



THE NATIONAL COURT APPOINTED
SPECIAL ADVOCATE ASSOCIATION

National CASA Pre-Service Volunteer Training Curriculum

CHAPTER 5

**Local/Program Pre-Work
Handouts**

Local Disproportionality Statistics

Child Population 2,674,805 in 2016 in Pennsylvania; 42,684 in 2015 in Washington County

32 % were children of color in Pennsylvania

- 13% Black/African-American
- 12% Hispanic
- 4% Asian
- <1% American Indian/Alaska native

Less than 10 % were children of color in Washington County in 2015

- 3.7% Black/African-American
- .9% Asian
- .7% Other Races
- 4.2% Multiple Races
- 1.9% Hispanic or Latino

- Washington County CASA 2017 program statistics
 - 123 Caucasian
 - 7 Black/African American
 - 21 Multi-racial
- Children in Poverty 513,000 or 19% in Pennsylvania, below 21% nationwide
 - 35% Black, 39% Hispanic, 12% White, 8% Extremely Poor, 20% under 6
 - 31.2% Children in Poverty in Washington County in 2015
- Pennsylvania ranked 25th in child poverty among all states in 2015
- Children in PA whose parents lack secure employment 776,000 or 29%; same US %
 - 18% of children lived in food-insecure households in 2015
 - 32% of children 10-17 were overweight or obese in 2016
 - 26% relied on the Supplemental Nutrition Assistance Program in FY2015
 - 86% of children receiving free or reduced-price lunch during the school year did not participate in Summer Nutrition Programs in 2016
- Children living in households with a high housing cost burden 799,000 or 30% in PA
 - 2.6 full-time jobs at minimum wage were needed for a family to afford a two-bedroom rental unit at fair market rent in 2016
- Teens not in school and not working in PA 38,000 or 5%, below 7 % nationwide
- Young children not in school 159,000 or 54% in PA, nationwide 53%
- Average monthly number of Children receiving subsidized child care 117,813 in PA; 1,050 in Washington County in 2015
- Children waiting to receive subsidized child care in PA 3,916; in Washington County 43 during 2015
- Percentage of children ages 3-4 in publicly funded, high-quality Pre-K in PA 18.9%; in Washington County 17% in 2015. Percentage of unserved children eligible for publicly funded, high-quality Pre-K 68.9% in PA; in Washington County 68.8% in 2015
- Fourth graders not proficient in reading 59% in PA, nationwide 65%
 - 83% Black at public school in 2015

- 82% Hispanic at public school in 2015
- 51% White at public school in 2015
- Eighth grader not proficient in reading 64% in PA, nationwide 68%
 - 87% Black at public school in 2015
 - 82% Hispanic at public school in 2015
 - 53% White at public school in 2015
- High School students not graduating on time 15% in PA, nationwide 17%
 - (72% Black, 70% Hispanic, 89% White students graduated on time in 2014-2015)
- Low-birth weight babies 11,453 or 8.2% in PA, nationwide 8.1%
- Children without insurance 111,000 or 4% in PA, nationwide 5%; 2.6% in Washington County
 - 1,567,184 children 0-18 were enrolled in medical Assistance Program (Medicaid) and the Children's Health Insurance Program in PA; 30.2% children 0-18 enrolled with Medicaid and 4.8% with CHIP in Washington County in 2015
- Child and Teen deaths per 100,000 is 699 in PA
- In 2017 in Washington County 11% of all babies born were drug-addicted
- Teens who abuse alcohol or drugs 44,000 or 5 % in PA, same as nationwide
- Pennsylvania is 4th in nation in deaths due to overdose
- Children in single-parent families 914,000 or 36% in PA, nationwide 35%
- Children in families where the head of household lacks a HS diploma 264,000 or 10% in PA
- Children living in high-poverty area 337,000 or 12% in PA, nationwide 14%
- Teen births per 1,000 is 7,218 in PA
- Children in residential placement in 2015 was 2826 of which 53% Black, 14% Hispanic, 29% White in Pennsylvania
- Children receiving in-home services in PA 167,582; in Washington County 2,795 in 2015
- Children in foster care placement in PA 22,510; in Washington County 505 in 2015
- Percentage of children re-entering foster care placement in PA 26.95; in Washington County 23.2% in 2015

Data from the Annie E. Casey Foundation for Pennsylvania and the Children's Defense Fund

Persons Contacted:

Date contacted

Ben Harris / self	2-10/2-15/3-5/3-19/4-1/4-4
Robert Price / self	2-10/2-23/3-5/3-19/4-4
Rose Price / self	2-10/2-23/3-5/3-19/4-4
Mrs. Kathy Price / mother	2-10/2-12/3/1-3/3-5/4-4
Mr. Jason Harris / father of Ben	2-28
Mr. Ernie Price / father of Robert / Rose	2-20/2-28/3/30
Mr. Bob Johnson / CYS case worker	2-10/2-20/3-11/3-15/4-5/4/10
Ms. Anita Dashee / Robert’s grandmother	2-28/3-30
Ms. Anne Franklin / foster parent Robert & Rose	2-12/2-23/3-15/3-19/4-4/4-10
Ms. Carol Hill / Relative (Aunt) of Ben	2-12/2-15/3-15/3-20/4-4/4-7
Mr. Jim Gooden / Police Officer	3-1
Mr. Richard Bell / Washington Middle S. Counselor (Ben)	3-20/4-8
Ms. Theresa Smith / Guidance Counselor at Bentleyville Middle School for Ben	3-15/4-10
Ms. Nancy Zilo / fourth grade Teacher for Robert	3-15/4-11
Dr. Frank Murphy / Physician for the Children	3-28
Dudley A. Watson, Psychologist	4-10 / 4-12
Sara Cisco, Try Again Homes Foster Care CW	4-10
Christina G., Bair Foundation Parenting Provider	3-17
Stacy Smith, CYS Caseworker	3-17 Im /3-22 Im /3-26 email/ 3-30 Im/ 4-7
Salley Sue, CW Supervisor	3-26 email/ 4-4 Im

BACKGROUND INFORMATION:

This family is composed of a single mother and three children. The fathers have not been involved in their lives in the past but recently there has been contact. This family has been involved on and off with CYS since 1998. At the time Ben was two years old and the family needed assistance with housing. Since 1996 to the present, the family has received general protective services on as needed basis with the primary issues being housing, food and medical care. Within the last 9 months, Kathy Price has been having issues revolving around housing and concerns about leaving her children without adult supervision. She is on probation related to her abuse of alcohol and was recently charged with theft and abandonment of her children. This arrest resulted in Kathy being charged with child abandonment and the first out-of-home placement of her children.

