

# Rebecca Rader

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Tax Exempt Status **YES**

Service Area **Bonsall De Luz Fallbrook Rainbow**

Will no less than 80% of the program recipients live within the communities of Fallbrook, Rainbow, Bonsall or De Luz? **YES**

Collaborative/Joint Application **NO**

### Organization Information


Legal Name DBA (if Applicable)  
Voices for Children N/A

### Contact Information


Contact Name Title  
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Organization Physical Address **9370 Chesapeake Drive  
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### Board of Directors

 **VFC Board Member List FY 2023-24.pdf**  
68.13 KB

### Financial Documents - Audit

 **Voices for Children - Audited Financial Stat....pdf**  
1.31 MB

Financial Documents - P&L and Balance Sheet



December 2023 VFC financial statements.pdf

2.78 MB

Financial Documents - 990



VOICES FOR CHILDREN IRS 990- 6.30.22 ....pdf

521.16 KB

Organization's Mission Statement

Voices for Children transforms the lives of abused, abandoned, or neglected children by providing them with trained, volunteer Court Appointed Special Advocates (CASAs).

Organization's Vision Statement

Voices for Children believes that every child deserves a safe and permanent home and, to that end, will provide a trained CASA volunteer to every abused, abandoned, or neglected child who needs one, and advocate to improve the lives of children in the foster care system.

Organization History & Accomplishments

Voices for Children's (VFC) work began in 1980 to help children in foster care experience better home placements and more positive life outcomes. We adopted the emerging CASA model, first developed in Seattle in 1977, in which highly trained, supervised community volunteers, called CASAs, are matched with individual children in foster care to advocate for their best interests. VFC CASAs have helped San Diego County judges make well-informed decisions by providing critical information about children for 43 years and, in the past five years, achieved several noteworthy accomplishments.

We have been implementing our strategic plan since June 2021 which focuses on the following five priorities: investing in children; valuing and investing in our CASAs and staff; inspiring and mobilizing communities; aligning resources to drive impact and sustainability; and living our values of integrity, gratitude, and a commitment to diversity, equity, and inclusion.

During the COVID-19 pandemic, VFC provided uninterrupted advocacy for youth by embracing technology in new ways that have enhanced the accessibility and quality of our services.

In 2022, VFC earned the Innovative Inclusion Tier of Recognition, the highest honor granted by All Children—All Families, a project of the Human Rights Campaign Foundation. The All Children—All Families project promotes LGBTQ-inclusive practices among child welfare agencies.

In 2023, VFC launched a stipend program for staff members with demonstrated high-proficiency in the Spanish language to enhance our ability support families and volunteers. VFC also has access to Language Line, which provides translation

services 24/7 for 290 languages.

VFC established its first funding relationships with regional healthcare districts; first, with Desert Healthcare District followed by Grossmont Healthcare District. We are grateful for their investment in the health needs of children in foster care and the opportunity to connect with community resources addressing critical health needs in our local community.

Program Name/Title

Court Appointed Special Advocate (CASA) Program

Brief Program Description

VFC fills a critical gap in the foster care system by providing children with CASA volunteers who serve one family at a time and learn the child’s needs, identify beneficial services and resources, and advocate for them by providing comprehensive reports to the court and real-time updates to social workers.

Is this a new initiative/service or established program within your organization?

Established Program

Did this program receive FRHD CHC - Grant funding last funding cycle (FY 23.24).

NO

Describe the impact of the program to date. Briefly explain how the service/intervention has worked - include cumulative metrics from the Q1 and Q2 Impact reports.

VFC’s CASA program has served 1091 San Diego County children in foster care so far in Fiscal Year 2023-24, including 24 children from Fallbrook, De Luz, Rainbow, and Bonsall. The program’s impact could endure for generations, enhancing communities and mitigating Adverse Childhood Experiences (ACEs).

ACES can lead to long-term health effects such as chronic illness, anxiety, and mood disorders. Research from the Harvard Center for the Developing Child suggests that the negative impact of ACEs can be mitigated through supportive responsive relationships with consistent caring adults, enabling children to maintain resilience in the face of adversity. CASAs build trust and develop strong caring relationships with the child they serve providing a stable protective relationship for the child.

