

Foster Care Fundamentals: An Overview of California's Foster Care System

By Lisa K. Foster, M.S.W., M.P.A.

*Prepared at the Request of
Assemblymember Darrell Steinberg
Chair, Assembly Judiciary Committee*

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FOSTER CARE FUNDAMENTALS CONDENSED: EXECUTIVE SUMMARY

The Child Welfare Services (CWS) system is the safety net for protecting neglected and abused children. This system is a complex array of programs and services. A primary CWS service *and* program is foster care: the 24-hour out-of-home care provided to children in need of substitute parenting because their own families are unable or unwilling to care for them. The purpose of foster care is to keep children safe while services are provided to reunite their family.

WHY FOCUS ON FOSTER CARE?

First, the state has a unique obligation to foster children. When it removes children from their parents, it takes on the responsibility to provide for their safety and well-being. Second, over 100,000 children are in the California foster care system (close to half are with relatives). Third, federal, state, and county government spends over \$2 billion annually on foster care costs and services for foster children and their families.



Foster care provides a safer, better home environment and experience than their family situations for many, if not most, children. However, too often foster children experience physical and emotional damage within the system that is intended to protect them.

NAVIGATING THE SYSTEM – The following players have a role in providing for the safety, permanence, and well-being of children:

- ❑ The *United States Department of Health and Human Services, Administration of Children, Youth and Families* oversees state CWS/foster care and allocates funds.
- ❑ The *California Department of Social Services* (CDSS) supervises county administration of CWS/foster care and allocates federal and state funds.
- ❑ The *Foster Care Ombudsman*, an autonomous entity within the California Department of Social Services, investigates complaints and resolves concerns related to foster care.
- ❑ *County agencies* administer CWS/foster care.

The *county social services department* provides case management for *dependent children* – children who have been removed from the custody of their parents by the juvenile court. The *county probation department* provides case management for *wards* – youth in the juvenile justice system who are on probation. The *juvenile court* makes decisions about the child’s future.

- ❑ *Caregivers and public and private service agencies* provide a continuum of board and care, and services.
- ❑ *Families* increasingly participate as partners in identifying and addressing their needs.

The child welfare services system (also known as child protection) is the primary entryway into foster care. The overwhelming majority of foster children are dependent children in the child welfare system who have been removed from their parents due to abuse or neglect.

The majority of the children in the child welfare system are not in foster care. Statewide, county social workers investigate over half a million reports of child abuse and neglect each year; about a quarter are substantiated. In cases where reports are substantiated, social workers provide services to most families while the child remains at home. Common services include parenting classes, counseling, and respite care (providing alternative care for the child for a short time to provide a break for the parents). In about 20% of the cases, they place children in foster care and provide services designed to reunify the family.

The juvenile justice system uses foster care as a low-end sentencing structure for the 6,500 children who are probation wards in the system. Wards have often experienced abuse and neglect; but they were not identified as needing protection. They end up entering the foster care system due to their own actions.

The juvenile court has the ultimate authority over removal and reunification of children. Judges rely on information from social workers, service providers, and others to reach decisions. They appoint attorneys to represent the interests of the child, parent, and placement agency.

The court process involves a mandated series of hearings and case reviews within specified timeframes: an initial hearing to approve the child’s temporary removal; a jurisdiction hearing to determine if the child needs to be in foster care; and a disposition hearing to identify the case plan and services. The court conducts review hearings every six months to determine if the child can safely return home. After 12 months (six months for children under age three), the court specifies an alternative plan for children who will not be reunified. Six-month reviews continue until the judge determines that the child no longer needs state protection and the case is closed.

The child welfare and foster care systems cannot serve children and families in isolation. Health, mental health, substance abuse, education, public welfare, family violence, and other systems play essential roles in ensuring the child’s safety and strengthening

families. However, there are often conflicting goals and timelines among systems, and many services are in short supply or lacking altogether.

FOSTER CHILDREN DESCRIBED – Foster children describe themselves as often feeling alone, isolated, and stigmatized. They commonly experience others looking down on them and blaming them for their situations. They want to be viewed and valued as individuals with something to contribute.

- ❑ Over one-third of dependent children are removed due to parental neglect. Their gender generally reflects the general population. Most are young: over half are under age 10 and one-third are under age 5. In comparison, probation wards are predominantly male, and older; most are ages 15-19.
- ❑ Nearly half of the children have at least two siblings in care. Most children are placed with at least some of their siblings; some are placed with all of their siblings. However, many cannot remain together due to the lack of placements.
- ❑ The ethnic mix of children in foster care does not match the state child population. African-American children are significantly over-represented. Hispanic, Caucasian, Asian, and other children are underrepresented.
- ❑ Most foster children come from low-income families that are eligible for public assistance. The probability of a child being reported as abused or neglected increases when families live in poverty.

WHERE ARE THE CHILDREN: THE PLACEMENT CONTINUUM – Social workers are required to place children in the least restrictive, most home-like environment that meets the child’s needs. *Family care* consists of: kinship care (home of a relative), licensed foster family homes, and family homes certified by licensed foster family agencies (foster family agencies provide a treatment orientation in a family setting). *Group care* ranges from small, licensed group homes for six children to group homes with large numbers of children, including facilities that provide intensive therapeutic services (commonly called residential treatment centers). Community treatment facilities provide the most intensive care; they are licensed by the California Department of Social Services and certified by the State Department of Mental Health.

Children who are removed from their homes or placements may be placed in an emergency shelter. Counties use various types of licensed facilities for shelter care: foster family homes, group homes, facilities run by non-profit organizations, and county-operated shelters. Emergency shelter care is intended to be short-term; however, children are increasingly remaining for long periods because appropriate placements are not available.

Matching a child with an appropriate placement is often challenging due to limited resources. There is an extreme shortage of foster homes, especially for children with special needs. County social workers and probation officers often end up placing children wherever they can locate a vacant bed. Some children are placed in another county, or in another state, to meet their needs.

Placements: Number, Duration, and Re-Entry – After fifteen years of increasing growth, the rate of children entering foster care (10 per 1,000 children) has remained fairly stable since the late 1990s. Foster care growth is proportional to the California child population. However, as changes in foster care growth are tied to economic conditions, the foster care population is likely to increase as economic conditions worsen.

- ❑ Children generally stay in foster care for less than one year, or they remain in care for three years or more. Children age 11 and older have the highest exit rate during the first year; infants have the lowest rate.
- ❑ Fifteen percent of all foster children spend more than six years in care. Children in kinship placements stay in care longer than do children in other placements.
- ❑ Many foster children experience multiple placements. Multiple placements increase behavioral and other problems and are associated with poor child outcomes.
- ❑ Almost one-fourth of the children who leave the foster care system return within three years. Families and children generally do not get adequate support and services during the stressful transition time.

A FAMILY OF THEIR OWN: OPTIONS FOR PERMANENCY – About half of the children in foster care are reunified with their parents. The remaining children have three options for permanency. **Adoption** is a legally permanent process and is the first option the court must consider. The second option, **guardianship**, allows another responsible adult to have legal authority and responsibility for a child’s care until age 18. The third option is **another planned permanent living arrangement**. This option is generally long-term foster care – continued placement in a foster care facility. It is used most often when children are placed with relatives who do not want to adopt or become a guardian, and for older youth that are in a stable placement.

ON THEIR OWN: TRANSITION FROM FOSTER CARE – Each year, about 4,000 foster children reach age 18 and “age out” of the system. The state is no longer responsible for them and stops paying for their care. The Independent Living Program (ILP) provides support services and helps foster youth and former foster youth develop skills to locate jobs, manage money, and survive as productive citizens. Some counties provide ILP services to younger children who are likely to remain in foster care to give them an “early start” towards self-sufficiency. Foster youth who have aged out of the system continue to have needs. Primarily, these are housing, employment, education (including college), and family and relationships. Additional government resources are being targeted to address the special needs of foster youth who are leaving the system, or who are already on their own.

Monthly payments vary based upon where the child is placed. Kinship and foster family homes cost the least (about \$500). Foster family agencies cost over triple that amount (about \$1,700), and group care facilities are the most expensive (about \$5,000).

BIG BUCKS: FUNDING FOSTER CARE – There are two foster care programs with different funding structures. The Federal Foster Care Program is an open-ended, entitlement program. Each state is reimbursed for around half of the costs for all

federally eligible children. The state and county share the remaining costs (20% state and 30% county). Most of the foster care population (80%) are eligible for federal foster care payments; they meet specific income/eligibility criteria linked to the federal Temporary Assistance to Needy Families (TANF) program.

The State Foster Care Program is an entitlement program that covers foster children who are not federally eligible. State general funds pay for 40% of the costs; each county pays 60%. The program requirements are essentially the same as the federal program except that TANF linkage is not required.

The majority of foster care costs are for foster care payments and child welfare services. Title IV-E (Foster Care and Adoption Assistance) of the Social Security Act, funds foster care *maintenance* payments for board and care (food, clothing, daily supervision, school supplies, personal incidentals, insurance, and travel). In addition, most counties provide an annual clothing allowance and/or a monthly specialized care payment for additional services to meet the child's specific health or behavior problems. Maintenance payments represent the largest cost in foster care.

Title IV-E (Foster Care and Adoption Assistance) also funds some services. It provides Independent Living Program grants to states for support services and skills training for current and former foster youth.

Title IV-B, Subpart 1 (Child Welfare Services) of the Social Security Act, provides a limited (capped) allocation for *child welfare services*, including services to children in foster care and their families. Title IV-B funds 75% of the cost; the state and county share the remaining 25% (17.5% state and 7.5% county). In addition, Title IV-B, Subpart 2 (Promoting Safe and Stable Families), provides capped time-limited funds to each state for family support, family preservation, family reunification, and adoption promotion and support services.

The current financing structure creates a financial incentive to place and keep children in foster care. Maintenance funding is open-ended. In contrast, funding for services is capped; there are limited funds available to provide services to families to keep them at home, or return them to their parents.

The state funds county social worker costs based on caseload standards that specify case-to-social worker ratios. However, the current caseload standards are outdated and California's county caseloads are too large for social workers to provide basic services.

Several state agencies, including Health, Mental Health, Alcohol and Drug Programs, and Education, also provide a range of services that are used by foster children and their families. Multiple sources of federal and state funding come with specific allocation formulas, different matching requirements, and program-specific spending restrictions. This creates barriers to coordinating interagency approaches to protect children and strengthen families.

POLICY AND PRACTICE SHIFTS – During the last two decades, there has been a shifting dynamic between two conflicting goals: protecting children and preserving

families. Significant changes in federal and state law and policy currently reflect a re-emphasis of child safety over family preservation.

The child welfare field is placing greater emphasis on prevention and early intervention as the most effective method of protecting children and decreasing the demand for foster care. The field is embracing family-centered practice. On the family level, this means working *with* families as partners to identify needs and strengths, and developing customized services. At the community level, it means connecting families with community supports and resources that will remain after formal services end. In addition, the concept of understanding cultural differences is being integrated into child welfare/foster care policies, practices, and service approaches.

Agencies are increasingly coordinating efforts to meet the multiple needs of children and families. They are participating on multi-disciplinary teams; using collaborative service models; and reorganizing administrative structures to better support integrated services. The child welfare field is also shifting its focus to looking at outcomes – the effect of services on children and families – instead of monitoring programs based on compliance with procedures and process.

The child welfare and foster care systems are continually being reformed and reorganized. Many argue that reform is not enough – what is needed is nothing less than a complete system overhaul.



A group of key child welfare stakeholders, under the direction of the California Department of Social Services, is charged by the Governor and the Legislature to “think outside the box” to develop a comprehensive approach for the child welfare services system in the 21st century. The Child Welfare Services Stakeholders Group will present their recommendations by the end of 2003.

The State as Parent

Foster Care Fundamentals describes California’s foster care system. This report provides a “big picture” overview. It highlights issues and experiences of those in the system: foster children and youth, social workers, and others. The report is intended to give policymakers a working understanding of foster care in order to make informed decisions in this policy area.

FOSTER CARE DEFINED

The state child welfare services system is the safety net for children who have been abused and neglected. Foster care is a primary piece of the child welfare services system. It is defined as the 24-hour out-of-home care provided to children in need of temporary or long-term substitute parenting because their own families are unable or unwilling to care for them. The purpose of foster care is to keep children safe while child welfare services are provided so they can be reunited with their families.¹ Due to its complexity and scope, foster care is generally referred to as a *system*.

WHY FOCUS ON FOSTER CARE?

Federal and state lawmakers play a key role in creating, maintaining and repairing the safety net for children. Both federal and state laws establish the legal framework that governs the public and private roles and responsibilities for children who enter and leave the Child Welfare Services system.

Why focus on *foster care*? Perhaps the most important reason is the state’s unique obligation to foster children. The state is required to become involved in a family’s life when parents neglect or abuse their children or do not protect them from neglect/abuse. When it steps in to protect children, the state becomes the parent – it takes on the responsibility to provide for the child’s safety and well-being.

A large number of children and families are affected. Nearly half a million children nationwide are in out-of-home care instead of with their parents. In California, over 100,000 children – around 10 out of every 1,000 – are in foster care. Close to half are placed with relatives; the rest are with unrelated family home caregivers or in group care.²

Federal, state and county governments spend around \$2 billion annually for foster children and their families. Foster care payments and administration costs total more than \$1.5 billion; services for foster children and their families cost around \$500 million.³

Children in foster care generally experience a safer environment than their home, and services that help them and their families. Former and current foster youth often report that foster care had been better for them than their family situations, that their home situation would have gotten worse without intervention, and that foster care was clearly

“Foster youth don’t vote, you have to make this commitment from the heart.”

