Developing a Robust Continuum of Care to Support Foster Youth in Family-Based Settings

California Child Advocates for Change is a coalition of California’s leading child welfare advocacy organizations that have united to inform conversations about federal foster care reform.

Child welfare systems in California and across the country have undergone dramatic transformations in the past decade as states have successfully reduced the number of children in foster care by focusing on alternatives to removing children from their homes and shortening the lengths of stay for children who do enter foster care. Despite these efforts, hundreds of thousands of children in the U.S. continue to require some time in foster care to ensure their safety.

As the size of the foster care population has decreased over the past decade, many states, including California, have undertaken comprehensive efforts to improve the quality of the foster care systems they administer. Ensuring that foster children and youth grow up in families, rather than in congregate care, has been a critical and laudable focus of these reform efforts. However, as child welfare systems strive to reduce congregate care utilization, they must create an adequate infrastructure to meet the needs of youth in family-based placements, including youth who require more intensive services or supports to heal and thrive. For example, efforts must focus on recruiting, retaining, and supporting high-quality caregivers; developing specialized foster homes for youth with serious emotional, behavioral, or mental health needs; equalizing supports, services, and funding for relative caregivers; and ensuring that foster children and youth do not need to “fail up” to a congregate care setting in order to receive the services they may need to heal from trauma.

As Congress considers child welfare system reform proposals focused on incentivizing family-based placements for foster youth, it should ensure that any changes in federal policy and funding support, not undermine, state efforts to improve the adaptability and quality of the foster care system and its ability to meet the needs of foster youth across the continuum.

Deinstitutionalization and the Transition to Community-Based Care

Over the past decade there has been a growing prioritization of policies aimed at placing foster youth in the least restrictive, most family-like settings possible, in recognition of the fact that children have better outcomes when raised in families as opposed to institutions. As a result of this increased focus on supporting foster children in home-based settings, the total number of children placed in congregate care settings decreased nationally by 37 percent from 2004 to 2013. Moreover, congregate care reductions have occurred at a greater rate than reductions to the total foster care population, resulting in a decrease in the percentage of children placed in congregate care relative to the total foster care population.


3. In 2004, 18 percent of children in foster care were placed in congregate care settings, compared to 14 percent of children in foster care in 2013. Ibid., 5.
Child welfare systems have also made strides in reducing the number of children under age 12 who are placed in congregate care settings. Many of the youth who remain in congregate care today have more complex needs than their peers in traditional family-based settings. For example, data indicates that youth placed in congregate care settings have nearly twice the rate of clinical problems as youth in traditional foster care placements, and they are almost three times more likely to have a mental health diagnosis than children placed in other settings. They are also predominantly older and have significantly higher levels of internalizing and externalizing behaviors than children placed in traditional foster care placements. However, it is also important to recognize that children and youth in congregate care are not a homogenous group, and some youth may still reside in group homes for reasons other than a specialized behavioral or mental health need. This may be particularly true for teenagers, for whom there is a serious shortage for reasons other than a specialized behavioral or mental health need. This may be particularly true for teenagers, for whom there is a serious shortage.


10. Chadwick Center and Chapin Hall. (2016). “Using Evidence to Accelerate the Safe and Effective Reduction of Congregate Care for Youth Involved with Child Welfare.” p. 10. (noting that to avert congregate placements and transition youth from these settings, states must substantially increase the capacity to provide home-based placements especially for older youth and specialized populations of youth).


siblings, and fewer negative emotions about their time in foster care.13

Relatives care for almost a third of the children in foster care today and represent a steadily increasing share of our home-based foster care placements.14 However, relatives often receive less funding and fewer supports and services as compared to non-relative caregivers. In fact, across the country, the majority of relative foster parents do not receive any foster care benefits due to state licensing laws that allow relatives to be licensed under different standards than non-relatives.15 Instead, many of these families rely on Temporary Assistance for Needy Families (TANF) benefits, which often provide funding well below the rate of foster care payments and are not reflective of the actual costs associated with raising a child.16

Further, the lack of financial support provided to relative foster families is not compensated for by an increase in services or other supports. To the contrary, kinship families are far less likely to receive supportive services, including training, access to support groups, or respite care.17 This lack of support creates significant barriers for kin caregivers, who on average are older, more likely to be single, and have lower incomes than non-related foster parents.18 Providing equal funding, supports, and services to relative caregivers is essential if states are serious about reducing reliance on group care and connecting children to families.