CASAs provide advocacy to ensure children receive appropriate services and interventions. These services can address the impact of the ACEs children have already endured helping to overcome adversity and thrive. CASAs also ensure access to family preservation services like family counseling, parent classes, and substance abuse treatment. These services address the public health crises that are often the cause or consequences of involvement with the foster care system and support family reunification. CASAs are often positive role models for children and parents which may help break intergenerational cycles of neglect and abuse. This can be beneficial in addressing ACEs for the entire family.

The program also produces tangible benefits for our selfless volunteers. CASAs gain personal growth, empathy, and a sense of satisfaction for making a difference in the lives of vulnerable children.

Funding Amount Being Requested

15000

Program Information - Type

Ongoing

Projected number of residents that will directly benefit (participant/client) from this program. **18**

Target Population - Age

	Percent of program participants	Estimated number of participants
Children (infants to 12)	<b>53</b>	<b>10</b>
Young Adults (13-17)	<b>36</b>	<b>6</b>
Adults (18-60)	<b>11</b>	<b>2</b>
Seniors (60+)	<b>0</b>	<b>0</b>
We do not collect this data (indicate with 100%)*		

Target Population not collected - Age **NA**

Target Population - Gender

	Percent of program participants
Female	<b>50</b>
Male	<b>48</b>
Non-binary	<b>2</b>
Unknown*	

\*Target Population - Gender **NA**

Target Population - Income Level

	Percent of program participants
Extremely Low-Income Limits, ceiling of \$32,100	
Very Low (50%) Income Limits, ceiling of \$53,500	
Low (80%) Income Limits, ceiling of \$85,600	<b>100</b>
Higher Than Listed Limits	
We do not collect this data (indicate with 100%)*	

\*Target Population - Income Level **NA**

What language(s) can this program accommodate:

English

Spanish

Tagalog

Chinese (Mandarin/Cantonese)

What demographic group does this program predominately serve:

Youth - other setting

Program/Services Description - Social Determinants of Health

Education Access & Quality (Early Childhood Education and Development, Enrollment in Higher Education, High School Graduation, Language and Literacy)

Healthcare Access & Quality (Access to Health Care, Access to Primary Care, Health Literacy)

Social Determinants of Health - Education Access and Quality

Recognizing education’s pivotal role in shaping overall health outcomes, VFC’s CASA program addresses the SDOH related to education access and quality. Heightened educational achievement is linked to improved employment prospects, reduced homelessness, and lower incarceration rates, all contributing significantly to better health. Yet, only 54% of youth graduate high school within four years, compared to 83% of their peers, and only 4% of former foster youth obtain a college degree by age 26, compared to 36% of the general population (Educational Results Partnership and California College Pathways, 2019).

VFC specifically addresses educational access and quality by increasing access to quality academic supportive services for children in foster care through CASA advocacy. CASAs communicate with educators, attend school conferences and individualized education program (IEP) meetings, and monitor the child’s academic performance and behavior. Many are appointed to hold educational rights for children lacking, other responsible adult in their lives. They facilitate tutoring, special education, and enrichment activities, guide college applications, and aid in financial aid processes CASAs help younger children access developmental services and early childhood education programs.

Studies demonstrate the effectiveness of CASA programs in improving education outcomes. Children in foster care with a CASA are more likely than those without a CASA to excel academically and behaviorally as measured by whether they passed all of their classes, if they were expelled, and their conduct performance (Child Welfare, 2009). The CASA program addresses immediate educational needs and contributes to long-term positive health outcomes for the youth in foster care.

Social Determinants of Health - Healthcare Access and Quality

Healthcare access and quality are critical SDOH, particularly impactful for children and youth in foster care are twice as likely as are their peers to have mental and physical health challenges, including developmental delays, anxiety, depression, asthma, obesity, and vision problems.

