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REPORT ON THE STATE'S ROLE  
IN FOSTER CARE IN CALIFORNIA

JANUARY 1974

# Joint Legislative Audit Committee

GOVERNMENT CODE: SECTIONS 10500-10505

## California Legislature

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February 4, 1974

The Honorable President of the Senate  
The Honorable Speaker of the Assembly  
The Honorable Members of the Senate and the  
Assembly of the Legislature of California

Members:

Transmitted herewith is the Auditor General's report on foster care in California. The report covers the Aid to Families with Dependent Children-Boarding Homes and Institutions (AFDC-BHI) program costing \$108 million per year.

Foster care is administered by county welfare departments under the supervision of the Health Protection Systems unit of the State Department of Health.

The stated objective of the foster care program is to provide 24-hour care in licensed facilities for children under 18 years of age who cannot remain in their own homes. A primary goal is to return the child to his natural parents. This is not always possible. A secondary goal of providing a stable environment outside of the child's own home by adoption should be established.

During 1972-73, 31,299 children were in the AFDC-BHI foster care program. This represents a 120 percent increase over the 14,200 children in the program in 1961-62. Completed adoptions declined from 11,447 in 1968-69 to 5,495 in 1972-73, even though requests to adopt children have continued at a rate of about 30,000 per year.

Based upon foster care cases reviewed, approximately 8,000 children under age six are not likely to be reunited with their natural parents. These children are potentially adoptable. The average

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cost per child in foster care is \$294 a month. The present annual cost of maintaining these children is \$29 million. The report recommends that the Department of Health revise the adoptions caseload standards to allow adoption workers sufficient time to work with foster children and their foster parents toward potential adoptive placements.

The difficulty in obtaining court relinquishments is the major obstacle in freeing foster children from the custody and control of their natural parents in order that such children can be adopted. If adequate legal aid is not available through county counsel to process freedom from custody and control cases, adoption departments should be able to secure legal services from other sources. The report recommends that the Department of Health require county adoptions bureaus to secure sufficient legal staff to process freedom of foster children from custody and control of their natural parents in an expeditious manner in those instances where courts have determined that the natural parents cannot provide adequate parental care. Implementation of this recommendation would require legislation.

The state does not require the counties to report pertinent statistical data, such as duration of placement, health of the child who is in placement, or reasons for placement. As a result, the information necessary to measure program effectiveness is not available. It is recommended that the Department of Health develop an information system to collect pertinent statistics on foster children.

With only three full-time consultants assigned to monitor the counties' AFDC-BHI foster care program. The state lacks the necessary staff to adequately monitor foster care to assure compliance with state regulations. This insufficient supervision of the counties results in variations and inequities in foster care practices throughout the state. It is recommended that the Department of Health allocate additional staff not to exceed 12 to monitor compliance of state regulations by county welfare departments and implement an information system as recommended above.

Children entering foster care today are reported to be generally older and have more emotional problems than ever before. At the same time, the turnover rate of foster parents is increasing. A foster parent training program could assist both present and prospective foster parents to understand the special needs of foster children and the methods of responding to these needs. The Department of Health should develop and implement a training program for foster parents.

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There are no state criteria to justify the substantial variations that exist in caseload standards which individual county welfare departments have adopted. The average number of cases supervised by social workers varied between counties from 25 to 68 cases per caseworker. It is recommended that the Department of Health establish criteria to measure foster care caseloads uniformly on a statewide basis and develop a recommended statewide foster care caseload standard accordingly.

There is no uniform statewide foster family home rate schedule nor criteria to justify the existing difference. Family foster care rates are set by county boards of supervisors and vary by as much as 63 percent among the counties. Santa Clara County supervisors provide \$98 per month while Marin County provides \$160. The Department of Health should develop a uniform foster family home rate schedule, making allowances for special needs.

Sincerely,



VINCENT THOMAS, Chairman  
Joint Legislative Audit Committee

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SUMMARY OF FINDINGS AND RECOMMENDATIONS

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COUNTY ADOPTION WORKERS HAVE INSUFFICIENT TIME TO WORK TOWARD ADOPTIVE PLACEMENTS OF FOSTER CHILDREN. ADOPTION OF POTENTIALLY ADOPTIVE FOSTER CHILDREN NOT LIKELY TO BE REUNITED WITH THEIR NATURAL PARENTS COULD RESULT IN AN ESTIMATED LONG-TERM ANNUAL SAVINGS OF \$29 MILLION

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Some of the children placed in foster homes are potential candidates for the state adoption program. The number of children in the AFDC-BHI program has increased over 120 percent in the last decade while the number of adoptions has dropped by 50 percent since 1969.

Based upon our review of cases, we estimate that approximately 8,000 children in California are not likely to be reunited with their natural parents and are, or were in the recent past, potentially adoptable. This group of children represents 26.6 percent of the foster care caseload. The average cost per child in foster care is \$294 a month. The present annual cost of maintaining these children is \$29 million.

We recommend that the Department of Health revise the adoptions caseload standard to allow adoption workers sufficient time to work with foster children and their foster parents toward potential adoptive placements.

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INSUFFICIENT LEGAL STAFF IS ALLOTTED TO ADOPTIONS DEPARTMENTS FOR LEGAL SERVICES WITH THE RESULT THAT COURT RELINQUISHMENTS ARE DELAYED AND THE NUMBER OF ADOPTIONS IS REDUCED

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The low priority given to adoptions work results in delays in processing freedom from custody and control cases which in turn reduces the number of foster children who are adopted. If adequate legal staff is not available through county counsel to process freedom from custody and control cases, adoption departments should be able to secure legal services from other sources.

