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# Foster Care:

## Facts, Baltimore City Issues, Options for Advocacy



Prepared by the Grantee Assistance  
and Public Policy Committee

### FACTS

- Goals. The three goals of the child welfare system are child safety, permanency of living situation, and enhancement of child well-being.
- Funding. Sources of federal funds dedicated to child welfare are the Social Security Act's Titles IV-B and IV-E. Other federal programs, Social Services Block Grant (SSBG) and Temporary Assistance for Needy Families (TANF), can be used for child welfare as well as other purposes. State spending varies across the country, reflecting a complex set of federal and state laws, and how they are interpreted by federal and state courts. (UI06S)
- In Maryland, the state provides 63% of the funds for child welfare, the federal government, 33%, and local governments, 3.5% (CLASP).
- Process. Children most often enter the child welfare system due to abuse or neglect by the parents. Through a Shelter Care Hearing, the court determines whether a child can return home. If not, the child is placed in a foster home for at least 30 days. Within 30 days, an Adjudicatory Hearing is held to determine whether the child is a Child In Need of Assistance (CINA), and should remain in foster care or be returned home. If a CINA finding is reached, the caseworker meets with the parents and child to develop a service agreement, detailing the issues that the parents must address while the child is in foster care, and which may, if resolved, lead to the child's return to the home. The child may also sign a service agreement regarding issues that he or she must address while in foster care (DHR).
- Out-of-home placements. Most (53% in Maryland) children will return home when their parents are able to provide for them, but in the interim are temporarily placed with foster families, who may be relatives. In 2005, 73% of out-of-home placements in Maryland were to "resource homes" (resource families who provide both foster care and adoptive placements; foster families, adoptive families, or respite families), 22% to congregate care (18% to group homes, 4% to residential treatment), 2% to independent living programs (for 18-21 year-olds), and 3% to "other" (hospital, incarceration, etc.) (DHR)
- Maryland policy. During the first five days in foster care, Maryland policy requires that a placement be chosen and children given a physical evaluation for health needs, and registered for school by the CWA caseworker. Within 60 days, the child must have a complete medical exam. Permanency planning – where the child will go after foster care – by the family, the child, caseworker and court begins as soon as the child enters foster care, and permanency planning hearings are to be held every six months at court (DHR).
- Priority to reunification. Federal law requires states to make reasonable efforts to reunify the family unless the court determines that the situation is so untenable that reunification efforts are not necessary. The court must hold a permanency hearing within 12 months of a child's entry into care to confirm the CWA's goal for the child, and to order the appropriate actions to achieve it. Nationally, 76% of children were reunified within 12 months in 2003; 45% in Maryland. (CLASP).
- If the court agrees that a child cannot return to his or her parents, the CWA will seek adoptive parents for the child, a "termination of parental rights" (TPR) process begins, which involves searching for parents or extended family, court proceedings, legal services for the parents, and, if they do not voluntarily relinquish parental rights, opportunities for parents to appeal the TPR.
- Adoption. Adoptive placement – recruiting, selecting, and approving parents -- may begin at any point in the process. Once complete, the court conducts adoption proceedings, and if the child has been in foster care, the CWA provides an adoption subsidy to assist with care expenses. Some states provide post-adoptive services (UI06Z). Nationally, 32% of children were adopted within 24 months in 2003; 3.5% in Maryland (CLASP).
- Conditions of foster care children. Nearly all foster children have *health insurance*, many have *strong relationships* with at least one adult, and more than half attend *religious services* regularly. Nearly half have a clinical level of *behavioral or emotional problems*, four times the rate among other children; and almost 60 percent of young children

in foster care (2 months to 2 years) are at high risk of clinical level of *developmental impairment* (CT). Significant percentages of children in foster care struggle *academically* due to experiences before they entered care, but exacerbated by being enrolled in low-performing schools, changing schools often, and poor communications among school staff, caseworkers, and foster parents (CH04). Teenage foster children are more likely to have been *pregnant*, to experience greater *economic hardship* and poorer *physical and mental health*, and to be victims and perpetrators of *crime* than their teenage counterparts (CH05). Nineteen-year-olds aging out of foster care have very low levels of *employment and earnings* (CH02).

