

**REPORT OF THE
JOINT SUBCOMMITTEE STUDYING**

**The Foster Care System in
the Commonwealth and the
Feasibility of Employing
Public Assistance Recipients
as Foster Parents and Other
Types of Caregivers**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



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**Report of the Joint Subcommittee
Studying the Foster Care System in the Commonwealth and
the Feasibility of Employing Public Assistance Recipients as
Foster Parents and Other Types of Caregivers**

To

**The Governor and the General Assembly of Virginia
Richmond, Virginia**

TO: The Honorable L. Douglas Wilder, Governor
and
the General Assembly of Virginia

I. AUTHORITY and INTRODUCTION

Senate Joint Resolution 73 (Appendix A), agreed to by the 1990 General Assembly, established a joint subcommittee to study the foster care system in the Commonwealth and the feasibility of implementing a program to train, employ, and pay public assistance recipients as foster parents and to work in occupations that provide needed services. As introduced, Senate Joint Resolution 73 established a joint subcommittee to study the feasibility of implementing a program to train, employ and pay public assistance recipients as foster parents and other types of caregivers. The provisions of Senate Joint Resolution 88, which established a joint subcommittee to conduct a comprehensive study of foster care in Virginia, were added to Senate Joint Resolution 73. Therefore, the joint subcommittee was charged with studying both of these issues. Senator Robert C. Scott introduced Senate Joint Resolution 73 because of his belief that the Commonwealth could save significant sums of money by recognizing that many public assistance recipients would rather work than collect welfare. The other aspect of the study called for a comprehensive review of Virginia's foster care system, including the delivery of foster care, early intervention to reduce the number of children in need of foster care, definitions of responsibilities of foster parents, coordination and funding of support systems, incentives to encourage training of foster parents, and alternatives to foster care. The resolution instructed the subcommittee to provide for the participation of foster parents and to seek the expertise of persons representing the judiciary and social services.

II. ACTIVITIES

The subcommittee held five meetings. The subcommittee heard from the Virginia Foster Parents' Association, foster children, the Department of Social Services, the Virginia League of Social Services Executives, directors of local departments of social services, the United Ways of Northern Virginia, House Appropriations Committee staff, the Governor's Employment and Training Department, the Virginia Employment Commission, Handicaps Unlimited of Virginia, Travesky & Associates, Ltd., the state administrator of the Court Appointed Special Advocates Program, the Council on Community Services for Youth and Families, the Virginia Treatment Center for Children, the Virginia Community College System, private entrepreneurs, and others.

A. Employability of Public Assistance Recipients

1. Existing Programs

The subcommittee received extensive information on employment programs and training opportunities provided to public assistance recipients by a variety of agencies and how these efforts will be changing in the next several years with the implementation of the Family Support Act of 1988. Also explored were ways that the availability of help with labor costs could make an entrepreneurship feasible for some people.

A significant program currently targeted for public assistance recipients is the Employment Services Program which incorporates four federal programs and some state features into one program. It is administered by the Department of Social Services and has strong linkages with other agencies and programs such as the Job Training Partnership Act program, financial aid programs in the community colleges and four-year institutions, and the Virginia Employment Commission. The Program provides job search assistance, education, and training. It also contains a work supplementation component, called Project TRADE, which is a grant diversion program by which a portion of the ADC grant is diverted to an employer to pay the client's wages for up to nine months. Project TRADE is a local option under the Family Support Act, and approximately 23 of Virginia's 124 local departments of social services participate. Because of the desire not to place the paperwork burden on the employer, the administrative burden falls on the local agency.

The targeted job tax credit program (TJTC) is a federal program administered by the Virginia Employment Commission. It enables Virginia employers to take a federal tax credit on the first year of wages paid to each qualifying employee up to a maximum of 40 percent of the first \$6,000 in wages, for a potential tax credit of \$2,400 per individual. In calendar year 1988, potential tax credits in Virginia totaled \$26.6 million and over 11,000 vouchers were issued by the Virginia Employment Commission. The following employees are eligible: economically disadvantaged youth; handicapped people referred by the state vocational rehabilitation agency or the Veterans Administration; Vietnam era veterans who are economically disadvantaged; and recipients of ADC, general relief, and SSI. The employer must obtain a certification from the Virginia Employment Commission at the time an employee is hired. The employer attaches the certification to his federal tax form.

Another program is On the Job Training under the Job Training Partnership Act which is administered by the Governor's Employment and Training Department. Under this program, the government pays the employer 50 percent of the employee's salary for up to six months with the expectation that employment is to continue beyond that period.

The subcommittee also learned that, throughout the 23 community colleges, a range of activities and services is available for public assistance recipients. Many are enrolled in various credit and noncredit courses and programs, and their progress is often monitored by social service workers. The colleges work in cooperation with the Department and State Board of Social Services on many

specialized cases and in the development of courses and programs. The Virginia Community College System expressed its willingness to continue working with other state agencies and to expand activities and involvement where appropriate. Although rates vary among colleges, the overall job placement rate for persons who have completed job training programs is fairly successful. The primary concerns that students have are child care and transportation.

The subcommittee was impressed by the innovative efforts of some local departments of social services to promote the employability of public assistance recipients. Some of the approaches include organizing persons representing a wide range of interests in the community to serve as the catalyst for community efforts, setting the goal of eliminating public assistance dependency by the end of the decade, and viewing public assistance as a short-term program. Other ideas include forming a local literacy council; reorganizing local departments so that social workers and eligibility workers cooperate to help ADC recipients; holding a retreat for ADC and other low income clients to help them work at making life choices; establishing neighborhood community clubs, adult basic education services, and a drivers' education program for ADC clients; and instituting a program to give clients in the self-sufficiency program reconditioned county vehicles for transportation to employment. Other activities include establishing a shuttle bus service manned by volunteers; holding job fairs; matching clients with community volunteers interested in helping clients become self-sufficient; forming self-esteem and job readiness groups; conducting computer skills classes; and sending newsletters with information about employment, housing, transportation, day care, adult education, and other activities in the community that promote self-sufficiency to all ADC and food stamp clients. It is helpful if eligibility workers encourage the client, at the time of application for benefits, to view ADC as a temporary program and establish a goal of self-sufficiency. Social workers and benefit workers can, together, encourage clients to participate in the various programs and identify and remove obstacles to self-sufficiency. The Department of Social Services has employment services specialists in each regional office to assist local agencies in developing self-sufficiency programs.

The subcommittee learned that efforts are being made to coordinate programs among agencies. The Governor's Employment and Training Department /Department of Social Services work group is an example of interagency cooperation. This ongoing group was formed as a result of a coordination study conducted by the two departments and deals with issues that effect both departments. One of its purposes is to identify regulations and policies that are barriers to coordination of services. The group has instituted a pilot referral project to overcome referral barriers and has made recommendations for sharing client information while maintaining confidentiality. The group is composed of a representative of the state Department of Social Services, four local department of social services directors, four service delivery area directors, and two representatives of the Governor's Employment and Training Department.

2. The Living in Family Environments (L.I.F.E.) Program

The subcommittee extensively examined the Michigan Living in Family Environments (L.I.F.E.) Program which is specifically mentioned in Senate Joint Resolution 73. The L.I.F.E. Program pays former public assistance recipients \$22,000 annually to be foster parents for a developmentally disabled child who would otherwise be in an institution at a cost of \$45,000 annually.

The Program is administered by the Judson Center, a private, nonprofit social services agency located in Royal Oak, Michigan, operates in three counties in the Detroit metropolitan area, and provides long-term family foster care to developmentally disabled children who would otherwise be in institutional care. The potential foster parents must be public welfare recipients at the time that they apply. Once the applicant becomes a foster parent, she is paid an annual salary of \$22,000 and receives medical benefits. Potential foster parents are screened, studied, and required to complete a basic training program. Preplacement visits are required. Once the child is placed, the foster parent must attend a monthly in-service training session which is geared not only to caring for the foster child, but also towards personal and economic self-sufficiency for the foster parent. L.I.F.E. originated in 1986 and is partially funded by a \$200,000 grant from the Michigan Department of Mental Health. Fourteen children have been placed and the average age is between 15 and 16. The children are severely handicapped and their natural parents have very little, if any, involvement in their lives.

Most of the foster parents are single females. The 1990 annual report on the L.I.F.E. Program states that it has enabled 14 families and 27 children to be removed from public assistance. Five families have successfully purchased homes.

According to the administrator of the L.I.F.E. Program, two key aspects of the program are the provision of medical insurance and the amount of support given the foster parents. Medicaid gives people an incentive to stay on public assistance and it is difficult to give up Medicaid if there is no health insurance. A caseworker visits the family and child a minimum of once every two weeks, there are ongoing life enhancement classes for the foster parent, there is a respite care program, there are social activities for the families, and a 24-hour crisis intervention hotline is available.

The proponents of the Program describe it as having the following benefits. Two target populations (public assistance recipients and developmentally disabled children) are united for the benefit of both. The Program removes the child from an institutional setting and places him in a family environment which increases involvement with the community and decreases maladaptive behaviors. The Program provides a service for children who are difficult to place. The foster parent is no longer dependent on public assistance, the accompanying stigma is removed, and self-esteem is raised. Training received by foster parents improves the quality of their lives and the lives of their children. It is cost-efficient for the taxpayer.

The program administrator of the L.I.F.E. Program provided the following comments to concerns raised by the subcommittee.

■ Why hasn't the Program, which has been billed as cost effective, expanded to serve more than fourteen children?

Because the Program reduces costs in several different programs, there is a failure to look at the big picture and take into account all of the savings and benefits. There are other programs that can place children at a lower cost.