We recommend that county adoption departments be furnished sufficient legal staff to process cases of freedom of foster children from custody and control of their natural parents expeditiously when the department determines a court relinquishment likely. Mandatory implementation of this recommendation would require legislation.

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LACK OF STATEWIDE PERTINENT STATISTICS

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The state does not require the counties to report pertinent statistical data, such as duration of placement, health of the child who is in placement, or reasons for placement. As a result, the information necessary to measure program effectiveness is not available.

We recommend that the Department of Health develop an information system to collect pertinent statistics on foster children.

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LACK OF STAFF TO ADEQUATELY MONITOR \$108 MILLION  
AID TO FAMILIES WITH DEPENDENT CHILDREN - BOARDING  
HOMES AND INSTITUTIONS (AFDC-BHI) PROGRAM

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With only three full-time consultants assigned to monitor the counties' AFDC-BHI foster care program, the state lacks the necessary staff to adequately monitor foster care to assure compliance with state regulations. This insufficient supervision of the counties results in variations and inequities in foster care practices throughout the state.

We recommend that the Department of Health allocate additional staff to monitor compliance of state regulations by county welfare departments and implement the previously recommended information system. In our opinion, the additional staff required should not exceed 12 new positions.

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LACK OF TRAINING OF FOSTER PARENTS  
RESULTS IN A HIGH TURNOVER OF FOSTER HOMES

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Children entering foster care today are reported to be generally older and have more emotional problems than ever before. At the same time, the turnover rate of foster parents is increasing. A foster parent training program could assist both present and prospective foster parents to understand the special needs of foster children and the methods of responding to these needs.

We recommend that the Department of Health develop and implement a training program for foster parents.

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THERE ARE NO STATE CRITERIA TO JUSTIFY  
THE SUBSTANTIAL VARIATIONS THAT EXIST  
IN CASELOAD STANDARDS WHICH INDIVIDUAL  
COUNTY WELFARE DEPARTMENTS HAVE ADOPTED

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Our review disclosed that the average number of cases supervised by social workers varied between counties from 25 to 68 cases per caseworker.

We recommend that the Department of Health establish criteria to measure foster care caseloads uniformly on a statewide basis and develop a recommended statewide foster care caseload standard accordingly.

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THERE IS NO UNIFORM STATEWIDE FOSTER FAMILY  
HOME RATE SCHEDULE NOR CRITERIA TO JUSTIFY  
THE EXISTING DIFFERENCES

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Family foster care rates are set by county boards of supervisors and vary by as much as 63 percent among the counties.

We recommend that the Department of Health develop a uniform foster family home rate schedule, making allowances for special needs.

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INTRODUCTION

Pursuant to a legislative request, this report is the second report on foster care in California.

This review considers only the Aid to Families with Dependent Children-Boarding Homes and Institutions (AFDC-BHI) foster care program which is administered by county welfare departments or is financed by the county welfare department, but administered by county probation departments. This program is one of several state and county programs referred to as "foster care". It is designed to provide 24-hour, out-of-home care to children, usually under the age of 18, whose natural parents are unable to provide such care. A primary goal is to return the child to his natural parents. The annual program cost, including maintenance and estimated administrative overhead and services costs is \$108 million.

On July 1, 1973, the State Departments of Mental Hygiene (SDMH) and Public Health (SDPH) and the Social Services Division of the State Department of Social Welfare (SDSW) were consolidated within the new Department of Health. Foster care supervision is now the responsibility of Health Protection Systems, an organizational unit of the Department of Health.

This report addresses itself to the problem of the lack of state direction in foster care. If foster care is to serve the best interests of the child, it must provide that child with a stable placement - either through

working to reunite the child with his natural parents or, if this is not possible, providing a stable foster care placement.

Another means of providing the child with a stable placement is through adoption. Recent legislation, as well as the administrative and legislative changes we are recommending in this report, can facilitate the adoption of foster children who cannot be reunited with their families. Department of Health administrators also agree that adoptions usually will provide more emotional security to a child than foster care can.

Our studies indicate potential long-term savings of up to \$29 million if state adoption workers are provided with sufficient time to work with potentially adoptive foster children not likely to be reunited with their natural parents so that more adoptions could be effected. Some of those savings will have to be reabsorbed into the program to pay for court relinquishments. A better coordination between foster care and adoptions will mean a better chance for foster children to find a permanent home as well as a substantial savings in the cost of the program.

The Department of Health has informed us of their intention to establish a task force for conducting a comprehensive review of foster care. The task force will begin its work on February 4, 1974 and has a target date of April 1, 1974 for a report of preliminary findings. No target date for final recommendations has been announced.

Our fieldwork has included interviews with federal, state and county officials involved in the administration of foster care and a statistical survey of 317 case records from the following six counties:

Office of the Auditor General

	Number Of Case Files Reviewed	Total AFDC-BHI Caseload <sup>1/</sup>	County AFDC-BHI Cases As A Percent Of Total State BHI Cases <sup>1/</sup>	County's 1972 Population As A Percent Of Total State Population <sup>2/</sup>
Los Angeles	169	13,180	42.7%	34.0%
Monterey	20	219	.7	1.2
Orange	29	721	2.3	7.6
Riverside	28	797	2.6	2.4
San Diego	28	1,635	5.3	7.1
San Francisco	<u>43</u>	<u>2,024</u>	<u>6.5</u>	<u>3.3</u>
Total Sample	<u>317</u>	<u>18,576</u>	<u>60.1%</u>	<u>55.6%</u>

<sup>1/</sup> Public Welfare in California, June 1973.