CASE HISTORY TIMELINE:

5/7/98	GPS report received – mother recently evicted from her home. Mother has a toddler and and child is always crying, unknown where mother and child are sleeping. CYS investigated. Mother living with a cousin, Sally Good. Mother reports father is living in Wheeling WV and they have no contact. Mother must move out by the 19 th . Safety plan put into place and Justice Works to be contacted to help mother secure housing, employment and to help with budgeting.
--------	--

5/8/98	Father of child, Ben, Jason Harris contacted. He reports living with a friend after going through D&A treatment. He has concerns about mother's mood swings and fears she may be bi-polar. He also said they used heroin together. Father was to provide a list of family members.
5/19/98	Mother moves in with relative, Wayne Good, 109 Frank Ave., Washington, PA
5/20/98	CW visits home. Family Service Plan permitting Mother and Ben to stay with Mr. Good until the 25th. JWYC will be discontinued once Mother leaves and has her own home. Mother states she only used heroin occasionally with Mr. Harris. She tested negative for all substances.
5/25/98	Mother moves into new 2 bedroom apartment. Mother reported child fell during move and bumped his head. She did call doctor and he said to monitor. CW noted the home to be safe and appropriate. Mother tested negative for all substances.
6/8/98	CW visited Mother's home and found it safe. Mother tested negative for all substances.
6/30/98	Case closed.
10/9/99	Reporting sources calls in report saying child was wandering the street and was not dressed appropriately for the weather. CW investigates and finds no cause for concern. Two adults in home report child has not left the home. Child was dressed in t-shirt and pants (no socks).
7/22/05	Mother arrested for public drunkenness and assault. Victim refused to press charges and mother received time served and fine.
12/15/06	Mother arrested for theft and possession charge. Mother sentenced to 2 years' probation.
1/9/09	Caseworker meets with Officer Hero who received a 911 call of 2 children home alone. Reporting source said children had been alone in home at least ½ hour. He reported that when he arrived in the home, Mother was sitting in her car in the driveway and her 2 children were in the home alone. Mother was sitting behind the wheel of the car and had to be woken by Officer Hero. Mother advised Officer Hero she only ran out to the car because she left her purse after getting the children inside and she must have nodded off for a minute. Children say they were not left alone. Ben old enough to protect. Case not accepted for services.
3/6/09	Officer Gooden receives a 911 call regarding 2 children wandering the streets not properly dressed. Children were picked up and taken to mother's house. When he arrived, he stated Mother was asleep in the bedroom. Mother reported she had just had dental surgery and was on medication. Caseworker verified prescription. Mother signed safety plan saying the children would stay with her sister until she was feeling better.
8/12/09	Hospital contacts CYC that child is born and concerns that mother was visibly drunk when she presented in full labor at the hospital. There are concerns regarding the potential of Fetal Alcohol Syndrome for the child although there are no visible signs of FAS though Rose's weight and height are on the lower end. The doctor did ask to perform an echocardiogram on the baby as there were some noises heard with the Stethoscope. Mother reported to Caseworker that her other two children were staying with Ms. Taylor Bore (a woman known to the agency as her children were

	also involved with the agency) then going to her cousin, Sally Wood, as soon as possible. Mother reported she had only had 4 prenatal visits while pregnant. CW visits home of Sally Wood and her daughter the boys are safe. Ms. Wood says Kathy and the children can stay with her until Kathy finds stable housing. There are no father's in the picture.
8/13/09	Mother enters into a Family Service Agreement. Children will remain in home with Mother with Sally Good will check in one time daily to see if the family needs anything. Carol Hill, mother's sister, will check in on the family one time on weekends. Mother shall refrain from drinking alcohol. Mother will attend a D&A evaluation and follow through with the recommendations. Mother will complete parenting and become educated on FAS. Rose shall attend all necessary medical appointments. The children shall be brought up to date on shots and/or wellness checks.
8/15/09	Mother calls to inform Caseworker that she has moved in with her sister, Carol Hill and her husband John as she is not able to work and cannot afford to pay for her house.
9/14/09	CW visits mother on announced visit. Mother reports tension between her and her sister and her husband and she will start a job to begin looking for a home of her own. Mother reports she does not know how to contact Ernie Price. The children and home were safe and appropriate.
10/10/09	Caseworker visits mother and the 3 children in mother's new home in Washington. The home was safe and appropriate.
11/12/09	Caseworker arrives at the home for announced visit. The children were there and the house seemed safe and appropriate. Both boys attending Washington School District.
11/28/09	Mother arrested for shoplifting baby formula. Mother was visibly impaired.
11/29/09	Police called by neighbor due to noise in downstairs apartment. Found three children home alone. CYS called and found that children had been left home alone all night and mother had been arrested.
11/29/09	Ben placed with his aunt, Carol & John Hill, Robert and Rose placed with Anne & James Franklin, non-relative foster care.
11/29/09	Mother charged with child abandonment and other charges
12/1/09	Shelter Hearing
12/10/09	Children adjudicated dependent. Mother to submit to D&A and Mental Health evaluations and follow through with recommendations; Inform CYS of her current location and maintain safe and stable housing; submit to random drug testing at the discretion of the Agency; attend NA/AA meetings and provide a sign in sheet to the Agency; engage in parenting with the Bair Foundation and follow through with all recommendations; and sign releases for information. James Harris to sign all release of information forms; have visitation upon request to the court; have a D&A evaluation and follow through with all recommendations. Ben shall attend school

12/10/09	Children adjudicated dependent. Mother to submit to D&A and Mental Health evaluations and follow through with recommendations; Inform CYS of her current location and maintain safe and stable housing; submit to random drug testing at the discretion of the Agency; attend NA/AA meetings and provide a sign in sheet to the Agency; engage in parenting with the Bair Foundation and follow through with all recommendations; and sign releases for information. James Harris to sign all release of information forms; have visitation upon request to the court; have a D&A evaluation and follow through with all recommendations. Ben shall attend school and continue with medication management for his asthma. Ernie Price to receive a psychological evaluation and follow through with all recommendations; participate in a DNA evaluation regarding his paternity of Rose; and to undergo a home study at his mother's home, once this is complete he shall have visitations in his mother's home. Robert to attend school daily and on time and receive a psychological evaluation and follow through with all recommendations. Rose shall be referred for an Early Intervention Evaluation and submit to a paternity test. Both sets of foster parents to share signatory rights with parents regarding educational and medical
----------	--