■ Foster care payments are for the needs of the child only. Foster care should not be designed to have a positive financial impact on foster parents.

The Program is probably the only chance that these children have to live in a family environment. No one else would take these children. The Program benefits the child and is in the child's best interest. The fact that it benefits the foster parents is a bonus.

■ Some local agencies have policies that discourage ADC recipients from becoming foster parents because of a belief that raising children in an impoverished environment compounds problems that foster children face.

This is a narrow view of public assistance recipients. Although most ADC recipients are not capable of becoming foster parents for developmentally disabled children, some are capable and willing to invest the time and effort but need motivation and direction. Potential foster parents are carefully screened and invest a substantial amount of time in training prior to being accepted as a foster parent.

■ Is the L.I.F.E. Program resented by therapeutic foster care programs that pay a lesser per diem?

This issue has been raised in Michigan. However, there is justification for the Program because the children served by it would not have been accepted in therapeutic foster care and would have remained in an institution.

■ Because the foster parents have to set personal and employment goals and are encouraged to work part time, is there a possibility that the parents will leave foster parenting for a better paying job without the around-the-clock responsibilities of foster parenting?

This is a possibility, but probably not until a foster parent has been in the Program for at least five years. The foster parents are fully aware that their commitment is long term.

The subcommittee had questions about the adaptability of the Michigan program to Virginia. The Department of Social Services related that Michigan has a very strong purchase of service system, and the private sector receives a lot of support for providing special initiatives to families with disabled members.

The subcommittee proposed having the Department of Social Services look at the concepts in the Michigan L.I.F.E. Program and other alternatives regarding residential foster care. According to the Department, Virginia needs to consider

the following factors when evaluating whether the Michigan program could be replicated in Virginia: ADC payments; food stamps; Medicaid; training funds; eligibility for public housing; and eligibility for other low-income programs such as WIC, community action, school meal programs, and youth summer employment programs. Funding for a pilot program would need to cover planning, staffing, recruitment of eligible foster parents, case management, monitoring, reporting, and evaluation. The cost of maintaining the child in the community with support services such as respite care, transportation, and counseling would need to be considered. While the Michigan program focuses on mentally retarded children who are also physically disabled, children placed in residential care by the Virginia Department of Social Services are severely emotionally disturbed, exhibit serious behavior problems, and are in need of therapeutic environments which would require intensive foster parent training. The Michigan program is adaptable to Virginia, but there are complex considerations because of the population that Virginia would expect to serve. There would still be service costs, and any savings would result from lower expenditures on maintenance because it costs less to maintain a therapeutic foster home than an institutional placement.

The subcommittee learned that, because of the cost of residential placement, the Department has developed strategies to (i) encourage family preservation by giving localities incentives for prevention efforts, (ii) develop and review a transitional plan for children in residential placement, (iii) provide incentives to localities to develop an array of services to children, (iv) increase technical assistance to localities, and (v) recognize problems caused by funding restrictions and possibly grant waivers for categorical placement money.

3. Personal Assistance Services

The subcommittee received extensive information on personal assistance services from Handicaps Unlimited of Virginia, an advocacy organization composed of persons with disabilities and their advocates. Personal assistance services are defined as activities which a person would perform for himself if he did not have a disability, such as bathing, dressing, feeding, and getting from bed to wheelchair. Handicaps Unlimited completed a year long study of the need for personal assistance services and shared the following information with the subcommittee.

The vast majority of tasks that disabled persons need assistance with are of a nonmedical nature. Virginia is facing an explosion in institutional care costs. In 1988, over \$398 million went toward keeping people in institutions. The average yearly cost per individual is \$15,000, but the average yearly cost for a person with mental retardation in an intermediate care facility is \$40,000. Based on increases in the aging population and survival of traumatic injury, long-term care studies estimate that without adequate in-home support services, costs will triple in the next 15 years. Over the last 10 years, Virginia's homes-for-adults program has had a 653 percent total increase in costs with a caseload increase of 161 percent. Many Virginians with disabilities cannot afford to work. The typical spinal cord injured person who needs an average of four hours of personal assistance services per day needs to make \$10 an hour to afford the care and housing. Families with disabled members suffer a great deal; often the mother must leave the workplace and some families break up. Handicaps Unlimited has grappled with the nebulous question of how many people need services. According to the League of Social Services

Executives, 213,000 Virginians are in need of in-home services, 30,000 need financial assistance to obtain services, and only 15,000 of those 30,000 are currently being served. People without a medical need do not qualify for community-based support services under Medicaid, which means that some people with cerebral palsy, autism, mental retardation, and disabilities other than a traumatic brain injury are ineligible for Medicaid. There are 249 people in the state who requested an alternative to nursing home placement but could not receive community-based services because no agency was available in the area and Medicaid reimburses only a certified agency. Handicaps Unlimited has developed a model personal assistance project which has received national recognition but has encountered difficulty implementing the model because of a lack of qualified personal assistants.

Dr. Jerry Carr, a sociologist at Old Dominion University who has studied personal assistance services from the view of the individual provider, provided a demographic sketch of individuals who work as personal assistants. He gleaned information from three studies which presented a fairly consistent pattern.

A 1985 New York study revealed the following information about personal assistants: 99 percent are female, the average age is 47, 66 percent lack a high school diploma, 70 percent are black, 26 percent are Hispanic, nearly half are foreign born, 33 percent are married, 85 percent have children, the average number of children is 3.5, 65 percent live with children, 32 percent live with a spouse, the average household contains 3.5 persons living in 4 rooms, 76 percent are the primary family breadwinners, average salary is less than \$5,000 a year, 9 percent hold additional jobs, median annual family income is \$8,000, 33 percent have no health insurance or benefits, and 68 percent have minimal Blue Cross Blue Shield coverage provided by their home-care agency. Home-care workers pay out of pocket for most of their medical expenses and had no health insurance coverage for 92 percent of their health problems.

The results of a 1988 Pennsylvania study were very similar to the New York study. The Pennsylvania study tracked income over time and found that income fell 5 percent after persons became personal assistants, either as the result of termination of public assistance or losing a better paying job. The hourly rate was \$4.95, which is a poverty level income.

A study in Fairfax County, Virginia, found that personal assistants are 93 percent women, 59 percent black, 7 percent Hispanic, 2.5 other race, and 7 percent white.

Attitude information collected showed that people attracted to personal assistance work have a high degree of altruism and think the work is worthwhile, but are keenly aware that they are working for poverty wages and few, if any, benefits. They like the work, but it is economically damaging. Dr. Carr suggested that any savings resulting from deinstitutionalization of persons with disabilities be applied to an antipoverty program for personal assistants. He stated that training, support systems, transportation, guaranteed work schedules, career paths, benefits packages, medical insurance, and other recommendations for improving personal assistants' working conditions probably will not occur if personal assistants are individual providers. A possible solution is entrepreneurship--personal assistance cooperatives where people who provide the services form their own business. Further information is contained in a paper prepared by Dr. Carr entitled "The Welfare of the Personal Assistant User and the Welfare of the Personal Assistant: Is There a Contradiction?"

4. Findings and Recommendations

■ The subcommittee found that because a variety of agencies have programs to help public assistance recipients attain self-sufficiency, interagency cooperation is highly desirable and the agencies should be encouraged to work together to promote the self-sufficiency of public assistance recipients. The subcommittee recognized the work of groups that promote interagency cooperation, such as the Governor's Employment and Training Department/Department of Social Services (GETD/DSS) work group, as very worthwhile.

■ Also recognized were the many excellent employment and training programs that exist throughout the Commonwealth. It was observed that a compilation of these programs would be helpful so that other communities could benefit from the experience of those who had established such programs. The subcommittee recommended that language be added to the Appropriations Act to require the development of a directory of innovative employment and training initiatives that have resulted from the implementation of the Family Support Act.

■ The subcommittee determined that there are many opportunities for human-service and economic development agencies to work together to develop joint employment programs, such as tying the incentives for operating a business in Virginia to a responsibility to hire public assistance recipients, and recommends that this concept be explored by state and local governments.

■ Among the recommendations made to the subcommittee was a reduction of the number of agencies that have employment assistance and training programs for public assistance recipients. The subcommittee noted that this recommendation has been made in previous years and that, because the Governor's Workforce 2000 study and the Governor's Job Training Coordination Council are examining the problem of multiple agencies, it is being adequately addressed through other channels.

■ The subcommittee proposed the following amendment to the Appropriations Act to require the development of a pilot project employing public assistance recipients as personal assistants. The pilot project will be used as a model to develop an employer incentive package to be distributed throughout the Commonwealth to encourage other entities to develop similar programs.

Included in the amount for employment services is \$5,000 general fund in the second year to support the development of a pilot project for the establishment of a business employing public assistance recipients to perform personal assistance services and to support the development and distribution of a directory of innovative employment training and education initiatives that have resulted from the implementation of the Family Support Act. The Secretary of Health and Human Resources and the Secretary of Economic Development shall develop the pilot project and the directory. The pilot project shall be used as a model to develop an employer incentive package which shall be distributed throughout the Commonwealth to encourage other entities to develop similar programs. The directory shall be distributed to local agencies and other interested parties. The Secretary of Health and Human Resources and the Secretary of Economic Development

shall report to the Chairmen of the Senate Finance Committee and the House Appropriations Committee on the implementation plan for the pilot project and the directory by August 1, 1991.

