Addressing the Mental Health Problems of Children in Care: A Role for the Attorney

Introduction
First as a pediatrician and now as a psychiatrist, I have spent nearly fifty years caring for children, many of whom have been placed in the child welfare system. These are the same children that members of NACC have dedicated themselves to serving. In conversations with attorneys over the years, we have shared our mutual frustrations regarding the failure of the system to adequately address the mental health needs of these children.

Approximately 80% of these roughly 400,000 children annually have been shown to have significant mental health problems. This statistic attests to the suffering of an alarming number of children. More specifically, it correlates with school underachievement, substance abuse, delinquent behavior, adult psychiatric disorders, unemployment, homelessness, and other negative outcomes in adulthood.

Yet in spite of the fact that the particular issue confronting the child welfare system is mental health, neither the child welfare worker, the foster parent, the CASA volunteer, the guardian ad litem, nor the court have any significant mental health expertise. They are familiar with neither the complexities of mental health problems experienced by these children, nor the treatment modalities most appropriate in each individual case. “Three of four children who came to the attention of the child welfare systems...had not received any mental health care within 12 months after the investigation.” And although states are required to develop a plan for mental health screening of children entering the child welfare system, which could potentially introduce an element of psychological and psychiatric sophistication to the United States Navy, serving as a pediatrician, followed by a clinical fellowship in Neonatology at the University of California, Davis/Sacramento Medical Center. He moved with his family to Greeley, Colorado in 1975 where he did private practice Pediatrics and Neonatology for 10 years. As his interests gradually shifted to the nature of family, bonding, psychosocial development, and mental illness, he moved to Seattle for a Psychiatry Residency which he completed at the University of Washington in 1988. Dr. Kagan and his family have lived in Fort Collins, Colorado since 1988 where he has been in the private practice of Psychiatry, focusing on the care of children and adolescents. He has served as the medical director of Psychiatry at his local hospital, attended to patients in inpatient, intensive outpatient, and residential treatment programs. Dr. Kagan has shared a long-term interest in the mental health issues of children in the child welfare system with his colleague and friend, Richard Delaney, Ph.D. Together they have published A 3-D View of Foster, Kinship, and Adopted Children and have launched ADAPT, a biopsychosocial-based online mental health screening instrument specifically oriented to children in the child welfare system.

2. www.childrensrights.org/newsroom/fact-sheets/foster-care/
Mental Health
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How is the attorney to know what is in the child’s best interests if there is no professional mental health input into the system? I would like to offer a suggestion based upon work done by my colleague Richard Delaney, Ph.D. and myself. It involves a greater role for the attorney and requires:

1. An increased understanding of the mental health issues of children and youth in care by becoming acquainted with the biopsychosocial (BPS) perspective;
2. Enhanced investigation utilizing new tools to gather and analyze relevant information about child clients; and
3. Utilization of the BPS perspective in making recommendations to the court.

These steps, which I will discuss below, can be taken relatively easily using existing methodologies and resources. The ultimate goal is the acquisition by the attorney of a professional, mental-health-informed report that can help guide the court to what is in the best interests of the child.

Understanding Mental Illness in High Risk Children

The mental health problems found in foster, kinship, and adopted children, as well as those youth who have been adjudicated in the juvenile justice system, are not only those found in the general population of children. There are some that are unique to this specific demographic. What constitutes these mental health problems and their causes, and what is the process that takes us from identification of concerns to recommendations for interventions? The answers to these questions can enable attorneys to better understand their clients and to discuss them with mental health professionals and the court.

