

What Every Therapist Needs to Know About Court Cases filed by the NJ Division of Child Protection and Permanency

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Introduction

As a therapist, you may be treating a child or parent who is involved with the state Division of Child Protection and Permanency (CP&P, or Division), which was formerly the Division of Youth and Family Services, or DYFS. These children and parents may have been referred to you because of their involvement with the division, and you may be asked to provide reports concerning them. This guide provides information about the various people whom you may encounter, the court process and your role in that process.

ACNJ sought and received input from different individual entities involved in CP&P cases called “stakeholders” to complete this guide. All are hopeful that, as partners in the process, therapists providing services to children and families understand not only the cultural background of the family, but also appreciate the enormous stress and challenges many of these families face due to poverty, racial discrimination and stereotyping, homelessness, lack of education, health problems, living in high crime areas, and/or undocumented status. Alliances formed with families based on a basic understanding of life circumstances will increase the likelihood that progress will be achieved.

If you have questions about this guide, please contact Mary Coogan at ACNJ via email to mcoogan@acnj.org or call (973) 643-3876.

Role of Each Party and Advocate in CP&P Court Matters

When CP&P files a complaint in court to take legal and physical custody of a child or to seek court authority to supervise a child still living in his or her home, the parents become involved in a court matter. The parents, both custodial and noncustodial, are considered

“parties” in the cases and are called the “defendants”. Others who have been caretakers for the child can also be named as defendants. CP&P is considered a “party” and the “plaintiff” in the case. This type of case is filed in the Family Part of the New Jersey Superior Court. These cases are civil, not criminal, matters.

There are specific laws, timeframes, and court rules that apply to these cases. Below is a description of the role of each of the entities, people, and advocates involved in these court cases.

Judge: Family courts play an important role monitoring CP&P when caseworkers remove children from their homes. A series of specific judicial determinations and specific types of hearings are required. Everyone must follow strict timelines to ensure that the child remains in out-of-home placement for as short a time as possible.

The judge is responsible for the following:

- Provides judicial oversight, including conducting hearings and making findings, throughout the case
- Determines if CP&P has made “reasonable efforts” to prevent the child from being removed from the home
- Determines if there is a continued safety issue for the child that requires the child to remain out of the home
- Considers CASA (Court Appointed Special Advocate) and Child Placement Review Board recommendations
- Orders appropriate services and approves the permanency plan for the child
- Determines whether everyone involved in the case is compliant with CP&P’s approved case plan
- Orders termination of parental rights (TPR) when appropriate
- Closes the court case(s) when there is no longer a need for court intervention or the permanency plan has been achieved

Giving Every Child A Chance

Deputy Attorney General, or DAG: The DAG is the attorney who represents the Department of Children and Families (DCF) and, in this context specifically, CP&P, where CP&P initiates a court action to obtain care and supervision of abused and neglected children and/or has taken custody of the child(ren). The DAG also represents CP&P in cases where it is seeking termination of parental rights. The DAG consults regularly with CP&P to determine appropriate goals and to ensure policies are implemented consistently and are in compliance with the law. The DAG appears in court with the CP&P caseworker to report to the court any progress or new developments in the case.

CP&P Caseworker or Other CP&P Representative: the caseworker is the member of the CP&P staff who is assigned to assist the children, their families, and foster homes (called “resource” homes). The caseworker provides referrals for services to the family to address any issues that caused the family to become involved with CP&P in the first place, such as mental health treatment and substance abuse services. The caseworker also follows up on any medical needs the children have and has at least monthly contact with the children and parents. Caseworkers and supervisors meet with their attorneys, the DAG, regularly to discuss cases and to ensure that any actions that are taken comply with both Division policy and the law. The caseworker also appears regularly before the judge to discuss how the parents and child are progressing and obtains collaterals and reports for any services that the family is participating in.

Parent/Caretaker: The parents, both custodial and noncustodial, are considered “parties” in the cases and are called the “defendants”. Other individuals who have been caretakers for the child can be named as defendants. Any or all of these individuals, as well as a relative caregiver or non-relative partner, may be referred for therapeutic services.