The Need to Expand High-Quality, Community-Based Mental and Behavioral Health Services

As states work to reduce congregate care use, they must also ensure that there is an adequate supply of high-quality services to help these vulnerable children and youth heal and stabilize in family settings.19 Historically, most states have struggled to meet the mental health needs of foster children,20 who are at high risk for behavioral and mental health conditions because of the abuse, neglect, and trauma they have experienced.21 In fact, further research is needed to develop evidence-supported treatments and support services to stabilize placements before disruption. To support some of the high-need children and youth in home-like settings, states may need to allow more frequent (more than once a week) clinical contracts, expanded use of follow-up services in the home in combination with center-based therapy, day treatment or therapeutic day care, direct clinical care for caregivers; or clinical contracts for a longer duration than current reimbursement rules allow.22


16. Ibid., p. xii.


19. Chadwick Center and Chapin Hall (2016). “Using Evidence to Accelerate the Safe and Effective Reduction of Congregate Care for Youth Involved with Child Welfare.” p. 11. (“To step-down youth who have benefited from congregate care, especially residential treatment, to a community-based home-like setting may require a combination of intensive evidence-based or evidence-supported treatments and support services to stabilize placements before disruption. To support some of the high-need children and youth in home-like settings, state may need to allow more frequent (more than once a week) clinical contracts, expanded use of follow-up services in the home in combination with center-based therapy, day treatment or therapeutic day care, direct clinical care for caregivers; or clinical contracts for a longer duration than current reimbursement rules allow.”)


when the Children’s Bureau conducted its first two rounds of reviews of state child welfare systems, only a few states received a “Strength” rating for assessing and addressing the mental and behavioral health needs of foster children and youth. Common challenges include a lack of early identification and assessment of youth’s emotional and behavioral issues, as well as shortages in the availability of high-quality, child-centered behavioral and mental health services.

Meeting the emotional and behavioral health needs of foster children and youth also requires strong collaboration between state child welfare and health care systems. Over the past decade, federal legislation and policy guidance have prompted improved collaboration, but more work remains to ensure that these systems work together to provide all foster children and youth with the mental and behavioral health services they need to heal in a family setting.


23. Pecora, P. et al. (2009). “Mental Health Services for Children Placed in Foster Care: An Overview of Current Challenges.” (noting the lack of comprehensive mental health screenings of children entering out-of-home care, the need for more thorough identification of youth emotional and behavioral deficits, and insufficient access to high-quality mental health services. See also Izziguy, M. et al. (2015). “Health Care Issues for Children and Adolescents in Foster Care and Kinship Care.” (noting there is a shortage of mental health professionals with the appropriate training in trauma-focused therapies and that funding is insufficient to ensure that all children who could benefit from these services can access them). See also GAO. (2015) “Foster Care: HHS Could Do More to Support States’ Efforts to Keep Children in Family-Based Care.” http://www.gao.gov/products/GAO-15-363T


Data Snapshot: Congregate Care In California

Over the last decade, California has had significant success in reducing its reliance on congregate care, with the number of children placed in congregate care settings decreasing by 45 percent from 2006 to 2016. Similar to national trends, reductions in congregate care use in California have outpaced reductions in the total foster care population, with the percentage of California foster children placed in congregate care settings declining from 12.4 to 8.5 percent. Approximately 91 percent of California youth living in congregate care settings today are age 12 or older, and 72 percent are age 15 or older.

California’s Reform Efforts

California’s efforts to transform the continuum of care for children and youth in the foster care system can provide valuable lessons to policymakers considering ways that the federal government can help ensure that states are placing children in the least restrictive, most family-like settings possible. Initial reform efforts that more narrowly focused into a broader re-envisioning of how to structure the array of placements and services to meet the needs of all foster children and youth.

In 2012, California launched the Continuum of Care Reform (CCR) effort which revamps the state's foster care rate-setting system to better support a continuum of programs, services, and placements with the goal of enabling foster children to grow up in family settings. At its core, CCR seeks to improve the quality of the foster care system by eliminating long-term group care utilization and increasing placements in family settings. Two fundamental principles underlying CCR are that: (1) children should not need to change placements to get the funding, services, and supports they need, and (2) congregate care should only be used as a short-term intervention to resolve emotional, behavioral, and mental health issues that prevent foster youth from living safely in a family setting.