<sup>2/</sup> Department of Finance population estimates for 1972.

FINDINGS

LACK OF STATEWIDE  
PERTINENT STATISTICS

The State Department of Social Welfare in its Regulation 10-211 requires that county welfare directors provide "an effective and objective means of regularly evaluating the results of the county's public social services programs".

Presently, the only information collected about the AFDC-BHI foster care program is the number of children receiving AFDC-BHI payments and their amount of aid. The state does not require the counties to supply other statistical information.

In our judgment, additional information is needed in order to evaluate program effectiveness. The following facts developed from our sample of 317 cases in six counties illustrate the kind of data that should be but is not now available through the department's information system. Sample information is reported in the Introduction. This data was projected to each county's total caseload and the individual county totals were added to produce a weighted six-county average. This weighted average has been used throughout this report wherever data from the sample is used.

- Over 22 percent of the children in our projected sample were placed in four or more foster homes or institutions during their stay in the foster care program. (See Table 1 below.)

Table 1

Number of Placements Per Child  
 In the AFDC-BHI Foster Care Program  
 Six-County Sample Projected  
June 1973

<u>Number of Placements</u>	<u>Number Of Children</u>	<u>Percent Of Total Children</u>
One	7,811	42.0%
Two	4,797	25.8
Three	1,796	9.7
Four or more	<u>4,172</u>	<u>22.5</u>
Total	<u>18,576</u> <sup>1/</sup>	<u>100.0%</u>

<sup>1/</sup> The projected population was based on a sample of 317 cases in Los Angeles, Monterey, Orange, Riverside, San Diego, and San Francisco counties for the month of June 1973.

In one of the cases in our sample, the number of placements per child reached 15. In another case, a child remained in the foster care program for 11 years and was moved 10 times during that time. She was placed in six foster family homes, in two homes of non-needy relatives, in another home licensed by the Department of Mental Hygiene and in one institutional facility licensed by SDSW. This child eventually left the foster care program and entered the AFDC Family Group (FG) program when she became an unwed mother. The cost of placing this child ranged from \$48 per month in the relatives' home to \$850 per month in the institutional facility licensed by SDSW.

- Approximately 25 percent of the children in our projected sample were reported in the case file as being either mentally ill, retarded, or physically handicapped. (See Table 2 below.)

Table 2

Health Status of Children  
 In Foster Homes  
 Six-County Sample Projected  
June 1973

	<u>Number Of Children</u>	<u>Percent Of Total Children</u>
No health problem reported	14,011	75.4%
Children having serious mental or physical handicaps <u>1/</u>	<u>4,565</u>	<u>24.6</u>
Six-county total	<u>18,576</u> <u>2/</u>	<u>100.0%</u>

1/ Some counties include medical verification of the child's health in the child's case record; other counties include only the caseworker's description of the child's health.

2/ The projected population was based on a sample of 317 cases in Los Angeles, Monterey, Orange, Riverside, San Diego, and San Francisco counties for the month of June 1973.

The significant percentage of mentally and physically handicapped children raises the question of whether the AFDC-BHI foster care program is a catchall for children who have nowhere else to go.

- Approximately 68 percent of the children in our projected sample remained in the program for two or more years. (See Table 3 below.)

Table 3

Length of Time a Child Remains  
In the AFDC-BHI Foster Care Program  
Six-County Comparison  
Projected Caseload  
June 1973

	<u>Number of Children</u>		
	<u>Under Two Years</u>	<u>Two Years And Over</u>	<u>Total Caseload</u>
Los Angeles	3,900	9,280	13,180
Monterey	88	131	219
Orange	397	324	721
Riverside	484	313	797
San Diego	642	993	1,635
San Francisco	<u>518</u>	<u>1,506</u>	<u>2,024</u>
 Total Number Of Children	 <u>6,029</u>	 <u>12,547</u>	 <u>18,576</u>
 Percent Of Total Children	 <u>32.5%</u>	 <u>67.5%</u>	 <u>100.0%</u>

The finding in our six-county sample in California is similar to a finding of a New York City foster care study, "The Exit of Children From Foster Care: An Interim Research Report". That study concluded that "The major exodus out of care occurs during the first year after entry, when three out of 10 children leave. Thereafter there is a rapid decline in the number of children discharged, so that at the end of 3½ years it has become only a modest outflow and most of the children then in care seem destined to spend their remaining years of childhood as foster children".

One of the principal aims of the foster care program as it is administered in California is to work towards the child's return to his natural parents. This philosophy is formally set forth in SDSW Regulation 30-309 which provides in part that:

"It is the county's responsibility to...provide services (i.e., counseling, homemaker, day care, etc.), to improve conditions in the child's own home aimed at: ...Preventing the need for placement (or) the early return of the child to his own home when placement is necessary".