In general, we consider mental health problems to be thoughts, behaviors, and feelings which are abnormal, extreme, or troubling enough to significantly impair functioning in the areas of socialization, relationships, academics, or work. Children in care have an endless variety of thoughts that are disturbing and interfere with normal functioning: “What if I lose control and hurt the baby?” “I should just kill my teacher.” “My life isn’t worth living.” “I must be unlovable because no one takes care of me.” “Big people hurt little people.” “Stealing is the only way to get what you want.” Behaviors are much more evident to others in the child’s world than thoughts or feelings: hitting, gorging on food, crying, stealing, sexually perpetrating, etc. Behaviors tend to get everyone’s attention fairly quickly and are probably the most common cause for placement disruption. Children are not very good at hiding their feelings. While older youth may be willing to share painful feelings with a trusted adult, younger children are much more likely to express them behaviorally. The more common feelings shared by children in placement are anger, sadness, loneliness, fear, homesickness, and guilt.

To the extent that these problems — thoughts, behaviors, and feelings — interfere with normal life functioning for a sustained period of time, they may be symptoms and signs of mental illness. The Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association is a listing of all mental illnesses with their diagnostic criteria. They are arranged into groups such as Psychotic Disorders like Schizophrenia, Mood Disorders

5. A 3-D View of Foster, Kinship, and Adopted Children: Using the Bio-Psychosocial Model to Better Understand Children with Multiple Negative Impacts. contact@a3-dview.com

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like Major Depression, Anxiety Disorders like Post Traumatic Stress Disorder, Behavioral/Disruptive Disorders like Oppositional Defiant Disorder and Attention Deficit Hyperactivity Disorder, etc. When clusters of associated thoughts, feelings, and behaviors reach statistical significance, they meet the diagnostic criteria for a mental illness. As in the rest of medicine, effective treatment, including medication, requires a correct diagnosis.

What are the causes of mental health problems in these children and youth? In spite of the current trend to focus primarily on trauma, the more correct and comprehensive way to think about the multiple, interacting factors leading to mental illness is by using what is called the biopsychosocial (BPS) perspective. This is the approach recommended by the American Academy of Child and Adolescent Psychiatry and the Child Welfare League of America. It emphasizes the importance of all three factors – biological, psychological, and social – in the development of mental illness.

To illustrate how this works, let’s take a look at a hypothetical case:

Imagine a small-for-age, 14-year-old Caucasian girl who has been placed in the custody of her county Department of Social Services because of multiple unexplained bruises noticed and reported by her teacher. The girl refuses to explain the cause of her bruises. Her father has a history of incarceration for domestic violence. Her mother is alcoholic, diabetic, and unable to maintain employment. When not in jail, her father is often absent from the home and provides no financial assistance to the family, which consists of the girl, her four siblings, and her mother. The girl is in special education because of a learning disability. She was born with Fetal Alcohol Syndrome. She has a seizure disorder for which a neurologist sees her once a year and prescribes an anticonvulsant medication. Unbeknownst to her parents, this medication sometimes interferes with platelet production causing easy bleeding and bruising. Because of her small size, shabby clothes, and low intellectual performance, she is socially ostracized, teased, and bullied. Over the years she has tried to cope by spending time in daydreams of a better life, but to no avail. She has even followed her mother’s example and drunk alcohol that she has found hidden around the house. Her sleep is poor, appetite small, energy nil, and mood always sad. Her siblings have overheard her talking to herself about taking her life.

Before discussing how the BPS perspective could be used to identify and address the best interests of this girl, let’s briefly consider how a case like this is currently likely to be handled. Given the scenario of unexplained bruising in a girl who lives with alcoholism, poverty, and domestic violence, a caseworker would likely think “trauma,” remove the child from the home and place her in foster care for her safety, recommend domestic violence classes for the father and alcohol classes for the mother, and threaten removal of all of the children. Eventually, if the parents complied, the child would probably be returned to her home, and DSS would be satisfied that it had met its goals of “safety, permanency, and well-being.” Of course, safety was addressed by removal from the home. Permanency was addressed by returning to the home. But well-being? Well-being, which is certainly “in the best interests of the child,” is most often an elusive third goal. Focusing on the suspected trauma, and the social factors presumed to have led to it, ignores the multiple other factors involved.