Johnny Madrid,
Former foster youth, 19

necessary.⁴ “...it was tough to survive, but it made me the strong person I am today.” – Male, 18*

However, foster youth also report that many foster care policies and practices do not meet their needs. Many grow up in – or return to – a system that is commonly labeled “in crisis.” And, too often, foster children experience physical and emotional damage within the system that is intended to protect them.

The state protects foster children through legislation. Some recent state laws designed to improve the system to better meet the needs of foster children include efforts to support relative placements, keep siblings together, and place infants and young children in family environments instead of group care. Recent legislation has increased transitional housing and support services, and extended these services and health coverage to foster youth who are transitioning out of the system. In addition, a foster care ombudsman

office was established and a “bill of rights” for children in foster care was added to state statute to ensure foster children are aware of their rights and the complaint process, and have a mechanism for addressing their concerns.

“If a child is unfortunate enough to be placed in foster care, he or she should not be punished further. Foster children need not ordinary, but extraordinary consideration...”

Abraham Bergman,
*The Shame of
Foster Care Health.*

In spite of continual legislative efforts, it is the overwhelming consensus of policymakers, child welfare administrators, service providers, parents, and current and former foster youth that the foster care system “is broken” and needs to be fixed.

* Unless otherwise indicated, all quotes from foster youth are from Nell Bernstein, *A Rage to Do Better: Listening to Young People from the Foster Care System* (San Francisco: Pacific News Service, 2000).

Navigating the System

The Child Welfare Services (CWS) system encompasses more than the state child welfare services agency. The federal government, county agencies, juvenile courts, and private social service agencies are partners in providing for the safety, permanence, and well-being of children.

ROLES AND RESPONSIBILITIES

The Feds – *The United States Department of Health and Human Services, Administration of Children, Youth and Families* provides oversight of state child welfare services and foster care programs. The department issues regulations and policy, conducts compliance reviews, and allocates CWS and foster care funds to the state.

The State – *The California Department of Social Services* (CDSS) is the state agency responsible for child welfare services. The department supervises county administration of CWS and foster care programs through statute, regulations, policy, and compliance reviews. It also allocates federal and state funds to counties.

The Foster Care Ombudsman Office – The Ombudsman’s Office is an autonomous entity located within the CDSS. Established by statute in 1999, it resolves concerns related to the care, placement, and services provided to children and youth in foster care. The Ombudsman investigates complaints about state and local agencies. Staff include former foster youth.

The County – While each county must comply with federal and state requirements, it has flexibility in how it operates the child welfare services program. Differences among counties may be due to demographics, administrative structure, or childcare philosophy.

The social services department administers the child welfare services and foster care programs. The department is the placement agency for *dependent children* – children who have been removed from the custody of their parents by the juvenile court. County social workers provide emergency response, assessment and case management services.

The probation department is the placement agency for *wards* – youth in the juvenile justice system. Probation officers provide the same services to wards in the foster care system as social workers provide to dependents.

The juvenile court determines if a child needs protection. If so, it removes responsibility for care from the parents and assigns custody and care responsibilities to the social services or probation department. The court is responsible for making decisions about the child’s future.

Caregivers in both family home and group care environments provide board and care.

Public and private service providers deliver a continuum of services to families and children – from transportation and parenting classes to counseling and mental health services.

Families have increasingly greater responsibility for identifying their needs and how they can be met using the families' strengths and resources.

THE PRIMARY SYSTEMS

CWS SERVICE COMPONENTS

Emergency Response (ER)

Social workers staff 24-hour child abuse hotlines, investigate child abuse/neglect reports, assess child safety, and provide crisis intervention services. They remove children who are not safe at home.

Family Preservation (FP)

Social workers provide intensive, short-term services to strengthen parents' abilities to function effectively and keep their child safe and eliminate/reduce the need for foster care placement.

Family Maintenance (FM)

Social workers provide protective services to parents and children in their home to support and strengthen the family and prevent or remedy child maltreatment.

Family Reunification (FR)

Social workers provide services to families and children who have been removed from home to safely reunify the child with their family.

Permanent Placement (PP)

Social workers provide services to plan and facilitate an alternative permanent living arrangement for children who cannot be safely reunified with their parents.

CA Department of Social Services

Child Welfare

*California has the largest child welfare services system in the country: one in five of all child welfare children nationwide are in the California system.*⁵

The child welfare system, a continuum of overlapping programs and services, is the primary entryway into foster care. Its most important goal is to protect children from harm when their parents cannot or will not protect them. The system gets involved when children have been neglected or abused, or are at risk of maltreatment. It provides services to improve conditions for families, and to ensure children's safety, permanence, and well-being.

Each year county social workers investigate over half a million reports of child abuse or neglect statewide. Most of these reports are immediately screened out, closed following an in-person investigation, or closed after providing short-term services and referral. About one-fifth of the reports are substantiated; cases are opened on these families.⁶

Some counties offer families voluntary services (with no juvenile court action). In most counties, the child welfare services process requires court involvement.

Families with an open case receive court-ordered *family maintenance* services (such as counseling, parent training, and respite care). Social workers coordinate services and make monthly visits. The case is closed when the parents complete the case goals identified in their service plan and the court determines that they are able to safely care for their child.

Children in about 20% of the families with open cases are removed from their parents and placed in foster care for their safety.⁷ Social workers or probation officers

coordinate services and make monthly visits to the parents and children under the *family reunification* component.

The range of services is similar to those provided through the family maintenance component; additional services, such as drug treatment, are also provided. The juvenile judge reviews the family's progress at specific times and reunifies the child when the parents complete the case plan goals and can safely care for their child. If family reunification is not possible, the judge orders *permanent placement* services for the child. Services, visits, and reviews continue until the permanent plan is implemented or the child leaves the system.

Juvenile Justice

The juvenile justice system is the foster care entryway for wards – youth in the system who are on probation. While foster care is a “rescue strategy” for dependents in the child welfare system, it is a “sentencing strategy” for probation wards. Placement in a foster care facility is at the low – least restrictive – end of the sentencing continuum. Incarceration at the California Youth Authority represents the high end.

Dependents and Wards: The Same Kids

Research indicates that children who are abused and neglected are more likely to engage in serious and violent delinquent acts. Numerous studies identify the interconnections between the dependents and wards, between the CWS and juvenile justice systems.⁸

Child welfare and juvenile justice professionals report that they work with many of the same children and youth. The primary difference between the two groups is that they enter the foster care system through different doors. The child welfare/juvenile justice relationship goes both ways; children bounce from one system to the other. Many youth enter the juvenile justice system after several CWS placements; some wards enter the CWS system when they leave the juvenile justice system. Other wards enter the CWS system as an alternative to the juvenile justice system.

“The saddest part of a juvenile judge’s job is watching the progress of a tiny victim as he or she is molded by the system into a delinquent and eventually a criminal.” – Estella May Moriarty, juvenile court judge.⁹

Juvenile Court

The juvenile court has ultimate authority over outcomes for children and families. The court serves as an independent judge of fact; its role is to protect the rights of all interested

“I don’t know how it escalated or where it came from, but it seemed like I started out a normal kid that screwed around a lot and then I started feeling like a criminal.”

Richard, 19
A Rage to Do Better

COURT APPOINTED SPECIAL ADVOCATE (CASA)

CASAs are trained community members who are appointed by a judge to advocate for a specific dependent child who has been removed from home. The volunteer gets to know that child – their perspectives and needs – and represents these to the judge and CWS system. Several counties have CASA programs.

CA Department of Social Services

LIFE AT COURT

Juvenile courts and judges are under pressure to move cases at a much faster rate due to shortened time frames for reunification and fiscal incentives to increase adoptions. High caseloads and systemwide problems hinder the court's ability to ensure timely reunification or permanent plans.

In spite of a common interest in the child's welfare, courts and placement agencies often do not work well together. Some judges mistrust social workers' judgment and require additional evaluations. Many have become less tolerant of missed timeframes by social workers in spite of the pressures they face with high caseloads.

There is high turnover and short tenures for juvenile court judges and attorneys. This situation, along with insufficient training in child welfare law, affects the quality of court decisions. In addition, data systems do not adequately track case progress or court compliance with mandated timeframes.

Juvenile Courts: Reforms Aim to Better Serve Maltreated Children

Social workers, in turn, report that some courts treat them as "whipping boys" for the social services department. *"When you walk into the court arena, you need to put on a bullet proof vest emotionally...the worker gets eaten alive by the attorney and the court."* *"... we are treated like our opinions and evaluations aren't worth anything ... like we are the problem."*

Social Worker Meltdown

Foster youth report that they felt left out of the court process, that their opinions were not taken seriously, and that their attorney did not represent their interest in court ...many never actually spoke to their attorney. Foster youth also voiced concerns about the lack of information about ...the court process. "The social worker talked to everyone but me." Some youth who did go to court felt that they had not been prepared about what to expect.

Foster Youth Share Their Ideas for Change

parties. It is responsible for ensuring that each child has a permanent home. The juvenile court decides if children will be removed from their homes, how long they will remain in foster care, and whether they will return to their parents.

The court process involves a series of hearings and case reviews within specified timeframes. Judges (or court-appointed referees) rely on assessments and information from social workers, service providers, and others to reach decisions. They appoint special child advocates, and attorneys to represent the child, parent, and placement agency.

Juvenile Court Process

The court process begins when the social worker or probation officer removes a child from his/her parents. The worker places the child in a temporary foster care setting and files a petition with the juvenile court. The court conducts the following hearings:

- **Initial (Detention) Hearing:** to approve the child's temporary removal from home. *Due within 48 hours of removal.*
- **Jurisdiction Hearing:** to determine whether or not neglect/abuse has occurred and whether the child continues to need foster care. *Due within 15 days of initial hearing.*
- **Disposition Hearing:** to determine the child's placement and establish the plan for services. Generally, the court orders family maintenance or family reunification services if the child is in foster care). *Due within 10 days after the jurisdiction hearing.*
- **Review Hearing:** to review services efforts and determine if child can be returned to parent. *Due at six-month intervals.*
- **Permanency Hearing:** to determine if the child can be reunified, or identify the long-term plan when reunification will not occur. *Due within 12 months (6 months for children under 3); may be extended to 18 months.*

- **Selection and Implementation Hearing:** to determine whether the child is likely to be adopted. The court can terminate parental rights and order adoption, or another option, as a permanent plan. *Due within 120 days after reunification services end.*
- **Post Permanency Planning Hearing:** to monitor the progress of the long-term plan. *Due every 6 months until the case is closed.* The case is closed when the child is adopted, or court supervision is no longer needed.

CROSSING SYSTEM BOUNDARIES

Many families involved with the CWS and foster care systems need a range of services that are provided through different systems. Parents often have substance abuse treatment, employment, mental and physical health, and other needs. Children have multiple needs due to the abuse and neglect they experienced at home, the trauma of being separated from their parents, and the uncertainty they face as they enter the foster care system. Health, mental health, substance abuse, education, family violence, and other services and systems are integral to ensuring the safety and well-being of children and their families.

County social workers and probation officers report difficulty in obtaining services. Many are in short supply or lacking altogether. Long waiting lists are common for substance abuse treatment and other services.

Families are generally in crisis when children enter foster care. Unavailable services and long waits decrease or eliminate the option for children to remain at home or reunify with their parents. Children spend lengthy periods in “temporary” placements when their parents cannot access the services they need to meet the required case plan goals and reunite with their children.

Health Care

Children in foster care have overwhelming health needs. They typically suffer high rates of serious physical, developmental or psychological problems.

Federal and state law requires that foster children receive comprehensive physical, mental, developmental, and dental health care. Children in foster care, and former foster youth, are eligible for Medi-Cal until age 21. Despite legal mandates and Medi-Cal coverage, however, being in foster care often does not improve access to adequate health care. Foster children are not routinely assessed for health conditions. They often fail to receive preventive and early intervention health services.

HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE (HCPCFC)

The HCPCFC uses public health nurses (PHNs) to ensure that foster children receive the health services they need. The local health department hires, funds, and supervises the PHNs. Located at county welfare and probation departments, PHNs participate on multi-disciplinary teams and work with the social worker/probation officer to coordinate health care services for each child. They liaison with health care professionals and providers, assist in collecting and interpreting health care information, develop health resources, and provide training.

CA Department of Health Services

Health services are provided through a patchwork of programs that are often confusing and uncoordinated. Only a small pool of health care providers are willing to serve foster children because of red tape and low Medi-Cal reimbursement rates. Many of these providers are not trained to deal with the complex health issues presented by foster children. In addition, medical records are poorly maintained or non-existent due to frequent placement moves. These health care barriers often result in over-immunized foster children, misdiagnosed symptoms, and under-treated chronic conditions.¹⁰

Mental Health

A high number of children entering foster care have mental health conditions. The incidence of emotional, behavioral and developmental problems is several times greater among foster children in comparison with other children, including those receiving public assistance. Children with mental health issues commonly exhibit disruptive behaviors, delinquency, hyperactivity, and aggression.

Foster children also have higher mental health usage rates, and are responsible for more mental health expenditures than other children. While most receive treatment on an out-patient basis, they are more likely to be hospitalized for a mental health condition.¹¹

There are several barriers to receiving mental health services. A primary barrier is access to services; most services are limited or lacking altogether. Another is proper diagnosis: many children are diagnosed improperly, or not diagnosed at all; the diagnosis impacts treatment and access to services. In addition, the lack of coordination among mental health, child welfare, juvenile justice, and other child agencies, affects the ability of foster children to get effective services.¹²

AFFECT OF PARENTAL SUBSTANCE ABUSE

- ❑ Substance abuse causes or exacerbates 7 out of 10 cases of abuse or neglect.
- ❑ Children whose parents abuse alcohol and drugs are almost 3 times more likely to be abused and more than 4 times more likely to be neglected.
- ❑ Children exposed prenatally to drugs are 2 to 3 times likelier to be abused or neglected.
- ❑ Most cases of abuse and neglect by substance-abusing parents involve children under age 5.