Parent’s Attorney: Parents with minimal income are appointed a lawyer by the courts or the parent may hire a private lawyer, or represent themselves (i.e. *pro se*). An appointed lawyer is a staff attorney from the Office of Parental Representation (OPR), part of the Office of the Public Defender or an attorney who contracts with OPR to handle these cases. In some instances, Legal Services of New Jersey will represent parents. Each parent is entitled to be represented by an attorney who protects and advances that parent’s individual interests. An OPR

attorney will be appointed for a poor parent at his or her earliest appearance in the court process. The OPR attorney will consult with the parent and appear in court with the parent throughout the entire litigation until a final decision is made. The parent’s attorney may seek out an expert to assess the client’s mental status and parenting ability, as well as the adequacy of the services offered to the parent, in addition to the Division’s expert. The OPR attorney may also utilize their office’s special investigations services to assist the parent in preparing their defense.

Law Guardian and Investigator: The law guardian is a licensed attorney and is employed by the Office of Law Guardian, a division of the Office of the Public Defender. The law guardian represents minor children under the age of 18 who are the subjects of alleged abuse and/or neglect cases as well as termination of parental rights proceedings. In addition, the law guardian represents young adults between the ages of 18 and 21 who are in the process of aging out of the child welfare system and who consent to continued CP&P services.

The law guardian represents the child’s or youth’s wishes and makes recommendations to the judge as to how those wishes may best be accomplished. The law guardian also protects the child’s or youth’s legal interests throughout the court proceedings. The law guardian works with an investigator, who has the same attorney/client privilege as the law guardian and who explores the facts of the case with the minors and young adult clients, caretakers, service providers, treatment providers, schools, and other entities that affect the safety, health, education, and well-being of the youth. The law guardian may also use an expert to assess the child’s services, placement, and permanency needs, in addition to the Division’s or parent’s expert.

Court Appointed Special Advocate (CASA): A staff member or volunteer who serves as an advocate for a child living in foster care, helping to ensure the child’s needs are being met and the child finds a permanent home. Anyone who is part of the case can request that a CASA be assigned, but the presiding judge must appoint the CASA based upon the recommendations of the assigned trial judge. The CASA visits with the child and others involved in the case and can report any problems or concerns to the judge. The CASA receives a court order and may follow up with service providers, gathering information on attendance, treatment goals,

progress, and can request records from those providing services to the child.

Child Placement Review (CPR) Boards: Each county has at least one CPR Board, made up of trained volunteers who meet to review CP&P's case plan and goal for each child who enters foster care. The CPR Board conducts a detailed review of each child's case once the child has been in care for 60 days. For details concerning the reviews, see the Court's Directive at https://www.judiciary.state.nj.us/attorneys/assets/directives/dir_19_17.pdf The Board's findings and recommendations are then sent to the judge and a court order is issued. Written notice of the date, time, and place of the review is sent in advance to the parents or legal guardian, the child, the temporary caretaker, the Division, counsel for a parent, or any person or agency the Board feels has an interest in the child. These people are entitled to attend the review and/or to submit written information to the CPR Board. All should be encouraged to participate.

Child Abuse and Neglect Cases

When a child comes into foster care, a court case is started. Each court case is given a **docket number**. This docket number will be found on all notices you receive from the court regarding the child's case and will change if the court case moves to another phase of the CP&P process. The relevant initials for the five types of cases involving child abuse and neglect and children placed into foster care are:

FN – Child abuse and neglect

FG – Termination of parental rights/Guardianship

FL – Kinship legal guardianship

FA– Adoption

FC – Child Placement Review

Court Process

Initial Hearing

The majority of families receive services from CP&P outside of the court and are never involved in the litigation process. For other families, the Division requests court intervention through the filing of a Verified Complaint, a legal document which details any child welfare concerns and asks the court to take jurisdiction (or control) of the matter. The case docket number will start with **FN**.

FN matters may involve allegations of abuse or neglect, resulting in the removal of children from their homes and having a relative or foster parent care for them. In those matters, legal custody is transferred to CP&P. In other instances, the courts are involved due to child abuse or neglect or child welfare concerns that fall short of requiring removal. Those cases are commonly referred to as "care and supervision" matters and the children remain with the parents under court supervision.