To see how the BPS Model could work for this girl, let’s look at a sample of three of her mental health problems: a thought, a behavior, and a feeling.

Thought: “I’m a total loser.”
- **Biological** – Poverty-induced malnutrition leading to small stature, learning disability, Fetal Alcohol Syndrome-induced facial anomalies, seizure disorder, medication-induced easy bruising and bleeding, Major Depressive Disorder.
- **Psychological** – Avoids reality, lives in fantasy, identifies with her mother’s alcoholism.
- **Social** – Domestic violence; mother’s alcoholism; father’s absences; ostracized, teased, bullied.

Behavior: Refusal to explain the cause of her bruises.
- **Biological** – Learning disability making it difficult to express her thoughts, Fetal Alcohol Syndrome, sedating effects of anticonvulsant medication, Major Depressive Disorder-induced cognitive processing difficulty.
- **Psychological** – Fear of getting her parents, her siblings, and herself in trouble; denial that there is a problem; fear of being taken away from home; paranoia; genuinely not knowing the cause of...
her bruising; worry that she will be the cause of more maternal drinking and/or paternal violence; shyness; feeling intimidated; fear of being accused of not taking her anticonvulsant and having had a seizure resulting in bruises.

- **Social** – Violent household, lack of social sophistication when dealing with authority figures.

**Feeling: Suicidal**
- **Biological** – Major Depressive Disorder, alcohol intoxication.
- **Psychological** – Poor intellectual aptitude, poor social skills, feeling guilty for being reported to Social Services, very low self-esteem, sees herself as a burden on her mother.
- **Social** – Ostracized, teased, bullied; poorly cared for.

Not to mention the likelihood that her out of home placement was based upon erroneous assumptions, the BPS model makes it apparent that the causes of this girl’s mental health problems are multiple and interrelated. But there is a systemic problem that prevents us from seeing this fact. The problem is that caseworkers and their supervisors largely control the process. And social workers, by virtue of their training, and in response to their potential liabilities, look for and find social problems. This is an error called “confirmation bias,” i.e., the caseworker has a bias regarding the cause of these problems, and she/he seeks and finds evidence to justify the bias. Once found, no further evidence is sought. Neither biological nor psychological factors need be considered to explain the problem. However, “using worker indications of child mental health problems alone correctly classifies just 48% of symptomatic children, no more than would be expected by chance.” This reality helps to explain why 75% of these children are not receiving mental health care.

**Coupling the GAL’s Investigative Powers with Mandated Mental Health Screening**

As in most bureaucratic systems, there are likely unspoken incentives to maintaining the status quo in the child welfare system. Rather than critiquing or trying to alter these entrenched incentives, educating the system, by demonstrating the biopsychosocial nature of mental health problems and practical approaches to assessing and treating them, is a way that attorneys can help to bring about needed change. In order to do this on a case by case basis, attorneys need data and a mechanism to use it.

Fortunately, attorneys have several potential sources of information about their clients as well as the authority to investigate. First is the child. Depending upon age, useful information may be accessible. Second is the foster parent who may have useful historical information and almost always has valuable insights into the current functioning of the child. Third is the birth family who may be able to share historical/contextual information. Fourth is the caseworker, who ideally has access to most of the information but who, for a variety of reasons, may not have the opportunity to collect and organize it. And fifth is the CASA volunteer who may also have insights into the child’s life. Teachers, coaches, religious leaders, extended family members, etc., may be able to help as well.

To make the best use of the BPS perspective, the attorney may need information from several of these sources. But what attorney has the ability to pull all of this information together? And once that is done, what is an attorney to do with it? What is needed is an investigator, informants, a compiler, an organizer, a mental health consultant, and a report generator. Yeah, right. But bear with me here.

