

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

TRENDS IN FOSTER CARE



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EXECUTIVE SUMMARY

PURPOSE

In this study we indicate recent trends concerning the number of children in foster care caseloads, their age, and their placement status (group homes or foster family homes).

BACKGROUND

On a nationwide basis, there is little timely and reliable information available on children in foster care. This situation exists despite more than a decade of Federal deliberations concerning the establishment and operation of a foster care and adoption data collection system.

In the informational void, national policymakers find that many vital questions cannot be answered with much certainty. One such set of questions involves the number and age of foster care children being placed in group care facilities as opposed to individual foster family homes.

To help answer such questions, we conducted a telephone and follow-up mail survey of State child welfare officials in the 50 States and the District of Columbia. In addition, we (1) conducted on-site interviews with public and private sector officials involved with the delivery of child welfare services in the nation's two most heavily populated States, California and New York, and (2) reviewed much literature and many documents concerning foster care.

FINDINGS

The Number of Children in Foster Care Has Been Increasing.

After years of apparently little or no growth, the national foster care caseload increased substantially in the last half of the 1980's. From 1985 to 1989, for 38 reporting States, the caseload rose by 33 percent, from 228,155 to 304,431.

- ▶ Eighty-six percent of the growth occurred in only 11 States. California and New York together accounted for 65 percent of the growth.
- ▶ In both California and New York, a rise in caseload admissions in relation to discharges has propelled the growth.

The Proportion of Preschoolers and Infants in Foster Care Has Been Increasing.

From 1985 to 1989, for 15 reporting States, the proportion of infants and preschoolers in the foster care caseload increased from 22 percent to 31 percent. During the same period, the proportion of 15- to 18-year-olds declined from 32 percent to 22 percent.

- ▶ In California and New York, these trends were slightly more pronounced. The proportion of infants and preschoolers rose from 22 percent to 34 percent as the proportion of 15- to 18-year-olds declined from 31 percent to 18 percent.

The Number of Children Placed in Group Homes Has Been Increasing, But at a Lower Rate Than Those Placed in Foster Family Homes.

From 1985 to 1989, for 33 reporting States, the number of foster children in group homes increased by 16 percent, from 44,226 to 51,189. California and New York accounted for 57 percent of this growth.

During the same period, however, the proportion of foster children in group care in these 33 States declined slightly but steadily from 21 percent to 18 percent.

During the last half of the 1980's, infants and preschoolers accounted for a small but increasing proportion of group home caseloads. From 1985 to 1989, for 11 reporting States, the proportion increased from 2.7 percent to 5.4 percent, in contrast to the proportion of 15- to 18-year-olds, which decreased from 58 percent to 53 percent.

- ▶ For California and New York, the data we obtained are not exactly comparable. It is apparent, however, that in those States during the 1985-1989 period, the small proportion of very young children in the group home caseload increased at an especially sharp rate.

RECOMMENDATION

The Administration for Children and Families (ACF) should specify its plans for the preparation and regular distribution of policy-relevant tables and for special analyses concerning the data in the proposed foster care and adoption data collection system. It should indicate these plans in the preamble to the regulations to be issued concerning the system.

COMMENTS

We received comments on the draft report from the ACF and the Assistant Secretary for Planning and Evaluation (ASPE). Both ACF (in oral comments) and ASPE (in written comments) expressed concern about our draft report recommendation calling for immediate implementation of essential aspects of the foster care and adoption data collection system. Because of our understanding that ACF has removed

duplicative and unnecessary data elements included in its earlier proposal, we have dropped that recommendation.

On our only remaining recommendation, which calls for ACF to specify its plans for the preparation and regular distribution of policy relevant tables and for special analyses concerning the data collection system, ACF agreed to take the recommendations "under advisement" and respond "to the extent possible."

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INTRODUCTION

For many governmental programs, national information on the number, age, and, where applicable, placement status of clients can be regarded as a given. For the Federal-State foster care program, that is not the case. On a nationwide basis, there is little information available on the foster care caseload, a fact that seriously limits policymakers' understanding of the program's effectiveness.

PURPOSE

The purpose of our study is to provide information on the foster care caseload that will help policymakers assess the program. Toward that end, this report focuses on three basic questions: How many children are in foster care? How old are they? In what kind of settings are they being placed?¹

In addressing these questions, we emphasize the changes that have occurred during the last half of the 1980's. To the limited extent our information allows, we also address the factors that appear to be responsible for these changes.

METHODOLOGY

Our methodology (see appendix B) is based on three major data-gathering approaches: (1) a telephone and follow-up mail survey with State child welfare officials in the 50 States and the District of Columbia, (2) on-site interviews with public and private sector officials involved with the delivery of child welfare services in California and New York, and (3) a review of literature and documents concerning child welfare services in general and foster care in particular.

Most of the trend data set forth is based on our State survey. In collecting, analyzing, and presenting these data, we faced a number of methodological problems associated with the varied and often incomplete nature of the State data systems. In appendix B, we indicate how we addressed these problems.

Throughout the report, we regard the universe of foster care children to include all children who are placed away from their parents or guardians and are the responsibility of the State child welfare agencies, whether or not they have been placed by private service agencies. These children may be placed in foster family homes or group homes. We define the former to include homes where foster parents care for foster children and receive payments for board and care and other necessary living expenses associated with these children. We define group homes as facilities that are operated by a group or organization and are managed on a 24-hour basis by caregivers who are paid staff.

THE PROGRAMMATIC CONTEXT

In 1980, Congress passed the Adoption Assistance and Child Welfare Amendments Act (P.L. 96-272). The law called for considerable reform in the nation's foster care system. It sought to (1) decrease the need for out-of-home placement of children by making services available to children at risk and (2) reduce the length of stay in foster care by offering more extensive case management and "permanency planning."

The centerpiece of the legislation was a new Title IV-E of the Social Security Act.² This title mandated procedural standards, case planning and review activities, and record-keeping requirements for a system that has been the nearly exclusive purview of State governments. Moreover, it authorized open-ended Federal funding to the States for certain administrative and training activities and for foster care maintenance payments for children, from birth to 18 years of age, who meet eligibility criteria based in part on the child's eligibility under the Aid to Families with Dependent Children (AFDC) program. In addition, it authorized adoption assistance payments for "special needs" children, children who originate from families eligible for AFDC who are physically or emotionally disabled, adolescents, or members of a sibling or ethnic minority group.

During the 1980's, Federal expenditures for Title IV-E rose substantially. From fiscal year 1981 to fiscal year 1988, the Federal share of administrative and training costs climbed from \$30.4 million to \$352.5 million and the Federal share of foster care maintenance costs increased from \$278.4 million to \$520.7 million. The estimated expenditures for fiscal year 1991 suggest even greater increases, to \$949.2 million for Federal administrative and training costs and \$927.4 million for Federal foster care maintenance costs.³

In recent years, as the costs of the foster care program have mounted, many policy officials at Federal and State levels have expressed concern about the adequacy of the care being provided to some of the children. Of particular note has been concern about a perceived growth in the group home population. This seems to have been exacerbated by press accounts of the emergence of some large orphanage-type facilities where, because of shortages of foster families and caseworkers, children are said to be "warehoused."

Such practices, to the extent they exist, seem to conflict with the social work principle of making foster care placement choices on the basis of the individual needs of each child and raise questions about the adequacy of services being extended to foster children. Yet because there is little current, reliable data on the foster care caseload for all the States, any analysis of this kind is seriously constrained.

THE DATA COLLECTION SYSTEM CONTEXT

Congress first addressed the need for a national data collection system more than a decade ago.⁴ In 1978, in the Child Abuse Prevention and Treatment and Adoption Reform Act, it called for the Department of Health and Human Services (HHS) to provide for the establishment and operation of a national foster care and adoption data collection system. And then, in 1980, in the Adoption Assistance and Child Welfare Act, it authorized HHS to call on the States to submit statistical reports addressing the legal status, demographic characteristics, location, and length of stay of children in foster care.

In 1982, in response to these congressional enactments, the Department began funding the American Public Welfare Association to establish and run the Voluntary Cooperative Information System. That system, which continues to operate, collects information from State child welfare agencies on foster care children and special needs children who are adopted. But the system, which is based on the voluntary participation of the States, is of relatively little value to researchers or policymakers. It is in many respects incomplete; it lacks common definitions for data elements; and it reflects inconsistent reporting periods and methodologies.

In 1986, Congress once again called for the establishment of a foster care and adoption data collection system. Toward that end, it mandated that HHS (1) form an advisory committee to determine the kind of system that should be set up, (2) submit to Congress a plan, based on the advisory committee's report, for establishing and running the system, and (3) promulgate the necessary regulations.