*No Safe Haven:
Children of Substance-Abusing Parents*

Substance Abuse

“My mom gave me up because she was going through drug therapy and she couldn’t get rid of the drugs, so she had to get rid of something. She didn’t want me to be mistreated, so she gave me away.” – Charles, 15

Parental substance abuse and addiction has had a profound effect on foster care. It has overwhelmed the child welfare system and compromised its ability to protect children and preserve families. It is also affecting younger and younger children.

A major issue is the disconnect between the timeframes mandated for reunification (18 months) and the average time needed for adults to successfully complete treatment (over two years). Children’s emotional and physical needs for a safe and stable home conflict with their addicted parents’ need for adequate time to recover from their addiction.¹³

Education

Schools provide continuity and stability for most children: this is not the case for many foster children. Many have difficulty and either fail or are kept back a grade. The school experience for many foster children includes repeated transfers to different schools as they change placements. In addition to losing friends, foster children often lose academic credits. School files and immunization records are often missing; no records mean delayed enrollment and lost school time. Different curricula, standards, and rules must be learned in the new school.¹⁴

Foster children, in turn affect the school setting. Nearly half of the children in group care are eligible for special education services. They receive these services at local public schools or at nonpublic schools that are generally located at a large group facility. In the public school classrooms, foster children often represent challenges to overloaded teachers. Many arrive in school with impairments –developmental or emotional delays – due to both their home and foster care experience.¹⁵

The school district is responsible for ensuring that foster children, like all children, receive an appropriate education, and for funding all of the services needed. However, some schools view foster children as “temporary” and are reluctant to provide enhanced services to meet their individual needs. Other schools lack the resources to meet the special needs of this population.

Family Violence

Family violence (also known as domestic violence) is also closely interconnected with child abuse and child welfare services because it is present in many of the families served by the system and because it has serious adverse effects on children who are exposed to it. Child welfare workers report a significant increase in the number of families with family violence histories; some studies show a 50% incidence.

Children exposed to family violence are more likely to be violent. Male children who witness violence are at greater risk of repeating the violence in their own families. Children who witness this violence are often abused themselves. However, they can be harmed regardless of whether they are directly abused. Children in violent family situations may experience post-traumatic stress disorder, physical conditions, severe behavioral and academic problems, and increased delinquency.¹⁶

FOSTER YOUTH SERVICES (FYS) PROGRAM

The California Department of Education funds FYS programs in 42 counties to assist foster children living in group care. FYS staff work with placing agencies, juvenile court, county health and mental health, community agencies, and the school. The program provides support services, educational assessments, tutoring mentoring, counseling, and help with school record transfers.

CA Department of Education



CWS & WELFARE REFORM

The federal 1996 Personal Responsibility and Work Opportunity Reconciliation Act, and the subsequent California Work Opportunities and Responsibility Act, generated great interest and concern among child welfare professionals and child advocates. Welfare reform affects socioeconomic circumstances (parental employment, household income, and poverty status) that are related to child abuse and neglect.

If welfare reform increases families' economic well-being, abuse/neglect reports and foster care placements could decrease. However, welfare reform could adversely affect children. Families will need to adjust when a parent is working instead of being at home. If families' economic condition worsens, increased family stress may result in increased abuse/neglect and foster care placements.

There is limited information to date on how welfare reform is affecting child well-being and development. Several studies are underway.

Public Welfare and Other Systems

The child welfare system is closely linked with CalWORKs, California's public welfare system (known as the federal Temporary Assistance for Needy Families program). Only a small percentage of families on CalWORKs are involved with the child welfare system. However, most families involved with child welfare – three-quarters – receive CalWORKs payments.¹⁷

Other systems provide services to children and families involved in foster care. For example, foster children with developmental disabilities are eligible for services from regional centers in the developmental disabilities system.

In addition, the foster care and child support systems are linked. Child support payments for children in foster care are automatically transferred from the custodial parent to the state to help pay for board and care costs.¹⁸

Foster Children Described

CHARACTERISTICS

Number—The vast majority of the children in foster care (over 95,000) are dependent children in the child welfare system who have been removed from their parents and their homes due to abuse or neglect. There are around 6,500 probation wards in the juvenile justice system in foster care.¹⁹

Reason in Foster Care – Most dependent children are in foster care due to neglect. The second most common reason is physical abuse. Most probation wards in foster care have committed a personal or property law violation.

Gender/Age – The gender breakdown for dependent children reflects the general population. Almost one-third of dependent children in foster care are under age 6. Over half are under age 11.

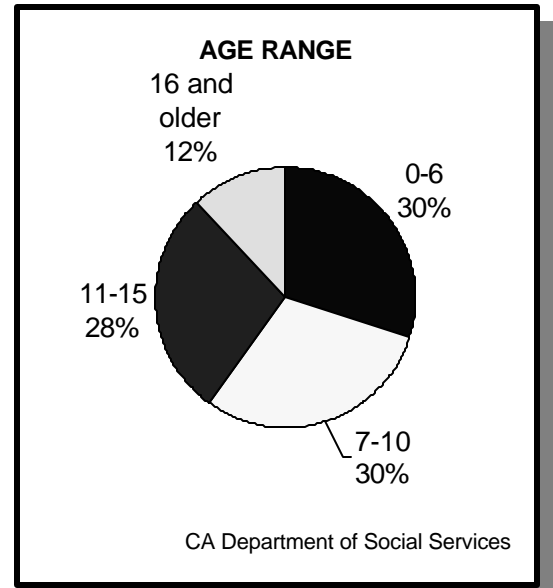
In contrast, over three-quarters of probation wards are male. They are also older; most are ages 15-19.

Recent brain research has shown that the first three years of life are the most critical for a child's development. Infants and toddlers enter foster care at a particularly vulnerable time. They have highly complicated emotional, behavioral and medical needs.²⁰

Siblings – Nearly half of the children in foster care have at least two siblings who are also in care. While a small number of sibling groups are able to stay together, most children are placed with at least some of their siblings. Siblings are able to stay together most often when they are in a kinship placement.

There is an increased awareness of the emotional trauma suffered by siblings when they are separated in foster care. Siblings are required to be placed together whenever possible. When they are separated, social workers must justify the reason to the court. Siblings have the right to visit with one another.

When siblings do not remain together, the major reason is the lack of placements that can accommodate sibling groups. *“If their sibs have to be placed in different homes, they are devastated. They worry all the time...I think there's a hole in their hearts.”*²¹



ETHNICITY OF CALIFORNIA CHILDREN IN FOSTER CARE & THE STATE POPULATION

	FC	CA
African-American	32%	7%
Hispanic	33%	41%
White	31%	40%
Asian/Pacific Islander	3%	10%

CA Department of Social Services, 2001
Department of Finance, 1999

Ethnicity – Children in foster care are ethnically, culturally, and socially diverse. However, the ethnic mix of children in foster care does not match the state child population. African-American children are significantly over-represented. Hispanic, Caucasian, Asian, and other children are underrepresented.

Some child welfare professionals suggest that African-American parents may be disproportionately reported for abuse and neglect, or may be assessed as having greater problems and being less able to keep their children safe due to discrimination. However, the relationship between race/ethnicity and child welfare is complex. Some researchers have found that many of the differences among groups reflect the family’s economic situation.²²

The Poverty Connection

California’s child poverty rate is higher than the national rate. The poverty rate is also higher for African-American children and for Hispanic children than for other groups.²³

Being poor does not mean parents will abuse their children. However, the probability of a child being reported as abused or neglected increases dramatically when families live in poverty. Most children living in foster care are from low-income families that are eligible for public assistance.

One explanation of the link between poverty and child welfare services/foster care is that the stress created by living in poverty plays an important role in increased abuse and neglect by parents. Parents who experience prolonged, ongoing frustration in trying to meet their families’ basic needs may be less able to cope with life’s crises and even normal childhood behavior. (Conversely, parents with higher income levels may be able to address and alleviate family stresses through private services and resources and avoid coming to the attention of the child welfare system.)²⁴

An alternative explanation is that it is the presence or absence of adult support that makes the greatest difference in child abuse and neglect within families. Children growing up in one-parent families are much more likely to be poor. Poor families are forced to live in communities that are characterized, in part, by out-of wedlock births and high-risk behaviors such as substance abuse. These communities do not reinforce traditional moral values, such as marriage. The generations of single-parent, female-headed families created by these communities leads to the high number of poor children in foster care.²⁵

FOSTER YOUTH DESCRIBE THEMSELVES

“I was in my senior year of college before I realized I wasn’t the only student who had been in foster care.” – Jessica, 21

“... even though I’m in the system doesn’t mean I’m different from other youths. I have gotten through the past and I’m praying that I will get through the future.” – Female, 18

“Society treats me like a failure. Boy, are they wrong! How many failures maintain a 3.8+ GPA, hold down a part-time job, volunteer extensively and have plans for the future? A failure I am not. But society doesn’t see that. To them I’m just a foster kid: a typical juvenile delinquent, a failure...” – Female, 16

“If I could recreate the system I would change the way the young adults are treated...if adults who worked in the system would step back a little and watch today’s youth, they would understand and recognize the talent we young people possess. If we can use and gain from our skills, which we have acquired from our troubles, in a way our troubles would be worth it. Adults in the system are always expecting the worst. But if they give us room to grow they would be able to see that we have the potential to be the best there is and ever will be.” – Anonymous

Children and youth in foster care report that they often feel alone and isolated. They describe being stigmatized, and commonly experience others looking down upon and labeling them. Children who have been neglected or abused feel that others blame them for their situation. In addition, many report feeling as if their workers, caregivers, and others do not see them as individuals. Instead, they are referred to, and treated, as a “300” (child welfare dependent), a “602” (probation ward), or as a specific “mental health diagnosis.”²⁶

Foster children and youth want to be recognized for their individuality, and for their particular abilities and strengths. They want to be treated with respect, and supported in their efforts to contribute to society.

Foster children are participating in advocating for their needs and reforms in the foster care system. Policymakers, program administrators, and front-line workers increasingly acknowledge and tap into foster children as one of their most important resources for improving services and the foster care system.



THE CALIFORNIA YOUTH CONNECTION

The California Youth Connection (CYC) is a statewide youth leadership and advocacy organization for current and former foster youth, ages 14-24. Based on their experiences, CYC members work to improve foster care, and educate the public and policymakers about their unique needs and issues.

California Youth Connection

Where are the Children: A Range of Placements

PLACEMENT ORDER “LEAST RESTRICTIVE TO MOST RESTRICTIVE”

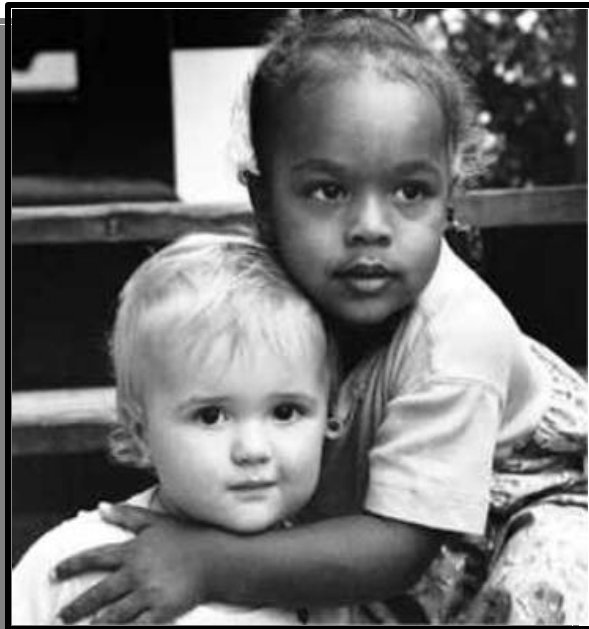
1. Relative Home
2. Family Home
3. Certified Home/
Foster Family Agency
4. Group Home
5. Community
Treatment Facility

Children in foster care are found in a range of settings: relative homes, family homes, small group homes, residential treatment settings, and community treatment facilities. These settings provide different levels of structure and services.

Children are required to be placed in the least restrictive or most family-like setting that will meet their needs. In addition, social workers must keep the child in his/her community and school to the extent possible.

However, children often end up in placements that do not match their needs. Finding an appropriate placement is often the social worker’s most difficult and challenging task. Specific placements that meet their needs and keep the child in his/her community are often limited, if available at all. County social workers and probation officers often rely on shared anecdotal information about “good” and “bad” placements and their programs. In many instances they end up placing children wherever they can locate a vacant bed.

Close to one-fifth of children in foster care are placed in a county different than where they live; around 3% are placed in a different state.²⁷ Some children are placed in another county or state to keep them with relatives, remove them from neighborhood gangs, or meet other specific needs. However, most of these placements are due to a shortage of in-county options.



SHELTER CARE

When children are removed from home, about one-fifth end up in an emergency shelter as their first placement.²⁸ Sometimes called children’s receiving homes, shelters are intended as short-term, temporary housing – no more than 30 days – until children are returned to their parents or placed in a facility that matches their needs. Children also return to shelter care when they are removed from one placement and are waiting for a new one.

Counties use licensed foster family or group homes for shelter care. Some counties use public facilities that are licensed and run by a non-profit organization. A small number of counties operate their own licensed shelters.²⁹

Public shelters are often overcrowded. They are filled with children with severe problems who remain on a long-term basis because other placements are not available or will not accept them. Children who have different needs and exhibit a range of behaviors are mixed together in shelter care, creating a risk of harm.

“We are supposed to be a temporary shelter, but the severity of their problems makes many of the kids hard to place. They may bounce from foster homes and group homes and then end up back here, so it is no longer just temporary housing and the population is getting rougher.” – Shelter social worker³⁰

KINSHIP CARE

“The dramatic shift to kinship care is among the most important child welfare trends of the decade.”³¹

Kinship care refers to living arrangements in which a relative or someone emotionally close to the child takes parenting responsibility for rearing the child. The kinship trend is attributed to a number of factors: “least restrictive” placement requirements; ongoing efforts to give preference to relatives; the growing recognition of the benefits of family care; and the declining pool of traditional foster family homes.

