T CASAs often spend less time with the child than CASAs for older children and more time with the adults relevant to the case. There are generally more court hearings for very young children. I&T CASAs must therefore write more court reports than CASAs serving older children. They also must spend time in an educational role. Requests for services, assessment and placement recommendations often need to be supported by providing information about the unique need of very young children to key system players.

Work on Infant and Toddler cases may appeal to volunteers with variable work schedules, who can schedule meetings during conventional work or school hours. I&T advocates make less frequent visits to the child as the case is moving closer to dismissal. There is a gradual reduction in visits and more telephone contact until the case is dismissed.

**Educate volunteers on roles and responsibilities specific to I&T CASAs.** CASAs for infants and toddlers tend to do less mentoring and more advocacy work on their cases. They work more closely with social workers and the county agencies. I&T volunteers should feel comfortable in the advocacy role.

### **Volunteer training**

**Determine program bonding philosophy prior to training.** Two distinct approaches to infant and toddler bonding have emerged from the demonstration project. Two of the programs believe that the CASA should bond with the child as much as possible, while two feel that “the CASA’s job is not to bond with the child, but to find the person(s) who will.” One approach emphasizes advocacy and building a relationship with the child, and the other approach primarily encourages comprehensive advocacy for the child. It is not the intent of the project to conclude which approach is optimal at this time, however, it is strongly recommended that programs determine their approach in advance and train advocates consistently.

**Incorporate I&T specific training into core training curriculum.** While some training specific to Infant and Toddlers can be done after CASAs have been chosen to work with that particular age group, it is important to incorporate some 0-3 training into the core curriculum. This assists volunteers and case managers in determining the best I&T volunteer candidates and provides useful training for CASAs who may be assigned older children that have infant and toddler siblings. I&T specific training and continuing education should emphasize the following areas, among others:

- *Early childhood development.* Attachment and developmental issues are key focus points in mental health training for infant and toddler volunteers, and CASA programs should incorporate the philosophy about attachment and bonding issues into their training. Some programs address topics such as “Shaken Baby Syndrome,” “Fetal Alcohol Syndrome,” and the effects of prenatal substance abuse on children.
- *Legal issues specific to children age 0–3.* Dependency cases with children in this age group are often more complex than cases with older children. They have more court

hearings and are under more strenuous time constraints. One program has a judge come in to speak to the volunteers about fast track timeline and other legal complexities which may affect the cases of kids aged 0-3.

- *Report writing.* Because infant and toddler cases have more court hearings than other cases, training on writing reports to the courts is particularly important. Some programs provide specific report outlines to their volunteers, detailing information that should be included in all reports.
- *Public health information specific to age 0–3.* Some programs train their I&T CASAs on public health topics such as vaccination schedules, car seat installation, and nutrition.
- *Working with system participants.* Because the primary work of an I&T Volunteer is advocating for services and collaborating with or assisting the adults in the child’s life, training on how to work with these adults is also very important. It is particularly useful to provide training on how to work with “difficult” or “non-cooperative” parents, foster parents, and social workers.

### **Time of CASA appointment**

**Encourage court to appoint CASA at detention.** When a CASA is appointed at detention, the program can directly keep track of the child’s history, including placements, medical issues, and relationships with birth parents and foster parents; and is not dependent upon the case social worker for the information.

### **Supervision**

**Establish regular contact between case manager and CASA.** Infant and Toddler volunteers may benefit from more supervision than CASAs for older children. Since Infant and Toddler cases de-emphasize mentoring and focus on advocacy, supervisors may be more utilized. I&T CASAs have more reports to write and interact more closely with case-relevant adults, such as social workers, parents and foster parents. They may benefit from increased supervisory assistance in navigating the legal and dependency systems. Some case managers have found the following practices to be helpful:

- *Attend first home visit with I&T CASA.* As case managers tend to be more involved in infant and toddler cases than those of older children, some programs have found it effective for the case manager to accompany the CASA on the first home visit. This also ensures that birth and medical history can be accurately recorded.
- *Confer with volunteer before each court hearing.* Each hearing has a specific agenda. Court reports should be tailored to address the information necessary in each type of hearing.
- *Establish multiple lines of communication between case manager and volunteer.* Because infant and toddler cases require more supervision, case managers should be available through multiple means, such as email, telephone and in-person. Some

programs have found it effective to require more frequent contact with I&T CASAs, at least in the initial stages of a case.

- *Require volunteers to submit monthly contact logs.* Contact logs contain the volunteers' activities accomplished on behalf of the child. Because the majority of the work performed by the CASA is advocating for services for the infant or toddler and because an I&T case can be one of great activity, it is important that the volunteer record contacts and activity on behalf of the child and submit the case logs to the case supervisor. One program requires volunteers to write two page report letters.
- *Provide ongoing support to volunteers.* Program staff provide a great deal of support for volunteers as they work with the foster parents, birth parents, social worker, mental health worker, enrichment program staff members, etc. One program offers an "Early Childhood Discussion Group" as a monthly in-service with specific training topics. Volunteers can also discuss substantive issues and share successful techniques for dealing with difficult system partners.

**Manage volunteer expectations.** CASA volunteers should play a role in advocating for a case plan and assuring that updated case plans include services designed to serve the particular needs of the individual family related to the reasons the child came into the system. If the child can be returned home without a substantial risk of detriment to the child's safety, protection, or physical or emotional well-being, then the presumption is return home. Supervision is needed to help CASA volunteers understand that the court is not using a best parenting standard or substituting its own values or anyone else's about what is optimal parenting, but rather is looking to see if the risk of harm to the child can be managed with services so that the child can safely be returned home.

**Provide specific I&T resources to volunteers.** The number and availability of I&T resources were unique to each county. One county had an abundance of resources available and another county had very few. One program created a referral list for all agency referrals in the county. Another program developed an assessment tool for the CASA program manager and a CPS social worker to provide the court information about medical background, prenatal history, and relationship issues between parents and child. One program discovered that Victim Witness Funds could be provided to children who had been drug exposed in utero.

## **Placement issues**

**Monitor placement stability.** Placement stability is crucial for a 0-3 year old child. Because one of the primary developmental tasks occurring during this age period is attachment and bonding with a primary caretaker, it is very important that a relatively stable placement be found as soon as possible. I&T case managers have found the following practices to be helpful:

- Educate bench officers re: infants and toddlers' mental health issues. Judicial support is essential to ensure placement stability.

- Collaborate with CPS on placement issues. One program periodically attends “matching meetings” with CPS staff where the child and the adoptive parent are matched. Another program visits and interviews a prospective foster parent to evaluate the suitability of the placement.
- Collaborate with system partners on a regular basis. Several programs participate in “team” meetings or collaborative meetings with system partners, sometimes weekly but usually monthly. The participants can include the judge, social workers or CPS supervisors, attorneys, and mental health representatives. Additional collaboratives might include representatives from regional centers, early enrichment programs, public health childcare, medically fragile FFA representatives, and representatives from emergency shelters.
- Encourage concurrent planning for placements. The CASA and the social worker can work together from the beginning of the case to investigate appropriate permanent placement options for the child, if reunification does not occur.