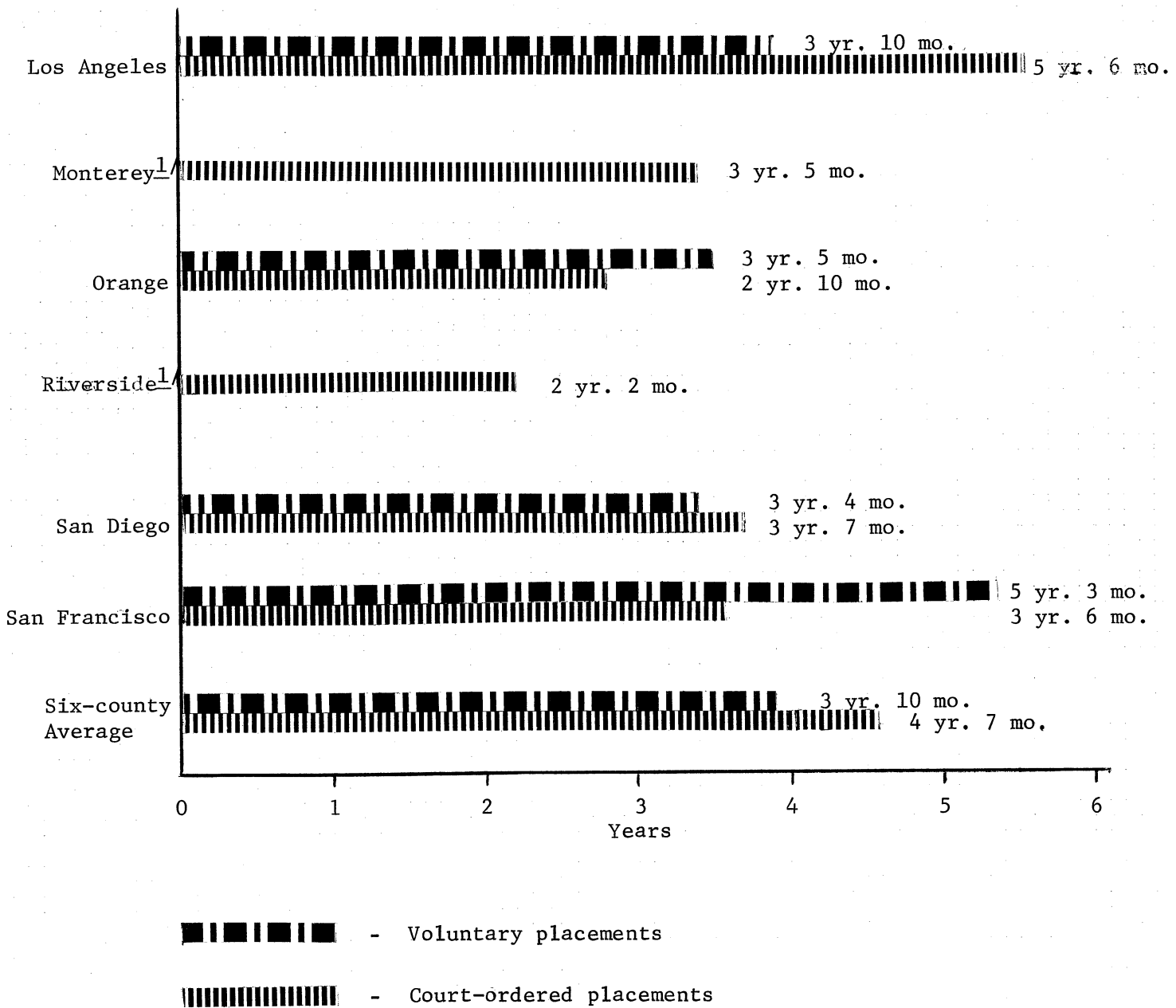
Interviews with child placement workers indicate that the children who have remained in foster care more than two years are likely to remain in foster care until they emancipate from the program and are, therefore, released from parental custody.

- Based on the average of our six-county sample, children who are voluntarily placed into foster care by their parents remain in foster care nearly as long as the children who enter the system through the court process. (See Table 4 below.)



Table 4

Average Length of Time Spent in Foster Care  
 For Voluntary and Court-Ordered Placements  
Six-County Comparison, June 1973



<sup>1/</sup> County practice in Monterey and Riverside counties is to obtain court-orders for all children who remain in foster care for more than six months.

In our study, length of stay of court-ordered placements averaged four years and seven months while voluntary placements averaged three years and ten months.

Some children may be voluntarily placed in out-of-home care as a temporary solution to a family crisis, but in some instances, this becomes a continuing situation of indefinite duration.

A typical example of a long-term voluntary placement is a case where a mother brings her mentally retarded child to the county welfare office. The child requires constant attention and the mother must work to support herself and her other children; the father is absent from the household. The mother's visits with her placed child become less frequent as time passes, and the child usually remains in the program until he becomes 18 or is placed in some other publicly funded facility.

Some counties maintain few voluntary placements while others have a high percentage. County practice in Monterey and Riverside counties is to obtain court orders for all children who remain in foster care for more than six months.

The similarity of the length of stay suggests the need for an examination of the comparative advantages of the two approaches to placement.

- About 43 percent of the children in our projected sample enter the program at 12 years old or greater. (See Table 5 below.)

Table 5

Age of Child Entering the AFDC-BHI  
Foster Care Program  
Six-County Sample Projected  
June 1973

<u>Child's Age</u>	<u>Number Of Children</u>	<u>Percent Of Total Children</u>
Under two years old	529	2.8%
Ages two to four	2,794	15.1
Ages five to seven	2,511	13.5
Ages eight to eleven	4,816	25.9
Twelve years old or greater	<u>7,926</u>	<u>42.7</u>
Totals	<u>18,576</u> <sup>1/</sup>	<u>100.0%</u>

<sup>1/</sup> The projected population was based on a sample of 317 cases in Los Angeles, Monterey, Orange, Riverside, San Diego, and San Francisco counties for the month of June 1973.

County licensing staff indicated that older children are the most difficult to place in foster homes and institutions.