The initial court proceeding is referred to as an Order to Show Cause hearing. At that hearing, CP&P states its reasons for requesting or confirming the removal of the children from the home or requesting care and supervision. At this hearing, as well as all subsequent hearings, the court should consider and evaluate the information provided by the Division and other interested parties, including the child attending the hearing. Upon an initial showing that there is enough evidence to create a presumption that abuse or neglect occurred, referred to as a *prima facie* showing of abuse or neglect, the court can temporarily grant custody of the children to CP&P pending a trial or fact-finding hearing.

In most cases, the initial hearing is scheduled with the court prior to the children being removed from the home. However, in certain emergency circumstances, the Division has the authority to remove children from the home without a prior court order. These emergency removals are commonly known as "Dodd" removals. A hearing on a Dodd must take place with 48 hours (2 court days) after the removal.

CP&P is required by law to help keep families together and prevent children being removed, known as out-of-home placements. CP&P must make **reasonable efforts** to help families so that foster care placement is not necessary. It must also help parents reunite with their child if the child has been removed. CP&P is required to work with the parents and provide them with services to solve the initial identified problems. Some examples of reasonable efforts are the following:

- Work with the parent to develop a case plan;
- Provide the parents with services that the parent and CP&P agree will help keep the family together or bring the family back together;
- Keep the parent informed about the child's progress, development, and health; and

- Arrange for visitation if the child is placed into foster care.

As part of CP&P's reasonable efforts, CP&P refers the parents for forensic evaluations and puts appropriate services in place, which may include therapy.

Compliance Reviews

The law requires ongoing court hearings once a complaint is filed. These are commonly known as **compliance reviews**. Compliance reviews typically occur every two to three months for the first year of the case, at which time the judge reviews the information available, determines whether CP&P is providing appropriate services, ensures that the parents are complying with the plan, monitors the child's well-being, and reviews the visitation requirements and evaluates if they should be changed. When deciding whether visits require supervision or can be increased, whether to allow overnight visits or to return the children home, the court partially relies on the reports prepared by the service providers, including therapists. It is in these reports that the court gains insight as to the parent's progress/compliance in services, specifically what topics are being covered, their attitude in treatment, and how their mindset or situation is different from when they were last before the court.

Fact Findings and Dispositional Hearings

A **fact-finding hearing** is the jurisdictional hearing when the judge must determine whether the allegations against the parents are true. CP&P needs to show by a "preponderance of the evidence" (meaning that it is more likely true than not) that the parent's actions or inaction is considered child abuse or neglect as defined by the law. However, parents may offer their own evidence and witnesses to argue against CP&P's case. A parent may also "stipulate" to the facts presented by CP&P, which means that they acknowledge that their actions were abusive or neglectful. A finding by the judge, or a parent's stipulation, that the child was abused or neglected gives the court the authority, i.e. "jurisdiction" over the child and the family.

Following the fact-finding hearing is the dispositional hearing, at which CP&P presents the plan moving forward to reunite the family if it has not already happened. The court will order services necessary to implement the plan and schedule a review in

approximately two to three months. Parents are not required to use any services prior to the fact finding; however, parents can start using services without jeopardizing their legal case.

Permanency Hearings

A **permanency hearing** must happen within twelve months of a child being in out-of-home placement and is a critical juncture in the case. At this hearing, CP&P must present a permanent plan for the family, such as reunification, kinship legal guardianship, adoption, or another planned permanent living arrangement. The treating therapist will generally be asked for input. The attorney representing a party may ask for a report regarding any progress in treatment. While in practice, permanency hearings are summary proceedings meaning that testimony is limited and the attorneys rely on reports to argue their respective positions, any party may oppose the plan and request a contested hearing, during which they present evidence and/or witnesses to support a different plan. A mental health professional may be asked to testify by one of the attorneys or "subpoenaed" by a party. See section regarding subpoenas later in this guide.

The law requires CP&P to find a permanent home for any child entering foster care within specific time periods. With few exceptions, the initial goal is always reunification with a parent. However, the law requires that a **termination of parental rights** complaint be filed when the child remains in foster care for 15 of the last 22 months, unless the facts call for an exception. Through this process, the child may become legally free to be placed for adoption. A termination of parental rights case is also called a **guardianship** case. This case will have a new docket number that starts with **FG**. Generally, the child and parents will each have the same attorneys who represented them in the previous court process. Sometimes, a different attorney will represent CP&P.