B. Foster Care

1. Existing Programs

The subcommittee received comprehensive information on the state of foster care in the Commonwealth and considered the following nine issues that are listed in 73:

- Delivery of foster care in Virginia;
- Early intervention to reduce the number of children in need of foster care;
- Definitions of responsibilities of foster parents;
- Reimbursement rates for foster parents;
- Coordination and funding of support systems necessary for an effective foster care program;
- Incentives for localities to encourage participation in the training of foster care parents;
- Incentives for localities to encourage participation in court-appointed special advocate programs;
- Incentives to encourage localities to provide respite care for foster families; and
- Alternatives to foster care families in localities experiencing severe shortages of providers.

The Department of Social Services provided an overview of foster care in Virginia and statistics regarding children in foster care, including demographics, types of placements, placement goals, criteria for approving foster parents, roles and responsibilities of foster parents, reimbursement, specialized foster care, liability insurance for foster parents, respite care, training initiatives, residential programs, and administrative concerns.

There has been a decline over the past decade in the number of foster care children because the provisions of the Adoption Assistance Act emphasized returning children to and keeping children at their homes. By 1985, the number of children in foster care was 50 percent of what it had been a decade earlier. This was maintained until 1989. The current population in foster care is largely children over 10 years of age with severe problems. Despite the reduction in the number of foster children, there is a shortage of foster parents. This is because children entering foster care today have more complex needs, are older, and come

from families with very serious problems. The skills needed by foster parents have changed, and there may be fewer people willing to take on the problems of the current foster care population. A 1985 Department of Social Services study cited the following reasons that foster parents resign: the needs of the child were greater than expected, the impact on the family, and the behavior of the children. Providing services to problem children requires training and other supports to foster parents. Therapeutic foster care programs and private agency programs have demonstrated that, with extensive training and caseworker support, foster families will retain difficult children.

The subcommittee examined Department information (see Appendix B) that shows Virginia's ranking in foster care maintenance payments among other states, the number of foster care cases per worker, and average social worker salaries. The Department of Social Services indicated that the caseload standard for foster care workers is 23 cases.

The American Public Welfare Association provided information indicating that 14 states pay for day care for foster children, including Maryland which has approximately the same number of foster children as Virginia. Maryland has allocated \$700,000 per year for day care for foster children and distributes it to localities based on the number of children they have in foster care. The allocation is insufficient to provide day care to all foster families who need it. The subcommittee calculated that it would cost at least six million dollars annually to provide day care, including after-school care, for foster children of working parents.

The Virginia Foster Parents Association (VFPA) suggested to the subcommittee that the following four steps are essential to bring Virginia's foster care program to a basic level of adequacy: reducing worker caseload, mandating foster parent training statewide, reimbursing foster parents the actual costs of raising a child, and improving the system of legal representation for foster children. The Association further suggested that once these steps have been accomplished, a systemwide program of family-based treatment foster care be implemented as an intermediate level of care between regular foster care and group care or residential treatment.

Representatives of the VFPA discussed the great amount of turnover among foster care workers and maintained that reducing worker caseload is the single most effective way of improving foster care in Virginia. The length of time the child spends in foster care directly correlates with the amount of time the worker spends working on reunification; however, paperwork and other responsibilities often hinder a worker from working on the goal of reuniting the child with his birth parents. In addition, foster parents need to have the worker available to them. Although there have been some outstanding local prevention efforts, these can be achieved only through intensive staffing levels that are much lower than the state's caseload standards.

The VFPA strongly advocated mandated training for foster parents and pointed out that, because many of the foster children entering care today have complex problems, a foster parent's experience in parenting his own child is not adequate preparation.

VFPA representatives cited statistics indicating an increase in the number of children in foster care in the last two years and stated that there has been an increase in the number of infants entering care because of substance abusing parents and because multihandicapped children have been kept alive by modern medical technology. Because of the shortage of foster homes, more foster children are in group care.

The VFPA also feels that Virginia's foster children need more effective representation in court. It has been the experience of many foster parents that guardian ad litem are generally unprepared and unfamiliar with their cases. The amount of compensation received by a guardian ad litem in Virginia is among the lowest in the nation.

Representatives of the United Ways of Northern Virginia addressed some of the reasons for the changing profile of children in foster care and the shrinking supply of foster homes, discussed other problems such as the lack of adequate training and compensation for caregivers and professionals, and stated that these shortcomings fail to give children who are in foster care the timely help they need to become productive citizens. Recommendations stemming from an interdisciplinary seminar on foster care sponsored by the United Ways of Northern Virginia were discussed, and it was stated that the sentiment of participants was that more needs to be done to prevent children from being placed in foster care and, once a child is placed in foster care, intensive services should be performed to return the child to the home. Other recommendations are: making early adoption available, if necessary; providing more training for everyone involved; providing more professional resources to assist foster parents; and encouraging an interdisciplinary approach. Representatives suggested that the subcommittee's study focus on the needs of children in the system today, the complex role of foster parents, and the delivery system in place in Virginia, including institutional barriers to services. It was stated that the need for legislation in the following areas is already apparent: termination of parental rights in certain cases, mandating and funding competency-based training statewide, and changing the funding formulae to recognize increasingly complex and unmanageable caseloads.

The subcommittee heard from People Places, Inc., a private, nonprofit child-placing agency providing therapeutic foster care, which agreed with the recommendations made by the Virginia Foster Parents' Association and stated that there is a sense of urgency behind those recommendations. Private agency experience indicates that it is possible to serve children coming directly out of an institution in family foster care. Success is attributed to the following elements: the caseload per worker is 12, training is an essential and ongoing service for foster parents and workers, foster parents are considered to be the principal agents of change in the lives of the children and are accorded the status and recognition associated with this important role, and specific treatment plans are developed for each child and the parents are taught to implement the plans in the home. Although treatment foster care is not the best option for all children, it is a viable alternative to institutional care for those children who can be cared for safely and productively in a family and community setting and should be the first community-based residential treatment alternative to group care for children.

Because it has been demonstrated that treatment foster care produces better results than regular foster care, People Places, Inc., believes that the concepts used in treatment foster care should be incorporated in regular foster care.

Representatives of local departments of social services testified that a greater working partnership between agencies and foster parents is needed. Aggressive, intensive services are needed but not possible because of caseloads. There is also a large number of children in silent foster care such as relative placements. Services should not commence only when a worker decides to remove a child, but agencies do not have the staff or the mission to provide prevention services to severely dysfunctional families.

The subcommittee heard about efforts by both urban and rural local social services departments to prevent foster care placements and reduce residential placements. The Arlington County Therapeutic Foster Home Program was developed in 1983 to provide an alternative to residential and group home care for adolescents who require multiple services and intense supervision. Serious emotional, physical, developmental and/or mental disabilities preclude the placement of these children in traditional foster care. The Program provides a family setting yet maintains the level of supervision and therapeutic intervention associated with residential and group home care. Parents are paid for services they provide to the child. Payments are determined on a multidimensional scale and vary according to the needs of the child and the skill of the foster parents. Workers have 10 to 12 cases and provide an intensive level of service. Initial and ongoing training of the foster parents and low caseloads that allow intensive supervision are essential to maintain the families. Over 50 children have been served since the Program started. The average annual cost per child is \$10,000, which is substantially less than the cost of a residential placement. Arlington estimates that the Program has saved \$294,000 through prevention of residential placements and through adoption, independent living, or returning children to their home. Recruitment of regular and therapeutic foster parents is difficult in Northern Virginia because of the number of two-income families, the high career focus of many young adults, lack of housing and sufficient space, and a lack of commitment to working with children with special needs. It would be helpful to be able to pay a salary to therapeutic foster parents.

A new program in Arlington County, called the Initial Assessment Program, has restructured foster care intakes and has been very effective in preventing ongoing placements. A comprehensive emergency assessment is conducted within the first 30 days of foster care placement. An initial assessment caseworker was hired to handle the emergency foster care cases. Because of the low caseload, she has been able to work intensively with birth families to assess the feasibility of returning the child to the home and to explore placement with relatives. If ongoing foster care is recommended, children are referred to the most appropriate placement to avoid some of the foster home shuffle. Fifty-three children were served by the program in FY '90, a 61 percent increase over emergency placements in FY '89 that is attributed to an increase in substance abuse referrals. Of those 53 children, 7.5 percent were returned home, 43 percent were placed with relatives, and 43 percent continued in foster care. Fifty-seven percent left foster care in the first 30 days compared with 44 percent in previous years.

Arlington also has established an Alternatives to Residential Treatment Program to maintain children in the community by providing supportive services to the family. In FY '90, six residential placements were averted at a savings of \$295,000. Arlington County believes that these programs demonstrate that prevention can occur at substantial savings to the community.

The subcommittee also heard from the James City County Department of Social Services which, through major initiatives, reduced its number of children in foster care from 60 in 1979 to 2 today. The two active cases are college students who are in permanent foster care. The initiatives were undertaken because the number of children entering care was increasing; costs were increasing; some children were returned home without any assurances that the home situation had changed; and it seemed that removing children from the home was not the best choice, but workers did not have skills to prevent the abuse. A major training effort for the social work staff was initiated and this was the major cost of the program. Workers were trained in the family systems model, there was a philosophical shift from rescuing children from dysfunctional families to viewing the family as the client, and the mission was defined as keeping families together. Counseling commences when the complaint is investigated, cases are reviewed and treatment plans are established using a team approach, community resources are used extensively, a custody mediation program is used, families have access to short-term foster care without transfer of custody, and, when feasible, the abuser is encouraged to leave the home. One of the key concepts is that instead of having separate child protective services, foster care, and adoption workers, the assigned worker stays with the family regardless of which category of service they are receiving. Efforts were undertaken to increase worker salaries. Staff size has not increased in ten years, but morale has increased. Community support is critical to the program's success. Estimates are that the program saves half a million dollars annually.