CURRENT PLACEMENT AND TREATMENT:

Child's name: Ben Harris

-Current Placement: Since his removal from Mom on 12/1/09, Ben has been living with maternal Aunt, Carol Price, her husband, John and their two children ages 12 and 6. The home is a two story farmhouse sitting on 20 acres. Ben has his own room and told this CASA he enjoys his cousins and the freedom to be outside on the farm. The home is well kept and orderly. The Price family has become a certified foster home through Try Again Homes and their foster care caseworker is Sara Cisco. Ms. Cisco reports no issues with this foster care placement.

Ben has daily chores assigned after he gets home from school and before homework time. He helps feed the animals on the farm. In the summer he will help with mowing grass and in the winter shoveling snow. He is also responsible for keeping his room clean. He receives an allowance of \$20 a week. His aunt has opened a savings account for him and asks him to save some of his money. Ben is happy to be saving his money and hopes he can help his mother in the future to pay some of her bills.

The interaction of the family members seems good. Ben appears to be close to his aunt and goes to her with problems. He plays well with his cousins.

- Placement History: Ben was placed with his Aunt Carol Price when removed from his mother. This has been his only placement.

-Education: Ben had previously been in the 8th grade in the Washington school district. He had poor attendance, having missed 10 days of the first semester. When this CASA spoke to Mr. Richard Bell, guidance counselor at Ben's previous school, he stated that 'Ben was doing poorly in school, failing 3 out of 4 classes, primarily because of truancy

issues'. He also reported that when at school Ben often appeared "unkept".

Currently Ben is enrolled in the 8th grade at Bentleyville Middle School and is doing well. His guidance counselor, Ms. Theresa Smith, stated that 'Ben's attendance has been excellent; he appears intelligent and eager to learn.' She further said he is very quiet in class and sometimes seems troubled.

Ben's current grades are as follows: English C; Algebra D; World History C; Science C; Computer Lab B; Physical Education A; Art A.

Ben is looking forward to helping out with the spring play at this school and is looking to sign up for football next fall if he is able to manage his asthma symptoms.

-Physical Wellness: Ben was diagnosed with asthma at the age 3. On 2/12/09 his aunt took him to see Dr. Frank Murphy for a health evaluation and medication for his asthma. Since that check-up Ben has been on 5mg of ADVAIR, a daily medication to manage asthma symptoms. Initially the medication made him feel 'jittery' but as the weeks have progressed on the medication that has lessened. He has not had to use his rescue inhaler and overall his asthma has improved greatly. Dr. Murphy did recommend that Ben see an asthma specialist

-Mental/Emotional Health: Currently Ben is not receiving any mental health support. His aunt told this CASA that 'Ben is very quiet, withdrawn and has trouble sleeping.' She knows he worries about his siblings and his mother.

Child's name: Robert Price

-Current Placement: Since his removal from Mom on 11/29/09, Robert has been living in foster placement with Anne and James Franklin. He is living with his sister and shares a room with another foster boy age 6. The Franklin's live in a neighborhood in the Taylorstown area of Washington County. Mr. & Mrs. Franklin have 2 adult children and grandchildren who live in the neighborhood. Robert has a hard time joining in on the activities with the other children in the neighborhood; however, Mrs. Franklin continues to encourage him to do so. The Franklins have been foster care providers through Try Again Homes for 10 years. Their Foster Care Caseworker is also Sara Cisco who reports no issues with the placement.

Mrs. Franklin reports Robert has very recently been hoarding food, is very clingy to her, wets the bed, is having difficulty sleeping, will suck his thumb when anxious and displays baby like behavior from time to time. She is concerned he displays a lot of anxiety in certain situations and has symptoms of depression.

Mrs. Price has signed Robert up for Karate Lessons which Robert said he always wanted to take. His first Karate class begins April 16th.

- Placement History: Robert was removed from his mother's home when he

was found alone with his older brother and baby sister. (Mother had been arrested and charged with child abandonment.) This has been his only placement.

-Education: Robert had previously been in the 3th grade in the Washington school district. He had been identified as possibly needing learning support as well as emotional support at school. His attendance was very poor, having missed 30 days of the first semester. This CASA spoke to Ms. Nancy Zilo, Robert's current teacher at Joe Walker Elementary in the McGuffey School District; she stated that 'Robert is really struggling in school. He is far behind academically and is very immature emotionally. He frequently acts out inappropriately, has difficulty concentrating and has trouble making friends.' An educational evaluation is being made to see if Robert may need an IEP. This evaluation will be held on May 5th.

Robert's current grades are as follows: Math F; Spelling F; Health D; Geography D; and Physical Education C.

-Physical Wellness: Robert went to a family physician for a wellness check up on March 3, 2010. He was diagnosed with enuresis and his doctor recommended he get evaluated by a mental health professional due to the issues Mrs. Franklin described.

-Mental/Emotional Health: Robert has many inappropriate behavioral issues for his age and as a result of the medical doctors' recommendations, Robert was referred to see Dr. Watson at Centerville Clinics. In Dr. Watson's evaluation dated April 10, 2010, he found the following:

Axis I: Adjustment Disorder with Mixed Anxiety and Depressive Mood F43.23
ADHD

Recommendations: That Robert participate in mobile therapy at a rate of 3 hours per week for 180 days. The MT will also provide foster mother with information on effective parenting skills. The MT will work with Robert on developing coping strategies for dealing with anxiety /stress, cope with the current separation and interactive social skills and help him process and articulate his feelings and concerns. The MT will also work with Robert to enable him to express feelings with greater verbal ability. Robert was also recommended to see his PCC regarding medication.

Dr. Murphy, Robert's, PCP, put Robert on .01 mg. Klonopin 3 x per day.

Child's name: Rose Price

-Current Placement: Since her removal from Mom on November 29, '09, Rose has been living in the foster home of Anne Franklin. The home is appropriate and safe for a baby. In fact Ms Franklin made sure she showed this CASA how 'baby proofed' the home was.