Termination of Parental Rights/Guardianship

If a plan for termination of parental rights is approved at the permanency hearing, and sometimes even if the plan is not approved, the Division will proceed with filing a guardianship complaint, requesting that the child be legally freed for adoption. The guardianship complaint will list the initial allegations and findings, as well as the parents' compliance (or noncompliance) with services during the reunification phase. A parent can voluntarily surrender parental rights and consent to adoption by a

specific individual (known as an identified surrender), adoption by another person designated by CP&P (known as a general surrender), or contest the termination of parental rights complaint. In an identified surrender, if the adoption does not occur, parental rights are reinstated and the matter returns to litigation.

When parents contest the termination of parental rights complaint, a trial occurs. The Division must prove by clear and convincing evidence (a higher standard) that the parent cannot take care of their child and that adoption is in the child's best interest. The Division must prove: the child suffered harm as a result of their relationship with the parent(s); parents failed to fix the harm done; the Division offered appropriate services to the parents; and adoption is in the child's best interest. The child may be in a designated pre-adoptive home at the time of trial. If a pre-adoptive home has not been located, then a plan of select home adoption can be approved, meaning a parent's rights are terminated but an adoptive family will be found later. With few exceptions, termination of parent's rights is permanent, even if the child is never adopted.

Best practices strive to have the guardianship trial completed within six months of the filing of the complaint. Psychological experts are retained to assess parenting capabilities and the child's bond with the biological parent(s) and, if applicable, with their foster/pre-adoptive family. Mental health experts may also be asked to assess the adequacy of services offered. Therapists and other service providers may be called to testify at trial on the parents' and/or child's compliance with and progress (or lack thereof) in services.

Permanency Options If the Child Cannot Return Home

The law requires CP&P and the court to consider other permanency options if the child cannot safely return home within certain time frames. The other permanency options are described below. If the client you are currently treating expresses concern that one of these options is being considered in his or her case, you, with the consent of the client, can ask for clarification from the client's attorney or the caseworker.

Adoption: Adoption is the preferred legal goal for children who cannot return home to their parents. An adoptive parent's rights supplant that of the birth parent, including issuing a new birth certificate. New Jersey law

does not provide a legal way to enforce visitation rights for the biological parent or siblings after the parental rights are terminated. It is in the sole discretion of the adoptive family whether the child and the biological family can be in contact with one another. Most children living in foster care qualify for an adoption subsidy, Medicaid, and other services.

Kinship Legal Guardianship (KLG): KLG is available for caregivers who have cared for the child for at least the last 12 months and are committed to raising the child but have strong reasons for not adopting. A kinship legal guardian has almost all the rights and responsibilities of a parent, except that they cannot consent to an adoption or name change. They also cannot relocate out of state without parental consent or, if the parents cannot consent for any reason, a court order. The KLG provider agrees to take care of the child until age 18 or the child graduates from high school, whichever occurs later, and continues to receive a monthly payment from CP&P and Medicaid for the child until that time.

The child can still have judicially enforced contact with the birth parents and siblings under KLG. A visitation schedule may be included in the final order. CP&P will no longer provide services or assist in arranging for visits between the child and the parents. The parents may seek to change the KLG judgment at a later date, requesting that custody of the child be returned to them or for additional visitation.

Alternative Planned Permanent Living

Arrangement (APPLA): An alternative permanent placement, often referred to as "independent living" is only appropriate for an older teen living in foster care who cannot be reunified with a parent, or permanently placed with a relative and adoption or KLG is not available or not in the youth's best interest. Sometimes, older youth clearly express that they do not wish to be adopted and want to move toward independent living. APPLA is to be used in limited circumstances and where there is a compelling reason why other permanency options are not in the child's best interest.

Other Long-Term Specialized Care: Other long-term specialized care may be the case goal in rare situations in which a child, with severe physical, mental or developmental disability, has no appropriate family willing and able to care for, and meet their needs, and the child will remain institutionalized.