Each of these steps has been carried out. In October 1987, the advisory committee submitted its report to Congress and HHS. In May 1989, HHS presented its plan to Congress; and, in September 1990, it issued a proposed notice of rulemaking for the data collection system, which Congress expects to be fully implemented by October 1991.

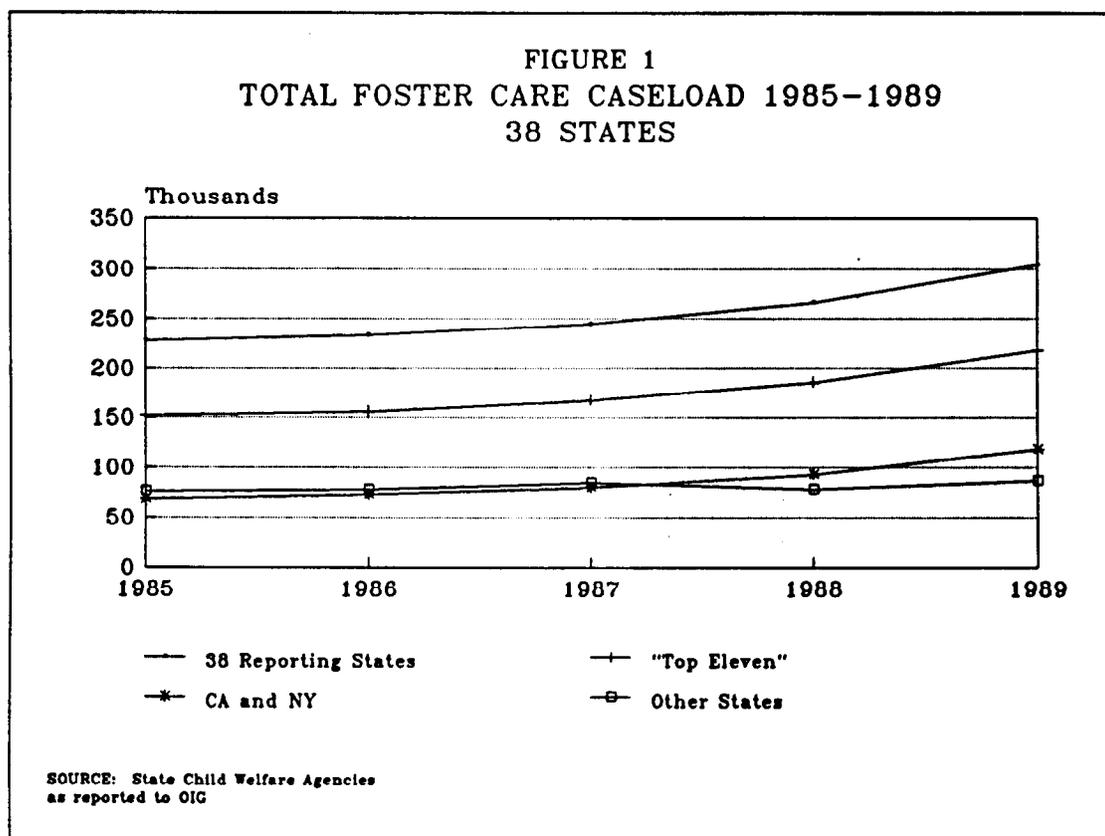
The system proposed by HHS is a comprehensive one, calling for States to submit data electronically on a quarterly basis. It allows for Federal reimbursement, at a 50 percent matching rate, for a portion of the State costs of the system. On the basis of the advisory group's inquiry in 1987, it estimates that State and local costs will be \$40 million over 3 years for the purchase of hardware and software and \$6 million yearly for administration. Annual Federal costs for administering the system, it estimates, will be \$1 million.

FINDINGS

NUMBER OF CHILDREN IN CASELOAD

After years of apparently little or no growth, the national foster care caseload increased substantially in the last half of the 1980's. From 1985 to 1989, for 38 reporting States, the caseload rose by 33 percent, from 228,155 to 304,431.

Although definitive assessments are not possible, it appears that in the early 1980's there was little if any growth in the national foster care population. In fact, it is possible that at mid-decade that population was somewhat less than in the late 1970's.⁵



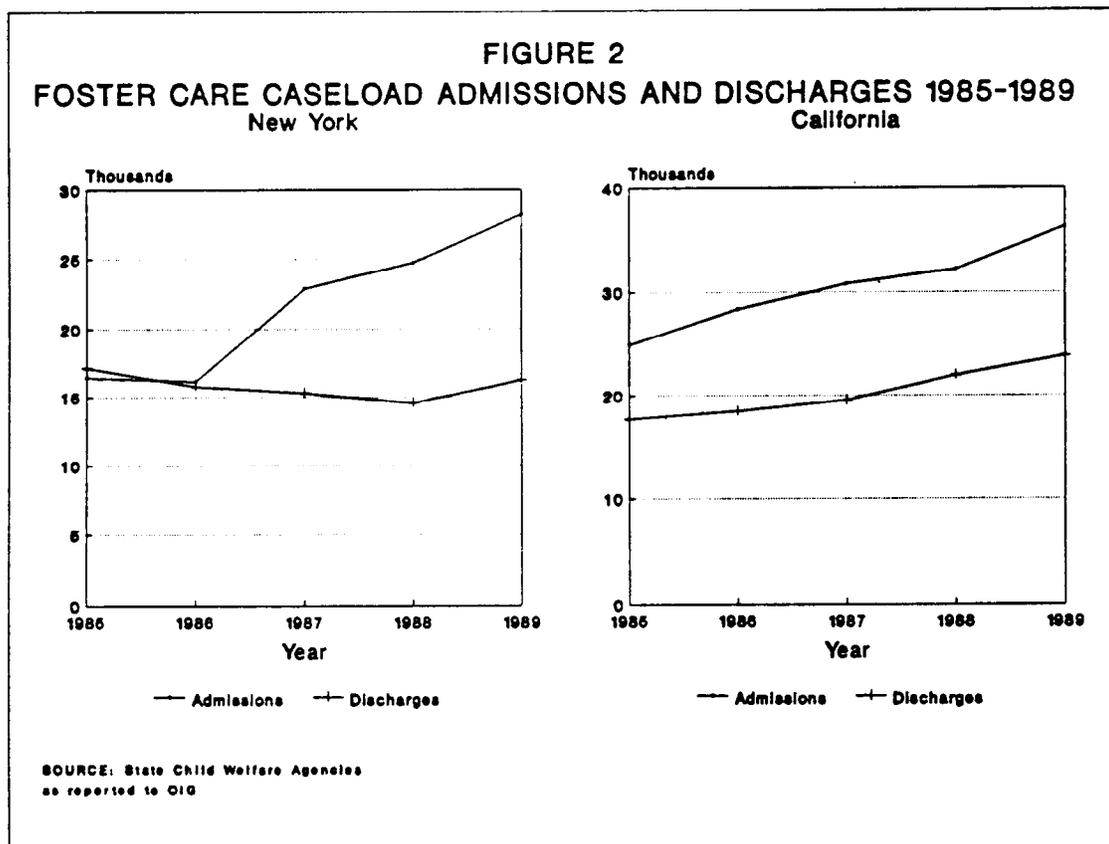
It is clear, however, that in the last half of the 1980's the national foster care caseload increased significantly. In our national sample, 38 States provided data on the size of their caseload for 1985 and each of the subsequent 4 years.⁶ Together, they showed a prominent increase, beginning in 1986 and intensifying between 1988 and 1989 (figure 1).

- ▶ Eighty-six percent of the growth occurred in only 11 States. California and New York together accounted for 65 percent of the growth.

When one analyzes the 38-State data, it is readily apparent that the growth is concentrated in 11 States, especially California and New York (figure 1). These two States, together with Illinois, Ohio, Pennsylvania, Michigan, Massachusetts, Florida, New Jersey, Washington, and Georgia constitute the "Top Eleven."

- ▶ In both California and New York, a rise in caseload admissions in relation to discharges has propelled the growth.