- Race. When family circumstances are identical, a child of color is statistically more likely to be confirmed as a victim of child abuse or neglect, to be placed in foster care rather than left at home with support services, and, once in foster care, to stay longer and to have worse outcomes than Caucasian children (AECF).
- Placement instability. A study in Illinois found that foster parent inability or unwillingness to continue fostering accounted for 75% of changes of placement for foster children, a quarter of them unable to tolerate children's behavior or emotional problems. Placement instability was significantly reduced among children placed in relative foster homes (CH06). The Maryland legislature has required local departments of social services to give priority in determining a permanency plan to placing a child in the jurisdiction where the child's parent or guardian lives (DLS).

## BALTIMORE CITY ISSUES

Baltimore City's Dept. of Social Services (BCDSS) has custody of 6,500 children. Foster care issues include:

- Preventive services that would preserve families are underfunded. Funding for programs proven to be successful in maintaining families and preventing out-of-home placements has shrunk. Intensive services to prevent removal of children from their families serve only 50% as many families and children as were served five years ago (PJC).
- There are not enough family homes for placement (both temporarily in foster care and permanently through adoption). Inadequate funding and support, and the growing complexity of children's problems have produced a 46% reduction in BCDSS's 3000 foster homes, including a loss of 1,000 homes in the past two years. Every month, an average of 275 Baltimore City children await specialized placements for emotional or developmental problems, but BCDSS has not issued RFPs for new programs to meet these children's needs or conducted a needs assessment. Spending by DHR on recruitment of foster families has not been matched by funding for processing foster home applications, only 27% of which were processed in a timely way in 2004 (PJC).
- Subsidies for foster home parents are inadequate. Despite a consent decree in 1988 mandating DHR budgeting for annual increases in foster homes subsidies to match U.S. Dept. of Agriculture (USDA) standards, since 1990 there have been a \$25/month/child increase (4-5%) in December 2005 and another \$25 increase in July 2006. Budget increases voted in 2006 will raise subsidy levels (from \$535/mo. to \$635/mo.); the increase is approximately one-third of what is needed to achieve USDA standards. In 2002, BCDSS eliminated child care subsidies for working foster parents, which further restricted the supply of foster homes. Perversely, the failure to adequately fund foster home subsidies (average annual cost of \$7,000 per child) has forced the state to place children in group homes and group shelters, which are much more expensive (average annual cost of \$50,000 per child) (PJC).
- Support for foster parents is insufficient. Overburdened case workers and disconnected educational and health care systems mean that foster parents are left on their own to try to meet the needs of children placed in their care.
- Child welfare staff levels are inadequate; low salaries, little support, and limited training lead to high turnover: Large caseloads and high worker turnover result in negative outcomes for children, longer stays in care, recidivism, continued harm, and even death. Despite the consent decree of 1988 and repeated efforts by the Maryland General Assembly to withhold funding from DHR until staffing levels were raised, a recent legislative audit found inadequate staffing levels and unreliable workforce data. In the 2005 session of the Maryland General Assembly, advocates succeeded in persuading the legislature to add budget language requiring DHR to contract with the Child Welfare League of America (CWLA) to develop a staffing standard and report back with the methodology and accurate staffing data. Taking into account position vacancies and turnover rates, Advocates for Children and Youth (ACY) estimates that BCDSS would need to fill 165 more worker and supervisor positions and allocate an additional 62 positions to meet CWLA standards (ACY).
- Children do not receive the health care they need. Although full funding is available to provide health care to all foster children, and policies are on the books that require it, they often do not receive it because foster parents, case workers and other responsible adults are not able to get the children to the right places at the right times to take advantage of health services (PJC). Strong case management is required to ensure that children's eligibility for Medicaid is established immediately after they are removed from their homes (UCLA). Now even the funding for health care is threatened -- Maryland is among the 17 states that will have less in federal State Children's Health Insurance Program (SCHIP) funds in 2007; its shortfall is projected to be between \$67 and \$75 million (CBPP).