Kinship is not a new concept – relatives have been caring for children in the absence of their parents for centuries. However, this once informal, private child care arrangement has been adapted as a formal CWS strategy. Kinship homes are required to meet the same health and safety standards as licensed homes.

The prevailing view is that it is better to place children within their wider family circle and keep families together, even if some of these placements are less than ideal. In addition, relative caregivers provide a culturally sensitive environment.

More children are placed in kinship care than with non-related foster parents. This is especially true for African-American and Hispanic children.

Relatives caring for children, most often grandmothers, face enormous challenges and stresses. Most need help to care for the children and support themselves. Many have their own health problems and issues. Kinship caregivers generally need quality respite care, help accessing education, health, and mental health services for the children, assistance with housing, and emotional support for themselves. Many also need reliable childcare.

KINSHIP CAREGIVER CHARACTERISTICS

- ❑ Kinship caregivers usually receive little, if any, preparation for their new role.
- ❑ Caregivers are older, more likely to be single, African-American, have less education, and less likely to report being in good health.
- ❑ Caregivers are more likely to have lower incomes and to receive public benefits.
- ❑ CWS workers provide less information to kinship caregivers than to non-kin foster parents.
- ❑ Kinship caregivers receive fewer services for themselves and the children under their care than non-kin counterparts.

Report to Congress on Kinship Care

Recent state legislation has increased the services available to kinship families. For example, counties with large kinship populations are eligible for grants for kinship support services programs that provide a range of services to keep the family together. In addition, the definition of relative has been expanded, and relative caregivers are now included in foster parent training and orientation programs.

FOSTER FAMILY PLACEMENTS

Child welfare professionals and researchers agree that the optimal environment for a child's development is in a family setting. Two types of non-relative family home placements provide the majority of foster care: foster family homes (FFH) and certified homes (CH) of a treatment foster family agency (FFA).

Children under age six are almost exclusively placed in family (including kinship) homes to meet their developmental needs. *"In our work with infants and toddlers in foster care, we have seen over and over again the powerful impact of early caregiving environments and their power to heal or further damage these most vulnerable youth children."*³²

FOSTER PARENT CHARACTERISTICS

- ❑ Foster parents generally are between ages 35-50.
- ❑ The majority are a married two-parent household with a female caretaker.
- ❑ The majority are Caucasian; the number of African American foster parents has decreased since 1980.
- ❑ Foster parents are usually high school graduates with some college.
- ❑ Fifty-nine percent of foster parents reported that they worked outside the home; only one-third of the foster mothers were full-time homemakers.

Children's Defense Fund

Foster Family Homes

A foster family home is a licensed family residence that provides 24-hour care for no more than six children (eight if a sibling group). Foster parents provide a supportive and stable alternative home until family problems are resolved. In most cases, foster parents work with CWS workers to reunite the foster child with his/her parents. In some cases, foster parents care for a child in anticipation of adopting that child.

Most counties license foster family homes under state-delegated authority. The CDSS licenses the remainder of homes. The licensing process includes home inspections and family interviews to ensure compliance with minimum safety and space requirements. Foster parents must also meet personal requirements, including sufficient income without the foster care payment. Working foster parents must make appropriate childcare arrangements.

There is an extreme shortage of foster families. The number of foster family homes has declined statewide (and nationally) during the past ten years. Foster families of color (African-American, Hispanic, Asian

and Native American descent) are especially limited. In addition, foster homes that will accept sibling groups, medically fragile infants, or children with other special needs are in short supply.

Several factors contribute to this shortage. Foster parents report that foster care payments do not cover the costs of caring for a foster child. Communication and support from the child's social worker is usually not adequate – neither is specialized training to address the multiple and complex needs of foster children. Services such as childcare and respite care are not available.

Many foster parents have ended their relationship with the county and turned in their foster home licenses. They have signed on instead with a foster family agency to get additional support for their foster children and themselves.³³

Foster Family Agencies

Foster family agencies are the fastest growing placement option. In the past ten years, the number of children placed with an FFA has grown dramatically while foster family home placements have remained fairly stable.

An FFA is a licensed private non-profit entity that recruits and certifies family homes for its exclusive use. It provides training and professional social worker support to foster parents.

Most FFAs provide treatment (or therapeutic) foster care and are intended by law to provide a family home alternative to a group home. They are designed to provide care and treatment for children with emotional, behavioral, developmental or other special needs. A small number of non-treatment FFAs are used for children who do not need treatment or are pending adoption.

In practice, there are few differences between children placed with a treatment FFA and those placed in foster family homes. County social workers place children with FFAs primarily because a foster family home is not available.³⁴

GROUP CARE

Group Homes and Residential Treatment Centers

Group care offers a continuum of structure, supervision, and service levels. Dependent children in the child welfare system are placed in group care primarily to receive treatment. Probation wards are generally placed in group care because it provides a more restrictive environment than a family home; it is often used as an alternative to juvenile hall. While wards represent less than 10% of the foster care population, they make up 40% of the group home population.

FOSTER FAMILY HOME PAYMENT & COST TO RAISE A CHILD

- A foster parent in Los Angeles County receives an average of \$5,640/year or \$15/day to provide for a foster child.
- It costs \$7,272/year or \$20/day to raise a child in the urban West.

CA Department of Social Services, 1999
U.S. Department of Agriculture, 1999

LICENSING & CERTIFICATION

The CDSS Community Care Licensing Division (CCL) licenses and monitors facilities to ensure the health, safety, and personal rights of children in foster care.

CCL monitors facility safety standards, food storage and preparation, available medical services, staff qualifications and training, supervision, and documentation requirements.

CCL does not monitor program or child outcomes.

CA Department of Social Services

A group home is a licensed facility that provides 24-hour supervision in a structured environment. Group care is also referred to as “shift care” because child care and social work staff are employed by the licensee to provide care in shifts that cover the 24 hours.

Group care facilities range from small group homes where up to six foster children live in houses located in the community, to group homes that can house large numbers of children. Group facilities that provide intensive therapeutic environments are commonly known as residential treatment centers. Some target a specific population – such as sex offenders or minor parents – or provide specialized services.

Three-fourths of children in group homes are age 12 or older. They typically have experienced an average of five family home placements before being placed in a group home. Generally, these children lack age-appropriate skills, have trouble complying with rules, are verbally and/or physically aggressive, or are depressed and suicidal. They need intensive services and a structured, well-supervised environment.

Group homes are continually faced with high staff turnover. The job is difficult, the pay is low, and benefits are minimal. Many of the staff who care for children with the greatest needs are inexperienced and undereducated.³⁵

Community Treatment Facilities

A community treatment facility provides 24-hour intensive supervision in a highly structured environment that includes containment. This facility is both licensed and certified by the State Department of Mental Health. It is the most restrictive service option among the range of foster care placements. For this reason, the number of community treatment facility beds statewide is limited to 400.³⁶

PLACEMENTS: NUMBER, DURATION, STABILITY, AND RE-ENTRY

Number

From the early 1980s until the late 1990s, the proportion of children in foster care more than doubled; the rate of children grew from fewer than 5 per thousand in 1983 to over 11 per thousand in 1997. During the past few years, the foster care population has remained fairly stable (with slight declines). This growth change is primarily attributed to the transfer of kinship placements from the foster care program to the Kin-Guardianship Assistance Payment Program (see page 29).

In addition, the size of the foster care population is tied to economic conditions. Favorable economic conditions over the past few years also contributed to a slowdown in foster care growth. Currently, foster care growth is proportional to the growth in California’s child population. However, due to recent declining economic conditions, researchers report seeing early signs that the number of children in foster care is beginning to climb again.³⁷

Duration

Foster care is intended to be short term. However, missed reunification and other permanency timeframes often extend a child's stay in the system.

Children generally stay in foster care either for less than one year, or for three years or more. Around 15% of children who enter foster care remain in care for less than five days. A similar percentage of foster children spend more than six years in care.

During the first year, children age 11 and older have the highest exit rate. Infants have the lowest rate during this period. Infants and young children are likely to have been removed from parents with substance abuse problems that have not been resolved within a year; in addition, they are more vulnerable to abuse and neglect than older children are.

Foster children in kinship placements stay in the system longer than do children in foster family care. In many cases, this is because the relative does not want to sever the family ties between the parent and child. Kinship care becomes a permanent or semi-permanent placement.³⁸

Stability

A significant number of foster children experience multiple placements. Some placement moves result from caregiver changes: foster parents stop caring for children or move to another location, facilities lose their license, the caregiver is not able or willing to meet a particular child's needs. Other placement moves are attributed to child behavior. Regardless of reason, multiple placements increase behavioral and other problems and are associated with poor child outcomes.

Children placed in kinship care experience fewer placement moves than children in non-kin care. After one year, one-quarter of kinship children (who entered foster care in 1998) experienced three or more placements while about one-half of children in non-kin placements had three or more placements. After two years, one-third of kinship children and over 60% of children in non-kin placements had three or more placements.³⁹

Back in the System: Re-Entry

Almost one-fourth of the children who leave foster care return to the system within three years. Among those children placed in kinship care, fewer return to foster care.⁴⁰

It is often challenging and difficult for foster children to return to their home, or go to an adoptive home or another permanent placement. Many children develop behavioral problems associated with abuse or neglect, the trauma of being separated from their family, and the stresses associated with being in foster care. It is generally difficult for



the parents as well. Often, they have not fully resolved their problems or changed the behaviors that led to the child's removal.

Families need support during this transition period. Continued services are often needed for several months. All too often, however, the reunification or permanent plan fails because supports and services are no longer available or are too limited to meet the family's needs. The result: the child is removed again and cycles back into foster care.

A Family of Their Own: Options for Permanency

A little more than half of all foster children are reunified with their parents. Children who cannot return to their biological parents have three permanency options: adoption, guardianship, and another planned permanent living arrangement. A small number of children leave the system for other reasons, including running away and incarceration.

California uses a two-track concurrent planning process to provide a permanent home for the child as soon as possible. This means that social workers provide reunification services and, at the same time, plan for an alternative living arrangement in case reunification is not possible.

ADOPTION

Adoption is the first option the court must consider. Adoption is a legally permanent process in which the child becomes the “child” of his or her adoptive parents. The birth parents must give their consent, or the court must terminate their parental rights. Children over age 12 must also give their consent.

Federal law promotes adoption as the primary means to reduce the foster care population. (See Appendix 3.) States receive monetary rewards for finding adoptive homes for foster children. California is expanding post-adoption services and supports to reduce disruptions and prevent children from returning to foster care.

Foster parents adopt most of the children adopted out of foster care. These families take on significant challenges and often need both financial assistance and a range of services (mental health, family counseling, and specialized training).

Adoption Assistance Payment Program

The Adoption Assistance Payment (AAP) Program provides benefits to parents who adopt children with special needs. “Special needs” refers to factors that may make a child difficult to be adopted, including

FOUR YEAR OUTCOMES OF CHILDREN ENTERING CARE IN 1992

Reunification	55%
Adoption	7%
Guardianship	3%
Emancipated	3%
Other	7%
Still in Care	25%

CA Department of Social Services

FOSTER CHILDREN & ADOPTION

Author Nell Bernstein interviewed 160 foster youth. She describes the intensity of the youths’ sense of connection to their biological parents regardless of how long it had been since they had been together. The idea of permanently severing a family -- losing their biological parents -- is “terrifying and kind of heartbreaking.”

Nearly two-thirds did not want to be adopted. *“I wouldn’t have accepted it. I love my parents a lot and no matter what happens I will always do so.”* – Male, 17

The youth who did want to be adopted had generally entered the foster care system very young and knew they would never be reunified with their families. *“There’s nothing better than having a set of parents that really love you and want to take care of you...being in foster care is like four people in a room, each in a corner. Being adopted feels like all of the people in the middle of the room, all talking to each other.”* – Charles, 15

A Rage to Do Better

age, ethnicity, member of sibling group, or medical, physical, mental or emotional disability.

AAP payments are based on the child's need. The amount is negotiated with the adoptive parents; the maximum is the amount the child would have received in a foster family home.⁴¹

GUARDIANSHIP

The second option, guardianship, gives temporary legal authority and responsibility for a child's care to a responsible adult. Guardianships end when the youth turns 18, is adopted or married, or if the court terminates the legal relationship.

Guardianship offers a middle ground between reunification and adoption. Relative caregivers who do not want to sever the parent/child relationship use this option. It is also appropriate for older children who will not consent to adoption due to emotional ties with their parents.⁴²



Kin-Guardianship Assistance Payment Program

The Kin-Guardianship Assistance Payment (Kin-GAP) Program encourages relatives to establish permanent legal relationships with their foster children. It promotes a smooth transition from foster care to permanency with a relative guardian by providing benefits for a period of time after the transfer.

Relative caregivers are eligible for a Kin-GAP grant when they assume guardianship of a child who has been with them for over 12 months and the juvenile court terminates the dependency of the child. The Kin-GAP amount is equal to what the child would have received in a foster family home. The relative guardian may receive payments until the child graduates from high school or reaches age 19.⁴³

ANOTHER PLANNED PERMANENT LIVING ARRANGEMENT

Another planned permanent living arrangement (commonly known as a “permanent placement”) is the court's third option. This is generally long-term foster care – continued placement in a foster home. This option is used most often when children are placed with relatives who do not want to adopt or become a guardian, and for older youth who are in a stable placement.