In my experience, committed foster parents can often be the critical investigator, informant, and compiler of information about the child. Because they live with the child, become attached to the child, and are devoted to doing all they can for the child, foster parents quietly go the “extra mile” every day. In fact, over time, and with the help of their inherent empathy, they often come to identify with the child, as any good parent does. This means that they are able to understand the child’s world from the child’s perspective. In addition, they come into contact with all of the other people who are sources of information, so they have the opportunity to gather and become a repository of pertinent information about the child. The foster parent is a valuable resource for critical information.

But what about an organizer, mental health consultant, and report generator? As mentioned earlier, a plan for mental health screening of children and youth in care is federally mandated. A good screening instrument can be an invaluable tool for managing these functions. A comprehensive, BPS-oriented screening instrument organizes

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9. See Note 3

10. See Note 4
data in a way that is clinically relevant, practical, and able to guide more in-depth evaluations and treatments. Giving foster parents responsibility for filling out such a screening instrument allows them to gather critically important information and gives them a safe place to store it. It also credits them with being a valuable and integral part of the team that fulfills both the letter and the spirit of the law. Conceptually, a screening instrument should:

1. Be specific to the issues of adjudicated and foster children and youth;
2. Be user friendly and readily available for the informant, i.e. the foster parent;
3. Identify and integrate the biological, psychological, and social sources of problematic thoughts, behaviors, and feelings;
4. Be HIPAA compliant; and
5. Be instructive and prescriptive. It should generate an analytical report including specific recommendations for further assessment and treatment if indicated.

Mental health screening instruments for the general population of children and youth are the ones that are most often used. Unfortunately, they are inadequate to the task because they are neither comprehensive, BPS-oriented, nor designed to assess the unique aspects of this high-risk population. Dr. Delaney and I have developed an instrument called ADAPT, that meets the above criteria.11

Working with the foster parent and other informants, and aided by an appropriate mental health screening instrument, the attorney can investigate, compile relevant data, organize it, and report on it professionally to the court.

A Useful Model for Presentation to the Court

The BPS perspective is not only useful for understanding the causes of mental health problems. It is also helpful in guiding us to appropriate interventions. Identifying biological issues leads us to pediatricians and psychiatrists for help. Identifying psychological and social disturbances leads us to psychologists and social work professionals. By integrating their respective recommendations into a treatment plan, we can provide children with a holistic approach to treatment. The court is in a position to order such a plan if provided the necessary documentation by the attorney. Standardized, validated, and internet-available reports such as those generated by a BPS-based screening instrument avoid the weaknesses inherent in regional inconsistencies and biases. They also enhance the ability to track children and evaluate their progress over time, placement changes, and therapies.

Conclusion

I have reviewed, very generally, the types of mental health problems experienced by children and youth in the child welfare system. I have stressed the importance of recognizing the interactive nature of their causes using the BPS perspective. I have identified the potential sources of information that can lead us to our best understanding of the child. And I have endorsed the federal mandate for mental health screening of all children in care. Finally, I have recommended the use of a biologically-, psychologically-, socially-informed screening instrument that can be used as part of the investigative process of the GAL and filled out by the foster parent with assistance from other informants. The computer-generated report resulting from such a screen can be printed and submitted by the attorney to the court to inform its decisions about further evaluation and treatment. Charged with representing the best interests of the child, the attorney using such a report is in a much stronger position to influence eventual outcomes: the enhanced well-being of the child-client and a child welfare system more attuned to the mental health needs of its dependents.

For more information on this topic, please see our website, www.a3-dview.com or contact me directly at drk@jkaganmd.com.

11 www.a3-dview.com
Submit Your Abstract Proposals Now for Our 2018 Conference in San Antonio!

NACC IS ACCEPTING ABSTRACT PROPOSALS NOW THROUGH FEBRUARY 15, 2018.

We truly appreciate your interest in presenting at the 41st National Child Welfare, Juvenile Justice, and Family Law Conference, to be held August 23-25, 2018, at the San Antonio Marriott Rivercenter.