Statewide implementation of CCR begins in 2017, and will occur in stages over multiple years. The CCR effort has been informed by a number of prior and ongoing reform efforts in California, including an earlier demonstration project — known as Residentially Based Services (RBS) —

29. The Continuum of Care Reform effort was initiated by statute. Specifically, it requires that “[t]he State Department of Social Services shall establish, in consultation with county welfare departments and other stakeholders, as appropriate, a working group to develop recommended revisions to the current rate-setting system, services, and programs serving children and families in the continuum of AFDC-PC eligible placement settings including, at a minimum, all programs provided by foster family agencies and group homes including those providing residentially based services.” See California Welfare and Institutions Code 1542.2(b).

30. California Department of Social Services, “Fact Sheet: What is the Continuum of Care Reform?” http://www.cdss.ca.gov/ccr/


32. Ibid.
that sought to improve outcomes of foster youth in group homes by testing a short-term residential program model with ongoing, community-based services and supports that continued after the youth transitioned to a family setting.\footnote{In 2007, California authorized a 5-year pilot demonstration project, known as the Residentially Based Services (RBS) Reform Effort. http://www.childsworld.ca.gov/PCGIS19.htm.}

Building upon the lessons learned from this demonstration project, CCR will eliminate non-therapeutic congregate care entirely and transform all remaining group homes into “short-term residential therapeutic programs” that incorporate mental health treatment and other intensive services to address the needs of foster youth.\footnote{Foster Care, Assembly Bill 403 (2015) http://www.leginfo.ca.gov/pub/15-16/bill/asm_bill_0461-0465/bill_asm_bill_0463_bill_20150101_chaptended.pdf; Foster Care, Assembly Bill 1997 (2016) http://www.leginfo.ca.gov/pub/15-16/bill/asm_bill_0441-0450/bill_asm_bill_0469_bill_20160405_amended_om_v99.pdf.}

As implementation begins, California will face the dual challenge of providing effective residential programs for a high-need population without returning to an overreliance on long-term residential placement. CCR is designed to meet this challenge by not only providing more intensive and effective treatment to foster youth in congregate care settings, but also providing additional supports and services to parents, relatives, and foster parents to help children and youth stabilize and thrive in a family setting whenever possible.

However, as noted above, in California as in many other states, there is a critical shortage of foster parents, especially foster parents willing to accept older youth and those with more complex needs.\footnote{Chadwick Center and Chapin Hall. (2016). “Using Evidence to Accelerate the Safe and Effective Reduction of Congregate Care for Youth Involved with Child Welfare.” p. 10. (“If congregate care placements are to be averted, it will be necessary to substantially increase the capacity to provide home-based placements, especially for youth entering child welfare at ages older than 11 years old. This capacity development must be pursued strategically in order to ensure foster parents are appropriately prepared to meet the needs of older youth as well as other specialized populations being diverted for transitioning from congregate care, such as children and youth with sexual behavior problems and those with chronic medical needs.”)}

The success of CCR will depend on building an array of alternative placements for youth who today are placed in or are at risk of placement in congregate care. This will require both an overall increase in the number of foster homes and the development of specialized foster homes that can support youth with specific challenges and needs.\footnote{Ibid. (“In principle, any effort to reduce the use of and support for congregate care must be paired with steps to establish the infrastructure to meet the needs of children now in group placements who will be served in more home settings. Failure to do so may result in a host of unintended consequences, including the increased disruption of foster and kin placements, higher demands on hospital emergency rooms and psychiatric hospitalizations, and increased use of more restrictive juvenile justice settings (Ainsworth & Hanson, 2005).”)} Simply reducing the use of congregate care without developing effective alternatives runs the risk that many of these youth will be thrust into environments where their caretakers may not have the skills, capacity, or training to meet their needs. This would likely result in increased placement disruptions, runaway behaviors, and long-term negative outcomes such as homelessness and incarceration.\footnote{UCLA. (2015). “Resource Family Recruitment in Los Angeles County, Insights & Pathways Forward” p. 1, 43. (“In California, the need for resource families has been particularly acute for older children and children with severe emotional and behavioral concerns.”)}