These statistics on foster children from our survey underscore the need for a statewide data collection system. In our judgment, a data collection system is needed to follow a child while he remains in the foster care program and also as he moves from one county or state-operated program to another. Data which should be held confidential could be used:

- To identify the placement which would best suit the individual needs of the foster child.
- To plan and control cases

- To prepare reliable and prompt reports for federal, state and county officials
- To develop performance criteria for county systems
- To identify adoptive children at an early age
- To measure effectiveness of achieving goals.

RECOMMENDATION

We recommend that the Department of Health develop an information system to collect pertinent statistics on foster children.

We suggest that this statewide information system include the following:

- The number of children in 24-hour, out-of-home care for all state programs responsible for providing foster care.
- The length of time that a child remains in foster care.
- The number of times a child is moved from one home or institution to another.
- The number of children moved from the foster care program supervised by county welfare departments to the:
  - County probation department
  - Department of Youth Authority
  - Other public assistance programs
  - Other county welfare or probation departments.
- The number of times a child has been returned to his parents and subsequently re-entered a foster care program.

- The initial reason why the child is in the program and the reasons for subsequent re-entries into the system.
- The number of siblings of the child in placement and their current status.
- The number of children who have severe mental or physical defects.
- The amount of education the child has received and his grade level.
- The payee and rate of payment.
- The types of services that are being provided to the foster child.
- The age of the children entering the foster care program.

LACK OF STAFF TO ADEQUATELY MONITOR  
\$108 MILLION AID TO FAMILIES WITH DEPENDENT  
CHILDREN-BOARDING HOMES AND INSTITUTIONS  
(AFDC-BHI) PROGRAM

The state has allocated only three full-time consultants to monitor the \$108 million per year AFDC-BHI program. The third consultant was not hired by the department until October 1973. These consultants have visited only 12 of the 58 counties during the last 24 months.

Even such visits as are made by the consultants are not as effective as they could be. For example, copies of the findings and recommendations resulting from these county program reviews are not returned to the counties for follow-up action, although they are discussed during an exit interview.

The State Social Welfare Board in a September 1972 report recommended various methods for improving services to children in out-of-home care. Of the 38 recommendations made by the board, 13 were already incorporated in existing state regulations. A follow-up study released by SDSW in October 1972 stated that "apparently in the seven study counties, at least, the regulations were ignored in whole or in part".

Insufficient supervision of the counties results in variations in foster care practices throughout the state. For example, some counties make many more institutional placements than others. Some counties, as a matter of policy, maintain few voluntary placements, while other counties have 50 percent or more of their caseload placed voluntarily.

RECOMMENDATION

We recommend that the Department of Health allocate additional staff to monitor compliance of state regulations by county welfare departments and implement the previously recommended information system. In our opinion, the additional staff required should not exceed 12 new positions.

LACK OF TRAINING OF FOSTER  
PARENTS RESULTS IN A HIGH  
TURNOVER OF FOSTER HOMES

County administrators stated that the average foster child today is older and more emotionally disturbed. Foster parents find that they cannot cope with such a child and many leave the program. For example,

in a 1970 study in Marin County, Dr. David Fisher found that out of a sample of 142 foster parents, only 31 percent remained foster parents two years later. Of all licensed foster homes in San Francisco in 1970, only 18 percent were active in April 1973. SDSW statistics show that in the last decade, institutional placements have risen from 10 percent of the total AFDC-BHI caseload to 19 percent.

Our June 1973 foster care report stated that the average monthly cost for institutional placement was \$500 compared to \$138 for a foster home. A program aimed at training and keeping foster parents could be expected to save about \$350 per month for each child who would benefit from a family home, but is placed in an institution for lack of a foster home.

County foster parent licensing staff have indicated that foster parent turnover is in large part due to the foster parents' inability to cope with the unique problems foster children frequently present. In our judgment, an increase in training offered foster parents would reduce the turnover of foster parents. The large turnover of foster parents contributes to multiple placements for the individual child. It takes costly time for county welfare staff to recruit new parents, and increases the chances for less qualified foster parents to become licensed.

#### RECOMMENDATION

We recommend that the Department of Health develop and implement a training program for foster parents.

THERE ARE NO STATE CRITERIA TO JUSTIFY  
THE SUBSTANTIAL VARIATIONS THAT EXIST  
IN CASELOAD STANDARDS WHICH INDIVIDUAL  
COUNTY WELFARE DEPARTMENTS HAVE ADOPTED

The average number of cases processed by child placement workers varies from 25 cases per caseworker in San Diego to 68 cases per caseworker in Riverside County. Individual caseworkers often handle as many as 80 cases. Average caseload size for both the county welfare and probation departments in the six counties that we visited is presented below in Table 6.

Table 6

Average Foster Care Caseloads  
For County Welfare and Probation Departments  
Six-County Sample  
April 1973

	<u>Average Number of Cases Per Caseworker</u>		
	<u>County Welfare Department</u>		<u>County Probation</u>
	<u>Voluntary</u>	<u>Court-Ordered</u>	<u>Department</u>
Los Angeles <u>1/</u>	52	38	38
Monterey	<u>2/</u>	<u>2/</u>	55
Orange	37	<u>3/</u>	51
Riverside	68	68	40
San Diego	25	45	65
San Francisco	33	33	51

1/ Effective May 1, 1973, voluntary and court-ordered (Welfare and Institutions Code Section 600) caseloads were combined.

2/ Not available; each child placement caseworker processes both foster care and protective services cases.

3/ The Orange County Probation Department processes all court-ordered (Welfare and Institutions Code Section 600) cases.