### **Infant and toddler services**

**Request that infants and toddlers attend early enrichment programs.** Many of the infants and toddlers served by CASA have been prenatally drug exposed or parents are known substance abusers. Also as a result of a parent’s addiction, a child may be severely neglected, and the parents may overlook basic needs. As a result, the children are often developmentally delayed. Participating in an early enrichment program can offer a child cognitive stimulation, and socialization skills derived by playing with other children. Options for early enrichment programs include:

- Early Head Start
- Babies First
- Infant/parent programs
- Early Start (coordinated by Regional Centers and provides services for children with disabilities and high risk children with significant developmental delay)
- Home visit programs, including:
  - Gardner Programs (therapists visit home to provide intervention)
  - Public Health Nurses (visit first time moms to provide in-home parenting classes)

### **Collaboration with system partners**

**Relationship with birth parents.** A trusting and helpful relationship will reduce the parent’s hostility and may assist working toward reunification, if appropriate. Case managers found the following techniques helpful:

- Establish a relationship (if relevant) with birth parents right away
- Birth parents involvement will reduce animosity between foster parent and birth parents and CASA advocate

- Take photo of child and bring it to the juris/dispo hearing to show the parent
- Provide transportation, which may offer private time to hear parent's story
- Offer assistance in filling out Medical and Family Information Form
- Assist in supervised visitations
- Create "Life Books" for the children; provides child's history for child and parent if reunified

**Relationship with foster parents.** Case managers emphasize the importance of establishing a collaborative relationship with all system partners, but especially with the foster parents. Because the primary work of the volunteer will be advocating for the child and observing how the child is interacting with relevant adults in his or her life, establishing a trusting relationship with the adults will make the advocacy work move more smoothly. Case managers found the following techniques helpful:

- Ask social worker how best to meet child and foster parent,
- Visit child and foster parent with social worker the first time,
- Send court order and introductory notice of assignment letter to foster parent,
- Seek ways to help foster parents to deal with dependency system or to offer respite in caring for the child (i.e. transportation to medical appointments, supervised visits with birth parents),
- Be the voice of the foster parent (if appropriate) in court, and
- Provide CASA training (by program staff) to the foster parent organizations or specific foster parent training classes.

**Collaboration with county agencies.** One county's case manager has been working with supervisors and program managers at the Department of Children and Family Services (DCFS) to create a specialized unit that will handle children ages 0–36 months. In addition, in-service trainings for I&T advocates in Fresno now include DCFS social workers.

## **Permanent plan**

**CASAs should aid social workers in establishing a plan for permanent residency for the child.** It is particularly important for concurrent planning to occur in cases of infants and toddlers. That is, plans for reunification and adoption or permanent guardianship should be executed simultaneously. There are many ways in which a CASA can assist in the implementation of a permanent plan.

- It is important to make sure that thorough background checks on relatives are conducted to ensure that relatives are stable and reliable and that they will be able to adopt.
- One program has a concurrent planning specialist assess relatives in the dependency investigation stage; if the relative is not appropriate or will not commit to adoption, the child is placed in a foster/adopt home.

- One program emphasizes the need to ensure that foster parents have adequate information regarding the case and the child's history. They need to be informed of the complexities of the case and the child's history in order for the placement to be successful. The caregivers often have no idea how much care the children will require and find out that they are not appropriate providers after the children have been placed in their care.

**Evaluate permanent plan on a case-by-case basis.** Although one of the initial key objectives of this project was to decrease the amount of time infants and toddlers spend in the dependency system, some of the programs discovered that this goal is not always in the best interest of the child in certain cases. One program has children placed in long-term foster care when a child will benefit from ongoing services that will not be paid when a child is adopted or reunified with the parents.

### **Case closure**

Children age 0-3 are often considered the most adoptable age group in the dependency system. Programs can use this to their advantage to hasten case closure; however, case closure may be difficult for the advocates.

- One county has organized adoption fairs, which bring together the multiple community and government organizations required to process the various types of paperwork required to complete the adoption application. This eases the delay and complexity that is typically experienced by prospective adoptive parents.
- Working with infants provides a unique opportunity to serve the child from birth, which can create an intensity of feeling for the advocate as he or she leaves the child. Therapist, other advocates, or case managers can provide an opportunity for advocates to process their "grief" and to say goodbye to child, to reflect on what they have accomplished on the case, and/or to come to terms with the feeling of not doing enough.

### **Conclusion**

The CASA Infant and Toddler Demonstration Project has provided a useful tool for addressing some of the needs of the youngest and most vulnerable members of society. The lessons learned in this project will provide the foundation of a training curriculum to be developed by the Judicial Council/Administrative Office of the Courts. The experience of the four pilot counties has been, and will continue to be shared at the national level. Numerous programs have expressed interest in replication; currently 10 CASA programs in California have established infants and toddler projects. A follow-up report documenting the efforts of both the evaluation and advocacy arms of the project will be issued in the summer of 2003.

CALIFORNIA CASA INFANTS AND TODDLERS DEMONSTRATION PROJECT  
ENTRY FORM

Date: \_\_/\_\_/\_\_

CASA Program Name: \_\_\_\_\_

Case Number/Child Unique Identifier: \_\_\_\_\_

CHILD INFORMATION

Date of Birth: \_\_/\_\_/\_\_

Male       Female

Race/Ethnicity:

- African-American       Asian-American \_\_\_\_\_  White
- American Indian \_\_\_\_\_  Hispanic \_\_\_\_\_
- Pacific Islander \_\_\_\_\_  Other \_\_\_\_\_
- Mixed Ethnicity \_\_\_\_\_  Unknown
- Other \_\_\_\_\_

ICWA Case:       Y       N

Residence at Time of Entry Into the Dependency System: \_\_\_\_\_

Residence Zip Code: \_\_\_\_\_

Number of Siblings (Include Both Full and Half) If Known: \_\_\_\_\_

Place in Family Birth Order: \_\_\_\_\_

Date of Removal: \_\_/\_\_/\_\_

Date of Disposition Hearing: \_\_/\_\_/\_\_

Reason for Removal:

- Physical Abuse       Sexual Abuse       Neglect \_\_\_\_\_
- Abandonment       Other \_\_\_\_\_

Type of Petition Filed:  A  B  C  D  E  F  G  H  I  J

Name of Primary Assignment Social Worker(s): \_\_\_\_\_ Dept: \_\_\_\_\_

Date Assigned to Case: \_\_/\_\_/\_\_

Date Removed From Case: \_\_/\_\_/\_\_

Name of Primary Assignment Social Worker(s): \_\_\_\_\_ Dept: \_\_\_\_\_

Date Assigned to Case: \_\_/\_\_/\_\_

Date Removed From Case: \_\_/\_\_/\_\_

Date CASA Program Receives the Case: \_\_/\_\_/\_\_

Date CASA Volunteer is Assigned to the Child: \_\_/\_\_/\_\_

Date CASA Volunteer begins Action on the Case: \_\_/\_\_/\_\_

Date of First In-Person Contact Between CASA Volunteer and the Child: \_\_/\_\_/\_\_

**MOTHER'S INFORMATION**

Check Off if Unknown:

Date of Birth: \_\_/\_\_/\_\_

Race/Ethnicity

African-American  Asian-American \_\_\_\_\_  White

American Indian \_\_\_\_\_  Hispanic \_\_\_\_\_

Pacific Islander \_\_\_\_\_  Other \_\_\_\_\_

Mixed Ethnicity \_\_\_\_\_  Unknown

Other \_\_\_\_\_

Residence Zip Code at Time of Child's Entry Into the System: \_\_\_\_\_

Chemical Dependency Recorded:  Y  N

**FATHER'S INFORMATION**

Check Off if Unknown:

Date of Birth: \_\_/\_\_/\_\_

Race/Ethnicity

African-American  Asian-American \_\_\_\_\_  White

American Indian \_\_\_\_\_  Hispanic \_\_\_\_\_

- Pacific Islander \_\_\_\_\_  Other \_\_\_\_\_
- Mixed Ethnicity \_\_\_\_\_  Unknown
- Other \_\_\_\_\_

Residence Zip Code at Time of Child's Entry Into the System: \_\_\_\_\_

Chemical Dependency Recorded:     Y     N

**OTHER PRIMARY CAREGIVER INFORMATION**

**Use only if the child was removed from the home of a primary caregiver other than his or her biological mother or father.**

Date of Birth: \_\_/\_\_/\_\_

- Male       Female

Relationship to Child: \_\_\_\_\_

- Race/Ethnicity  African-American                       Asian-American \_\_\_\_\_  White
- American Indian \_\_\_\_\_  Hispanic \_\_\_\_\_
  - Pacific Islander \_\_\_\_\_  Other \_\_\_\_\_
  - Mixed Ethnicity \_\_\_\_\_  Unknown
  - Other \_\_\_\_\_

Residence Zip Code at Time of Child's Entry Into the System: \_\_\_\_\_

Chemical Dependency Recorded:     Y     N

**CASA VOLUNTEER INFORMATION**

Date of Birth: \_\_/\_\_/\_\_

- Male       Female

Race/Ethnicity:

- African-American                       Asian-American \_\_\_\_\_       White
- American Indian \_\_\_\_\_  Hispanic \_\_\_\_\_
- Pacific Islander \_\_\_\_\_  Other \_\_\_\_\_       Mixed Ethnicity \_\_\_\_\_
- Unknown

Date Assigned to Case: \_\_/\_\_/\_\_

- Education:     Some High School       High School Graduate       Some College

College Graduate       Post College Graduate Studies

Number of Years Served as a CASA Volunteer: \_\_\_\_\_

Number of In-Service Training Hours: \_\_\_\_\_

Number of Hours on This Case Thus Far: \_\_\_\_\_

Is This the First Volunteer Assigned to the Child?     Y     N

If Not, Reason the First Volunteer Was Replaced: \_\_\_\_\_

**PLACEMENT INFORMATION**

**First Placement**

Date of Placement: \_\_/\_\_/\_\_

Type of Placement:

- Kin Foster Care                       Non Kin Foster Care                       Medical Facility  
 Dependent In-Home Placement     Emergency Placement                       Other \_\_\_\_\_

**Subsequent Placement**

Date of Placement: \_\_/\_\_/\_\_

Type of Placement

- Non Kin Foster Care                       Medical Facility  
 Dependent In-Home Placement     Emergency Placement                       Other \_\_\_\_\_

**Subsequent Placement**

Date of Placement: \_\_/\_\_/\_\_

Type of Placement

- Non Kin Foster Care                       Medical Facility  
 Dependent In-Home Placement     Emergency Placement                       Other \_\_\_\_\_

CALIFORNIA CASA INFANTS AND TODDLERS DEMONSTRATION PROJECT  
FOLLOW UP FORM

Date: \_\_/\_\_/\_\_

CASA Program Name \_\_\_\_\_

Child Unique Identifier \_\_\_\_\_

PLACEMENT INFORMATION

**Subsequent Placement**

Reason for Removal From Last Placement: \_\_\_\_\_

Date of Placement: \_\_/\_\_/\_\_

Type of Placement:

- Non Kin Foster Care                       Medical Facility  
 Dependent In-Home Placement       Emergency Placement       Other \_\_\_\_\_

**Subsequent Placement**

Reason for Removal From Last Placement: \_\_\_\_\_

Date of Placement: \_\_/\_\_/\_\_

Type of Placement:

- Non Kin Foster Care                       Medical Facility  
 Dependent In-Home Placement       Emergency Placement       Other \_\_\_\_\_

**Subsequent Placement**

Reason for Removal From Last Placement: \_\_\_\_\_

Date of Placement: \_\_/\_\_/\_\_

Type of Placement:

- Non Kin Foster Care                       Medical Facility  
 Dependent In-Home Placement       Emergency Placement       Other \_\_\_\_\_



Termination of Reunification Services

Termination of Reunification Services

Termination of Parental Rights

Termination of Parental Rights

Other \_\_\_\_\_

Other \_\_\_\_\_

Please check if applicable:

Special Writ  Appeal

Was a CASA report submitted to the court? No Yes

Were CASA recommendations implemented? No Yes

**2.Hearing Type:**

Initial hearing/Detention	Jurisdiction	Disposition	Pretrial/Settle. Confer.
	Juris/Disposition	Review	Dismissal
	Mediation .26	Other	_____

Hearing Date: \_\_/\_\_/\_\_

**Hearing Result (CHECK ALL THAT APPLY):**

Was case dismissed? No Yes → if yes, go to Final Placement section

**For Mother or Guardian #1:**

**For Father or Guardian #2:**

Termination of Reunification Services

Termination of Reunification Services

Termination of Parental Rights

Termination of Parental Rights

Other \_\_\_\_\_

Other \_\_\_\_\_

Please check if applicable:

Special Writ  Appeal

Was a CASA report submitted to the court? No Yes

Were CASA recommendations implemented? No Yes

**CASE PLAN**

Primary Assignment Social Worker Case Plan (check all that apply):

Reunification

Guardianship

Adoption



**FRESNO COUNTY**

**Program Statistics**

**Total number of children served:** 55

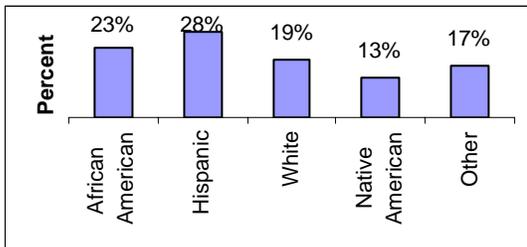
**Age of removal** 7.7 months average

Less than 1 month	42%
1–12 months	31%
12–24 months	16%
24–36 months	11%

**Residence at time of entry into system**

Medical facility	38%
Parent	44%
Grandparent	8%
Other	10%

**Child’s race/ethnicity**

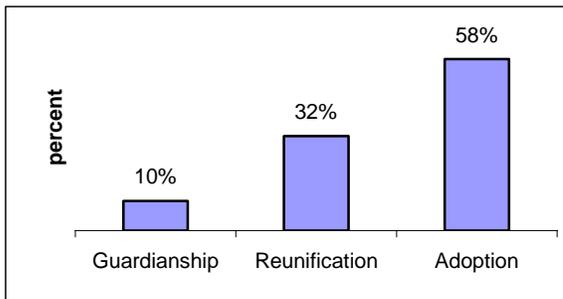


**Dismissed cases only**

Average number of placements	1.7
Average number of hearings	7.2
Average length of stay in system	22.9 months

It took an average of 6 months from date of removal until the child was put in his or her permanent placement and approximately 16 months after that for the case to officially close.

## Final placement type



## Program Accomplishments

**CASA-County Collaboration.** The Fresno County CASA program recognized the need to partner with county agencies at the outset of its infant and toddler program. The CASA executive director, Polly Frason, consulted with Fresno County Department of Children and Family Services (DCFS) acting director Cathi Huerta during the process of applying to the Stuart Foundation for project funding. Prior to that contact, according to Huerta, “I had not put any consideration into the unique needs of that age group. . . . We were both smart enough to know that we needed each other to create a good infant and toddler program in the county.” The collaboration between the heads of the two agencies fostered effective communication and cooperation between advocates and social workers. DCFS has incorporated instructions on working with CASAs into its core training curriculum.

Social workers and advocates in Fresno County typically have a good working relationship and are able to cooperate on individual cases. Information from case files is regularly shared. Some social workers report being grateful to CASAs because they can devote more time to the case and can pick up on things that a social worker cannot, due to heavy caseloads. According to some social workers, advocates are very effective in fostering communication between the multiple agencies involved in providing services to foster children. One social worker stated, “They can pull us all together to work on a case because they have been in contact with all of us.”

In general, the social workers were appreciative of the help that they received from CASAs and believed having an advocate decreased the amount of work that the social workers had to do on a case. Social workers, attorneys, and judicial officers all felt that the CASA’s main contribution was the fact that he or she could spend more time with the child than the social worker could spend. This allowed the advocate to make better assessments of the child and caregiver, resulting in a more trusting relationship between the advocates and parents and allowing the CASA to be an effective liaison between the multiple players and agencies involved in individual cases. Most of the interviewees expressed that there was generally a good deal of agreement on case recommendation between social workers and CASAs.

In addition to collaborating at the individual case level, several changes designed to address the needs of infants and toddlers have been implemented since the beginning of the project. Some of the most visible programmatic changes are described below.

**Increased Judicial Awareness of Infant and Toddler Issues.** Fresno County has two judicial officers working exclusively on dependency cases. Both members of the bench are highly supportive of CASA. One judge sits on the Fresno CASA board of directors. The court conducts monthly in-house trainings in dependency proceedings for attorneys. CASA is invited to the trainings as well.

According to the judicial officers, the I&T project has been instrumental in changing the focus of the county dependency system to children ages 0–3. Younger children are emphasized in the county because of limited resources and the belief that getting them at a younger age will have more of an impact on the overall system. This focus on young children is a radical departure from the approach taken prior to the I&T project. One judge stated: “In 1997, it was not possible to order infant mental health services because they weren’t available in the county. The attitude at that time was that children under the age of five didn’t need special services. . . . CASA and Cathi Huerta were critical in the development of the 0–5 focus. It was an educational process for us. They had experts [in early childhood development] come in and talk to us [about attachment and other infant mental health issues].”