In attempting such an ambitious reform in the face of a serious foster parent shortage, California is in the midst of making revolutionary changes to its foster care rate system in order to ensure that families are equipped with the resources to successfully care for children with wide-ranging need. Beginning in January 2017, California will replace the existing foster family home rates with a new home-based family care rate that will include four levels of care. Rather than being slotted into a rate based on arbitrary factors unrelated to the child’s needs (such as the placement type, the age of the child, or whether the child is placed with a relative or non-relative caregiver), the new rate system will be based on an assessment of the child, and will be available across all family placements.\footnote{California’s Child Welfare Continuum of Care Reform, California Department of Social Services. January 2015. http://www.cdss.ca.gov/cdssweb/entres/pdf/CCR_LegislativeReport.pdf, p. 12–16 (describing investments California made prior to implementation of CCR to begin reduction in use of congregate care including the Approved Relative Caregiver Funding Option Program, Quality Parenting Initiative, Katie A. Settlement Agreement, Resource Family Approval, and the Residentially-Based Services Demonstration Project); State Budget 2015-16. Department of Social Services, Continuum of Care Reform (providing $178 million in general fund dollars to create the Foster Parent Recruitment, Retention and Support Funding).}

California has also begun to invest substantial funding in foster parent recruitment and retention, and CCR increases training and support to improve foster parents’ ability to provide a caring environment for youth.\footnote{California Department of Social Services 2016 May Revision Local Assistance, p. 113-119. http://www.cdss.ca.gov/cdssweb/entres/localassistanceest/May2016/EstimatesMethodologies.pdf.}

Similar state and federal investments will be needed to safely and responsibly reduce the use of congregate care across the country.

While creating a child-centered family rate system that is tied to the needs of the child, not the child’s placement type, and investing substantially in recruitment and retention efforts are a good start, California will also need to fully equalize the services and supports available to children across all placement types. Current state statute requires nonprofit Foster Family Agencies (FFAs), which recruit and support primarily non-relative foster
parents, to provide a robust array of core services to children and families as a condition of licensure. Forty California’s reform effort will remain incomplete, however, until the state finds ways to ensure that all foster families, including relatives, have access to these core services for the children and youth in their care regardless of whether the home is an FFA or county-supervised placement.

CCR’s success will also depend on ensuring that all children have access to intensive, community-based mental health treatment wherever they live. Prior to CCR, California had launched a statewide initiative to improve access to mental health services for foster youth and prevent institutionalizations. Continuing this progress and expanding access nationwide is a key element of reducing congregate care use and helping children and youth heal from trauma.

While more work remains to ensure that CCR realizes its full promise, California has developed a comprehensive framework for meeting the needs of children and youth in foster care, and the state’s experience planning and implementing CCR can and should inform Congress as it leads conversations about federal foster care policy and financing reform.

Conclusion

Advocates and elected officials in California and in Washington, D.C. share a number of guiding policy priorities for the child welfare system, including keeping children with their families whenever possible and placing children who must spend some time in foster care in the least restrictive, most family-like setting. California’s experience underscores the need for a nuanced approach to federal child welfare reform. A one-size-fits-all federal approach would risk undermining states’ efforts to improve the ability of their child welfare systems to respond appropriately to the diversity of experiences and needs among the nation’s more than 415,000 foster children.

For example, proposals that would place arbitrary time limits on federal funding for congregate care can impact the ability of states to effectively serve children and youth with significant mental and behavioral health challenges, who may take longer to stabilize and heal. Similarly, proposals to defund group homes without making concrete investments in alternative family placements could result in serious unintended consequences, such as foster children bouncing from home to home, becoming homeless, getting arrested, or worse.

The federal government should support states in developing a range of strategies to reduce group care, including increased funding and access to supportive services for kinship caregivers, better foster parent recruitment and retention, development of specialized foster homes, and improved access to community-based mental and behavioral health services and other supports for foster children and youth wherever they are placed.

41. This was the result of a lawsuit, Katie A. v. Bonta, which was filed in federal district court in 2002 and settled in 2011. http://www.childlawworld.ca.gov/PG3346.htm
42. Integrating Mental Health Services, Continuum of Care Reform, California Department of Social Services, http://www.cdss.ca.gov/ccr/ See also Chapin Hall & Chadwick Center (2016) “Using Evidence to Accelerate the Safe and Effective Reduction of Congregate Care for Youth Involved with Child Welfare.” p. 11
Membership Matters
by Sara Whalen, NACC Membership Director

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Amicus

Summary of In re R.J. and In re J.Q.