On Their Own: Transition from Foster Care

AGING OUT

“Basically, they orphan you at the age of 18.” – Alfred Perez, former foster youth.⁴⁴

“We have made them our children and just when they need us the most, we abandon them.” – Social worker⁴⁵

Each year, about 4,000 foster children “age out” of the California foster care system. When most youth turn 18 – the age of emancipation – the state no longer pays for their care. This means no more food, shelter, clothing, and supervision. Foster parents have no obligation to house, feed, or guide their former foster children.

Foster youth can stay in the system until age 19 if they haven’t finished high school and will graduate by their birthday. In addition, some counties use county funds to pay for board and care costs for foster youth older than 18.

Recent federal and state legislation have increased support for transitioning foster youth. Medi-Cal coverage for health care was extended until age 21. The state also provided increased funding for transitional housing and education/training programs.⁴⁶

INDEPENDENT LIVING

“I’ve got dreams and I am going to do’em. I’m serious about school, but I’ve got to find a place to live.” – Charla Williams, former foster youth⁴⁷

The Independent Living Program (ILP) provides services to help foster youth and former foster youth, ages 16 to 21, develop skills to locate jobs, manage money, and survive as productive citizens. In some counties, services are being provided to younger children who will likely be in foster care until they emancipate. These services are intended to give them an early start towards self-sufficiency.

Counties design their own ILP services to address youth’s needs as they transition out of foster care. In some counties, community colleges provide ILP services. Services include classes on life skills (money management), self-sufficiency skills (job

SIGNIFICANT CHALLENGES TO SELF-SUFFICIENCY

Studies of former foster youth show that one to four years after leaving care:

- Few had entered college and more than a third had not completed high school.
- Around one-fourth had lived on the streets or shelters at some point.
- Around half were not employed.
- Nearly half had problems getting medical care most or all of the time.
- Close to a third were receiving some form of public assistance.
- Over 40% had been pregnant or fathered a child.
- Around a quarter had spent some time in jail.

Foster Care: Challenges in Helping Youth Live Independently, and Orange County is No Camelot for Emancipated Youth

"I was in nine different group homes as a teenager. The one stable thing in my life was my high school...When I got moved to the children's shelter, school staff took turns picking me up to make sure that I got to school...in retrospect I realize that was the most powerful thing somebody could have ever done for me – made sure I got an education... I didn't realize it until recently, but my life is different now because I went to college. The way I live now, the way I think, what I do in my spare time, is all because I went to college."

Tony, 22
A Rage to Do Better

"Timothy was the first male in my life who ever took an interest. He taught me things like how to tie a tie. We would go work out and exercise together. When I was applying to colleges, Timothy made sure I got to visit every university I applied to, and make a sound decision. When I was in college, he helped me pack and unpack, drove me there. Just the kind of things that your family would normally do, or a father. But I didn't have that."

Alfred Perez
*Voices of Foster Care:
People Who Made a Difference*

[Alfred entered foster care at age 12. He moved 11 times – living in group homes, children's shelters, and a foster home – until he was emancipated at age 18.]

preparation), college and career preparation, making decisions and choices, and building self-esteem.

Housing – Federal law allows counties to spend almost a third of their ILP allocation to provide housing. Former foster youth, and those who work with them, identify housing as the most needed aftercare service. This includes access to affordable housing options, adult shelters and temporary housing, longer-term transitional housing programs, and summer housing for college students.⁴⁸

A small number of foster youth in some counties have the opportunity to participate in the Transitional Housing Placement Program. This program offers a licensed structured living arrangement and intensive life skills training. Youth commonly live in an apartment or house and are supervised by the placement agency.

Employment and Education – Employment is a key component for improving economic conditions for foster youth. After housing, former foster youth need a job. Employment assistance, and vocational training and education, are especially needed.⁴⁹

Many foster youth who have survived the transition to independence consider that the chance to attend college was the key to their future. Attending college requires overcoming several barriers. Many youth have gaps in their learning from placement moves, or are short school credits that were lost during these moves. Foster youth often have no one to help them decipher and fill out confusing forms such as applications for college and financial aid.

Lack of financial support is a major barrier. Foster youth are eligible for different types of financial aid. However, some do not know they are eligible due to their foster care status. And some do not want to be identified as former foster youth due to its stigma. "...I am out of the system now, that's behind me."⁵⁰

Family and Relationships – Ongoing relationships and a strong social support network are critical to successful transitions to independence. Former foster youth describe relationships with caring adults and peers – mentors, foster parents, foster care and group home staff, social workers and others – as invaluable sources of guidance and emotional support.⁵¹

Big Bucks: Funding Foster Care

FOSTER CARE COSTS

It costs federal, state, and county government over \$1.5 billion for foster care administration and payments each year. An additional \$500 million annually goes to child welfare services for children in foster care and their families each year.⁵² Billions are also spent through other systems for health and mental health care, special education, court administration, substance abuse treatment, and other services used by foster children.

FEDERAL AND STATE FOSTER CARE

California's foster care system is made up of two separate programs with different funding sources: federal and state. Most of California's foster children (over 80%) are federally eligible and receive federal funding. Children who are not federally eligible are served under the state program with state general funds.

The program requirements for the federal and state programs are essentially the same. Both require court orders, a case review system of written case plans, court reviews, and placement in a licensed community care facility. Payment rates to care providers are the same.

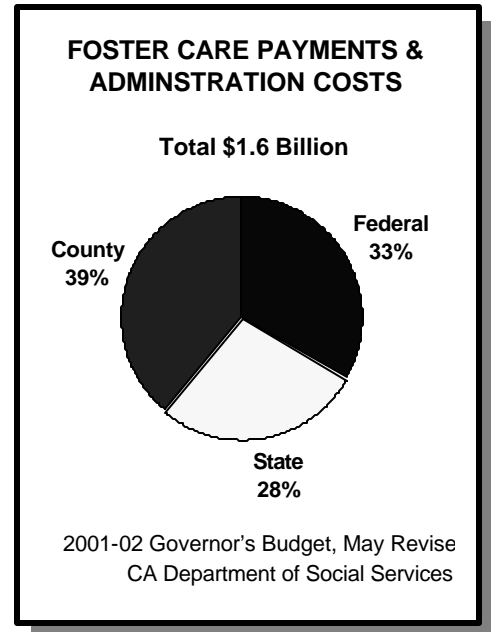
The primary difference between the federal and state foster care programs is that children who receive federal funds must meet specific income and other eligibility criteria that link them to the Temporary Assistance to Needy Parent Program. Counties must determine the federal eligibility for each child.⁵³ (See Appendix 1 for a comparison between the federal and state programs.)

Federal/State/County Sharing Ratios

Each county has a mandated share-of-cost (match requirement) for both federal and state funds. County funds can augment these amounts. Each county determines the mix of funds for each program.

MAINTENANCE PAYMENTS

Foster care costs are largely based on payments for board and care, generally referred to as *maintenance payments*. Maintenance payments cover the cost of purchasing and



FED/STATE/COUNTY SHARING RATIOS

Program	Federal	State	County
Federal FC	50%	20%	30%
State FC		40%	60%
CW Services	75%	17.5%	7.5%

CA Department of Social Services

providing food, clothing, daily supervision, school supplies, personal incidentals, liability insurance for the child, and reasonable travel to the child's home for visitation. They are made to foster care providers on behalf of the child.⁵⁴

Most counties provide a monthly specialized care payment for children in kinship and foster family homes for additional services to meet the child's specific health or behavior problems. Payments generally range from under \$100 to over \$1000. In addition, most counties also provide an annual clothing allowance that ranges from \$100 to \$600.⁵⁵

Payments to foster family agencies and group homes include an additional amount for administration and operation. The group home payment includes social worker costs.

MONTHLY RATES FOR FOSTER CARE FACILITIES

Foster Family Home

\$425 - \$597

Rates are based on age ranges; the amount increases with the child's age. (A small number of counties, including Los Angeles, receive a slightly higher rate.)

Foster Family Agency

\$1589 - \$1865

Rates are based on the:

- Certified Home Rate (FFH Rate + Child Increment) and
- Agency Payment (Social Work + Admin. Costs)

Group Home

\$1454 - \$6371

Rates are based on a 14 level rate classification system. Levels reflect the intensity of care and services. Rates Classification Level (RCL) 1 is the least intensive; RCL 14 is the most intensive.

CA Department of Social Services
Effective July 2001

Costs vary based upon where the child is placed. Kinship care and foster family homes cost the least. Foster family agencies cost more than twice as much. Group home facilities are the most expensive. While group home placements serve far fewer children than kinship and family homes placements, they account for almost half of the payment expenditures.⁵⁶

Relatives caring for a federally eligible child receive a foster care payment. Relatives caring for a foster child who is not eligible for a federal foster care payment can receive a Temporary Assistance for Needy Families (TANF) payment for the child. This payment is less than the foster care payment.

Title IV-E (Foster Care and Adoption Assistance) of the Social Security Act provides matching funds to states for federal foster care maintenance payments, foster parent training, child protections (case planning process), and program administration. The federal foster care program is an open-ended, entitlement: each state receives an amount based on the number and costs of all eligible children. (See Appendix 2 for a description of the primary federal funding sources.)

Maintenance payments under the state foster care program are paid by an open-ended state general fund allocation. The amount each county receives is based on the number and costs of children in foster care who are not federally eligible.

SERVICES

In addition to maintenance payments, foster care costs include child welfare services provided to children and their families. Title IV-B, Subpart 1 (Child Welfare Services) of the Social Security Act, is the primary source of services funding. Each state receives a

capped funding allocation that is tied to the total number of federally eligible foster care children. This allocation represents a base amount plus additional funds that are distributed using a program formula.⁵⁷

Title IV-B, Subpart 2 (Promoting Safe and Stable Families) of the Social Security Act, provides additional limited funds to each state based on a program formula. These funds are flexible; they can be used for a wide range of services that preserve or support families, reunify children, or promote and support adoptions.⁵⁸

The California Department of Social Services distributes federal and state general funds for services among the fifty-eight counties using specific program formulas. In addition, specific targeted services and programs for foster children and their families are funded by state general funds.⁵⁹

County Staffing

The state funds county social workers based on caseload standards. These standards specify a worker/case ratio (the number of cases each social worker should carry) for each of the four service components: emergency response, family maintenance, family reunification, and permanent placement.

A recent workload study concluded that California's county caseloads are too large for social workers to provide basic services. Social workers cannot effectively maintain meaningful contact with children and families. In addition, the caseload standards do not meet professional guidelines. They are based on outdated workload factors, and they do not reflect changes in federal and state requirements, and current policy and practice approaches.

Caseload Ratios: Family Reunification and Permanent Placement

The following table shows the current caseload and the number of cases each social worker should carry based on the workload study. It identifies the case ratios needed to provide the minimum level of services in the family reunion (FR) and permanent placement (PP) components. The table compares the caseload ratio that is used for funding purposes (Current), the caseload as measured by the statewide workload study (Actual), the caseload recommended to meet minimum requirements (Minimum), and the caseload recommended to produce positive outcomes for children and families (Optimal).

SOCIAL WORKERS IN CRISIS

Social workers report that they are demoralized. They cannot adequately serve families in their care; they no longer have time to work with families to solve problems. High caseloads, adversarial treatment in court, and lack of adequate training and supervisory support has made the job intolerable for many.

"It is like riding a monster ... I can't find a balance between court reports and seeing clients. Most of my clients have major mental health issues. I'm constantly living in fear that something will blow up because I am not there. I'm scared."

"... You have multiple crises going on, requiring you to address really serious issues in kid's lives. But you are not given any time to interact with them."

Experienced social workers are burning out and quitting; new workers are not staying. Counties with funded positions cannot find enough qualified workers to fill the vacancies. In addition, the universities are not producing enough future social workers.

*Social Worker Meltdown
Now in Out Hands*

Differences between the current and minimum standards reflect the changes in law and policy that have occurred since the workload standards were originally established.⁶⁰

	Current	Actual	Minimum	Optimum
FR - Caseload Ratio	1:27	1:23	1:16	1:12
PP – Caseload Ratio	1:54	1:29	1:24	1:16

Independent Living Services

Title IV-E (Foster Care and Adoption Assistance) of the Social Security Act funds support services and housing for foster youth and youth who have recently left the foster care system. Federal Independent Living Program grants are distributed to the states using specific formulas. Recent federal law increased the grant amounts and made this funding permanent.⁶¹

Other Services for Foster Children and Their Families

Additional key funding for services to foster children – health, mental health, substance abuse treatment, and education – comes from different federal funding sources. Federal and state funds go to several state agencies, including Health, Mental Health, Alcohol and Drug Programs, and Education.

County agencies must pull together federal, state, county, and private funds from several agencies to provide the range of services needed to keep children safe and meet families’ needs. The existing financing structure is often characterized as separate funding silos. Funds that pay for services for children and families are distributed to many agencies using different allocation formulas; they have different matching requirements and restrictions. This “silo” structure creates barriers to providing effective services.⁶²

ADVERSE FUNDING INCENTIVES

The existing structure creates financial incentives to place children in foster care in order for them to receive placement-related services instead of providing the services and supports needed to keep children safe and their families together. Title IV-E foster care, an open-ended funding stream, funds maintenance and related costs of all eligible children. In contrast, the funding stream for child welfare services, Title IV-B, is capped. There is a limit on the amount of funds available for services to families to keep children safely at home, and return them to their parents with adequate support.

The federal Health and Human Services Department is conducting a five-year waiver demonstration project that allows a limited number of states to use Title IV-E funds to test new *service delivery* approaches to reduce foster placements and improve the well-being of children. California is participating in the waiver project; eight counties are testing whether they can achieve better results for children and families by using foster care maintenance funds to pay for services that are customized to a family’s needs.⁶³

Policy and Practice Shifts

THE PENDULUM SWINGS: FROM CHILD SAFETY TO FAMILY PRESERVATION AND BACK AGAIN

Legislative reform efforts reduced the foster care population in the early 1980s. Substance abuse and other problems drove the numbers back up. During the last two decades, there has been a shifting dynamic between two conflicting goals: protecting children and preserving families. This dynamic continues to be reflected in changing policies and practices.