- Poor management has compounded the challenges faced by foster children and families. Maryland has progressive child welfare laws on the books, but many of them are not being implemented or are being executed poorly. DHR has not adequately supported local social services agencies to help them retain staff. Its poor record keeping has been noted by agencies that have collected 50-state data on staffing levels and funding streams. It has failed to use some awarded funds, and has been forced to return them to the federal government. Often legal action has been the only way to assure vigorous implementation of state statutes and policies.
- Results of underfunding and inadequate staffing: In Baltimore City, based on required reports by DHR through June 2005, understaffing and underfunding mean that (PJC):
  - Foster children are not receiving *health care*. Over 60% of foster children did not receive periodic dental exams; nearly 40% of children entering foster care lacked timely comprehensive health assessments; nearly one-fourth of foster children in on-going care had not had a recent physical exam; 20% of foster children did not receive professionally-recommended therapy.
  - Foster children are not being *educated*. In 48% of ongoing cases, foster children were not enrolled timely in school; 40% of foster children did not receive needed screening for special education; and one-third of children placed with relatives did not have education monitored by BCDSS. As placements change, sometimes 10 or 12 times, delays in registration and lost school records cause students to lose more ground. A helpful change in state law would permit foster care students to stay in the same school even as their residence changes.
  - Foster children are not being *protected*. Over one-fourth of foster homes had no record of a initial fire safety investigation and 35% lacked annual safety inspections; over one-fourth of foster homes and nearly half of all relative placements had no record of criminal background checks; over 20% of homes lacked checks for prior child abuse or neglect; and at least 8% of Maryland's foster children suffer further abuse or neglect while in care.
  - Foster children and parents are not being provided services that permit children to return home safely. Almost half of cases with plans of *reunification* lack appropriate signed service agreements; fewer than 40% of children who are being reunified with their parents are returned home within 12 months (the national standard is over 75%); nearly 9% of children reenter foster care within one year of their return home.
  - Children who cannot return home are waiting too many years for *adoption*. In Maryland in FY05, the number of adoptions fell to 37% of the FY02 level; only 20% of children adopted in 2004 were adopted within two years of their adoptive placement; adoption applications and home studies were processed timely in only 28% of cases; only 60% of eligible children were registered with the Maryland Adoption Resource Exchange. Baltimore City's children experienced even longer waits.
  - Data for 2006 indicate similar or worse results.
- Resources for kinship care and guardianship are threatened. Recent Congressional action cut foster care assistance by eliminating grandparents and other relatives as eligible recipients, and the President's 2007 budget would cut social service block grants to states by 30%, which would also reduce funds available for kinship and guardianship placements. Bipartisan legislation pending in the House and Senate would expand the use of federal funds to support kinship care and guardianship (CWLA).
- Maryland's child welfare system is failing to produce adoptions for children who need it. In Maryland, there were 2,584 children awaiting adoption in 2003; over 80% of those adopted had been waiting more than 24 months (CLASP). Contributing factors include delays in conducting termination of parental rights hearings or appeals, recruitment of adoptive homes, child welfare agency case management, court case management, approval of adoptive families, lack of post-adoption services (UI04). Maryland substantially revised its laws governing TPR and adoption in 2005 (DLS).
- Group homes are not only expensive, but also may be threats to children's welfare. Maryland legislators are increasingly concerned about inadequate oversight, concentration in certain geographical areas, and performance by operators of group homes. FY07 budget language tightens reporting requirements of state agencies that administer group homes for children (DHR, DJS, DHMH). Three bills passed in 2006 established a capital grant program for residential child care facilities, add to licensure requirements for operators, and require certification for administrators (DLS).
- Services for children aging out of the foster care system are limited. Maryland law permits local CWAs to continue to provide Independent Living Preparation Services to youth aged 18 to 21, including caseworker-arranged education and training, life skills, employment, health care, housing, and other services (DHR). In reality, not much service is provided, particularly in Baltimore City (PJC).
- Social security benefits. Maryland and most other states take control of Social Security benefits of disabled foster children or those with disabled or deceased parents and use these payments to reimburse themselves for the children's care rather than saving them for the children's benefit when they age out of foster care. (Hatcher)

## ADVOCACY OPTIONS

6,500 – the number of children who are within the control of the Baltimore City Department of Social Services -- is a number that is conceivable, manageable, addressable. These children need a voice. You can add yours through any one of these advocacy paths:

- Ask any candidate running for office who seeks your contribution what he or she has done or plans to do to address foster care issues.
- The **Maryland Children's Action Network (MD CAN)** is a partnership of organizations, coalitions, and citizens across Maryland that are dedicated to improving the lives of Maryland's children and families through public advocacy. Their education document, which was sent to all candidates running for office in 2006, can be found at: [http://www.acy.org/htmlnewsletters/Sept2006/2006\\_MD\\_Candidate\\_Forum.pdf](http://www.acy.org/htmlnewsletters/Sept2006/2006_MD_Candidate_Forum.pdf). A very useful Champions for Children: 2007 Public Policy Book, which includes the chapter "Advocacy for Busy People: Tools of the Trade," can be found at: [http://www.acy.org/policy\\_news/2007\\_MD\\_CAN\\_Policy\\_Book.pdf](http://www.acy.org/policy_news/2007_MD_CAN_Policy_Book.pdf). A member of MD CAN, the Coalition to Protect Maryland's Children, specifically focuses on child welfare.
- Members of DHR's local **Citizens Review Boards for Children**, who are required by law to review the case of every child in care every six months, are also advocates for system change, and monitors to make sure adopted changes are implemented. The state board reviews and coordinates the local boards, and identifies policy issues and barriers.
- The 2006 public policy agenda for **Advocates for Children and Youth**, which includes recommendations for the child welfare system, can be found at: [http://www.acy.org/pdf/2006\\_Public\\_Policy\\_Agenda.pdf](http://www.acy.org/pdf/2006_Public_Policy_Agenda.pdf).
- The **Public Justice Center** in Baltimore uses coordinated strategies to pursue widespread social change -- individual, class action, and appellate litigation; legislative and policy advocacy; and public education. Rhonda Lipkin is the child welfare advocate. See Public Justice Center website staff list, <http://www.publicjustice.org/staff/index.cfm?CFID=1080970&CFTOKEN=1133580>
- The **Annie E. Casey Foundation (AECF)** and Casey Family Services (CFS), which began 30 years ago as a local provider of foster care, have long been focused on improvements to foster care in order to promote positive change for children and families. See CFS's Voice at <http://www.caseyfamilyservices.org/index.php> and AECF's work on the human services workforce at <http://www.aecf.org/initiatives/hswi/>
- The **Center for Law and Public Policy (CLASP)** is a national non-profit that works to improve the lives of low-income people through research, policy analysis, advocacy at the federal and state level, and information/technical assistance to advocates and policymakers. See <http://www.clasp.org/publications.php?id=5>.
- The **Child Welfare League of America** is an association of nearly 800 nonprofit agencies that assist more than 3.5 million abused and neglected children and their families. It develops standards, conducts research, and undertakes advocacy on their behalf. The 2006 legislative agenda includes education and training vouchers for foster youth. See [www.cwla.org](http://www.cwla.org).

## GRANTEE NEEDS

The needs described in the research above and in the Full Circle meeting on December 8 are numerous and complex. To date, the Baltimore Women's Giving Circle has not made grants to organizations directly serving the needs of women and families who are involved in the child welfare system, or organizations that advocate on behalf of these individuals for system change and management improvement.

*Sources: ACY Advocates for Children and Youth, Issue Brief, Vol.3, no.3, March 2006; CBPP Center for Budget and Policy Priorities, "SCHIP Financing Update" November 28, 2006; AECF Casey Family Services Voice, Spring 2006; CH02 Chapin Hall, Goerge et. al. (2002); CH04 Chapin Hall, Smithgall et. al. (2004); CH05 Chapin Hall, Courtney et. al. (2005); CH06 Zinn et. al. (2006); CLASP Center for Law and Social Policy, "State Fact Sheets" (2006); CT Child Trends, "How are Children in Foster Homes Faring?" (2004); CWLA Child Welfare League of America, 2006 Legislative Hot Topics; DHR Maryland Department of Human Resources, "Putting Children First: A Plan for Recruitment and Retention of Resource Homes"(2006); DLS Maryland Dept. of Legislative Services, Major Issues Review 2003-2006; Hatcher, Daniel Hatcher, University of Baltimore School of Law, Letter to the editor, Sun, 9/30/06; PJC Public Justice Center, Lipkin, "The Ongoing Shame of Baltimore City's Child Welfare System" (2006); NCPTP National Campaign to Prevent Teen Pregnancy, Science Says No.27, Aug.2006; UCLA UCLA Center for Healthier Children, Families and Communities, "Assessment of Factors Influencing the Adequacy of Health Care Services to Children in Foster Care (2002); UI04 Urban Institute, Macomber et. al. (2004); UI06S Urban Institute, Scarcella et. al.(2006); UI06Z Urban Institute, Zielewski et. al.(2006)*

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