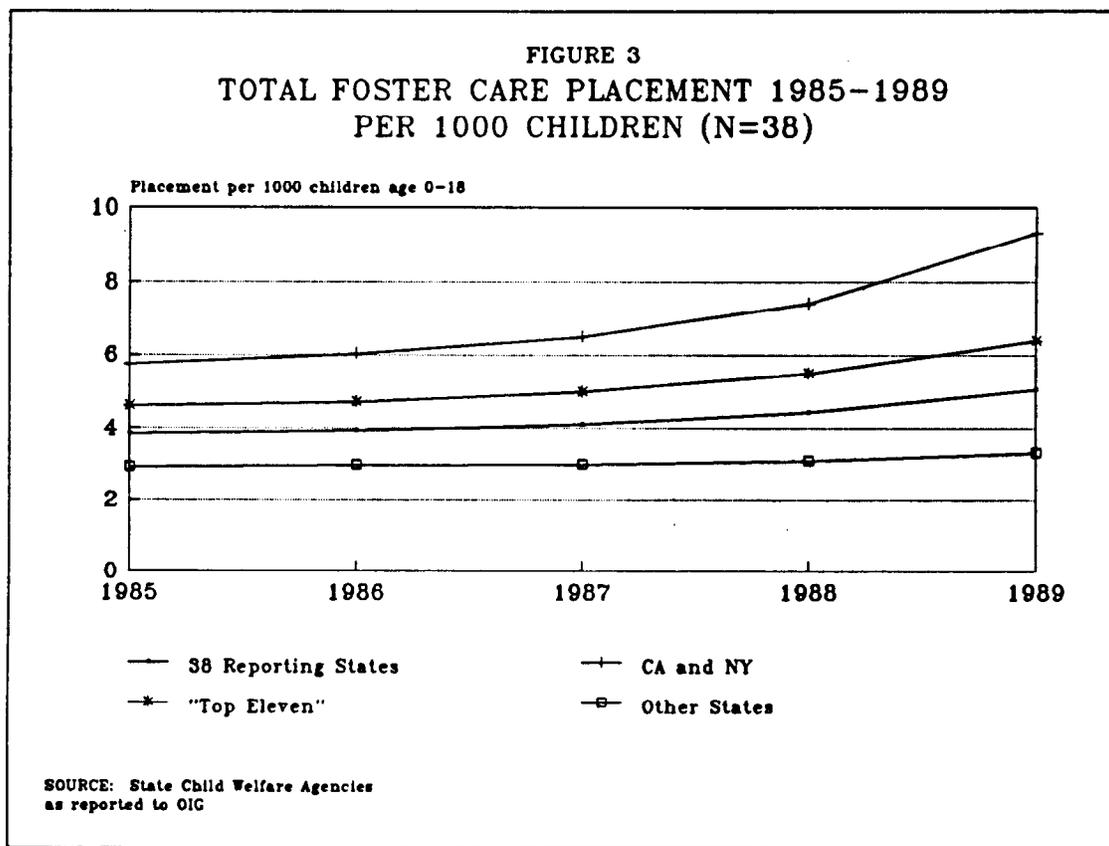
Caseload size is a function of changes occurring in admissions, on the one hand, and discharges, on the other. Thus, for instance, a caseload can increase with no increase in admissions as long as discharges decrease. Conversely, a caseload can decrease with no decrease in admissions as long as discharges increase.



To assess such caseload dynamics, we asked each State for data on admissions and discharges for each of the 5 years studied. Only 6 of the Top Eleven and 15 other States were able to provide us with that data. California and New York were among

those providing the data, and in both States it emerges that admissions was the propelling force behind the caseload growth, albeit with somewhat different patterns (figure 2). In California, the growth in admissions was accompanied each year by an increase in discharges. In New York, both admissions and discharges decreased from 1985 to 1986. Then admissions rose each subsequent year, while discharges first declined from 1986 to 1988 and then increased between 1988 and 1989. The substantial growth in admissions was primarily attributable to kinship or "approved relative home placements" called for by a New York State court ruling.⁷

During the late 1980's, the growth in the foster care caseload outpaced the overall increase in the number of children in the general population. From 1985 to 1989, for 38 reporting States, the number of placements per 1,000 children aged 18 and under rose by 31 percent, from 3.85 to 5.04.



The growth in the foster care population, as the above data indicate, is not just a reflection of the increased number of children in the general population. For each of the last 5 years of the decade, it also reflects an increased proportion of children in the United States who are in a foster care status (figure 3). Indeed, by the end of the 1980's a higher proportion of children were in foster care than at any time in at least the last three decades.⁸

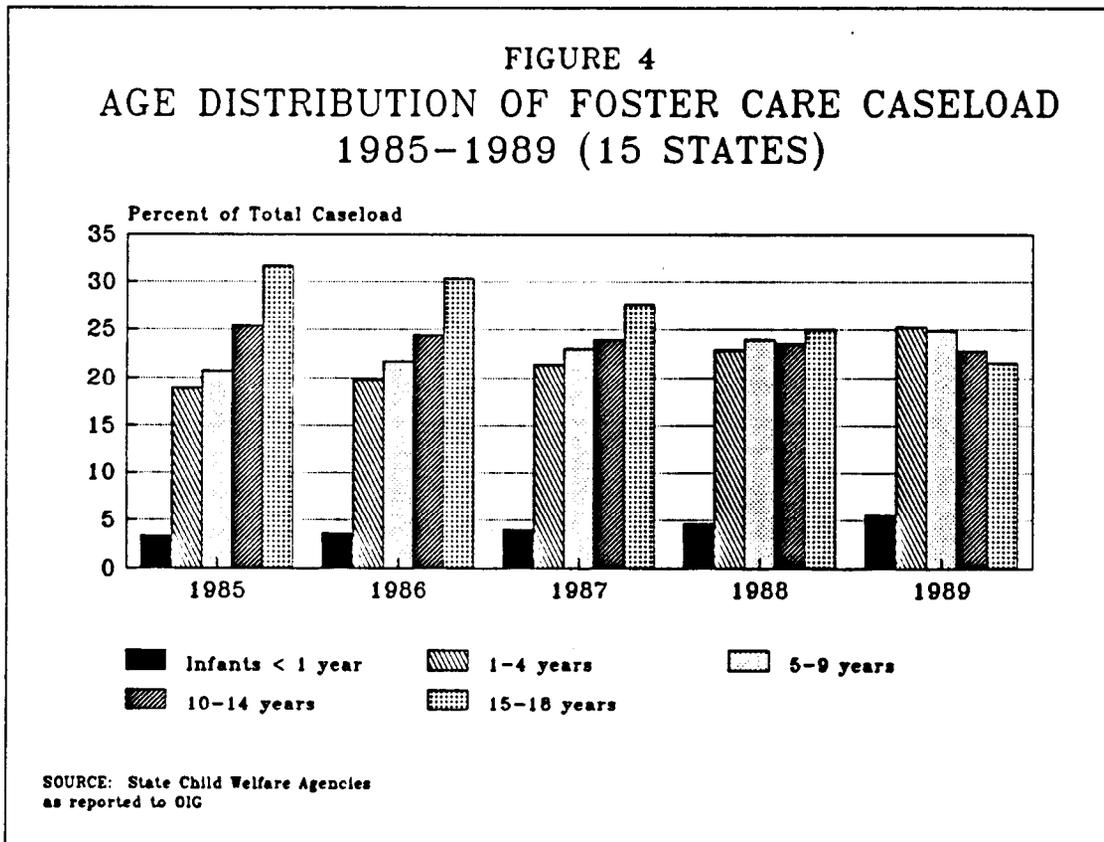
- ▶ The increase in the 1985 to 1989 period was especially pronounced in California and New York. In those States together, the number of placements per 1,000 children aged 18 and under jumped by 62 percent, from 5.74 to 9.32.

The jump was greatest in New York, where the rate rose from 5.60 to 10.08; in California the increase was from 5.83 to 8.88. Among the other Top Eleven States, 7 also had increases, though typically less pronounced. Two actually had small decreases. In Massachusetts, the placement rate per 1,000 children declined from 6.83 in 1985 to 6.59 in 1989; in New Jersey, from 4.51 to 4.29.