The CASA program addresses healthcare access and quality by ensuring children in foster care have consistent access to mental and physical healthcare services. CASAs communicate with caregivers, medical providers, monitor children’s health needs, medications, and referrals, preventing oversight during placement changes. CASAs identify delays or barriers to primary, specialty, and mental health care reporting to the social worker and the court while collaborating with professionals to find solutions. CASAs advocate for and facilitate access to specialized services tailored to the unique needs of each child, including mental health counseling, therapy services, developmental screenings, and interventions for chronic health conditions.

Illustrating support for medically complex youth, CASA Tara met Michael shortly after he entered into foster care due to abuse and drug use at home.

Michael faced challenges undergoing surgeries for spina bifida and club foot, eventually finding freedom in extended foster care. He encountered difficulties in college and job searches. Encouraged by CASA Tara, Michael persists in college classes and receives collaborative support for resources. As Michael approaches his 21st birthday and the conclusion of extended foster care, CASA Tara is exploring housing options for him and aids him in self-advocacy. Determined to work with children, Michael is enrolled in child development classes while working as an educational aide.

#### Statement of Need/Problem

An estimated 50 children from within the Fallbrook Regional Health District spend time in the San Diego County foster care system annually due to neglect or abuse from those adults entrusted with their care. Once in foster care, children experience additional trauma as a result of being separated from their family and siblings, living with strangers, and not knowing when or if they will ever be reconnected with their family.

Key reasons children enter foster care (abuse, neglect, and the exposure toxic stress that results when children's parents experience incarceration, untreated mental health needs, and substance use disorders) lead to Adverse Childhood Experiences (ACEs). Research dating to the late 1990s has taught us that ACEs are associated with leading causes of death in the United States including heart disease, diabetes, stroke, and even suicide (California Surgeon General's Office). These dire outcomes can be mitigated. Research suggests that social support and equitable access to essential services will strengthen children and families that have had experience with the child welfare system. According to Youth.gov, "Permanent relationships with positive adults are a powerful protective factor against negative outcomes and can provide critical support to youth as they transition to adulthood." CASA volunteers help children achieve better outcomes.

VFC's CASA program is unique in that it helps children access the crucial services they need while providing a one-on-one relationship with an adult who ensures their needs are not overlooked amid the overburdened foster care system. Juvenile court judges are responsible for major decisions in the lives of children in foster care. Decisions like where they will live, the services they can access, and all of their medical and educational needs. Juvenile court judges must make critical decisions with the information that they are presented. Child welfare professionals are frequently pulled away to address some of the most pressing and emergent needs of children such as mental health crisis or housing emergencies leaving details such as math tutoring or sibling visits for the next day or person. Children in foster care need more attention from one consistent adult who is aware of their needs and also has an understanding of the foster care system, like a CASA.

The following story demonstrates the impact CASAs can have: CASA Fran's work supporting seven-year-old Ava is a great example. Ava had a severe speech impediment that made her shy and quiet. The only thing Ava said during their first visit was "yes" when Fran asked if Ava wanted her to come back again. Ava talked a little more on their second visit, but it was still tough to understand her. Fran worked with the caregiver to set up speech therapy and now Ava speaks beautifully. She is still reticent at school but opens up when she spends one-on-one time with Fran. Ava has started singing for Fran and is expressing an interest in participating in the school play. Fran is helping her overcome her shyness and fostering this newfound interest in theater by helping her practice for auditions.

#### How are other organizations addressing this need in the community?

VFC is the only organization authorized by the San Diego Superior Court to provide CASAs to children in foster care in the county. However, there are many educational, physical and mental health, and housing programs that offer services to children in foster care. Unfortunately, barriers such as enrollment processes, fees, scheduling challenges, and lack of transportation can make it difficult for children to access these services.

CASAs provide children and their caregivers with system navigation support, helping them gain information and access to beneficial community services. CASAs support children to participate in counseling services through Palomar Family Counseling Service, academic support services through Fallbrook Union Elementary/High School Districts and Bonsall Unified School District, housing services and local supervised independent living programs (SILPs). CASAs also link youth with enrichment activities in their community, such as equine therapy, library programs, parks, and fairs and festivals.