Social workers and county welfare officials indicated that high caseworker caseloads may result in one or more of the following situations:

- The caseworker must work on a crisis basis, handling only the emergency cases and leaving those cases having no immediate problems to "drift" within the program.
- The caseworker does not have sufficient time to work with protective services caseworkers in strengthening the child's own home or in exploring possible alternatives to foster care, such as homemaker services, family or psychiatric counseling, or adoption services.
- A child may be placed in an unsuitable foster family home or institution because the caseworker does not have sufficient time to make the proper diagnosis of the child's special needs and match the child's needs to the facility which can best provide them.
- Monthly contacts with the child's natural parents and his foster parents often cannot be achieved.
- The caseworker does not have sufficient time to provide follow-up services to children who have been returned to their own homes.

In the county having the smallest caseload, caseworkers were able to work closely with the parent helping the parent to face the decision of either taking responsibility for the child or freeing the child for adoption.

County placement agencies use different criteria for establishing foster care caseloads. For example, some counties such as Riverside commingle voluntary and court-ordered placement caseloads. Other counties use separate standards for voluntary and court-ordered placements, as well as for children supervised in their own homes and in the homes of their relatives. Required caseworker contacts, with the child's natural and foster parents are not considered in case count.

Smaller caseloads appear to result in better service, and appear to reduce the number of crisis reaction situations caseworkers face. However, the absence of data to evaluate the effect of caseload size on the administration and quality of the program makes it difficult to determine objectively that counties with the smaller caseloads of 25 were providing significantly more effective services than those counties with caseloads of 68.

SDSW regulations do not specify a statewide foster care caseload yardstick nor the criteria by which to measure caseload. However, Section 30817(f) of Title 22 of the California Administrative Code suggests the following caseload yardstick for private placement agencies.

"The caseload of a worker giving full time to the supervision of children in foster homes shall not exceed fifty children. If the worker carries other responsibilities such as recruitment or home finding, intake, or work with children with serious emotional disturbances, or work with children in their own families, or the geographical area to be covered is widespread, the caseload shall be proportionately reduced."

The determination of an optimum caseload standard is not within the scope of our review. However, we can find no justification for the wide variations in caseloads that currently exist. In the counties we visited, the average caseload size ranged from 25 to nearly 68. That means it takes almost three times the staff to provide service in the county with the smaller caseloads than in the county with caseloads of 68. Furthermore, we are able to find no justification for setting standards for private agencies and not establishing similar controls in public agencies.

RECOMMENDATION

We recommend that the Department of Health establish criteria to measure foster care caseloads uniformly on a statewide basis and develop a recommended statewide foster care caseload standard accordingly.

THERE IS NO UNIFORM STATEWIDE  
FOSTER FAMILY HOME RATE SCHEDULE NOR  
CRITERIA TO JUSTIFY THE EXISTING DIFFERENCES

The foster family home rates authorized by county boards of supervisors range from about \$98 per month in Santa Clara County to \$160 per month (63 percent higher) in Marin County. The BHI rate schedule for California's 20 largest populated counties is presented in Table 7 below.

Table 7

Boarding Homes and Institutions  
Caseloads, Rates and Average Payments  
For the Twenty Largest Counties  
June 1973

	<u>BHI<sup>1/</sup> Caseload</u>	<u>Highest Regular Foster Home Rate<sup>2/</sup></u>	<u>Average<sup>3/</sup> Payment/Child In Foster Home</u>	<u>Average<sup>3/</sup> Payment/Child In Institution</u>
Alameda	1,344	\$130	\$128	\$574
Contra Costa	861	130	119	631
Fresno	591	110	102	<u>4/</u>
Kern	692	110	103	<u>426</u>
Los Angeles	13,180	107	122	466
Marin	150	160	133	474
Monterey	219	125	117	<u>4/</u>
Orange	721	148	118	<u>444</u>
Riverside	797	125	106	438
Sacramento	975	125	132	487
San Bernardino	943	120	104	430
San Diego	1,635	127	121	471
San Francisco	2,024	130	150	588
San Joaquin	428	125	122	451
San Mateo	632	130	122	542
Santa Barbara	335	126	123	395
Santa Clara	1,303	98	147	507
Sonoma	427	108	146	456
Stanislaus	434	110	133	474
Ventura	285	115	109	<u>4/</u>

1/ Public Welfare in California, June 1973.

2/ County Boards of Supervisors set the rates in each county; higher rates are usually set for older children. This is the rate for an older child without unusual special needs.

3/ BHI Caseload Movement and Expenditures Report (CA 237), June and July 1973 average.

4/ Insufficient cases to produce a meaningful average.

As shown in Table 7 above, six of the 20 largest counties make higher average payments than their highest regular rate. The high average is caused by specialized foster homes that receive a monthly premium of up to \$350 for each child with unusual problems. Also, some counties recognize

special needs which permit large supplements to the regular rate established by local boards of supervisors. While generous supplements make the program flexible enough to meet special needs, they can also create an environment where arbitrary decisions flourish. It is obvious from Table 7 that there is neither uniformity among the counties in their authorized foster family home rates nor a reasonable relationship between the authorized rate and the actual rate.

Wide variances in authorized foster family home rates among the counties have the following effects:

- There are differences in standards of care provided to children throughout the state. For example, in San Francisco County special allowances of up to \$350 per month are paid to foster parents who have children with severe emotional problems. In Monterey County no provision is made for children having these problems.
- Some foster parents have become dissatisfied with the foster care program because foster parents in neighboring counties receive higher rates for providing the same care. Social workers interviewed claimed that many foster parents in counties with the lower rate have left the program as a result of their dissatisfaction, forcing the children to be moved to another foster home.
- Foster parents in some counties stated that they must supplement their foster family home payment by out-of-pocket expenditures in order to replace outgrown clothing and to pay for dental care.