**Quality of Volunteer Advocates.** Nearly all of the interviewees mentioned the high level of competency of the volunteers. One judge said, “I am amazed at the caliber of people we get [acting as CASA]. Ninety to 95 percent of them are exceptional.” Both judges and attorneys stated that the CASA reports were more detailed and timely than the social workers’ reports.

**Quality of Supervision and Training.** Several of the people interviewed, including the attorneys, judges, and a social worker, mentioned the strong leadership from CASA staff. They felt the I&T case manager was very competent, easily accessible, and a consistent presence in the court. The high quality of CASA training was mentioned in several of the interviews. One attorney remarked that every CASA she dealt with was very good at identifying the needs of the children and seemed well versed in infant and toddler mental health issues.

Advocates themselves felt that the CASA staff was very supportive and helpful. The case manager accompanies the advocate on the first home visit to the child. CASA has an on-call staff person available 24 hours a day. Several CASAs mentioned how important this was for them.

## **Program Challenges**

**Advocates’ Expectations.** Several system players, including CASAs themselves, felt that one of the biggest challenges of the infants and toddlers program was managing advocate expectations. The CASAs tended to be highly educated, white, middle-aged women who were placed in situations that differed greatly from their own experiences. Several struggled with accepting placements that were “adequate” as opposed to “optimal.” CASAs mentioned both the importance and the difficulty of not projecting their own values onto the cases. Judges, attorneys, and social workers indicated that they felt this was an important issue.

**Occasionally Problematic Relationships With Social Workers.** The relationships between CASAs and social workers are generally very cooperative; however, there are occasional conflicts. Most of the advocates felt that the social workers were often overworked and had the responsibility of too many cases. Several cited difficulty in contacting the social worker and felt that they spent a good deal of energy trying to get social workers to follow through on their responsibilities. Many advocates cited frustration with the bureaucratic structure of DCFS, including inordinate amounts of paperwork and a lack of consistent social workers.

Several of the social workers and CASAs who have been in the system for a while mentioned that the relationship between CASA and DCFS has improved over the years. Many issues of conflicting roles and responsibility were dealt with in the early stages of the program. Social workers now have a portion of their training dedicated to teaching them to work with CASAs. The infants and toddlers program has ensured that CASAs are assigned early in the case and has increased the visibility of CASA. This has fostered increased communication and cooperation between the two agencies.

Social workers expressed some frustration with the CASAs and the feeling that CASAs have a preconceived disposition toward adoption. Some issues regarding the relative power of CASA recommendations also were cited. Social workers felt that the bench too often took CASAs' suggestions over their own. One stated that she believed that the CASAs may have a greater knowledge about individual cases owing to their lack of time constraints; however, since she had more professional training, her opinion should be at least as highly valued. Several social workers felt that the bench was overly inclined to agree with CASAs.

## **IMPERIAL COUNTY**

### **Program Statistics**

**Total number of children served** 82

**Number of cases closed** 48

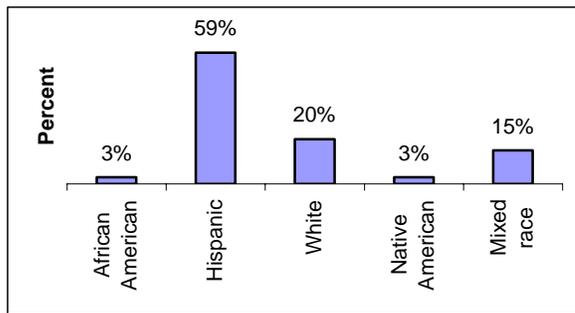
**Age of removal** 12 months average

Less than 1 month	16%
1–12 months	39%
12–24 months	25%
24–36 months	20%

### **Residence at time of entry into system**

Medical facility	12%
Parent	84%
Other	4%

### Child's race/ethnicity

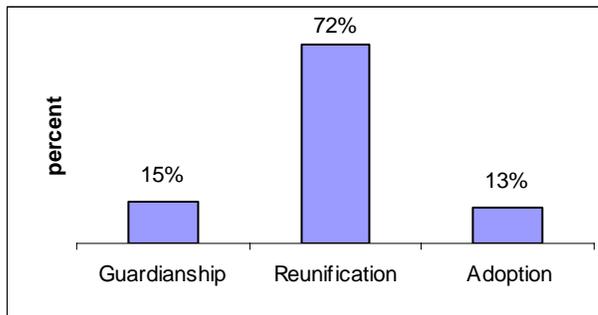


### Dismissed cases only

Average number of placements	2.8
Average number of hearings	8.4
Average length of stay in system	14.2 months

It took an average of 7 months from date of removal until the child was put in his/her permanent placement and approximately 7 months after that for the case to officially close.

### Final placement type



### Program Accomplishments

**Key Player in Dependency System.** Imperial County CASA has done a very good job at utilizing the few resources at its disposal. Because of the small size of the community, there are very few services available for children ages 0–3. Although this is a profound disadvantage, the CASA program and the other relevant players in the dependency system have used the small-community environment to facilitate information sharing between the agencies. There is daily case-specific contact between the Department of Social Services and CASA. CASA staff participate in weekly multidisciplinary meeting

A lack of resources has created a very visible and powerful place for CASA in the county. Large caseloads have necessitated collaboration between all the child welfare agencies. CASAs assist in supervising visits and transporting children to doctor appointments and parental visits. Some social workers and attorneys interviewed stated that they often have had to depend on the assistance of CASAs. One attorney mentioned: “It would be very hard for me to do my job were it not for the assistance of CASAs.”

**Cooperative Relationship With Department of Social Services.** CASAs work closely with the child welfare workers in the Imperial County Department of Social Services. Social workers in the county are clearly overworked and are struggling to maintain average caseloads of over 40 children. Although the relationship between CASAs and social workers is problematic at times, the heavy caseloads guarantee a certain level of collaboration between the two groups. While some social workers noted that they disagreed with CASAs on occasion, they generally welcomed the assistance of CASAs and recognized that CASAs have a unique position of trust with the parents. One stated, “A family might open the door to a CASA that they would not open to us. CASAs are seen as a more friendly advocate, and the department is seen as trouble.”

There are no medically fragile foster homes in Imperial County. Medically fragile infants and toddlers are placed in San Diego County. CASAs have accompanied social workers to their mandatory monthly visits there. CASAs have also transported parents to visitations to see their medically fragile children. This was generally viewed as a welcome help by the social workers in the county. Both advocates and social workers felt that CASAs at times helped the social workers do their jobs. There is some resentment between the two groups for that very reason. Some CASAs felt that social workers took advantage of them, whereas social workers felt that CASAs were overly zealous. For the most part, however, the two groups were mutually respectful and recognized that the overwhelming caseload was responsible for any antagonism.

**CASA Viewed as Neutral Party In System.** Several of the interviewees mentioned the unique position the CASA program held in their relationships to the parents. Social workers are often viewed with mistrust and CASAs are seen as neutral. This allows the CASA the opportunity to gain the confidence of the parents, allows for easier access to the child, and may open the door to securing more services for both the child and parent.

## **Program Challenges**

**Lack of Local Infant and Toddler Services.** Imperial County has an urgent need for additional adoptive and foster homes and services for children and their parents. There are no homes for medically fragile children in the area, and children in need of such placements are transported to San Diego, nearly two hours away. This situation makes it extremely difficult for parents, social workers, and CASAs to maintain consistent contact with the child. Social workers must struggle to deal with excessively high caseloads. Cases are sometimes closed without the families’ receiving necessary services simply because the needed services are not available.

Children ages 0–3 lack the communication skills that facilitate immediate identification of the need for services. A significant amount of observation time must be spent with children that

young in order to accurately detect when services are needed. I&T CASAs are particularly adept at identifying the need for services in children under the age of 3, because they generally spend more time with the child and caregivers than county social workers, with their large caseloads, can. Unfortunately, identifying service needs is effective only if services are available for referral. Few such service are available in Imperial County.

The problems faced by the Imperial County CASA program are similar to those faced in every low-income community. The same scarcity of resources that causes familial breakdowns prevents many families from receiving services to address their issues.

