

**STATE OF LOUISIANA  
LEGISLATIVE AUDITOR**

**Louisiana Foster Care Program**

December 1993



***Performance Audit***

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***Daniel G. Kyle, Ph.D., CPA, CFE  
Legislative Auditor***

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December 1993



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Office of Legislative Auditor  
State of Louisiana**

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Legislative Auditor**

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December 21, 1993

Honorable Samuel B. Nunez, Jr.,  
President of the Senate  
Honorable John A. Alario, Jr.,  
Speaker of the House of Representatives  
and  
Members of the Legislative Audit Advisory Council

Dear Legislators:

This is our performance audit of the Louisiana foster care program. The foster care program includes services to foster children, their biological parents, and those who care for these children. These services are provided by the Department of Social Services' Office of Community Services either directly or through agreements with private parties. This audit was conducted under the provisions of Title 24 of the Louisiana Revised Statutes of 1950, as amended. All performance audits are conducted in accordance with generally accepted government auditing standards.

This report presents our findings, conclusions, and recommendations as well as responses from the Office of Community Services. We have also identified and reported several matters for legislative consideration.

Sincerely,

A handwritten signature in cursive script that reads "Daniel G. Kyle".

Daniel G. Kyle, CPA, CFE  
Legislative Auditor

DGK/jl

[LEGLTR]



# Office of Legislative Auditor

## Executive Summary

### Performance Audit Louisiana Foster Care Program

Approximately 5,556 Louisiana children were in foster care as of June 30, 1992. Our performance audit of the state's foster care system found that:

- ♦ The system has seen an influx of children with severe medical, psychological, emotional, and mental health impairments. Resource limitations have stymied the Office of Community Services' ability to respond to the situation.
- ♦ Coordination breakdowns exist within the foster care service delivery system.
- ♦ The state does not have enough appropriate placement settings for its foster children. Consequently, children are sometimes placed in facilities that are not suited to their needs.
- ♦ Foster care case loads are significantly higher than the new standard proposed by the Child Welfare of America.
- ♦ On average, the 50 foster children whose cases we reviewed received new case managers and new placement settings about once a year.
- ♦ Louisiana spent almost \$127 million on child welfare in fiscal year 1991-92. About \$32.5 million of this total was in state funds, and the remaining \$94.4 million, or almost 75 percent of the total, came from federal sources.



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## Audit Objectives

The Legislative Audit Advisory Council directed the Office of Legislative Auditor to conduct a performance audit of Louisiana's foster care program. The objectives of this audit were to:

- ♦ Identify the foster care population in Louisiana, determine the costs of operating the program, and determine the funding sources.
- ♦ Determine the family social conditions preceding child placement into foster care and children's associated special needs.
- ♦ Analyze the tenure and placement histories of foster children.
- ♦ Evaluate the Office of Community Services' case management efforts for foster children.

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## Public Law 96-272

An important federal initiative in child welfare is Public Law 96-272, the Adoption Assistance and Child Welfare Act of 1980. This measure established guidelines that states must follow in order to receive federal grants to operate foster care and adoption programs. The law requires that reasonable efforts be made to prevent the removal of children from their homes and requires the placement of foster children in the least restrictive (most family like) setting available.

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## Program Funding

Total child welfare costs for fiscal year 1991-92 were approximately \$126.9 million. State funds accounted for \$32.5 million (25.6 percent) of this amount, with the remaining \$94.4 million (74.4 percent) being provided by the federal government. Child welfare costs rose over 30 percent between fiscal years 1989-90 and 1991-92, with more than 65 percent of total 1991-92 expenditures going for foster care.

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### **Many Foster Children Have Special Needs**

A random sample of 50 cases indicated that many of the children came from dysfunctional family backgrounds. Parents of the sample children generally had low educational levels and high rates of unemployment, substance abuse, and criminal activity. Many of these families had unmet housing needs and received public assistance. We also identified a high rate of mental/emotional handicaps and mental retardation among the parents of sample foster children. Agency officials acknowledged that these characteristics are common among biological families of foster children.