The subcommittee heard testimony that the current system rewards increases in the number of foster care cases by increasing the budget and staff if the caseload goes up. When the caseload decreases, there is a risk of losing staff. If dollars could be matched to goals, financial incentives could be established for meeting goals such as family preservation. The existence of foster care units in the state and local departments of social services makes it seem that foster care is an acceptable solution. It was suggested to the subcommittee that it might be productive to spend resources trying to keep families together rather than trying to improve foster care. Foster care is needed but should be used only when there are no other alternatives.

A foster parent trainer and recruiter with the Loudoun County Department of Social Services explained what foster parent training entails and why it is so important. Training is a way to provide not only more foster parents but better foster parents. She stated that research has shown that foster parents who understand their role and are given the tools to function as integral members of a treatment team are far less likely to quit than untrained parents. Training prepares them for the real children who will enter their lives and helps them make a realistic assessment of whether they are willing and able to take on the multiple challenges of foster parenting. A nationally recognized, nine-session curriculum called MAPP (Model Approach to Partnerships in Parenting), which is offered by

the Loudoun County Department of Social Services, was described. The emphasis is on partnership and recognizing that foster parents and social workers are colleagues and each has a vital role to play.

A 1985 Department of Social Services foster care study indicated that 31 percent of local agencies offer formalized training to foster parents prior to placement of a child. Today approximately 50 percent of local agencies offer such training, but not all of them mandate it. Moreover, some of the agencies that were providing training in 1985 are no longer doing so, usually because of staffing problems. The 1985 study recommended that the Department of Social Services provide training to local agencies so that the agencies could train foster parents and that the Department mandate preservice and in-service training for all foster parents. The Department's efforts to offer training to localities is hampered by lack of personnel and lack of a mandate. Foster care workers are already stretched very thin and adding the responsibility of providing an ongoing training program without adding staff would be unrealistic. Because training and support groups for foster parents are not activities directed toward clients, these activities are not counted in caseload standards.

House Appropriations Committee staff presented the subcommittee with the amount and percentage of increase in foster care expenditures from 1985 to 1990 and a list of foster care initiatives. In addition to almost yearly increases in the foster parent reimbursement rates, prevention has been emphasized. The first prevention appropriation went to almost all localities, and each got a small portion. Two years ago, \$500,000 was appropriated for pilot prevention programs and their evaluation. Money has also been appropriated for respite care and insurance. A leading recommendation of advocates has been additional staff for foster care programs. There is no separate line item for foster care workers; money appropriated for this purpose was appropriated to the overall line item for administrative support. Although the purpose of the appropriation was for additional foster care workers, much of the money funded child protective services workers. In small agencies, the same worker may perform both functions. There has been a 128 percent increase in funding for foster care since 1985. A new item in the 1990 budget requires the Department of Planning and Budget to establish automatic annual inflation rates for foster parent reimbursement.

The Commonwealth Institute for Child and Family Studies at the Virginia Treatment Center for Children presented an interim evaluation of the foster care prevention projects and respite care projects for which the Department of Social Services was allocated money in the 1989 Appropriations Act. The Department contracted with the Institute to provide program evaluation. Although the data is preliminary and precludes any definitive conclusions, it can be predicted that, if localities continue to provide services as mandated by the grant, fewer children will be in foster care than would have been possible without the grant.

Three local social service departments were awarded grants to implement respite care services for foster parents, with the goal of improving or stabilizing foster parent recruitment and retention. Project activities by local agency staff have included respite provider recruitment and approval, mandatory preservice training for providers, in-service training, foster child and provider matching,

provision of respite care, and data collection for program evaluation. No conclusions can be drawn because the respite care programs started in the spring of 1990. However, all three agencies met their recruitment goals for the last quarter, and respite care services had been provided to 22 foster children and 18 foster families as of the end of June 1990. The majority of the children served were handicapped.

The subcommittee received an update on the Court Appointed Special Advocate Program (CASA). According to the Department of Criminal Justice Services, which has administered CASA since July 1, 1990, there has been a fair amount of expansion since the CASA legislation was passed during the 1990 Session, and that expansion is expected to continue. There are now 12 CASA programs serving 17 localities. The Criminal Justice Services Board appointed an advisory committee to promulgate regulations to the Program. Although the impact in Virginia is not known because Virginia is just beginning to collect information, the literature indicates that CASA decreases the length of time in foster care. One reason for this is that the advocate is able to spend time investigating alternative placements for the child, such as relatives. The advocate works for and with the guardian ad litem and the court so that the court can make the best decision, which is a different mission from that of the caseworker.

A representative of the State Board of Social Services stated that the Board wants service delivery in all programs to be family-based and to build on the competence of families rather than encouraging dependency. The State Board authorized localities to spend up to 20 percent of all state and local foster care money on prevention with the intent of increasing the percentage once the effectiveness was documented. However, the localities did not use the money for prevention.

The subcommittee was extremely interested in the work of the Council on Community Services for Youth and Families, which operates under the Secretary of Health and Human Resources but also involves the Secretaries of Education and Public Safety. The Council is designed to create a well-managed system of quality care for Virginia's troubled children and their families while making the best use of limited resources. The Council's charge is to control costs of residential care and to improve services to children with behavioral and emotional problems. The purposes of the Council are to properly plan, fund, implement, and evaluate service delivery and funding strategies that are consistent with the goals of family preservation and individualized services in the least restrictive setting, taking into account child welfare and public safety needs. The Council will disband when its purpose has been accomplished.

When subcommittee members pointed out that there is little chance that any recommendations they make can be funded this year, advocates expressed their hope that the subcommittee will determine what level of care Virginia's children need and implement those recommendations when money becomes available. The subcommittee observed that the cost of preventing foster care is less than the cost of providing foster care and expressed a desire to emphasize prevention; however, it recognized the necessity of helping the children already in the system. The loss of foster families is a problem, and efforts to retain current foster families would be beneficial. The members also observed that foster care costs less than institutional

care and suggested looking at ways of redirecting money from institutional care to foster care.

2. Findings and Recommendations

The subcommittee made the following findings and recommendations:

■ **Foster parent training and other support services** Foster parent training (both preservice and in-service) should be mandated because children coming into care today are more troubled than previously. Foster parents need more extensive therapeutic training to be equipped to cope with children who exhibit severe problems. Foster parents who are prepared for the type of child they receive are able to be more supportive of the child and are more likely to continue as foster parents. This results in more stability for the child and reduces the agency's need to recruit new foster parents. The investment made in foster parents needs to be protected and they should be given respite care, access to mental health care, day care, and other support services.

Funding should be provided for additional local staff to deliver foster parent training. Agencies lack staff to do training because state caseload standards, which determine how many workers an agency can have, consider only services to the child and his birth family and not services to the foster parents. Another suggestion is that training be contracted out. In addition to training, virtually all of the other activities necessary to maintain an adequate pool of foster families, such as recruitment, support groups, and foster family newsletters, are left out of the caseload equation. If budget constraints prevent full funding, funding should be phased in.

■ **Prevention** More resources should be devoted to preventing children from having to enter foster care. The current system rewards increases in the number of foster care cases by increasing the budget and staff if the caseload goes up. When the caseload decreases, there is a risk of losing staff. Dollars should be matched to goals and financial incentives should be established for meeting goals such as family preservation. Although local agencies have been authorized to use a certain percentage of their funds for prevention, local agencies are not using the money for that purpose.

The subcommittee recognized that although prevention is costly it is also very costly not to fund prevention efforts. The subcommittee endorsed the work of the Council on Community Services for Youth and Families.

■ **Casework services** Workers should have lower caseloads and more support. High caseloads hinder the delivery of services to foster children, birth parents, and foster parents which means that children stay in foster care longer, the problems that caused the foster care placement remain untreated, and foster parents do not receive support. Once a child is placed in foster care, intensive services should be performed to return the child to the home. Workers should be trained in family therapy techniques. High caseloads also lead to worker burnout and a high turnover rate which also reduces the delivery of services.

■ **Foster care rates** Because reimbursement rates are low, foster parents are actually volunteers who are contributing out of their own pocket to raise the child. The State should reimburse foster parents what it actually costs to raise a child, including day care for working foster parents. When determining the reimbursement rate, consideration should be given to the high cost of residential placement. Residential placements are likely to be further from the child's birth parents and do not offer the benefits of a family environment. The State should look at ways of diverting money from residential care and applying it to foster care.

The subcommittee noted that when the State's financial situation improves consideration should be given to rate differentials in high cost areas of the State.

■ **Legal representation** Although Virginia's foster children need more effective representation in court, the rate of reimbursement for attorneys who serve as guardian ad litem is among the lowest in the nation. Attorneys who represent the children in court also need better training. The CASA (Court Appointed Special Advocate) Program should be expanded because the literature indicates that CASA decreases the amount of time children spend in foster care.

The subcommittee determined that because of the current budget situation it is not feasible to advocate an increase in the guardian ad litem rate. The subcommittee discussed the CASA Program and noted that there has been a fair amount of expansion since the CASA legislation was passed by the 1990 General Assembly and that expansion is expected to continue. The subcommittee endorsed the CASA program.

■ **Treatment foster care** Once worker caseload is reduced, foster parent training is mandated statewide, reimbursement rates are raised and legal representation is improved, Virginia should implement a statewide program of family-based treatment foster care as an intermediate level of care between regular foster care and group care or residential treatment. Therapeutic foster care should be the first workable community-based residential treatment alternative to group care for children. Because it has been demonstrated that treatment foster care produces better results than regular foster care and children coming into care are increasingly troubled, the concepts used in treatment foster care should be incorporated into regular foster care.