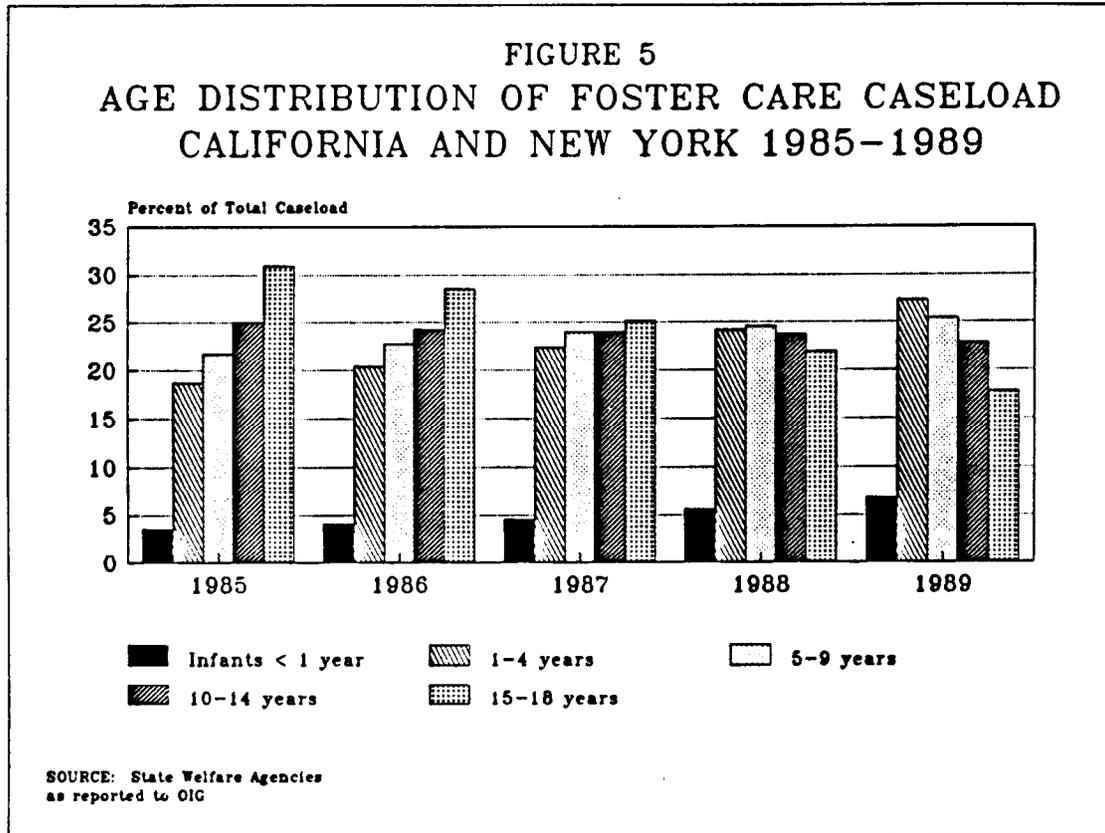
AGE OF CHILDREN

From 1985 to 1989, for 15 reporting States, the proportion of infants and preschoolers in the foster care caseload increased from 22 percent to 31 percent. During that same period, the proportion of 15- to 18-year-olds declined from 32 percent to 22 percent.

- ▶ In California and New York, these trends were slightly more pronounced. The proportion of infants and preschoolers rose from 22 percent to 34 percent as the proportion of 15- to 18-year-olds declined from 31 percent to 18 percent.



As the overall number of foster care children has increased, the age distribution has changed significantly. During the last 5 years of the decade, the oldest group's share of the caseload eroded substantially as the two youngest segments' share--infants (less than 1 year old) and preschoolers (1 to 4 years old)--gained substantially (figure 4). This was particularly true in California and New York (figure 5), but the same general trend was found in all 15 reporting States.

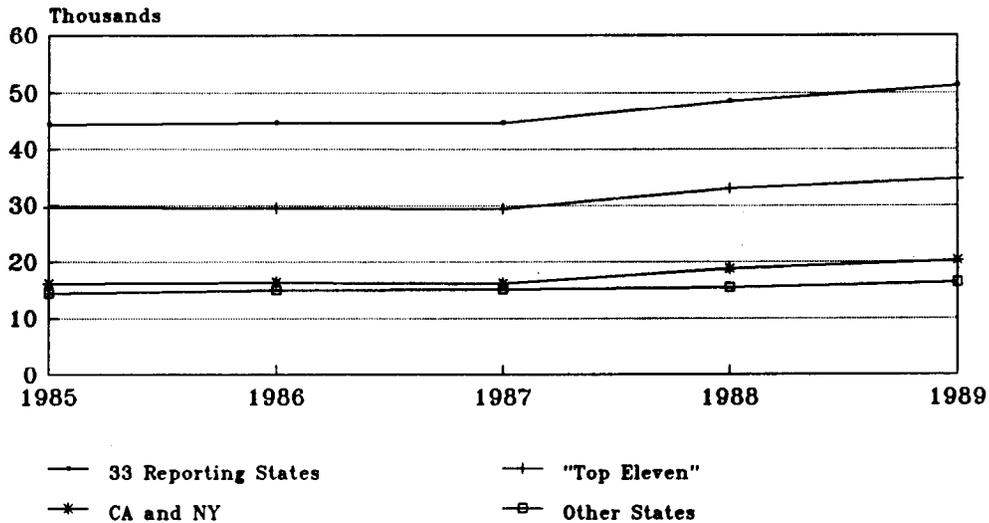


What is especially striking is the emergence of a foster care baby boom, especially, once again, in California and New York. Among the 15 States, the number of infants placed in foster care per 1,000 children aged 18 and under rose sharply, from 2.57 to 6.05; in California and New York, the number rose even more sharply, from 3.38 to 9.67 (appendix C). In New York City, between 1984 and 1988, the rate at which infants were placed in foster care almost tripled from 8.7 per 1,000 live births to 25.3. Thus, in 1988, about 2.5 percent of all children born in New York City were placed in foster care within a year of birth.⁹

PLACEMENT STATUS OF CHILDREN

From 1985 to 1989, for 33 reporting States, the number of foster children in group homes increased by 16 percent, from 44,226 to 51,189. California and New York accounted for 57 percent of this growth.

FIGURE 6
TOTAL GROUP HOME CASELOAD 1985-1989
33 STATES



SOURCE: State Child Welfare Agencies
as reported to OIG

From 1985 to 1987, for 33 reporting States, the number of foster care children in group homes remained about the same (figure 6). During the next 2 years, however, the group home caseload rose substantially, with close to 60 percent of the growth occurring in California and New York. In view of the growth taking place in the total foster care caseload, these increases would not appear to be surprising.

From 1985 to 1989, for 33 reporting States, the proportion of foster children in group care declined slightly but steadily from 21 percent to 18 percent.

This finding is perhaps more surprising, given the perceptions we noted at the outset of this report about the growing number of children in group facilities. Between 1985 and 1989, the group home population still increased at a rate greater than the increase in the 18-year-old-and-under population (appendix C). It declined modestly as a proportion of the total caseload, however, as the number of family foster home placements rose significantly. Overall, for the 33 reporting States, the number of foster children in group homes rose from 207,810 to 280,187.

During the last half of the 1980's, infants and preschoolers accounted for a small but increasing proportion of group home caseloads. From 1985 to 1989, for 11 reporting States, the proportion increased from 2.7 percent to 5.4 percent, in contrast to the proportion of 15- to 18-year-olds, which decreased from 58 percent to 53 percent.

- ▶ **For California and New York, the data we obtained are not exactly comparable. It is apparent, however, that in those States during the 1985-89 period, the small proportion of very young children in the group home caseload increased at an especially sharp rate.**

In 1989, as in 1985, the 15- to 18-year-olds dominated the group home caseloads. Some shifting of the distribution occurred, however, with the oldest group's share declining and the youngest two groups' share increasing.

Among the 11 reporting States, which do not include New York, the increase is concentrated in California, where between 1985 and 1989, the number of infants in group care increased from 74 to 243 and preschoolers from 241 to 820. In contrast, 2 of the States began and ended the period with no infants and preschoolers in group care, 4 experienced a modest increase, and 4 had a decline (in 2 cases a substantial decline).

In New York, a compilation by the State Department of Social Services indicates that the proportionate increase has been greatest there. In 1985, 4.1 percent of children in group care were 5 years old or younger and 2.1 percent were under 1 year old; by 1988, the corresponding numbers increased to 19.6 percent and 8.0 percent.¹⁰

In explaining such increases, policy officials in California and New York told us that because they had not expected the baby boom in foster care, they did not have enough foster family homes for infants to meet the accelerated demand. Exacerbating the problem, they added, was that a number of the infants admitted to foster care during this period had special health problems associated with human immunodeficiency virus (HIV) infection or fetal exposure to drugs. Recruitment and support of families to care for such children often require extraordinary efforts.

It is a generally accepted principle that the most therapeutically desirable placement for infants is with families rather than in group facilities. In attempting to adhere to this principle, California and New York officials have intensified their recruitment and family support efforts. Although it is too soon to know for sure, there are signs that these efforts may be having some success. In New York, State officials reported that they have developed a waiting list of families willing to care for infants with HIV infection, and incomplete data for 1989 indicate some reduction in the proportion of infants in group care.¹¹ Similarly, Los Angeles County officials reported significant recent reductions in the number of infants placed in their county-run receiving center.