- Placement History: Rose was removed from her mother's home when she was

found alone with her older siblings. (Mother had been arrested and charged with child abandonment.) This has been Rose's only placement.

-Physical Wellness: Rose is currently 9 months old and concerns have been expressed that she might be developmentally delayed. Ms. Franklin took Rose for a 'well-baby' check-up on May 3, 2009 and she is up to date on her immunizations.

Rose participated in the court ordered Early Intervention Evaluation on 4/6/10. It was determined that a follow-up will be done at age one. Meanwhile she is eligible for a referral for tracking services and early intervention services, specifically Occupational Therapy and Physical Therapy. It is further recommended that Rose be re-evaluated for speech at 15 months of age. Information on developmental milestones was given to the foster family

Adult Profiles

Mother: Kathy Price

Family History: Ms. Price has lived in the area all her life. Her mother and father have passed away and her only family support is her sister, Carol Hill. Her father was an alcoholic and died of liver cirrhosis. Ms. Price dropped out of high school and has difficulty reading. She is currently on probation and living with a friend on her couch until she can save up enough money to get her own place back again. She works two minimum wage jobs as a cleaning woman in a hotel and a dish washer at the local Panera. She struggles financially, with transportation, as well as with sobriety. Recently she joined AA and told this CASA that she's been attending regularly. Kathy also has the support of her cousin Sally. When asked about past support from her cousin Wayne Good, Kathy reported he passed away a few years ago.

Current Diagnosis' / Parenting Challenges: Ms. Price had a recent psychological evaluation, which diagnosed her with:

- Axis I: Major Depressive Disorder, Recurrent episode, Unspecified
Generalized Anxiety Disorder
- Axis II: Personality Disorders and Mental Retardation
- Axis III: General Medical Concerns
Chronic Pain Issues
- Axis IV: Psychosocial and Environmental Problems (Stressors)
- Axis V: GAF Score, Current 43

It was recommended that Kathy attend individual therapy 2x per week. Kathy reported she would attend a partial program or group therapy. Kathy will work with her therapist w at her first individual session to develop her treatment plan for decreasing her depressive symptoms and anxiety. Kathy will also work to reduce her dependence on alcohol use.

Kathy states she has had no history of past mental illness. She has been prescribed 10 mg of Abilify, which she says is helping her. She is court ordered to have D/A tests twice a month and has tested negative on each test. She is also court ordered to visit with her children twice a week. Transportation is difficult she reports and has had to miss several visits

because she has not had transportation. Ms. Price receives no financial support from either Jason Harris or Ernie Price.

Mrs. Price stated her children are her life and she will do anything to get them back. She feels she is a good mother, but has a hard time sometimes because there are so few people who are willing to help her. She reports she is not sure when her next hearing will be for her criminal charges.

Father, Jason Harris

Family History: Mr. Harris currently lives in Erie, PA. He is married and has a new baby with his wife. He has had no contact with Ben or his mother since Ben was a year old.

He has no desire to re-establish a relationship with Ben and would even consider terminating his rights. He has a history of drug and alcohol abuse as well as a criminal history but says this is behind him now and that is where he would like Ben and his mother to stay.

Father, Ernie Price

Family History: Currently, Ernie Price lives with his mother Anita Dashee in a three bedroom home. His parents divorced and he has not had contact with his father since the divorce in 1995. Mrs. Dashee's home is very neat and has a nicely fenced in yard where Mrs. Dashee keeps her garden. Ms. Dashee is a retired nurse. Mr. Price served in the Army for 4 years. He was recently discharged from the Army for medical reasons after serving in Iraq. Mr. Price has been working at ABC Car Dealership as a mechanic for the last month. He reports having some issues with alcohol, but has been sober for the last 2 years.

Mr. Price has a brother and two sisters. He has several nieces and nephews. At one point he was estranged from his siblings, but since returning from the military, he has re-established relationships and reports being close to all his family members.

Mrs. Dashee is available to watch Robert (and/or Rose) when Mr. Price is at work.

Current Diagnosis' / Parenting Challenges: Mr. Price reports occasional occurrences of Post Traumatic Stress Disorder. He received mental health counseling through the VA in Pittsburgh as well as physical therapy for the injuries received to his leg while in the military. Mr. Price will be eligible for full medical benefits from his job in May.

VISITATIONS:

Kathy Price: The children visit with Mother twice a week at the Try Again Homes visitation home. This CASA has observed three visits and found the interaction within the family to be relatively appropriate. Robert loves his mother and siblings. He is very connected to his older brother Ben and loves to just sit by his side. Ben occasionally takes on a parental role in disciplining/caring for his younger siblings. In observing Mother's interactions with Rose, mother will hold her, but she tends to pay more attention to the boys

and doesn't interact as much as might be expected. And when Rose cries, it takes several minutes for Mom to even look at her, Ben is more immediately responsive to his little sister. Mom will play the games provided at the Visitation House with the boys and the boys enjoy this. This CASA has observed the mother asking the children about school and encouraging them to do well. At the beginning of the visits, the boys are excited to see their mother. Mom greets all three children with hugs and kisses, and it is the same at the end of visits. Visitation House notes indicate similar observations.

Mom typically brings a food and diapers to the visitation house for the children to enjoy.

Kathy Price has missed 13 out of 29 possible visits. One visit were cancelled due to health issues with the Ben. Five visits were cancelled due to the mother not having transportation. The remaining missed visits were no shows by the mother. Mother does call to talk to the boys several times a week. Foster parents report no issues after phone calls or visits.

Ms. Price has expressed concerns that Rose is no longer holding her bottle as she was when she was in her care. She has also expressed concerns regarding Rose having dried poop on her legs and butt. The FSP documented this. Ms. Price is noting concerns she has had with the cleanliness of Rose and diaper issues.

Jason Harris: Mr. Harris has no contact with Ben.

Ernie Price: To date, Mr. Price has had no contact with Robert or Rose. However, he has expressed an interest in beginning visits. Mr. Price states that neither he nor his mother have been contacted by CYS regarding the home study or with information to set up DNA testing. He has expressed a desire to have a paternity test regarding Rose to see if he is the biological father. Mrs. Dashee states she has called CYS 3 times to try and get a home study completed, but her calls go unreturned.