■ **Interagency approach** An interdisciplinary approach should be encouraged. The Department of Corrections and the school systems must play a role in foster placement. Cross-agency referrals and interdisciplinary teams are needed to effectively service caseloads.

The subcommittee noted the importance of interagency cooperation in providing effective services to families.

■ **Earlier adoption** The possibility of earlier adoption should be explored when there is no hope of rehabilitating drug abusing parents or when the parents have no desire to support and nurture the child.

The subcommittee determined that this issue is being considered by the Joint Subcommittee Studying Maternal and Perinatal Drug Exposure (HJR 41) which is expected to be continued for an additional year.

The subcommittee introduced, and the 1991 General Assembly passed, a resolution requesting the Department of Social Services to study the feasibility of (i) mandating foster parent training in the Commonwealth; (ii) developing a statewide policy regarding supportive services such as respite care, day care, and the availability of caseworkers for foster parents; and (iii) developing a statewide model for foster parent recruiting. The Department's study is to address, but not be limited to, the following issues:

- The fiscal and programmatic impact of mandating preservice and in-service training for foster parents and of implementing a statewide policy regarding supportive services;
- The most effective and efficient methods for providing such statewide training, including curricula development and training delivery, and supportive services, and for recruiting foster parents; and
- Identification of resources and time frames necessary to implement these programs.

The Department is required to submit a report to the Youth Services Commission by September 1, 1991 (see 259, Appendix C).

III. CONCLUSION

The subcommittee found that while much is being done to address the issues considered by the study, much remains to be done. The subcommittee was hampered by budget cuts and hopes that those recommendations that cannot be undertaken at the present time because of financial constraints will be implemented in more prosperous times.

Respectfully submitted,

Senator Robert C. Scott, Chairman
Delegate David G. Brickley, Vice Chairman
Senator Joseph V. Gartlan, Jr.
Senator Richard L. Saslaw
Delegate Jerrauld C. Jones
Delegate Thomas M. Jackson, Jr.
Delegate Arthur R. Giesen, Jr.

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Appendix A

SENATE JOINT RESOLUTION NO. 73

Establishing a joint subcommittee to study the foster care system in the Commonwealth and the feasibility of implementing a program to train, employ, and pay public assistance recipients as foster mothers and to work in occupations that provide needed services.

Agreed to by the Senate, March 9, 1990

Agreed to by the House of Delegates, March 7, 1990

WHEREAS, the health and welfare of children in the Commonwealth are primary concerns of all citizens, and, although child and family problems do not divide neatly into categories of current terminology, the same children often appear in different areas of the human services system at different or at even the same time; and

WHEREAS, the number of homes providing foster care in Virginia has decreased from 6,000 to 3,600 in the last decade; and

WHEREAS, the average length of time in care in Virginia is three times the national average of eighteen months; and

WHEREAS, although reduction in the length of stay in care by the child, retention of staff, and maintenance of continuity for the child are desirable goals, current high staff ratios demanded by increased need prevents the attainment of such goals; and

WHEREAS, the numbers of children who are the victims of physical, sexual, drug and alcohol abuse are increasing and need specialized care and services, and babies born with complications resulting from the AIDS virus, drug addiction, and physical handicaps, as well as adolescents who are difficult and unmanageable, present complex problems and require sophisticated, highly skilled, well-trained foster parents; and

WHEREAS, the changing profile of children entering the foster care system places greater demands on the capabilities of foster parents and agency staff; and

WHEREAS, in the absence of adequate training and increased numbers of harder-to-place children, foster families have difficulty in defining their role which contributes to the decline in the number of homes available for foster care placement; and

WHEREAS, two-thirds of the localities in the Commonwealth provide no training for foster parents despite the added impact of recent social and economic conditions such as drug abuse, sexual abuse, AIDS, and homelessness upon the foster care population; and

WHEREAS, a three-year-old Michigan program has succeeded in training public assistance recipients for employment as foster mothers to disabled children, thus providing a valuable service while removing families from the public assistance rolls; and

WHEREAS, the program is economically productive by providing savings in public assistance, which costs the Michigan Department of Social Services \$16,000 a year for each family of four, and by providing less expensive in-home care to disabled children, each of whom costs the Department of Mental Health \$45,000 a year for institutional care; and

WHEREAS, the program benefits disabled children by providing more personal care for them in a home and family setting with a foster parent who is screened, trained, and licensed to care for such children; and

WHEREAS, while foster care is a valid part of the service repertoire and is the best arrangement for some children, additional research, resources, and planning are needed to develop and define its labor supply and modes of operation; and

WHEREAS, public assistance recipients trained to be foster parents could provide appropriate homes for foster care placement, and such persons if trained in other programs could be employed as day-care providers, nurses aides, teachers aides, and resource mothers to assist pregnant teenagers, thus providing vital services in these and many other important endeavors; and

WHEREAS, the last study of foster care by the Commonwealth was completed in 1985, prior to the emergence of children with changing and more complex profiles; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That a joint subcommittee be established to study the foster care system in the Commonwealth and the feasibility of implementing a program to train, employ, and pay public assistance recipients as foster mothers and to work in occupations that provide needed services. The study shall include, but not be limited to, an evaluation of (i) the delivery of foster care in Virginia, including early intervention to reduce numbers in need of foster care, definitions and responsibilities of foster parents, and reimbursement; (ii) the coordination and funding and support systems necessary for an effective foster care program; (iii) incentives for localities to encourage participation in the training of foster care parents, Court Appointed Special Advocate programs, and the provision of respite care for foster families; and (iv)

alternatives to foster care families in localities experiencing severe shortages of providers, particularly the feasibility of implementing in the Commonwealth a program training and employing for pay public assistance recipients as foster parents and to work in occupations which provide needed services that would capitalize on their interests and experience. These occupations may include, but not be limited to, day-care providers, foster parents for disabled and harder-to-place children, nurses aides, and teachers aides.

The joint subcommittee shall consist of seven members as follows: one member each of the Senate Committees on Rehabilitation and Social Services, on Education and Health, and on Finance to be appointed by the Senate Committee on Privileges and Elections, and one member each of the House Committees on Health, Welfare and Institutions, on Education, on Courts of Justice, and on Appropriations to be appointed by the Speaker.

In its deliberations, the subcommittee shall provide for the participation and seek the expertise of persons representing the judiciary, social services, foster parents, public assistance recipients, higher education, and employment and training programs.

All state agencies and local governments affected shall cooperate with the joint subcommittee as requested.

The joint subcommittee shall complete its work in time to submit its findings and recommendations to the Governor and the 1991 General Assembly as provided in the procedures of the Division of Legislative Automated Systems for processing legislative documents.

The indirect costs of the study are estimated to be \$13,255; the direct costs shall not exceed \$6,300.

STATE OF VIRGINIA FOSTER CARE SERVICES

A Report to the
SJR 73 Joint Subcommittee
of the
Virginia General Assembly

July 19, 1990

Prepared by:
Virginia Department of Social Services

FOSTER CARE SERVICES IN VIRGINIA

<> OVERVIEW

- FOSTER CARE IS THE PROVISION OF SERVICES OR SUBSTITUTE CARE/SUPERVISION FOR A CHILD
 - O WHO HAS BEEN IDENTIFIED AS NEEDING SERVICES TO PREVENT OR ELIMINATE THE NEED FOR FOSTER CARE PLACEMENT
 - O WHO HAS BEEN COMMITTED OR ENTRUSTED TO A LOCAL BOARD OF PUBLIC WELFARE OR CHILD WELFARE AGENCY
 - O FOR WHOM THE BOARD OR CHILD WELFARE AGENCY HAS ACCEPTED SUPERVISION IN A TEMPORARY LIVING SITUATION UNTIL THE CHILD CAN RETURN TO HIS OR HER FAMILY OR BE PLACED IN A PERMANENT FOSTER CARE PLACEMENT OR IN AN ADOPTIVE HOME
- GOAL OF THE FOSTER CARE PROGRAM IS TO MAINTAIN FAMILY UNITY AND KEEP CHILDREN IN THEIR HOMES.
- FOSTER CARE IS INTENDED TO BE A TEMPORARY RESPONSE RATHER THAN A LONG TERM SOLUTION TO FAMILY PROBLEMS.
- AN ARRAY OF SERVICES PROVIDED TO CHILDREN IN FOSTER CARE, AND THEIR FAMILIES MAY INCLUDE
 - O COUNSELING/TREATMENT
 - O DAY CARE
 - O MEDICAL
 - O EDUCATION RELATED SERVICES
 - O EMPLOYMENT
 - O FAMILY PLANNING
 - O FAMILY SERVICES
 - O INDEPENDENT LIVING SKILL TRAINING
 - O HOUSING
 - O LEGAL
 - O SOCIALIZATION/RECREATION
- THE FOSTER CARE PROGRAM IS FUNDED FROM FEDERAL, STATE AND LOCAL MONEY. THE AMOUNT OF FINANCIAL PARTICIPATION BY THE FEDERAL GOVERNMENT IS DEPENDENT UPON THE LEVEL OF COMPLIANCE WITH FEDERAL REGULATIONS AND UPON THE ELIGIBILITY OF THE CHILD.