RECOMMENDATION

Among the trends identified in the preceding pages, three that stand out are the recent increases that have occurred in: (1) the total number of children in foster care in the United States, (2) the number and proportion of them who are infants and preschoolers, and (3) the number and proportion of these infants and preschoolers who have been placed in group homes.

What accounts for these trends? To what degree and how might they be attributable to:

- . intensified social problems, such as poverty, homelessness, family instability, and substance abuse;¹²
- . increased reporting of child abuse cases;¹³
- . higher numbers of foster care kinship placements;¹⁴
- . more restrictive funding for mental health, juvenile justice, and social service programs than for Title IV-E foster care services;¹⁵
- . poor coordination between mental health, juvenile justice, and child welfare systems; and¹⁶
- . inadequate or nonexistent standards guiding placement decisions?¹⁷

Questions concerning these and other such factors are of increasing urgency to the entire child welfare system. That sense of urgency is most readily conveyed by the operating reality guiding placement choices in large metropolitan areas such as New York City and Los Angeles. In virtually every interview we conducted with caseworkers in those cities, the same scenario was described: Children become available for placement with little notice to the agency. Workers then begin searching for an available slot. Placement workers who have never met these children and who typically have only age, race, and gender information staff a phone bank to find bed assignments. Although there is no formal policy to that effect, nearly all adolescents are placed in group facilities. Others are placed in the first bed available. Many must be placed in emergency facilities and/or as "nomad children" are subjected to a series of one-night placements.

To help address the limitations of the foster care system on a national basis, it is vital that a national data collection system be established and that data be widely distributed and carefully analyzed. For the more than 300,000 children in the United States who are in foster care, we have no recent and reliable information on who they are or on the key factors affecting their well-being. In contrast, for example, for the

150,000 to 160,000 people in the country who have end-stage renal disease, we can draw upon timely and highly credible data offering considerable details on their demographics, health status, and even treatment outcomes.

Foster care children are no less important than those with kidney failure. To develop appropriate policies, we must as a start know more about them. For more than a decade, the Federal Government has been deliberating on how to develop a system that would provide such knowledge. It is time to act to establish a workable and useful foster care and adoption data collection system.

Toward that end, we offer one recommendation to the Administration for Children and Families (ACF). It is intended to help the newly established data system be as helpful as possible to policymakers at different levels of government.

The ACF should specify its plans for the preparation and regular distribution of policy-relevant tables and for special analyses concerning the data in the proposed foster care and adoption data collection system. It should indicate these plans in the preamble to the regulations to be issued concerning the system.

In the February 1990 notice of proposed rulemaking, ACF says little about what it will do with the data once it receives and checks them--only that it will "produce some standard descriptive reports that are routinely processed" and that the data will be "available to provide reports back to the States and to support special analyses." This is inadequate for a system that is expected to cost more than \$50 million in the first 3 years and to contribute to more effective policymaking.

The ACF should specify the kind of tables it will prepare, indicating how it will present information on demographics, circumstances of removal, type of placement, and the like. It should also provide for frequent and widespread distribution and indicate the kind of special analyses of the data it will undertake. Such actions, we believe, are vital if the benefits associated with such a system are to outweigh the costs.

COMMENTS ON THE DRAFT REPORT

We received comments on the draft report from the Administration for Children and Families (ACF) and the Assistant Secretary for Planning and Evaluation (ASPE). In appendix D, we present their comments in full and our detailed response to them.

The ASPE comments, which were the most extensive, involved three major concerns. The first of these was directed to our recommendation that ACF implement immediately the most essential aspects of the foster care and adoption data collection system. We made that recommendation because of our concerns about the many complexities and costs associated with the comprehensive system envisioned by the Department of Health and Human Services. The ASPE opposed any partial implementation, as we suggested, because many of the duplicative and unnecessary data elements initially proposed by the Department had been eliminated.

The ASPE's second major concern involved our lack of recommendations addressing larger foster care policy issues, such as those addressing alternative program models and the Federal requirement that "reasonable efforts" must be made before removing a child from a family. The third was that the report should state more strongly and regularly that the numbers presented are estimates.

The brief ACF written comments supplement an earlier discussion we had with ACF staff. In that discussion, the staff also raised some questions about the necessity and practicality of the first recommendation. In its written comments, ACF indicated that it would take our second recommendation "under advisement" and would respond "to the extent possible." That recommendation called for ACF to specify its plans for the preparation of policy-relevant tables and for special analyses concerning data to be obtained under the new system.

Our major response to these comments was to eliminate our first recommendation calling for immediate implementation of essential aspects of the foster care adoption and data collection system. We did that because of our understanding that ACF has addressed some of our concerns about the complexity and constraints of the system and has removed certain unnecessary and duplicative data elements proposed earlier.

We have not addressed larger policy issues because we believe the data obtained for this study do not give us an adequate basis to address them. Further, we have not added further emphasis to the limitations of our numbers because upon review, we found those limitations adequately explained. We also note that even with the stated limitations, the trend data presented in the report help provide a clearer picture of recent developments concerning foster care children in the United States.

APPENDIX A

ENDNOTES

1. We recognize that there are many other important questions that might be posed. Such questions might address other demographic characteristics as well as factors such as length of stay in foster care and circumstances of removal from home. We chose the four areas identified because they are particularly important and basic ones of much relevance to policymakers and because we expected that we could obtain reasonably complete information in these areas.
2. There are four primary mechanisms for Federal financing of foster care services:
 - o Title IV-B: This provision has been part of the Social Security Act since 1935 and provides funding for a broad range of preventive and protective services to abused, neglected, and exploited children. It is a formula grant program that reimburses States 75 percent of qualifying foster care expenses up to an allotted total. Amended in 1980, Section 427 earmarks a portion of total appropriations for States that:
 - . conduct an inventory of all children in foster care;
 - . implement a statewide tracking system for children in care;
 - . implement a review system with case review for each child every 6 months and judicial review within 6 months of initial placement; and
 - . implement a service plan to place each child in a permanent home.

The Department is required to conduct Section 427 reviews in each participating State to ensure that it meets these requirements. (Only three have opted out of 427 participation: Massachusetts, Wyoming, and Puerto Rico.)

- o Title IV-E: (Described in text)
- o Title XX: Since 1974 this provision has been the major source of funds for a range of social services including child daycare, protective services, community services for people with disabilities, homemaker and chore services, and services for the elderly. Title XX was amended in 1981 to create a block grant for social services. Many States' Title XX funds are expended for some foster care services.

- o Independent Living Program: Enacted in 1986, the ILP funds State services that assist AFDC-eligible children aged 16 and over to make the transition from foster care to successful independent living at age 18. No State matching funds are required. In 1988 the law was amended to include non-income-eligible children and to permit extension of services to youths for up to 6 months after they are emancipated from care.

Of these four major Federal funding sources, three have experienced either modest growth or level funding in recent years. From 1985 to 1989, Title IV-B funding levels have increased from \$200 million to \$239 million. Annual increases in the Title XX Social Services Block Grant since 1974 peaked in 1981 at \$2.9 billion. Although P.L. 96-272 authorized annual \$100 million increases through 1985 to facilitate the goals of the statute, the SSBG was subsequently capped at \$2.7 billion. The ILP has been reauthorized each year since its enactment and has been level funded at \$45 million each year.

3. See Committee on Finance, United States Senate, "Foster Care, Adoption Assistance, and Child Welfare Services," Washington, D.C., September 1990, p. 9.
4. For a review of past and current foster care data collection efforts, see Federal Register 55, no. 288 (September 27, 1990): 39541-42.
5. See Committee on Finance, pp. 32-33.
6. In appendix C, we list the 38 States included in figure 1 and the States included in the subsequent figures.
7. The 1987 case, known as the Eugene F. Case, required the State child welfare agency to provide relatives who are not parents the reimbursement and services provided to other foster parents. Prior to that case, children in custody of the State and placed with relatives were typically eligible only for AFDC payments and were not classified as foster children. The families are now referred to as kinship or approved relative home (ARH) placements. Children in relative placements increased from an average of 520 in 1985 to 15,500 in 1989. (Data compiled by the New York State Department of Social Services and presented in working papers for a conference held by the Department and the New York Community Trust on February 27, 1990 and entitled "The Changing Face of Foster Care in New York State.")
8. See Committee on Finance, pp. 32-33. The Committee presents data on children in foster care per 1,000 in the population dating back to 1962, when it reports that 3.9 children per 1,000 were in foster care.
9. See "The Changing Face of Foster Care."