Federal legislation was enacted two decades ago to respond to the concern that too many children were being removed and placed in foster care without adequate efforts being made to keep the family together. Services to support and preserve families received attention and additional targeted funding in the mid-1990s. Most recently, however, significant changes in federal and state laws and policy reflect a re-emphasis of child safety over family preservation.⁶⁴ (See Appendix 3 for a brief history of foster care and a description of major legislative efforts.)

SERVICE APPROACHES

Additional philosophical and practice shifts are reflected in child welfare services at both the state and national level. Such shifts affect the foster care system.

Prevention and Early Intervention

The child welfare field is placing greater emphasis on *prevention* and *early intervention* activities as the most effective method of protecting children and decreasing the demand for foster care. Recent reviews of the child welfare services system conclude that California should increase funding for these activities. Otherwise, the state will end up paying much more to deal with the long-term consequences of abuse and neglect.

Family-Centered Practice

The common practice is as follows: the social worker uses his/her professional judgement to determine what a family needs; selects services from an existing “menu” of services the county provides; and oversees

PUBLIC PERCEPTION & POLICY SHIFTS

“Toddler Known to County Protective Services Dies from Beating”

“Foster Father Accused of Molesting and Shooting Foster Daughter”

The media plays a major role in public perceptions and foster care policy shifts. Articles often highlight important system shortcomings that lead to changes in policy and practice. Task force and commission reviews that follow lead to reforms. Elected officials take action.

Additional protections and safeguards generally result from increased attention. However, unintended consequences also occur that affect the foster care system and families.

For example, some social workers report that, due to a climate of fear over further hostile attention from the media, they are removing children from their parents and opting not to reunify them when they have even the smallest doubt about the child’s safety. Consequently, parents who could safely keep their family together if they received services are not given that opportunity – and their children enter a system that may not be able to meet their needs.

the delivery of services to the family. The child welfare system is slowly shifting away from this approach and moving toward treating families as partners. This family-centered approach means that families share the responsibility to identify what they need and shape their own plans. The system is responsible for supporting families and building upon their existing strengths. This approach is also characterized by developing and delivering individualized services (services that are customized to the child or families' needs), and using the resources available in the family's community.

Family-centered practice also recognizes the cultural differences among families that affect living conditions, customs, and child-rearing practices. These differences need to be understood in order to avoid subjecting families and children to harmful actions (such as removing children based on inaccurate perceptions of risk). Sensitivity to other cultures is increasingly integrated into child welfare and foster care policies and practices. Cultural components are included in social work training curricula. In addition, counties target recruitment efforts to increase bicultural and bilingual staff and foster parents.

Wraparound and Family Group Decision-Making

Wraparound and Family Group Decision-Making are two examples of family-centered approaches. They are increasingly being adopted by county agencies for keeping families together and for reuniting them.

Wraparound allows families to take the primary role in identifying the customized services and supports they need. It uses a team structure that includes representatives of all of the public agencies that are involved with the family. Family Group Decision-Making (also referred to as family conferencing) uses a facilitator who guides this problem-solving process. The meeting structure includes families, individuals who are involved in their lives (such as extended family, friends, and community resources) and public and private agency staff.

Several counties are participating in a statewide Wraparound program. The program allows participating counties to use some of their state foster care funds to pay for intensive, individualized services, instead of board and care costs, to allow children to remain at home. The target population is children placed in moderate to high-level group homes and children who are likely to be placed in such facilities. The purpose of this program is to use flexible funds and the Wraparound approach to get better outcomes for children and families.⁶⁵

COORDINATION AND COLLABORATION

Another shift is building upon the role communities play in protecting children and supporting families. County agencies are establishing relationships with, and using, community agencies that serve children and families. Ties to community resources are especially important when public agency services end.

County social workers and probation officers are joining forces with other public agencies that serve the same families. Most counties have foster care placement committees that include social services, probation, and mental health staff. Many counties have multi-disciplinary teams that bring together additional partners (such as health and alcohol/drug programs) to coordinate the separate services. Other counties are using a more collaborative approach: public and private agencies make their respective staff and funding resources available to meet a family's multiple needs more effectively.

Federal and state initiatives increasingly require agencies and groups that provide services to families and children to collaborate in order to secure funding. In addition, they require that key stakeholders be involved in planning processes: families and youth (consumers); representatives from federal, state, and local agencies; and the community. The primary goal is to reduce fragmentation and duplication.⁶⁶

RESULTS AND ACCOUNTABILITY

Recent federal law requires a new level of accountability from public child welfare agencies. Federal and state oversight agencies have shifted focus away from monitoring compliance with process and procedures. Instead, the emphasis is on monitoring *results*: whether programs have actually made a positive difference in the lives of children and families. There is also more attention on the quality of the care provided.



A new federal review process will evaluate each state's outcomes for children and families, and its system's capacity to support improved outcomes. California is scheduled for federal review in September 2002. Recent state legislation requires that a California child and family service review system be developed and implemented by January 2004. Its purpose is to ensure greater accountability for child and family outcomes and compliance with the federal review outcome and system requirements.⁶⁷

The California Department of Social Services Child Welfare Services/Case Management System (CWS/CMS) provides the data to monitor and evaluate outcomes. The CWS/CMS is a centralized statewide computer system that automates the case management and information reporting functions. The Center for Social Services Research at the University of California, Berkeley, and the Department perform ongoing data analysis. System capacity affects the ability to evaluate outcomes. Additional

information needs to be collected to determine outcomes for foster children, especially long-term affects of foster care.

REFORM VS. OVERHAUL

The child welfare and foster care systems are continually being reformed and re-organized. Many argue that reform is not enough – what is needed is nothing less than a complete system overhaul.

In 2000, the Governor and the Legislature charged a diverse group of key child welfare stakeholders with “thinking outside the box” to develop a comprehensive approach for the California child welfare services system in the 21st century. The CWS Stakeholders Group, under the direction of the California Department of Social Services, will present their recommendations for redesigning the system at the end of 2003.⁶⁸

Appendix 1

FEDERAL AND STATE FOSTER CARE PROGRAM REQUIREMENTS

FEDERAL FOSTER CARE PROGRAM	STATE FOSTER CARE PROGRAM
<p>THESE PROVISIONS ARE THE SAME FOR BOTH PROGRAMS:</p> <ul style="list-style-type: none"> ❑ Juvenile court determination that continuation in that home would be contrary to the child's welfare and that reasonable efforts were made prior to the child's placement in foster care to prevent or eliminate the need for removing the child, and to make it possible for the child to return home. ❑ A court order giving care and custody of the child to county social services, county probation, or a licensed public or private adoption agency. ❑ A case review system consisting of a case plan, periodic reviews of child's status in foster care, and permanency hearings to determine a permanent plan. ❑ Placement in a facility that is licensed by the California Department of Social Services Community Care Licensing. 	
<p style="text-align: center;">FEDERAL REQUIREMENTS:</p> <ul style="list-style-type: none"> ■ Provides a monthly, per-child maintenance payment for children who meet federal eligibility criteria. ■ Child must be deprived of parental support or care. ■ Child must meet income requirements (linkage to the TANF Program). ■ Approved home of <i>relative</i> is eligible. 	<p style="text-align: center;">STATE REQUIREMENTS:</p> <ul style="list-style-type: none"> ■ Provides a monthly, per-child maintenance payment for children who do <u>not</u> meet federal eligibility criteria. ■ No deprivation requirements. ■ No income requirements. ■ Approved home of <i>guardian</i> is eligible.

Appendix 2

PRIMARY FEDERAL FUNDING FOR FOSTER CARE

TITLE IV-E Social Security Act	TITLE IV-B Subpart-1 Social Security Act	TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) BLOCK GRANT
<p style="text-align: center;"><i>FOSTER CARE/ ADOPTION ASSISTANCE</i></p> <p style="text-align: center;">Foster Care</p> <ul style="list-style-type: none"> ▪ Uncapped entitlement ▪ Amount determined by number of FC children who meet federal eligibility criteria ▪ Used for maintenance costs ▪ Reimburses partial costs of administration and training for staff and foster parents <p style="text-align: center;">Adoption</p> <ul style="list-style-type: none"> ▪ Uncapped entitlement ▪ Amount determined by number of children who meet federal eligibility criteria ▪ Used to provide financial assistance to low-income families adopting children with special needs <p style="text-align: center;">Independent Living</p> <ul style="list-style-type: none"> ▪ Capped funding ▪ Provides support services for foster youth who are emancipating from FC 	<p style="text-align: center;"><i>CHILD WELFARE SERVICES</i></p> <ul style="list-style-type: none"> ▪ Capped funding ▪ Not tied to number of children in FC or need for services ▪ Used for services in CWS components 	<p style="text-align: center;"><i>WELFARE ASSISTANCE-- FOSTER CARE</i></p> <p>Used to provide CalWORKs cash assistance to relatives caring for a child who does not meet federal eligibility criteria</p>
	TITLE IV-B Subpart-2 Social Security Act	TITLE XIX Social Security Act
	<p style="text-align: center;"><i>PROMOTING SAFE AND STABLE FAMILIES</i></p> <ul style="list-style-type: none"> ▪ Capped, time-limited funding ▪ Flexible funding used for range of family support services, including community-based preventive activities, and family preservation services ▪ Provides time-limited family reunification and adoption promotion and support services 	<p style="text-align: center;"><i>HEALTH SERVICES Medi-Cal</i></p> <ul style="list-style-type: none"> ▪ Pays for health, mental health, developmental disability, substance abuse treatment, and health-related social services ▪ Lead agencies are federal Health Care Financing Administration and State Department of Health Services ▪ Used by state departments of Social Services, Mental Health, Alcohol & Drug Programs, and Developmental Disabilities, and county agencies

Appendix 3

A BRIEF HISTORY AND MAJOR LEGISLATIVE MILESTONES

A Brief History*

Parents in the United States have been charged with the protection and education of their children since the 1700s. However, there have always been alternative arrangements for children to be raised by other adults. In Colonial times, children were regarded as miniature adults in need of training rather than nurturing. Orphans and children in need of care – at all levels of society – were commonly indentured to other families to learn a trade.

In the first half of the 1800s, changes in society shaped new public attitudes toward childhood and toward neglected and poor children. During this time, only orphans or children whose parents were deemed unable or unfit to care for them were indentured. Family poverty became a reason for removing children from their parents. In response to a cholera epidemic and poverty in new urban centers, religious and charitable organizations founded orphanages to care for poor and parentless children. During the mid 1800s, orphanages became the predominant mode of caring for dependent children.

After 1860, placing children with families began to replace institutional placements. The New York Children's Aid Society transported orphans and those removed from "unfit" parents to family farms in the West on "orphan trains." Placement agencies did little screening of families or follow-up on the children they sent to them. Younger children were generally cared for as family members; older children were commonly treated as extra workers.

Also during the late 1800s, public and private agencies – and newspapers – began to report on the existence of child abuse and neglect. The public perception shifted. Children were increasingly viewed as innocent victims who were not responsible for their living conditions. (The first Society for the Prevention of Cruelty to Children was founded in 1874; it was based on the already existing Society for the Prevention of Cruelty to Animals.) The courts granted authority to private societies to remove children from "unfit" parents. Some agencies began to pay families for boarding children. The payments were used to prevent children from being forced to work and to secure homes for those who were difficult to place.

* This historical overview relies primarily on material from Katherine Briar-Lawson and Jeanette Drews, "Child and Family Welfare Policies and Services: Current Issues and Historical Antecedents," in James Midgley, Martin B. Tracy and Michelle Livermore (eds.), *The Handbook of Social Policy*, Sage Publications, 2000; and Rachel S. Cox, "Foster Care Reform," *CQ Researcher*, v. 8, n. 1, January 9, 1998.

In the early 1900s, payments for out-of-home care became common, and foster homes were more closely supervised. A separate court system for minors was implemented. The federal government became involved for the first time in supporting families with enactment of Title IV-B of the Social Security Act of 1935, Aid to Dependent Children. The protection of children became a public policy focus. Title IV-B provided funds for child welfare services – and enabled more poor families to stay together. Child labor protections, infant and maternal health programs, public schooling, and other innovations supported children and families during this time.

During the 1940s and 1950s, states provided increased financial support. More foster children were placed in family settings rather than in institutions. The number of dependent children cared for outside their own homes stayed relatively stable – around 4 per 1,000 children.

Significant amounts of federal funding for foster care first became available in the early 1960s. In 1961, Congress created the Aid to Families with Dependent Children - Foster Care (AFDC-FC) program to help states pay for board and care costs for eligible children. During this time the “battered-child” syndrome was identified. This “discovery” placed child protection on the national agenda as a major policy and practice concern. By 1968, all states had enacted laws that required child professionals – such as doctors and teachers – to report suspected child maltreatment.

The federal Child Abuse Prevention and Treatment Act (CAPTA) of 1974 began shaping the current CWS system. The act required states to establish the basic elements of a child protective services component, including a mandated reporting system and training for professionals. CAPTA also provided funding for prevention activities.

Nationally, the number of child abuse/neglect reports significantly increased in the mid-1970s. There was a sharp increase in the foster care population (from around 300,000 between 1962-1972 to over 500,000 by 1977). This is generally attributed to increased awareness, mandatory reporting laws, and the availability of federal funding. In addition, social services that might allow families to remain together were generally not available.

The Adoption Assistance and Child Welfare Act was enacted in 1980 as the result of concerns over the rising number of children in foster care and increasing lengths of stay. There was a growing public and professional consensus that greater efforts should be made to keep families together or reunify them.

