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TO: State, Tribal, and Territorial Agencies Administering or Supervising the ACF grants and programs.

SUBJECT: Civil Legal Advocacy to Promote Child and Family Well-being, Address the Social Determinants of Health, and Enhance Community Resilience

PURPOSE: The purpose of this information memorandum (IM) is to highlight the importance of civil legal advocacy in advancing child and family well-being; addressing the social determinants of health; enhancing community resiliency; and to strongly encourage state, territorial, and tribal human services entities to work together to support access to civil legal advocacy.

INFORMATION

This IM emphasizes the importance of civil legal advocacy in advancing the well-being of children and families and maximizing the impact of the Administration for Children and Families (ACF) administered programs and grants that serve children, families, and individuals. This memorandum identifies the various means of funding civil legal advocacy; highlights models and partnership approaches to providing civil legal advocacy; and emphasizes the value of civil legal advocacy as a proactive, preventive, and restorative support to families and children.

ACF and its component offices and bureaus¹ speak in unison strongly encouraging all jurisdictions to work together to ensure that families have access to high-quality, civil legal advocacy.

¹ See <u>https://www.acf.hhs.gov/about/offices_</u>ACF Program Offices include: Administration on Children, Youth and Families (ACYF); Children's Bureau (CB); Early Childhood Development (ECD); Family and Youth Services Bureau (FYSB); Office of Child Care (OCC); Office of Child Support Enforcement (OCSE); Office of Community Services (OCS); Office of Family Assistance (OFA); Office of Head Start (OHS); Office of Human Services Emergency Preparedness and Response (OHSEPR); Office of Regional Operations (ORO); Office of Refugee Resettlement (ORR); and Office on Trafficking in Persons (OTIP).

Background

There is a growing consensus among human services leaders, researchers, professional membership organizations, advocates, and individuals with lived-expertise that human services programs, services, and supports should center on promoting the social determinants of health² and enhancing protective factors³, in order to achieve positive outcomes for children, families, and individuals, and promote community resiliency. Developing and supporting human services that advance these goals requires a commitment to well-being throughout the branches of government, and across funding streams and sectors. It also requires ensuring that families are aware of and have access to existing opportunities and can benefit from participation.

Most families participating in or receiving services from ACF administered programs and grants are economically fragile. They are often in the midst of or recovering from familial, health, or economic challenges or crises. This may include loss of employment, inadequate income, unstable housing or homelessness, food insecurity, mental health and/or substance misuse disorder, and intimate partner violence. Such crises can be caused by or lead to civil justice problems, such as unfair housing practices, loss of benefits, identity theft, unfair debt collection practices, unestablished paternity, and other issues. These obstacles can impede a family's ability to provide a safe and stable environment for their children. For example, civil legal challenges can interfere with a parent's ability to maintain suitable housing, gain access to credit to make vital purchases, restrict the ability to enroll a child in school or child care, find or maintain employment, or make important health care decisions for a child or loved one.

The systems that families and individuals must navigate to access supports are often complex and comprised of underlying regulations across multiple agencies. These regulations govern not only what is available to families, but how families must access them and maintain eligibility. The range of systems and laws a caregiver or individual may need to navigate include the Social Security Administration, state social service agencies, local education systems, federal and local housing authorities, local health agencies, family and housing courts, and many more. A complex web of federal statutes governs many aspects of these systems, including the Social Security Act (SSA); Medicaid; Americans with Disabilities Act; Individuals with Disabilities Education Act; Fair Housing Act; Uniform Residential Landlord Tenant Act; and the Fair Debt

https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health; Office of Disease Prevention and Health Promotion, US Department of Health and Human Services. (2020) <u>https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health;</u> National Research Council and the Institute of Medicine. (2009) *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities.* Washington, D.C.: National Research Council and the Institute of Medicine of the National Academies. http://www.nap.edu/catalog.php?record_id=12480

² Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. See

³Protective factors and capacities refer to the presence of supports in a community or characteristics of a parent that allow or help them to maintain social connections, develop resiliency, gain parenting skills and knowledge, seek or receive concrete supports in time of need, and support the healthy development of their children. See

https://library.childwelfare.gov/cwig/ws/library/docs/capacity/Blob/107035.pdf?r=1&rpp=10&upp=0&w=+NATIVE(%27recno= 107035%27)&m=1; see also https://cssp.org/wp-content/uploads/2018/11/About-Strengthening-Families.pdf; Merrick MT, Ford DC, Ports KA, et al. (2019). *Vital Signs:* Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention — 25 States, 2015–2017. MMWR Morb Mortal Wkly Rep 2019; 68:999-1005. 15Center for the Study of Social Policy, Strengthening Families, A Protective Factors Framework, https://cssp.org/wpcontent/uploads/2018/11/About-Strengthening-Families.pdf

Collection Practices Act. Adding to this complexity for families, states have their own regulatory structures to complement the federal framework. These systems and laws can be very challenging to understand and intimidating, which can limit a parent or caregivers' ability to avail themselves or their family of these critical well-being supports.

Access to an attorney or multidisciplinary legal team⁴ that provides civil legal advocacy can empower, support, and restore agency to parents, caregivers, young people, and individuals to help them maintain well-being, preserve family integrity, and promote economic mobility. Civil legal advocacy can also be preventive, especially in the child welfare context, serving as a tool to stop unnecessary family separation. When a family is improperly denied access to public benefits on procedural or substantive grounds, or has another unmet civil legal need, legal professionals can assist the family or individual with enforcing their rights or accessing the supports to which they are entitled.

This IM is organized as follows:

- I. The Benefits of Civil Legal Advocacy to Well-being
- II. Sources of Funding For Civil Legal Advocacy
- III. Models and Approaches to Provide Civil Legal Advocacy
- IV. Conclusion

I. The Benefits of Civil Legal Advocacy to Child, Family, and Individual Wellbeing

Civil legal advocacy entails an array of supports, including but not limited to, legal representation by an attorney to enforce procedural or substantive rights. In addition to direct representation by an attorney, civil legal advocacy can simply be an opportunity to speak with a legal professional or legal team member to receive information and improve one's understanding of rights, eligibility for services, available supports, or the benefits of participating in a program or service. It can be assistance in completing an application for a benefit or service or advice from a peer with lived-expertise on what to expect from a program, how to access it, or other important considerations to keep in mind. Civil legal advocacy may also entail challenging and working to dismantle unjust community conditions that might contribute to a family's instability.

The need for civil legal advocacy is prevalent, especially in low-income families.⁵ A national research effort in 2017 found that in the previous calendar year, 71 percent of all low-income families experienced at least 1 civil legal issue that would benefit from representation, 54 percent

report#:~:text=Common%20civil%20legal%20problems%20among,%2C%20income%20maintenance%2C%20and%20disabilit

⁴ multi-disciplinary teaming approaches to provide legal advocacy pair a well-trained child attorney with a social worker, peer partner or navigator. Evidence of the value of multi-disciplinary models of legal representation and its association with expedited permanency and other positive outcomes continues to grow. ⁵ Legal Services Corporation (2017), The Justice Gap: Measuring the Unmet Civil Legal Needs of Low-income Americans,

⁵ Legal Services Corporation (2017), The Justice Gap: Measuring the Unmet Civil Legal Needs of Low-income Americans, <u>https://www.lsc.gov/media-center/publications/2017-justice-gap-</u>

experienced at least 2, and 24 percent experienced 6 or more.⁶ Americans reported receiving inadequate or no legal help to resolve 86 percent of the civil legal problems they faced.⁷

The study also found that civil legal issues are often not recognized as legal matters and consequently many individuals may be unaware that legal advocacy can help resolve such issues.⁸ Similarly, in a 2014 survey of 668 individuals who experienced civil legal problems, just 9 percent reported characterizing the problem as legal and 56 percent described their situations as "bad luck" or "part of life."⁹ Despite reporting negative consequences due to their situation — including feelings of fear, loss of income, adverse effects on physical or mental health, or verbal or physical violence or threats of violence — 46 percent of those surveyed attempted to resolve their civil legal problems without legal assistance, and only 22 percent sought assistance from individuals outside their immediate social circle, including lawyers, social workers, law enforcement officers, and others.¹⁰

Common civil legal issues include, but are not limited to:

- Housing, access to adequate housing, habitability, eviction, and foreclosure;
- Unemployment;
- Immigration;
- Custody and marriage or civil partner dissolution;
- Fair Wage and hour matters in employment;
- Disability rights;
- Education and special education;
- Identity or wage theft;
- Unfair debt collection;
- Certain moving violations, and unpaid fines and fees;
- Expunging an old criminal record;
- Public benefits (i.e., TANF, SSI)
- Paternity;
- Intimate partner violence; and
- Child support.

Any one of these issues, if left unresolved, can become a major impediment to gainful employment, stable housing, education for a child, or the ability of a family to stay together. For example, within the child welfare setting, the following data related to the reasons children enter

⁶ Id at page 21.

 $^{^{7}}$ Id at page 30.

⁸ Id. at page 33.

⁹ Rebecca L. Sandefur (2014), Accessing Justice in the Contemporary USA: Findings from the Community Needs and Services Study,

http://www.americanbarfoundation.org/uploads/cms/documents/sandefur_accessing_justice_in_the_contemporary_usa_aug. 20 14.pdf. See also Rebecca L. Sandefur (2017), What We Know and Need to Know about the Legal Needs of the Public, South Carolina Law Review Vol. 67, available at https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2949010 ¹⁰ Id at page 11.

care illustrate the extent to which unmet civil legal issues pull children and families closer to the child welfare system.¹¹ Of the approximately 250,000 children that entered care in FY19:

- Sixty-four percent entered care in part due to neglect (includes issues related to poverty, educational neglect, inadequate housing, failure to provide adequate nutrition, and failure to safeguard mental health due to domestic violence);
- Ten percent entered care in part due to inadequate housing;
- Eight percent entered care in part due to a child's behavior problems; and
- Two percent entered care in part due to a child's disability.¹²

Civil legal advocacy can be preventive when it works to address issues that could lead to family separation and the placement of children in foster care. The human and financial costs of prolonged foster care placement can be significant.¹³ Researchers have identified a higher likelihood of experiencing learning disabilities, developmental delays, and adverse health impacts including asthma and obesity among children who have been in foster care compared to those who have not.¹⁴ Short-term and prolonged foster care placement can also result in "complex trauma" and emotional distress for children that interferes with healthy development, requiring intensive interventions and treatment to resolve.¹⁵ Several studies have found that those on the margin of foster care placement have better outcomes when they remain at home compared to when they are placed into foster care.¹⁶ Researchers have also found that mothers whose children are taken into care by child protection services are two to three times more likely to be diagnosed with mental illness, change residences, and utilize welfare programs compared to women whose children remained in their custody.¹⁷

It is possible to address some contributing factors of foster care placements with the provision of civil legal advocacy.¹⁸ Conversely, civil legal advocacy is also a form of preventive support that increases families and individuals awareness of existing services, supports, rights, and resources.

¹¹ https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport27.pdf

¹² Id at page 2.

¹³ See, Church, C., Mitchell, M., and Sankaran, V. (2019). A CURE WORSE THAN THE DISEASE? THE IMPACT OF REMOVAL ON CHILDREN AND THEIR FAMILIES, 102 Marq. L. Rev. 1163. See also Sugrue, E. (2019). *Evidence Base for Avoiding Family Separation in Child Welfare Practice: An Analysis of Current Research*. Commissioned by Alia. https://protect2.fireeye.com/url?k=65d4abfc-3980b280-65d49ac3-0cc47adc5fa2-09cda7b346d2009a&u=https://researchbrief.aliainnovations.org/

¹⁴ Kristin Turney & Christopher Wildeman (2016), Mental and Physical Health of Children in Foster Care, Pediatrics, Vol. 138, No. 8, https://pediatrics.aappublications.org/content/138/5/e20161118

¹⁵ See Sankaran, Vivek. "Using Preventive Legal Advocacy to Keep Children from Entering Foster Care." Wm. Mitchell L. Rev. 40, No. 3 (2014): 1036-47.

¹⁶ Joseph J. Doyle, Jr. (2013), Causal Effects of Foster Care: An Instrumental Variables Approach, Children and Youth Services Review Vol. 35, No. 7, <u>https://www.sciencedirect.com/science/article/abs/pii/S0190740911000983</u>. See also Joseph J. Doyle, Jr. (2007), Child Protection and Child Outcomes: Measuring the Effects of Foster Care, American Economic Review Vol. 97, No. 5, https://www.aeaweb.org/articles?id=10.1257/aer.97.5.1583

¹⁷ Elizabeth Wall-Wieler et al. (2017), Maternal Health and Social Outcomes After Having a Child Taken into Care: Populationbased Longitudinal Cohort Study Using Linkable Administrative Data, J. Epidemiol Community Health Vol. 71, No. 12, https://pubmed.ncbi.nlm.nih.gov/28983064/

¹⁸ See Sankaran, Vivek. "Using Preventive Legal Advocacy to Keep Children from Entering Foster Care." Wm. Mitchell L. Rev. 40, no. 3 (2014): 1036-47. See also <u>https://www.casey.org/preventive-legal-</u>

support/#:~:text=Pre%2Dpetition%20or%20preventive%20legal,prevent%20child%20maltreatment%20and%20extended

This increased awareness can enhance personal agency and improve access to and participation in an array of opportunities that build skills and competencies, and promote health, wellness, and self-sufficiency. In the long-term, utilization of these types of proactive supports may also mitigate the need for mandated reporters to make so many unnecessary reports of suspected maltreatment to child protective services.¹⁹

When preventive services fail, or if true emergency situations arise and necessitate a child's removal from the home, civil legal services can help speed reunification by eliminating barriers to parents participating in or focusing on the primary capacities needed to safely parent. Studies show that when children are removed from the home, having access to legal representation earlier in a case can improve the rate of reunification,²⁰ nearly double the speed to legal guardianship or adoption,²¹ and result in more permanent outcomes for children and families.²²

Outside of the child welfare context, research shows that civil legal advocacy can help resolve a number of common challenges that may otherwise destabilize lives and jeopardize the well-being of individuals and families.²³ For example, helping victims of intimate partner violence obtain restraining orders against their abusive partners can help them secure custody of their children, find safe places to reside, forge connections with counseling services, and begin on the road to healing.²⁴ Other examples include expunging a juvenile or minor criminal matter that opens the door for more employment opportunities, or assistance with immigration matters that may allow an individual to legally participate in the workforce.²⁵ Evidence of the financial benefits of civil legal advocacy is growing as evaluations and studies are increasingly identifying return on investment and cost saving from avoiding costly forms of treatment, intervention, or government assistance that may have been necessary had civil legal advocacy not been provided to ameliorate challenges before they become more severe.²⁶

²² Steve M. Wood et al. (2016), Legal Representation in the Juvenile Dependency System: Travis County, Texas' Parent Representation Pilot Project, Family Court Review Vol. 54, No. 2, https://onlinelibrary.wiley.com/doi/full/10.1111/fcre.12218
 ²³ Casey Family Programs (2020), How Can Pre-Petition Legal Representation Help Strengthen Families and Keep Them Together?, <u>https://www.casey.org/preventive-legal-support/</u>. See also Karlee M. Naylon & Karen A. Lash, Using Legal Aid to Keep Families together and Prevent Child Welfare Involvement, The Guardian, Vol 42, No. 1, Spring 2020.

¹⁹ Of the more than 3.5 million children who received an investigative or alternative response, less than 17% of the reports were substantiated. In other words, CPS investigates considerably more non-victims than victims. *See* Child Maltreatment Report, at 18-19, https://www.acf.hhs.gov/cb/resource/child-maltreatment-2018

²⁰ Elizabeth Thornton & Betsy Gwin (2012), High-Quality Legal Representation for Parents in Child Welfare Cases Results in Improved Outcomes for Families and Potential Cost Savings, Family Law Quarterly Vol. 26, No. 1, https://www.jstor.org/stable/23240377?seq=1

²¹ Mark E. Courtney & Jennifer L. Hook (2012), Evaluation of the Impact of Enhanced Parental Legal Representation on the Timing of Permanency Outcomes for Children in Foster Care, available at

 $https://partnersforourchildren.org/sites/default/files/2011._evaluation..._impact_of_enhanced_parental_legal_representation....discussion_paper.pdf$

https://cdn.ymaws.com/www.naccchildlaw.org/resource/resmgr/guardian/2020_spring/guardian_2020_v42n01_r7.pdf ²⁴ Jacqueline G. Lee & Bethany L. Backes (2018), Civil Legal Aid and Domestic Violence: a Review of the Literature and

Promising Directions, Journal of Family Violence Vol. 33, <u>https://link.springer.com/article/10.1007/s10896-018-9974-3</u>. See also Karlee M. Naylon & Karen A. Lash, How can Civil Legal Help Keep Families Together and Keep Kids out of Foster Care, Karlee M. Naylon, and Karen A. Lash CBX Vol. 21 No. 3. "Studies show the effectiveness of civil legal interventions to stabilize a family experiencing <u>domestic violence</u>, such as helping survivors file a protection order, secure child custody, finalize a divorce, and obtain employment and housing."

²⁵ J.J. Prescott & Sonja B. Starr (2019), Expungement of Criminal Convictions: An Empirical Study, available at https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3353620

²⁶ See How can Civil Legal Help Keep Families Together and Keep kids out of Foster Care, Karlee M. Naylon, and Karen A. Lash CBX Vol. 21 no. 3 "many states have <u>published reports documenting legal aid organizations' effectiveness</u> in helping

Civil legal advocacy is an essential tool to remove obstacles to family and individual success, prevent or mitigate harm, and maximize opportunities that help families remain healthy, stable, and self-sufficient.

II. Sources of Funding For Civil Legal Advocacy

The primary source of funding for civil legal advocacy for low-income people in the United States is the Legal Services Corporation (LSC). However, a lack of available resources leaves LSC-funded organizations unable to address the vast majority (85 - 97 percent) of civil legal problems.²⁷ Because of this, legal aid nonprofits providing free legal help, and their civil justice partners, must seek additional funding sources including both private philanthropy and other public funds. Outlined here are federal funding sources a state, tribe, or territory may use to support legal advocacy efforts within the human services domain. Some innovative efforts utilize a combination of public and private funding. The need for and benefit of civil legal advocacy is recognized across multiple federal agencies and programs---many of which are health and well-being oriented, including: the Health Resources Service Administration (HRSA), the Maternal and Child Health Bureau (MCHB), Substance Abuse Mental Health Services Administration (SAMHSA), the Children's Bureau (CB), the Office of Family Assistance (OFA), the Department of Housing and Urban Development, the Centers for Medicare and Medicaid Services, and the Department of Justice Office for Victims of Crime (DOJ OVC). That each of these agencies administer funding sources that may be used to support states and tribes to fund civil legal advocacy, demonstrates a broad and unified understanding that civil legal issues directly impact health, well-being, and stability in the lives of children, families, and individuals.²⁸

a. Federal funding sources

• TANF

TANF is the federal government's primary cash assistance program for needy families. The federal government gives states block grants to design and operate programs that accomplish one of the four purposes of the TANF program: Provide assistance to needy families so that children can be cared for in their own homes; Reduce the dependency of needy parents by promoting job preparation, work, and marriage; Prevent and reduce the incidence of out-of-wedlock pregnancies; and encourage the formation and maintenance of two-parent families.

people access benefits by helping families apply for or appeal erroneous denials of services and benefits, such as the Children's Health Insurance Program, home energy assistance, Medicaid, Supplemental Nutrition Assistance Program, Social Security Disability Insurance, Supplemental Security Income, and Temporary Assistance for Needy Families (TANF)." See also https://www.philadelphiabar.org/WebObjects/PBA.woa/Contents/WebServerResources/CMSResources/PhiladelphiaEvictionsRe nort ndf

port.pdf ²⁷ Legal Services Corporation (2017), The Justice Gap: Measuring the Unmet Civil Legal Needs of Low-income Americans, https://www.lsc.gov/media-center/publications/2017-justice-gap-

report#:~:text=Common%20civil%20legal%20problems%20among,%2C%20income%20maintenance%2C%20and%20disabilit

²⁸ See Grants Matrix for examples of federal pass-through funds that can include legal aid, <u>https://www.american.edu/spa/jpo/toolkit/module-2.cfm#Grants</u>.

Legal aid can further the TANF program's goals of helping needy families achieve selfsufficiency and provide support for job preparation and employment alongside other social services. OFA indicated in its TANF Program Policy Questions and Answers that states can use TANF funds to support legal help for needy families pursuing SSI benefits and to resolve personal or family legal problems, "e.g., where legal problems are a threat to family stability or undermine the employment of needy parents."²⁹

• Medicaid

Medicaid and related federal funding for healthcare has been used to provide families with access to civil legal aid that promotes the social determinants of health. There are at least two options that have been utilized in the past. First, Medicaid Managed Care Organizations coordinate community-based non-medical services and have discretion to include services that are designed to improve quality and health outcomes and/or reduce health care costs.³⁰ Medical-Legal Partnerships, described below, have been funded, at least in part, through the "value-added services" provision to provide legal aid to enrollees that has been documented to improve health and reduce healthcare costs.³¹

Second, federal law allows for experimental, pilot, or demonstration projects that may promote the objectives of the Medicaid program, commonly referred to as §1115 waivers. If a state pursues a §1115 waiver for the purposes of addressing enrollee's social determinants of health, legal services would be an appropriate and important inclusion in the waiver. The Los Angeles County Department of Health was approved for a §1115 demonstration waiver that included a partnership with Neighborhood Legal Services of Los Angeles County to address legal barriers to enrollees that are negatively impacting their health and well-being.³²

• Title IV-B of the Social Security Act (SSA)

ACF's CB has determined that states and tribal grantees may use kinship navigator funds provided under title IV-B, subpart 2 of the Act to provide brief legal services to "assist kinship caregivers in learning about, finding and using programs and services to meet the needs of the children they are raising and their own needs," which may include "support[ing] any other activities designed to assist kinship caregivers in obtaining benefits and services to improve their caregiving."³³ See section 427(a)(1) of the Act.

Service Decision-Making process for Family Support Services (45 CFR 1357.15(r))

The Family Support Services component of the MaryLee Allen Promoting Safe and Stable Families program represents an important source of funding for community-based prevention

²⁹ See <u>https://www.acf.hhs.gov/ofa/resource/q-a-use-of-funds?page=all</u>. See also Question 10 in The Justice in Government Project's FAQs About Legal Aid & TANF (last updated May 2020) for examples of states and counties that fund civil legal advocacy using TANF funds, https://www.american.edu/spa/jpo/upload/faqs-about-tanf-11-1-19.pdf ³⁰ 42 C.F.R. § 438.3(e)(1)(i)

³¹ National Center for Medical-Legal Partnerships, Fact Sheet: Financing Medical-Legal Partnerships, at 6 (2019), *available at*, https://medical-legalpartnership.org/wp-content/uploads/2019/04/Financing-MLPs-View-from-the-Field.pdf

³² https://dhs.lacounty.gov/more-dhs/departments/whole-person-care/medical-legal-partnership/

³³ <u>https://www.acf.hhs.gov/cb/resource/technical-bulletin-faqs-legal-representation</u>

efforts. The statute specifically requires that these services be community-based (section 431(a)(2)(A)) of the SSA. Family Support Services may include offering information and referral services to afford families access to other community services, including legal services to help families prevent evictions, loss of benefits or other issues that may make them vulnerable to entry into the child welfare system.