10. See "The Changing Face of Foster Care."
11. For the first nine months of 1989, the New York Department of Social Services reports that children under 1 year of age accounted for 8.0 percent of the group care caseload and those 5 years or younger accounted for 17.9 percent. The comparable numbers for 1988, as we reported, were 8.6 percent and 29.6 percent. See "The Changing Face of Foster Care."
12. A study of the child welfare system in New York City, for instance, found that between 1985 and 1989, the number of children who were admitted to foster care because they lacked food, clothing, or shelter increased by 40 percent. See Report of the Manhattan Borough President's Advisory Council on Child Welfare, Failed Promises: Child Welfare in New York City: A Look at the Past, Vision for the Future, July 1989, pp. 20, 25.

For relevant recent studies by the Office of Inspector General, Office of Evaluation and Inspections, see Crack Babies, OEI-03-89-01540, June 1990; Boarder Babies, OEI-03-89-01541, June 1990; and Barriers to Freeing Children for Adoption, OEI-06-89-01640.

Also relevant is a recent New England Journal of Medicine article. In it, the authors report on research that concludes that the use of illegal drugs is common among pregnant women regardless of race and socioeconomic status. They address a number of reasons why newborn children of poor and black women tend to be tested and reported to public health authorities more frequently. See I. J. Chasnoff, H.J. Landress, and M.E. Barrett, "The Prevalence of Illicit Drug or Alcohol Use During Pregnancy and Discrepancies in Mandatory Reporting in Pinellas County, Florida," New England Journal of Medicine 322, No. 17 (April 26, 1990): 1202-06.

13. The increases in California and New York are substantial. In California, the average number of monthly child abuse reports rose from about 15,000 in 1983 to about 39,000 in 1990. Similarly, in New York, the total number of reports filed in the State grew from 55,937 in 1980 to 122,498 in 1988.
14. Kinship placements appear to be much more common for infants and preschoolers than for adolescents. In New York City, in 1986, about 10 percent of all infant admissions to foster care were placed with relatives. By 1988, that figure was about 33 percent. See "The Changing Face of Foster Care."
15. In the 1980's, Federal funding for Title IV-B preventive and protective services has risen much more slowly than Title IV-E foster care services. Similarly, in the last half of the 1980's Federal funding for mental health and juvenile justice systems has declined in constant dollars while that for the Titles IV-B and E funded child welfare system has increased, thereby encouraging the shifting of children from the former systems to the latter. See Select Committee on

Children, Youth, and Families, U.S. House of Representatives, "No Place to Call Home: Discarded Children in America," Washington, D.C., 1990, pp. 65-77.

16. The reality of the situation was recently reflected in a study which found that State child welfare representatives from 74 percent of the States regarded a lack of coordination between the three systems to be a major problem in delivering services to families and children in need. See S. Robison, Putting the Pieces Together: Survey of State Systems for Children in Crisis, National Conference of State Legislatures, Washington, D.C., July 1990, p. ix.

Another study, focusing on the California child welfare system, underscored the depth of the problem. It concluded that "tenacious collaboration alone will not make up for societal underinvestment in children. . . . But without collaboration, more investment would not be much help. The system as a whole is so fundamentally flawed that huge amounts of dollars dumped in wouldn't do much good." See Sid Gardner, "Failure by Fragmentation," California Tomorrow 4, no. 4 (Fall 1989): 20.

17. In our survey, only three States--Idaho, Missouri, and Texas--reported that they have formally established standards of practice to guide foster care placement decisions. The Child Welfare League of America has had standards of this kind for years and is now engaged in an effort to reexamine them.

APPENDIX B

STATISTICAL METHODOLOGY AND NOTES

The data presented in our report emerge from our survey of State child welfare agencies. That survey encompassed each of the States and the District of Columbia (hereafter referred to as a State).

Our survey consisted of two parts. The first involved a telephone interview with a senior State child welfare official in each State. In that interview we sought to obtain a clear understanding of the State's policies, practices, and trends concerning foster care placements. (We conducted interviews with representatives of all 51 States.)

The second part of the survey was conducted by mail. We sought data involving demographic characteristics, placement status, and admissions and discharges of children in foster care. We asked for such data for each quarter for every year from 1985 through 1989.

Our efforts to collect such data ran into the same constraints that have inhibited the development of a national foster care and adoption data collection system. From State to State, definitions of terms often varied, and the quarter-by-quarter data fields requested were often not available at all or only for certain periods.

As a result, we had to make some decisions about which data fields were reliable and complete enough to use in developing and discussing our findings. We also had to determine how best to present the data in these fields.

The data fields chosen concern the numbers of children in foster care, their ages broken down by the age categories used in the text, the numbers of children in group care and foster family care, and their ages.

For every year, we asked for the data by quarter. If a State provided fourth quarter data for each of the 5 years surveyed, we used that quarter's data for the year-to-year comparison. If it did not have fourth quarter data, we would use the third quarter; if it did not have the fourth or third, we would use the second; and, finally, if it did not have any of the last three quarters, we would use the first. In all cases, for each State, we would use the same quarter for the year-to-year comparison.

In presenting the data, we chose to include, for each data field, only those States for which we had year-by-year data for each year from 1985 through 1989. Even though this meant that our universe of reporting States would always be less than the 51 surveyed, and in a few instances substantially less, we determined that it was the most responsible, clear-cut, and consistent way to report the data. Thus, in our tables the

universe of reporting States ranges from a high of 38 to a low of 11. (In each case the States included are presented in appendix C.)

This approach to presenting the data raises the question of whether the trends we identify for the States included in our tables would also apply for the States not included. Although we make no particular claim in this regard, it would appear that the trends identified for our reporting States would also apply if all 51 States were included in our data bases.

Beginning with the universe of 51 States, 1 (Arizona) failed to provide any caseload information and 12 were unable to provide caseload information for all 5 years. Additionally, of the 38 remaining States, 5 were unable to provide a breakdown of caseload between group homes and foster family placements. Among the 5, the only Top Eleven State was Florida.

We are confident that our findings are representative of the foster care caseload because the 12 States we excluded due to incomplete data (1) had smaller caseloads than any of the Top Eleven States, and (2) showed trends in their incomplete information that paralleled those of our findings. In fact, for 1987 through 1989, where we had complete information for 48 States, the percentage changes in caseload from year-to-year were equivalent to that of the 38 included States. Similarly, the excluded States in the group home versus foster family placement analysis exhibited parallel trends to those included in our findings.

The wider applicability of the age-related findings is less certain since these are based on only 15 States that provided complete age breakdown for the 5 years. Five of the Top Eleven States are included in this analysis. Only 21 States provided any age breakdown of their foster care caseload. The six States that were excluded showed trends in their caseloads (higher proportions of preschoolers, smaller proportions of older children) that were similar to those in the 15 States providing complete data.

APPENDIX C

TABLES DERIVED FROM OIG SURVEY OF CHILD WELFARE AGENCIES

I. FOSTER CARE PLACEMENTS

	1985	1986	1987	1988	1989
38 STATES	228,155	233,427	244,584	266,045	304,431
CALIFORNIA & NEW YORK	68,755	73,004	79,964	92,886	118,661
TOP ELEVEN	152,176	155,859	166,458	185,009	218,083
OTHER STATES (N=27)	75,979	77,568	78,126	81,036	86,348

A. GROUP HOME PLACEMENTS

33 STATES	44,226	44,579	44,561	48,527	51,189
CALIFORNIA & NEW YORK	16,264	16,426	16,171	18,734	20,249
TOP ELEVEN (N=10)	29,633	29,483	29,383	32,998	34,701
OTHER STATES (N=23)	14,593	15,096	15,178	15,529	16,488

B. FOSTER FAMILY PLACEMENTS

33 STATES	163,584	168,556	179,601	196,088	228,998
CALIFORNIA & NEW YORK	52,491	56,578	63,793	74,152	98,412
TOP ELEVEN (N=10)	115,624	119,467	129,779	144,131	173,546
OTHER STATES (N=23)	47,960	49,089	49,822	51,957	55,452

II. FOSTER CARE PLACEMENTS PER 1,000 CHILDREN AGE 18 AND UNDER

	1985	1986	1987	1988	1989
38 STATES	3.85	3.92	4.09	4.43	5.04
CALIFORNIA & NEW YORK	5.74	6.02	6.49	7.41	9.32
TOP ELEVEN	4.60	4.69	4.97	5.48	6.39
OTHER STATES (N=27)	2.90	2.95	2.97	3.08	3.29