Major Legislative Milestones Affecting the Foster Care System

Federal and state legislation sets the policy framework for child welfare services and foster care in California. The primary legislative efforts that have affected foster care eligibility, and the priorities and goals of the foster care system during the last two decades, are summarized on the following pages. State efforts are shaded for easier identification.

Major Legislative Milestones Affecting the California Foster Care System

TIMELINE	EVENT	DESCRIPTION
1980	Adoption Assistance & Child Welfare Act (PL 96-272)	<p>This act created a categorical funding stream for out-of-home board and care. It maintained the basic goal of protecting children but established a preference for family maintenance or reunification, and an expectation that services be provided to prevent placement. In addition, it...</p> <ul style="list-style-type: none"> ❑ required that “reasonable efforts” be made in order to prevent unnecessary placement in foster care, ❑ established a process for resolving dependency cases more quickly to reunify children and families or move them to stable permanent placements like adoption or long-term foster care, and ❑ authorized assistance payments to families who adopt children with special needs.
1982	Assembly & Senate Bills	<p>SB 14 (Chapter 978) revised California's system to conform to the federal Adoption Assistance and Child Welfare Act. It established four child welfare service components, and specific processes/timeframes to:</p> <ol style="list-style-type: none"> 1. provide treatment to families to reduce unnecessary foster placements, 2. safely reunite more foster children with their families, increase the stability of foster care placements, and 3. place more children into adoptive homes.
1985	Consolidated Omnibus Budget Reconciliation Act (PL 99-272)	<p>The act established the <i>Independent Living Program</i> (ILP) to provide services for youth age 16 and older. The purpose of the ILP is to help foster youth make a successful transition out of the system.</p>
1987	Assembly & Senate Bills	<p>SB 242 (Chapter 1487) made several changes to SB 14. It made termination of parental rights and removal from the home dependent on danger to the child, narrowed the definition of physical abuse, and established preservation of the family as the primary system goal. It also restated the priority for relative placement over non-relative foster care for children.</p>

1989	Assembly & Senate Bills	SB 370 (Chapter 1485) established the Foster Care Group Home Rate structure, and authorized the Child Welfare Services/Case Management System.
1991	Assembly & Senate Bills	AB 948 (Chapter 91) increased the county share of cost for foster care and child welfare services (and other programs) to significantly increase fiscal incentives to avoid or limit expensive foster care placements. SB 1125 (Chapter 1203) expanded state foster care eligibility to children that are voluntarily placed by their parents. It also clarified roles and requirements for dependent children and probation wards.
1993	Omnibus Budget Reconciliation Act (PL 103-66)	This act created the <i>Family Preservation & Support Services Program</i> as Subpart 2 under Title IV-B to provide time-limited, flexible funds to states for family preservation and community-based family support services. The new program re-emphasizes the preference for family preservation or permanency planning for children who cannot return home.
	Assembly & Senate Bills	AB 1197 (Chapter 1088/1993) limited group home placements for children under six years of age. It also limited their placement in shelter care facilities. AB 1198 (Chapter 799/1993) established an Intensive Treatment Pilot that permitted foster family agencies to serve a limited number of children at risk of high level group home placement. (AB 2297, Chapter 832/1995 expanded the pilot.) AB 3364 (Chapter 961/1994) established the state Family Preservation & Family Support Program consistent with federal requirements in PL 102-66, and funding procedures.
1994	Multiethnic Placement Act (MEPA) (PL 103-3821)	MEPA prohibited delaying or denying the placement of any child on the basis of race, color, or national origin. It also required that states recruit prospective adoptive and foster care families that reflect the ethnic and racial diversity of children needing homes.

1996	Interethnic Placement Act (PL 104-108)	<p>The Interethnic Placement Act amended MEPA and strengthened its provisions to ensure adoption and foster placements were not delayed or denied on the basis of race, color, or national origin.</p>
	Personal Responsibility & Work Opportunity Reconciliation Act (PRWORA) (PL 104-193)	<p>PRWORA repealed the <i>Aid to Families with Dependent Children (AFDC) program</i> and replaced it with the <i>Temporary Assistance to Needy Families (TANF) program</i>. TANF is intended to provide assistance to needy families so that children may be cared for in their own homes or the homes of relatives.</p> <p>PRWORA also enacted several welfare reform provisions that shift more of the responsibility for poor children from government to parents. It required welfare clients to work; limited the number of years they can receive assistance; required unwed fathers to establish paternity; and strengthened child support enforcement.</p>
1997	Adoption & Safe Families Act (ASFA) (PL 105-89)	<p>ASFA amended the <i>Adoption Assistance & Child Welfare Act</i> to prioritize child health and safety over family preservation, and provided financial incentives to states to promote permanency planning and adoption. It also...</p> <ul style="list-style-type: none"> ❑ identified additional circumstances for terminating parental rights – required states to terminate parental rights for children who have been in foster care for 15 of the past 22 months – and shortened timeframes for reunification, ❑ established a time-limited federal waiver demonstration project that permits selected states to use Title IV-E funds in flexible, alternative ways to test new service delivery approaches, ❑ changed the program name to <i>Promoting Safe and Stable Families</i>, and increased and continued funding for three years, and ❑ required that the federal Department of Health and Human Services adopt outcome measures and a system for collecting data from states.

1997	Assembly & Senate Bills	<p>AB 1193 (Chapter 794) established the <i>Kinship Support Services Program</i> and provided funds for local programs that provide community-based family support services to kin caregivers.</p> <p>SB 163 (Chapter 795) allowed counties to participate in a pilot program to provide intensive wrap-around services to families/children in (or at risk of) high level group care in order to avoid/reduce the need for placement. (AB 2706/ Chapter 259, 2000, expanded the target population and eliminated the pilot status.)</p>
1998	Assembly & Senate Bills	<p>AB 2773 (Chapter 1056) implemented the provisions of the federal <i>Adoptions and Safe Families Act</i> in California.</p> <p>AB 2779 (Chapter 329) required that a separate kinship care system (distinct from the foster care program) be designed.</p> <p>SB 933 (Chapter 311) enacted several group home reform provisions. It...</p> <ul style="list-style-type: none"> ❑ required a reexamination of the role of group home care, and a report to the Legislature with recommendations (SB 160/Chapter 50 required a similar examination of foster family agencies and foster family homes), ❑ established the Foster Care Ombudsman program to provide a means to resolve issues, ❑ extended independent living program services to youth up to age 21, ❑ permitted counties to use existing funds to enter into agreements with private, non-profit agencies to test service delivery innovation and changes in the child welfare system, and ❑ imposed new controls on placement, supervision, and care of children placed out-of-state. <p>SB 1901 (Chapter 1055) established the <i>Kinship Guardianship Assistance Payment Program</i> that pays a subsidy for children who are placed in legal guardianship with a relative.</p>

1999	Foster Care Independence Act (PL 106-169)	<p>This act permanently reauthorized the ILP, replaced the <i>Independent Living Program</i> with the <i>John H. Chafee Independent Living Program</i>, and doubled the funding level for support services for foster youth aging out of the system. It also...</p> <ul style="list-style-type: none"> ❑ allowed states to use funds for housing costs, ❑ extended health and mental health (Medicaid) coverage for foster youth to age 21, ❑ removed barriers to adoptions for older youth, and ❑ coordinated data collection efforts with ASFA.
2001	Assembly & Senate Bills	<p>AB 575 (Chapter 997) added placement and service requirements for probation wards in foster care.</p> <p>AB 636 (Chapter 678) established a statewide Child and Family Service Review System to review all county systems and assist them in meeting outcomes.</p> <p>AB 899 (Chapter 683) delineated the rights of children placed in foster care and required that children/youth be provided with this information.</p>

Selected Resources

FOSTER YOUTH PERSPECTIVES

Bernstein, Nell. *A Rage to Do Better: Listening to Young People from the Foster Care System*. San Francisco: Pacific News Service, 2000.

Knipe, Janet, and Joy Warren. *Foster Youth Share Their Ideas for Change*. Washington D.C.: Child Welfare League of America, 1999.

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American Humane Association. *SB 2030 Child Welfare Services Workload Study Executive Summary*. Englewood, Colorado: American Humane Association, April 2000.

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California. Little Hoover Commission. *Now in Our Hands: Caring for California's Abused and Neglected Children*. Sacramento: the Commission, August 1999.

Curtis, Patrick A., Grady Dale Jr., and Joshua C. Kendall, eds. *The Foster Care Crisis: Translating Research into Policy and Practice*. Lincoln, Nebraska: University of Nebraska Press in association with the Child Welfare League of America, 1999.

Institute for Research on Women and Families. *Code Blue: Health Services for Children in Foster Care*. Sacramento: Center for California Studies, California State University, Sacramento, December 1998.

Reid, Jeanne, Peggy Macchetto and Susan Foster. *No Safe Haven: Children of Substance-Abusing Parents*. New York: The National Center on Addiction and Substance Abuse, Columbia University, January 1999.

U.S. Department of Health and Human Services. Administration for Children and Families. *Title IV-E Independent Living Programs: A Decade in Review Executive Summary*. Washington, DC: the Department, November 1999.

U.S. Department of Health and Human Services. Administration for Children and Families. *Report to the Congress on Kinship Foster Care*. Washington, DC: the Department, June 2000.

U.S. General Accounting Office. *Foster Care: Juvenile Courts: Reforms Aimed to Better Serve Maltreated Children*. GAO/HEHS-99-13. Washington, DC: U.S. Government Printing Office, January 1999.

WEBSITES

- Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services at <http://www.acf.dhhs.gov/programs/cb/>.

This website contains general information on foster care and federal and state data tables from the Adoption and Foster Care Analysis and Reporting System (AFCARS).

- The World of Children, Children and Family Services Division, California Department of Social Services at <http://www.childsworld.org>.

This website contains General information on the California child welfare services system, foster care program and policies, and related links.

- Data and Analysis Publications Branch, Research and Development Division, California Department of Social Services website at <http://www.dss.cahwnet.gov/research>.

This website contains California caseload trend data for foster care.

- California Children's Services Archive, Center for Social Service Research, University of California, Berkeley website at <http://cssr.berkeley.edu/PIReports/index.html>.

This website contains Performance Indicators for Child Welfare Services in California, Caseload Highlights from CWS/CMS, and other related data.

Some additional state and national sources for foster care information and material:

- California Partnership for Children at <http://www.g2t.org/cpc.cfm>.
- Child Welfare League of America at <http://cwla.org>.
- Connect for Kids (the Benton Foundation) at <http://connectforkids.org>.
- National Resource Center for Family Support, Casey Family Programs at <http://www.casey.org/cnc>.
- National Resource Center for Foster Care and Permanency Planning (supported by the Children's Bureau, ACF/DHHS) at <http://www.hunter.cuny.edu/socwork/nrcfcpp>.

Notes

¹ California Department of Social Services, Children and Family Services Division, The World of Children, <http://www.childsworld.org/>.

² Barbara Needell and others, "Caseload Highlights from CWS/CMS," *California Children's Services Archive* (Berkeley: Center for Social Services Research, University of California, Berkeley, November 2000) <http://cssr.berkeley.edu/PIReports/index.html>.

³ California Department of Social Services, Estimates Branch, *Estimates Allocation Tables 2001-2002*, Governor's Budget, May Revise (Sacramento: the Department, released August 2001). Services costs were estimated by adding totals from the Family Reunification and Permanent Placement components and service items related to foster children.

⁴ Janet Knipe and Joy Warren, *Foster Youth Share Their Ideas for Change* (Washington D.C.: Child Welfare League of America, 1999); and Mary C. Curran and Peter J. Pecora, "Incorporating the Perspectives of Youth Placed in Family Foster Care: Selected Research Finding and Methodological Challenges," in Patrick A. Curtis, Grady Dale, Jr., and Joshua C. Kendall, eds., *The Foster Care Crisis: Translating Research into Policy and Practice*, (Lincoln, Nebraska: University of Nebraska Press in association with the Child Welfare League of America, 1999).

⁵ Devon Brooks and others, *An Overview of the Child Welfare System in California: Today's Challenges and Tomorrow's Innovations* (Berkeley: Center for Social Services Research, University of California, Berkeley, January 1999).

⁶ Barbara Needell and others, "Child Abuse Referral Highlights from CWS/CMS," *California Children's Services Archive* (Berkeley: Center for Social Services Research, University of California, Berkeley, July 2001) <http://cssr.berkeley.edu/PIReports/index.html>. 531,800 children were reported as being neglected or abused in 2000.

⁷ Barbara Needell and others, "First Entry Highlights from CWS/CMS," *California Children's Services Archive* (Berkeley: Center for Social Services Research, University of California, Berkeley, July 2001) <http://cssr.berkeley.edu/PIReports/index.html>.

⁸ Katherine Wingfield and Rodney Albert, "Breaking the Link Between Child Maltreatment and Juvenile Delinquency," *Children's Voice*, Child Welfare League of America, March 2001; and Peter Slavin, "From Child Maltreatment to Delinquency," *Children's Voice*, Child Welfare League of America, March 2001.

⁹ Estella May Moriarty, "The Nation's Child Welfare Problems as Viewed from the Bench" in Richard B. McKenzie, ed., *Rethinking Orphanages for the 21st Century* (Thousand Oaks, California: Sage Publications, 1999).

¹⁰ Institute for Research on Women and Families, *Code Blue: Health Services for Children in Foster Care* (Sacramento: Center for California Studies, California State

University, Sacramento, December 1998); and DeQuendre Neeley-Bertrand, "Mental Health and Child Welfare: Waiting for Care," *Children's Voice*, Child Welfare League of America, May 2001.