Nationally, children and youth who encounter the child welfare, juvenile justice, or family court systems face numerous challenges. New challenges on the horizon range from harsher immigration enforcement, to increasing numbers of children in the foster care system due to the opioid epidemic, as well as trending state legislation that discriminates against potential foster families and children by allowing faith-based placement agencies to employ their own religious ideals when determining if a family is acceptable or if a particular health service is made accessible. As in the past, NACC will use its annual conference to educate attorneys on how to advocate on behalf of children and families to celebrate and highlight family strengths, and to guard against potential harm from policies, practices, and legislation that seek to curtail or infringe on the rights of children and families.

Our goal is that conference sessions will expand attendees’ understanding of child law and provide them with tools to help them advocate for the children, youth, and families they serve. NACC is particularly interested in sessions that attend to adult learning theory and employ strategies that include multiple learning styles. Additionally, we seek to empower practitioners and help them build their advocacy toolkit by providing practical “how-to” sessions. Our attendees typically include dependency and delinquency attorneys who represent children, parents, and agencies; family law attorneys; judges; social workers; and other advocates across multiple disciplines, including education.

This year, NACC seeks abstract proposals to support three conference tracks: Child Welfare, Juvenile Justice, and Family Law. Conference proposals should address any of the following: Substantive law, general advocacy, trial skills, policy, ethics, and/or appellate issues. Based on previous conference evaluations and membership surveys, topic areas of interest include: Issues of disproportionality, such as LGBTQ, racial minorities, American Indian/Alaska Native children, and children with specific physical and behavioral health needs; advocacy for older youth; implementation of federal law; trends in juvenile justice; strategies for achieving timely permanency; placement/facility conditions; dual-system-involved youth; and creating system change through policy advocacy. NACC is also seeking proposals on family law topics such as custody and visitation issues, parenting time, and mediation.

All proposals should seek to infuse diverse populations within the topic to be discussed, and all accepted abstracts must include a resource tool, such as a checklist, motion, brief, or article for their session prior to the conference.

If your abstract is accepted, all presenters in your session will receive a free registration for the full conference. Additionally, all presenters will be recognized in NACC conference materials.

Visit our Conference page for more details and to submit your abstract.

We look forward to hearing your ideas!

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Visit our Conference page for more details and to submit your abstract.

We look forward to hearing your ideas!
Happy New Year!

Hopefully 2018 is off to a promising start for everyone and congratulations to those of you who are forgiving yourself for your resolution misses and beginning again. Here at NACC we have a renewed sense of optimism and have gotten off to a strong start. As we continue to celebrate our 40th anniversary, we are also looking ahead and planning thoughtfully for our work over the next few years.

We are grateful for our loyal membership base and will strive to continue to support your work and professional growth. Whether it is providing a safe space for healthy debate or connecting you to other like-minded advocates, NACC serves a unique role in the legal community. Our commitment to increased policy advocacy, ongoing training development, and quality conference content are things you can count on from NACC now and in the future.

Child Welfare Law Specialists, the recognized experts in this field, are our representatives of excellence and dedication across the country and we couldn’t be prouder of you! The CWLS designation is more than simply a personal achievement (albeit an important one); it also helps to elevate the entire profession. You are the advocates who new attorneys want to grow up to be. Please reach out to us if you have ideas on how we can better serve you throughout the year; your knowledge and expertise are our most valuable assets. Please don’t forget to submit those abstracts for the 2018 conference in San Antonio, Texas.

We are especially excited for this year’s conference as it gives us the opportunity to support local advocates in a legal environment that has been particularly challenging recently. We have heard the voices of Texas advocates struggling to provide the best representation possible to their clients in a difficult legislative climate. We are proud to use our national presence to identify partner organizations and sponsors for this conference to ensure the most practical, effective programming is provided for Texas advocates and all attendees from around the country. I hope to see you there.

Thank you for all the work that you do and for your continued support of NACC.