A. GROUP HOME PLACEMENTS PER 1,000 CHILDREN AGE 18 AND UNDER

33 STATES	0.84	0.84	0.84	0.91	0.95
CALIFORNIA & NEW YORK	1.36	1.35	1.31	1.50	1.59
TOP ELEVEN (N=10)	0.98	0.97	0.96	1.07	1.12
OTHER STATES (N=23)	0.65	0.67	0.67	0.68	0.73

B. FOSTER FAMILY PLACEMENTS PER 1,000 CHILDREN AGE 18 AND UNDER

33 STATES	3.09	3.18	3.37	3.66	4.26
CALIFORNIA & NEW YORK	4.38	4.66	5.18	5.92	7.73
TOP ELEVEN (N=10)	3.81	3.92	4.24	4.68	5.59
OTHER STATES (N=23)	2.13	2.17	2.20	2.29	2.45

III. FOSTER CARE PLACEMENT PER 1,000 CHILDREN AGE 18 AND UNDER, BY AGE

	1985	1986	1987	1988	1989
15 STATES					
INFANTS < 1	2.57	2.90	3.41	4.32	6.05
1-4 YEARS	3.85	4.23	4.84	5.73	7.40
5-9 YEARS	3.65	3.91	4.34	4.92	6.02
10-14 YEARS	4.44	4.65	4.91	5.34	6.07
15-18 YEARS	6.42	6.43	6.32	6.54	7.00

CA AND NY

INFANTS < 1	3.38	4.00	4.72	6.48	9.67
1-4 YEARS	4.80	5.43	6.37	7.82	10.88
5-9 YEARS	4.97	5.32	5.94	6.82	8.79
10-14 YEARS	5.77	6.07	6.55	7.40	8.85
15-18 YEARS	8.13	7.90	7.70	8.02	8.58

A. GROUP HOME PLACEMENT PER 1,000 CHILDREN AGES 18 AND UNDER, BY AGE

	1985	1986	1987	1988	1989
11 STATES					
INFANTS < 1	0.09	0.11	0.08	0.14	0.22
1-4 YEARS	0.09	0.11	0.09	0.14	0.20
5-9 YEARS	0.25	0.27	0.27	0.30	0.36
10-14 YEARS	1.17	1.19	1.26	1.35	1.42
15-18 YEARS	2.46	2.55	2.51	2.72	2.85

B. FOSTER FAMILY PLACEMENT PER 1,000 CHILDREN AGES 18 AND UNDER, BY AGE

	1985	1986	1987	1988	1989
11 STATES					
INFANTS < 1	2.47	2.94	3.62	4.13	5.21
1-4 YEARS	3.86	4.30	5.06	5.80	6.83
5-9 YEARS	3.55	3.90	4.39	4.88	5.54
10-14 YEARS	3.43	3.70	3.94	4.25	4.69
15-18 YEARS	3.87	3.89	3.94	4.07	4.36

IV. STATES INCLUDED IN TABLES

A. 38 STATES WITH COMPLETE DATA ON TOTAL PLACEMENTS

ALABAMA	MASSACHUSETTS	OKLAHOMA
ARKANSAS	MAINE	OREGON
CALIFORNIA	MICHIGAN	PENNSYLVANIA
COLORADO	MINNESOTA	SOUTH DAKOTA
CONNECTICUT	MISSOURI	TENNESSEE
FLORIDA	MISSISSIPPI	TEXAS
GEORGIA	NORTH DAKOTA	UTAH
HAWAII	NEBRASKA	VIRGINIA
ILLINOIS	NEW JERSEY	VERMONT
INDIANA	NEW MEXICO	WASHINGTON
KANSAS	NEVADA	WISCONSIN
KENTUCKY	NEW YORK	WEST VIRGINIA
LOUISIANA	OHIO	

B. THE TOP ELEVEN

CALIFORNIA	NEW JERSEY
FLORIDA	NEW YORK
GEORGIA	OHIO
ILLINOIS	PENNSYLVANIA
MASSACHUSETTS	WASHINGTON
MICHIGAN	

C. 33 STATES WITH COMPLETE DATA FOR GROUP HOME AND FOSTER FAMILY PLACEMENTS

ALABAMA	MAINE	SOUTH DAKOTA
ARKANSAS	MICHIGAN	TENNESSEE
CALIFORNIA	MISSOURI	TEXAS
COLORADO	MISSISSIPPI	UTAH
CONNECTICUT	NORTH DAKOTA	VIRGINIA
GEORGIA	NEW JERSEY	VERMONT
HAWAII	NEW MEXICO	WASHINGTON
ILLINOIS	NEVADA	WISCONSIN
INDIANA	NEW YORK	WEST VIRGINIA
KANSAS	OHIO	
LOUISIANA	OREGON	
MASSACHUSETTS	PENNSYLVANIA	

D. 15 STATES WITH COMPLETE AGE DATA ON PLACEMENTS PER 1,000 CHILDREN AGED 18 AND UNDER, BY AGE

CALIFORNIA	INDIANA	OHIO
COLORADO	MISSOURI	OKLAHOMA
FLORIDA	NEBRASKA	OREGON
HAWAII	NEW MEXICO	VERMONT
ILLINOIS	NEW YORK	WISCONSIN

E. 11 STATES WITH COMPLETE AGE DATA FOR GROUP HOME AND FOSTER
FAMILY PLACEMENTS PER 1,000 CHILDREN AGED 18 AND UNDER,
BY AGE

CALIFORNIA
COLORADO
HAWAII
ILLINOIS
INDIANA
MISSOURI

NEW MEXICO
OHIO
OREGON
VERMONT
WISCONSIN

APPENDIX D

DETAILED COMMENTS ON THE DRAFT REPORT AND OIG RESPONSE TO THE COMMENTS

In this appendix, we present in full the comments on the draft report offered by the Administration for Children and Families and the Assistant Secretary for Planning and Evaluation. In each case, we also include our brief response to the comments.



DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES
Office of the Assistant Secretary, Suite 600
370 L'Enfant Promenade,
Washington, D.C. 20447

October 8, 1991

TO: Richard P. Kusserow
Inspector General

FROM: Jo Anne B. Barnhart *JAB*
Assistant Secretary
for Children and Families

SUBJECT: Comments on OIG Draft Report: "Trends in Foster Care,"
OEI-01-90-00490

We have reviewed the draft of the Office of Inspector General report entitled "Trends in Foster Care." We believe that the study provides reliable information on current trends in foster care. It agrees with other information available to us which indicates that the use of foster family care and group care has been increasing. Members of my staff have previously provided oral comments on the draft in a meeting with the OIG. At this time, we have an additional comment on one recommendation.

OIG Recommendation

The ACF should specify its plans for the preparation and regular distribution of policy-relevant tables and for special analyses concerning the [foster care and adoption] data collection system. It should indicate these plans in the preamble to the regulations to be issued concerning the system.

ACF Comment

The development of a national foster care and adoption data system is currently under way. We anticipate that it will provide the information which is needed for improved policy and program planning. Concerning the description and distribution plan for policy-relevant tables, we will take this recommendation under advisement and, to the extent possible, include a description of them in the preamble.

Technical Comment

On page 12, para 4, the word "adaption" should be changed to "adoption."

Thank you for the opportunity to comment on the draft report. If I may be of further assistance, please do not hesitate to contact me.

OIG RESPONSE TO ACF COMMENTS

In accord with the oral comments of ACF staff, the comments of ASPE, and actions recently take by ACF, we have eliminated the first recommendation presented in our draft report. That recommendation called for ACF to implement immediately the most essential aspects of the foster care and adoption data collection system.

We made that recommendation because of our concerns about the complexity and scope of the system proposed by the Department of Health and Human Services in the September 1990 proposed notice of rulemaking. As we indicated on page 12 of the draft report, the proposed system involved "imposing constraints that could delay and undermine the establishment of the comprehensive system set forth." We concluded at that point that the comprehensive system should remain as a goal, but that ACF could best get the process started by identifying the most essential data elements and requiring States at the outset to submit data only on them.

We retracted the recommendation because we understand that ACF already has moved in the direction noted above, by removing duplicative and unnecessary data elements and providing for more flexibility on various matters. We still urge ACF sensitivity to the implementation difficulties many States will face, but because of the changes it has made, concur with ACF and ASPE, which in its response says "we must press ahead and finish the job we set out to do as quickly as possible."



SEP 13 1991

TO: Richard P. Kusserow
Inspector General

FROM: Assistant Secretary for
Planning and Evaluation

SUBJECT: Review and Comment on OIG Draft Report: "Trends in
Foster Care," OEI-~~10~~-90-00490--CONDITIONAL CONCURRENCE
01

I concur with the above report sent for my review provided that the comments contained in this memorandum are addressed. Following are three major concerns, as well as a number of other comments and some suggested editorial changes.