Program/Services Description -  
Program Entry & Follow Up

Children enter the program through referrals. VFC receives referrals of clients/children from juvenile court judges, social workers, children's attorneys, or the child themselves. Additionally, VFC has a staff member, a Case Liaison, stationed in each of the five dependency court rooms that listens to each case presented before the judge. Case Liaisons make direct referrals to VFC for a child to be added to the waitlist for a CASA. Once a child is referred for CASA services, VFC matches a child or sibling group with a CASA volunteer. Each CASA then learns about their child's case and works closely with a VFC staff Advocacy Supervisor to create an advocacy plan to address a child's needs. CASAs attend family team meetings, meetings with social workers, school and teacher meetings, and they communicate with all professionals on a child's case including health professionals. CASAs form a camaraderie with the child to whom they are assigned and share information gleaned with judges, social workers, healthcare providers, educators, etc. to ensure the child is linked to the appropriate services.

VFC oversees the advocacy CASAs provide continuously and follows up every six months with a formal report. Every six months for as long as a child is in foster care, a child's CASA works with their VFC staff Advocacy Supervisor to review a child's progress on their advocacy plan and create a detailed court report that includes information about a child's progress, current status, and recommendations, including recommendations for referrals to service partners. This report is also used internally to assess how a child is progressing on their advocacy plan, and what additional supports they will need as the case progresses toward their court-determined permanent plan of reunification, adoption, legal guardianship, or long-term foster care.

Program/Services Description -  
Program Activities

VFC's CASA program will provide children in foster care in Fallbrook, Bonsall, Rainbow, and De Luz with advocates who will address their physical, mental, and behavioral health needs. CASAs commit to serving for 10-15 hours a month for at least 18 months. They have individual visits with a child and gather information from a child's caregivers, teachers, mental and physical health providers, and child welfare team. When a CASA identifies unmet needs, they then advocate on a child's behalf in court, in schools, in healthcare settings, and the community. Every six months, CASAs attend court and submit a comprehensive written report about the child's status. Judges rely on these reports to make informed decisions about a child's case.

Each child's case is unique. However, there are commonalities in CASA advocacy. For example, CASAs advocate for youth to stay connected with family members. CASAs facilitate visits between siblings who are placed apart. CASAs also provide mental and physical health advocacy. They communicate with medical providers, monitor a child's health needs, medications, and referrals, and prevent needs from being overlooked when children change placements. CASAs provide educational advocacy by communicating with teachers and other educators. They attend school conferences and individualized education program (IEP) and assist youth to access support such as tutoring and special education. CASAs help youth plan for the future by helping to create resumes, identify job opportunities, complete applications, and develop interview skills. CASAs advocate for youth to have stable home placements. CASAs visit children in their home placements to observe whether a placement is meeting their needs. When children change placements, CASAs provide them a sense of consistency.

Sometimes, the best way to demonstrate the impact a CASA can have is through a story: Fifteen-year-old Elias has been in and out of the foster care system ever since he was a toddler. He re-entered the foster care system after suffering physical abuse and neglect at the hands of his parents, which has led to significant mental health challenges, including depression and anxiety. CASA Christina was paired with Elias, who, despite initial distrust of adults, developed a strong bond with her. Frequent placements have caused delays in Elias's access to essential services. Recently, Elias changed placements twice within a five-week period and lost access to the therapist with whom he had been working for over a year. Christina submitted a court report outlining Elias's unaddressed health and behavioral health needs, including a reminder that Elias's former therapist recommended he undergo a medication evaluation with a psychiatrist based on some emerging psychological symptoms she had observed. Christina also reminded the team that Elias's nose cauterization had been delayed two times due to home placement changes, and she recommended that he be screened by an optometrist. After the court hearing, Elias's attorney reached out to Christina to thank her for the critical information she had provided. Elias has an upcoming appointment with a psychiatrist. If it were not for Christina's advocacy, Elias may have gone without access to critical services.