WHERE HAVE WE BEEN

- IN THE PAST DECADE, WE HAVE REDUCED THE NUMBER OF CHILDREN IN FOSTER CARE. IN 1980, THERE WERE 8,751 IN FOSTER CARE. IN 1990, THERE WERE 6,217 IN CARE WHICH REPRESENTS A 29% DECREASE IN THE NUMBER OF CHILDREN IN FOSTER CARE. HOWEVER, WE NOW FACE THE MORE COMPLICATED TASK OF PROVIDING SERVICES TO CHILDREN WITH MORE COMPLEX NEEDS, AND, FROM JUNE '89 TO JUNE '90, A 6.1% INCREASE IN THE NUMBER OF CHILDREN ENTERING FOSTER CARE.
- THE DEPARTMENT HAS IMPLEMENTED INDEPENDENT LIVING INITIATIVES FOR OLDER CHILDREN AND IMPROVED ADOPTION OPPORTUNITIES FOR CHILDREN IN FOSTER CARE AS A RESULT OF THE 1983 CHILDREN ADRIFT STUDY AND THE REPORT OF TASK FORCE ON THE STATUS OF OLDER CHILDREN IN FOSTER CARE.
- IN 1987, THE DEPARTMENT CONDUCTED A STUDY REGARDING THE NEED FOR SPECIALIZED FOSTER CARE AND RESPITE CARE SERVICES. THE STUDY REVEALED THAT THE LOW USAGE OF SPECIALIZED FOSTER CARE WAS DUE TO A LACK OF TRAINING OF FOSTER PARENTS AND STAFF, INADEQUATE FUNDING AND LARGE CASELOADS.
- THE DEPARTMENT HAS ACTIVELY SUPPORTED THE VIRGINIA FOSTER CARE ASSOCIATION BY PROVIDING A LIAISON DEVELOPING NEWSLETTERS AND SPONSORING STATE CONFERENCES AND PROVIDING SCHOLARSHIPS TO TRAINING CONFERENCES AND IS DIRECTLY SUPPORTING FOSTER AND ADOPTIVE FAMILIES THROUGH THE FOSTER/ADOPTIVE CARE TRAINING SYSTEM (FACTS).

WHERE ARE WE NOW

<> DEMOGRAPHICS OF FOSTER CARE CHILDREN

- AS OF JUNE 1990, THERE WERE 6,217 CHILDREN IN FOSTER CARE (RESOURCE: VACIS)
 - o 3,016 (48.5%) WERE WHITE; 2,881 (46.3%) WERE BLACK; 320 (5.1%) WERE OTHER RACES
 - o 3,041 (48.9%) WERE FEMALE; 3,176 (51.1%) WERE MALE
 - o 2,564 (41.2%) WERE BETWEEN THE AGES OF 13 AND 21
- CHILDREN ENTERING FOSTER CARE
 - o A TOTAL OF 2,063 CHILDREN ENTERED FOSTER CARE IN FY 90
 - o PRIMARY REASONS FOR CHILDREN ENTERING FOSTER CARE IN FY 90

CHILD ABUSE OR NEGLECT	1,150 CHILDREN	55.7%
ENTRUSTMENT	398 CHILDREN	19.3%
- CHILDREN IN FOSTER CARE TODAY ARE LIKELY TO BE OLDER, DELINQUENT CHILDREN IN NEED OF SUPERVISION, HAVE COMPLEX PROBLEMS OR BE SUBSTANCE ABUSERS.

<> TYPES OF FOSTER CARE PLACEMENTS

FOSTER CARE IS PROVIDED TO CHILDREN IN FAMILY FOSTER HOMES, GROUP HOMES, EMERGENCY SHELTERS, RESIDENTIAL TREATMENT CENTERS, MENTAL HEALTH FACILITIES, INDEPENDENT LIVING ARRANGEMENTS, AND OTHER TYPES OF LIVING ARRANGEMENTS. IN VIRGINIA, A FOSTER PARENT MAY BE A RELATIVE OF THE FOSTER CHILD.

PLACEMENT TYPE	JUNE 1987		JUNE 1988		JUNE 1989		JUNE 1990	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
ADOPTIVE HOME	378	6.5	389	6.6	387	6.5	410	6.6
NON-RELATIVE FOSTER HOME	2827	49.0	2888	49.3	2985	49.8	3122	50.2
RELATIVE FOSTER HOME	216	3.7	221	3.8	230	3.8	222	3.6
PERMANENT FOSTER CARE	689	11.9	588	10.0	530	8.8	473	7.6
RESIDENTIAL FACILITY	638	11.1	649	11.1	664	11.1	693	11.1
INDEPENDENT LIVING	96	1.7	86	1.5	117	2.0	129	2.1
OWN HOME AWAITING PLACEMENT	13	.2	12	.2	14	.2	15	.2
OWN HOME	447	7.7	400	6.8	404	6.7	425	6.8
EMERGENCY SHELTER	47	.8	67	1.1	71	1.2	77	1.2
RUNAWAY	45	.8	66	1.1	68	1.1	65	1.0
OTHER (I.E., JOB CORP)	124	2.1	157	2.7	143	2.4	193	3.1
EMERGENCY APPROVED	116	2.0	120	2.0	115	1.9	127	2.0
CHILD PLACING AGENCY								
FOSTER HOME	62	1.1	140	2.4	180	3.0	202	3.2
CPA PERMANENT FOSTER HOME	6	.1	14	.2	18	.3	16	.3
STATE INSTITUTION	69	1.2	66	1.1	66	1.1	48	.8
TOTALS	5773		5863		5992		6217	

B4

<> PLACEMENT GOALS FOR FOSTER CARE CHILDREN

- AS MANDATED BY THE CHILD WELFARE AND ADOPTION ASSISTANCE ACT OF 1980 (P.L. 96-272), A PROGRAM GOAL IS ESTABLISHED FOR EVERY CHILD IN FOSTER CARE. SERVICES ARE DIRECTED TOWARDS ACHIEVING THE PERMANENCY PLANNING GOAL.

- PERMANENCY PLANNING GOALS FOR FY 90 (IN ORDER OF PRIORITY)

- o RETURN HOME
3,199 (51.5%) CHILDREN IN FOSTER CARE HAD THIS GOAL
1,318 CHILDREN RETURNED HOME

- o PLACEMENT WITH RELATIVES
249 (4.0%) CHILDREN IN FOSTER CARE HAD THIS GOAL
- o ADOPTION
1,222 (19.7%) CHILDREN IN FOSTER CARE HAD THIS GOAL
414 (33.9%) WERE NOT LEGALLY FREE FOR ADOPTION
808 (66.1%) WERE LEGALLY FREE FOR ADOPTION
- o PERMANENT FOSTER CARE
THIS GOAL IS FOR CHILDREN, 12 OR OVER, WHO HAVE CLOSE RELATIONSHIPS WITH THEIR FOSTER FAMILIES
633 (10.2%) OF CHILDREN IN FOSTER CARE HAD THIS GOAL
- o CONTINUED FOSTER CARE OR GOAL BEING DETERMINED
830 (13.4%) OF CHILDREN IN FOSTER CARE HAD THIS GOAL
84 (1.4%) HAD BEEN IN FOSTER CARE LESS THAN 60 DAYS

<> CHILDREN LEAVING FOSTER CARE

- DEMOGRAPHICS OF CHILDREN LEAVING FOSTER CARE IN FY 90

- o 1604 (54.6%) WERE WHITE; 1335 (45.4%) WERE NON-WHITE
- o 1393 (47.4%) WERE RETURNED TO A PARENT OR PRIOR CUSTODIAN
- o THE AVERAGE NUMBER OF CHILDREN LEAVING FOSTER CARE IN THE PAST SIX YEARS IS 2858

FOSTER PARENTS

<> CRITERIA FOR APPROVING FOSTER PARENTS

- FOSTER PARENTS ARE APPROVED BY LOCAL DEPARTMENTS OF SOCIAL SERVICES BASED ON STANDARDS APPROVED BY THE STATE BOARD OF SOCIAL SERVICES USING THE ADMINISTRATIVE PROCESS ACT.
- FOSTER PARENTS MUST BE OF THE AGE OF MAJORITY AND PARTICIPATE IN A HOME ASSESSMENT PROCESS.
- FOSTER PARENTS MUST ATTEND ANY ORIENTATION AND TRAINING REQUIRED BY THE AGENCY.

<> ROLES AND RESPONSIBILITIES OF FOSTER PARENTS

- THE ROLES AND RESPONSIBILITIES OF THE FOSTER PARENT VARY DEPENDING UPON THE NEEDS OF THE CHILD.

- IN 1980, CHILDREN WHO ENTERED FOSTER CARE NEEDED HOMES WHICH PROVIDED NURTURANCE AND SUPPORT BECAUSE OF THE ABUSE AND NEGLECT THEY HAD EXPERIENCED PRIOR TO FOSTER CARE.
 - o THE ROLE OF THE FOSTER PARENT WAS TO PROVIDE A SAFE, NURTURING HOME AND BASIC CARE TO THE CHILD.
- AT THE PRESENT, CHANGING PHYSICAL, EMOTIONAL AND BEHAVIOR SITUATIONS OF CHILDREN ENTERING FOSTER CARE ARE PLACING STRESSES UPON FOSTER CARE PROVIDERS.
 - o FOSTER PARENTS ARE NEEDED TO PROVIDE SERVICES TO CHILDREN WITH SPECIALIZED PROBLEMS SUCH AS AIDS, CRACK ADDICTION, AND EMOTIONAL ILLNESS.