Residential Treatment: Residential treatment may be requested in specific situations where the youth has therapeutic needs that cannot be met effectively in the community and all community-based clinical interventions have been exhausted. This is not a permanency plan, since the ultimate goal is for the youth to accomplish his/her treatment goals and return to the community within a short period of time, preferably 4-9 months depending on the youth's progress. Any consideration of residential treatment needs to be carefully examined and discussed during family team meetings. If the child is involved with a Care Management Organization (CMO), an Out-Of-Home Referral would be completed by the CMO and submitted to PerformCare for a clinical review. If there is no CMO involvement, CP&P may contact PerformCare directly to complete a telephone review for treatment considerations. Please note that any youth approved for residential treatment will be automatically referred to the CMO for care management services.

Youth Participation in Court Hearings

In New Jersey, youth are entitled to attend all court hearings, and are encouraged to attend their permanency hearings and can have input into the decisions made about their placements, care and permanency. Further, a 2010 New Jersey Supreme Court ruling in a termination of parental rights matter, said that children over the age of 10 who are the subject of CP&P litigation cases should have the opportunity to express themselves in court and that judges would benefit from hearing their views. All children are encouraged to attend and participate in permanency hearings to express their wishes about the permanency plan and other issues of concern. The law also requires children age 10 or over to attend final adoption hearings unless that appearance is waived by the court for good cause. The child's wishes concerning the adoption are to be given consideration if the child can form "an intelligent preference regarding the adoption." And children over the age of 12 should have input in a decision regarding a kinship legal guardianship plan.

There are several ways to help children participate in the hearings, including inviting youth to attend a court hearing, inviting the youth to attend part of a court hearing, having youth participate in family team meetings or mediation sessions, letting them submit a

letter to stakeholders and judge, and having them express their views through their law guardians.

Youth participation in court requires preparation. Any decision regarding a youth attending a court hearing should be made in consultation with the law guardian and with notice to the judge and other attorneys. You, as the child's therapist may be asked to give your opinion as to whether the youth's participation in court is recommended. You can help prepare the child or youth to attend the hearing. There are times when a child is called to testify or wishes to testify either in CP&P litigation or a companion criminal case arising out of abuse and neglect allegations. In those instances, you as the child's therapist, may be asked how to best protect the youth's emotional well-being if testimony is court ordered, or whether testifying would be in the child's best interest.

Ancillary Matters/Events

Involvement of Resource Parents

Most children entering foster care are placed with foster families, known as resource parents, many of whom are relatives. The resource parents' main obligation is to provide a safe, stable and nurturing environment where the child's health, educational and emotional well-being is safeguarded. Resource parents are entitled to attend the court hearings to provide information, but since they are not considered a **party** to the proceeding, they are generally asked to leave the hearing after providing their update.

Family Team Meetings (FTMs)

CP&P attempts to convene a Family Team Meeting before or within 45 days of a child's out-of-home placement, bringing together the client family, the CP&P staff, extended family members, friends, community specialists, natural supports, and/or other interested people identified by the family or recommended by CP&P, who join together to strengthen and empower the family and help the family and CP&P make viable plans and decisions on behalf of the child and his or her family. Examples of team members include: extended family members; friends; neighbors; advocates; therapists; ministers; rabbis; church members; counselors; day-care providers; teachers; physicians; substance abuse treatment providers; community members; and Alcoholics Anonymous, Narcotics Anonymous, or Gamblers Anonymous sponsors.

The purpose of the meeting is to involve the family in the decision-making and planning process with CP&P. Throughout agency intervention with a family, CP&P caseworkers strive to engage the family in an ongoing effort to improve case planning, assure child safety, minimize out-of-home placement, and achieve stabilization, reunification and permanency for the child.

If a child enters placement, concurrent planning will be part of the family engagement process from the initial contact. Engagement occurs at every contact. Three additional FTMs are done within the first year of placement. For children who remain in placement after the first 12 months with a goal of reunification, at least 3 additional FTMs should occur within the year. For children with a goal of other than reunification who remain in placement after the first 12 months, they will have at least 2 additional FTMs a year. A parent can request a family team meeting at any time.