In our judgment, rates that vary by as much as 63 percent from one county to the next are going to have an economic and social impact on either the foster parent, the foster child, or both.

Federal regulation [45-CFR-233.110(a)(5)] requires that the state provide specific criteria for determining the amount of payment for foster care in foster family homes and in child care institutions. Prior to October 1, 1971, these regulations were contained in Section 10-225 of the SDSW Manual. At that time, this section required that several parts of the BHI foster care rate be tied to the basic AFDC need standard which, to some degree, reflected regional cost-of-living differences.

The Welfare Reform Act of 1971 eliminated this need standard and the regional variations in the AFDC payment levels. It also invalidated Section 10-255 which was replaced by an abbreviated version that did not meet the Department of Health, Education and Welfare (HEW) requirements. HEW brought this omission to the attention of SDSW on June 23, 1972. As of January 21, 1974 (27 months after the original error), SDSW has still not met these requirements. Failure to do so could jeopardize continued federal participation in the BHI program.

#### RECOMMENDATION

We recommend that the Department of Health develop a uniform foster family home rate schedule, making allowances for special needs.

ADOPTION AS AN ALTERNATIVE  
TO FOSTER CARE

The stated objective of the foster care program as set forth in SDSW Manual Regulation 30-301 is to provide 24-hour care in licensed facilities for children under 18 years of age who require care and who cannot remain in their own homes. One of the program's primary goals is to return the child to his natural parents and federal funding of the foster care program is dependent upon an agency plan requiring such action.

Preplacement services, such as protective services, homemaker service, day care and medical and psychiatric care can be utilized by county welfare departments to prevent the need to remove a child from his own home. Although the focus of the foster care program is on returning the child to his natural parents, this is not always a realistic goal and, in fact, is not always achieved. For example, we noted a number of cases in our review where even though a plan existed for the child's return to his own home, a further reading of the case records disclosed that the child's parents could not be located or were making minimal efforts to get their child back. In our judgment, a secondary goal of providing a stable environment outside of the child's own home should be established in the event that circumstances preclude reuniting the child with his natural parents. This alternative secondary program goal would be adoption.

COUNTY ADOPTION WORKERS HAVE INSUFFICIENT TIME TO WORK TOWARD ADOPTIVE PLACEMENTS OF FOSTER CHILDREN. ADOPTION OF POTENTIALLY ADOPTIVE FOSTER CHILDREN NOT LIKELY TO BE REUNITED WITH THEIR NATURAL PARENTS COULD RESULT IN AN ESTIMATED LONG-TERM ANNUAL SAVINGS OF \$29 MILLION

Foster care and adoptions programs both work to provide a stable home environment to the children entrusted to them. These programs need to work more closely together if they are going to achieve their common objectives.

As shown in Table 8 below, the size and growth of the two programs has been markedly different in the last decade. In fiscal year 1961-62, there were 14,200 children in the AFDC-BHI foster care program; in fiscal year 1972-73, this program included 31,299 children - an increase of over 120 percent.

In contrast, the number of adoptions in fiscal year 1972-73, 5,495, was 52 percent lower than in fiscal year 1968-69 and 34 percent lower than fiscal year 1961-62. However, requests to adopt children in fiscal year 1972-73 were more than five times greater than the number of children adopted in fiscal year 1972-73.



Table 8

Trends in Adoption Requests And  
Adoptions Completed Vs BHI Caseload  
Fiscal Years 1961-62  
Through 1972-73

	Requests To Adopt A Child <sup>1/</sup>	Completed Adoptions <sup>2/</sup>	AFDC-BHI Average Number of Foster Care Children Per Month <sup>3/</sup>
1972-73	29,578	5,495	31,299
1971-72	32,782	7,261	33,340
1970-71	35,056	9,920	34,020
1969-70	33,109	11,128	31,741
1968-69	30,292	11,447	29,181
1967-68	28,454	11,189	26,567
1966-67	28,071	10,614	23,825
1965-66	22,078	10,662	20,839
1964-65	21,561	9,689	18,760
1963-64	16,932	9,181	16,945
1962-63	15,763	8,574	15,103
1961-62	12,638	8,364	14,220

1/ SDSW Relinquishment Adoptions - Selected Statistical Data.

2/ Public Welfare in California, Relinquishment and Independent Adoptions  
Excluding Stepparent Adoptions.

3/ Public Welfare in California, BHI Recipients by County.

All the counties we visited claim that they are aware that some foster care cases are potentially adoptive and that they are on the alert for them. Methods of review, however, differ from county to county. Usually, placement workers refer these children to adoption workers. County adoption workers, however, do not have enough time allotted for this job. County adoption budgets are drawn up according to a standard established in 1955. Although adjustments were made to consider the changed characteristics of the adoptions workload for fiscal year 1973-74, a new adoptions standard is still needed to allow adoption workers sufficient time to work toward

adoptive placements of foster children. Eighteen years ago, in a totally different situation, a time study could not conceive that reviewing foster care cases would be such a significant activity and allowed little time for it.

Because of this budgeting method, children in foster care are less likely to be adopted. Adoptions supervisors are forced to stretch the workload of other personnel if they free someone to work more closely with placement workers in the foster care program.