¹¹ Lynne Marsenich, *Best Practices in Mental Health Services for Foster Children [Final Draft]* (Sacramento: California Institute for Mental Health, 2001); "Children in Foster Care Have High Mental Health Usage," *Mental Health Weekly* 10, December 2000; and "Children in Foster Care Have More Mental Health/Substance Abuse Needs," *Mental Health Weekly* 11, April 2001. One California study found that foster children (4% of the Medi-Cal population) represented 41% of mental health service users. In addition, they were 20 times more likely to use outpatient services and nine times more likely to be hospitalized for mental health problems than Medi-Cal children not in foster care.

¹² Child Welfare League of America, "Mental Health and Child Welfare: Waiting for Care," *Children's Voice*, May 2001.

¹³ Jeanne Reid and others, *No Safe Haven: Children of Substance-Abusing Parents* (New York: The National Center on Addiction and Substance Abuse, Columbia University, January 1999); Steve Christian and Karen Edwards, *Linking Child Welfare and Substance Abuse Treatment, A Guide for Legislators* (Denver: National Conference of State Legislators, August 2000).

¹⁴ Bay Area Social Services Consortium, *Education for Foster Children: Removing Barriers to Academic Success* (Berkeley: Center for Social Services Research, University of California, Berkeley, April 2001).

¹⁵ California Department of Education, *Policies, Procedures, and Practices Affecting the Education of Children Residing in Group Homes, Request for Proposal* (Sacramento: the Department, 2001); and Susan Kellam, "New School, New Problems," *Connect for Kids* (Washington, D.C.: Benton Foundation, 2000)
<http://www.connectforkids.org/content1552/content.htm>.

¹⁶ Janet E. Findlater and Susan Kelly, "Child Protective Services and Domestic Violence," *The Future of Children* 9, No. 3 (Winter 1999); E. Peled; P. G. Jaffe; and J. L. Edleson, eds., *Ending the Cycle of Domestic Violence: Community Responses to Children of Battered Women* (Thousand Oaks: Sage Publications, 1999); and The Children's Defense Fund (CDF), *Domestic Violence and Its Impact on Children* (Washington, D.C.: CDF, June 2000).

¹⁷ Ron Haskins; Isabel Sawhill; and Kent Weaver, *Welfare Reform Reauthorization: An Overview of Problems and Issues* (Washington, D.C.: The Brookings Institute, 2000); Greg J. Duncan and P. Lindsay Chase-Lansdale, *Welfare Reform and Child Well-Being*, (Chicago: Joint Center on Poverty Research, Northwestern University, December 2000); and Christina Paxson and Jane Waldfogel, *Welfare Reform, Family Resources, and Child Maltreatment* (Chicago: Joint Center on Poverty Research, Northwestern University, 2001).

¹⁸ California Department of Child Support Services, *Child Support Handbook* (Sacramento: the Department, accessed November 2001) <http://www.dcss.ca.gov>.

¹⁹ California Department of Social Services, Research and Development Division, Data Analysis and Publications Branch, *Foster Care Children by Placement CWS/CMSI - October 2001* (Sacramento: the Department, 2001).

There is a third group of children (1% of the foster care population) that receive foster care payments – children with serious emotional disabilities (SED). This population is *not* included in the characteristics data for foster care. These children need to be out-of-home for educational purposes pursuant to their individualized education plan; they are generally placed by county mental health. SED children are not involved with the court and are not subject to foster care service requirements.

²⁰ American Humane Association (AHA), *Protecting Children: Children Birth to Three in Foster Care* 16, no.1 (Englewood, Colorado: AHA, 2000); and American Academy of Pediatrics, “Developmental Issues for Young Children in Foster Care,” *Pediatrics* 106, issue 5 (November 2000).

²¹ Quote by Ginny Smith, foster care placement coordinator, in Rebecca Cook, “When foster care falters, siblings are torn apart,” *Sacramento Bee*, August 2, 2001, A21.

²² Annie Woodley Brown and Barbara Bailey-Etta, “An Out-of Home Care System in Crisis: Implications for African-American Children in the Child Welfare System,” *Child Welfare* 76, no. 1 (January 1997); and Courtney, Mark E, and others. “Race and Child Welfare Services: Past Research and Future Directions,” *Child Welfare* 75, no. 2 (March-April 1996).

²² Children Now, *The State of Our Children 2000: How Young People are Faring Today – California* (Washington D.C.: Children Now, 2000). California’s child poverty rate is over 19%; the national rate is around 16%. The poverty threshold for a family of four with two children was \$16,700 in 1999.

²³ Brown and Etta, “An Out-of-Home System in Crisis;” and The California Little Hoover Commission, *Now in Our Hands: Caring for California’s Neglected and Abused Children* (Sacramento: the Commission, August 1999).

²⁵ Patrick F. Fagan and Dorothy B. Hanks, *The Child Abuse Crisis: The Disintegration of Marriage, Family, and the American Community*, Backgrounder (Washington, D.C.: The Heritage Foundation, May 1997); Patrick F. Fagan, *Reforming Foster Care and Adoption: Why the Senate Version is Flawed*, Issue Bulletin (Washington, D.C.: The Heritage Foundation, October 1997); and Isabel Sawhill, “Welfare Reform and the Marriage Movement,” Working Paper (Preliminary Draft), (Washington, D.C.: The Brookings Institute, October 2001.)

²⁶ Nell Bernstein, *A Rage to Do Better: Listening to Young People from the Foster Care System* (San Francisco: Pacific News Service, 2000).

²⁷ California Department of Social Services, *CWS/CMSI*.

²⁸ Needell and others, "First Entry Highlights."

²⁹ In April 2001, a state court ordered that all county-operated facilities be licensed. This action was in response to a lawsuit filed by the Youth Law Center that was intended to protect children's rights and end overcrowding at county-operated emergency shelters. The California Department of Social Services is implementing regulations and standards for a new Transitional Shelter Care Facility category.

³⁰ Quote by Javier Chavez, Sr., social worker, Orangewood Children's Home in Richard Bermack, "Social Worker Meltdown," *Dragon Newsletter* (American Federation of Nurses and Social Services Union, SEUI Local 535), (1999)
<http://www.seiu535.org/socialwork/meltdown.pdf>.

³¹ Needell and others, "Caseload Highlights." Between 1988 and 2000 the number of children in kinship care more than doubled.

³² Diana Kranstadt, "Providing Positive, Stable Placements for Infants and Toddlers in Foster Care: A Services Research Project" *Protecting Children: Children Birth to Three in Foster Care* 16, no.1 (Englewood, Colorado: American Humane Society, 2000).

³³ Connect for Kids, "What You May Not Know About Foster Care" (Washington, D.C.: Benton Foundation, accessed July 2001)
<http://www.connectforkids.org/content1552/content.htm>; and personal communications with state and county agency staff, advocates, and former foster youth.

³⁴ California Department of Social Services, *Children Placed in Foster Family Agencies and Non-Relative Foster Family Homes, Report to the Legislature* (Sacramento: the Department, June 2000).

³⁵ California Department of Social Services, *Reexamination of the Role of Group Care in a Family-Based System of Care* (Sacramento: the Department, June 2001). Recent law provided a 10% wage increase for group home childcare and social workers.

³⁶ Al Nichols, California Department of Mental Health (personal communication, August 15, 2001). There are 92 licensed/certified beds to date.

³⁷ Needell and others, "First Entry Highlights;" and Barbara Needell (personal communication, November 9, 2001).

³⁸ Barbara Needell and others, "Exits from Foster Care," *California Children's Services Archive* (Berkeley: Center for Social Services Research, University of California, Berkeley, April 2001) <http://cssr.berkeley.edu/PIReports/index.html>; Needell and others, "First Entry Highlights;" Little Hoover Commission, *Now in Our Hands*; and Steve Christian and Lisa Ekman, *A Place to Call Home: Adoption and Guardianship for Children in Foster Care* (Denver: National Conference of State Legislatures, March 2000).

³⁹ Lee Doran and Lucy Berliner, *Placement Decisions for Children in Long-Term Foster Care: Innovative Practices and Literature Review*, (Olympia, Washington: Washington State Institute for Public Policy, February 2001); and B. Needell and others, "Placement Stability" *California Children's Services Archive* (Berkeley: Center for Social Services Research, University of California, Berkeley April 2001) <http://cssr.berkeley.edu/PIReports/index.html>.

⁴⁰ Little Hoover Report, *Now in Our Hands*; and Doran and Berliner, *Placement Decisions*.

⁴¹ American Bar Association, "Adoption Assistance: A Legal Primer," *Child Law Practice* 19, no. 7 (Sept. 2000).

⁴² Christian and Ekman, *A Place to Call Home*.

⁴³ California Department of Social Services, "Kinship Guardianship Assistance Payment (Kin-GAP) Program," *All County Letter No. 00-09*, January 2000.

⁴⁴ Susan Kellam, "Unholy Freedom," *Connect for Kids* (Washington, D.C.: Benton Foundation, 2000) <http://www.connectforkids.org/content1552/content.htm>.

⁴⁵ Quote by Charlotte Siggins, consultant, San Francisco Departments of Human Services and Community Mental Health, in Joan Ryan, "Fate of a Foster Child," *San Francisco Chronicle* (San Francisco) May 25, 2001.

⁴⁶ Foster Care Ombudsman Program (Sacramento: the Department of Social Services) <http://www.fosteryouthhelp.ca.gov/>.

⁴⁷ Ryan, "Fate of a Foster Child."

⁴⁸ The National Foster Care Awareness Project, *Frequently Asked Questions About the Foster Care Independence Act of 1999 and the John H. Chafee Foster Care Independence Program* (Washington, D.C.: NFCAP, 2000)) <http://www.connectforkids.org/content1552/content.htm>; and Nixon and Jones, *Improving Transitions to Adulthood*. This report is based on a survey and meeting with foster youth and community-based organization staff to identify experiences and strategies/services to address the unmet needs of adults formerly in foster care.

⁴⁹ Nixon and Jones, *Improving Transitions to Adulthood*.

⁵⁰ Julee Newberger, "From Foster Care to College Life," *Connect for Kids* (Washington, D.C.: Benton Foundation, 2001) <http://www.connectforkids.org/content1552/content.htm>.

⁵¹ Nixon and Jones, *Improving Transitions to Adulthood*.

⁵² California Department of Social Services, Estimates Branch, *Estimates Allocation Tables 2001-2002*, Governor's Budget, May Revise (Sacramento: the Department, released August 2001). Foster care costs include Foster Care Cash Payments and County Administration/Foster Care Administration amounts. Services costs were estimated by adding totals from the Family Reunification and Permanent Placement components and service items related to foster children.

⁵³ California Department of Social Services, Children and Family Services Division, Foster Care Branch, informational material (Sacramento: the Department, 2000).

⁵⁴ California Department of Social Services, "Aid To Families With Dependent Children-Foster Care (AFDC-FC) And Kinship Guardianship Assistance Payment (Kin-GAP) Program Rates," *All County Letter No. 01-55*, August 2001. Rates effective July 1, 2001.

⁵⁵ California Department of Social Services, Children and Family Services Division, Foster Care Branch (Sacramento: the Department, 2000). Rates effective July 1, 2000.

⁵⁶ California Department of Social Services, Research and Development Division, Data Analysis and Publications Branch, *Children in Group Homes Characteristics – A Point in Time Comparison Between March 1998 and September 2000* (Sacramento: The Department, June 2001).

⁵⁷ The base amount is \$70,000. The additional funding amount is based on the population of children under age 21 multiplied by the complement of the state's average per capita income.

⁵⁸ This program is known in California as the Family Preservation and Support Program.

⁵⁹ Funds for CWS services are allocated to counties based on caseload standards and average monthly case counts. This information is used to estimate the number of workers required in each county. The Supportive and Therapeutic Options Program (STOP) is an example of a targeted state program. STOP funds services to prevent initial foster care placements and subsequent reentry to the system for children who are not able to access Medi-Cal or other funding sources.

⁶⁰ American Humane Association (AHA), *SB 2030 Child Welfare Services Workload Study Executive Summary* (Englewood, Colorado: AHA, April 2000). One supervisor position is added for every seven full-time equivalent social worker positions.

⁶¹ National Foster Care Awareness Project, *Frequently Asked Questions*.

⁶² Little Hoover Report, *Now in Our Hands*.

⁶³ This section is based in large part on Roseana Bess and others, *The Cost of Protecting Vulnerable Children II: What Has Changed Since 1996?* (Washington, D.C.: Urban Institute, February 2001); and California Department of Social Services, Children and Family Services Division, Foster Care Branch, *California's Title IV-E Child Welfare Waiver Demonstration Project Summary* (Sacramento: the Department, 2001).

⁶⁴ Rob Geen and Karen C. Tumlin, *State Efforts to Remake Child Welfare: Responses to New Challenges and Increased Scrutiny* (Washington, D.C.: Urban Institute, October 1999)

⁶⁵ California Department of Social Services, “Children: Senate Bill (SB) 163 Wraparound Service Pilot,” *All County Information Notice No. I-28-99*, April 1999; and California Department of Social Services, “Expansion of Rate Classification Levels for Wraparound Program Through Senate Bill 163 or the Title IV-E Child Welfare Waiver Demonstration Project's Wraparound Sub-Study,” *All County Letter No. 12-01*, March 2001.

⁶⁶ American Public Human Services Association (APHSA), “Child Welfare” in *Crossroads: New Directions in Social Policy* (Washington, D.C.: APHSA, 2000); and California Department of Social Services, *Child Welfare Services Stakeholders Group First Year Report* (Sacramento: the Department, August 2001).

⁶⁷ U.S. Department of Health and Human Services, Children’s Bureau, *Child Welfare Outcomes Annual Report* (Washington, D.C.: the Department, 1998). California is scheduled for a federal review in September 2002; if found to be out of compliance, the state will have two years to fix the CWS before being penalized by losing some of its federal funding. Assembly Bill 626 (Chapter 678, Statutes of 2001) establishes the California child and family review system.

⁶⁸ California Department of Social Services, *Child Welfare Services Stakeholders Group Report*.