Sibling Visits: The children visit with each other during their supervised visits with mother. The children also have unlimited phone contact with each other. Occasionally the foster parents will work out dates for the children to get together outside the Visitation House setting.

COLLABORATIVE EFFORTS:

A Family Group Decision Making Conference is scheduled for June 1st. Kathy is very excited about the conference and is hoping this will allow her to get the children back.

WISHES OF THE CHILDREN:

Ben has expressed that he would currently like to stay with his aunt and really enjoys living in the country. Although he loves his mother, he is concerned that taking care of all of them is too hard for her. He worries about her health. He also misses his brother and sister and would like to see them more often than once a week at the visits at Try Again Homes.

Ben would like the court to know that his mother is a really good mother and she tries her best to take care of them. She has a bad back though because of the work she has done and is in pain a lot. She works really hard to make enough money to take care of their family.

Robert is excited about the possibility of spending time with his father, but he would like to be returned to his mother. He says he loves her and misses her and he cries when their visiting time is up at the visitation house. He enjoys being with the Hills, but states it is not home and he just wants to be with his mother, Ben and Rose. Robert has expressed concerns to his foster mother that he worries his mother might die. Robert does not remember much about his father, Ernie Price, but thinks it would be nice to have a dad.

Rose seems to be thriving in the care of the Franklin's. During visits with her mother, she does not seem to be overly attached to Ms. Price. She seems to have more of an attachment to her brothers and Ms. Franklin than to her mother.

ISSUES FOR THE COURTS ATTENTION:

The home study on Ms. Dashee's house is underway but not yet complete. Should the study come back positive, CY5 plans to place Robert with his father and grandmother. Mr. Price expresses some hesitation on taking Rose in unless she is his biological child. The DNA testing to determine if Mr. Price is the father has not yet occurred.

Ms. Price does not have a stable home in which to live. Although she is working two jobs, she cannot rely on a steady income (the hotel only pays for the time it takes to clean the rooms and if the hotel has only a few rooms occupied, she only works a few hours and her job at Panera is only 20 hours per week) and has no health insurance. Mrs. Price also has difficulty reading and states she needs help when filling out forms.

Kathy Price had an evaluation by Wright Psychological Services on 2/21/10. This CASA has concerns that no collateral information was given. At this evaluation, it was also noted that in her Axis II diagnosis she was diagnosed with Personality Disorders and Mental Retardation.

Mr. Price has had no visitation with Robert, but would like visitation to begin. A DNA test has not yet occurred for Mr. Price and Rose. A home study on the home of Anita Dashee has not been completed.

Robert is not doing well at school and may benefit from tutoring, Robert has an IEP meeting scheduled at school for May 5th.

RECOMMENDATIONS TO PROMOTE AND PROTECT THE BEST INTERESTS OF THE CHILDREN:

Based on my observations, interviews, visitations, a review of all pertinent records and files and my court ordered legislative mandate to advocate in the best interest of the children, I respectfully recommend the court consider the following:

1. That Ben, Robert and Rose remain adjudicated dependant.
2. That each child remain in their current placement.
3. That DNA testing be completed for Rose.
4. That a home study be completed for the home of Anita Dashsee.
5. That Rose follow through with all recommendations of her Early Intervention evaluation.
6. That Robert follow through with the recommendations of Dr. Watson at Centerville Clinics and follow through with medication management.
7. That Ben and Robert attend school daily and on time.
8. That Robert receive tutoring, and possibly be evaluated for an IEP.
9. That visitation for Kathy Price remain at the TAH Visitation House for 2 times per week for 2 hours each visit.
10. That Kathy Price receive a psychological or psychiatric evaluation with collateral information given by CYS and CASA.
11. That transportation be provided to Ms. Price if she cannot secure transportation on her own.
12. That due to Ms. Price having 6 “no show visits” that Ms. Price arrive at the Visitation House 45 minutes before the children are to be brought to the visit house.
13. That Kathy Price receive services to help her in finding housing, and other services necessary.
14. That Kathy Price continue to receive parenting instruction tailored at a level that is developmentally appropriate for her and that some of the information given to the foster parents by Early Intervention be shared with the mother and incorporated into the parenting instruction curriculum.
15. That Ms. Price follow the recommendation of her mental health provider and D&A evaluation recommendations.
16. That Ms. Price attend NA/AA Meetings and provided a sign in sheet to the Agency.
17. That Kathy Price submit to random drug testing by the Agency.
18. That Ernie Price receive parenting instruction.
19. That Ernie Price have visits with his son, Robert, one time per week for 2 hours to be supervised by the parenting provider.
20. That Mr. Harris petition the court should he desire visitation with Ben.
21. That the foster parents of the children continue to share in educational and medical signatory rights with the Agency in case the parents cannot be located. This is to include, but not limited to, authorization to consent for routine medical and dental treatment, and the authority to consent for surgery, anesthesia and all other informed consent procedures.
22. That this case be reviewed in 90 days.

Respectfully Submitted:

Norma Jackson
CASA Volunteer

Susie Que
CASA Supervisor

4/8/10

**Court Appointed Special Advocate
Report and Recommendations
Permanency Hearing
July 20, 2017
Gina Ziady, Hearing Master**

Submitted by: Carol Hathaway
CASA Appointment: January 20, 2016
CASA Supervisor: Beth Harley

IDENTIFYING INFORMATION:

CHILDREN:	DOB:	CASE # JV:
Charlie Train	5/20/17	DP 239-15
Thomas Train	9/8/15	DP 240-15

CASE HISTORY & ORDER OF EVENTS:

Charlie and Thomas Train have been in foster care since December 2015. Thomas was just 6 weeks old. Charlie was 18 months old. Charlie could not walk, he could not talk, and didn't respond to any sound stimulation. His height and weight were in a very low percentile for his age. His pediatrician initially began to test him for possible deafness. There was also early discussion with the pediatrician about his possibly needing growth hormones in the future and concern over the fact that his teeth evidenced erosion due to milk from his bottle resting on his teeth for long periods of time.

The reason the children were placed in a foster home is because their living situation with their parents was deemed by the court not to be a safe environment. The boys were being neglected. Both parents, Martha Train and Steve Rail, were using heroin. There was domestic abuse present between parents. Both parents suffered from long standing severe mental health disorders. Both parents experienced multiple psychiatric hospitalizations. Mother has had 5 hospitalizations since the end of 2014. There was abuse in their past as well as suicidal and homicidal ideation reported by both parents.