• HRSA Health Center Program

HRSA has been a leader in support of medical-legal partnerships (MLPs). Under the Health Center Program,³⁴ health centers may use their federal funding to support on-site civil legal aid to address the health-harming legal concerns of their patients.³⁵ Health centers and potential health centers also have access to training and technical assistance resources to assist them in adopting and enhancing MLPs through a HRSA-funded cooperative agreement with the National Center for Medical-Legal Partnership.³⁶

• Title V Maternal and Child Health Services Block Grant

Authorized under Title V of the Social Security Act, the Title V Maternal and Child Health (MCH) Services Block Grant Program³⁷ is a formula grant under which funds are awarded to 59 states and jurisdictions to address the health services needs within a state for mothers, infants and children, which includes children with special health care needs (CSHCN), and their families. HRSA's Title V MCH Services Block Grant, administered by HRSA's MCHB, aims to increase access to quality health care for mothers and children, especially for people with low incomes and/or limited availability of care; promote efforts that seek to reduce infant mortality and the incidence of preventable disease;, increase primary and preventive care services for children as well as rehabilitative serves for CSHCN; increase access to comprehensive prenatal and postnatal care for women; and assure a family-centered, community-based systems of coordinated care for children with special health care needs.

Each state conducts a needs assessment every 5 years to identify seven to ten priority needs and build a state action plan to address those needs through evidence-based or –informed strategies and programming. As a federal-state partnership, the Title V MCH Services Block Grant consists of federal funding which is matched with state funding. At a state's direction and discretion, these funds are allocated to address its priority and emerging needs through direct, enabling, and population-based and system services for its MCH populations. A state could choose to support civil legal advocacy efforts through its Title V MCH Services Block Grant funds, if such efforts were consistent with state needs/priorities and the purpose/requirements of the Block Grant.

• HRSA's Early Childhood Programs

³⁴ Health Center Program

³⁵https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/scope/form5aservicedescriptors.pdf

³⁶ https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/ncapca/national-training

³⁷ Title V Maternal and Child Health (MCH) Services Block Grant Program

HRSA's early childhood systems programs within MCHB support states and communities to build and sustain multigenerational systems for prevention and intervention, focusing on the prenatal-to-3 years old period to promote family and young child well-being. These programs address systemic barriers in coordination, equity, and reach that are necessary for all children to achieve their optimal potential, including systemic approaches to improve social determinants of health and reduce caregiver stress, such as civil legal challenges. Partnerships and alignment with these programs can help reach and engage families in need of civil legal advocacy and provide them with wraparound services.

Early childhood systems programs can support the following: a) state and local level partnership-building between maternal and child health, child welfare, and legal aid; b) coordination of screening and referral related to legal needs through health systems and other providers or systems, such as infant-toddler courts and coordinated intake and referral systems; and c) integration of civil legal advocacy, and related planning for financing and policy development, into state and local early childhood strategic plans.

Specific program examples highlight potential opportunities. The Early Childhood Comprehensive Systems (ECCS) Health Integration Prenatal-to-Three program³⁸ supports state capacity and infrastructure to develop or expand community integrated service systems, with a focus on connecting services such as legal assistance with the health system. The Infant-Toddler Court program³⁹ provides training and technical assistance to guide legal and other familyserving professionals in providing effective, trauma-informed services for families involved in the child welfare system and in building multidisciplinary community teams that can effectively meet families' needs to prevent or mitigate child maltreatment. Through the Maternal, Infant, and Early Childhood Home Visiting program,⁴⁰ home visitors assess the needs of pregnant women and families with children up to kindergarten entry, and provide referrals to appropriate services, including legal services.

• HRSA's Ryan White HIV/AIDS Program (RWHAP)

HRSA's RWHAP⁴¹ provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people with HIV. Essential support services are defined as needed for individuals with HIV/AIDS to achieve their medical outcomes, which includes legal services. Among the essential support services allowable under RWHAP are professional services. Such services may include legal services provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease, permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, and income tax preparation services to assist clients in filing federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits.⁴² Legal services allowable under RWHAP exclude criminal defense and class-action lawsuits unless

³⁸ Early Childhood Comprehensive Systems (ECCS) Health Integration Prenatal-to-Three Program

³⁹ Infant-Toddler Court Program

⁴⁰ Maternal, Infant, and Early Childhood Home Visiting Program

⁴¹ <u>RWHAP</u>

⁴² https://hab.hrsa.gov/sites/default/files/hab/Global/service_category_pcn_16-02_final.pdf

related to access to services eligible for funding under RWHAP.

• SAMHSA Block Grants

The goal of the State Opioid Response (SOR) formula grant program is to address the opioid crisis by increasing access to medication-assisted treatment; reducing unmet treatment need; and providing prevention, treatment, and recovery activities to reduce opioid overdose-related deaths. SOR grants are awarded based on an allocation formula weighing the state's proportion of people with abuse or dependence on opioids who need but do not receive treatment, and the state's proportion of overdose deaths. There is also a 15 percent set-aside for states with the highest rate of drug overdose deaths.

The FY 2020 SOR Funding Opportunity Announcement explains that grantees are "required to employ effective prevention and recovery support services to ensure that individuals are receiving a comprehensive array of services across the spectrum of prevention, treatment, and recovery." Civil legal advocacy can potentially help advance these goals through prevention, service delivery, and comprehensive recovery support services that facilitate effective treatment outcomes and long-term recovery.⁴³

The Substance Abuse Prevention and Treatment Block Grant (SABG) and Community Mental Health Services Block Grant (MHBG) programs provide funds and technical assistance to grantees in order to treat substance abuse and provide mental health services within coordinated, comprehensive public health systems. The SABG program seeks to "help plan, implement, and evaluate activities that prevent and treat substance abuse" among different populations, including pregnant women and parents with a substance use and/or mental disorder; individuals with communicable diseases; persons living with or at risk of HIV/AIDS; and persons who experience homelessness and involvement in the criminal justice system. MGBG's goal is to provide comprehensive mental health services to adults with serious mental illness and children with serious emotional disturbance.⁴⁴

SAMHSA's joint SABG and MHBG FY 2020-2021 Block Grant Application states that grantees "may wish to develop and support partnerships and programs to help address social determinants of health and advance overall health equity. For instance, some organizations have established medical-legal partnerships to assist persons with mental and substance use disorders in meeting their housing, employment, and education needs."⁴⁵

• Victims of Crime Act Victim Assistance Formula Grant Program

⁴³ https://www.samhsa.gov/sites/default/files/grants/pdf/fy-2020-sor-foa.pdf

⁴⁴ https://www.samhsa.gov/grants/block-grants/mhbg

⁴⁵ Id

The Victims of Crime Act (VOCA)⁴⁶ of 1984 established the Crime Victims Fund, the nation's primary funding source to help victims of all types of crimes.⁴⁷ Among the VOCA-authorized grant programs are the state administered Victim Assistance Formula Grants, which provide funding to groups and direct services for victims. The DOJ OVC awards VOCA Victim Assistance Formula Grants in accordance with VOCA and the Victim Assistance Rule and related guidance.⁴⁸ States' and tribes' administering agencies, in turn, provide sub-grants to local public agencies and community service providers that help individuals, families, and communities recover from the short- and long-term impacts of victimization.

The DOJ OVC VOCA Assistance rule became effective August 8, 2016, and included the clarification that state VOCA administrators have the freedom and flexibility to use their funds for a broad array of legal needs beyond the immediate aftermath of a crime, and that an individual's eligibility to receive VOCA-funded services is not dependent on immigration or citizen status.⁴⁹ DOJ OVC has also identified a non-exhaustive list of legal services that state VOCA administrators could fund, including to help intimate partner violence survivors, and abused and neglected children.⁵⁰

• U.S. Department of Housing and Urban Development:

Community Development Block Grant (CDBG) funds can be spent on legal services, such as legal representation of tenants facing eviction, walk-in legal counseling, landlord/tenant matters, and foreclosure mitigation and prevention.⁵¹

b. Non-federal sources of funding

It is also common for civil legal advocacy programs to receive state, local, and philanthropic funding. A few examples of additional funding sources include:

• State and county general funds: One source of potential state general funds is reimbursement dollars for expenditures on legal representation for children who are candidates for or currently in foster care and their parents under Title IV-E of the SSA.⁵² Investing reimbursement dollars in civil legal advocacy is a strategy to help prevent the need for intensive government intervention and can lead to cost savings.

Services.pdfhttps://files.hudexchange.info/resources/documents/Basically-CDBG-Chapter-7-Public-Services.pdf

⁴⁶ To learn more about VOCA visit <u>VOCAPedia</u>. See also The Justice in Government Project's FAQs About Legal Aid & VOCA (last updated May 26, 2020), https://www.american.edu/spa/jpo/toolkit/upload/faqs-about-voca-1-7-19.pdf

⁴⁷ https://ovc.ojp.gov/sites/g/files/xyckuh226/files/pubs/crimevictimsfundfs/intro.html#FundSupport

 ⁴⁸ https://www.federalregister.gov/documents/2016/07/08/2016-16085/victims-of-crime-act-victim-assistance-program
 ⁴⁹ Id

⁵⁰ https://ovc.ojp.gov/sites/g/files/xyckuh226/files/media/document/comparison-VOCA-victim-assistance-guidelines-and-final-rule.pdf

⁵¹ See Chapter 7: Public Services in Basically CDBG for States and Basically CDBG for Entitlements. <u>https://www.hudexchange.info/sites/onecpd/assets/File/Basically-CDBG-State-Chapter-7-Public-</u>

 $^{5^{22}}$ Federal guidance on how a Title IV-E agency may claim federal reimbursement for independent legal representation for children who are candidates for or in foster care and their parents is provided in this <u>technical bulletin</u>.

- Health care funding: In a survey of nearly 350 medical-legal partnerships, approximately half identified their health care organizational partner as contributing financial support, most often in direct support of legal representation of patients that promotes the social determinants of health.⁵³
- Interest on Lawyers Trust Accounts (IOLTA) and state bar grants for representing lowincome clients: Legal advocacy programs may also receive funding from local bar associations that provide grants or funding to support civil legal aid.⁵⁴ These programs may be funded in a variety of ways, including IOLTA funds or portions of membership dues.55
- Law schools: Many law schools around the country operate clinical programs that provide civil legal advocacy in a variety of areas.⁵⁶ Such efforts are funded in a variety of ways and allow for students to gain experience providing civil legal advocacy under the supervision of staff attorneys.

III. Models and Approaches to Provide Civil Legal Advocacy

There are a number of different approaches and models human service delivery systems are utilizing to support the provision of civil legal advocacy to promote health and well-being and reduce the occurrence of poor outcomes for children, families, and young people. Descriptions of three common types of agreements or partnerships are below.

a. MLP

A MLP conceptualizes lawyers and multi-disciplinary legal teams as core members of a health care team. Similar to how a doctor in a hospital or outpatient clinic may refer a child with severe asthma to a sub-specialty clinic such as pulmonology, an MLP empowers health care staff to refer families to a legal team to address and promote the social determinants of health. Consider the pulmonologist's treatment of a child with severe asthma: options might include various medications and lifestyle management recommendations. However, if the child is living in an apartment with severe mold, their asthma is not likely to improve despite clinical treatment. As part of an MLP, the lawyer can assist the family with enforcing their rights under federal, state, and local housing laws to remedy the mold growth and ensure the family has a safe and habitable home.

MLP's are growing in popularity: according to the National Center for Medical Legal Partnership, there are at least 450 existing MLP's.⁵⁷ MLP's are funded in a variety of ways,

⁵³ See National Center for Medical-Legal Partnerships, Fact Sheet: Financing Medical-Legal Partnerships, (2019), available at, https://medical-legalpartnership.org/wp-content/uploads/2019/04/Financing-MLPs-View-from-the-Field.pdf) ⁵⁴ See, e.g., https://www.gabar.org/aboutthebar/lawrelatedorganizations/iolta/iolta.cfm; https://www.scbar.org/lawyers/bar-

programs/pro-bono-program/

⁵⁵ See National Center for Medical-Legal Partnerships, Fact Sheet: Financing Medical-Legal Partnerships, (2019), available at, https://medical-legalpartnership.org/wp-content/uploads/2019/04/Financing-MLPs-View-from-the-Field.pdf) ⁵⁶ See <u>https://www.americanbar.org/groups/center-pro-</u> bono/resources/directory_of_law_school_public_interest_pro_bono_programs/definitions/pi_pi_clinics

⁵⁷ https://medical-legalpartnership.org/about-us/faq/

including a mix of federal, state, charitable, and private resources. MLP's have a growing evidence base that demonstrates they reduce health care costs, improve family and community health, and help raise awareness about the impact of conditions in a home or community on children's health.⁵⁸ At least one scholar has outlined how pediatric MLP's present an opportunity for child welfare to realize the impact legal services may have on reducing the need for child welfare involvement in many families.⁵⁹ HRSA supports implementation of MLP's at its HRSA-funded community health centers.⁶⁰

b. Agreements and partnerships between child welfare agencies and legal services providers

An increasing number of child welfare agencies have established relationships with legal services providers to help divert families struggling with poverty issues from making unnecessary contact with child protective services or to provide civil legal advocacy to families that are involved with the child welfare system to address issues that may delay reunification, guardianship, or other permanency goals. Representation to reduce the likelihood of contact with formal child protective services is commonly referred to as preventive legal services. Such relationships are implemented in a range of ways and can include an informal or formal agreement for the child welfare agency to make direct referrals to legal services organizations via hotline workers, investigators, or caseworkers to memorandums of understanding and in some instances formal fee for service contracts. Some arrangements include embedding or co-locating legal services staff physically (attorneys, peer partners, or other members of legal teams) in family serving nonprofits, family resource centers, or other human services offices or hubs where families may seek support.

c. Targeted legal services in high-risk communities

In areas where an acute civil legal need is prevalent, there are also civil legal advocacy programs and approaches that focus on one particular issue such as housing, immigration, education, or labor. Such efforts are highly specialized on issues that are disproportionately impacting families or individuals in a community. Legal teams that operate a targeted legal services program are deeply experienced in resolving a very discrete number of issues, often only one, and are also often involved with system and law reform work.

One such example is the Standing With our Neighbors program in Atlanta, GA. In 2016, the Atlanta Volunteer Lawyers Foundation saw the need to address housing instability for students attending Thomasville Heights Elementary School, a school in a high-poverty neighborhood. By embedding supportive legal services focused on living conditions and housing stability in Thomasville Heights Elementary, the program was able to reduce the student transiency rate by 14 percent and improve children's health, and has since expanded to operate in 8 other Atlanta schools.⁶¹

⁵⁸ https://medical-legalpartnership.org/impact/

⁵⁹ Kara Finck, Medical Legal Partnerships and Child Welfare: An Opportunity for Intervention and Reform, 28 Widener Commw. L. Rev. 23 (2019).

⁶⁰ https://medical-legalpartnership.org/wp-content/uploads/2016/07/Building-Resources-to-Support-Civil-Legal-Aid-at-Health-Centers.pdf

⁶¹ https://avlf.org/standing-with-our-neighbors/

IV. Conclusion

Well-being is the common denominator and fundamental charge across federal agencies that administer programs that serve low-income families and individuals in states, tribes, and territories. Each federal program plays a critical role in addressing the social and structural determinants of health and enhancing protective factors in communities. This includes working to create positive environments, conditions, and opportunities for children, families, and individuals so that they may reach their best potential as well as addressing and sometimes providing redress to remove or reduce risks of harm or threats to family stability and family integrity. It can also be preventive, especially in the child welfare context, as a powerful means for preserving family integrity. Civil legal advocacy is vital to ensuring access to and participation in programs and services that benefit children, young people, families, and individuals, and promoting community resiliency and stability. It is a tool for helping parents, caregivers, and individuals build knowledge of and gain access to programs and services that promote health, well-being, and build protective capacities. As such, civil legal advocacy is a critical strategy to help ensure federally administered programs are successful. We strongly encourage all human services entities to consider and explore the models, partnerships, and approaches included in this memorandum and examine current federal, state, local, and philanthropic funding streams and sources to support civil legal advocacy to help achieve positive outcomes for children and families.

Inquiries: <u>CB Regional Program Managers</u>

/s/

Lynn A. Johnson Assistant Secretary for Children and Families

Attachment

Appendix A: Examples of Civil Legal Advocacy Programs and Approaches to Promote Wellbeing

Resources: Legal Aid & TANF FAQs Legal Aid & VOCA FAQs, National Center for Medical Legal Partnership National Legal Aid and Defender Association: Addressing the Opioid Crisis presentation Chapin Hall Research Brief No. 6 https://www.casey.org/quality-parent-representation/

Appendix A: Examples of Civil Legal Advocacy Programs and Approaches to Promote Well-being

This section includes descriptions of an array of efforts to provide civil legal advocacy to help promote child and family well-being. The examples presented offer a range of approaches and models that a state, tribe, or territory may consider implementing to help maximize access to participation in civil legal advocacy programs and increase the effectiveness of programs, services, and supports, and position families and children for ongoing health and success.

Iowa Legal Aid Parent Representation Project Pre-Petition Advocacy

The Iowa Legal Aid Parent Representation Project uses a multidisciplinary team approach to work with parents and caregivers involved in the child welfare system. The Project Team, comprised of a lawyer, case manager, and parent advocate, holistically supports the caretaker to achieve positive outcomes for the family. The team receives referrals from the Iowa Department of Human Services (IDHS) for a parent or caretaker with a civil legal issue that if resolved would stabilize the family, prevent juvenile court intervention, and reduce the chances of out of home placement. Parents and caretakers are offered legal and social work advocacy to address matters including custody, orders of protection, affordable housing, and other issues faced by those in poverty. To get assistance through the project, IDHS identifies that a family has a civil legal need and a referral is made to the project. Project staff make contact with the client, gather background information, and provide advice concerning the presenting issue. If additional assistance is needed, such as obtaining a protective order or preventing an eviction, project staff discuss the case to determine if this legal intervention will allow their case to close with IDHS and/or lessen the chances of juvenile court intervention or out of home placement. If so, they provide representation and advocacy to resolve the legal issue. Project staff meet once a week to discuss all cases to ensure that all of clients' needs are met. The Parent Representation Project receives funding through a variety of state and private funding sources.

The Legal Services of New Jersey (LSNJ) Model for Removal Prevention

LSNJ has a relationship with the New Jersey Department of Child Protection and Permanency (DCPP) establishing an intake and referral process whereby DCPP has the option of making referrals directly to LSNJ to activate a legal team to advocate on behalf of parents and address issues that may make removal to foster care likely. The Model takes a comprehensive approach to addressing child welfare concerns, empowering clients, and providing multidisciplinary support through a team of legal advocates, social workers, and a parent ally mentor. The process begins with DCPP caseworkers, supervisors, and investigators identifying a family with safety concerns rooted in poverty. If DCPP is unable to resolve these concerns with the available tools and services, it refers the case to LSNJ for intake and advice. Each case is assessed by an LSNJ Family Representation Project attorney for its specific needs and based on that initial assessment, the client receives advice on the child welfare process within 24 hours from that initial contact. The client learns their rights and have the comfort of knowing that DCPP and LSNJ are supporting their efforts to keep their family together. The LSNJ advocate also asks the client about their concerns and goals and then utilizes this information to refer the case to other members of LSNJ's multi-sectoral team. LSNJ advocates, social workers, parent ally, and other team members regularly check in with the

client, ensuring that they feel supported in achieving their goals. LSNJ's work under the model operates exclusively on state funds.

Legal Aid Services of Oklahoma (LASO)

LASO employs nearly 150 attorneys, half of which are embedded within other non-profits. The non-profits provide shelter and services for the homeless and survivors of violence, assist formerly incarcerated persons with successful reentry, provide substance abuse treatment and provide health care. In each example, the non-profit was experiencing frustration by the ability of civil legal problems to extend and create homelessness, continue violence, increase recidivism, sabotage substance abuse treatment and perpetuate bad health. Connecting a person needing access to civil legal services is not as easy as a referral from a nonprofit service provider. Referral connections often missed due to fear, transportation, intimidation, and the ongoing belief that all lawyers charge fees. LASO attorneys need to be where clients already congregate for needed services. LASO's presence on site provides immediate access, prevention of future problems, and the resolution of existing problems as part of an overall client improvement strategy with the non-profit. https://www.legalaidok.org/ is the LASO website. All of the LASO embedded attorneys are funded through collaborative resource development efforts with the non-profit. Funders include federal, state, and local government and private funders. Every embedded relationship is governed by a Memorandum of Understanding (MOU) between LASO and the non-profit. MOU's establish commitments from the non-profit to provide space and referrals.

Legal Aid of West Virginia

Since 2003, Legal Aid of West Virginia (LAWV) has jointly operated a project with the state's Department of Health and Human Resources in order to assist Temporary Assistance for Needy Families (TANF) recipients with pressing legal needs. In each of LAWV's 12 offices, the WV WORKS Legal Support Project is staffed with paralegal advocates and a number of regional attorneys. Up until 2017, the Project primarily focused on issues impeding selfsufficiency and safety (e.g., housing, domestic violence, and employment). However as the opioid epidemic unfolded, LAWV staff reported that the composition of WV's caseload was shifting. Consequently, since 2018, LAWV's staff funded by the WV WORKS Legal Support Grant has included a Kinship Resource Attorney and the Project has offered an array of legal services to meet the specific needs of children and their caretaker relatives who have been impacted by the opioid epidemic.

The goal of LAWV's Lawyer in the School Project is to stabilize the lives of elementary school children who attend Title I schools in some of WV's most challenged communities by providing onsite legal help to their families on issues such as eviction, disrupted income, and legal custody for caregivers.¹ While the lawyer in the school service model was initially developed as a Legal Services Corporation (LSC) pro bono grant, project staff quickly identified substance use disorder as a major issue for the families they served, many of whom

¹ See https://www.lawv.net/Get-Informed/Blog/Article/77/Lawyer-in-the-School. See also Legal Services Corporation & Legal Aid of West Virginia (2018), Lawyer in the School Start Up Guide,

http://www.nlada.org/sites/default/files/LAWV%20Digital%20Lawyer%20in%20the%20School%20Guide.pdf and National Legal Aid & Defender Association (2019), Lawyer in the School and WV WORKS Legal Support Project,

https://www.american.edu/spa/jpo/toolkit/upload/legal-aid-of-west-virginia-s-lawv-lawyer-in-the-school-project.pdf 17

were headed by kinship caregivers. LAWV Applied for and received a Department of Justice Office for Victims of Crime (DOJ OVC) grant earmarked for assisting children impacted by the opioid epidemic, Enhancing Community Responses to the Opioid Crisis: Serving Our Youngest Crime Victims. With this funding, the Project provides onsite legal help to affected children and their caregivers at regular school-based clinics in Marion, Cabell, and Wayne counties, screens families to determine whether they are in need of longer term direct representation, provides legal information presentations to families, and participates in a community response network.