<> REIMBURSEMENT

- FOSTER PARENTS ARE PROVIDED A MONTHLY MAINTENANCE PAYMENT TO PROVIDE FOR THE NEEDS OF THE FOSTER CHILD PLACED IN THEIR HOME. THESE PAYMENTS ARE INTENDED TO ASSIST IN THE CARE AND COST OF CARING FOR THE CHILD. THE AMOUNT OF THE MONTHLY MAINTENANCE PAYMENT IS BASED ON THE AGE OF THE CHILD.
 - o IN THE PAST FIVE YEARS VIRGINIA'S FOSTER CARE PAYMENTS HAVE CONTINUOUSLY INCREASED DUE TO INCREASED STATE APPROPRIATIONS.

VIRGINIA'S FOSTER CARE PAYMENTS
PER MONTH FOR THREE FISCAL YEARS

AGE GROUP	FY 1989 RATE	FY 1990 RATE	FY 1991 RATE
0-4	\$217	\$228	\$239
5-12	\$254	\$267	\$280
13 & Up	\$321	\$337	\$354

- o THE 1990 GENERAL ASSEMBLY REQUESTED THAT THE COMMISSIONER, IN COOPERATION WITH THE DEPARTMENT OF PLANNING AND BUDGET, ESTABLISH AUTOMATIC INCREASES IN FOSTER CARE RATES.
- FOSTER PARENTS MAY ALSO BE REIMBURSED FOR FEES FOR SERVICES PAID BY THEM ON BEHALF OF THE FOSTER CHILD. THE SERVICES MUST BE PRE-AUTHORIZED AND MAY INCLUDE TRANSPORTATION, EXCLUSIVE OF THAT REQUIRED FOR MEDICAL CARE, SCHOOL FEES, AND PURCHASES FROM COMMERCIAL ESTABLISHMENTS SUCH AS YMCA, BASEBALL LEAGUES.

<> SPECIALIZED FOSTER CARE

- THE DEPARTMENT CONTRACTED WITH VIRGINIA COMMONWEALTH UNIVERSITY TO EVALUATE RECRUITMENT STRATEGIES IN LOCAL AGENCIES AND DEVELOP RECRUITMENT MODELS.
- THE DEPARTMENT IS CURRENTLY DEVELOPING THE PLAN TO DISSEMINATE THE RECRUITMENT MODELS TO LOCAL AGENCIES AND TO IDENTIFY FUNDING TO IMPLEMENT THE PLAN.
- THE DEPARTMENT HAS ENCOURAGED THE USE OF SPECIALIZED FOSTER HOMES FOR TEENAGERS USING RESOURCES FROM THE INDEPENDENT LIVING GRANT.

SUPPORTIVE SERVICES OF THE FOSTER CARE PROGRAM

<> LIABILITY INSURANCE FOR FOSTER PARENTS

- THE 1990 GENERAL ASSEMBLY APPROPRIATED \$252,000 FOR FOSTER PARENT LIABILITY INSURANCE FOR FISCAL YEARS 1991 AND 1992.
- AS OF FEBRUARY 1, 1990, THE COMMONWEALTH OF VIRGINIA PROVIDED LIABILITY AND PROPERTY DAMAGE INSURANCE TO ALL FOSTER PARENTS CARING FOR FOSTER CHILDREN, AGES 0-21, WHO ARE IN THE CUSTODY OF A LOCAL DEPARTMENT OF SOCIAL SERVICE.
- THIS COVERAGE IS SECONDARY TO OTHER POLICIES THAT FOSTER PARENTS MAY HAVE (HOMEOWNERS, TENANTS OR OTHER COVERAGE).
- MONTHLY PLACEMENT DATA FROM VACIS (VIRGINIA CLIENT INFORMATION SYSTEMS) ARE PROVIDED TO THE INSURANCE COMPANY ENROLLING THOSE PARENTS WITH CHILDREN. AGENCIES NOT ON VACIS MUST SUBMIT A MANUAL LIST.

<> PILOT PROGRAMS FOR RESPITE CARE FOR FOSTER PARENTS

- THE 1989 GENERAL ASSEMBLY APPROPRIATED \$180,200 FOR A PILOT RESPITE CARE PROGRAM.
- LOCALITIES THAT ARE PILOTING THE PROGRAM ARE SCOTT COUNTY, STAFFORD COUNTY, WISE COUNTY, AND THE CITIES OF NORFOLK AND NORTON.
- THE PURPOSE OF THE PROGRAM IS TO PROVIDE RESPITE CARE FOR FOSTER CHILDREN SO THAT CHILDREN WILL BE SERVED IN STABLE, APPROPRIATE HOMES BY PROVIDING RELIEF TO THEIR FOSTER PARENTS ON A TEMPORARY BASIS.
- PROGRAM ACTIVITIES WILL INCLUDE RECRUITMENT OF RESPITE CARE PROVIDERS, PRE-SERVICE AND IN-SERVICE TRAINING AND PLANNED RESPITE CARE SERVICES.

- A PRIVATE NON-PROFIT AGENCY, VIRGINIA EMERGENCY FOSTER CARE, OFFERS RESPITE CARE TO APPROXIMATELY 50 LOCAL AGENCIES.
- THE DEPARTMENT INTENDS TO MAKE RESPITE CARE AVAILABLE TO ALL FOSTER PARENTS WHO SERVE ALL LOCAL DEPARTMENTS OF SOCIAL SERVICES.
- THE VIRGINIA TREATMENT CENTER FOR CHILDREN IS CONDUCTING AN EVALUATION OF THE PROGRAM.

<> TRAINING INITIATIVES

TRAINING OFFERED AND PROVIDED BY THE DEPARTMENT HAS BEEN DEVELOPED TO MEET THE INCREASING RESPONSIBILITIES OF FOSTER PARENTS.

- FOSTER/ADOPTIVE CARE TRAINING SYSTEM (FACTS) IS A DELIVERY SYSTEM FOR TRAINING OF FOSTER AND ADOPTIVE PARENTS THROUGHOUT THE STATE. THE GOAL IS TO ASSESS, LOCATE, OR DEVELOP AND IMPLEMENT RESOURCES TO MEET THE TRAINING NEEDS OF EACH AGENCY. THIS IS ACCOMPLISHED THROUGH THE EFFORTS OF FIVE REGIONAL TRAINING COORDINATORS (RTC) WORKING WITH LOCAL AGENCIES AND FOSTER/ADOPTIVE PARENTS IN THE SEVEN DSS REGIONS OF THE STATE.
- FACTS FOCUSES ON THE FOSTER/ADOPTIVE CARE TEAM WHICH INCLUDES AS MEMBERS THE CHILD, BIRTH FAMILY, AGENCY, AND FOSTER/ADOPTIVE PARENTS. THIS TEAM PROMOTES THE BEST INTERESTS OF THE CHILD AND THE SUPPORTIVE ROLE OF FOSTER/ADOPTIVE PARENTS.
- CORE TRAINING, NOW BEING CONDUCTED THROUGHOUT THE STATE FOR AGENCY STAFF AND FOSTER/ADOPTIVE PARENTS, EMPHASIZES VALUE OF INCLUDING AND WORKING WITH OTHER TEAM MEMBERS (I.E.; CHILD, BIRTH PARENTS).
- AFTER BUILDING THE TEAM WITH CORE TRAINING, POTENTIAL TRAINERS RECEIVE TRAINING-FOR-TRAINERS. THEN SPECIFIC TRAINING PROGRAMS ARE DEVELOPED FOR EACH LOCAL AGENCY.
- REGIONAL TRAINING COORDINATORS (RTC) WERE DEVELOPED TO ASSESS LOCAL/COMMUNITY NEEDS AND RESOURCES AND TO PROVIDE TRAINING AND TECHNICAL ASSISTANCE TO LOCAL AGENCIES.
- THE DEPARTMENT OFFERS FOSTER PARENTS STIPENDS TO ATTEND TRAINING AND REIMBURSES TRAVEL COSTS AND MEALS TO PARTICIPATE IN TRAINING.

<> RESIDENTIAL TREATMENT PROGRAMS AND SERVICES

- 11.1% OF THE CHILDREN IN FOSTER CARE WERE PLACED IN RESIDENTIAL TREATMENT PROGRAMS (JUNE, 1990). THIS FIGURE HAS REMAINED UNCHANGED OVER THE PAST FOUR YEARS. HOWEVER, THE COST OF SERVICES HAS INCREASED.
- THE FOSTER CARE STUDY OF 1985 REPORTED THE ANNUAL COST OF RESIDENTIAL CARE TO BE \$15,446.28. THE STUDY OF CHILDREN'S RESIDENTIAL SERVICES (1990) REPORTED THAT THE ANNUAL EXPENDITURE FOR RESIDENTIAL COST PER CHILD WAS \$19,000, "ALTHOUGH A SIGNIFICANT NUMBER OF CHILDREN WERE IN CARE FOR LESS THAN THE FULL YEAR."

ADMINISTRATIVE CONCERNS

<> MONITORING AND EVALUATION

- THE AMOUNT OF FEDERAL FINANCIAL PARTICIPATION IS DEPENDENT UPON THE LEVEL OF COMPLIANCE WITH FEDERAL REGULATIONS. THE DEPARTMENT CONTINUOUSLY REVIEWS FOSTER CARE RECORDS FOR COMPLIANCE WITH FEDERAL REGULATIONS.
- VIRGINIA FEDERAL REVIEW WAS HELD DURING MARCH, 1989. VIRGINIA ACHIEVED THE REQUIRED 90% COMPLIANCE WITH PUBLIC LAW 96-272. COMPLIANCE WITH THIS FEDERAL LAW ALLOWS VIRGINIA TO RECEIVE THE MAXIMUM IV-B FUNDS FROM THE FEDERAL GOVERNMENT FOR CHILD WELFARE SERVICES.