**Problematic Relationship With Bench.** The juvenile court presiding judge is a strong CASA supporter. He addresses each CASA orientation and has a good deal of contact with CASA through regular meetings with the executive director. He believes that having an advocate on a case “changes the energy and focus of the case from the rights of the parents to the long-term resolution of the case.” Although he was the juvenile court referee for 2½ years, he does not sit on the bench every day and does not often deal directly with parties. Because Imperial County is so small, there is only one referee to deal with both juvenile dependency and delinquency matters.

Some of the advocates feel that the referee is overly disposed to reunification. A tragic death of the 2-year-old that was reunified with her parents despite the objections of the CASA has had an adverse impact on the bench-CASA relationship. Several CASA staff and volunteers indicated that they were frustrated with the court for reunifying families prematurely. The felt that the bench at times closed cases at the expense of the child’s welfare.

## **SAN FRANCISCO COUNTY**

### **Program Statistics**

**Total number of children served:** 86

Thirty of the 86 infant and toddler cases supported by the Stuart Foundation grant were closed within the time frame of the study.

**Age of removal** 5.6 months average

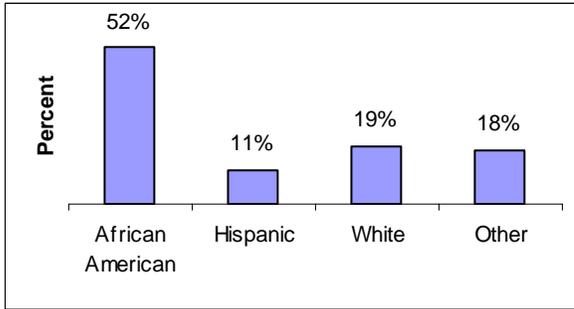
Less than 1 month	60%
1–12 months	20%
12–24 months	10%
24–36 months	10%

### **Residence at time of entry into system**

Medical facility	54%
Parent	37%

Other 9%

### Child's race/ethnicity

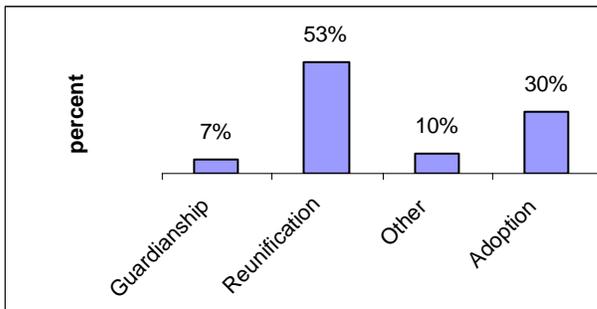


### Dismissed cases only

Average number of placements	2.5 months
Average number of hearings	7.8 months
Average length of stay in system	19.1 months

It took an average of 6 months from date of removal until the child was put in his/her permanent placement and approximately 13 months after that for the case to officially close.

### Final placement type



### Program Accomplishments

**Effects of Project on CASA Program and Dependency System.** The I&T project has been instrumental in increasing the visibility of CASAs in the courts. Because of the early assignment protocol, I&T CASAs are assigned much earlier in the cases and appear in court far more often than do advocates who work with older children. Either the advocate or the I&T case manager attends every hearing of the children in the project. This increased visibility is important in establishing trusting relationships between CASAs and other system players, such as attorneys, judges, and social workers. Several members of the CASA staff viewed this as a significant development. This early assignment may encourage the bench to assign advocates or services in a preventive manner when possible.

The I&T project has encouraged San Francisco CASA to focus on the specialization of ages. They recognized that distinct training, supervision, and advocate selection criteria were needed. The I&T project enabled San Francisco CASA to incorporate continuing education classes for its advocates. Project protocol limiting the case managers to 30 children has encouraged the CASA program to re-evaluate effective caseload sizes for CASA staff. Case managers working with older children have nearly double that number of cases; however, I&T cases do tend to be more labor-intensive and require more supervision. Without the 30-case limit, I&T case managers most likely would have had much larger caseloads.

The I&T project has increased the level of CASA-community involvement by partnering with the Child Trauma Research Center at San Francisco General Hospital and the University of California at San Francisco Medical School. Child development expert Dr. Alicia Lieberman has worked closely with SFCASA and has addressed training classes.

**Effects of Project on Children.** Several interview respondents including CASA staff, advocates, attorneys, and bench officers mentioned that infants and toddlers who were assigned CASAs were referred to and obtained services more often than children without advocates. CASAs tend to spend more time with the child than social workers and are trained to detect mental health problems, such as developmental delays and attachment disorders. These problems are difficult to identify in preverbal children and tend to be unveiled over the course of time.

Many key stakeholders in the dependency system were unsure whether CASAs affected the length of time infants and toddlers remain in the system, particularly in cases of reunification. Several felt that due to advocates' referrals for additional services, the presence of CASAs on a case may actually extend the length of time the child is in the system. CASAs stated that they felt that the appropriateness of the placement was more important than the speedy case dissolution and were willing to stall case closure in order to ensure that the child received necessary services.

Other interview respondents in San Francisco felt that advocates were very effective in moving the case along. Several attorneys, a social worker, and a judge indicated that they felt the advocates were particularly adept at acting as squeaky wheels. "The CASA keeps you on track. The case is more directed."

Several interview respondents believed that CASAs accelerated case closure when the children were adopted. One CASA was able to locate a toddler's out-of-state relative, who adopted the child. CASAs have assisted in completing adoption paperwork and have acted as "squeaky wheels" in several adoptions. Adoption cases tend to slow down after parental rights are terminated. CASAs are seen as one of the few players who keep the momentum of these cases going. One attorney stated that a CASA forced her to follow up on a case whose paperwork kept getting lost in the system after parental rights were terminated. She did not believe she would have pursued the case were it not for the CASA's phone calls and e-mails.

**Excellent Leadership and Staff Support.** Several of the interview respondents—including attorneys, a Department of Social Services supervisor, judges, and advocates—stated that the

I&T case managers were competent, capable, supportive and extremely dedicated. The case managers are very involved and familiar with individual cases. Both case managers have experience and training in working with children and are very familiar with theories of early childhood development.

Case managers go to nearly all of the court hearings related to the cases of the CASAs they supervise. They assist in writing and editing court reports and do a significant amount of advocacy work on individual cases when volunteers are not available. Support groups for case managers meet every other month.

**Competent Volunteers.** Interview respondents were impressed with the high quality of the volunteer advocates. One attorney stated: “Some of them know the law as well as I do.” Bench officers praised their verbal and written communication skills. They often read the CASAs court report first. Advocates were described as dedicated, intelligent, and highly skilled. CASAs’ court reports were consistently praised for being detailed, timely, and relevant. Although some of the interviewees mentioned not always agreeing with the CASAs’ recommendations, not one questioned the competency of the volunteers.

**Effective Training.** The volunteers felt that their training prepared them as much as possible for their tasks. Infant and toddler training is incorporated into the regular 40-hour training schedule in San Francisco. This allows advocates the opportunity to choose the age group that they would like to work with after they have a clear understanding of the unique issues that affect children of different ages.

Much of the I&T-specific training focuses on early childhood development and prepares the CASAs to identify developmental and emotional delays in babies and toddlers. Because CASAs often are able to spend more time with the child than child welfare workers, they may be better positioned to detect such delays. One of the judges interview commented on the high level of training that was evident in the volunteers: “They are well trained to pick up subtle information from the babies during their visits, and they spend more time with the child than the social workers.”

**Effective Utilization of the Distinctiveness of the Infants and Toddlers Program.** The roles and responsibilities of I&T CASAs vary significantly from those of older children’s advocates. San Francisco CASA has taken advantage of the distinction between the two types of advocates in its training. Advocates learn of the different roles and responsibilities during their training and choose which age group they prefer. Infants and toddlers are teamed with people who desire and are equipped to handle the advocacy involved with their cases. Schedules must also be considered. People with variable schedules may be well suited to become I&T CASAs, as they do not need to work within the confines of school hours. I&T advocates work with the child’s relevant adults more than older children’s CASAs and must feel comfortable in that role. Because infant and toddler cases are more likely to stress parental reunification, advocates working with this age group need to be able to work with birth parents, many of whom have substance abuse and other issues.

