

# Declaration of a grandmother

I, Judy Lowe, declare and affirm and would so testify if called as a witness:

1. I am the grandmother and legal guardian of a thirteen year-old boy, whom I will call "Charlie." After Charlie was born in 1991, his mother took care of him. Charlie's father and mother split up before Charlie was born and his father hasn't seen him since Charlie was six months old. Charlie's mother was a drug addict and terrible to him as a toddler. Charlie was physically and sexually abused by his mother who often left him in the care of other drug addicts for days at a time. During one of his mother's prolonged absences, I rescued Charlie at age 17 months and was granted legal guardianship by the probate court. He calls me "mom" and I am the only mother he has ever known. I love my grandson with all my heart and I would do anything in the world for him. He is a good boy who loves swimming, riding his bike and going to the movies. I know that he loves me, but so many terrible things have happened to him that he acts out and gets in trouble.

2. Charlie really suffered from the way he was abused as an infant and he had problems at a very early age. By the time he was five, he had to be hospitalized several times for mental health treatment. I knew that I needed help in caring for him, but there were not any services available to me. In 1997, when Charlie was in the hospital again, I called the county foster care agency, the Department of Children's Services (DCS), to tell them that I could not take care of Charlie on my own. This was a heartbreaking decision for me, but I was hopeful that Charlie would get appropriate treatment and might return home to me soon.

3. In March 1997, the Juvenile Court made Charlie a dependent and ordered his placement in foster care. For the next year, Charlie bounced back and forth from foster home to foster home, back to my home and then to another foster home. With each move, he got worse until he ended up in a residential treatment center called Child Help West. He continued to get worse at Child Help West and I became more vocal with my complaints to DCS about problems I saw there. Charlie left Child Help West in 2000, only to bounce around to more psychiatric hospitals and residential treatment centers. Now, he has been placed at Metropolitan State Hospital (Metro), which is the very worst place of all.

4. When I first called the county foster care agency in 1997, I thought they would know what to do for Charlie. However, Charlie never got the services that were right for him. When DCS first got involved in Charlie's case, they did not coordinate any mental health or special educational services for him to help him come home to me, or even to help him succeed in the many foster homes they put him in.

5. Starting in 1998 until the middle of 2004, DCS put Charlie in a series of residential treatment centers with lots of children with behavior problems. I begged DCS to give Charlie services that would help him come home to live with me, but the more I complained, the more DCS pushed me to the sidelines to watch Charlie suffer emotionally from the effects of frequent changes in residence, caregiver staff, schools, clinical staff, teachers, friends and DCS social workers. I felt

that DCS was upset with me for my refusal to accept that Charlie was better off locked up, and further that they were punishing me for allowing Charlie to dream of living with a family he could call his own. There was no consistent team of professionals following Charlie from placement to placement and no one who wanted to listen to me even though I was the only person who Charlie would listen to because he knew that I would never abandon him.

6. Charlie does better when he and I can have regular and close contact. Even when Charlie was at Child Help West and other group homes, I was happy that Charlie was able to have limited unsupervised off-grounds day and overnight visits and noticed his behavior to be much better leading up to and during his visits. We would go together to the movies, restaurants and swap meets. Even though these visits were brief, it filled my heart with joy to see Charlie be able to swim, ride his bike and live carefree as kids his age should be allowed to do. Throughout Charlie's ordeal in foster and group home care, the one thing that he could always count on was that I would be there for him no matter what he did or said. Instead of viewing this as something positive, DCS always treated the mutual dedication Charlie and I have for one another as something negative that should not be encouraged.

7. I believe that Charlie has been caught in a vicious cycle for the last seven years. Since 1998, even though Charlie has never been charged with a crime, he has been locked up and treated like a criminal for doing things that he just couldn't help himself from doing. At the same time, both DCS and the professional caregivers that DCS has been paying to help Charlie get better, insist on putting Charlie in group home after group home where he has called me on many occasions sobbing, telling me how depressed and scared he was after being physically assaulted and sexually victimized by staff or peers. In these places, my poor grandson is regularly physically restrained, forced to take medications with harsh side effects, and repeatedly told that he will be punished and denied simple childhood pleasures such as going to the park or the swap meet, and other things we used to love to do together.

8. Now I know what would have helped: wraparound services. I learned about wraparound in 2000, when I met Connie Burgess. Connie was a consultant that Protection and Advocacy, Inc. (PAI) had arranged to help me and Charlie. During this time, I was very unhappy about the poor care that Charlie was receiving at the Child Help West group home and I tried to arrange for him to come back home to me or instead to a well-trained foster care home who would not give up on Charlie as so many others have done before. At the same time, Connie, in combination with PAI and Charlie's dependency attorney, helped arrange a special evaluation of Charlie through the Juvenile Court by Dr. Richard Eck. This doctor recommended that Charlie receive wraparound services provided in a small foster home setting where I could interact with Charlie, participate in treatment, and learn to develop strategies to help him learn more appropriate social behavior and control in a more natural environment.