The caseworker strongly encourages the family to participate in the case planning and goal setting process. This is to promote appropriate case planning and maximizes opportunities for successful outcomes. When a family team meeting is to be held, the family specifies where they would like to meet with the Worker(s) and they identify their team members. Only those identified by the family are asked to participate in case planning for the family. However, the caseworker can encourage the family to include additional people who CP&P feels would be beneficial to the process. The participants work together to support the family and ensure the safety and care of the child.

Parents may have difficulty identifying potential support people in their lives who can be helpful to them at these family team meetings. Therapists can play a role by talking to the parents who are their clients about what their plans are for the FTMs.

Child Welfare Mediation

The Superior Court in all counties offers mediation for CP&P cases. Child welfare mediation is a proceeding, separate from the court appearance, where the parties work to resolve issues concerning the children who are part of CP&P litigation. The judge makes the referral to mediation based upon his or her own motion, or at the request of one of the parties through the party's attorney. The mediator, a neutral, trained person, meets with the people who have been ordered to mediation.

The individuals who are part of the mediation process usually include the parents and their attorneys, CP&P representatives, the law guardian, the child or children *if appropriate* given the child's age and maturity, the resource parent(s) if relevant to the case at that time, and anyone else who has an interest in the welfare of the child or children involved in the case, such as a CASA or a relative who is helping the parent. Mediation may be the first time that the resource parent meets the parent(s). **If you and the party you are treating think your presence at the mediation would be helpful, you should speak to the attorney of the person you are treating to discuss whether your participation would be appropriate.** The other parties need to consent to your participating in mediation.

At the mediation session, the mediator helps participants discuss concerns they have about the child and/or children in the case, the family, CP&P and/or the legal process. With few exceptions, whatever is said in the mediation session *is confidential*. While the mediator helps to keep the conversation positive and focused on the child, the mediator does not take sides or make any decisions. Only the participants can make decisions. If an agreement is reached, the mediator will put the terms of the agreement in writing to be signed by all and then it will be presented to the Judge. If approved, the agreement will become an enforceable court order.

Family Team Meetings (FTMs) and Child Welfare Mediation are different processes. Child Welfare Mediation and FTMs are similar in many ways. However, the two models are also different in many respects. Both models seek to engage the family more fully. FTMs may include anyone the parents want in attendance, whereas, in child welfare mediation, although inclusive, the Judge makes the decision regarding who should attend. The most significant difference is that Child Welfare Mediation is a *court* sponsored program and involves the attorneys for all of the parties, including the child's attorney, the law guardian. FTMs are *CP&P* sponsored events and generally do not include the attorney for the child or any of the other attorneys. Child Welfare Mediation is a confidential process (with very limited exceptions), whereas FTMs are not confidential and the information gleaned at the meeting may be reflected in the CP&P record.

Children Living in Foster Care Have Rights

The **Child Placement Bill of Rights** states that a child placed outside his home shall have the following rights, consistent with the health, safety and physical and psychological welfare of the child and as appropriate to the individual circumstances of the child's physical or mental development:

- To placement outside his/her home, only after every reasonable effort has been made for the child to remain in his/her home;
- To the best efforts of CP&P to place child with a relative;
- To the best efforts of CP&P to place the child in an appropriate setting in his/her own community;
- To place child in the same setting with the child's siblings if the siblings are also being placed outside his/her home;
- To visit with the child's parents or legal guardian immediately after the child has been placed outside his/her home and on a regular basis thereafter facilitated by CP&P;
- To regular and consistent sibling visitation;
- To placement in the least restrictive setting appropriate to the child's needs and conducive to the health and safety of the child;
- To be free from physical or psychological abuse and from repeated changes in placement before the permanent placement or return home of the child;
- To have regular contact with the CP&P caseworker and any service providers assigned to the case/child;
- To have a placement plan that reflects the child's best interests;
- To receive services of high quality that are designed to maintain and advance the child's mental and physical well-being;
- To be represented in the planning and regular review of the child's case;
- To receive an educational program that will maximize the child's potential;
- To receive adequate, safe and appropriate food, clothing and housing;
- To receive adequate and appropriate medical care; and
- To be free from unwarranted physical restraint and isolation.

Adolescent Services: DCF supports various programs and services for adolescents and young adults including housing, life skills, mentoring, employment/training, educational support, youth advocacy, and healthcare.