Major Concerns:

First, I appreciate the Inspector General's efforts to provide new information in an area that is especially lacking in quality, reliable data. You summarize this point well in the following statement:

"For the more than 300,000 children in foster care, we have no reliable information on who they are or on the key factors affecting their well-being. In contrast, for example, for the 150,000 to 160,000 people in the country who have end-stage renal disease, we can draw upon timely and highly credible details on their demographics, health status, and even treatment outcomes."

I strongly concur with your recommendation that ACF move quickly to implement the Adoption and Foster Care Data Collection System (AFCARS) to help fill this void. However, I also think it is important to implement the system in its entirety. My office has been directly involved with ACF in the final design of the AFCARS. Based on the comments received in response to the Notice of Proposed Rulemaking (NPRM), many duplicative and unnecessary data elements have now been eliminated. It is important to realize that states have repeatedly informed the Department that if we require that they implement a data collection system, it should not be one that changes from year-to-year. Therefore, I do not agree with your recommendation that the essential AFCARS data elements be implemented immediately and that the system then be expanded in subsequent years. Admittedly, the AFCARS development has been too slow, but we are at an end stage now where we must press ahead and finish the job we set out to do as quickly as possible.

Second, while I appreciate the draft report's focus on the need to develop our data capabilities in this area, I am concerned that this is the sole recommendation to come from your analysis. In particular, aside from providing more accurate information on the subject, I am perplexed how the AFCARS will really inform us of ways to address the trends specified in the report:

- a general increase in the foster care caseload;
- a rapidly growing proportion of infants and pre-schoolers in the foster care caseload;
- an increase in the number and proportion of these infants and pre-schoolers who are placed in group homes.

Although we may not know their exact magnitude, I think that it is obvious that these trends are taking place. I also think that we cannot wait for more exact data to begin addressing these trends. One strategy we can pursue immediately is to test alternative program models on a demonstration basis and evaluate their effectiveness. My office is involved with several exciting projects designed to develop the research capabilities of the child welfare services area in preparation for the evaluation of demonstration programs.

Another area in which we could act now would be to embark on an effort to provide states additional guidance on placement practices. Specifically, I am referring to the "reasonable efforts" provision of P.L. 96-272 which specifies that before children are placed in foster care, "reasonable efforts" must be made to avoid removing the child from the family. This provision also mandates that once children are in foster care, reasonable efforts must be made to reunify the child with his or her family thereby avoiding the termination of parental rights. While safeguards of this type are necessary, there is much evidence that many agencies are over-interpreting these requirements due to a number of reasons including: fear of adverse legal action, limited availability of caseworker time and agency resources, bureaucratic inertia, poorly coordinated social service systems, and/or poorly administered practices. Many of these problems were elaborated in the recent OIG report "Barriers to Freeing Children for Adoption."

The results of misinterpreting reasonable efforts can be devastating to a child. For instance, an abandoned infant can sit for months or even years in a hospital or group home before being placed in a foster family or adoptive home, or a small foster child can age into adolescence before becoming eligible for adoption.

The Department needs to define reasonable efforts in its regulations to provide more meaningful guidance to states. This

issue has become more complicated because of the large rise in infant placements that took place in the late-1980's. Many of the trends found in your analysis could be addressed by providing states guidelines. In fact, your report briefly alludes to this fact in the final bullet on page 11. Therefore, I suggest that you consider recommending a process by which the Department could begin to define meaningful guidelines for reasonable efforts.

Third, I feel it is important that throughout the report a number of caveats be included stating that the numbers presented are estimates. It is important not to provide readers with a false sense of security that there is not a lack of reliable data in this area.

Other Comments:

On pages ii and seven, the draft report notes that the proportion of very young children in the foster care caseload increased while the proportion of adolescents decreased. This statement could be slightly misleading to the casual reader. Our data from New York, Illinois, and California show that the number of foster care entrants in both groups has increased, although infant and pre-school entrants have increased much more than adolescent entrants. The report should make the distinction between increases in proportions and absolute numbers more clear.

At the top of page 2 the draft report states that P.L. 96-272 sought to do two things. I agree with the second goal (encouraging case management and permanency planning) but I'm uncomfortable with the first. It is unclear to me what "extensive" services were made available to children at risk in an effort to reduce foster care placement. P.L. 96-272 did specify that each state implement a foster care prevention program in order to receive certain federal incentive funds, but it did not specify the parameters of these programs or the proportion of children that should be served in each state. P.L. 96-272 did change the state reimbursement mechanism for foster children from AFDC families to an entitlement, but it did not make entitlement money available to states for child welfare services.

The fourth and fifth paragraphs on the same page refer to press accounts of group homes which characterize them as "large orphanage-type facilities where...children are said to be 'warehoused'." All of the press accounts that I have read talk about the "new" group home as being very different than the old orphanages. In fact, many are characterized as better than many available foster family homes. While there is a widespread fear that group home placements may be abused, I haven't read any press accounts that report such abuse is currently taking place.

On page four, the second paragraph notes that it is possible that in the mid-1980's the foster care population was considerably less than it was in the late 1970's. In fact, the data you are referring to (a sample survey conducted in 1977) is highly suspect and not comparable with later caseload counts. In any case, the Senate Finance Committee publication you list as a footnote for this assertion does not report foster care caseload data from 1972 to 1979. During this time period the title IV-E caseload dropped slightly. In sum, there is no evidence that a large drop in the entire caseload took place.

On page nine, I am concerned that one of your findings may be a statistical artifact (the report notes that from 1985 to 1989 the proportion of foster children in group homes declined slightly). In particular, the proportion of foster care adolescents, who are over-represented in group homes, has been falling in relation to other foster care sub-populations. I realize that you make several subsequent observations that support your initial finding, but I believe that each of these may be drawn from different samples of states. In summary, there is a lot going on here and, in the absence of better data, we have every reason to believe that the group home population is increasing, not decreasing.

Suggested Editorial Changes:

In addition, I suggest making the following editorial additions that appear in bold type:

- (page i, final bullet, and page five second bullet): "...a rise in caseload admissions in relation to **discharges** has propelled the growth."
- (page ii, second bullet): "...the small proportion of very young children in the foster care caseload increased at an especially sharp rate."
- (page two, second paragraph, last sentence): "...it authorized adoption assistance payments for 'special needs' children, children who originate from families eligible for AFDC who are physically or emotionally disabled, adolescents, or members of a sibling or ethnic minority group."

Page 5.--Richard P. Kusserow

- (page 7, first paragraph of text): "...two actually had small decreases. In Massachusetts, the placement rate per 1,000 children declined from 6.83 in 1985 to 6.59 in 1989; in New Jersey, from 4.51 to 4.29."

For more information please contact Jane Baird at (202) 245-2409.



Martin H. Gerry

OIG RESPONSE TO ASPE COMMENTS

As we explain in our response to ACF's comments, we concur with ASPE and have dropped the recommendation calling for immediate implementation of the most essential aspects of the foster care and adoption data collection system. We have also made numerous other minor changes in response to ASPE's other comments and suggested editorial changes.

In regard to ASPE's second major point concerning the absence of recommendations in the report on the larger policy issues concerning foster care, our response is that the underlying data generated by the study do not provide an adequate basis to make those recommendations. We do not wish to imply, however, that policy decisions must be delayed pending the implementation of the foster care and adoption data collection system or that such a system in itself will provide the basis for determining the most appropriate policies. We do expect, however, that such a system will be developed in a manner that will be of as much policy relevance as possible.

Concerning ASPE's second major point on presenting caveats that our numbers are estimates, we have reviewed our explanation and use of the numbers and conclude that they are presented in a clear manner that is not likely "to provide readers with a false sense of security that there is not a lack of reliable data in this area." Indeed, we make that very point quite strongly.

Finally, ASPE suggests that our data indicating that the proportion of very young children in the foster care caseload increased while the proportion of adolescents decreased could be misleading to the casual reader. It suggested that we make the differences between increases in proportions and absolute numbers clear. It cited New York, Illinois, and California data showing that the absolute number of foster care children in both groups increased, even though the infant and preschooler group increased at a greater rate.

Yet, our data indicate that for 15 reporting States for the 1985 to 1989 period, the absolute number of 15- to-18 year-olds in the foster care caseload rose only slightly, from 40,982 to 42,489, while the number of infants and preschoolers rose significantly-- from 28,835 to 60,616.