Tennessee Alliance for Legal Services

Tennessee Alliance for Legal Services (TALS) is a statewide non-profit that aims to increase collaboration, support, training opportunities, resource development, and monitoring within a broad network of civil legal assistance providers throughout Tennessee. In collaboration with the Tennessee Department of Human Services (TDHS), TALS and its partner legal aid firms are working to halt intergenerational poverty and help families achieve economic stability through the Cycles of Success program. With the help of unused state TANF funds and TDHS's Two-Generation (2Gen) Approach, Cycles of Success provides legal assistance to children and caregivers while offering other wraparound services tailored to the needs of participating families. The 2Gen framework engages partners across the public and private sectors and employs experience and expertise with a focus on education, economic supports, health and wellbeing, and social capital.²

<u>Chicago Law and Education Foundation (CLEF) School-Based Civil Legal Clinic</u> The Chicago Law and Education Foundation (CLEF) provides Chicago Public School students and families access to free and direct legal services and education related to housing, juvenile criminal expungement, intimate partner violence, and immigration at nine partner high schools and libraries.³

Atlanta Volunteer Lawyers Foundation (AVLF) Standing with Our Neighbors Program The Standing with Our Neighbors program is a partnership between Atlanta Volunteer Lawyers Foundation (AVLF), area schools, and other community allies to provide direct outreach and legal services to low-income families experiencing housing instability or habitability problems in Atlanta.⁴ The program first launched at a single elementary school in 2016, and has since expanded and embedded AVLF staff attorneys and community advocates in nine Atlanta schools and partners with nine local law firms. AVLF currently retains a staff of approximately 600 attorney volunteers and law students. Each year, more than 15,000 potential clients contact AVLF for assistance and 5,000 of these individuals receive legal advice or representation from volunteer staff.

²For more information, see https://www.tn.gov/humanservices/building-a-thriving-tennessee-through-2gen/2genpartners.html, https://www.american.edu/spa/jpo/toolkit/upload/tennessee-cycles-of-success-model.pdf, and https://www.tn.gov/humanservices/building-a-thriving-tennessee-through-2gen/about-2gen-in-tennessee.html.

³ See <u>http://lawclef.org/</u>. See also <u>http://lawclef.org/testimonials/</u> for examples of legal services CLEF has provided.
⁴ See https://avlf.org/standing-with-our-neighbors/. See also <u>https://avlf.org/programs/</u> for descriptions of AVLF's other programs.

<u>Moran Center for Youth Advocacy School-Based Civil Legal Clinic (Evanston, IL)</u> Moran Center for Youth Advocacy's School-Based Civil Legal Clinic (SBCLC) provides free information and legal assistance to families with children in Evanston/Skokie School District 65 in Illinois on a variety of non-criminal topics that may impact a student's ability to stay in school, including adoption and guardianship, family law, housing, public benefits, immigration, and consumer protection.⁵

Healthy Together Medical Legal Partnership (Washington, DC)

Healthy Together is a pediatric Medical Legal Partnership (MLP) based out the Children's Law Center in Washington, D.C.⁶ As one of the oldest MLP's in existence, the Children's Law Center's partnership with the Children's National Medical Center Utilizing a multi-disciplinary legal team, Health Together staff promotes children's well-being by ensuring parents have access to the skills, supports, and services they need to safely care for their children.

In 2015, the Association of American Medical Colleges selected Healthy Together as one of three MLP's to participate in an evaluation to evaluate MLP's impact on patient and community health, cost savings and institutional benefits, and medical student/staff education. While that evaluation is still underway, a number of studies demonstrate that MLPs are a promising innovation for addressing social, legal, and health challenges for underserved and vulnerable populations.⁷

Civil Legal Advocacy Involving Tribes

Eastern Band of Cherokee: The Eastern Band of Cherokee operate a strong long running civil legal aid office. The office prioritizes any cases referred from child welfare. Coordination is overseen through Tribal IV-B.

The Confederated Salish & Kootenai Tribes has been strengthening partnerships and working to transition their child welfare practice from filing court petitions for "Children in Need of Care" to a Court Diversion Program for "Families in Need of Care." The partnership includes the Tribal Court, Child Welfare, the University of Montana's Department of Education, and the Tribal Public Defenders Office Civil Division which seeks to provide holistic representation to clients in civil matters.

⁵ See https://moran-center.org/what-we-do/school-based-civil-legal-clinic/#CLC_Volunteer

⁶ https://www.childrenslawcenter.org/resource/healthy-together-glance

⁷ See pages 6-7 at https://medical-legalpartnership.org/wp-content/uploads/2014/03/Medical-Legal-Partnership-Literature-Review-February-2013.pdf

February 09, 2023

Cornerstones of Interdisciplinary Prevention Advocacy

An overview of the prevention work at Dependency Advocacy Center to help contribute to building best practices for preventive representation and support.

By Katie Joh, Sarah Cook, and Hilary Kushins

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Amber's story of entanglement with the child welfare system begins in her own childhood, when she was removed from her mother's care. The system would then come back into her life when Amber (not her real name) had her own children: Her first son was adopted shortly after birth, and when her second son was three months old, he was removed by the local child welfare agency. With only six months to reunify, her time ran out, and she lost her son through the termination of her parental rights. The depression she experienced after the termination led her into methamphetamine use and an abusive relationship. When she became pregnant again, she stopped using drugs for a time, but her history of use, her previous dependency cases, and the violence in her relationship all put her at risk of losing another child. However, this time she was referred to First Call for Families to receive the support of a prevention team: an attorney, social worker, and mentor parent with lived experience in dependency court. Though she faced many obstacles along the way, the First Call team has supported her over the course of a year as she achieved sobriety, left her abusive partner, and got into stable housing. She recently celebrated her son's first birthday—the first time she has been able to reach this milestone with any of her children.

While Amber's success in fighting for her family is ultimately the product of her own resourcefulness and resolve, the support of an interdisciplinary prevention team was invaluable in helping her achieve that goal. Her case is a perfect illustration of the growing consensus in the child welfare community that family preservation efforts are significantly more effective when deployed before court involvement and the removal of a child.

As the realm of prevention advocacy expands, however, it opens up the question of *how to build, sustain, and center such programs.* The prevention programs of the Dependency Advocacy Center's (DAC) offer one model for how advocates can support families to avoid the trauma of family separation and court involvement. Through our work in this space over the past six years, DAC has identified the following cornerstone principles for designing, implementing, and maintaining child welfare pre-petition programs.

1. Leverage Existing Relationships to Build Prevention Programs

DAC, located in San Jose, California, has been serving families as court-appointed counsel for parents and minors since 2008. DAC is in the unique position of having not one but two prevention programs embedded within its larger family defense practice: Corridor (launched in 2017) and First Call for Families (launched in 2021). Through DAC's work as court-appointed counsel in open dependency cases, the need for representation and support before court involvement was painfully apparent, and we began to seek out opportunities to provide that prepetition representation. Our efforts to create pre-petition programs would not have been possible, however, without the existing relationships we had built within the community.

DAC has always believed that our role as family defenders also requires engagement with leadership in county-wide initiatives and agencies that touch the lives of our client families: not only child welfare and child well-being but also behavioral health and criminal justice. Participation in county-wide system-level leadership has also consistently incorporated our mentor parent staff, growing from an acknowledgment that families most affected by these systems also deserve to be involved in these decisions. Mentor parents' lived experience as families directly affected by the child welfare system has led to more grounded and practical policies being designed for families involved in the child welfare system.

When we began to explore avenues for pre-petition representation, being in the rooms where key decisions were made eventually attracted leaders from other spaces who shared our vision of

rooting families in community and not systems. One of these individuals was Chief Probation Officer Laura Garnette, who saw that the same families were entering both the criminal justice and the child welfare systems, and recognized the need for more targeted support to prevent further involvement in either. She was also familiar with DAC's Mentor Parent Program and had seen the value of a community-based, interdisciplinary team. Many conversations later, and with the chief's leadership, the Adult Probation Department funded DAC's first foray into the prevention/pre-petition family defense space in 2017: Corridor. As an interdisciplinary team comprising an attorney, a social worker, and two mentor parents, Corridor provides preventive services to parents on probation who either have an open dependency case or who are at risk of child welfare system involvement.

DAC was also at the table with our local child welfare agency, the Department of Family and Children's Services (DFCS). Despite often being in opposing positions in the courtroom, DAC has historically recognized the value of engaging with DFCS at a leadership level. Over the past several years, DFCS has begun shifting its practices, resources, and energy from removal to prevention and family preservation. As DAC saw this realignment beginning within DFCS, we were well positioned to pitch the need for preventive legal services, leveraging our success with Corridor. In 2021, we secured funding for First Call for Families, an interdisciplinary prevention program, and our contract was expanded in 2022 for another three years.

Although receiving funding for a preventive legal services program from the same agency tasked with investigations and removals may seem to carry the risk of conflicting interests, DAC has been clear with DFCS from the outset that our role is first and foremost parent representation, rather than accommodation of agency goals. DFCS leadership has been very understanding of the need for this kind of parent representation and has shown an extraordinary commitment to ensuring access to counsel for parents even at the pre-petition stage. Likewise, Probation Office staff, despite their supervisory and law enforcement obligations, have respected our need to maintain attorney-client privilege and confidentiality with our Corridor clients and recognized the value of connecting the individuals they supervise with a support system the client can fully trust.

For many years, DAC has also worked in partnership with faculty and students at a local university for assistance with program evaluation and assessment at no cost to our organization. DAC has also worked previously with the university to develop specific data collection and evaluation tools designed to capture the work of our interdisciplinary teams and a variety of outcome measures. We were then able to easily modify those tools for our new prevention-focused services. In every community, there are agencies, community organizations, or at least individuals hoping to preserve families and support innovative programs. Finding those natural allies, even in the most unlikely of partnerships, has been crucial to our success in the creation of our prevention programs.

2. Build the Team by Embracing Interdisciplinary Advocacy

DAC's approach to holistic family defense deploys an interdisciplinary team of attorneys, social workers, and mentor parents. The attorney provides legal counsel to the clients, as well as limited legal services when appropriate. The rest of the team also works under the supervision of the attorney, which allows for the attorney-client confidentiality to extend to the rest of the team and exempts them from mandated reporting rules. Social workers bring their clinical expertise to our practice by providing individualized assessments and recommendations, crafting safety plans, and building clients' self-advocacy skills, as well as providing resource referral, case management, and system navigation support to our clients. Mentor parents are perhaps the most transformational element of the team: They bring their personal experience with the child welfare system or the criminal justice system (or both) and their grounding in the community to provide support to parents. More than just a sympathetic listening ear-although this is also a crucial part of their role-they are powerful advocates because of their intimate understanding of what parents in these systems are experiencing. Many of DAC's mentor parents struggled with substance use and are active in their recovery, which uniquely equips them to support other parents trying to break the cycles of addiction. Our prevention teams maintain cohesion in our case work through weekly case staffings, where we review each client's situation and ensure that we are working together in a unified manner to support our clients.

In Amber's case, this interdisciplinary model was critical to her success. Although there were no imminent risks at the time her child was born—she had stopped using meth several months into her pregnancy, and her abusive boyfriend was in jail—the investigating DFCS social worker deemed that there were still significant risk factors and put her on a non-court case, in which she was allowed to retain custody of her child but was required to complete an informal case plan under DFCS supervision or risk removal. Several months after her child was born, her boyfriend was released from jail, which led to both escalating drug use and escalating violence. The DFCS social worker gave Amber the option of going into residential treatment—an option she was interested in, but which posed multiple logistical challenges for her. While Amber's attorney and social worker advocated with DFCS to give her more time, her mentor parent worked with her to

handle the logistical challenges and to ensure that she was able to go into residential treatment. At a Child and Family Team meeting held only hours after she entered residential treatment, the DFCS social worker suggested that if she had not made it there, DFCS would have applied to the court immediately for a protective custody warrant.

Amber left residential treatment before graduating from the program, but the First Call team was able to show her DFCS social worker that she was still maintaining her sobriety, and the non-court case was closed soon thereafter. Amber's time in residential treatment also gave her the reprieve she needed to jump-start her sobriety, distance herself from her ex-boyfriend, and obtain subsidized housing. Since leaving residential treatment, Amber has continued to receive support from the team: The First Call attorney assisted her in obtaining custody orders, her mentor parent has connected her to Narcotics Anonymous meetings, and the First Call social worker has supported her in accessing necessary community resources.

3. Fuel the Interdisciplinary Team Through Clinical Support

The success of our interdisciplinary model has been built on lessons learned through our established practice in dependency court representation. For example, we knew from our court work that sustaining an interdisciplinary team at a legal services organization also requires an investment in the well-being and professional development of our mentor parents and social workers through clinical supervision. Child welfare work often carries a degree of vicarious trauma, but this is especially true for our mentor parents, whose lived experience is so closely tied to their client work. For our social workers, clinical supervision provides a forum for them to apply the core principles of their profession to the work they do with our clients on a daily basis. Making a commitment to providing clinical supervision has also allowed us to attract and retain talented social workers who are able to work toward professional development goals, such as obtaining their licensure while working for DAC. Most importantly, this additional layer of clinical support for our social workers and mentor parents helps to ensure that our team members, who are in the trenches providing support to families at the most critical moments, have the support they need to sustain this work, no matter how challenging it may be at times.

4. Expand the Partnership and Stay Rooted in Community

One of the core tenets of our prevention orientation is that families are better served in and by community and natural support than by courts and court-related systems. For that reason,

although we have built-in referral pathways for our contracted funders (i.e., the county child welfare agency and probation), we are also proactive about community outreach to bring in more organic referrals. We frequently attend community resource fairs, back-to-school events, and local networking events. Corridor team members also have a regular presence at the Probation Office to connect directly with potential clients in need of Corridor's services.

Moreover, our prevention program teams frequently go to schools, shelters, hospitals, and the county jail to conduct Know Your Rights presentations with the aim of educating both the general public and service providers about the child welfare system and connecting families to our services. We widely distribute information on alternative caretaker arrangements with samples of caretaker affidavits and power-of-attorney templates in the community to empower families to make plans that keep children in their communities. We encourage mandated reporters to contact our programs as routinely as they would contact the county agency about potential child welfare concerns. For instance, some of our most fruitful referral partnerships have been formed with the staff at the county jail and medical social workers at the county hospital, who refer parents to us as soon as they have made a report, thereby allowing clients to get connected very early on in an investigation.

Staying rooted in community also means meeting clients in the spaces where their lives happen their homes, their neighborhoods, their workplaces, their schools, their meetings with their probation officers and social workers. First Call for Families staff have an office at a local Family Resource Center, which has resulted in increased visibility in the community and gives us the ability to meet clients in an environment that feels warmer than a legal office. Furthermore, when making resource referrals, we strive to provide warm handoffs where resources are not only identified but verified. We network often with local legal aid and community resource agencies, to ensure that we are up to date on what services are available and the best pathways to access them. Support is provided with follow through and system navigation, which can take many forms: going with a client to the Department of Motor Vehicles, the embassy, or the benefits office. Through our system navigation and advocacy, our clients learn the skills to navigate and advocate for themselves in the future.

As child welfare pre-petition and prevention programs, we are committed to fighting poverty and racial inequity, which are the most significant predictors of child welfare involvement. Given the high Latinx population in our county and the disproportionate representation of Latinx families in the child welfare system, we prioritized hiring bilingual Spanish-English staff when composing

our prevention teams. For all of our clients, we maintain access to a multilanguage translation service and strive to connect our clients with culturally competent service providers. In addition, DAC's prevention social workers and mentor parents work closely with clients as they navigate the challenges of poverty: advocating for access to public benefits and healthcare, supporting them in the search for subsidized housing, and connecting them to resources in the community. Although we are not civil legal aid practitioners, we have built relationships with partner agencies so that when we encounter collateral civil or legal issues outside the scope of our attorneys' experience most often within the realms of housing and immigration—we are able to make warm handoffs to partner legal services agencies that specialize in those areas of law or work. For our clients with criminal justice system involvement, we have built strong partnerships with the public defender's office and work collaboratively with the office's attorneys to share information and advocate for better outcomes in our clients' collateral criminal cases.

As we root our clients in community and help them to increase self-sufficiency, their success helps prove that system involvement is not a long-term solution for child protection. Prevention programs demonstrate, by example, that when families have the resources they need to thrive and the ability to receive natural support within their community, the children are the ultimate beneficiaries as they can remain safely with their family and community.

5. Honor Client Self-Determination and Advocate Creatively

In traditional post-petition family defense work, definitions of success are often limited to discrete legal outcomes predefined by our governing statutes, such as dismissal of a petition, termination of jurisdiction, placement with a relative, reunification with one or both parents, or establishing a legal guardianship as an alternative to terminating parental rights.

In the pre-petition context, the primary legal objective is to avert court involvement and the removal of a child. However, we define ourselves more broadly, not only as pre-petition programs but also as prevention programs. Because a family's entanglement with the child welfare system often stems from a myriad of underlying causes, preventing such entanglement necessarily requires engagement with those underlying causes. This requires creativity and a willingness to take on a wide variety of roles. We do, at times, assume a more traditional attorney role, for clients undergoing active DFCS investigations, for example, who need representation in their interactions with DFCS, or in cases in which clients require family or probate court orders to keep a child safely in their care. Sometimes, though, preventing further child welfare involvement has meant helping

a parent break cycles of violence or addiction—most often through social worker or mentor parent support. For other clients, a significant amount of our work with them consists of resource referrals and navigation. For some clients, program engagement may take the form of a one-time consultation or resource referral, or short-term support during an active child welfare investigation. For others, program engagement involves individualized support on a long-term basis. We recognize that because preventing child welfare involvement looks different for every family, we must also be open to a broad definition of client engagement and define success beyond preventing a removal or the filing of a petition.

Ultimately, the extent of our work with our clients is dictated by our clients themselves, their individual goals, and their willingness to engage with us. We begin with the premise that client self-determination is a critical value in a space where choice is often constricted for the families we seek to serve and empower. While many of our clients may be referred to our programs by their social worker or by a probation officer, we stress that engagement with our services is voluntary and that our clients identify and direct the goals. While we may ideologically strive to prevent both current and future child welfare system involvement for our clients, we have had cases in which parents decide that they would rather submit to child welfare involvement.

Honoring client self-determination also means that we respect our clients as the experts in their own lives. While we may counsel a client regarding a specific course of action and the possible consequences of that course of action, we must vigorously advocate for the course of action the client decides to take nonetheless. Given how high the stakes are in our prevention cases, it can be easy to override clients' voices with the seeming urgency of a probation officer's or DFCS social worker's wishes. While this often comes from a well-intentioned effort to help avoid a filing or removal, it undermines trust and collaboration, and further amplifies the power of the system.

The value of this client-driven approach is once again borne out in Amber's case. The First Call for Families team had completed its initial intake with her only eight days after her son was born, while she was still relatively stable. This meant that when crisis hit, she already had a working trust with us and could both reach out for help and honestly describe her goals. When she wanted to leave residential treatment without graduating, she was able to articulate that to her mentor parent without fear of judgment. As a result, even though it was not her DFCS social worker's desired outcome, we were able to help her make that transition smoothly. With her child in her care and the non-court DFCS case closed, she has now achieved a "successful" outcome to her

case, but she would not have reached this place without a prevention team believing that she was the expert in her own life and pushing for her desired outcomes at every step of the way.

Conclusion

The movement to prevent entry into the child welfare system is building momentum across the nation, but the specifics of what that work ought to look like are still emerging. It is our hope that this overview of the prevention work at Dependency Advocacy Center might be a useful contribution in building best practices for preventive representation and support. *Katie Joh is the managing attorney of Dependency Advocacy Center's First Call for Families program, Sarah Cook is the managing attorney of Dependency Advocacy Center's Corridor program, and Hilary Kushins is chief program officer at Dependency Advocacy Center, all in San Jose, California.*

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ABA American Bar Association

/content/aba-cms-dotorg/en/groups/litigation/committees/childrens-rights/articles/2023/winter2023-cornerstones-of-interdisciplinary-prevention-advocacy

preventive legal advocacy

Strategically targeted efforts to help support families through advocacy that promotes social determinants of health to prevent the need to refer families to CPS for issues that legal advocacy can resolve.

CONTINUUM OF HIGH QUALITY LEGAL ADVOCACY TO SUPPORT CHILD AND FAMILY WELL-BEING

How is preventive legal advocacy critical to the continuum of legal advocacy?

Preventive legal advocacy involves supporting families and promoting the social determinants of health by addressing upstream legal issues that, if left unresolved, can lead to unnecessary reports to the child protection hotline. This meaningful and comprehensive legal advocacy can help to address food, income, and housing insecurity; ensure protection from wrongful denial of government entitlements and benefits; advocate for special education eligibility and other educational needs; and secure protection from intimate partner violence. While advocacy can be on behalf of individual families to address specific issues, it should also include system-level approaches to addressing poverty, systemic racism, and other forms of discrimination and oppression that harm children and families.

The unmet legal needs of families directly impact the <u>social and structural determinants of health</u>, defined as the environmental conditions in the places where families live, learn, work, and play. Social determinants of health are societal creations: public policies and private choices have influenced, if not directly caused, the adverse community environments in which some children and families live. Chronic poverty, systemic racism, community disruption, violence, and lack of economic mobility have combined to deprive communities of needed resources, giving rise to Adverse Childhood Experiences (ACEs).

While ACEs may trigger reports to and intervention from the child protection agency, these punitive responses consistently fail to consider the community conditions at the root of the concerns and, as a result, do not result in services and supports to address a family's need for concrete supports. In contrast, preventive legal advocacy addresses the social and structural determinants of health directly, and builds community resilience in a way that minimizes unnecessary reports to the child protection hotline.

Early legal interventions can make a significant difference in the health and well-being of families. Studies show that:

- Tenants with legal assistance are <u>more likely to</u> <u>remain in their homes</u>, receive more days to move when moving is necessary, receive lower amounts of rent judgments, and have a higher settlement rate and lower trial rate.
- Providing preventive legal help in divorce, custody, and protective order proceedings can <u>improve</u> <u>outcomes significantly for survivors of domestic and</u> <u>intimate partner violence</u>, and their children.
- Legal help securing expungement of an old criminal record leads to increased rates of employment, higher wages, and decreased recidivism.

Ideally, preventive legal advocacy should embrace a multi-disciplinary approach and include the support of both a social worker and someone with lived expertise. Legal support should be available to families in multiple ways, including support that is easily accessible and available for families to connect with directly, as well as referrals by mandatory reporters and other community members (such as teachers or doctors) who may identify families with unmet preventive legal needs.

Federal funding streams such as Medicaid, Temporary Assistance for Needy Families (TANF), and <u>Title IV-E</u> <u>reimbursement from legal representation</u> have been

in

used to fund preventive legal advocacy programs. In addition, foundations looking to innovate, demonstrate, and disseminate information about how legal advocacy promotes health and reduces unnecessary reports of suspected maltreatment are important resources for financial support.

The establishment of partnerships, including those with hospitals or educational organizations, is a key strategy for funding and sustainability. Health and education partners are aware of the growing evidence demonstrating how legal advocacy that promotes the social determinants of health can result in improved children's health, cost savings to hospitals, and improved satisfaction from both providers and families. Perhaps the most common programs are pediatric medical-legal partnerships — including Healthy Together in Washington, D.C., HeLP in Atlanta, and CHAMPS in Columbia, S.C. - that use preventive legal aid to promote the social determinants of health for families through partnerships with children's hospitals. In addition, there is a growing number of programs where schools are partnering with lawyers to provide preventive legal aid to support families, including the Standing With our Neighbors initiative in Atlanta and the School-Based Civil Legal Clinic in Chicago.

1 Content of this brief was informed by consultation with members of the KM Lived Experience Advisory Team on 5/11/21 and 5/25/21. This team includes youth, parents, kinship caregivers, and foster parents with lived experience of the child welfare system who serve as strategic partners with <u>Family Voices United</u>, a collaboration between FosterClub, Generations United, the Children's Trust Fund Alliance, and Casey Family Programs. Members who contributed to this brief include Keith Lowhorne, Marquetta King, Roberto Partida, and Aliyah Zeien.