(Visit DCF's Office of Adolescents new website, www.njyrs.org New Jersey Youth Resource Spot). Youth and stakeholders can easily learn about resources in their communities, search CP&P policy, learn how to contact a CP&P caseworker, and email questions to the Office of Adolescent Services. Youth can also learn how to find out if they're eligible for wraparound funds, the Independent Living Stipend and more.

Children's System of Care: Children not residing with their guardians (i.e. resource parent, KLG, independent living) may also be receiving services from the state behavioral health system, jointly with CP&P. New Jersey's Children's System of Care (CSOC) is part of the Department of Children and Families and provides behavioral health services to meet a child's special needs. Foster/Resource families can access Mobile Response and Stabilization Services (MRSS). This provides time limited, intensive, preventive services that include behavioral and rehabilitative interventions designed to diffuse, mitigate and resolve an immediate crisis. If ongoing support is needed, a referral can be made to PerformCare, New Jersey's contracted system administrator, to determine what services are needed.

For children/youth with a higher level of need, there are county-based Care Management Organizations (CMO), which help design, implement, and manage youth/family driven Individual Service Plans (ISP) for children and adolescents whose needs are complex and require intensive care management techniques that may cross multiple service systems.

The child you are treating may be receiving services through CSOC and inquiries should be made to the CP&P caseworker or the resource parent to determine what services are in place. To access CMO or MRSS services, a call can be made to PerformCare at 1-877-652-7624. General information about CSOC and PerformCare can be found at www.state.nj.us/dcf and www.performcarenj.org.

Providing Therapy to Children and Parents Involved with CP&P

Developing Treatment Plans for Parents: The progress of parents in therapy is considered important information when decisions are made about permanency. Therefore, wherever appropriate, it is particularly important that therapists include in treatment plans the problems that

brought the parents to the attention of CP&P. The particular way such problems are framed in a treatment plan should be the result of collaboration between the therapist, the parent, and whoever made the referral for treatment. Anticipated goals of treatment need to be stated clearly and objectively, so that progress (or lack of progress) toward such goals can be evident to the parent and can be clearly measured and reported. Treating therapists should not make recommendations on legal issues. (See section on Providing Information below.)

Developing Treatment Plans for Children: Children living in foster care are often struggling with current issues related to their involvement in the child welfare system as well as with the history of abuse and neglect. First and foremost, it is critical that therapists help children with their current circumstances so that the uncertainty of their futures and their foster placements do not produce further emotional damage to them. The stabilization of children in their foster homes should be a major priority of therapy, so that they are not moved from placement to placement, causing further psychological injury. Therapists should carefully assess what needs to be addressed in the present and what should be left for the future, with a view to thinking about what will stabilize rather than destabilize the child.

As with parents, the decision about treatment goals should be the result of collaboration amongst the therapist, the caseworker, the child (if at all possible), and the caretakers. Anticipated goals of treatment need to be stated clearly and objectively, so that everyone can understand progress toward such goals.

In the majority of cases, reunification is typically the goal, unless the permanency plan becomes termination of parental rights and adoption, KLG, or another alternative. Therefore, the therapist should consider involving the birth parent(s) in the child's therapy. In doing so, it is hoped that the parent(s) will learn more about the child and will be in a better position to help the child and to commit to continued therapeutic services once the child returns home. It is critical for timely and successful reunification that the parents understand their child's therapeutic needs and treatment goals. In situations where behavioral problems are threatening the stability of the placement, the involvement of resource parents may also be essential. Birth parents are often in the best position to present background information about the child's behavior and the current caretakers are in a

position to report how the child is doing on a daily basis, and to coach the child with any new skills that are learned in therapy.

How the involvement of birth parents and resource parents occurs may be different in each case and may consist of individual consultations between the therapist and the birth parent and/or resource parent and/or joint sessions with the child. Therapists should also consider the possibility of initiating joint meetings between resource parents and birth parents so that areas of common concerns regarding the child can be addressed and information about parenting and managing the child can be exchanged. The therapist needs to talk to the caseworker before involving both the parents and the resource parents in the child's treatment. However, resource parents cannot be forced to meet with the birth parents and are entitled to anonymity.