San Francisco CASA has been adept at recognizing the differences in roles and responsibilities between I&T CASAs and standard CASAs, and trains their volunteers accordingly. They feel that the role of the I&T CASA is “not to be the stable adult in the child’s life, but to find that stable adult.”

## **Program Challenges**

**Small Portion of Children in Dependency Served.** San Francisco County has nearly 2,500 children in the dependency system. Although the CASA program is relatively well staffed and funded, it can serve only a small proportion of this large caseload. An estimated 5 percent of children in the system are paired with volunteers. Several of the interviewees expressed frustration that CASAs were not able to help a higher proportion of the children. The overwhelming caseload leads to a lack of understanding of the CASA’s role and a perception that I&T CASAs are assigned at the expense of assigning advocates to older children.

**Variable Support for CASA Assignments for Very Young Children.** Nearly all of the respondents interviewed were very supportive of CASAs. Some bench officers and attorneys expressed the desire to have CASAs assigned to all of their cases. However, some of the interviewees felt that assigning CASAs to infants and toddlers was not necessarily the most efficient use of program resources. These respondents felt that infant and toddler cases resolve more quickly due to mandatory case timelines and that CASAs were more effectively utilized with older children. They felt that the advocates were most effective in a mentoring role and were unconvinced of the need for mental health services in children of this age.

**Stakeholder Confusion About Roles and Responsibilities of CASAs.** The I&T project has increased the visibility of CASAs in the dependency system; however, some uncertainty still exists about their roles and responsibilities. Some attorneys and social workers expressed confusion about the exact role of the advocate in dependency cases. They were unclear about how CASAs’ tasks differed from those of social workers. This can lead to conflict between the social workers and advocates.

This role confusion appears to be more pronounced in infant and toddler cases than in the cases of older children. According to one social worker, the relationship between DSS case workers and CASAs for older children may be “less problematic, as there is less perceived overlap of responsibilities.” This social worker viewed CASAs as performing a mentoring role, similar to Big Brothers/Big Sisters. Because I&T CASAs do more advocacy, there is “more potential for conflict.”

Additional conflicts between CASAs and social workers may be the result of the CASA’s advocacy for services for infant and toddlers. This may create additional work for social workers and slow down the case process. The need of preverbal children for services may not be as evident to social workers as to CASAs, since social workers tend to spend less time with the children.

## SANTA CLARA COUNTY

### Program Statistics

Total number of children served 74

Number of cases closed 41

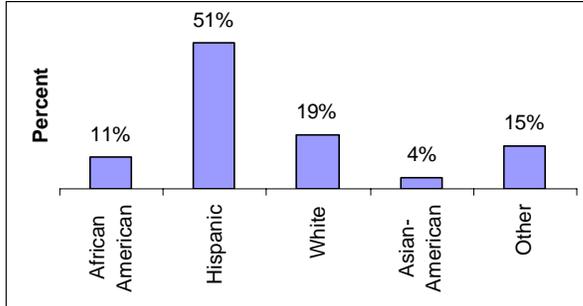
Age of removal 10.8 months average

Less than 1 month	36%
1–12 months	20%
12–24 months	34%
24–36 months	10%

### Residence at time of entry into system

Medical facility	37%
Parent	55%
Other	8%

### Child's race/ethnicity

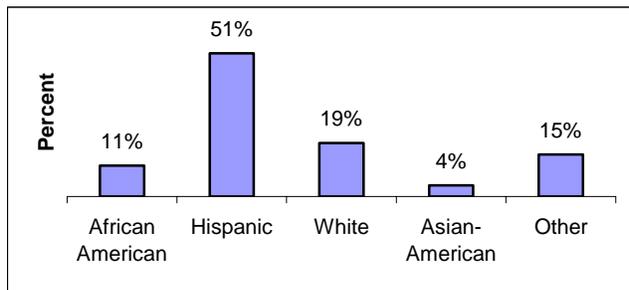


### Dismissed cases only

Average number of placements	2.3
Average number of hearings	812.3
Average length of stay in system	14.222.1 months

It took an average of 10 months from date of removal until the child was put in his/her permanent placement and approximately 12 months after that for the case to officially close.

## Final placement type



## Program Accomplishments

**Strong Bench Support for CASA Program.** The CASA program is highly valued by the Santa Clara bench and was founded by one of the current dependency court judges. Several bench officers stated that the CASA's court report was the one they read first and provided the most valuable information they could obtain about the child. Advocates stated that judges valued their opinions and generally adhered to their recommendations. Judges scheduled hearings based on the CASA's availability. While this strong relationship with the bench was in place well before the I&T project began, CASA has utilized the project to increase awareness of infant and toddler issues.

**Dedicated Staff.** The CASA I&T case manager serves on several different community agencies dedicated to infant and toddler mental health. She has arranged educational workshops for the court and community to address issues of services for children in this age group.

**Increased Community Awareness of Infant and Toddler Mental Health Issues.** The I&T project has increased awareness of infant and toddler mental health issues in the community and on the bench. Although additional educational efforts are needed, the I&T project has sparked communitywide dialogue on issues specific to infants and toddlers.

**Emphasis on Creating Relationships With Adults Relevant to Child.** Santa Clara recognizes that I&T CASAs must create a strong and trusting relationship with caregivers and parents. Parenting skills are modeled. CASAs have advocated for services for parents on occasion. Emphasis is placed on information sharing with foster parents. Interview respondents felt that CASA were valuable resources for several key players in the child's life and were effective in part due to their perceived neutrality.

**Improving Relationship With County Child Welfare Workers.** Although the Infant and Toddler program initially may have created additional conflicts between CASA and the Department of Children and Family Services, members of both organizations felt that they have been increasingly able to work together. Several respondents felt that concurrent planning has been very difficult to accomplish, but that the I&T CASAs have been of some assistance in this

area. Some social workers interviewed were openly appreciative of the efforts of the CASA and viewed the advocates as valuable resources that assisted in relieving some of their substantial workload. Others felt that the CASAs motivated them to put extra effort into their cases. One stated, “ She [the advocate] was fabulous in pushing me to do what needed to be done.”

## **Program Challenges**

**Variable Support for CASA Assignments for Very Young Children.** Although a shift in attitude about the need for services for children ages 0–3 is occurring in Santa Clara County, this continues to pose a significant challenge. Some system players feel that CASAs may be more effective in the cases of older children. One judge interviewed stated that he felt that CASAs are a greater benefit to older kids than to children ages 0–3 because mandatory case processing guidelines ensure that younger children move through the system more quickly.

**Lack of Comprehensive Community Infant and Toddler Resources.** Awareness of the need for services to children ages 0–3 has been increasing in Santa Clara County; however, lack of significant resources still poses a problem. Few services are available for children in this age group, and there is little cooperation between the agencies that offer services.

**Perceived Lack of Neutrality.** Some interview respondents believe that I&T CASAs are more likely than older children’s advocates to have difficulty remaining neutral because they spend a significant amount of time with birth parents. A few interviewees felt that I&T CASAs were in danger of becoming parental advocates at the expense of the child. However, some other respondents mentioned that the CASAs were particularly effective because they could remain more neutral than other system players.

Infants and Toddlers Demonstration Project

**Final Budget Narrative – Year IV**

**May 23, 2003**

**Grant No. 2000-163**

**Research Consultation**

The original budget for research consultation was ultimately an estimate of the time necessary and, thus, the cost of reimbursing the AOC Research and Development Division for the work of Francine Byrne, research analyst. Francine worked intermittently for several months on the project and then full time for several weeks on data analysis and the final report. The original estimate was \$12,100.00; the actual expenditure was \$11,453.25.

**Administrative Support**

Again, the original budget was a projection of the hours needed for administrative support for the I&T project. At the end of the project, it was necessary to retain more administrative support than was originally projected because, through an AOC/Information Services error, part of the database was lost. Our administrative support staff person reentered data from our hard copy file. The original estimate was \$16,000.00; the actual expenditure was \$19,642.62.