A 1972 study of foster care in New York City by David Fanshel and Eugene B. Shinn stated "...success in finding a suitable adoptive family for only one child would more than compensate for the worker's annual salary".

While a primary goal of foster care is to return the child to his natural parents, this goal is not achieved in many instances. Some of the children living in foster homes are potential candidates for the state's adoption program. For example, our sample of cases from six counties disclosed that 68 percent of the children in foster care had been there for more than two years. A number of children in foster care are not potentially adoptive, since either they are already in a stable placement, or they are mentally or physically handicapped. We identified these categories of children as follows:

	<u>Number Of Children</u>	<u>Percent Of Total Children</u>
Children having stable placements:		
Preadoption services had commenced	685	3.7%
Legal guardianship in process of being established	852	4.6
Return to natural parents in process	660	3.5
Emancipation	<u>534</u>	<u>2.9</u>
Total stable placements	2,731	14.7
Children having serious mental or physical handicaps	4,565	24.6
All other children in program	<u>11,280</u>	<u>60.7</u>
Six-County Total	<u>18,576</u>	<u>100.0%</u>

Our interviews with child placement workers indicated that children who remain in foster care longer than 18 to 24 months are rarely reunited with their natural parents. They further indicated that the outflow of children from foster care to their natural parents diminished even more rapidly after 30 to 36 months.

In order to determine how many of the remaining 11,280 children were potentially adoptive, we determined the number of children who had been in foster care for more than two years and who had been placed in the program before age six. Age six was used as the cut-off in this analysis because younger children are easier to place with adoptive parents than older children. Our analysis is as follows:

	<u>Number Of Children</u>	<u>Percent Of Total Children</u>
Children in foster care for less than two years	3,612	32.0%
Children in foster care for two years or more: (7,668 or 68 percent)		
Placed in foster care before age six	4,950	43.9
Placed in foster care at age six or older	<u>2,718</u>	<u>24.1</u>
Total	<u>11,280</u>	<u>100.0%</u>

About 4,950 children in the six counties we sampled are not likely to be reunited with their natural parents and are, or were in the recent past, potentially adoptive. This group of children represents 26.6 percent of the foster care caseload. Had effective adoptive services been made available to them in the second year of their placement, they would no longer be receiving foster care payments.

Our June 1973 foster care report indicated that the average cost of maintaining a child in foster care including both those living with a non-relative and those living in an institution is \$201 a month. Estimated administrative overhead and services costs amount to an additional \$93 per month. The annual cost savings of placing these children in adoption could amount to as much as \$17 million, and if our six-county sample is representative of the state, then the total number of such children statewide, who are not likely to be reunited with their natural parents, would be 8,200 and the potential savings would be an estimated \$29 million annually.

Neither the number of adoptable children nor the potential savings resulting from adoption service should be considered precise. An individual determination for each of the children we have identified as potentially adoptable could include a small percentage of children who would be returned

to the homes of their natural parents. On the other hand, placement of a child in foster care after the age of six has not in the past precluded his subsequent adoption. Therefore, the potential number of "adoptable" children is probably within the range of 7,800 to 8,600.

It should also be pointed out that the potential annual savings of \$29 million would not be achieved immediately, but would accrue as more time is provided to adoption workers to work with foster children. The \$29 million figure represents the current annual cost of maintaining these children in the foster care program.

RECOMMENDATION

We recommend that the Department of Health revise the adoptions caseload standard to allow adoption workers sufficient time to work with foster children and their foster parents toward potential adoptive placements.

INSUFFICIENT LEGAL STAFF IS ALLOTTED  
TO ADOPTIONS DEPARTMENTS FOR LEGAL  
SERVICES WITH THE RESULT THAT COURT  
RELINQUISHMENTS ARE DELAYED AND  
THE NUMBER OF ADOPTIONS IS REDUCED

Department of Health officials have informed us that regulations are now being prepared that will require county welfare departments to review all foster care cases after one year, but prior to two years, to determine the potential of freeing children from the custody and control of their natural parents. Even if these regulations are issued and counties are required to make this review, there is no requirement to follow up on the reviews which result in a recommendation to seek the court action that would be necessary to secure relinquishment.

Section 232 of the Civil Code was amended by Chapter 686 of the Statutes of 1973 to expand the basis upon which a minor child can be declared free from the custody and control of his parents.

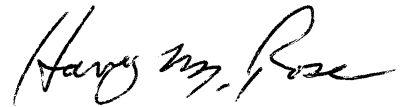
Since in some counties the adoption departments receive a minimal part of the county counsel's time, there is no assurance that the potential benefits of this legislation will be realized. In some counties, an attorney is assigned on a part-time basis to handle all of a welfare department's legal transactions and the adoptions department must vie for his time with the other units in the welfare department.

In our six-county survey, we noted that counties who were satisfied with the amount of time given to their adoption departments by county counsel all had a high percentage of court relinquishments compared to total number of adoptions. Counties who thought their allotted time inadequate had a significantly lower percentage of court relinquishments.

The low priority given to adoptions work results in delays, as much as four years at times, in cases of freedom from custody and control. This in turn reduces the number of foster children who are adopted. This insecurity can seriously harm a child who needs the stability of his own home. If adequate legal staff is not available through county counsel to process freedom from custody and control cases quickly, adoptions should be able to secure legal services from other sources.

RECOMMENDATION

We recommend that county adoption departments be furnished sufficient legal staff to process cases of freedom of foster children from custody and control of their natural parents expeditiously when the department determines a court relinquishment likely. Mandatory implementation of this recommendation would require legislation.



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January 28, 1974

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