This brief was developed by the National Preventive Legal Advocacy Partnership (NPLAP) – a multidisciplinary group of experts in child welfare practice, access to justice, and the legal system – convened by Casey Family Programs. The goal of the NPLAP is improving preventive legal advocacy efforts and contributing to an overall population-based, public health approach to community well-being. Visit <u>Preventive Legal Advocacy</u> for additional resources and information.

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NATIONAL COUNCIL OF UVENILE AND FAMILY COURT JUDGES

Supporting Early Legal Advocacy before Court Involvement in Child Welfare Cases

ABA Center on Children and the Law

National Council of Juvenile and Family Court Judges

Quick Overview

This alert highlights:

- the reasons for providing legal advocacy early in a child welfare case before court involvement,
- roles legal advocates play when appointed before court involvement in a case,
- ✓ benefits of early, precourt legal advocacy,
- how early, precourt legal advocacy supports judges' roles,
- ✓ how judges can support early legal advocacy, and
- how communities are using early, precourt legal advocacy in child welfare cases.

A window exists at the start of a child welfare case to help many families stay together and avoid entering the court system. Several jurisdictions support legal advocacy during this stage to counsel and support parents during child welfare investigations and help them address legal issues that threaten their child's safety in the home. The practice aligns with the U.S. Children's Bureau's focus on preventing children from entering foster care when possible.¹ The American Bar Association, National Council of Juvenile and Family Court Judges, and the Family Justice Initiative all support early legal advocacy before a child is removed from the home or the agency files an abuse and neglect petition in court.²

Why provide legal advocacy early in a child welfare case before court involvement?

Legal advocates may represent families, typically parents, in the early stages of a child welfare case before a child is removed from the home and often before an abuse or neglect petition is filed. A form of preventative legal advocacy, early legal advocacy aims to keep the family together, keep children in the home, and prevent the need for foster care.³ Jurisdictions that use this approach may refer to it as "prepetition attorney representation," "preremoval attorney representation," or "early family defense" because the goal is to avoid an abuse and neglect petition and separation of the child from the family.

What roles do legal advocates play at this early stage of the case?

Legal advocates' early, precourt advocacy roles can include:

- Helping families address legal issues or barriers that affect a child's safety in the home, such as filing a restraining or a protective order, applying for public benefits, assisting with affordable housing and expungement of criminal records, negotiating a lease, or filing for guardianship.
- **Providing counsel and advice during child welfare investigations,** including informing parents of their rights, negotiating child safety plans, and identifying relative and other safe placement options.

Key Resources

Family Justice Initiative. Implementing FJI System Attributes, Attribute 4: Timing of Appointment, 2020.

"Iowa Law to Test the Benefit of Early Legal Help in Child Welfare Cases" Chronicle for Social Change, July 1, 2020. (Citing Iowa SB 2182, June 17, 2020.)

Amy Miller. <u>Pre-Petition Repre-</u> sentation Portfolio, August 2016.

Sankaran, Vivek. "<u>Using Preven-</u> tative Legal Advocacy to Keep <u>Children from Entering Foster</u> <u>Care</u>," *William Mitchell Law Review* 40, 2014, 1036.

Bech, Trina et al. *The Importance of Early Attorney Involvement in Child Welfare Cases Representation of Parents in Pre-Petition Proceedings* (presentation at Second National ABA Parents' Attorney Conference, July 13-14, 2011).

Fassler and Gethaiga. <u>Representing Parents During Child</u> <u>Welfare Investigations: Precourt</u> <u>Advocacy Strategies</u>. American Bar Association, *Child Law Practice*, April 2011. • Advocating for services that will help keep the child in the home, such as counseling, respite care, and medical care to address the child's or parent's health needs.

What are the benefits of early legal advocacy?

Benefits of having legal advocates before court involvement include:

- Helps keep families intact and prevents the trauma of unnecessary child and family separation.
- Promotes positive family outcomes.
- Protects due process rights of parents and children during the early stages of the case.
- Reduces overrepresentation of families of color in the child welfare system by reducing child welfare removals for low-risk families by putting preventative services in place.⁴
- Saves foster care, child welfare system, and court costs.
- Avoids adversarial legal proceedings.

How does early, precourt legal advocacy support my judicial role?

- **Reduces the number of cases that come to court**. Early legal advocacy promotes family stability and can avoid the filing of an abuse and neglect petition and a child's removal, ultimately reducing the number of cases that enter your court.
- Ensures cases that come to court require judicial intervention. Cases that do come to court will likely have unresolved or complex issues requiring judicial attention.
- Streamlines the legal issues the court must resolve. Early legal advocacy to resolve legal issues and barriers affecting the child's safety narrows the issues the court needs to address.
- Establishes the attorney-client relationship before court involvement. Building an attorney-client relationship before court involvement improves the attorney's in-court advocacy and representation of the client because the attorney knows and has developed a relationship with the client and the issues in the case.

How can I support early, precourt legal advocacy?

If early, precourt legal advoacy occurs in your jurisdiction:

- ✓ Learn how attorneys are representing clients at the investigation stage of a child welfare case as part of their duties.
- ✓ Encourage using early legal advocacy in appropriate cases.
- Become familiar with procedures, expectations, and guidelines in place for early legal advocacy appointments.

Markisha's Story

When referred to Legal Services, Markisha was 25 years old, a single mother, eight months pregnant, and homeless after being removed from a domestic violence shelter. Although she had a mild intellectual disability, she lost her emergency assistance funding when she was kicked out of a domestic violence shelter for breaking a rule. She started living with her grandfather at a senior residence but had to leave when the residence discovered her presence and threatened to remove her grandfather.

Several LSNJ attorneys and social workers went to work for Markisha. Collaborating with child welfare agency workers, LSNJ staff prepared and counseled her for fair hearings, emergency funding applications, and other housing options. With LSNJ's help, Markisha found safe and stable housing and connected with community supports.

Story provided by Jey Rajaraman, director, Legal Services of New Jersey.

- ✓ Talk with advocates who take early appointments, and legal representation programs that support early precourt legal advocacy, about their experiences, challenges, and successes.
- ✓ When precourt advocacy was provided in a case that enters your court, request details of that advocacy.

If early, precourt legal advocacy is not occurring in your jurisdiction:

- Explore how early precourt legal advocacy could work. Review existing models for ideas of successful approaches. Contact staff at those programs for more information.
- ✓ Join court, legal representation, and child welfare professionals in your community to discuss feasibility, guidelines, and procedures for getting started. Think about which other community partners to bring to the table, including legal aid/legal services offices and law schools.
- Learn about funding options to pay for precourt legal advocacy and associated cost-savings. Early legal advocacy programs tend to rely on several funding sources, including:
 - federal funding under Title IV-E of and Title IV-B the Social Security Act,
 - state funding,
 - private foundation grants,
 - court improvement program funding,
 - contracts with child welfare agencies or legal aid offices, and
 - donations.

Demonstrating cost savings to courts and the child welfare system can also benefit early appointment programs.

- Support implementation efforts. Judges' buy-in and support can be critical to funding and securing broader support of this model. Support implementation by:
 - attending stakeholder meetings,
 - asking advocates who take these appointments about their advocacy roles, challenges, and successes, and
 - providing input and feedback.
- Support evaluation and sustainability of early, precourt legal advocacy programs. Evaluating and measuring the impact of early legal advocacy programs identifies areas for improvement, reveals results and impact, and helps secure long-term funding.

Early legal advocacy during the child welfare investigation before a petition is filed or a child is removed helps avoid court involvement in some cases. It helps reduce trauma for children and keeps families together by addressing issues that often lead to court filings on the front end. For judges in jurisdictions using this approach, that means fewer cases on the docket and cases with more targeted or complex legal issues requiring judicial attention. It can also lead to higher-quality legal representation as attorneys know their clients and the case issues when the court intervenes.

California Children's Law Center of California (CLC)

In January 2020, CLC started the Pritzker Pre-Filing Project, an early precourt legal advocacy project that serves expecting and parenting youth with whom CLC has a relationship through a dependency case. The project receives referrals from child welfare agencies who are investigating child abuse calls, or directly from clients who have been contacted by the agency. Project attorneys and case managers counsel clients about prevention upon learning they are pregnant. They arrange conferences with the agency to ensure clients have resources and supports during their pregnancies and after the birth of their children. They address issues that are known to trigger a petition filing (e.g., chronic AWOLing, drug use, child trafficking and exploitation, mental health, and domestic violence). They also focus on placement stability and stress to their clients the importance of maintaining a stable placement. Case managers attend child welfare agency investigations to support and de-escalate the client if needed. Youth who are unable to break patterns of behavior that will trigger a filing are counseled to make a plan with a relative or friend who is willing to care for the baby temporarily without the agency's intervention.

The project has successfully prevented filings in cases involving domestic violence by counseling clients and helping them obtain restraining orders once a referral was triggered. It has also successfully prevented filings in general neglect cases by showing the child welfare agency that CLC is a source of support for clients by attending Child and Family Team meetings, ensuring clients use mental health resources, and helping stabilize placements.⁵

Iowa Iowa Legal Aid

Four Iowa counties are participating in a pilot program that provides early representation to child welfare-involved parents before an abuse or neglect petition is filed. The child welfare agency or service providers refer to Iowa Legal Aid clients who would benefit from legal services aimed at keeping them out of juvenile court and reducing the chances of foster care placement. The program assists clients with legal matters such as guardianship, custody, protective orders, landlord/tenant disputes, and appeals of denials of public benefits. 2018 data showed the program closed 62 prepetition cases, helping 112 children avoid court involvement and saving an estimated \$6000 per child abuse and neglect case (\$372,000 total saved costs by avoiding juvenile court).⁶ A new Iowa law, effective July 1, 2020, establishes a fouryear pilot program in six of Iowa's 99 counties that gives the state's Public Defender Office authority to appoint a lawyer with experience in child welfare for indigent clients during the child welfare investigation phase. The law aims to use and study new ways to help families involved in the child welfare system have positive outcomes, reduce trauma for children, and save families and communities money.⁷

New Jersey Legal Services of New Jersey (LSNJ)

In 2018, LSNJ began receiving referrals from child welfare agency caseworkers to provide legal assistance to parents before the filing of a removal petition. Cases that are referred have raised child safety concerns that are rooted in poverty not parenting and are ones the agency is unable to resolve with in-house services. Seventy-five percent of referrals relate directly to a lack of access to basic living needs, housing, and financial resources. Most cases have overlapping concerns. A client with housing instability is likely to have been denied financial resources and may be facing immigration deportation or need advice accessing education resources, enforcing a child support order, establishing custody, or getting a divorce. Cases with compound issues are identified and referred as necessary.

LSNJ's Family Representation Project assesses each case and helps clients identify concerns and goals in reaching desired outcomes before referring the case to its legal advocates, social workers, and parent mentors to provide advice and support. Attorneys provide civil legal assistance, including assistance with public benefits and access to affordable housing, child support and custody issues, immigration issues, and school-related issues. This early attorney involvement has kept cases from entering court. In the two years that LSNJ has been engaged in this referral process, there have been no children removed. In 2019, it successfully avoided removals in 80 cases. By July 2020, it successfully avoided 200 placements.⁸

New York Bronx Defenders

Bronx Defenders is a public defender nonprofit organization that provides holistic legal representation to low-income people in the Bronx. The family defense practice provides attorneys and social work advocates to parents who are being investigated by the Administration for Children's Services (ACS) with the goal of avoiding family separation and a filing against the family in court. Attorneys and advocates advise parents of their rights, accompany them to meetings and conferences with ACS, refer them to community-based services, and work with parents to identify family supports. The early defense representation of families at the first sign of an ACS investigation has proven to keep families together, as well as to avoid traumatic and unnecessary removals of children, invasive family surveillance, and further court involvement.⁹

Center for Family Representation (CFR)

CFR's Community Advocacy Program (CAP) provides interdisciplinary teams to advocate for parents during child welfare investigations. Parents who are referred must be currently under investigation by children's services in New York City and want help navigating the process. Once referred, an interdisciplinary team including a social worker and a parent mentor is assigned to the parent to assist in the investigation. Attorneys are available to consult with the interdisciplinary teams but are only appointed if a petition is filed. All team members also work on CFR's general family defense teams so apply legal knowledge from that work in their precourt advocacy.

This work is led by CFR's social work staff because CFR believes the ability to work directly with caseworkers results in the best advocacy for clients during the investigation stage. The interdisciplinary teams explain the investigation process; advocate for services; address allegations creatively; and identify resources that help families address the child welfare agency's concerns. This advocacy has resulted in successfully diverting court filings and diverting foster care placements in cases in which a petition was filed. Data from July 2019 – June 2020 showed filings were avoided in 20% of child welfare investigation cases, and 13% of clients avoided removal of a child.¹⁰

Oklahoma Legal Aid Services of Oklahoma (LASO)

For five years, LASO has operated a statewide early legal advocacy project. Caseworkers make referrals to LASO in cases where the state removes or refuses to return a child to a home because a mother, in most cases, has not divorced a batterer, obtained a kinship guardianship, or made her home safe and healthy. Once referred, LASO handles the divorce or guardianship, or engages with the landlord to address health and safety-related issues. The result is the child stays with the mother or is returned to the mother.¹¹

In 2020, LASO began a multidisciplinary parent representation program in Tulsa County that replaced a contract attorney model. LASO has 10 contract attorneys, a full-time manager, attorney supervisor, parent manager, and social workers. LASO attorneys and staff intervene upon notice as early possible with an attorney, social worker, and parent mentors to assist parent(s) to prevent removal of children and avoid an order to show cause hearing. LASO also assists parents beyond an order to show cause, including appeals. The benefit of this early advocacy is it avoids removal of children.¹²

Washington Family Intervention Response to Stop Trauma (F.I.R.S.T) Clinic_

The F.I.R.S.T. Clinic provides early, precourt legal advocacy to prevent drug-exposed infants from entering foster care while keeping them safe with their parents or family members. The project is a partnership between a local hospital, a wraparound service provider for at-risk children and parents, and parent attorneys. When the hospital becomes aware of a drug-exposed infant, it refers the infant to the child welfare agency and the F.I.R.S.T Clinic. Clients are also referred to the clinic by drug and alcohol treatment counselors and treatment facilities. Clients are eligible if they are pregnant or recently gave birth (<1 month), at risk of CPS intervention, do not have a dependency filed for their infant or filing is imminent, and would like to work with the clinic.

A clinic attorney meets with the parent before or at the same time as the child welfare agency to start assessments, referrals, and services. The attorney counsels the parent about temporary custody or guardianship and identifies relatives or kin to serve as caregivers when temporary custody is desired. When a parent needs residential treatment for a substance use disorder, the attorney may also advocate placing the infant with the parent at the facility. In addition to the attorney, the clinic team includes a resource navigator to help the parent secure housing after treatment and a parent ally to provide guidance and emotional support. Early data from the program suggests the majority of the parents working with the program can avoid a dependency filing.¹³

Many of the programs described above draw on a model created by the Detroit Center for Family Advocacy (DCFA), a forerunner among early legal advocacy programs that no longer operates. Started in 2009 by the Michigan Law School Child Advocacy Clinic, the DCFA combined legal and social work advocacy to help prevent children from entering foster care and provided families a multidisciplinary team to help address issues affecting the child's safety in the home.¹⁴

www.ncjfcj.org

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Endnotes

1. Kelly, David & Jerry Milner. "<u>High-Quality Legal Representation is Critical to</u> <u>Creating a Better Child Welfare System</u>." Child Law Practice Today (ABA Center on Children and the Law, July 17, 2019).

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Forest Cove Diaspora: Building Trust with Our Neighbors

Six years ago this summer, AVLF made a transformational decision to shift the organization toward place-based work.

We aspired to make long-term commitments to neighborhoods where we thought we could help bring more stability, and we hoped that the trust we built with – and the things we learned from – the residents of Atlanta's neighborhoods would make us better advocates.

We wanted to have a deeper impact and give our volunteers – who are so critical to our work – a more meaningful experience and stronger connection to both AVLF and the city in which they work. We thought it would help us reach tenants who couldn't make it to our downtown offices, and survivors of intimate partner abuse who couldn't make it to the courthouse for protection.

Our first leap of faith in this direction was to launch the Standing with Our Neighbors (SWON) program. That meant hiring a full-time staff attorney and our first full-time community advocate whose every-day office would be inside Thomasville Heights Elementary School. At the time, the school was the state's lowest performing elementary school – with annual enrollment turnover rates of over 40% – in one of the state's most impoverished census tracks. Not coincidentally, nearly every student lived across the street in the notorious Forest Cove apartment complex. We believed that the eviction rates and deplorable living conditions at Forest Cove were a major force in that school's struggle. We also believed that with the help of volunteer attorneys from several of Atlanta's largest law firms, we could do something about it. We were right.

There was a 51% reduction in student exits in our first year at Thomasville Heights Elementary. As a report from the national Casey Family Programs recently noted, "SWON uses data to track the program's ability to improve housing stability for families and, therefore, see improvements in student performance, retention, and attendance. Specifically, the data demonstrated a complete elimination of eviction filings over the course of two years in the school district where their program was initially launched, which resulted in increased school retention and stability." Building on that success, we expanded the program, first to three other schools within the Carver Cluster of Atlanta Public Schools (APS), of which Thomasville Heights Elementary is a part, and later to several more APS schools across the city.

Our team achieved that success by working directly with the residents of Forest Cove, building trust as they combatted illegal evictions and advocated for their right to live in homes free of mold and pests. As our Community Assistance Program expanded, we were able to provide more holistic support. We assisted with utility payments, moving expenses, and transportation.

We learned a lot as well. Among many other lessons, we learned volumes about the importance of keeping our commitments as an organization – of not just building trust, but of living up to the trust placed in us. This is especially important because many of the clients served by AVLF have a healthy sense of distrust of not just legal institutions, but institutions in general. They have come by this distrust honestly. Specifically, many are living with the long-lasting effects of pain and trauma. In far too many cases, institutions have failed to protect or help them or have been directly involved in inflicting the harm. Organizations or agencies charged with assisting them may not have kept their word or had enough resources to follow through. The judicial system may have played a role, real or perceived, in what they experienced as an injustice in their lives.

At Forest Cove, we saw this in the children who were living in trauma because the conditions of their rental housing were akin to a third-world slum, despite years of efforts by their parents to get any institution to intervene. As part of addressing that trauma, we work closely with Chris180, a non-profit that provides trauma-informed counseling and services for students at many of the schools that now host our staff, including Thomasville Heights Elementary. I still remember hearing one of their lead counselors years ago explain that a central component of the healing process for people who are living with trauma is rebuilding trust. Specifically, she spoke of the importance of routine and consistency and commitment from service providers, or anyone else for that matter. She drew on AVLF's neighborhood-based tenant advocacy work as an example, explaining that for many of the elementary school children we serve, the living conditions are so unpredictable and unstable – another eviction notice or a falling ceiling or more rats could befall them at any time – that they don't fully develop the psychological ability to trust. She stressed that what our volunteer attorneys achieve – finally causing critical repairs to be expedited, stopping repeated abusive eviction filings once and for all – greatly compliments their therapeutic work.

She went further, stressing that our presence there and the way we went about our work – separate from the outcomes of our advocacy – were critical to the healing process as well. She explained that every time our staff or volunteer attorneys actually do what they say they will do, it helps that individual trust again. Every time that a volunteer attorney says they will come and see the conditions, and then actually shows up, that person begins to believe again. When they see us respect their dignity enough to come to their homes and be comfortable there – and when they see us come back every day, week, and year – that consistency and reliability starts to chip away at that distrust. And every school year that our staff and volunteer attorneys return to the neighborhood, the residents begin to have faith again in people and institutions that are trying to help.

SAFE EXIT

Consistency and reliability matters.

That experience with our staff and volunteers, wholly aside from the housing benefit we might achieve, is actually part of their process of recovering from and breaking through the trauma. Our team, this counselor explained, was furthering their work and playing an important role in helping people heal – so that they could thrive.

That insight was powerful. It stayed with me. I think about it often. And it informs the way we approach our work. We gained a greater appreciation for the importance of consistency and long-term commitments to the neighborhoods we serve. That commitment, now one of AVLF's core values, was tested earlier this year when we faced a very difficult decision because of recent events at the Forest Cove apartment complex.

You may have read in the news or heard the NPR stories recounting that the Forest Cove apartment complex was condemned by the City of Atlanta at the end of 2021. **The condemnation and ordered razing of the complex resulted in an accelerated plan to relocate all of the residents of Forest Cove.** It also resulted in APS deciding to temporarily close Thomasville Heights Elementary, the school we have fought for over the last six years. That decision, in turn, lead to the loss of nearly all of our funding for our neighborhood-based team in the Carver Cluster of schools. That loss jeopardized our ability to stand with the displaced residents being relocated in a process that, despite best efforts, carries a high risk of families falling through the cracks. The loss of funding also jeopardized our ability to stand with the residents of the many other neighborhoods that make up the Carver Cluster of schools, neighborhoods that also deal with evictions and substandard rental conditions.

This was a real crisis for AVLF. If we couldn't sustain the work in the Carver Cluster, did we have no choice but to close down our operations across the three other schools? Always committed to our amazing staff, did we have to consider whether there were other funded positions within the organization to which they could pivot? And what about the Forest Cove "diaspora," the hundreds of families with whom we worked for six years who would now be relocated across Atlanta and elsewhere?

It took a couple of weeks of soul searching, but the right decisions quickly became obvious. We made two decisions and, leading with our values, committed to them regardless of whether we secured additional funding to support them. First, we would put together a plan and a team to continue to support the Forest Cove "diaspora," standing with the residents as they advocate for an equitable outcome during this upheaval and displacement. Second, we would continue our commitment, now six years and counting, to the neighborhoods within the Carver Cluster of schools, maintaining the embedded Standing with Our Neighbors staff and bringing to bear the volunteer resources of our partner law firms.

Once those decisions were made, with our moral compass intact, the path forward was clearer.

And as is often the case when you lead with your values, things started to fall into place.

First, we secured additional funding to keep the Carver Cluster team in their neighborhoods through the end of the year while we pursue additional support. Our commitment to those neighborhoods was always to be measured in decades, if not generations, and that has not changed. We will find the necessary funding and we will keep that commitment.

Second, our plan to continue to stand with the Forest Cove "diaspora" recently became a reality when we were awarded the contract from the Community Foundation for Greater Atlanta to be the lead agency for case-management and supportive services to the Forest Cove residents. The displacement, planned relocation, support, and possible return to the neighborhood of over 200 families from Forest Cove, represents one of the biggest challenges of its kind in Atlanta's recent history. With over 40 years standing with Atlanta, six years with staff embedded in the Thomasville Heights community, and a diverse team of lawyers, social workers, and emergency assistance specialists, we believe AVLF is uniquely positioned to work directly with families to ensure Atlanta rises to this historic challenge. Now with the support of the Community Foundation, we fully intend to do just that.

The decisions we made were pivotal ones for the organization and they will have, I think, larger implications as well. Honoring our multi-year commitments to the neighborhoods we serve is an incredibly important part of rebuilding the trust that our clients have lost. For our volunteers, doing meaningful pro bono work with AVLF is an important way for an individual lawyer to do her part to help restore faith in our system as well. It is an important way to help someone trust again, and, as we have learned, that trust may be exactly what is needed to help that person move forward, to heal, to thrive. Through all the turmoil and trauma of the last six years, we remain committed to helping the residents of Forest Cove – and the other neighborhoods of the Carver Cluster of schools – do just that: move forward, heal, and thrive.