Almost half of foster children whose cases we reviewed had emotional or behavioral impairments, ranging from low self-esteem and anxiety to paranoid schizophrenia and psychosis. Nearly half of the children had medical or dental conditions, such as blindness, cerebral palsy, and asthma. Over one-third of the sample children had developmental disorders and delays, and almost all of them had siblings in care. These factors are considered special needs. Special needs are conditions that hinder placement of children in foster or adoptive homes.

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### **Foster Care Can Be a Recurrent or Permanent Status**

More than one-fourth of the children in our sample had been in foster care more than once. Research shows that between 20 and 30 percent of children who leave foster care will eventually return to care.

Foster children who cannot be returned to their biological families or adopted remain in care until they reach adulthood. This status, known as long-term foster care, was the goal prescribed by the Office of Community Services for 11 of the 50 children in our sample, or 22 percent. On average, these 11 children had been in care for almost eight years, which was more than half of their lives. All of these children had some form of medical, dental, emotional, or mental handicap.

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## Case Management

The foster children in our sample suffered frequent disruptions in their foster care placements and the case managers assigned to them. On average, these 50 children received new placements and new case managers approximately once a year.

The current case load standard for Louisiana's foster care case managers is 23 cases per manager, which is considerably more than the standard proposed by the Child Welfare League of America. The Child Welfare League notes that its revised case load standard is necessary because of the influx of "extraordinary needs" children into foster care systems nationwide. Although the Office of Community Services has in recent years reduced its case load standard, it is still higher than the proposed new standard.

We identified numerous coordination breakdowns by state agencies in the delivery of services to foster children and their families. In total, 14 of the 50 children whose cases we examined (28 percent) experienced at least one coordination breakdown. Failure to adequately coordinate delays necessary services to children and their families.

We also identified a need for more foster care placement resources. Eleven of the 50 children whose cases we examined (22 percent) had been placed in settings that were not suited to their needs. Although the Office of Community Services has prepared a study on a reimbursement system based on six levels of care, the corresponding legislative act has not been funded. Inadequate placement resources may prove costly to the state in terms of potential risk of litigation.

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# Chapter One: Introduction

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## **Audit Initiation and Objectives**

The Legislative Audit Advisory Council directed us to conduct a performance audit of Louisiana's foster care program in conjunction with the National State Auditors Association's nationwide review of state administered foster care services. Our audit objectives were to:

- ♦ Identify the foster care population in Louisiana, determine the costs of operating the program, and determine the funding sources.
- ♦ Determine the family social conditions preceding child placement into foster care and children's associated special needs.
- ♦ Analyze the tenure and placement histories of foster children.
- ♦ Evaluate the adequacy of the Office of Community Services' case management efforts for foster children.

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## **Report Conclusions**

Louisiana's foster care system is experiencing an influx of children with severe emotional, physical, mental, and psychological impairments. Children coming into care bring with them multiple and complex problems that place a strain on the existing foster care system.

The state has not kept pace with the changing needs of the foster care population. Factors such as high case loads, staff turnover, insufficient placement resources, and fragmentation of service delivery inhibit the Office of Community Services' efforts to adequately provide for the needs of children, families, and caregivers. This precarious condition creates the potential for future litigation against the state. The state has already paid over \$73 million in recent years resulting from court judgments in similar cases.

Child welfare costs are increasing at both the federal and state levels. Foster care accounts for over 65 percent of total child welfare costs in Louisiana, or approximately \$83 million in fiscal year 1991-92.

Many children enter foster care because of neglect, which is often associated with parental substance abuse. Some children reenter foster care after leaving the system, and many remain in care until they reach adulthood, despite the fact that foster care is intended to be a temporary status in children's lives. While in foster care, children often experience disruptions in their placements and in the case managers assigned to them.

There are proportionately more older, black, and female children in foster care as compared to the state's general child population. Despite concentrated recruitment efforts, the Office of Community Services lacks a sufficient number of black foster and adoptive parents and foster parents willing to care for children with serious handicaps.

The state has recognized the need for lower case loads, coordination in service delivery, and a level of care system that would compensate caregivers based on the severity of the children's needs. However, funding shortfalls have precluded efforts for implementation.

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## History of Child Welfare

Child welfare in the United States began with a combination of public and private efforts, which were subsequently supplemented by those of the state and federal governments. Indentured servitude, apprenticeship, and almshouses were followed by orphanages, which were then followed by foster homes.