Providing Information: All information provided by the therapist to anyone involved in these situations should be limited to initial evaluations and therapy reports (or treatment plans), i.e., identification of presenting problems, treatment goals and objectives, and progress toward such goals. Therapists should **not** opine as to whether abuse and neglect occurred, whether reunification should take place, or whether a parent can safely parent. Those opinions are best left to independent forensic evaluators who have not had a therapeutic relationship with the parent or child. If you are asked for such opinions, you should indicate that you are not in a position to render them.

Licensed psychologists, social workers, and professional counselors are prohibited from acting as evaluators regarding parenting time or termination of parental rights in cases where the same professionals have served as treating therapists. (For psychologists see N.J.A.C. 13:42-12.3; for social workers see N.J.A.C. 13:44G-13.3; for professional counselors see N.J.A.C. 13:34-31.4)

If CP&P has legal custody of the child, CP&P can authorize the disclosure of records on the child. Children over fourteen must also consent to the release of their own records; however, a court order can nonetheless authorize the release of records.

The law guardian and CASA volunteer both can access treatment records on children through the court orders that assign them to the case. You can ask to see such court orders if you wish. Therapists should also feel

comfortable contacting the law guardian and CASA volunteer on the case to obtain any additional information that they can provide about the needs of the child.

In general, it is advisable to inform parents and children at the start of treatment regarding the likelihood that therapeutic records will be requested at regular intervals, and that it is possible that court orders will be issued for this purpose.

Prior to the commencement of any treatment, a mental health provider should ask the attorney or party who hires them to identify individuals to whom the provider can release records and then inform the client of the provider's understanding concerning release of treatment records. The provider should talk to the party about what is in the records and the potential consequences of releasing the information so that the client can make an informed decision whether to authorize the release. (Clients being treated by CP&P providers must authorize the release of records.) In the absence of a court order to release records, or a subpoena requesting records or testimony, only parents can authorize the release of their own records. If a mental health provider receives a subpoena, the provider should immediately seek legal guidance as this may ultimately require an appearance in court and a judicial decision.

Resources and Organizations

Please note, that if a parent discloses a new or separate incident of child abuse or neglect, this must be called in to the Division of Child Protection and Permanency. New Jersey law requires mandatory reporting of abuse and neglect. The child abuse hotline number is 1-800-NJABUSE.

Attorney General's Office - Department of Children and Families Sections (attorneys for the Division of Child Protection and Permanency) website:
http://www.nj.gov/oag/law/dcf_c.htm

Sections:

Central (609) 292-4776
Essex (973) 648-2500
North (973) 565-8146
South (856) 770-6265

Office of Parental Representation: For information about the Office of Parental Representation, visit <http://www.nj.gov/defender/>

Law Guardian Programs (attorneys for children): Visit the website of the Law Guardian Program to learn more about what law guardians do and to find contact information for offices throughout the state:
<http://www.nj.gov/defender/structure/olg/>

Court Appointed Special Advocates (CASA): Visit www.casaofnj.org or call CASA of New Jersey at 609-695-9400 for contact information for county programs.

Child Placement Review Boards (CPR Boards): Contact information for county CPR Boards can be found at www.njcpac.org

Other information related to CP&P cases can be found on the Department of Children and Families website:
<http://www.state.nj.us/dcf>

Child Advocacy Clinic, Rutgers Law School-Newark: (973) 353-3271; www.njyouth4youth.org

The following organizations can provide assistance to children with education related problems:

Advocates for Children of New Jersey (ACNJ), 973-643-3876 www.kidlaw.org

Education Law Center (ELC), 973-624-1815; 973-624-4618; TTY www.edlawcenter.org

Legal Services of New Jersey (LSNJ), 1-888-LSNJ-LAW (1-888-576-5529) www.lsnj.org

Disability Rights Inc. (800) 922-7233 (toll-free in New Jersey only) or (609) 292-9742; (609) 633-7106 (TTY) www.drnj.org

Special Education Clinic, Rutgers School of Law – Newark, 973-353-5576

Statewide Parent Advocacy Network (SPAN) 973-642-8100, 1-800-654-SPAN www.spannj.org

If you have questions about this guide, please contact Mary Coogan at ACNJ via email to mcoogan@acnj.org or call (973) 643-3876.

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Giving Every Child A Chance