In re R.J. and In re J.Q. deal with the interplay of rules and regulations, fundamental rights, and the influence of non-Congressional proposals on states. The D.C. Child and Family Services Agency (CFSA) removed one child in a sibling group from the mother and denied joint custody to the father of another, thereafter placing both children in non-relative foster care. The neglect allegations were substantially levied against the mother, with “some thin allegations” against the father. At a subsequent initial hearing, both the father and guardian ad litem requested that both children be released to the father, a move that the guardian ad litem and CFSA believed to be in the child’s best interests.

CFSA did not disagree that placement with their father would be in the children’s best interest; however, the CFSA attorney asserted that the Interstate Compact on the Placement of Children (ICPC) required prior approval from Maryland’s Compact Administrator before CFSA could release both children to their father. As a result, the children were first placed in foster care. “Almost immediately” after the motion for review was filed, CFSA moved to reunify the children with their mother and close the case. Upon reunification, the associate judge dismissed the case. On appeal, the questions are as follows: first, whether the ICPC applies to parents when a presumptively and actually fit parent is willing and able to provide for the care, custody, and control of his children; and second, whether this issue is “capable of repetition yet evading review” and therefore an exception to the doctrine of mootness.

The ICPC was adopted in 1960 with the goal to “facilitate interstate adoption” and increase the number of adoptive homes available to children in need. Enacted in all 50 states and the District of Columbia, in one form or another, the ICPC came to influence American law; not by way of Congressional decree, but adopted pursuant to state legislations. In D.C., the compact is “limited to interstate placement in foster care prior to a possible adoption,” not placements by or with a “parent, stepparent, grandparent, adult brother or sister, adult uncle or aunt...or guardian.”

For foster placements or placements prior to possible adoptions, a sending state must comply with certain requirements aimed to put the receiving state on notice and provide the receiving state with whatever information is necessary to ensure the child’s welfare. This is the plain “purpose and policy of [the] compact.”

In its Amicus Curiae brief, amici assert six arguments: (1) the ICPC does not apply to parent placements across state lines; (2) the ICPC, like any law, rule, or regulation, must respect constitutional rights, especially those deemed fundamental; (3) the ICPC should be interpreted in accordance with the framers’ intent; (4) separating children from fit parents does not serve their best interests; (5) the ICPC regulations are neither binding nor persuasive; and (6) the appeal should not be dismissed as moot because it is “capable of repetition yet evading review.” This article summarizes three of those arguments: the inapplicability of the ICPC to out-of-state parental placements; separating children from fit parents is not in their best interest; and that these issues are textbook examples of the “capable of repetition yet evading review” exception to the doctrine of mootness.

1. The statutory text of ICPC does not apply to the placement of children across state lines with parents

As mentioned before, the ICPC, as adopted in D.C. (“D.C. Compact”) by statute, is intended to facilitate the interstate adoptive process and is not intended to impact interstate placements with legally recognized parents. By its very nature, placement with foster or adoptive parents only occurs when custodial parents or guardians are incapable or unavailable to provide adequate care. Amici argue that in...
The purpose of the ICPC and D.C. Compact is to facilitate the interstate foster care and adoptive processes. Amici argues that this purpose is not served when the Compact is used to forestall placements with legally recognized parents who are not, by their very nature, foster care or adoptive placements.6

Amici rely on the Third Circuit decision of McComb v. Wambaugh, 934 F.2d 474.7 In McComb, the court considered whether the ICPC applied to the placement of a child with her natural born mother. In that case, the child was placed in kinship care in Virginia following suspicions of malnutrition. After an announced visit to the mother’s home in Pennsylvania, the Department of Social Services approved reunification with continued oversight by the Department. The court looked to the history of the ICPC and determined that its plain meaning does not support an interpretation that constricts the reunification of children with their parents. Id. at 480-81.

2. Applying ICPC to biological parents does not further the child’s best interests

The typical timeframe children are kept in foster care while the sending and receiving states complete the bureaucratic ICPC process is often several months, taking up to a year or longer in many instances.8 A core tenet guiding family law determinations is the “best interests of the child” standard. “Even relatively brief forcible separations from parents can traumatize children.”9 Children trapped in limbo as a result of ICPC bureaucracy can act out, perform poorly at school, feel depressed, and become withdrawn.10 The very real risks of indefinite or multiple foster care placements — including placements that separate sibling groups — only intensify these risks.11

