

Contra Costa County Grand Jury Report 1011
OUR FOSTER CARE CHILDREN IN JEOPARDY
Is Everyone In The Loop?

**TO: Contra Costa County Board of Supervisors
Presiding Juvenile Court Judge**

SUMMARY

The interest of children in foster care is hampered by the complex bureaucratic system in which critical information is infrequently shared among the providers. Children and Family Services (CFS), a division of the County's Employment and Human Services Department, is entrusted with the enormous responsibility of overseeing the welfare of children placed in foster care. From January, 2008 to January, 2009, CFS lost multiple positions many of which were social workers from the foster care system.

Despite staff reductions, social workers continue to oversee and coordinate a network of support services for the physical, mental and emotional well-being of foster children. Services are provided by an array of professionals: social workers, healthcare workers, mental health counselors, drug treatment therapists, and teachers. These professionals work within bureaucratic frameworks to ensure support to foster children. However, these frameworks often impede the free flow of information among care providers.

Children are removed from their homes and placed in foster care only after they are found by the courts to have suffered abuse or neglect by a parent or relative. According to the California Blue Ribbon Commission on Children in Foster Care (May, 2009), "for children who experience abuse or neglect, foster care may be necessary, but it is meant to be a short-term, safe haven, not a long term saga." Yet approximately 51% of children in foster care in the state have been in the system for more than 2 years, and 17 % for more than three years. Tragically, seventy percent (70%) of the current prison population is from long term foster care.

BACKGROUND

The Grand Jury initiated an investigation in September, 2009 to assess how the various providers within the County work together to ensure that foster children benefit from medical, educational, mental health and social services.

Grand Jurors reviewed foster care court files selected at random and reviewed files at Children and Family Services corresponding to the court files. CFS utilizes both paper and computer files for documentation purposes but not all information is entered into the computer.

CFS personnel stated that school attendance and truancy were not significant factors in foster care. Sixteen year olds and above must attend school for funding to continue for foster parents. There is no CFS policy for tracking school attendance.

As recently as ten years ago, foster children were not included in the federally mandated Child Health and Disability Prevention Program (CHDP). This program now provides health services for foster children and evaluates physical, mental and social needs.

Due to budget cuts, the Mental Health Department lost half its contracted providers, including therapists, psychologists and other mental health professionals. According to the Mental Health Department, 75% of incoming foster children have experienced trauma prior to entering the foster care system. CFS statistics indicate that 20% to 50% of foster children require mental health services. According to mental health personnel, clinicians need training in current trauma focused therapy.

Home Finders, a unit of CFS, is responsible for receiving and screening applications for possible licensing as a foster care home. The unit is also responsible for investigating allegations of licensing violations.

The California Blue Ribbon Commission on Children in Foster Care has stated that “Child welfare agencies should engage family members earlier and the Judicial Council should work with state and federal leaders to develop greater flexibility in approving relative placements when necessary”. National Family Finding networks are in place to locate distant relatives.

METHODOLOGY

1. The Grand Jury interviewed:

- CFS personnel
- Representatives of Child Health and Disability Prevention Program
- Representatives of the Juvenile Court System
- Representatives of the Department of Mental Health
- A spokesperson for the National Center for Youth Law

2. The Grand Jury reviewed the following documents:

- California Blue Ribbon Commission on Children in Foster Care (May 2009)
- Foster care court files
- Corresponding foster care CFS files
- Contra Costa Mental Health/CFS Matrix Program Guide
- Memo from Employment and Human Services to the Board of Supervisors dated June 4, 2007
- CFS Departmental Manual
- California Department of Education Release No. 07-157

FINDINGS

1. CFS lost 119 positions from January 2008 to January 2009. Of those, 65 social workers were eliminated from the foster care program.
2. Contra Costa County was serving approximately 1,100 foster children as of December 31, 2009.
3. CFS foster care case file information is both computerized and on paper. Information is not consistent between the two types of files and neither contains complete information.
4. Access to computerized case files is restricted to the social workers.
5. The court case files were well-organized and easy to follow. In contrast, the CFS files were cumbersome and incomplete.
6. Not all CFS records contain documentation of school attendance.
 - There is no school attendance policy for children under the age of sixteen.
 - Children 16 years and older must attend school for foster parent payments to continue.
 - Foster parents are responsible for the child's attendance.
 - Social workers may or may not be notified of truancy.
7. Frequent changes in home and school placements negatively affect a foster child's academic performance and future success in life.
8. Medical assessments, social assessments, and immunizations are completed within 30 days of the foster child's removal from the home. Social workers do not automatically receive these records.
9. Due to lack of record sharing, immunizations are sometimes done repeatedly in error.
10. Mental health records require court or parental authorization for release to CFS.
11. Training of mental health service providers in the treatment of childhood trauma is insufficient.
12. The staff of Home Finders has been reduced from 8 to 3 workers, leaving each with a caseload of approximately 300 homes to assess for new and continuing foster care placement.
13. CFS works toward reunification of foster children with their immediate families as a first priority. If not possible, placement for foster children is with a relative or a licensed foster care home.

CONCLUSIONS

The enormous cost of foster care in Contra Costa County is not solely monetary. Foster children who must be removed from their homes bear the highest cost. Foster care, designed as a short-term safety net, can often result in extended placement disconnected from any family members. All children deserve a permanent and safe home where they are supported and nurtured on the path to becoming productive and responsible adults (California Blue Ribbon Commission).

Bureaucratic constraints often impede the open sharing of communication among the many service providers involved in the foster child's life. Decisions are best made for a child's future when all information is shared.

RECOMMENDATIONS

1. CFS shall establish procedures among providers for the exchange of essential information about the children and families they serve.
2. CFS shall ensure that all service providers including CHDP staff, mental health practitioners, social workers and school personnel have access to all information about the child.
3. After all efforts to reunify the child with his or her parents have failed, the next action of CFS shall be to locate extended family members utilizing the nationwide Family Finding Network.
4. CFS shall make tracking of school attendance of foster children a top priority.
5. The Board of Supervisors shall make the needs of foster children a top priority when allocating and administering public resources.
6. The Board of Supervisors shall ensure that providers of mental health services to foster children shall have training in current trauma-focused therapy.

REQUIRED RESPONSES

Findings

Contra Costa County Board of Supervisors; 1 through 13

Recommendations

Contra Costa County Board of Supervisors; 1 through 6