9. After the independent evaluation by Doctor Eck, DCS agreed to give Charlie wraparound services, but it never really happened. Charlie continued to bounce from placement to placement for the next four years, some more and others less restrictive. Whenever Charlie got close to getting ready for discharge, something would happen and he would be sent to another more restrictive place. It's almost as if he is afraid to succeed and self sabotages himself because deep in his heart he is scared of what it would be like to live without the fences, walls and other

barriers that have surrounded him since he was seven years old. Charlie's short life has also been a sad story of rejection, leading him to expect that people and privileges he cares about will be taken away from him at some point, making him lose his will to try. From what I understand of wraparound, the wrap team would be able to deal with this, even if DCS could not.

10. In the end, DCS did not follow Doctor Eck's recommendations because they did not have an appropriate foster home provider who had a higher degree of knowledge, experience and technical support and wraparound services in working with children similar to Charlie. Instead, Charlie was abruptly taken from a group home called Silverlake Youth Services in the fall of 2004 and placed in Shandin Hills Adolescent Center (Shandin Hills), a very expensive, locked, sub-acute mental health rehabilitation center for adolescents licensed by California Department of Mental Health. Shandin Hills was a nightmare for Charlie who was regularly physically restrained, strapped to a bed, and chemically restrained by injected medications. Instead of using Charlie's unique needs and strengths as a way of reaching out to him, Shandin Hills staff told me not to visit Charlie for two weeks while Charlie adjusted to the program, the worst possible thing to do to my grandson. There were times that I would visit Charlie at Shandin Hills where I was allowed to see him only long enough to give him a hug and kiss, and tell him that I loved him. Charlie predictably became even more defiant and aggressive, refusing to participate in therapy or school and requiring regular physical and chemical restraints to protect himself and others around him.

11. In late 2004, the Juvenile court ordered Charlie to be placed at Metro, which is the very worst place of all for him. Metro is so far from my home that I cannot visit Charlie very often, which really upsets us both. Since I do not own a car and use a wheelchair, I must rely on public transportation to get me to and from Metro, a trip that takes me two hours one-way on weekdays and four hours one-way on weekends, with multiple train and bus transfers involved. My only income is social security, so that alone is a big expense for me. To try to keep in touch, I started buying telephone cards to deliver to Charlie; he used these to call me every day from Metro until I noticed that Charlie was using his cards faster than I could afford to replace them. I learned that other kids on his residence unit had been stealing Charlie's telephone cards so Charlie now has to call me daily as a collect call, something that further limits his only contact with the outside world

12. Charlie reports to me that conditions at Metro are terrible. He says that it is dirty, that he has fleabites all over and that he is afraid of being injured by other, larger boys there. When I have seen him, he has bruises all over his body. Also, he does not have any warm clothes or clothes that fit him and has been without glasses he needs to read since arriving at Metro in October 2004. I use my social security money to send him "care packages" every week with food and clothing. He is so scared that he uses the food from my care packages as "protection money" to another boy to keep threatening kids away. To make matters even worse, Charlie's weight at Metro has gone way up because he doesn't get enough exercise there so Metro told me that I can't even send him his favorite candy and snacks in his care packages like I used to do.

13. Charlie tells me that he is living in hell. I am determined not let Charlie believe that I will ever give up on him no matter what personal sacrifices are involved. I tell him not to lose hope because I will never give up trying to get him out.

14. I know from experience that Charlie is not going to get better at Metro. He never does well in places like Child Help West, Shandin Hills or Metro which are very restrictive, rule-oriented, and restrict Charlie's interaction with me. Treatment and attention at these institutional settings occurs when the facility's schedule calls for it or after a child has an explosive outburst. However, Charlie's emotional and treatment needs are not tuned to a rigid schedule and therefore I am not surprised that Charlie does not get better in these restrictive settings. Charlie needs to feel loved all the time and he needs to know that he will consistently get treatment when he needs it whether a schedule calls for it or not. Every passing day at Metro will make it harder for him to successfully transition back into the community.

15. I have experienced first-hand the last eight years of Charlie's excruciating heartache, and I still believe that I could have kept Charlie stable at home with me starting with Charlie's first acute psychiatric hospitalization in 1995 if he had been provided with very intensive wraparound services. From what I understand of wraparound services, they are provided in just the unconditional manner that Charlie needs to avoid further rejection and disappointment. Charlie needs mental health services and professionals who will not look at him and only see severe behaviors, but who will instead see my Charlie as the little lost boy who I rescued as a toddler and not forget that he has infinite potential and love that is worth saving.

16. If DCS thought that I couldn't care for him, at least they should have tried more intensive foster care. Anyone could tell you that Charlie always needed more than a regular foster home. I now know about something called therapeutic foster care, which is like a real family but with only one child and specially trained foster parents. That would have made a big difference for Charlie and could still help him now. If Charlie were in a therapeutic foster care home, then I could visit him and act like a real grandmother by helping Charlie develop into a young adult instead of the unnatural experience of visiting him in sterile rooms hidden behind high fences and locked doors.

17. In 1997 when I first called DCS to ask for help, I now believe that therapeutic foster care and wraparound could have saved Charlie from a lost childhood scarred by bad experiences and rejection from foster care providers, group home providers, schools, treatment providers and hospitals. Without the combination of wraparound and therapeutic foster care becoming available, Charlie has little hope of not repeating his sad past while I wait and fight for a brighter future.

I declare under penalty of perjury under the Laws of California that the foregoing is true and correct to the best of my knowledge and belief. Executed this April 13, 2005 in Norwalk, California.

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K.M.