Have a great year,

Candi M. Mayes, JD, MJM, CWLS
President, NACC Board of Directors
Children’s Legal Rights Journal Call for Papers

Volume 38, Issue 3 • Children and the Law

Children’s Legal Rights Journal is pleased to announce a special edition of the CLRJ to commemorate the 40th Anniversary of the National Association of Counsel for Children, a nonprofit children’s legal advocacy organization founded in 1977 to improve the lives of children and families through high-quality legal representation and policy advocacy. This special edition will be released in the summer of 2018 with a symposium to follow in the fall. We invite you to submit articles that address the prominent issues impacting children’s justice over the last 40 years.

Submission Details: We invite you to submit articles that address children and the law. We will be reviewing and accepting articles on a rolling basis until February 16, 2018. Submissions should be previously unpublished pieces based on original work. All submissions should be between 15 and 60 pages (double-spaced) and formatted according to the Bluebook.

Contact Information: All submissions and questions can be sent directly to CHILDJR@LUC.EDU. Please do not hesitate to contact us with any questions. You can also contact CLRJ via mail or telephone:

Emma McMullen, Managing Editor
Children’s Legal Rights Journal
25 E. Pearson, 11th Floor
Chicago, IL 60611
847-287-7922

About the CLRJ: The Children’s Legal Rights Journal is a national journal sponsored by Loyola University Chicago School of Law in cooperation with the National Association of Counsel for Children. We publish articles on a variety of children’s legal issues and we are the only journal in the country addressing legal needs of children. Visit our website to check out past issues.

Policy Update

Arguments were recently presented to the Florida Constitution Revision Commission’s Declaration of Rights Committee regarding Florida’s Constitutional Amendment Proposal 40, which recognizes a child’s constitutional right to an attorney in dependency proceedings. It was up to the Committee to decide whether such a proposal should appear on November’s ballot. Despite widespread support from national organizations, including the ABA and NACC, the Declaration of Rights Committee voted against the proposal, 5-2. Therefore, Proposal 40 will not be moving forward and will not appear on the ballot for the citizens of Florida to decide. However, the Committee did recommend that the issue be taken up by the Florida legislature. Stay tuned for updates on any proposed legislation to ensure that Florida’s children are afforded the same rights to an attorney as all other parties in Florida dependency proceedings. The video transcript of the hearing before the Declaration of Rights Committee is available for those who wish to hear the arguments.

The NACC policy department will begin the next phase of work in collaboration with the Annie E. Casey Foundation involving its “Every Kid Needs a Family” initiative. This will include creating at least one workgroup on issues related to congregate care and advocating for children to remain or be placed in family settings. If you are interested in this issue and becoming more involved, stay tuned for more information.

NACC is also working on several proposals to engage in policy related initiatives in partnership with other organizations. If you are interested in collaborating with NACC on a policy initiative, or if you would like NACC to support your local efforts, please reach out to Brooke Silverthorn, NACC Director of Legal and Policy Advocacy.

NACC is interested in a range of issues related to child welfare and juvenile justice. To learn more about our policy priorities, check out NACC’s policy agenda.
NACC’s 40th Anniversary Celebration!

NACC is offering all Bronze, Silver, and Gold members the opportunity to renew or extend your membership for one year at a 40% discount. Whether your membership expires this month or next year, we will add 12 months of membership when you renew during our 40 for 40 Celebration!

This is also a great time for members to elevate their membership level to Silver or Gold and receive the 3rd edition of NACC’s Child Welfare Law and Practice (aka The Red Book), an incredible value at $120 with a Silver membership or $180 with a Gold membership during this 40% off special.

Renew/extend/upgrade your membership now!

Use code NACC40 during online checkout or download the PDF form and return via mail!

NACC Marketing Materials

Are you using the NACC marketing materials available to you? We have marketing materials to help you promote your involvement with the NACC. By publicizing your membership with NACC, you show your support for our organization and highlight your personal commitment to improving the lives of children and families.