Many courts have rejected extending the ICPC’s application to out-of-state placements with parents.12 A common thread among these decisions is respect for the fundamental liberty interests of both parent and child. Courts should avoid construing statutes in a way that hinders a person’s constitutional rights. The right of parents over the care, custody, and control of their children is recognized as a fundamental right and is concomitant with American traditional values and liberties.13 Children, too, share a fundamental liberty interest in family integrity.14 Parents are presumptively fit and are entitled to custody absent “clear and convincing evidence” of that parent’s unfitness.15 Applying the D.C. Compact the way the court did here not only contravenes children’s right to be with their parents, but also a parent’s right to care for his children. Furthermore, this interpretation is often several months, taking up to a year or longer in many instances.8 A core tenet guiding family law determinations is the “best interests of the child” standard. “Even relatively brief forcible separations from parents can traumatize children.”9 Children trapped in limbo as a result of ICPC bureaucracy can act out, perform poorly at school, feel depressed, and become withdrawn.10 The very real risks of indefinite or multiple foster care placements — including placements that separate sibling groups — only intensify these risks.11

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creates two classes of parents: on the one hand, parents who live in D.C. and need not go through this bureaucratic process in order reunify their family; and on the other, parents who live outside of D.C. and, while otherwise fit, must delay reunification of their families for possibly several months. Because the statute does not expressly apply to out-of-state placements with fit parents, interpreting the statute in a way that impinges on the fundamental liberties at stake erroneously disregards the canon of constitutional avoidance. However proper it is for the D.C. Compact to mandate agencies to operate in the best interests of the child, it is silent on parents’ fundamental right to have a finding of unfitness prior to separating a family. Furthermore, in many states it is difficult for aggrieved parents to seek administrative review of these agency determinations.

3. Appeal is not moot because it is capable of repetition yet evading review

Amici argue that “[a]ppellate review of issues otherwise capable of repetition yet evading review is particularly appropriate in child welfare cases, because many essential decisions would otherwise effectively be unreviewable.” Trial courts make crucial determinations that impact a child’s welfare, but, by the very nature of childhood, the child’s life is ongoing and rapidly changing. Therefore, law properly developed through the appellate process is crucial. If this court’s actions are the status quo, then many justiciable issues may become moot by the very nature of a child’s life.

Furthermore, this particular case displays a common method by which these cases can (and do) evade review. “In other cases in amici’s experience, in both the District and nationally, courts often rush to grant full custody to the non-offending out-of-state parent… [or] to reunify children quickly with the parent from whom they were recently removed.” In order to avoid these options, courts could also rush to place children with foster parents. Rushing any of these decisions may not necessarily be in the child’s best interests.

4. Summary

Two children came under the custody of the D.C. Child and Family Services Agency following concerns about the custodial mother’s inability to provide for the care of her children. The CFSA did not disagree about the noncustodial father’s fitness, yet reunification of the children with their father was delayed pending the bureaucratic processes set forth by the ICPC as adopted in and by the states. During the appeal of the decision to apply D.C.’s version of the compact, the children were reunified with their mother, who was previously deemed unfit, and the case was closed. The ICPC was not intended by its framers to apply to the interstate placement of children with their parents; those matters are best handled by Family Courts charged with the determination of fitness and equipped with the proper procedural due process protections afforded to parents and children. The ICPC is explicitly limited to facilitate the interstate placement of children in foster care or adoptive families. The AAICPC may make suggestions for laws, but its regulations are not binding unless specifically adopted by an individual state because the ICPC is not a Congressional act. The D.C. Compact should not have hindered the reunification of father and child absent a determination of unfitness with the appropriate due process procedures in place.

#BornPerfect Campaign Help

You may be familiar with the National Center for Lesbian Rights’ (NCLR) #BornPerfect campaign to end conversion therapy. One of their strategies is helping juvenile justice and child welfare agencies draft policies to prohibit attempts to change the sexual orientation or gender identity of youth in their care. NCLR is trying to identify states or jurisdictions that already have LGBT youth policies or are in the process of developing policies — if your state has or is developing a policy please reach out directly to Carolyn Reyes at CReyes@nclrights.org.

17. Id. at 21.
18. Id. at 22.
19. Id. at 23.
20. Id.
NACC Mission
As a multidisciplinary membership organization, we work to strengthen legal advocacy for children and families by:

- Ensuring that children and families are provided with well resourced, high quality legal advocates when their rights are at stake
- Implementing best practices by providing certification, training, education, and technical assistance to promote specialized high quality legal advocacy
- Advancing systemic improvement in child-serving agencies, institutions and court systems
- Promoting a safe and nurturing childhood through legal and policy advocacy for the rights and interests of children and families