#### Program Goal

The goal of VFC's CASA program in the Fallbrook Regional Healthcare district is to provide CASA advocacy to 18 children in foster care from the Fallbrook, Bonsall, De Luz, and Rainbow communities in fiscal year (FY) 2024-2025. The requested funding will support CASA advocacy for six of the 18 children we expect to serve in the Fallbrook Regional Health District. CASA volunteers will ensure that the physical, mental, and behavioral health needs of these 18 children in foster care from the area are addressed by advocating on their behalf in court, at school, in healthcare settings, at home, and in the community.

#### Program Objectives & Measurable Outcomes

The goal of the project will be to provide CASA advocacy services to 18 children in foster care from the Fallbrook Regional Healthcare District and monitor the cases of the children in the Fallbrook Regional Healthcare District who do not require CASA advocacy. To achieve this goal, VFC will accomplish the following objectives in FY 2024-25:

Objective one: By June 30, 2025, VFC will match 18 children from the Fallbrook Regional Health District with CASAs who will advocate on their behalf. At least 18 children will receive individualized advocacy from a CASA. This will be measured through an order from the court documenting the assignment of each CASA to the case of a child from the Fallbrook Regional Health District. VFC will track our progress by uploading court documentation of CASA assignments to each child's case profile in CASA Manager, our database system.

Objective two: By June 30, 2025, VFC will recruit and train 18 new CASA Volunteers. At least 18 prospective CASAs will complete Advocate University, VFC's CASA training program. This will be measured through internal volunteer records, which will document completion of training requirements. VFC will track each CASA trainee's progress in CASA Manager. Each prospective trainee is required to attend a CASA volunteer information session and complete an initial interview prior to enrollment in Advocate University. During Advocate University, trainees complete 35 hours of coursework, two additional interviews, a courtroom observation, and homework.

Objective three: By June 30, 2025, VFC will provide Juvenile Court judges with comprehensive reports at each regularly scheduled hearing, typically held every six months, on behalf of CASA-served children in foster care. At least 18 court reports will be submitted to judges on behalf of children in foster care, enabling judges to make more informed decisions about the children and their needs. This will be measured through the San Diego County Juvenile Electronic Library System (JELS), the program that court reports are submitted



through. CASAs will provide their VFC Advocacy Supervisors with monthly case updates, including information about the services provided to each child, observations from their monthly visits, and information shared by caregivers, teachers, health providers, and child welfare professionals. Every six months, CASAs will work with their Advocacy Supervisors to create court reports that will be submitted to the Court electronically through JELS.

VFC measures the impact of our program in two ways. We measure the number of children matched with CASA volunteers because each child matched will benefit from a relationship with a consistent and caring adult.

We also assess our program's individual impact on children in foster care through the court report process, a six-month cycle of information gathering and case planning that concludes with the submission of a comprehensive, written report. The court report helps Juvenile Court judges make well-informed decisions about each child's case and also provides VFC with an internal means of monitoring and assessing each child's progress on their path toward safety, stability, and well-being.

A court report serves several important functions. It serves as a roadmap that guides CASAs as they gather information about a child's situation. It documents a child's progress over time. It is an advocacy tool that alerts a child's judge, attorney, and social worker with timely information about a child's most urgent needs. It has a humanizing impact that provides the Court with a whole-child perspective on the child for whom they are making life-altering decisions.

To illustrate the impact that a CASA can have, we provide the following success stories of Emmett and siblings Marcus and Ami.

Emmett was born with significant health issues due to prenatal drug and alcohol exposure. He entered foster care at that time and spent six months in the hospital before placement with a relative caregiver. CASA Laurel was matched with Emmett while he was still in the hospital, where she learned about his health concerns and quickly became the person who knew the most about his health and developmental challenges. She formed a strong bond with Emmett and his caregivers through regular visits and appointments. Laurel provided invaluable support, offering weekly phone calls and sourcing community resources, including a bounce house to aid Emmett's motor skills while safely exhausting his energy. As it became evident that reunification was not possible, Emmett's relatives expressed interest in adoption. Laurel joined the family to commemorate the closing of Emmett's adoption when he was two years old. CASA Laurel maintains a relationship with Emmett and his family, celebrating the big wins and offering consistent love and encouragement.