- **Membership Banners** can be added to your email signature or website in just a few moments. You’ll find a small and a large image for each of our four membership levels.

- **Membership Certificates** can also be downloaded, saved, and printed as proof of good standing with the NACC. Consider framing or hanging your certificate in the office.

To access Membership Banners and Certificates, log in to your account and visit the Member Marketing page.
Thank You to Our Platinum Lifetime, Gold, and Silver Members!

Thank you for your continued membership, involvement, and support in 2017 — we are very grateful. As we move into 2018 and begin another remarkable year of strengthening legal advocacy for children and families, we’re so glad you’ll be right there with us!

Thank you to our Platinum Lifetime, Gold, and Silver Members:

- **Platinum Lifetime**
  - Donald Bross
  - Irma Carrera
  - Amanda Donnelly
  - Leonard Edwards
  - Donna Furth
  - Gerard Glynn
  - Charles Masner
  - Kathleen McCaffrey
  - Henry Plum
  - Janet Sherwood
  - Yve Solbrekken
  - Cynthia Spencer
  - John Stuemky
  - Smith Williams

- **Gold**
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  - Meredith Baker
  - James Cargill
  - John Ciccolella
  - Jonathan Conant
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  - Bryan Fagan
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  - Amy Hobbs
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  - Richard Ducote
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  - Annalee Foster
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  - Marcella Ruta
  - Lisa Rutland
  - Bonnie Saltzman
  - Tamera Shanker
  - Neal Snyder
  - Amanda Speichert
  - Mallory Stoll
  - Kimberly Washington
  - Joshua Welch
  - Colleen Wengler
  - Robert Wilson
  - Phillip Wiseman
  - Christopher Wu

NACC Joins Letter Opposing Family Separation at the Border

The National Association of Counsel for Children recognizes that advocacy for children’s rights and children’s well-being must cross sectors of social justice to be effective and sustainable. This past and current year are ushering forth innumerable challenges to the safety and well-being of our communities, and NACC is engaged and united with allies and partners to speak up when the interests of children and families are threatened.

This January, NACC joined with the Young Center for Immigrant Children’s Rights, the Children’s Defense Fund, the Juvenile Law Center, the Center for Children’s Law and Policy, the National Juvenile Defender Center, and 125 other organizations and experts in child welfare in submitting a letter to the Department of Homeland Security asking Secretary Kirstjen Nielsen to abandon any plans to separate children from their parents when they seek protection at the U.S. border. By all accounts, the Administration hopes to deter vulnerable families from seeking refuge in the United States by separating families, deporting parents, and putting the children in federal custody.

The letter outlines the damaging and lasting effect this policy would have on children and families. You can read the full letter here. NACC participated in a cross-sector advocacy meeting with child welfare, juvenile justice, and children’s immigration advocates in December and is urging our partners and you to submit abstracts on immigration, juvenile justice, and child welfare cross-sector advocacy for NACC’s national conference in San Antonio. Please submit your abstracts by February 15th and help us elevate this issue and others. Thank you for all that you do to protect the rights and well-being of children and families.
Honoring Bob Fellmeth

“I don’t care what the hell you do. Just make sure the bail money isn’t too much for us.”


The NACC Board and Staff thank Bob Fellmeth for his decades of service on NACC’s Board of Directors. Bob joined NACC’s Board in 1999 and recently retired from the Board in December, 2017. Bob’s significant contributions to NACC and the field of children’s legal advocacy are innumerable. We asked a longtime colleague at the Children’s Advocacy Institute, Ed Howard, to share his insights on Bob’s passion and leadership for this tribute. Thank you, Professor Fellmeth.