Those hopes we had when we started this place-based journey have been realized. The trust we built with – and the things we learned from – the residents of Atlanta's neighborhoods has made us better advocates. It has helped us have a deeper impact and give our volunteers – who are so critical to our work – a more meaningful experience. It has helped us reach tenants and survivors we wouldn't otherwise reach. And, importantly, we learned just how much consistency and reliability matter. We are grateful to the residents of Forest Cove for teaching us that lesson. We are better for it, and we intend stand with them and their neighbors with that lesson as our North Star.

 \leftarrow On the Move – AVLF Staff Updates Welcoming New Faces at AVLF \rightarrow



PLAY VIDEO





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2022 KIDS COUNT® DATA BOOK

STATE TRENDS IN CHILD WELL-BEING



ACKNOWLEDGMENTS

The Annie E. Casey Foundation's *KIDS COUNT*® *Data Book* is made possible by the contributions of many. Jean D'Amico, Kelvin Pollard and Alicia VanOrman of the Population Reference Bureau (PRB) were instrumental in the development of the KIDS COUNT index, as well as in the collection and organization of data presented. Learn more about PRB at www.prb.org.

Child Trends provided analysis of mental health data from the National Survey of Children's Health. Learn more about Child Trends at <u>www.childtrends.org</u>.

In addition, the KIDS COUNT Network — which represents members from every state, the District of Columbia, Puerto Rico and the U.S. Virgin Islands (see pages 44–45) — is instrumental in making the *Data Book* available to national, state and local leaders across the country.



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FROM LISA M. HAMILTON

President and Chief Executive Officer, The Annie E. Casey Foundation

We've all been through a lot since COVID-19 emerged two and a half years ago.

Schools went virtual. So did many jobs, while others vanished, and the economy convulsed. We isolated ourselves and our families. The health care system buckled, even as doctors, nurses, researchers and others strove tirelessly to save lives. By July 2022, over 1 million people in America had died from the novel coronavirus, including more than 1,600 children.¹ Over 200,000 kids in the United States lost a parent or primary caregiver during that same period.²

In short, the coronavirus upended everyday life to an extent not seen since World War II. It is no surprise that millions of parents, caregivers and other adults are feeling overwhelmed. So are children, who face what the U.S. surgeon general has called a "mental health pandemic" for youth.³

Just as the foreword of last year's *KIDS COUNT*® *Data Book* could not have focused on anything other than COVID-19 and kids, this 33rd edition cannot overlook the unfolding mental health crisis that America's young people are experiencing — one that reflects not only the turmoil of the past two-plus years but also issues that were making life harder for kids well before the pandemic.

In the 2000s, experts estimated that 14%–20% of young people in America were experiencing a mental, emotional or behavioral disorder at any given time.⁴ Conditions for the current generation appear to be worse.

The National Survey of Children's Health,⁵ the most comprehensive survey of its kind in the United States, explores how kids and caregivers are faring across dozens of measures. These include psychological and behavioral aspects of children's lives and the factors that can affect those conditions, such as whether they are hungry at home or afraid in their own neighborhood. A sampling of results from 2016 reflects the obstacles that millions of children and families faced well before the COVID-19 pandemic:⁶

- Nearly a quarter of parents with children ages 6 to 17 said their child had been bullied in the previous year.⁷ About one in five kids reportedly struggled to make friends.⁸
- Among parents with children in that same age group, more than 35% expressed some level of concern or anxiety about the safety of their neighborhood.⁹
- A third of families could not always afford nutritious meals.¹⁰
- A quarter of parents said they had no one to turn to for emotional support with raising their kids, while a third said they were doing only somewhat well or not very well handling the demands of parenting further contributing to household anxiety.¹¹

Most distressingly, 2,553 children ages 10 to 19 died by suicide in 2016, according to the U.S. Centers for Disease Control and Prevention.¹²

And all of this was before COVID-19.



CHILDREN'S MENTAL HEALTH: WHAT IT IS, WHY IT MATTERS

Addressing a youth mental health pandemic requires understanding what mental health is. Beyond the absence of illness, it involves the capacity to fully function mentally, be productive, build fulfilling relationships and adapt.¹³ For young people, emotional and social well-being are especially important, as is the ability to navigate the challenges of life and realize their potential.¹⁴

Mental health is just as important as physical health.¹⁵ And as with other components of child well-being and success, the foundation for good mental health is laid during early childhood. Cognitive abilities, language proficiency and social skills develop alongside mental health.¹⁶ But things can go wrong. While no single indicator of the 16 in the KIDS COUNT index explicitly assesses children's health and wellness, the four domains of the *Data Book* capture factors that reflect the link between mental health and a child's overall well-being.

ECONOMIC WELL-BEING

Parents who are struggling to maintain steady employment and cover the cost of housing are not the only ones who carry the stress of living in poverty. Their children experience it, too — in ways that can harm their development. Being unable to access food, health care or child care can influence a child's brain development and readiness to learn, as well as behavior and emotional well-being.¹⁷ Teens who aren't in school or working may face new stresses as they become financially responsible for themselves. Moreover, being anxious or depressed can affect a young person's ability to apply for, interview for, accept and retain a job.¹⁸

EDUCATION

A lack of access to early childhood education can undermine a child's social and emotional development. Students contending with mental health issues may not be able to focus in the classroom, falling behind in core areas such as math and reading and, ultimately, struggling to graduate. These and other obstacles can compound a child's anxiety and complicate the already emotionally charged processes of entering adolescence and figuring out what is next after high school.¹⁹

HEALTH

Appropriate and timely medical interventions can support better mental health. Being born at a low weight can impair early childhood development. Children who are uninsured are less likely to have access to mental health services. Struggles with mental health, though only one potential factor in childhood obesity, can lead to and further aggravate issues with being overweight.²⁰ And while child and teen deaths reflect suicides, they also include victims of other kinds of violence notably, gun violence, which in 2020 surged to become the leading cause of death for young people ages 1 to 19.²¹ Individuals exposed to shootings and other violent incidents often endure emotional and psychological harm and can experience post-traumatic stress disorder.²²

FAMILY AND COMMUNITY

Living in a high-poverty neighborhood can contribute to some of the same stresses noted above and fuel worries about safety. We also know that becoming a parent as a teen presents all the challenges of being a caregiver on top of managing one's own ongoing growth and development.²³

The racial and ethnic disparities we see every year in the *KIDS COUNT Data Book* disproportionately result in, and contribute to, troubling mental health issues among children of color. Although data limitations prevent a thorough examination of the implications for kids whose gender identity or sexual orientation ties into their mental health, these children likely face overwhelming circumstances, too.²⁴

Each year, the *Data Book* tracks how children are faring nationally and in every state through indicators in the areas of economic well-being, education, health and family and community. Many of these affect or are themselves affected by children's and families' mental health.

Although only some post-2019 data are available so far, our hope is that all readers will use this year's *Data Book* to increase their understanding of the issues at hand — and that policymakers will use this resource to inform the actions they could take to help improve the mental well-being of children and their families.



A PANDEMIC ATOP A PANDEMIC: KIDS' AND FAMILIES' MENTAL HEALTH IN 2020

COVID-19 took hold in the United States in March 2020. It shuttered schools and child care facilities; canceled youth sports and activities; and shut down libraries and recreational centers. It also cut off access to the places where children hang out informally: malls, movie theaters and even outdoor playgrounds. Suddenly, most kids' only connection with their peers was through the screens on their mobile devices, if they had them. A survey of parents a month into the pandemic showed 33% reported their young children were acting fussier and more defiant than before and 26% said their kids appeared more anxious.²⁵

From lost playtime for younger children to canceled proms, graduations and summer jobs for teens, the world simply stopped being what it had been for millions of young people. Teens reported spikes in symptoms of anxiety or depression as they weathered uncertainty, fear and concerns for the health and safety of themselves, their families and their friends.²⁶ Despite all of this, we see reasons for some optimism. Early research indicates that addressing youth mental health needs can reduce or even eliminate pandemic-related stress.²⁷ Yet even as children, parents and communities are finding ways to endure these times, the data show that our leaders can and must do more to support them.

Results of the National Survey of Children's Health show the extraordinary toll of the mental health pandemic for youth. Data from 2016 and 2020 indicate children across the nation and in most states were more likely to deal with anxiety or depression during the first year of the pandemic than previously (see Table 1), though more research is required to understand the large variation across states. Nationally, the number of kids ages 3 to 17 struggling with these issues jumped by more than 1.5 million, from 5.8 million to 7.3 million (or roughly 9% to 12%).

TABLE 1

PERCENTAGE OF CHILDREN (AGES 3 TO 17) WHO HAD ANXIETY OR DEPRESSION

Source: Child Trends' analysis of the Department of Health and Human Services' 2016 and 2020 National Survey of Children's Health (NSCH).

NOTE: The percentages presented here are estimates based on weighted NSCH data. The weights are important because they adjust for lower response rates in some states and over- or undercounting of certain child demographics. In this way, the percentages are weighted to be representative of the U.S. population of noninstitutionalized children and should be read as estimates.

DEFINITION

Children who had anxiety or depression is the percentage of children ages 3 to 17 who have ever been diagnosed with or reported to have anxiety or depression by a doctor or health care provider. These data are based on one-year estimates of survey responses.

LOCATION	2016	2020	CHANGE 2016 TO 2020
United States	9.4%	11.8%	25.5%
Alabama	8.2%	8.8%	7.3%
Alaska	5.4%	8.2%	51.9%
Arizona	11.7%	10.8%	-7.7%
Arkansas	8.6%	14.4%	67.4%
California	7.0%	11.9%	70.0%
Colorado	9.3%	10.4%	11.8%
Connecticut	11.5%	14.1 %	22.6%
Delaware	9.8%	13.0%	32.7%
District of Columbia	7.4%	11.7%	58.1%
Florida	8.7%	10.6%	21.8%
Georgia	8.5%	10.4%	22.4%
Hawaii	4.8%	5.9%	22.9%
Idaho	11.4%	12.6%	10.5%
Illinois	10.7%	8.9%	-16.8%
Indiana	11.7%	15.9%	35.9%
lowa	10.8%	12.6%	16.7%
Kansas	10.1%	13.2%	30.7%
Kentucky	12.4%	15.9%	28.2%
Louisiana	11.0%	10.1%	-8.2%
Maine	18.0%	17.5%	-2.8%
Maryland	9.4%	12.8%	36.2%
Massachusetts	12.2%	18.4%	50.8%
Michigan	11.9%	13.5%	13.4%
Minnesota	12.2%	14.0%	14.8%
Mississippi	10.9%	9.8%	-10.1%
Missouri	9.7%	11.4%	17.5%
Montana	12.5%	13.4%	7.2%
Nebraska	8.1%	10.4%	28.4%
Nevada	9.4%	9.0%	-4.3%
New Hampshire	14.4%	18.4%	27.8%
New Jersey	7.6%	10.7%	40.8%
New Mexico	11.4%	12.9%	13.2%
New York	8.9%	10.9%	22.5%
North Carolina	7.6%	11.3%	48.7%
North Dakota	11.4%	11.3%	-0.9%
Ohio	9.2%	13.1%	42.4%
Oklahoma	9.2%	12.1%	15.2%
Oregon	10.5%	16.1%	40.0%
Pennsylvania	10.2%	13.0%	27.5%
Rhode Island	15.5%	13.0%	-3.9%
South Carolina	7.4%	14.5%	55.4%
South Dakota			
	7.0% 8.8%	14.2% 9.5%	102.9%
Tennessee Texes		9.5% 9.5%	8.0%
Texas	7.7%	9.5%	23.4%
Utah	13.6%	13.4%	-1.5%
Vermont	13.7%	19.2%	40.1%
Virginia	10.7%	10.8%	0.9%
Washington	11.3%	15.1%	33.6%
West Virginia	11.7%	14.6%	24.8%
Wisconsin	12.5%	15.6%	24.8%
Wyoming	11.8%	14.0%	18.6%

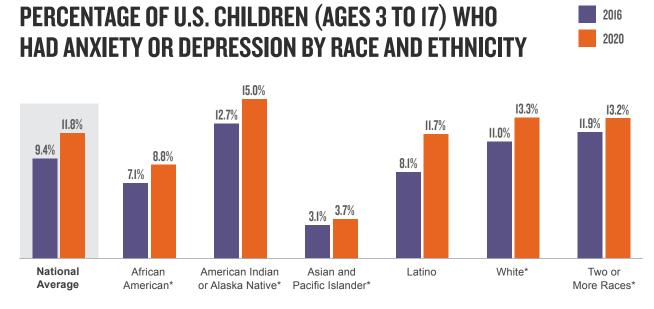
RACE, ETHNICITY, SEXUAL ORIENTATION AND GENDER IDENTITY

In 2020, 12% of children and youth experienced anxiety or depression — American Indian or Alaska Native, those who identify with two or more races and white kids more so than their peers (see Figure 1).

On top of that, 3.7 million kids (5%) reportedly had been treated or judged unfairly based on their race or ethnicity, and 649,000 (1%) based on their sexual orientation or gender identity.²⁸ Many children undergo these adverse experiences alongside other mental health challenges, and the net effects are devastating. Some 9% of high schoolers attempted suicide in 2019 — an alarmingly high number that should concern us all. The numbers are even more troubling among students of color: More than 25% of American Indian or Alaska Native high school students attempted suicide that year, along with 12% of their Black peers and 13% of those of two or more races. Among heterosexual high school students of all races and ethnicities, 6% attempted suicide; the share was 23% for gay, lesbian or bisexual students.²⁹

A 2022 survey of LGBTQ young people (ages 13 to 24) revealed many wanted mental health care but did not access it. Their reasons why illustrate that too many youth lack the support they need, including fear of discussing concerns (48%), concerns with obtaining permission to access care (45%), fear of not being taken seriously (43%), lack of affordability (41%), fear of identity being misunderstood (26%) and lack of transportation to a treatment site (21%).³⁰

FIGURE 1



Source: Child Trends' analysis of the U.S. Department of Health and Human Services' 2016 and 2020 NSCH.

NOTE: The percentages presented here are estimates based on weighted NSCH data. The weights are important because they adjust for lower response rates in some states and over- or undercounting of certain child demographics. In this way, the percentages are weighted to be representative of the U.S. population of noninstitutionalized children and should be read as estimates.

*Data are for non-Hispanic children.

TAKING ACTION

The need for expanding services for young people is clear. The good news is that we see broad agreement on taking action. In early 2022, nearly three-quarters of parents (73%) thought their child would benefit from mental health counseling, up from 68% a year earlier.³¹ Both major parties in both chambers of Congress support legislation on mental health and substance abuse.³² The Biden administration has launched an effort to tackle the nation's mental health struggles that includes several youth-focused strategies.³³ Governors in 33 states have named improving mental health services as a primary objective for 2022 and beyond.³⁴

We offer these recommendations for policymakers working to address the nation's ongoing youth mental health crisis:

• Prioritize meeting kids' basic needs.

Youth who grow up in poverty are two to three times more likely to develop mental health conditions than their peers.³⁵ Children need a solid foundation of nutritious food, stable housing and safe neighborhoods — and their families need financial stability — to foster positive mental health and wellness.

• Ensure all children have access to the mental health care they need, when and where they need it. First and foremost, the federal government and every state should ensure every child in America has health insurance. In addition, schools should increase the presence of social workers, psychologists and other mental health professionals on staff. They also can strive to meet the 250-to-1 ratio of students to counselors recommended by the American School Counselor Association.³⁶

Education leaders should work with local health care providers and local and state governments to make additional federal resources available and coordinate treatment.³⁷ Pediatricians can screen for adverse childhood experiences by employing mental health professionals or using appropriate tools and resources.³⁸

 Bolster mental health care that accounts for young people's different experiences and identities. When kids experience violence or other traumatic situations, they need programs designed to help them heal emotionally — and that build on their unique strengths or the cultural traditions with which they identify. Care should be grounded in the latest evidence and research and geared toward early intervention, which can be especially important in the absence of a formal diagnosis of mental illness.39 Mental health support should meet all children's needs regardless of their race, ethnicity, gender identity, sexual orientation or socioeconomic status.

We all want kids to thrive. We know their mental health is as essential as their physical health to their ability to succeed in life. But far too many of America's children were struggling before COVID-19, and many more are now. Our leaders should respond in this moment of crisis to fully support children and families and give young people every opportunity to realize their potential.

TRENDS In Child Well-Being



Since 1990, the Casey Foundation has ranked states annually on overall child well-being using a selection of indicators.

Called the KIDS COUNT® index, these indicators capture what children need most to thrive in four domains: (1) Economic Well-Being, (2) Education, (3) Health and (4) Family and Community. Each domain has four indicators, for a total of 16. These indicators represent the best available data to measure the status of child well-being at the state and national levels. For a more thorough description of the KIDS COUNT index, visit www.aecf.org/resources/the-new-kidscount-index.

The COVID-19 pandemic has undoubtedly had a negative effect on child well-being in the United States. This year's *Data Book* presents the most recent available data, as well as multiyear trends that provide a picture of child well-being over the past decade. As the nation recovers from the coronavirus crisis, the latest data on the well-being of kids and families, including any available post-pandemic data, will be in the KIDS COUNT Data Center at datacenter.kidscount.org.

The COVID-19 pandemic disrupted reliable data collection for key indicators. Three important data sources used in the *KIDS COUNT Data Book* did not update or provide reliable single-year estimates for 2020. For example, the American Community Survey did not release 2020 one-year estimates. Therefore, the Foundation is relying on five-year estimates collected between Jan. 1, 2016, and Dec. 31, 2020.

The pandemic also delayed data collection for the U.S. Department of Education's National Assessment of Educational Progress. Therefore, this report relies on 2019 data for fourth-grade reading and eighth-grade math. In addition, 2019–20 high school graduation data were not released in time to include in this publication.

TABLE 2: NATIONAL TRENDS

16 KEY INDICATORS OF CHILD WELL-BEING BY DOMAIN

ECONOMIC WELL-BEING

Children in poverty	21%	17%	BETTER
us 12,599,000	2008-12	2016-20	
Children whose parents lack secure employment	31%	27%	↓
us 19,745,000	2008-12	2016-20	BETTER
Children living in households with a high housing cost burden us 22,137,000	39% 2008-12	30% 2016-20	↓ BETTER
Teens not in school and not working	8%	7%	↓
us 1,153,000	2008-12	2016-20	BETTER

EDUCATION

Young children (ages 3 and 4) not in school us 4,295,000	52%	53% 2016-20	↑ WORSE
Fourth-graders not proficient in reading us N.A.	68%	66%	↓ BETTER
Eighth-graders not proficient in math us N.A.	67%	67%	= Same
High school students not graduating on time us N.A.	21%	14% 2018-19	↓ BETTER

N.A.: Not available

HEALTH

Low birth-weight babies us 297,604	8.1%	8.2%	↑ WORSE
Children without health insurance us 4,017,000	8% 2008-12	5% 2016-20	↓ BETTER
Child and teen deaths per 100,000 us 21,430	26	28 ²⁰²⁰	↑ WORSE
Children and teens (ages 10 to 17) who are overweight or obese us N.A.	31% 2016-17	32%	↑ WORSE

FAMILY AND COMMUNITY

Children in single-parent families us 23,629,000	34%	34%	= Same
Children in families where the household head lacks a high school diploma us 8,949,000	15% 2008-12	12% 2016-20	↓ BETTER
Children living in high-poverty areas	13%	9%	↓
us 6,350,000	2008-12	2016-20	BETTER
Teen births per 1,000	34	15	↓
us 158,043		2020	BETTER

N.A.: Not available

NATIONAL TRENDS IN CHILD WELL-BEING

Data over the past decade reveal encouraging trends in child well-being nationally, with improvements in 10 out of the 16 indicators (see pages 12 and 13). The most recent data available show that more parents were economically secure and lived without a high housing cost burden, and more teens graduated from high school and delayed childbearing. Broadly speaking, the nation helped children make gains in the Economic Well-Being domain, with promising but mixed results in the Health, Education and Family and Community domains.

All four Economic Well-Being indicators improved, many potentially benefiting from the federal government's robust investments in public programs to help families make ends meet during the pandemic starting in 2020. In 2016–20, fewer children were living in poverty, more parents were employed and fewer families were spending a disproportionate amount of their income on housing costs. The most improvement was in the percentage of children living in households that spend more than 30% of their income on housing. Nonetheless, in 2016–20, one in six children lived in poverty.

Meanwhile, two of the four Education indicators — fourth-grade reading proficiency and high school graduation — show improvement. Notably, with 86% of high school students graduating on time in the 2018–19 school year, the nation's graduation rate reached an all-time high. While education data in this year's *Data Book* predate the COVID-19 pandemic, experts anticipate that virtual learning and social isolation will likely increase disconnection from school and worsen educational achievement in the coming years.

There were mixed results in the Health domain. Although fewer children lacked access to health insurance coverage, the percentage of babies born with low birth weights, the percentage of children and teens who were overweight and obese, and the child and teen death rate increased. Of particular concern is the increase in the child and teen death rate. In 2020, the child and teen death rate was 28 deaths per 100,000 children and youths ages 1 to 19, the highest rate seen since 2008. The rise reflects a large increase in homicides and drug overdoses. In fact, for the first time ever, firearm-related fatalities are the leading cause of death for children and teens.⁴⁰

Trends in the Family and Community domain are mostly encouraging. The teen birth rate improved, a smaller percentage of children lived with parents who lacked a high school diploma, and, for the fifth year in a row, there was improvement in the number of children living in high-poverty communities. In 2020, the teen birth rate continued its steady decline since 2007 (despite stalling between 2018 and 2019).

Overall, the positive strides in some areas of child well-being, driven by effective policies, provide encouragement that the nation can advance the substantial work needed to improve the prospects of its youngest generation, particularly if it remains focused on meeting the needs of families as COVID-19 continues to be a concern.

RACIAL INEQUITIES IN CHILD WELL-BEING

Despite gains for children of all races and income levels during the reporting period, the country's racial inequities remain deep, systemic and stubbornly persistent (see page 16). Data suggest that our nation fails to provide American Indian, Black and Latino children with the opportunities and support they need to thrive — and to remove the obstacles they encounter disproportionately on the road to adulthood.

As a result, nearly all index measures show that children with the same potential experience disparate outcomes by race and ethnicity. A few notable exceptions: Black children were more likely than the national average to be in school as young children, to have health insurance and to live in families in which the head of the household has at least a high school diploma. American Indian families with children were less likely to be burdened with high housing costs. American Indian and Latino kids were more likely to be born at a healthy birth weight. Latino children and teens had a lower death rate than the national average.

As a result of generations-long inequities and discriminatory policies and practices that persist, children of color face high hurdles to success on many indicators. Black children were significantly more likely to live in single-parent families and in communities where poverty is concentrated. American Indian kids were more than twice as likely to lack health insurance and almost three times as likely to live in neighborhoods with more limited resources than the average child. And Latino children were the most likely to live with a head of household who lacked a high school diploma and to not be in school when they were young.

Although Asian and Pacific Islander children tend to fare better than their peers, disaggregated data show the stark differences that exist within this population. For example, 25% of Bangladeshi and 24% of Hmong children lived in poverty compared with 11% of Asian and Pacific Islander children overall. And 60% of Burmese children lived in a family where the head of household lacked a high school diploma — five times the national average.⁴¹

Today, children of color make up most of the child population.⁴² This reality is true in 20 states, the District of Columbia and Puerto Rico. The future success of our nation depends on our ability to ensure all children have the chance to be successful.

NATIONAL AND STATE DATA PROFILES ONLINE

National and state profiles providing current and trend data for all I6 indicators, as well as an interactive look at the *Data Book*, are available at <u>www.aecf.org/databook</u>. In addition, thousands of child and family well-being indicators, including those cited in the *Data Book*, are available in the KIDS COUNT Data Center at <u>datacenter.kidscount.org</u>.