CASA Cassie was recently assigned to a brother and sister, Marcus and Ami, who desperately wanted to go home to their mother. CASA Cassie agreed that this was ultimately in the children's best interest and was determined to do whatever she could to help. The children's mother, a product of the foster care system herself, had had Marcus when she was just 16 and was unsupported and unprepared for adult life as a parent. As the family cycled through five different social workers, CASA Cassie became the most consistent person on the case. She was the single mother's biggest supporter and kept the family going when challenges arose. She advocated that the young mother be able to take parenting classes and be given resources to help her find better employment. She identified funding for public transportation so the young mother could make court appointments, apply for jobs, and do grocery shopping. CASA Cassie knew that contact with their mother was essential for the siblings' emotional health and helped transport the children to frequent visits with their mother, too. Marcus and Ami's mother said many times that without CASA Cassie, they would have lost hope long ago. CASA Cassie was elated when the case closed in a happy family reunification.

Organization Collaborations

VFC and our primary partner, the San Diego County Juvenile Court, have maintained a collaborative relationship since VFC’s inception. VFC’s CEO and Chief Program Officer meets regularly with Presiding Judge España to optimize our partnership on behalf of children in foster care. VFC staff are stationed in each of the Juvenile Court’s five dependency courtrooms daily where they receive referrals for children in need of advocacy from judges, attorneys, and social workers.

VFC collaborates with the Health and Human Services Agency (HHSA), which manages the foster care system in San Diego County, Children’s Legal Services (CLS), which provides attorneys to youth in foster care, and Rady Children’s Hospital. VFC communicates with HHSA social workers daily to coordinate care for the youth we serve. VFC updates CLS attorneys about a child’s case and alerts them whenever a situation threatens a child’s safety or legal rights. VFC collaborates with various Rady Children’s Hospital programs, most notably its Developmental Screening & Enhancement Program (DSEP). For each child in foster care ages 0–5, DSEP staff complete a developmental screening and create an individual care plan (ICP) that includes referrals for services such as speech therapy, behavioral therapy, and early childhood education. The ICP is shared with VFC staff members, who help the child’s family members and caregivers access services.

VFC participates in various multi-agency collaborative efforts. VFC’s Chief Program Officer sits on the San Diego County Child and Family Strengthening Advisory Board, which advises the Board of Supervisors on child welfare matters. AVFC staff member attends weekly meetings of the Child Protection Team, a multi-disciplinary, multi-agency team comprised of law enforcement, health professionals, and child welfare professionals that reviews the cases of suspected victims of abuse and neglect. By participating in these meetings, VFC can identify priority cases before children enter foster care.

Anticipated Acknowledgment

Social Media Postings

Print Materials to Service Recipients

Website Display

Anticipated Acknowledgment

VFC recognizes donors through blog posts, social media, and in future grant applications to demonstrate community support for our program. We engage with over 15,000 individuals across various social media platforms, including 10,000 followers on Facebook, 4,687 followers on LinkedIn, 3,199 followers on Instagram, and 1,905 followers on X (formerly Twitter).

VFC staff always appreciate the opportunity to publicly thank our funders and inform our followers about our funding sources. We also send information to an additional 11,000 supporters via email. Funders are also invited to attend our events where they are given additional exposure.

VFC will also recognize the Fallbrook Regional Healthcare District in our annual Impact Report, which is printed and sent to more than 400 individuals and organizations each year. A link to the online version of the Impact Report, which is located on our website, is sent to our 11,000 supporters via email. We are also open to new ideas about how we might creatively and effectively highlight a grant from the Fallbrook Regional Health District.

Funding History

NO

Program Budget



VFC San Diego County Budget FY23-24.pdf  
83.11 KB

Terms and Conditions

Accepted

Authorized Signature

A handwritten signature in black ink that reads "Rebecca Pader". The signature is written in a cursive style with a large initial 'R'.