HERE’S WHAT HAPPENED. In the mid-2000s there was a spate of grisly child deaths in Sacramento, California, where I work as the Children’s Advocacy Institute’s lobbyist. The children had died after multiple contacts with Sacramento County Child Protective Services. It was a scandal. The local paper, the Sacramento Bee, was doing brave, old-fashioned shoe leather investigative journalism, ending with front page headlines and raging editorials. And the County Board of Supervisors was doing… nothing. Not even agendizing the issue. “Jesus, Bob,” I said. “If something doesn’t happen soon, I think I have to go to a meeting and get arrested.”

Cue Bob’s response, above, which was both irreverent and entirely serious.

Of course he cared what I did. He cared about me personally. The reference “us” paying the bail money was, Y-chromosome translated, him saying, “I’ve got your back.”

Most of all, he cared about the children. He ran the data through the advocacy algorithm in his mind-drive and out popped the answer: (1) children have no political voice, no political power, and their innocence and potential is everything decent and promising about humanity; (2) children should not be murdered; (3) children should not be murdered after having the government agency with “child protection” in its name engage them.

Be professional, sure. Know more than anyone else in the room, goes without saying. But, be no less an advocate on behalf of children than, say, civil rights leaders were on behalf of communities of color or union leaders on behalf of workers. They got arrested to draw attention to an issue. We should consider no less.

Let us understated something: this approach is not common of tenured professors. Indeed, superficially, Bob appears to be a bundle of contradictions. An accomplished scholar. A political brawler. Passionate. Analytical. Agreeable to making enemies. Agreeable to allying with them. A teacher. A do-er, who would never be satisfied being a coach and not also a player.

Yet, get to know Bob and you realize these traits and behaviors aren’t contradictory at all. They are all just tactics and Bob is rightly means-agnostic when it comes to aiding children.

At his core, what impels every verb Bob conjugates first-person are just two reinforcing things and they are really simple, actually:

• a need for justice
• a belief that he is personally responsible for making justice happen.

It was inevitable that these two foundational Bob things should attract him to where they are most needed, to the reductio ad absurdum of how our governance favors the powerful over the vulnerable; namely, to children.
Between teaching and mentoring innumerable child advocates, his tireless service on boards like NACC, his legislative advocacy, his litigation, his scholarship, and his creation of the Children’s Advocacy Institute, it is impossible to catalogue the number of children whose lives were saved or bettered because of Bob. If there is ever a Mt. Rushmore for child advocates, his head will be there, based purely on his astonishing, uniquely multi-faceted child advocacy résumé.

But, beyond all of that (and any of us mortals would rest on a quarter of it), what truly distinguishes Bob as an advocate for children is his unhesitating willingness to deploy true words proportional to the stakes: Children are needlessly dying. Children are needlessly hurting. Children are needlessly being robbed of their potential.

This is the wrongest wrong there is.
Say it!, says Bob, by teaching and by example. Say it! The rest, he says rightly, is ways and means.
Bob has said it, says it, and will say it until he can’t. The tribute that will truly be most touching to him is if we promise to say it, too. And that says everything about him you need to know.

P.S. I did not get arrested. Bob and I came up with a plan to leak my intent to get arrested to a county staffer and, presto, the next agenda had CPS all over it.

For eleven years, Ed Howard has served as Senior Counsel for the Children’s Advocacy Institute at the University of San Diego School of Law.

### Child Welfare Law Certification

**Remote Exam Proctoring**

The NACC is pleased to announce that we will be offering the Child Welfare Law Specialist (CWLS) certification exam via remote proctor. Now all examinees will be able to take the test on-demand in the comfort of their home or office. Exams will reopen under the remote system in March. Additional information about the new scheduling process and set-up will be sent out soon. This change helps reduce the cost of certification administration, which is enabling NACC to reduce the cost of CWLS applications.

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To honor NACC’s 40 years of child advocacy, the price of a Child Welfare Law Specialist application has been reduced from $650 to $350 for 2018. This is a wonderful opportunity to obtain your field’s credential and raise the bar in your community. To apply or for more information, please visit the Certification page at NACCchildlaw.org.

2018 CWLS Application Fee: $650 → $350

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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

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