TABLE 3: NATIONAL TRENDS

KEY INDICATORS BY RACE AND HISPANIC ORIGIN

	NATIONAL Average	AFRICAN American	AMERICAN Indian	ASIAN AND Pacific Islander	LATINO	WHITE (NON- HISPANIC)	TWO OR More Races
ECONOMIC WELL-BEING							
Children in poverty 2016-20	17%	32 %	31%	11%	25 %	11%	18 %
Children whose parents lack secure employment 2016–20	27 %	41%	44 %	2 1%	31%	21%	30%
Children living in households with a high housing cost burden 2016–20	30%	44 %	29 %	30%	40 %	22 %	33%
Teens not in school and not working 2016-20	7%	10%	12 %	3 %	8%	6 %	7%
EDUCATION							
Young children (ages 3 and 4) not in school 2016-20	53 %	50 %	55%	48 %	59 %	51%	54 %
Fourth-graders not proficient in reading	66%	82 %*	80%*	45 %*	77%	56 %	60%*
Eighth-graders not proficient in math	67 %	87 %*	85%*	39 %*	81%	57 %	64 %*
High school students not graduating on time	14%	20%*	26 %*	7 %*	18%	11%	N.A.
HEALTH							
Low birth-weight babies	8.2%	I3.8 %	7.9 %	8.5%	7.4 %	6.8 %	8.9%
Children without health insurance	5 %	4%	13%	4%	8%	4 %	5 %
Child and teen deaths per 100,000	28	49	31	14	24	25	16
Children and teens (ages 10 to 17) who are overweight or obese 2019-20^	32 %	42 %*	N.A.	20%*	40%	27 %	N.A.
FAMILY AND COMMUNITY							
Children in single-parent families	34 %	64 %	52 %	16%	41%	24%	39%
Children in families where the household head lacks a high school diploma 2016-20	I2 %	11%	17%	10%	29 %	5%	11%
Children living in high-poverty areas	9 %	22 %	24 %	4%	13%	3%	8%
Teen births per 1,000 2020	15	25	19	4	23	10	15

*Data are for non-Hispanic children. N.A.: Not available ^The response option "some other race" was removed in 2019.

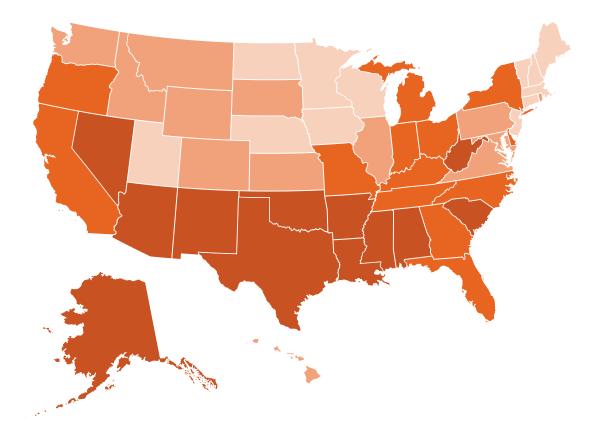
16



OVERALL CHILD

The Foundation derives a composite index of overall child well-being for each state by combining data across four domains: (I) Economic Well-Being, (2) Education, (3) Health and (4) Family and Community. These composite scores are then translated into a state ranking for child well-being.

A 2022 STATE-TO-STATE COMPARISON OF OVERALL CHILD WELL-BEING



RANKINGS AND KEY

BEST	BETTER	WORSE	WORST
I. Massachusetts	13. Virginia	26. Oregon	39. South Carolina
2. New Hampshire	14. Wyoming	27. Missouri	40. Oklahoma
3. Minnesota	15. Washington	28. Indiana	41. Alaska
4. Utah	16. Colorado	29. New York	42. West Virginia
5. Vermont	17. Kansas	30. Delaware	43. Arkansas
6. New Jersey	18. Idaho	31. Ohio	44. Arizona
7. Connecticut	19. Maryland	32. Michigan	45. Texas
8. Nebraska	20. Montana	33. California	46. Alabama
9. Iowa	21. Pennsylvania	34. North Carolina	47. Nevada
10. Wisconsin	22. Hawaii	35. Florida	48. Mississippi
II. North Dakota	23. Illinois	36. Tennessee	49. Louisiana
12. Maine	24. South Dakota	37. Kentucky	50. New Mexico
	25. Rhode Island	38. Georgia	

District of Columbia and Puerto Rico are not ranked.



National data mask a great deal of state and regional variations in child well-being. A child's chances of thriving depend not only on individual, family and community characteristics but also on the state in which they are born and raised. States vary considerably in their wealth and other resources. Policy choices and investments by state officials and lawmakers also strongly influence children's chances for success.

This year, New England states hold the top two spots for overall child well-being. Massachusetts ranks first, followed by New Hampshire and Minnesota. Mississippi (at 48th place), Louisiana (49th) and New Mexico (50th) are the three lowest-ranked states.

The map on page 19 shows the distinct regional patterns that emerge from the state rankings. Five of the top 10 states in terms of overall child well-being are in the Northeast, including Vermont (fifth), New Jersey (sixth) and Connecticut (seventh). The Midwest has four other states in the top 10, including Nebraska (eighth), Iowa (ninth) and Wisconsin (10th). Utah (fourth) rounds out the list of top 10 states. States in Appalachia, as well as the Southeast and Southwest — where families have the lowest levels of household income — populate the bottom of the overall rankings. In fact, except for Alaska, the 17 lowest-ranked states are in these regions.

Although they are not ranked against states, children in the District of Columbia and Puerto Rico experienced some of the worst outcomes on many of the indicators the Foundation tracks. When available, the data for the District of Columbia and Puerto Rico are included on pages 34–37.

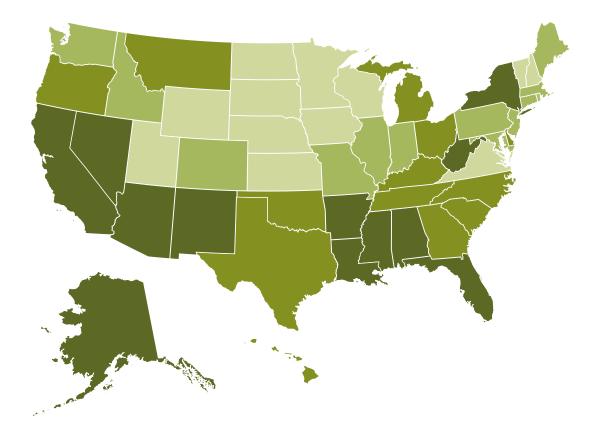
In addition to differences across states, the overall rankings obscure important variations within states. Although most state rankings did not vary dramatically across domains, there are a few exceptions. For example, Idaho ranks 36th for Education but ninth for Family and Community. California ranks seventh in Health and 45th for Economic Well-Being. For all states, the index identified bright spots and room for improvement. See maps in this section to review variation in your state.



ECONOMIC -BENG

To help children grow into prepared, productive adults, parents need jobs with familysustaining pay, affordable housing and the ability to invest in their children's future. When parents are unemployed or earn low wages, their access to resources to support their kids' development is more limited, which can undermine their children's health and prospects for success in school and beyond.⁴³ The negative effects of poverty on kids can extend into their teenage years and young adulthood, as they are more likely to contend with issues such as teen pregnancy and failing to graduate from high school.⁴⁴

A 2022 STATE-TO-STATE COMPARISON OF **ECONOMIC WELL-BEING**



RANKINGS AND KEY

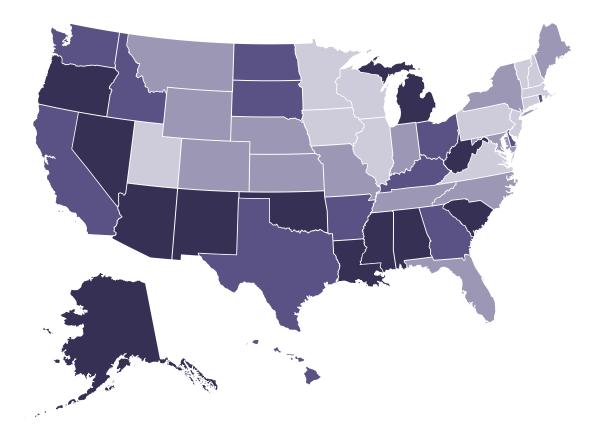
BEST	BETTER	WORSE	WORST
I. Nebraska	13. Colorado	26. Montana	39. Arkansas
2. North Dakota	14. Idaho	27. Ohio	40. Alabama
3. Minnesota	15. Massachusetts	28. Delaware	41. Arizona
4. New Hampshire	16. Maryland	29. Michigan	42. Florida
5. Iowa	17. Maine	30. Oregon	43. New York
6. Utah	18. Missouri	31. North Carolina	44. Alaska
7. Wyoming	19. Indiana	32. Oklahoma	45. California
8. Kansas	20. Connecticut	33. Tennessee	46. Nevada
9. Wisconsin	21. Washington	34. Hawaii	47. West Virginia
IO. South Dakota	22. New Jersey	35. Georgia	48. New Mexico
II. Virginia	23. Pennsylvania	36. Texas	49. Mississippi
I2. Vermont	24. Rhode Island	37. South Carolina	50. Louisiana
	25. Illinois	38. Kentucky	

District of Columbia and Puerto Rico are not ranked.



The early years of a child's life lay the foundation for lifelong success. Establishing the conditions that promote educational achievement for children is critical, beginning with quality prenatal care and continuing through the early elementary years. With a strong and healthy beginning, children can more easily stay on track to remain in school and graduate on time, pursue postsecondary education and training and successfully transition to adulthood. Yet our country continues to have significant gaps in educational achievement by race and income along all age groups of child development.⁴⁵ Closing these gaps will be key to ensuring the nation's future workforce can compete on a global scale.

A 2022 STATE-TO-STATE COMPARISON OF **EDUCATION**



RANKINGS AND KEY

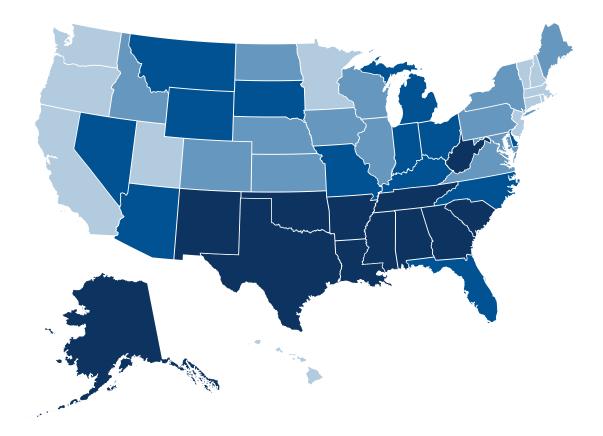
BEST	BETTER	WORSE	WORST
I. New Jersey	13. Florida	26. Kentucky	39. Mississippi
2. Massachusetts	14. Nebraska	27. Delaware	40. Michigan
3. Connecticut	15. New York	28. Ohio	41. Oregon
4. New Hampshire	16. Colorado	29. South Dakota	42. Alabama
5. Vermont	17. Indiana	30. Washington	43. South Carolina
6. Virginia	18. Maryland	31. Rhode Island	44. West Virginia
7. Pennsylvania	19. Wyoming	32. North Dakota	45. Oklahoma
8. Wisconsin	20. Missouri	33. Texas	46. Nevada
9. Minnesota	21. North Carolina	34. Arkansas	47. Arizona
IO. Utah	22. Maine	35. Hawaii	48. Louisiana
II. Iowa	23. Montana	36. Idaho	49. Alaska
12. Illinois	24. Kansas	37. California	50. New Mexico
	25. Tennessee	38. Georgia	

District of Columbia and Puerto Rico are not ranked.



Children's good health is fundamental to their overall development, and ensuring kids are born healthy is the first step toward improving their chances in life. Exposure to violence, family stress, inadequate housing, lack of preventive health care, poor nutrition, poverty and substance abuse undermine children's health. Poor health in childhood affects other critical aspects of children's lives, such as school readiness and attendance, and can have lasting consequences on their future health and well-being.

A 2022 STATE-TO-STATE COMPARISON OF **HEALTH**



RANKINGS AND KEY

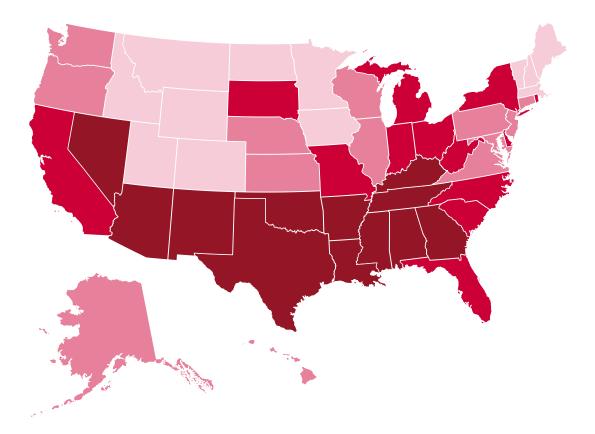
BEST	BETTER	WORSE	WORST
I. Massachusetts	13. New York	26. Montana	39. New Mexico
2. New Hampshire	14. Maine	27. Michigan	40. West Virginia
3. Vermont	15. Wisconsin	28. South Dakota	41. Tennessee
4. Minnesota	16. Nebraska	29. Arizona	42. Oklahoma
5. Hawaii	17. Iowa	30. Delaware	43. South Carolina
6. Washington	18. Maryland	31. Indiana	44. Alaska
7. California	19. Idaho	32. Ohio	45. Georgia
8. Connecticut	20. Pennsylvania	33. Wyoming	46. Arkansas
9. New Jersey	21. Virginia	34. Missouri	47. Alabama
IO. Utah	22. North Dakota	35. Florida	48. Texas
II. Rhode Island	23. Illinois	36. North Carolina	49. Louisiana
12. Oregon	24. Kansas	37. Nevada	50. Mississippi
	25. Colorado	38. Kentucky	

District of Columbia and Puerto Rico are not ranked.

FAMILY AND

Children who live in nurturing families and supportive communities have stronger personal connections and higher academic achievement. Parents struggling with financial hardship have fewer resources available to foster their children's development and are more prone to face severe stress and depression, which can interfere with effective parenting. These findings underscore the importance of two-generation approaches to ending poverty, which address the needs of parents and children at the same time so they can succeed together. Where families live also matters. When communities are safe and have strong institutions, good schools and quality support services, families and their children are more likely to thrive.

A 2022 STATE-TO-STATE COMPARISON OF **FAMILY AND COMMUNITY**



RANKINGS AND KEY

BEST	BETTER	WORSE	WORST
I. Utah	13. Washington	26. Rhode Island	39. Tennessee
2. New Hampshire	14. Connecticut	27. South Dakota	40. Georgia
3. Vermont	15. Hawaii	28. Missouri	41. Oklahoma
4. Maine	16. New Jersey	29. Michigan	42. Kentucky
5. North Dakota	17. Virginia	30. Delaware	43. Nevada
6. Wyoming	18. Oregon	31. Indiana	44. Arizona
7. Montana	19. Wisconsin	32. Florida	45. Alabama
8. Minnesota	20. Nebraska	33. Ohio	46. Arkansas
9. Idaho	21. Maryland	34. North Carolina	47. Texas
10. Massachusetts	22. Alaska	35. New York	48. New Mexico
II. Iowa	23. Kansas	36. West Virginia	49. Louisiana
12. Colorado	24. Illinois	37. California	50. Mississippi
	25. Pennsylvania	38. South Carolina	

District of Columbia and Puerto Rico are not ranked.

ENDNOTES

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APPENDICES

APPENDIX A CHILD WELL-BEING RANKINGS

LOCATION	OVERALL RANK	ECONOMIC WELL-BEING RANK	EDUCATION RANK	HEALTH RANK	FAMILY AND COMMUNITY RANK
Alabama	46	40	42	47	45
Alaska	41	44	49	44	22
Arizona	44	41	47	29	44
Arkansas	43	39	34	46	46
California	33	45	37	7	37
Colorado	16	13	16	25	12
Connecticut	7	20	3	8	14
Delaware	30	28	27	30	30
District of Columbia	N.R.	N.R.	N.R.	N.R.	N.R.
Florida	35	42	13	35	32
Georgia	38	35	38	45	40
Hawaii	22	34	35	5	15
Idaho	18	14	36	19	9
Illinois	23	25	12	23	24
Indiana	28	19	17	31	31
lowa	9	5	11	17	ll -
Kansas	17	8	24	24	23
Kentucky	37	38	26	38	42
Louisiana	49	50	48	49	49
Maine	12	17	22	14	4
Maryland	19	16	18	18	21
Massachusetts	1	15	2	1	10
Michigan	32	29	40	27	29
Minnesota	3	3	9	4	8
Mississippi	48	49	39	50	50
Missouri	27	18	20	34	28
Montana	20	26	23	26	7
Nebraska	8	1	14	16	20
Nevada	47	46	46	37	43
New Hampshire	2	4	4	2	2
New Jersey	6	22	1	9	16
New Mexico	50	48	50	39	48
New York	29	43	15	13	35
North Carolina	34	31	21	36	34
North Dakota		2	32	22	5
Ohio	31	27	28	32	33
Oklahoma	40	32	45	42	41
Oregon	26	30	45	12	18
Pennsylvania	20	23	7	20	25
Puerto Rico	N.R.	N.R.	N.R.	N.R.	23 N.R.
Rhode Island	25	24	31	11 11	26
South Carolina	39	37	43	43	38
South Dakota	24	10	29	28	27
Tennessee	36	33	29	41	39
Texas	45	36	33	41	39 47
Utah	45	6	10	48	47
Vermont	5	12	5	3	3
Virginia	13	2	6	21	3 17
-	13	21	30	6	17
Washington					
West Virginia	42	47	44	40	36
Wisconsin	10	9	8	15	19
Wyoming	14	7	19	33	6

APPENDIX B ECONOMIC WELL-BEING INDICATORS

LOCATION	Children in Poverty (2016–20)		CHILDREN WHOSE PAF Secure Employ (2016–20)		CHILDREN LIVING IN HOUS A HIGH HOUSING COS (2016–20)		TEENS NOT IN SC And Not Wori (2016–20)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
United States	12,599,000	17	19,745,000	27	22,137,000	30	1,153,000	7
Alabama	245,000	23	330,000	30	268,000	25	21,000	8
Alaska	25,000	14	58,000	32	52,000	29	4,000	10
Arizona	322,000	20	470,000	29	488,000	30	31,000	8
Arkansas	152,000	22	204,000	29	163,000	23	15,000	9
California	1,481,000	17	2,587,000	29	3,682,000	41	133,000	7
Colorado	143,000	12	281,000	22	374,000	30	18,000	6
Connecticut	95,000	13	194,000	26	248,000	34	10,000	5
Delaware	34,000	17	56,000	27	59,000	29	3,000	6
District of Columbia	28,000	23	46,000	37	45,000	35	2,000	6
Florida	774,000	19	1,177,000	28	1,537,000	36	69,000	7
Georgia	495,000	20	685,000	27	744,000	30	45,000	8
Hawaii	35,000	12	81,000	27	111,000	37	5,000	9
Idaho	63,000	14	104,000	23	103,000	23	7,000	7
Illinois	455.000	16	731,000	26	813,000	28	43,000	6
Indiana	270,000	18	422,000	27	352,000	22	23,000	6
lowa	95,000	13	149,000	20	145,000	20	10,000	6
Kansas	97,000	14	145,000	21	150,000	21	9,000	6
Kentucky	218,000	22	316,000	31	239,000	24	18.000	8
Louisiana	285,000	26	363,000	33	324,000	30	23,000	10
Maine	34.000	14	69,000	28	55,000	22	4,000	6
	153,000	14	315,000	23	414,000	31	4,000	6
Maryland		12		23		31	-,	5
Massachusetts	164,000		354,000		419,000		17,000	
Michigan	398,000	19	622,000	29	537,000	25	36,000	7
Minnesota	148,000	12	275,000	21	278,000	21	13,000	
Mississippi	191,000	28	241,000	34	189,000	27	16,000	9
Missouri	234,000	17	355,000	26	309,000	22	21,000	7
Montana	34,000	15	63,000	27	52,000	23	4,000	8
Nebraska	57,000	12	93,000	20	97,000	20	5,000	4
Nevada	119,000	18	198,000	29	231,000	34	14,000	10
New Hampshire	23,000	9	58,000	22	65,000	25	3,000	5
New Jersey	258,000	13	462,000	24	701,000	36	24,000	5
New Mexico	121,000	26	162,000	34	131,000	27	11,000	10
New York	746,000	19	1,205,000	30	1,538,000	38	61,000	6
North Carolina	452,000	20	635,000	28	615,000	27	40,000	7
North Dakota	19,000	11	37,000	21	31,000	17	2,000	5
Ohio	487,000	19	718,000	28	625,000	24	37,000	6
Oklahoma	195,000	21	260,000	27	239,000	25	17,000	8
Oregon	127,000	15	236,000	27	271,000	31	15,000	8
Pennsylvania	434,000	17	696,000	26	708,000	27	40,000	6
Puerto Rico	343,000	57	328,000	54	170,000	28	20,000	12
Rhode Island	32,000	16	57,000	28	67,000	33	3,000	4
South Carolina	231,000	21	321,000	29	298,000	27	21,000	8
South Dakota	34,000	16	51,000	24	42,000	19	3,000	6
Tennessee	308,000	21	433,000	29	403,000	27	25,000	7
Texas	1,462,000	20	1,929,000	26	2,261,000	31	129,000	8
Utah	91,000	10	175,000	19	222,000	24	13,000	6
Vermont	14,000	12	30,000	26	31,000	26	2,000	5
Virginia	242,000	13	433,000	23	528,000	28	24,000	5
Washington	204,000	13	420,000	25	494,000	30	24,000	7
West Virginia	82,000	23	129,000	35	78,000	21	8,000	9
Wisconsin	177,000	14	283,000	22	286,000	22	16,000	5
Wyoming	16,000	12	31,000	23	25,000	18	2,000	6