At the time of the boys being placed in foster care in 2015, Martha also had a daughter, Carly, from another relationship, who was living with a paternal aunt in New York. Carly is now 5 years old. She has multiple medical conditions that are addressed solely by her Great Aunt. There is no financial support given to this aunt for the medical care. Martha demonstrates minimal interest in her daughter and makes no effort to see her. Declining birthday invitations and opportunities when the Aunt has offered to drive from New York to Pennsylvania.

Foster Home Placement:

Charlie and Thomas have been thriving in their foster home with Beth and Seth Johnson and their 12-year-old son, Brady. Beth has a background in child development. She is currently 7 months pregnant. The home is lively. It is a language rich environment where both boys are stimulated by age appropriate activities

and toys. The Johnsons have hoped to be able to adopt the children.

Both boys are up to date with their immunizations and are carefully followed by their pediatrician and dentist. Thomas is meeting all milestones and Charlie's development has improved greatly. Deafness was ruled out as Charlie's lack of response to sounds. Once in an environment where his needs were met he began to respond appropriately to auditory stimulation.

His height and weight are still below average, but the Dr. has ruled out the need for growth hormones. Proper dental care and fluoride has helped the concern over his teeth.

EDUCATION:

Charlie and Thomas were evaluated by Washington County for eligibility for Early Intervention for special education services. Thomas did not demonstrate a need for services. He will continue to be monitored.

Charlie is currently receiving Early Intervention Services through Washington County IU at the birth parents' home. He has been receiving weekly services in the areas of cognitive development, speech and language, and adaptive behaviors. His expressive language skills are significantly below average and he demonstrates impulsive/willful negative behaviors.

His teacher (Laura Ingalls) from the Early Intervention Program states that he is improving. When she goes to the house, Birth Mother joins in the session. Birth mother is attentive and encouraging. Birth Father comes in and out but does not participate. If Charlie goes to daycare, these special education services can continue at the day care. Ms. Ingalls states that Charlie's speech is still difficult to understand. She believes he would benefit from being around other children as role models.

Visitations:

Both parents are employed. My understanding is father works 2-3 days during the week and graveyard shift (10PM – 6AM) on weekends at a convenience store. Mother works on weekends. Father has changed jobs again since the last court date.

The children go to their birth parents home on Sunday evening and stay until Wednesday evening. They return to the foster home Wednesday night to sleep only. Then they leave at 8:00 AM on Thursday to go their birth parents' home from 9-5. They return to the foster home to spend Thursday night at the foster home and all day/night Friday and all day/night Saturday.

The home is reported to be neat with child friendly toys. There recently was an incident of flea infestation discovered after Thomas was repeatedly treated by a dermatologist for suspicious bites. The family has 2 cats that have free access to the children's bedroom.

Visitation reports were submitted by 2 Justice Works staff members. They have no concerns.

MEDICAL:

When there are doctor appointments, which heretofore are all arranged by the foster mother, the birth mother usually attends. When the father did attend he remained outside and did not participate.

Following Thomas being treated for flea bites, he was also recently treated for another suspicious condition. The Dermatologist stated she could not rule out hookworm. Although she said it is rare and he would only get it from direct contact, on his skin, with cat feces. The mark was on his chest. He is currently being treated with an antibiotic ointment for that suspicious area.

Adult Profiles:

Martha Train

CASA OBSERVATIONS OF MOTHER:

Martha has made significant progress. She attends her therapies and has maintained her job. I believe she has benefitted from all the various therapies and assistance from CYS. The attention she has received from these professional adults has helped her to gain confidence. She seems to rely heavily on them to make decisions for her and to dictate to her the proper choices she should be making. Frequently she will mention to Foster Mother that she is doing something because her CYS caseworker, Jordan Mace, “Told me I had to do it.”

I note that Martha has begun to speak in a louder voice to her children. Up until recently one could barely hear when she spoke to them.

Dr. Smith performed a psychiatric evaluation in September 2016 and diagnosed mother with the following:

1. Major depression with psychotic features in partial remission
2. History of post-partum depression
3. Marijuana, alcohol, and opiate abuse in remission
4. Social anxiety disorder
5. Post-traumatic stress disorder
6. Current GAF: 50

Dr. Rosenblum completed a Psychological evaluation of Mother on October 5, 2017. This is the 3rd time he has evaluated Martha in 1.5 years. In this recent report, he recently recommended that she complete her PCIT program. He notes he is “impressed by her progress” but that she “remains very soft spoken and lacking in enthusiasm.” Martha reported to Dr. R that she is “taking Neurontin for mood swings.”

Martha remains the legal guardian of her 5 year old daughter, Carly, who has lived in New York with a Paternal Great-Aunt since she was a baby. Initially the court required sibling visits between Carly and her brothers. The foster mother and paternal aunt, Betsy Allen, would travel between New York and Pennsylvania to arrange these visits. However, there were no visits between Carly and her birth mother. It was reported that Martha does not visit her daughter and seldom inquiries about her welfare. Carly has multiple medical concerns that are addressed solely by the aunt. Martha did not acknowledge Carly’s birthday in February. The paternal Aunt has been responsible for all of Carly’s care with no interest or support (financial or otherwise) from her mother. She states that Carly asks about her mother and is confused and hurt that she doesn’t see or hear from her.

Betsy informed Martha of her plan to file for custody. She told her that she filed the court papers in February 2017. Reportedly, Martha agreed to relinquish custody of Carly. Betsy agreed to allow Martha visitation rights. The court date in New York regarding this disposition is October 31, 2017. Martha has not seen Carly but one time in 2 years. On that one occasion, she was to attend Carly’s dance competition. Martha arrived late and missed the dance competition.

In September 2017, when Martha got the notice of the court date, she called Betsy and said the information describing Martha “as having had a history of drug use” was all lies. She stated that only Steve used drugs, but she never did. Betsy reminded Martha that she was present in Washington Co. Court when Martha’s history of drug use was discussed. Martha stated that the CYS caseworker was lying that day. She maintained she never used drugs. Only Steve used drugs.