**Case Managers' Training**

Case managers attended several trainings, most notably the Zero to Three Conference in Washington, D.C. in December of 2002. We estimated the amount necessary for all trainings, and the estimate was more than was necessary. The original budget for training was \$5,000; the actual expenditure was \$3,500.

**Travel Expenses National CASA Conference**

AOC staff requested and received approval from the Stuart Foundation to transfer \$3,000 from the Meetings and Workshops line items to pay for travel expenses for the National CASA Conference in Boston in March 2003. All of the I&T case managers attended. The funding also paid for the travel expenses for the presenters of the I&T workshop and, as a result, exceeded the requested \$3,000. The original request was for \$3,000; the actual expenditure was \$6,000.

*Workshops.* The original plan was to conduct two I&T workshops for the California CASA programs. However, CalCASA presented an unexpected I&T workshop at a directors meeting in October 2001, which covered the issues planned for an I&T Demonstration Project workshop. As a result, only one workshop was provided by the I&T Demonstration Project. It was conducted at the National CASA Conference in San Diego in April 2002. The original budget for workshops was \$5,000; the actual expenditure was \$500.

**Follow-up Informational Meetings with Local Programs and Case Manager and Executive Directors' Final Meeting**

The original plan was to conduct another round of site visits to the four I&T programs to collect follow-up information from the CASA programs and dependency system stakeholders. Owing to time constraints, the site visits have not yet occurred. However, time and AOC funding has been allotted to complete the site visits during the summer of 2003. Information collected will be provided in the follow up report by the end of September 2003. A final case managers' meeting was held. The original budget for site visits and case manager meetings was \$2,000; the actual expenditure was \$543.18.

**Material Production and Dissemination**

The cost of disseminating the Promising Practices, Fact Sheets, and Final Report was reduced because much of the distribution will happen electronically, and the actual printing will be done at the AOC. The original estimate was \$2,150; the actual expenditure will be \$610.95.



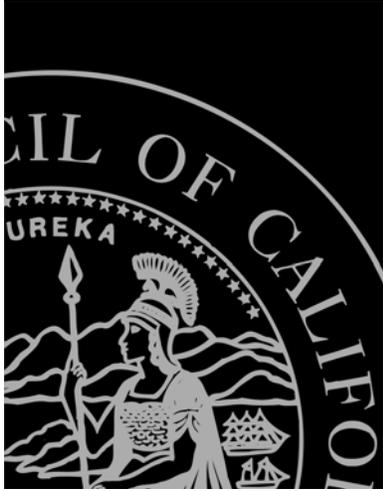
Infants and Toddlers Demonstration Project

**Final Budget – Year IV**

**May 23, 2003**

**Grant No. 2000-163**

<b>Local Programs</b>	<u>Original Budget</u> <b>130,000.00</b>	<u>Expenditures</u> <b>130,000.00</b>
Research Consultation (Contribution to Judicial Council Research and Planning Division for Francine Byrne, research analyst)	12,100.00	11,453.25
Administrative Support	16,000.00	19,642.62
Case Managers' Training	5,000.00	3,500.00
One Model I&T Project Workshop (Originally two workshops were planned)	5,000.00	500.00
Travel Expenses National CASA Conference	0	6,000.00
Follow-up Informational Meetings with Local Programs and Case Manager and Executive Directors' Final Meeting	2,000.00	543.18
Material Production and Dissemination Fact Sheets Promising Practices Final Report	2,150.00	610.95
<b>Total</b>	<b>\$ 172,250.00</b>	<b>\$172,250.00</b>



# Infants and Toddlers Demonstration Project

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REPORT ADDENDUM, DECEMBER 2003

*Infants and Toddlers Demonstration Project Final Report*  
Addendum: Comparison of Children With CASAs and  
Children Without CASAs

## Introduction

One of the most significant changes in the American child welfare system in the last decade has been the increase in cases of very young children.<sup>1</sup> Infants and toddlers in the child welfare system have historically been underserved due to a lack of understanding of their unique developmental needs and the scarcity of services to meet them. As the number of children under age three in the welfare system swells, it becomes increasingly important to consider the issues of this age group.

The Stuart Foundation–funded Infants and Toddlers Demonstration Project, also known as the I&T Project, was created to address some of these needs. Begun in 1998, this innovative four-year project paired Court Appointed Special Advocates (CASAs) in four California counties with children aged three and under, and required the advocates' collaboration with multiple system players to ensure that the needs of these children were voiced in the court. The four participating counties were Fresno, Imperial, San Francisco, and Santa Cruz.

In the evaluation phase of the project, we explored the effects of the appointment of CASA volunteers on dependency cases of children aged three and under. Their final project report was submitted to the Stuart Foundation in May 2003. At that time it was impossible to conduct quantitative analyses comparing children who had been assigned CASAs to those who had not, because the comparison data were not available. This addendum presents the results of those analyses.

To learn more about the components, history, research methodology, and qualitative research results of the I&T Project, please refer to the original report, *Infants and Toddlers Demonstration Project: Final Report to the Stuart Foundation, May 2003*.

## Methodology

**Comparison data sampling method.** In August 2003 researchers at the University of California at Berkeley's Center for Social Services Research provided information on a sample of dependency cases without CASAs. This sample included cases from all four participating counties. In each of the two most populous counties in the study (San Francisco and Santa Clara), approximately 10 children aged three and under who were not assigned CASAs were selected each month from February 1999 through May 2000. This sampling protocol was chosen

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<sup>1</sup> S. Kemp and J. Bodonyi, "Infants Who Stay in Foster Care: Child Characteristics and Permanency Outcomes of Legally Free Children First Placed as Infants" (2000) 5 *Child and Family Social Work* 95–106.

to most closely reflect the methodology used for CASA assignment. (See the original report for more details on CASA program assignment.)

Analysis on the four county sample indicates that there were no significant differences between the “CASA group” and the “comparison group” in regard to race and gender or reason for removal from the home; however, the CASA group was significantly younger than the comparison group. The average age of removal from the original home for the CASA group was 9 months, whereas the average age of removal for the comparison group was 11.8 months.

**Sample limitations.** It was not possible to adhere to the sampling design in Fresno and Imperial Counties. In Fresno County, stakeholders throughout the dependency system were extremely receptive to focusing resources on infants and toddlers. As a result, they established a program in which every child under age five was assigned a CASA for an assessment, and after assessment, advocates were permanently assigned to the difficult cases. While this system was clearly a programmatic success, it made it impossible to choose an adequate comparison group in that county.

As an alternative, a comparison group was assembled from data collected before the advent of the infant and toddler project. Because several factors—including changes in legislation and bench officers—can influence results when this less-than-optimal approach is used, all the analyses for the project were run both with and without the Fresno County data. There was little difference in results. For purposes of consistency, in this addendum we discuss only analyses of the sample that included Fresno County.

Selecting the comparison group for Imperial County also proved to be problematic. Imperial is a sparsely populated county with fewer than 500 children on its dependency caseload. There were many months in which fewer than 5 children aged three and under entered the dependency system. Adherence to the research protocol required that they all be assigned CASAs. As a result, most of the comparison group children in Imperial County were selected only after the CASA program had reached its limit of 30 to 35 children; thus, they were not selected monthly as in San Francisco and Santa Cruz Counties.