<> FOSTER CARE ISSUES

- FUNDING STREAMS OF THE NINETIES NEED TO BE FLEXIBLE TO MEET THE NEEDS OF CHILDREN AND FAMILIES.
- THERE WILL BE AN INCREASE IN THE NUMBER OF CHILDREN EXPOSED TO DRUGS OR HIV VIRUS ENTERING FOSTER CARE.
- MINORITY CHILDREN WILL CONTINUE TO STAY IN FOSTER CARE LONGER THAN WHITE CHILDREN.
- FOSTER HOME PROVIDERS WANT AND EXPECT TRAINING AND OTHER SYSTEM SUPPORTS TO PROVIDE CARE FOR CHILDREN WITH COMPLEX NEEDS.
- FUNDING FOR FAMILY PRESERVATION SERVICES REMAINS AT LEVEL FUNDING IN VIRGINIA.

VIRGINIA'S RANKING IN FOSTER CARE MAINTENANCE PAYMENTS
AMONG OTHER STATES

	<u>Age 2</u>	<u>Age 9</u>	<u>Age 16</u>
1987	30	27	17
1988	22	21	22
1989	30	24	20

FOSTER CARE PAYMENT IN SELECTED STATES

STATE	Age 2			Age 9			Age 16		
	1987	1988	1989	1987	1988	1989	1987	1988	1989
District of Columbia	304	304	307	304	304	307	317	356	321
Iowa	189	168	177	201	213	222	285	270	279
Kentucky	248	250	250	263	266	266	300	304	304
Maryland	285	375	460	285	375	460	303	392	477
Michigan	315	300	347	315	300	347	395	376	433
North Carolina	215	215	215	215	215	215	215	215	215
Tennessee	139	188	213	243	330	330	274	330	330
Virginia	193	217	228	244	254	267	309	321	337
Average Monthly Rate	238.94	246.44	268.21	262.75	269.21	291.98	307.29	315.42	337.54

Source: American Public Welfare Association
 810 First Street N.E., Washington, D.C. 22206

FOSTER CARE MAINTENANCE PAYMENTS

State	Age 2			Age 9			Age 16		
	1987	1988	1989	1987	1988	1989	1987	1988	1989
AL	168	176	181	188	197	202	198	208	213
AK	428	428	519	478	474	574	565	565	635
AZ	223	235	240	223	235	240	282	294	299
AR	175	185	195	190	200	210	220	230	240
CA	294	294	*294	340	349	*340	412	412	*412
CO	235	244	284	266	275	284	318	327	338
CT	268	280	319	302	316	355	350	367	407
DE	264	273	284	266	276	286	342	354	369
DC	304	304	307	304	304	307	317	356	321
FL	233	256	286	233	256	286	293	322	380
GA	300	300	300	300	300	300	300	300	300
HI	194	194	504	233	233	504	301	301	504
ID	138	138	208	165	165	230	204	204	308
IL	233	245	257	259	272	286	282	296	311
IN	216	*242	268	245	*272	312	280	*319	369
IA	159	168	177	201	213	222	285	270	279
KS	187	195	205	245	264	277	280	334	351
KY	248	250	250	263	266	266	300	304	304
LA	199	199	234	232	232	267	265	265	300
ME	241	253	269	250	260	276	291	302	321
MD	285	375	460	285	375	460	303	392	477
MA	362	410	410	362	410	410	433	486	436
MI	315	300	347	315	300	347	395	376	433
MN	285	294	308	285	294	308	375	380	399
MS	130	145	145	150	165	165	160	175	175
MO	174	174	182	212	212	222	232	232	244
MT	283	283	288	283	283	288	354	354	361
NE	210	222	222	210	222	222	210	222	222
NV	275	281	281	275	281	281	330	337	337
NH	200	200	200	251	251	251	354	354	354
NJ	203	213	213	215	226	226	253	266	266
NM	236	291	258	247	288	270	259	315	281
NY	312	324	339	375	389	407	434	450	471
NY CTY	342	355	371	403	418	505	465	483	505
NC	215	215	215	215	215	215	215	215	215
ND	240	240	250	287	287	300	345	345	400
OH	*240	*247	*237	*270	*278	*246	*300	*251	*290
OK	300	300	300	360	360	360	420	420	420
OR	200	204	212	234	238	248	316	322	335
PA	558	*280	*291	558	*294	*323	558	*342	*354
RI	223	243	232	223	243	232	275	281	284
SC	138	152	182	158	174	209	208	229	275
SD	188	193	220	230	237	270	276	285	325
TN	139	188	213	190	191	213	224	231	250
TX	243	330	330	243	330	330	274	330	330
UT	198	198	240	198	198	240	225	225	240
VT	210	270	*353	249	270	*353	268	324	*426
VA	193	217	228	244	254	267	309	321	337
WA	184	188	215	227	231	265	268	273	313
WV	161	161	161	202	202	202	242	242	242
WI	163	163	163	224	224	224	284	284	284
WY	300	300	300	300	300	300	330	330	330
Average Monthly Rate:	\$238.94	\$246.44	\$268.21	\$262.75	\$269.21	\$291.98	\$307.29	\$315.42	\$337.54

*Average Rate--all other rates are base rates.

American Public Welfare Association, 810 First St. NE, Washington, DC 22206

APWA Staff Contact: Jennifer Miller (202) 682-0100

**FOSTER CARE CASES PER WORKER
JANUARY-JUNE 1990 (Average)**

The number of foster care cases for January-June 1990 was taken as 7165 from caseload standards. This is a cumulative figure for the six month period.

The average number of foster care full time equivalent positions was taken as 383.22. This was derived by applying the Random Moment Sampling percentage of 24.63% to the average number of filled FTEs for January-June 1990 from caseload standards.

The number of cases per full time equivalent position is 18.7.

Source: Mapper
Virginia Department of Social Services
September 18, 1990

**AVERAGE SOCIAL WORK SALARY
August 31, 1990**

	<u>Number</u>	<u>Average Salary</u>	<u>Salary Range</u>	
			<u>Lowest</u>	<u>Highest</u>
Senior Social Worker	416	\$29,771	\$16,663	\$43,090
Social Worker	865	\$23,779	\$15,542	\$43,848
Child Protective Services Worker II	11	\$28,736	\$22,510	\$35,469
Child Protective Services Worker I	124	\$23,213	\$16,535	\$32,474

Source: LAPS Mapper
Virginia Department of Social Services
August 31, 1990

SENATE JOINT RESOLUTION NO. 259

Requesting the Department of Social Services to study the feasibility of mandating training for foster parents and of developing statewide policies regarding supportive services for foster parents and foster parent recruitment.

Agreed to by the Senate, February 4, 1991

Agreed to by the House of Delegates, February 15, 1991

WHEREAS, the 1990 General Assembly created a joint subcommittee to review the foster care system in the Commonwealth pursuant to Senate Joint Resolution No. 73; and

WHEREAS, the joint subcommittee conducted a comprehensive study of the status of the foster care system in the Commonwealth and heard from foster parents, foster children, child advocates, the Department of Social Services, local social services agencies, private providers of foster care, and other concerned persons; and

WHEREAS, the joint subcommittee heard substantial testimony about the benefits of providing foster parent training and other supportive services such as respite care, day care and availability of caseworkers for foster parents; and

WHEREAS, the joint subcommittee strongly believes that Virginia's children in foster care deserve the best and most professional care possible; and

WHEREAS, the joint subcommittee learned that many children coming into the foster care system are older children who exhibit more severe emotional disturbances, having experienced dysfunctional lifestyles for a longer period of time, resulting in the need for qualified, sensitive and professional care; and

WHEREAS, the joint subcommittee believes that foster parents of Virginia's children need to be well prepared to meet the multiple needs of children entering the foster care system; and

WHEREAS, the joint subcommittee learned that one of the major reasons that foster parents decide to stop being foster parents is because the needs of the child are greater than expected; and

WHEREAS, foster parent training can prepare potential foster parents for the demanding job of foster parenting; and

WHEREAS, respite care, day care, the availability of caseworkers and other services provide support for foster parents that enables them to view foster parenting much more positively, increases their effectiveness as foster parents and makes them more willing to continue as foster parents; and

WHEREAS, when foster parents resign it causes placement disruption which is very distressing for children who have already experienced separation from their birth families and adds to their inability to adjust to a new environment; and

WHEREAS, foster parent resignation is a significant burden on overworked caseworkers who must expend significant time and energy to find new placements for children and to recruit new foster parents; and

WHEREAS, placement disruption could be reduced if children were placed in foster families who were well-trained and possessed the skills necessary to meet the complex, multiple needs of children in care; and

WHEREAS, preservice and inservice foster parent training have been shown to empower foster parents to skillfully and sensitively deal with the devastating impact of abuse and neglect on a child's life; and

WHEREAS, effective, well-trained foster parents can assist caseworkers in enhancing the parenting skills of birth parents, thereby enabling a potentially more successful return home for the child; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Department of Social Services study the feasibility of (i) mandating foster parent training in the Commonwealth, (ii) developing a statewide policy regarding supportive services such as respite care, day care and the availability of caseworkers for foster parents, and (iii) developing a statewide model for foster parent recruiting. The study shall address, but not be limited to, the following issues: the fiscal and programmatic impact of mandating preservice and inservice training for foster parents and of implementing a statewide policy regarding supportive services; the most effective and efficient methods for providing such statewide training, including curricula development and training delivery, and for providing supportive services and for recruiting foster parents; and identification of resources and time frames necessary to implement these programs.

The Department of Social Services shall submit a report to the Youth Services Commission by September 1, 1991, and shall complete its work in time to submit its findings and recommendations to the Governor and the 1992 Session of the General

Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.