Since Betsy has filed for custody, Martha has sent her 2 checks for \$60.00. She does call more frequently to speak to Carly. She recently requested that Carly come to her home during the week for a sleepover with the boys, but Betsy reminded her that Carly is in school, now, and cannot go away during the week.

Betsy reports that she doubts Martha will be in court on October 31st because Martha has already called and asked if she could participate by phone. Martha has not retained an attorney for this court hearing where Betsy is asking for full custody of her daughter.

Steve Rail:

CASA OBSERVATIONS OF FATHER:

Steve has been inconsistent in his level of cooperation with the services ordered by the court. A psychiatric evaluation was recommended following a psychiatric hospitalization in January 2016 for homicidal and suicidal ideation.

Dr. Smith performed a psychiatric evaluation in September, 2016. Dr. Smith described him as having “adequate insight but poor judgement.” He was diagnosed with the following:

1. Opiate use disorder
2. Alcohol use disorder
3. Adjustment disorder with anxious mood
4. History of ADHD
5. history of marijuana use disorder
6. Current GAF: 50

Steve has changed his mental health provider multiple times. I have learned that the contact between CYS and the MH provider at SPSHS is random and inconsistent, so Steve can go or not go to his therapies without any consequences.

He has falsely claimed to Martha that he was discharged due to the progress he was making. In reality, he went from scheduling appointments once a week, to once every 2 weeks, to once every 3 weeks, and then simply stopped going.

Steve also changed his Drug and Alcohol counselors frequently. As of May 2017 his D&A counselor from Turning Point had not seen him since January 2017. She reported this to CYS. Yet CYS requested that she provide an update for the March court report. She explained again, that she had not seen Steve since January. Steve continued to test positive for opiates multiple times in the last year. He is currently is supposed to be seeing a counselor at Allied Addiction Recovery where he is supplied Suboxone, but I was unable to get information from them. The only date we have a confirmation of his attending there is 6/9/17.

Steve has also changed his job again in recent months. He reported to CASA that he works the graveyard shift at a convenience store. He stated, “That’s when the drug addicts come in.” He also commented that he sees, now, “what losers they are.”

Dr. Rosenblum conducted a psychological evaluation of father on October 5, 2017.

Father has been evaluated three times by Dr. Rosenblum during the last 1.5 years. He has not followed many of Dr. Rosenblum’s recommendations.

In Dr. Rosenblum’s October 5, 2017 report, he stated that “Steve seemed restless and preoccupied.” He also said, “I believe Steve will be challenged in terms of caring for the boys on a full-time basis” and “his patience at times seems to be limited.” He said, “In my clinical opinion, Steve continues to present as high-

strung, restless, and at times unsettled and emotionally dissatisfied with his life.” He also remarked, “I did not observe him to really seem stated that he is working at a convenience store, but that he is looking to go to school. Rather surprisingly, Steve also stated to Dr. Rosenblum that, “Washington County D&A may help him go to school or even get training as a Drug and Alcohol counselor.”

CONCLUSION:

We are in the 22nd month of these children being placed in foster care. Charlie is 3 years 3 months and Thomas is 2 years old.

This case is complicated by the fact that the birth mother is working hard to make progress although she still has significant weaknesses. The birth father, on the other hand, is at times, uncooperative, noncompliant, inconsistent, unpredictable, arrogant, and deceitful.

There is no recent information regarding Mother hearing voices or trying to harm herself as she did in the past. I am unclear as to whether or not she still has serious mental health issues or if she requires medication to address them. In my experience, they don’t just go away. I am confused by her seemingly disinterest in her 5 yr. old daughter and her reported agreement to not attend the October 30, 2017 court date and to simply give up custody of her daughter.

Dr. Rosenblum states that Martha requires additional parenting skill training.

In light of Father’s repeated relapses, his erratic behavior in front of the children, his frequent appearance of being removed from interactions with the children, more information is needed regarding father’s consistently and successfully addressing the issues of anger, drug use, and mental health.

Father struggles with telling the truth and accurately representing himself. At times he is disengaged and unresponsive. Even when he is being observed/evaluated by professionals he makes little effort to demonstrate his ability to care for the children. I question if father is ready, willing, or able to consistently provide for these children.

Dr. Rosenblum indicated his “lack of confidence in Steve’ ability to sustain progress with his recovery goals and his ability to maintain needed stability in his personal life and adjustment at this time.”

Father’s commitment to his recovery is hampered by his attitude that he doesn’t need to follow the court’s recommendations. He doesn’t see the need for therapeutic intervention so he just doesn’t schedule appointments. He has endured absolutely no negative consequences for failing to do so. Who can blame him? He is consistently recorded on CYS documentation as “making substantial improvement” although he has not adhered to the court orders.

Father clearly states that he knows all that he needs to know. He failed to attend the required MH counseling and D&A counseling and continued to test positive for opiates yet the hours for visitation were steadily increased at each hearing, and now CYS plans to return the children to their home.

Unfortunately, in my opinion, the system has failed him by not keeping track of what he was supposed to be doing. His disregard for what he was ordered to do and his subsequent lack of cooperation fell through the cracks. He is behaving exactly as one would expect an addict to behave. The agencies responsible for helping him have not only turned a blind eye to his lack of cooperation and appropriate planning for returning the children to his home, they have in effect told him this lack of improvement and cooperation was acceptable by rewarding him increased visitation at each and every court hearing.

When another representative from CASA visited the house on October 10, 2017, she reported that, “Steve never popped his head in, nor ever came into the room to speak to anyone who came into the home.”

On that particular day, the speech therapist came and 2 different caseworkers from Justice Works came, in addition to the CASA. Steve never spoke to any of them. He kept his back to them when his was in the next room and never acknowledged them.

When the teacher from the Early Intervention Program comes to the house, she reported that only mother participates, Steve is in and out, but does not interact with her or Charlie while she is there.

CYS hopes that Mother will supervise Father and if he were to behave inappropriately or be suspected of using drugs, Mother would report father. I have not observed any indication that Mother is capable of assuming that role.

Dr. Rosenblum states, “There is something about Steve’ personality and past pattern of behavior that makes this evaluator concerned with a pattern of self-defeating behavior on his part.” He further states, “In my clinical opinion, there are still questions about Steve’ long term commitment to recovery, and his ability to remain drug free on a continuing basis.” In another report, Dr. Rosenblum stated, “Steve seems to shoot himself in the foot and engage periodically in behavior that sets him back and calls into question his ability to sustain a more mature and responsible pattern of behavior over an extended period of time.”