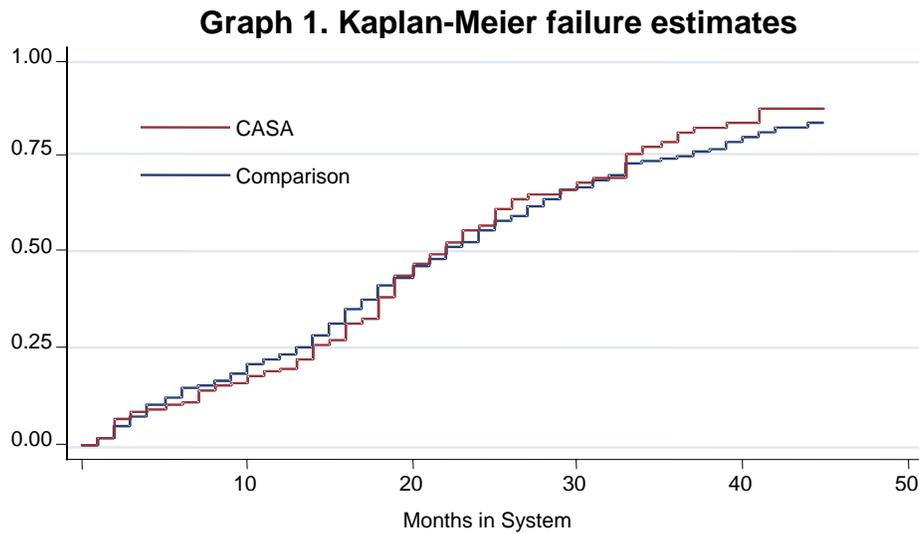
In addition, two of the programs reported that—despite research protocol requiring the assignment of the first five cases per month to CASAs—occasionally *requested* infant and toddler CASAs, who were then assigned to the cases if it was warranted. These “difficult” cases were inadvertently included in the data collection. Although their number is minimal, it should be noted that their exclusion most likely would have resulted in more significant differences between the CASA group and the comparison group than are reported here. Unfortunately, there is no way to identify the cases in which assignment was not conducted randomly.

**Analytic methods.** Survival analyses are statistical techniques that enable a researcher to measure the time to a particular event despite unequal spans of time for data tracking. In this case, we used a survival analysis called a Kaplan-Meier failure estimate to compare the percentages of cases that had closed or reached the end of the data collection period (i.e., cases

considered disposed) at 12, 24, and 36 months, while accounting for the fact that some children had entered the system close to the end of the data collection period and others had been tracked since the beginning of the project.

## Results

**Length of stay.** Children with CASAs were more likely than children in the comparison group to have their cases closed within the time frame of the study, but the difference was not statistically significant. **Graph 1** indicates that within 12 months of entry into the dependency



system, approximately 19 percent of CASA cases and 23 percent of comparison group cases had been disposed. At 24 months, 57 percent of CASA cases and 56 percent of comparison group cases had been disposed, and at 36 months 81 percent of CASA cases and 74 percent of comparison group cases had been disposed.

These findings support a trend revealed in interviews with program stakeholders. Several people interviewed indicated that it was not unusual for CASAs to advocate for cases to remain open when they felt that case closure would be premature. Reasons for such advocacy varied and were based on beliefs that necessary services had not been offered, parents were not ready for reunification, and additional support and monitoring of the case were required. CASAs advocated to close cases only after these requirements were met.

The fact that a greater difference in case closures between the two groups was observed in cases that stayed in the system longer than 24 months may indicate that CASAs are effective in ensuring that the most difficult cases do not fall through the cracks of the dependency system. The capacity of CASAs to monitor the most difficult cases was commonly cited throughout the interviews with stakeholders. (See the original report for details on the qualitative research results.)

Note that neither the CASA cases nor the comparison group cases were closed as early as the statutory guidelines direct. While case closure rate is only one indicator of a program’s success or failure, the number of children in the youngest age group who remain in the dependency system after three years is alarming. It is therefore essential to understand details of what goes on during the life of the case *from the vantage point of the child* in order to accurately assess program effectiveness.

Children in this youngest age group generally are not aware of the significance of case closure. They are profoundly affected, however, by the number of times they must move and the number of caregivers they must learn to trust. For this reason, it is essential to look at the number of times they change placements and how long they are bounced from home to home.

**Placement Changes.** The difference between the CASA group and the comparison group in numbers of placement changes was negligible; both groups averaged slightly over two placement changes (2.13 and 2.18 changes, respectively) during the span of data collection. Differences among counties, however, were significant, underscoring the impacts of local culture and resources. **Table 1** displays these differences.

**Table 1. Placement changes by county**

<b>County</b>	<b>Number of Placements</b>
Fresno	2
Imperial	2.6
San Francisco	1.8
Santa Clara	2.3

**Length of instability and length of placement stability.**<sup>2</sup> Because placement stability has such a profound impact on the lives of infants and toddlers, we investigated the length of time the children were in unstable placements. We defined *length of instability* as the number of months between the time the child was removed from the home and the time he or she was moved to a permanent placement. In addition, we looked at the time from the child’s final placement to the closure of the case (*length of placement stability*).

These variables were designed to enhance our understanding of what happens during the life of case and were used only in analyzing closed cases. Thus, the following numbers are presented for descriptive purposes only and cannot be used for statistical comparisons. However, these data too may support interviewees’ comments that CASAs had been helpful in ensuring that cases were not closed prematurely and necessary services were offered. **Table 2** displays the length of instability and length of placement stability of the CASA cases and comparison group cases.

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<sup>2</sup> The original calculations of these variables presented in the report to the Stuart Foundation did not correct for missing data. This section presents data that supercede the information in that report.

**Table 2. Length of instability and length of placement stability**

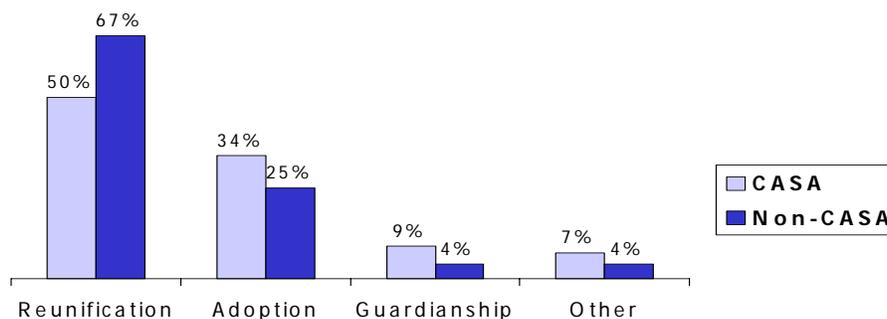
	<u>Length of Instability (months)</u>	<u>Length of Placement Stability (months)</u>
CASA group	4.8	15
Comparison group	6	11

**Final placement type.** CASA cases were more likely to culminate in adoption and less likely to end with reunification with the parents. A significant percentage of the children from the CASA group who were adopted (42 percent) were adopted by relatives. These adoptions tend to take longer to complete because a relative generally does not begin the necessary processes and paperwork until after the child is placed in his or her home. Relatives who take in children of family members often do not intend to adopt the children at the time of placement. Understandably, it may take them some time to commit to a long-term parental relationship with the child. Information on final placement types for the comparison group did not specify relative versus nonrelative placements, so such comparisons cannot be made.

**Graph 2** displays the types of final placements for closed cases.

**Effect of final placement type on length of stay.** The type of final placement has a profound impact on length of stay in the system. There were no significant differences between the CASA group and the comparison group in terms of average times to case closure for the respective final placement types. In both groups, cases in which children were reunified with their parents took an average of 15 months to close, whereas adoption cases took an average of 25 months and guardianship cases took 21 months. Interestingly, despite the fact that a larger proportion of the comparison group cases ended in reunification, CASA-assigned cases were more likely to close within the study’s time frame.

**Graph 2. Final placement types for closed cases**



## Conclusion

Whereas there were few *statistically significant* differences between the CASA group and the comparison group, interviews consistently indicated that the Infants and Toddlers Demonstration Project resulted in *substantive* change. All four of the participating counties reported systemwide changes as a result of the project. The type of change mentioned most frequently involved judicial attitudes and knowledge of the issues facing the system's youngest charges. Judges in all of the counties indicated that the project gave them better understanding of the mental health and attachment issues of infants and toddlers. This influenced their decision making in *all* cases, not just cases in which CASAs were assigned. Therefore, it is not possible to truly measure the impact of the I&T Project solely through quantitative comparisons. (See the original report for additional documentation of substantive changes.)

Presentations describing the results of the Infants and Toddlers Demonstration Project were delivered at the National CASA Conference in Boston in March 2003 and at the Family Strengths Institute in Sacramento in October 2003. A publication called *Zero to Five Training Guidelines* was developed for CASA programs interested in creating a program component to serve children from birth to five years old. It is available from Stephanie Leonard, CASA Grants Manager, Administrative Office of the Courts, at 415-865-7682 or [stephanie.leonard@jud.ca.gov](mailto:stephanie.leonard@jud.ca.gov).