EDUCATION INDICATORS

LOCATION	YOUNG CHILDREN (Ages 3 and 4) not in School (2016–20)		FOURTH-GRADERS NOT Proficient in reading (2019)		EIGHTH-GRADERS NOT Proficient in Math (2019)		HIGH SCHOOL STUDENTS NOT Graduating on time (2018–19)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
United States	4,295,000	53	N.A.	66	N.A.	67	N.A.	14
Alabama	69,000	56	N.A.	72	N.A.	79	N.A.	8
Alaska	14,000	64	N.A.	75	N.A.	71	N.A.	20
Arizona	114,000	62	N.A.	69	N.A.	69	N.A.	22
Arkansas	41,000	52	N.A.	69	N.A.	73	N.A.	12
California	530,000	52	N.A.	68	N.A.	71	N.A.	16
Colorado	71,000	51	N.A.	60	N.A.	63	N.A.	19
Connecticut	29,000	37	N.A.	60	N.A.	61	N.A.	12
Delaware	12,000	53	N.A.	67	N.A.	71	N.A.	11
District of Columbia	4,000	23	N.A.	70	N.A.	77	N.A.	31
Florida	228,000	49	N.A.	62	N.A.	69	N.A.	13
Georgia	140,000	51	N.A.	68	N.A.	69	N.A.	18
Hawaii	19,000	53	N.A.	66	N.A.	72	N.A.	15
Idaho	31,000	64	N.A.	63	N.A.	63	N.A.	19
Illinois	141,000	45	N.A.	66	N.A.	66	N.A.	14
Indiana	102,000	59	N.A.	63	N.A.	63	N.A.	13
lowa	43,000	54	N.A.	65	N.A.	67	N.A.	8
Kansas	43,000	54	N.A.	66	N.A.	67	N.A.	13
Kentuckv	68,000	59	N.A.	65	N.A.	71	N.A.	9
Louisiana	61,000	49	N.A.	74	N.A.	77	N.A.	9 20
Maine		49 56	N.A.	64	N.A.	66	N.A.	13
	15,000	50	N.A.	65	N.A.	67	N.A.	13
Maryland	77,000					-		
Massachusetts	62,000	42	N.A.	55	N.A.	53	N.A.	12
Michigan	125,000	53	N.A.	68	N.A.	69	N.A.	19
Minnesota	77,000	54	N.A.	62	N.A.	56	N.A.	16
Mississippi	36,000	48	N.A.	68	N.A.	76	N.A.	15
Missouri	83,000	54	N.A.	66	N.A.	68	N.A.	10
Montana	16,000	59	N.A.	64	N.A.	64	N.A.	13
Nebraska	31,000	57	N.A.	63	N.A.	63	N.A.	12
Nevada	50,000	63	N.A.	69	N.A.	74	N.A.	16
New Hampshire	12,000	46	N.A.	62	N.A.	62	N.A.	12
New Jersey	79,000	37	N.A.	58	N.A.	56	N.A.	9
New Mexico	29,000	56	N.A.	76	N.A.	79	N.A.	25
New York	195,000	41	N.A.	66	N.A.	66	N.A.	17
North Carolina	145,000	58	N.A.	64	N.A.	63	N.A.	14
North Dakota	15,000	69	N.A.	66	N.A.	63	N.A.	12
Ohio	158,000	56	N.A.	64	N.A.	62	N.A.	18
Oklahoma	61,000	58	N.A.	71	N.A.	74	N.A.	15
Oregon	53,000	56	N.A.	66	N.A.	69	N.A.	20
Pennsylvania	156,000	54	N.A.	60	N.A.	61	N.A.	14
Puerto Rico	22,000	37	N.A.	N.A.	N.A.	99	N.A.	23
Rhode Island	12,000	53	N.A.	65	N.A.	71	N.A.	16
South Carolina	64,000	55	N.A.	68	N.A.	71	N.A.	19
South Dakota	15,000	62	N.A.	64	N.A.	61	N.A.	16
Tennessee	102,000	61	N.A.	65	N.A.	69	N.A.	10
Texas	477,000	57	N.A.	70	N.A.	70	N.A.	10
Utah	58,000	57	N.A.	60	N.A.	63	N.A.	13
Vermont	5,000	43	N.A.	63	N.A.	62	N.A.	16
Virginia	107,000	52	N.A.	62	N.A.	62	N.A.	13
Washington	107,000	56	N.A.	65	N.A.	60	N.A.	19
West Virginia	27,000	67	N.A.	70	N.A.	76	N.A.	9
Wisconsin	78,000	57	N.A.	64	N.A.	59	N.A.	10
		57		59	N.A.	63		

HEALTH INDICATORS

LOCATION	LOW BIRTH-V Babies (2020)	8	CHILDREN WITHOUT Health insurance (2016–20)		CHILD AND TEEN DEA Per 100,000 (2020)	THS	CHILDREN AND TEENS (AGES 10 TO 17) Who are overweight or obese (2019–20)		
	Number	Percent	Number	Percent	Number	Rate	Number	Percent	
United States	297,604	8.2	4,017,000	5	21,430	28	N.A.	32	
Alabama	6,219	10.8	37,000	3	440	38	N.A.	37	
Alaska	626	6.6	18,000	10	86	46	N.A.	32	
Arizona	5,666	7.4	149,000	9	632	36	N.A.	27	
Arkansas	3,388	9.6	35,000	5	300	40	N.A.	36	
California	29,061	6.9	308,000	3	2,141	23	N.A.	30	
Colorado	5,670	9.3	64,000	5	407	31	N.A.	25	
Connecticut	2,623	7.8	22,000	3	150	19	N.A.	31	
Delaware	928	8.9	8,000	4	53	24	N.A.	38	
District of Columbia	849	9.6	3,000	2	57	40	N.A.	29	
Florida	18,202	8.7	321,000	7	1,303	29	N.A.	33	
Georgia	12,072	9.9	196,000	7	859	32	N.A.	34	
Hawaii	1,281	8.1	9,000	3	48	16	N.A.	28	
Idaho	1,478	6.9	25,000	5	142	30	N.A.	29	
Illinois	11,010	8.3	95,000	3	836	28	N.A.	32	
Indiana	6,390	8.1	105,000	6	550	33	N.A.	32	
lowa	2,503	6.9	21,000	3	227	29	N.A.	33	
Kansas	2,491	7.2	38,000	5	233	31	N.A.	31	
Kentucky	4,390	8.5	41,000	4	375	35	N.A.	39	
Louisiana	6,245	10.9	43,000	4	489	43	N.A.	37	
Maine	862	7.5	13,000	5	65	24	N.A.	27	
Maryland	5,792	8.5	49,000	3	350	25	N.A.	29	
Massachusetts	4,883	7.4	21,000	1	202	14	N.A.	24	
Michigan	9,288	8.9	71,000	3	639	28	N.A.	32	
Minnesota	4,229	6.7	46,000	3	333	24	N.A.	24	
Mississippi	4,192	11.8	38,000	5	340	46	N.A.	38	
Missouri	6,020	8.7	84,000	6	507	35	N.A.	31	
Montana	830	7.7	14,000	6	92	38	N.A.	24	
Nebraska	1,793	7.4	26,000	5	132	26	N.A.	28	
Nevada	3,022	9.0	55,000	8	224	31	N.A.	30	
New Hampshire	801	6.8	8,000	3	54	20	N.A.	27	
New Jersey	7,563	7.7	81,000	4	334	16	N.A.	31	
New Mexico	1,938	8.9	29,000	6	186	37	N.A.	34	
New York	17,079	8.2	108,000	3	778	18	N.A.	32	
North Carolina	11,090	9.5	130,000	5	710	29	N.A.	34	
North Dakota	693	6.9	14,000	7	59	31	N.A.	27	
Ohio	10,957	8.5	122,000	4	763	28	N.A.	38	
Oklahoma	3,972	8.4	86,000	9	359	36	N.A.	32	
Oregon	2,600	6.5	32,000	4	229	25	N.A.	32	
Pennsylvania	10,802	8.3	129,000	5	734	26	N.A.	29	
Puerto Rico	1,921	10.2	21,000	3	129	21	N.A.	N.A.	
Rhode Island	775	7.7	5,000	2	41	18	N.A.	33	
South Carolina	5,461	9.8	59,000	5	432	36	N.A.	36	
South Dakota	753	6.9	14,000	6	72	31	N.A.	35	
Tennessee	7,002	8.9	79,000	5	555	35	N.A.	37	
Texas	30,299	8.2	869,000	11	2,238	28	N.A.	37	
Utah	3,216	7.0	68,000	7	234	24	N.A.	23	
Vermont	357	7.0	2,000	2	27	21	N.A.	28	
Virginia	7,824	8.3	99,000	5	503	25	N.A.	30	
Washington	5,558	6.7	49,000	3	415	24	N.A.	30	
West Virginia	1,604	9.3	11,000	3	120	31	N.A.	41	
Wisconsin	4,665	7.7	52,000	4	334	25	N.A.	29	

N.A.: Not available

FAMILY AND COMMUNITY INDICATORS

LOCATION	CHILDREN IN Single-parent families (2016–20)		CHILDREN IN FAMILIES WHERE THE Head lacks a high school i (2016–20)	CHILDREN LIV High-poverty (2016–20	AREAS	TEEN BIRTHS PER 1,000 (2020)		
	Number	Percent	Number	Percent	Number	Percent	Number	Rate
United States	23.629.000	34	8,949,000	12	6,350,000	9	158.043	15
Alabama	386,000	38	121,000		117,000	ii ii	3,788	25
Alaska	52,000	30	14,000	8	13,000	7	378	18
Arizona	573,000	37	245,000	15	200,000	12	3,916	17
Arkansas	238,000	36	82,000	12	79,000	11	2.676	28
California	2,797,000	33	1,740,000	19	640.000	7	13,591	
Colorado	333.000	28	126,000	10	28,000	2	2,223	12
Connecticut	236.000	33	58,000	8	45.000	6	882	8
Delaware	76,000	39	22,000	11	10,000	5	439	15
District of Columbia	61,000	52	15,000	12	27,000	22	301	16
Florida	1.534,000	39	452,000	11	317,000	8	8.920	15
Georgia	897,000	38	309,000	12	261,000	10	6,572	18
Hawaii	92,000	33	19,000	6	13,000	4	470	13
Idaho	103,000	24	42,000	9	10,000	2	909	15
Illinois	914.000	33	301.000	u u	188,000	7	5,379	14
Indiana	503,000	34	175,000		125,000	8	4,127	19
lowa	206,000	30	54,000	7	22,000	3	1,381	13
Kansas	195,000	29	70,000	10	36,000	5	1,749	18
Kentucky	322.000	35	104,000	10	136,000	14	3,302	24
Louisiana	456,000	44	137,000	12	214,000	19	3,676	26
Maine	73,000	31	137,000	4	8,000	3	3,878	20
	440.000	34	127,000	4 9	42,000	3	2,431	13
Maryland		34		9		4		6
Massachusetts	413,000	-	109,000	_	60,000		1,354	
Michigan	711,000	35	185,000	9	270,000	12	4,190	14
Minnesota	355,000	28	103,000	8	56,000	4	1,611	9
Mississippi	293,000	45	84,000	12	152,000	22	2,711	28
Missouri	433,000	34	122,000	9	97,000	7	3,556	19
Montana	60,000	28	11,000	5	14,000	6	411	13
Nebraska	128,000	28	47,000	10	19,000	4	984	15
Nevada	249,000	38	112,000	16	54,000	8	1,506	17
New Hampshire	71,000	29	12,000	5	2,000	1	272	7
New Jersey	560,000	30	179,000	9	135,000	7	2,450	9
New Mexico	194,000	43	71,000	15	95,000	20	1,485	22
New York	1,320,000	34	540,000	13	564,000	14	5,681	10
North Carolina	779,000	36	275,000	12	184,000	8	5,841	17
North Dakota	45,000	27	9,000	5	7,000	4	319	14
Ohio	898,000	37	229,000	9	282,000	11	6,404	18
Oklahoma	309,000	35	116,000	12	87,000	9	3,218	25
Oregon	246,000	30	98,000	11	33,000	4	1,210	10
Pennsylvania	870,000	35	253,000	10	248,000	9	4,895	13
Puerto Rico	359,000	62	76,000	12	504,000	83	1,466	15
Rhode Island	73,000	37	21,000	10	18,000	9	328	9
South Carolina	408,000	39	113,000	10	106,000	10	3,069	19
South Dakota	63,000	31	16,000	8	23,000	11	533	19
Tennessee	514,000	37	161,000	11	152,000	10	4,826	23
Texas	2,407,000	34	1,312,000	18	907,000	12	22,641	22
Utah	172,000	19	65,000	7	15,000	2	1,363	1
Vermont	35,000	32	6,000	5	2,000	2	139	7
Virginia	544,000	31	159,000	9	85,000	5	3,488	13
Washington	449,000	28	174,000	10	37,000	2	2,478	
West Virginia	119,000	36	31,000	9	33,000	9	1,139	23
Wisconsin	389,000	32	104,000	8	80,000	6	2,113	1
Wyoming	33,000	26	8,000	6	2,000	1	322	18

ABOUT THE KIDS COUNT® INDEX

The KIDS COUNT® index reflects child health and educational outcomes as well as risk and protective factors, such as economic well-being, family structure and community context. The index incorporates a developmental perspective on childhood and includes experiences across life stages, from birth through early adulthood. The indicators are consistently and regularly measured, which allows for legitimate comparisons across states and over time.

Organizing the index into domains provides a more nuanced assessment of child well-being in each state that can inform policy solutions by helping policymakers and advocates better identify areas of strength and weakness. For example, a state may rank well above average in overall child well-being, while showing the need for improvement in one or more domains. Domain-specific data can strengthen decisionmaking efforts by providing multiple data points relevant to specific policy areas.

The 16 indicators of child well-being are derived from federal government statistical agencies and reflect the best available



state and national data for tracking yearly changes. Many of the indicators are based on samples, and, like all sample data, they contain some random error. Other measures (such as the child and teen death rate) are based on relatively small numbers of events in some states and may exhibit some random fluctuation from year to year.

The Foundation urges readers to focus on relatively large differences across states, as small differences may simply reflect small fluctuations, rather than real changes in the well-being of children. Assessing trends by looking at changes over a longer period is more reliable. State data for past years are available in the KIDS COUNT Data Center at datacenter.kidscount.org.

The *KIDS COUNT Data Book* uses rates and percentages because they are the best way to compare states and to assess changes over time within a state. However, the focus on rates and percentages may mask the magnitude of some of the problems examined in this report. Therefore, data on the actual number of children or events are provided on pages 34–37 and in the KIDS COUNT Data Center.

The Foundation includes data for the District of Columbia and Puerto Rico in the appendices, but not in the state rankings because they are significantly different from states, and comparisons are not instructive. It is more useful to look at changes for these geographies over time or to compare the District of Columbia with other large cities. Data for many child well-being indicators for the 50 largest cities (including the District of Columbia) are available in the KIDS COUNT Data Center, which also contains statistics for children and families in the U.S. Virgin Islands.

DEFINITIONS AND DATA SOURCES

DATA SOURCES USED IN 2022 DATA BOOK

The COVID-19 pandemic disrupted reliable data collection across key indicators. Three important data sources used in the *KIDS COUNT Data Book* did not update or provide reliable single-year estimates for 2020. As a result, the *2022 KIDS COUNT Data Book* and the KIDS COUNT index are compiled using data from the U.S. Census Bureau's American Community Survey five-year estimates for nine indicators. Traditionally, the Casey Foundation uses one-year estimates for these indicators

in this publication. This year, however, the Foundation is relying on the five-year estimates (data collected between Jan. 1, 2016, and Dec. 31, 2020) to ensure appropriate sample sizes and data integrity. Additionally, National Assessment of Educational Progress data collection was delayed; thus, this report relies on 2019 data for fourth-grade reading and eighth-grade math. Finally, 2019–20 high school graduation data were not released in time to include in this report.

DEFINITIONS

Domain rank for each state was determined in the following manner. First, the Foundation converted the state numerical values for the most recent year for each of the four key indicators within every domain into standard scores. It summed those standard scores in each domain to get a total standard score for each state. Finally, Casey ranked the states based on their total standard score by domain in sequential order from highest/best (1) to lowest/ worst (50). Standard scores were derived by subtracting the mean score from the observed score and dividing the amount by the standard deviation for that distribution of scores. All measures were given the same weight in calculating the domain standard score.

Overall rank for each state was calculated in the following manner. First, Casey converted the state numerical values for the most recent year for all 16 key indicators into standard scores. It summed those standard scores within their domains to create a domain standard score for each state. The Foundation then summed the four domain standard scores to get a total standard score for every state. Finally, it ranked the states based on their total standard score in sequential order from highest/best (1) to lowest/worst (50). Standard scores were derived by subtracting the mean score from the observed score and dividing the amount by the standard deviation for that distribution of scores. All measures were given the same weight in calculating the total standard score.

Percentage change over time analysis was computed by comparing the most recent year's data for the 16 key indicators with the data for the base year. To calculate percentage change, the Foundation subtracted the rate for the most recent year from the rate for the base year and then divided that quantity by the rate for the base year. The results are multiplied by 100 for readability. The percentage change was calculated on rounded data, and the percentage-change figure has been rounded to the nearest whole number.



ECONOMIC WELL-BEING INDICATORS

Children in poverty is the percentage of children under age 18 who live in families with incomes below 100% of the U.S. poverty threshold, as defined each year by the U.S. Census Bureau. In 2020, a family of two adults and two children lived in poverty if the family's annual income fell below \$26,246. Poverty status is not determined for people living in group quarters (such as military barracks, prisons and other institutional settings) or for unrelated individuals under age 15 (such as children in foster care). The data are based on income received in the 12 months prior to the survey. *SOURCE: U.S. Census Bureau, American Community Survey.*

Children whose parents lack secure employment is the share of all children under age 18 who live in families where no parent has regular, full-time, year-round employment. For children in single-parent families, this means the resident parent did not work at least 35 hours per week for at least 50 weeks in the 12 months prior to the survey. For children living in married-couple families, this means neither parent worked at least 35 hours per week for at least 50 weeks in the 12 months before the survey. Children who live with neither parent are also listed as not having secure parental employment because they are likely to be economically vulnerable. *SOURCE: U.S. Census Bureau, American Community Survey.*

Children living in households with a high housing cost burden is the percentage of children under age 18 who live in households where more than 30% of monthly household pretax income is spent on housing-related expenses, including rent, mortgage payments, taxes and insurance. *SOURCE: U.S. Census Bureau, American Community Survey.*

Teens not in school and not working is the percentage of teenagers between ages 16 and 19 who are not enrolled in school (full or part time) and not employed (full or part time). *SOURCE: U.S. Census Bureau, American Community Survey.*



EDUCATION INDICATORS

Young children not in school is the percentage of children ages 3 and 4 who were not enrolled in school (e.g., nursery school, preschool or kindergarten) during the previous three months. *SOURCE: U.S. Census Bureau, American Community Survey.*

Fourth-graders not proficient in reading is the percentage of fourth-grade public school students who did not reach the proficient level in reading as measured by the National Assessment of Educational Progress. For this indicator, public schools include charter schools and exclude Bureau of Indian Education and Department of Defense Education Activity schools. *SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress.*

Eighth-graders not proficient in math is the percentage of eighth-grade public school students who did not reach the proficient level in math as measured by the National Assessment of Educational Progress. For this indicator, public schools include charter schools and exclude Bureau of Indian Education and Department of Defense Education Activity schools. *SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress.*

High school students not graduating on time is the percentage of an entering freshman class not graduating in four years. The measure is derived from the adjusted cohort graduation rate (ACGR). The four-year ACGR is the number of students who graduate in four years with a regular high school diploma divided by the number of students who form the adjusted cohort for the graduating class. Students who enter ninth grade for the first time form a cohort that is adjusted by adding any students who subsequently transfer into the cohort and subtracting any students who transfer out. *SOURCE: U.S. Department of Education, National Center for Education Statistics, Common Core of Data.*



HEALTH INDICATORS

Low birth-weight babies is the percentage of live births weighing less than 5.5 pounds (2,500 grams). The data reflect the mother's place of residence, not the place where the birth occurred. *SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Vital Statistics.*

Children without health insurance is the percentage of children under age 19 not covered by any health insurance. The data are based on health insurance coverage at the time of the survey; interviews are conducted throughout the calendar year. *SOURCE: U.S. Census Bureau, American Community Survey.*

Child and teen deaths per 100,000 is the number of deaths, from all causes, of children between ages 1 and 19 per 100,000 children in this age range. The data are reported by the place of residence, not the place where the death occurred. *SOURCES: Death statistics: Centers for Disease Control and Prevention, National Center for Health Statistics, Vital Statistics. Population statistics: U.S. Census Bureau, Population Estimates.*

Children and teens who are overweight or obese is the percentage of children and teens ages 10 to 17 with a Body Mass Index (BMI)-for-age at or above the 85th percentile. These data are based on a two-year average of survey responses. *SOURCE: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of Children's Health.*



FAMILY AND COMMUNITY INDICATORS

Children in single-parent families is the percentage of children under age 18 who live with their own unmarried parents. Children not living with a parent are excluded. In this definition, single-parent families include cohabiting couples. Children who live with married stepparents are not considered to be in a single-parent family. *SOURCE: U.S. Census Bureau, American Community Survey.*

Children in families where the household head lacks a high school diploma is the percentage of children under age 18 who live in households where the head of the household does not have a high school diploma or equivalent. *SOURCE: U.S. Census Bureau, American Community Survey.*

Children living in high-poverty areas is the percentage of children under age 18 who live in census tracts where the poverty rates of the total population are 30% or more. In 2020, a family of two adults and two children lived in poverty if the family's annual income fell below \$26,246. The data are based on income received in the 12 months prior to the survey. *SOURCE: U.S. Census Bureau, American Community Survey.*

Teen births per 1,000 is the number of births to teenagers ages 15 to 19 per 1,000 females in this age group. Data reflect the mother's place of residence, rather than the place of the birth. *SOURCES: Birth statistics: Centers for Disease Control and Prevention, National Center for Health Statistics, Vital Statistics. Population statistics: U.S. Census Bureau, Population Estimates.*

STATE KIDS COUNT ORGANIZATIONS

ALABAMA

VOICES for Alabama's Children alavoices.org 334.213.2410

ALASKA

Alaska Children's Trust www.alaskachildrenstrust.org 907.248.7676

ARIZONA Children's Action Alliance azchildren.org 602.266.0707

ARKANSAS

Arkansas Advocates for Children & Families <u>www.aradvocates.org</u> 501.371.9678

CALIFORNIA Children Now www.childrennow.org 510.763.2444

COLORADO Colorado Children's Campaign <u>www.coloradokids.org</u> 303.839.1580

CONNECTICUT Connecticut Voices for Children <u>ctvoices.org</u> 203.498.4240

DELAWARE University of Delaware dekidscount.org 302.831.3462

DISTRICT OF COLUMBIA DC Action www.wearedcaction.org 202.234.9404

FLORIDA

Florida Policy Institute www.floridapolicy.org 407.440.1421 ext. 709

GEORGIA

Georgia Family Connection Partnership gafcp.org 404.507.0488

HAWAII Hawaii Children's Action Network www.hawaii-can.org 808.531.5502

IDAHO

Idaho Voices for Children Jannus, Inc. www.idahovoices.org 208.947.4259

ILLINOIS YWCA Metropolitan Chicago ywcachicago.org 312.372.6600

INDIANA

Indiana Youth Institute www.iyi.org 317.396.2700

IOWA Common Good Iowa <u>www.commongoodiowa.org</u> 515.280.9027

KANSAS Kansas Action for Children www.kac.org 785.232.0550

KENTUCKY Kentucky Youth Advocates kyyouth.org 502.895.8167

LOUISIANA Agenda for Children

agendaforchildren.org 504.586.8509

MAINE

Maine Children's Alliance www.mekids.org 207.623.1868

MARYLAND

Maryland Center on Economic Policy www.mdeconomy.org 410.412.9105

MASSACHUSETTS

Massachusetts Budget and Policy Center massbudget.org 617.426.1228

MICHIGAN

Michigan League for Public Policy mlpp.org 517.487.5436

MINNESOTA

Children's Defense Fund-Minnesota cdf-mn.org 651.855.1188

MISSISSIPPI Children's Foundation of Mississippi childrensfoundationms.org 601.982.9050

MISSOURI

Family and Community Trust www.mokidscount.org 573.636.6300

MONTANA Montana Budget & Policy Center

montanakidscount.org 406.422.5848 NEBRASKA Voices for Children in Nebraska voicesforchildren.com 402.597.3100

NEVADA

Children's Advocacy Alliance www.caanv.org 702.228.1869

NEW HAMPSHIRE New Futures KIDS COUNT www.new-futures.org 603.225.9540

NEW JERSEY Advocates for Children of New Jersey acnj.org 973.643.3876

NEW MEXICO New Mexico Voices for Children www.nmvoices.org 505.244.9505

NEW YORK New York State Council on Children and Families www.ccf.ny.gov 518.473.3652

NORTH CAROLINA NC Child ncchild.org 919.834.6623

NORTH DAKOTA Montana Budget & Policy Center ndkidscount.org 406.422.5848

OHIO Children's Defense Fund-Ohio cdfohio.org 614.221.2244 Oklahoma Policy Institute okpolicy.org 918.794.3944

OREGON

Our Children Oregon ourchildrenoregon.org 503.236.9754

PENNSYLVANIA

Pennsylvania Partnerships for Children <u>www.papartnerships.org</u> 717.236.5680

PUERTO RICO

Youth Development Institute (Instituto del Desarrollo de la Juventud) www.juventudpr.org 787.728.3939

RHODE ISLAND

Rhode Island KIDS COUNT www.rikidscount.org 401.351.9400

SOUTH CAROLINA

Children's Trust of South Carolina <u>scchildren.org</u> 803.733.5430

SOUTH DAKOTA Montana Budget & Policy Center sdkidscount.org 406.422.5848

TENNESSEE

Tennessee Commission on Children and Youth www.tn.gov/tccy 615.741.2633 **TEXAS**

Every Texan everytexan.org/kids-count 512.823.2871

U.S. VIRGIN ISLANDS

St. Croix Foundation for Community Development stxfoundation.org 340.773.9898

UTAH

Voices for Utah Children www.utahchildren.org 801.364.1182

VERMONT

Voices for Vermont's Children www.voicesforvtkids.org 802.229.6377

VIRGINIA

Voices for Virginia's Children vakids.org 804.649.0184

WASHINGTON

KIDS COUNT in Washington kidscountwa.org 206.324.0340

WEST VIRGINIA West Virginia KIDS COUNT wvkidscount.org 304.345.2101

WISCONSIN

Kids Forward kidsforward.org 608.285-2314

WYOMING

Wyoming Community Foundation www.wycf.org/wycountkids 307.721.8300

ABOUT THE ANNIE E. CASEY FOUNDATION

The Annie E. Casey Foundation is a private philanthropy that creates a brighter future for the nation's children and youth by developing solutions to strengthen families, build paths to economic opportunity and transform struggling communities into safer and healthier places to live, work and grow.