Steve reported to another CASA on 9-6-17: “We hope to get Carly back from New York soon.” Even though Carly’s mother, Martha, had already agreed in February 2017 to relinquish full custody to a paternal aunt.

Steve also stated to that CASA that they “speak to Carly daily and sometimes more frequently.” Both of these statements were reported on October 12, 2017, to be untrue by Carly’s aunt and caretaker who is seeking full custody.

I attempted to gain corroboration for Steve’s claim that his “D&A counselor is going to help him to get training to be a D&A counselor” but never got a return call.

Issues for the Court’s Attention:

1. Although CYS and Justice Works visit the home, they consistently report there are no problems. Neither of them appeared to note or mention the flea infestation or the visible flea bites on Thomas. Both parents were also being bitten by the fleas and had visible marks. Only after the Foster Mother took Thomas to multiple doctor’s appointments, requiring 3 different medications, and insisted that they get an exterminator, did Martha and Steve address the problem.
2. The flea infestation has, presumably, been eradicated, but there is still concern about the fact that Thomas is being treated for a scratch on his chest that the Dermatologist indicated may possibly be hookworm which can only be transmitted by direct contact with cat feces.
3. Steve did not see his D&A counselor at all between January and May 12th. He only sporadically saw his Mental Health Counselor during those 4 months. Yet the same March report to the court described him as making “substantial progress”. Now, the September 27, 2017 report from CYS states “full compliance” and “full progress.” How can that be? Those services were court ordered and he totally blew them off. Seemingly nobody was monitoring his attendance. One therapist reported there was no communication with CYS and the other reported that CYS was informed multiple times that he was not attending. There was no consequence for his failure to attend his therapies. June 9, 2017 is the only date we have confirmation of Steve going to Allied Addiction Center. The issue remains that the updates being provided to the court with regard to Steve’s cooperation and progress are simply not an accurate representation of what has really taken place.

4. Upon seeing the court report in New York for giving up custody of her daughter, Martha reportedly denied her use of heroin which has been clearly authenticated throughout these proceedings and for which she has received treatment.
5. On the days of court hearings in Washington County, although both the foster parents and both the birth parents are present, it is noted that when the children need attention, it is the foster parents who provide it. The foster parents come prepared and they possess a deeper understanding on the personality traits, toileting needs, feeding schedule, and how to keep the children entertained for many hours. Even if the Foster parents attempt to place the children with their birth parents, the children become fussy and the birth parents actually give them back to the foster parents. This behavior is also evident when the children are taken to doctors' offices. The foster mother brings snacks and toys and reminds the children of how they should behave. The birth parents remain aloof and unengaged.
6. Birth mother is still struggling with her parenting skills. She reports that Charlie is having temper tantrums at her house. Foster mother has tried to school birth mother on the efficacy of providing "time out" sessions, but birth mother seemingly didn't grasp the point of time out. She stated, "But Charlie doesn't like them."
7. Since the increase in visitations, Charlie's negative behaviors have increased. He is being defiant, throwing himself on the floor, and hitting his brother. He is biting his nails and chewing his skin. This may be a reaction to the stress and upheaval in his life going from one home to another.
8. Within recent weeks Birth mother reported using various medications for various reasons.
 - On September 6, 2017, she told a CASA that she was prescribed an antidepressant called Neurontin for severe headaches.
 - On October 5, 2017, Mother told Dr. Rosenblum she takes Neurontin for mood swings.
 - On October 10, 2017, mother reported to another CASA that she takes Nortriptyline for migraine headaches.

Her drug tests have been clean, but are they checking to see if any of these medications are being used inappropriately? Are both prescriptions given to her by the same doctor? Is she even clear as to what she is using and for what reason the medication is prescribed?

9. Foster mother mentioned that she sends new clothes and new shoes with the children. However, there are times when the birth parents do not dress the children appropriately.
 - At a recent Dr. Appointment, mother brought the children and met foster mother there. The boys were not washed. Their faces were dirty. Their hair was dirty and not combed. They were not wearing clothes that fit them. In fact, it appeared they were wearing each other's clothes. Charlie, who wears a 3T size, had on a 2T. Thomas, who wears a 2T, had on a 3T. Thomas was not wearing shoes.
 - On another recent occasion, both boys returned from their visit with their birth parents wearing "onesies". It is clearly not appropriate for either child to be wearing infant attire that snaps at the crotch. Charlie, who is already toilet trained and wears a size 3T and Thomas who wears a size 2T.
 - On still another recent occasion, Charlie was wearing shoes that were 2 sizes too big and a shirt that was 2 sizes too big.
Foster mother provides appropriate clothing and shoes for the children, but the birth parents are

using different clothes from what is provided.

10. Steve's commitment to recovery has been sporadic. He appears to have an unrealistic view of addiction and the requirements for recovery. He refuses to attend NA meetings. He recently remarked to a CASA that he sees a lot of drug addicts at his job. He described them as losers. He is currently using Suboxone. Yet, he reported, unrealistically, that he may soon be getting training to be a drug and alcohol counselor and that his own D&A counselor is helping him to accomplish that.
11. Throughout Dr. Rosenblum's report, he clearly indicates his concerns stating, "In my clinical opinion, there are still questions about Steve's long-term commitment to recovery, and his ability to remain drug-free on a continuing basis."
12. Dr. Rosenblum recommends that parents require in-home services if the children are returned home "to ensure that the parents are capable of addressing the boys' needs on a day-in, day-out basis"
13. Dr. Rosenblum recommends appropriate resources for the boys upon their return. He asks for a referral to a family support center.
14. Dr. Rosenblum recommends continued D&A treatment, and mental health counselling for both parents.
15. Dr. Rosenblum recommends continued PCIT training for mother with Charlie and to initiate PCIT training for father with Thomas.
16. Dr. Rosenblum is clear, and I agree, that efforts should be made to minimize the boys from "experiencing a sudden and total loss of their relationship with the foster family.....parent figures whom they have established extremely strong attachments."
17. The Foster parents are requesting, and I support, that they should be allowed continued visits with the boys.

Respectfully Submitted by Carol Hathaway, CASA Volunteer
CASA Supervisor: Beth Harley
July 14, 2017

Updated Spring 2018