The Annie E. Casey Foundation's KIDS COUNT® (LA INFANCIA CUENTA[™]) is a national and state effort to track the status of children in the United States. By providing policymakers and advocates with benchmarks of child well-being, the Foundation seeks to enrich local, state and national discussions concerning ways to enable all children to succeed. Nationally, the Foundation produces KIDS COUNT publications on key areas of well-being, including the annual *KIDS COUNT Data Book* and periodic reports on critical child and family policy issues.

The Foundation's KIDS COUNT Data Center — at <u>datacenter.kidscount.org</u> — provides the best available data on child well-being in the United States. Additionally, the Foundation funds the KIDS COUNT Network — which counts members from every state, the District of Columbia, Puerto Rico and the U.S. Virgin Islands — to provide a more detailed, local picture of how children are faring.

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Using Legal Aid to Keep Families Together and Prevent Child Welfare Involvement

by Karlee M. Naylon and Karen A. Lash, The Justice in Government Project at American University

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"Paul," a single father from Michigan, was trying to gain custody of his three-year-old son who was at risk of entering foster care because of his mother's substance use disorder. The court system was difficult to navigate, and he could not afford filing fees and needed assistance applying for a waiver. Lawyers at the Detroit Center for Family Advocacy helped Paul file for a fee waiver, file for custody, and stabilize his housing, which he was also at risk of losing. After gaining custody of his son, the legal team also helped him set up childcare and join a support group.

Source: http://www.risemagazine.org/backups/rise-old-website/issues/Rise_27/Order_of_protection_printer_version.html

With passage of the Family First Prevention Services Act (Family First) in February 2018, the federal government made clear we must move upstream to resolve issues that destabilize families in order to *prevent* those families from entering or remaining in foster care. Inability to resolve complex legal issues related to or exacerbated by poverty — such as eviction, domestic violence, barriers to employment, family law problems, and lack of access to public benefits or health care — too often masquerades as "failure to act" among parents charged with neglect. Abundant research shows that civil legal interventions can prevent common problems of poverty from escalating to child welfare involvement. Collaborations among lawyers and child welfare system professionals can better leverage resources in ways that proactively address families' underlying legal problems and help parents like Paul keep his son with him and out of foster care.

Possible Legal Interventions for Particular Types of Neglect

State and local child welfare agencies only rarely incorporate legal help as an essential tool for keeping children with their families and improving their path to permanency. Yet partnerships are on the rise given a small but growing body of research that shows when children are removed from the home, legal representation can improve the rate of reunification,¹ double the speed to a child's adoption or legal guardianship,² and result in better outcomes for children and families as well as substantial savings for government coffers.³ However, collaborations to ensure legal representation for the purpose of preventing a child from entering foster

¹ Elizabeth Thornton & Betsy Gwin (2012), High-Quality Legal Representation for Parents in Child Welfare Cases Results in Improved Outcomes for Families and Potential Cost Savings, available at https://www.jstor.org/stable/23240377?seq=1

² Mark E. Courtney & Jennifer L. Hook (2012), Evaluation of the Impact of Enhanced Parental Legal Representation on the Timing of Permanency Outcomes for Children in Foster Care, available at https://partnersforourchildren.org/sites/default/files/2011_evaluation..._impact_of_enhanced_parental_legal_representation....discussion_paper.pdf

³ Steve M. Wood et al. (2016), Legal Representation in the Juvenile Dependency System: Travis County, Texas' Parent Representation Pilot Project, available at https://onlinelibrary.wiley.com/doi/full/10.1111/fcre.12218



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care in the first instance are rarer still.⁴ Ideally, the Family First emphasis on prevention and the U.S. Department of Health & Human Services Children's Bureau's (Children's Bureau) recent allowance of reimbursement for legal representation will change that, making such practice the new norm for child welfare programs nationally.

In December 2018, the Children's Bureau revised its Child Welfare Policy Manual to allow Title IV-E state agencies to seek partial reimbursement for legal representation "for a child who is a candidate for title IV-E foster care or in foster care and his/her parent to prepare for and participate in all stages of foster care legal proceedings, such as court hearings related to a child's removal from the home." ⁵ This revision was intended, in part, to help ensure that reasonable efforts are made to prevent removal.⁶

According to the most recent Adoption and Foster Care Analysis and Reporting System (AFCARS) report, the top circumstance associated with children's removal from the home is neglect (62 percent).⁷ Neglect generally refers to the inability of a parent or caregiver to meet a child's basic needs, putting them at risk of harm. The Children's Bureau further differentiates between types of neglect, including physical, medical, inadequate supervision, emotional neglect, and educational neglect.⁸

Although not specifically in the child welfare context, advocates for including legal representation as an essential prevention tool alongside other supportive services can point to an expansive collection of studies that show that some legal problems — which could otherwise progress to meet the Children's Bureau's definition of neglect — can be prevented with legal aid. The table below illustrates possible civil legal interventions that can address some types of neglect that can lead to removal and includes citations to studies that demonstrate how civil legal help makes a difference.

⁴ Vivek Sankaran (2014), Using Preventative Legal Advocacy to Keep Children from Entering Foster Care, available at https://repository.law.umich.edu/articles/947/

⁵ See Question 30 at https://www.acf.hhs.gov/cwpm/public_html/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=36; see also National Association of Counsel for Children (last accessed Feb. 2020), Children's Bureau Permits Funding for Child and Parent Legal Representation, available at https://www.naccchildlaw.org/page/TitlelVforLegalRepresentation

⁶ See https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/january-december-2018/reasonable-efforts-as-prevention/; see also Casey Family Programs (2020), How Can Pre-Petition Legal Representation Help Strengthen Families and Keep Them Together?, available at https://www.casey.org/preventive-legal-support/

U.S. Department of Health & Human Services, Administration for Children and Families (2019), *The AFCARS Report No.* 26, available at https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport26.pdf
 Children's Bureau (2018), *Acts of Omission: An Overview of Child Neglect*, available at https://www.childwelfare.gov/pubPDFs/acts.pdf#page=3&view=Types%200f%20neglect

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Type of neglect	Possible legal interventions
Physical neglect – Abandoning the child or refusing to accept custody; not providing for basic needs like nutrition, hygiene, or appropriate clothing	Helping families apply for or appeal erroneous denials of services and benefits like Supplemental Nutrition Assistance Program (SNAP); Home Energy Assistance; Women, Infants, and Children (WIC); Temporary Assistance for Needy Families (TANF); and Social Security Disability Insurance (SSDI) ⁹
Medical neglect – Delaying or denying recommended health care for the child	Helping families apply for or appeal erroneous denials of services and benefits like Medicaid, the Children's Health Insurance Program (CHIP), or Supplemental Security Income (SSI) ¹⁰
Emotional neglect – Isolating the child, not providing affection or emotional support, or exposing the child to domestic violence or substance use	Helping survivors of domestic violence escape the situation by filing protection orders, securing custody or divorce, obtaining employment and housing ¹¹ Helping people with substance use disorders obtain health insurance and access recovery and treatment programs ¹²
Educational neglect – Failing to enroll the child in school or homeschool, ignoring special education needs, or permitting chronic absenteeism from school	Establishing guardianship rights for kinship caregivers to facilitate school enrollment ¹³ Securing accommodations for a child's special education needs ¹⁴ Helping families apply for or appeal erroneous denials of disability accommodations, and services and benefits like TANF, Medicaid, or SSI to pay for school-based services ¹⁵

Additional research demonstrates that other top circumstances associated with child removal identified by AFCARS can also be mitigated or prevented entirely using legal interventions. For example, in instances of parental drug use and alcohol abuse, studies show that legal aid lawyers can help clients access treatment through medical-legal partnerships or by challenging improper Medicaid treatment denials.¹⁶ Similarly, by opening pathways to mental or behavioral health services, legal aid can prevent removals due to child behavioral problems and caretaker inability to cope.¹⁷

15 Supra notes 9 and 10.

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⁹ Although there is a lack of peer-reviewed research or other published studies or evaluations of using legal help to secure public benefits, many states have published cost/benefit or return on investment reports that document legal aid organizations' effectiveness in helping people access benefits they qualify for. E.g., Social Return on Investment from Legal Aid Services: A Statewide Analysis Report, March 6, 2018, https://delaware.ci.org/wp-content/uploads/2018/03/Social-Return-on-Investment-of-Legal-Aid-Services-final-3.7.2018.pdf (Delaware analysis of economic benefits secured in 2015, "\$10.32 million in public income benefit maintenance or initiation (i.e., social security, TANF, SSI, SSDI, and unemployment, SNAP, WIC, or LIHEAP)"). For more impact studies go to https://www.americanbar.org/groups/legal_aid_indigent_defendants/resource_center_for_acces_to_justice/atj-commissions/atj_commi

¹⁰ Robert Sege et al. (2015), Medical-Legal Strategies to Improve Infant Health Care: A Randomized Trial, available at https://pediatrics.aappublications.org/content/early/2015/05/26/peds.2014-2955; see also Rose-Jacobs et al. (2019), Housing Instability Among Families With Young Children with Special Health Care Needs, available at https://www.ncbi.nlm.nih.gov/pubmed/31292218

¹¹ Jacqueline Lee & Bethany Backes (2018), Civil Legal Aid and Domestic Violence: a Review of the Literature and Promising Directions, available at https://www.deepdyve.com/lp/springer-journals/civil-legal-aid-and-domestic-violence-a-review-of-the-literature-and-Z6c1KiPK7q; Carolyn Copps Hartley & Lynette M. Renner (2018), Economic Self-Sufficiency among Women Who Experienced Intimate Partner Violence and Received Civil Legal Services, available at https://link.springer.com/article/10.1007%2Fs10896-018-9977-0; Institute for Policy Integrity (2015), Supporting Survivors: The Economic Benefits of Providing Civil Legal Assistance to Survivors of Domestic Violence, available at http://policyintegrity.org/documents/SupportingSurvivors.pdf

¹² Legal Services Corporation (2018), Opioid Task Force Kick-Off Meeting, available at https://www.ncsc.org/~/media/Files/PDF/Topics/Opioids-and-the-Courts/Opioid%20Task%20Force%20Kick-Off%20 Meeting%20Briefing%20Book.ashx; see also Daniel Siegal (2019), Urgent Care: How Attorneys Are Battling The Opioid Crisis, available at https://www.law360.com/articles/1171390/urgent-care-howattorneys-are-battling-the-opioid-crisis

¹³ See the American Bar Association Center on Children and the Law (2014), State Educational and Health Care Consent Laws, available at https://www.americanbar.org/groups/public_interest/child_law/ resources/child_law_practiceonline/child_law_practice/vol-33/june-2014/state-educational-and-health-care-consent-laws/

¹⁴ Although there is a lack of peer-reviewed research or other published studies or evaluations of legal help to secure educational accommodations for students with disabilities, the federally-funded network of Protection & Advocacy organizations provide legal help to these students to secure the education services and supports guaranteed under the Individuals with Disabilities Education Act. See e.g., https://www.disabilityrightsca.org/what-we-do/programs/legal-advocacy-unit-lau

¹⁶ See National Center for Medical Legal Partnership (2018), The Opioid Crisis in America & the Role Medical-Legal Partnership Can Play in Recovery, available at https://medical-legalpartnership.org/ wp-content/uploads/2018/02/MLP-and-the-Opioid-Crisis.pdf

¹⁷ Aleah Gathings (2014), MFY Legal Services, Inc.'s Medical Legal Partnership with Bellevue Hospital Center: Providing Legal Care to Children with Psychiatric Disabilities, available at <a href="https://academicworks.cuny.edu/cgi/viewcontent.cgi?refere=https://www.google.com/&https://academicworks.cuny.edu/cgi/viewcontent.cgi?refere=https://www.google.com/&https://academicworks.cuny.edu/cgi/viewcontent.cgi?refere=https://www.google.com/&https://academicworks.cuny.edu/cgi/viewcontent.cgi?refere=https://academicworks.cuny.edu/cgi/viewcontent.cgi?refere=https://academicworks.cuny.edu/cgi/viewcontent.cgi?refere=https://academicworks.cuny.edu/cgi/viewcontent.cgi?refere=https://academicworks.cuny.edu/cgi/viewcontent.cgi?refere=https://academicworks.cuny.edu/cgi/viewcontent.cgi?refere=https://academicworks.cuny.edu/cgi/viewcontent.cgi?refere=https://academicworks.cuny.edu/cgi/viewcontent.cgi?refere=https://academicworks.cuny.edu/cgi/viewcontent.cgi?refere=https://academicworks.cuny.edu/cgi/viewcontent.cgi?refere=https://academicworks.cuny.edu/cgi/viewcontent.cgi?refere=https://academicworks.cuny.edu/cgi/viewcontent.cgi?refere=https://academicworks.cuny.edu/cgi/viewcontent.cgi?refere=https://academicworks.cuny.edu/cgi/viewcontent.cgi?refere=https://academicworks.cuny.edu/cgi/viewcontent.cgi?refere=https://academicworks.cuny.edu/cgi/viewcontent.cgi?refere=https://academicworks.cuny.edu/cgi/viewcontent.cgi?refere=https://academicworks.cuny.edu/cgi/viewcontent.cgi?refere=https://academicworks.cuny.edu/cgi/viewcontent.cuny.edu/cgi/viewcontent.cgi?refere=https://academicworks.cuny.edu/cgi/viewcontent.cgi?refere=https://academicworks.cuny.edu/cgi/viewcontent.cgi?refere=https://academicworks.cuny.edu/cgi/viewcontent.cgi?refere=https://academicworks.cuny.edu/cgi/viewcontent.cgi?refere=https://academicworks.cuny.edu/cgi/viewcontent.cgi?refere=https://academicworks.cuny.edu/cgi/viewcontent.cgi?refere=https://academicworks.cuny.edu/cgi/viewcontent.cgi?refere=https://academicworks.cuny.edu/cgi/viewcontent.cgi?refere=https://acade



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Research also shows that effective reasonable efforts related to housing may include offering legal representation to parents at risk of eviction, or pushing landlords to redress unlawful unsanitary housing conditions to stabilize children's health.¹⁸ Similarly, though civil legal aid may not be able to prevent a parent's incarceration, it can help people with a criminal record obtain gainful employment through expungements and record-clearing, resulting in higher employment and wages and lower rates of recidivism, ¹⁹ or help to reinstate a parolee's suspended driver's license, or modify a child support order based on a person's actual ability to pay.²⁰

The U.S. Department of Health & Human Services, Administration for Children and Families Children's Bureau information memorandum '*High Quality Legal Representation for All Parties in Child Welfare Proceedings*' states:

"Both parents' attorneys and children's attorneys can be helpful in addressing the collateral legal issues that may leave families vulnerable, such as housing, employment, immigration, domestic violence, healthcare and public benefit issues – one or any combination of which may contribute to bringing families into contact with the child welfare system. Such efforts may help prevent children from entering foster care or help children return home sooner." (p. 7)

Many federal agencies have recognized the importance of legal aid in effectively and efficiently responding to problems that may eventually result in child welfare interaction. And in January 2017, the Children's Bureau made clear its agreement in an information memorandum, saying that counsel for parents and children can help address collateral legal issues that leave families vulnerable or contribute to bringing families into contact with the child welfare system.²⁷

Funding Support for Legal Aid

The Children's Bureau's evidence-based policy now allowing reimbursement for eligible administrative costs of legal representation for "a candidate" for Title IV-E foster care should become a lifeline for families and child welfare professionals alike in the shared goal of preventing removal, shortening a child's stay in foster care, and stabilizing low-income families. But Title IV-E funds are not the only option. States receive a significant influx of federal grants to implement many policies and programs, including those to enable access to health care, income security, education, employment, social services, and housing.²² Many opportunities

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21 See U.S. Department of Health & Human Services (2017), High Quality Legal Representation for All Parties in Child Welfare Proceedings, available at https://www.acf.hhs.gov/sites/default/files/cb/im1702.pdf

22 See Module 2 of The Justice in Government Project's Toolkit which contains information and resources related to funding civil legal aid, including a comprehensive Grants Matrix, Grant Forecasting Guide, and in-depth FAQs, available at https://www.american.edu/spa/jpo/toolkit/module-2.cfm. Also see https://legalaidresources.org/, the National Legal Aid & Defender Association's website for federal funding resources.

¹⁸ Stout Risius Ross (2018), Economic Return on Investment of Providing Counsel in Philadelphia Eviction Cases for Low-Income Tenants, available at https://www.philadelphiabar.org/WebObjects/PBA.woa/ Contents/WebServerResources/CMSResources/PhiladelphiaEvictionsReport.pdf; Luke Grundman & Muria Kruger (2018), Legal Representation in Evictions – Comparative Study, available at https://www.minnpost.com/wp-content/uploads/2018/11/2018-Eviction-Representation-Results-Study-with-logos.pdf; see also The Justice in Government Project's research brief on how legal aid can improving housing incomes, available at https://www.american.edu/spa/jpo/toolkit/module-1.cfm#collapse-5224691. For supporting evidence of the positive outcomes of the medical-legal partnership model for children, see Robert Sege et al. (2015). *Medical-Legal Strategies to Improve Infant Health Care: A Randomized Trial*, available at https://www.american.edu/spa/jpo/toolkit/module-1.cfm#collapse-5224691. For supporting evidence of the positive outcomes of the medical-legal partnership model for children, see Robert Sege et al. (2015). *Medical-Legal Strategies to Improve Infant Health Care: A Randomized Trial*, available at https://pediatrics.aappublications.org/content/early/2015/05/26/ peds.2014-2955

¹⁹ J.J. Prescott & Sonja B. Starr (2019), Expungement of Criminal Convictions: An Empirical Study, available at https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3353620

²⁰ U.S. Department of Health & Human Services, Administration for Children & Families (June 2012), Child Support Fact Sheet Series: Access to Justice Innovations, available at https://www.acf.hhs.gov/sites/default/files/ocse/access_to_justice_innovations.pdf



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to financially support civil legal aid for families at risk of encountering the child welfare system flow from states' power to administer some of these federal funding sources.

Title IV-E state administrators have a number of federal and state administering agency colleagues serving their same population with whom to collaborate on the provision of essential legal help. Other examples of federal funds that can be used for civil legal aid to help families struggling with poverty-related problems that put them at risk of entering the child welfare system include:

- U.S. Department of Health & Human Services (HHS) clarified that legal aid is included in the range of "enabling services" that HHS-funded community health centers can provide to meet communities' primary care needs.²³
- HHS has made clear state and local TANF administrators can use funds for legal aid for low-income families that furthers TANF purposes.²⁴
- HHS's State Opioid Response, and Substance Abuse Prevention and Treatment/Community Mental Health Services block grants have all been used to support legal aid that facilitates prevention and treatment services, as well as for children whose parent has a substance use disorder.²⁵
- U.S. Department of Housing and Urban Development's Community Development Block Grant expressly allows state and local governments to use these funds for legal aid to help low-income people avoid eviction and foreclosure, and to secure employment.²⁶
- U.S. Department of Justice's Victims of Crime Act Victim Assistance Formula funds rule clarifies that state administrators can use funds for legal assistance for victims of child abuse and neglect and their kinship caregivers, as well as for elder abuse, domestic violence, and other crimes that may precipitate removal.²⁷
- U.S. Department of Labor's Workforce Innovation and Opportunity Act rule includes legal aid services among the necessary supportive services the nation's American Job Centers should provide, including helping people with a criminal record remove obstacles to employment.²⁸

Passage of Family First combined with the Children's Bureau landmark allowance for legal representation reimbursement together signal transformational change for parents, children, and the child welfare professionals who serve them. They bring child welfare financing into alignment with research-informed practices to keep children in their homes whenever safe

²³ See Form 5A, describing "enabling services" as including those that "support health center patient's access to non-medical, social, educational, or other related service (e.g., child care, food banks/meals, employment and educational counseling, legal services/legal aid)" at p. 24, https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/scope/form5aservicedescriptors.pdf

²⁴ See The Justice in Government Project's FAQs About Legal Aid and TANF, which explains how TANF can support legal aid and how TANF furthers the goals of TANF, available at https://www.american.edu/spaljpo/toolkit/grant-faqs.cfm#collapse-5364032

²⁵ See The Justice in Government Project's Grant Matrix, which details how legal aid can be supported using the Substance Abuse Prevention and Treatment Block Grant and the Community Mental Health Services Block Grant, available at https://www.american.edu/spa/jpo/toolkit/module-2.cfm

²⁶ See Chapter 2 of HUD's Guide to National Objectives and Eligible Activities for State CDBG Programs at p. 2-38, available at https://www.hudexchange.info/onecpd/assets/File/CDBG-State-National-Objectives-Eligible-Activities-Chapter-2.pdf

²⁷ See https://www.law.cornell.edu/cfr/text/28/94.121

²⁸ See https://www.govinfo.gov/content/pkg/FR-2016-08-19/pdf/2016-15975.pdf

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and possible. When a child must be removed from their home, these policies keep reunification and permanency within reach by supporting legal representation. The Children's Bureau policies and actions that elevate the importance of quality legal representation promise to move the child welfare system forward in ways not possible even a few years ago. The challenge ahead for us all is to ensure that every state takes full advantage of the IV-E legal representation reimbursement opportunity so that every family in need of legal representation actually receives it.

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