In the colonial period of American history, children who were without parents or were otherwise in need of care were placed in families as indentured servants. These children were said to be "bound out," and they received room and board in exchange for their work. They were ultimately apprenticed to learn a trade. This system of binding out and apprenticeship continued into the early 1800s.

Throughout the nineteenth century, private orphanages, especially for girls, began to replace binding out and the private almshouses for the poor that existed in many cities. Even though these private orphanages often received public funds from the cities in which they operated, they tended to reflect the views of the organizations or individuals who founded them. As a result,

they often limited their services to certain groups of children, leaving large numbers of children dependent on the public almshouses.

By the mid-1800s, child welfare reformers had begun advocating the use of foster homes as an alternative to institutional care. This movement accelerated after the Civil War, as did expanded use of publicly-subsidized private orphanages.

Early in the twentieth century, state governments tightened their regulation of private orphanages and child welfare agencies. The federal role in child welfare began in 1912 with the establishment of the U.S. Children's Bureau. The act that created the Children's Bureau mandated the Bureau to investigate and report upon all matters pertaining to the welfare of children and child life among all classes of our people.

The federal role accelerated with the passage of the Social Security Act of 1935. This Act created the Federal Aid to Dependent Children Program (now known as Aid to Families With Dependent Children or AFDC). It also authorized federal financial participation in state programs aiding dependent children and authorized grants to states for child welfare programs in predominantly rural areas.

In contrast to previous federal efforts, which focused on investigation, the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272) stressed family preservation and emphasized foster care as a temporary recourse leading toward reunification with the natural parents or adoption. Public Law 96-272 sets guidelines that states must adhere to in order to receive federal grants to operate their foster care and adoption programs. Specifically, the law requires that states make **reasonable efforts** to prevent or eliminate the need for removal of children from their homes. If circumstances do warrant removal, the law requires that the children be placed in **the least restrictive (most family like) setting available** and that **reasonable efforts** be made to enable the children to return home.

How the **reasonable efforts** and **least restrictive** requirements are to be defined and achieved has been the subject of intense debate and much litigation nationwide. Over the past seven fiscal years, Louisiana has spent approximately \$3 million successfully defending its efforts to comply with Public Law 96-272.

## Program Background

In Louisiana, child welfare services are administered by the Office of Community Services within the Department of Social Services, with the assistance of other public and private agencies. Foster Care is one of many child welfare programs administered by the Office of Community Services. Others include (but are not limited to) Adoption, Child Protection, Family Services, and Home Development.

Both Public Law 96-272 and the Office of Community Services define foster care as a protective service that provides substitute, **temporary** care for a planned period of time when children must be separated from their own parents or relatives. The agency views foster care as an **interim** process to provide care for children until they are reunited with their families or are provided with another type of permanent living situation. To effect this goal, the agency provides casework and supportive services to the children, their biological families, and foster care providers.

There are three ways in which children may enter foster care in Louisiana, all of which require written authorization. They are through court authorization, voluntary agreement, or act of surrender. These means are discussed at greater length in Appendix A.

Once a child is placed in the custody of the Office of Community Services, the agency is responsible for the child's medical, physical, and psychological well-being. The state also accepts responsibility for placing the child in the "least restrictive" environment that is available. To meet this requirement, foster children are placed in a variety of settings, including relative placements, family foster homes, supervised apartments, and restrictive setting facilities.

Public Law 96-272 requires each child in custody to have a case plan. In addition, judicial or administrative reviews are required every 6 months, and a dispositional review must be held every 18 months. At the dispositional review hearing, the court determines the future status of the child. Appendix B shows the foster care court process.

At any point during the case planning and review process, agency staff may decide to seek termination of parental rights. Parental rights may be involuntarily terminated for many reasons, including criminal conviction or conduct on the part of the parent or parental abandonment of the child. The Louisiana Children's Code sets forth the requirements for termination of parental

rights' proceedings. Once parental rights have been severed, foster children may become eligible for adoption.

In addition to the Office of Community Services' central office in Baton Rouge, the state's 64 parishes are divided into 8 administrative regions. As illustrated in Exhibit 1 on page 6, the eight regional offices are centered around the cities of New Orleans, Baton Rouge, Thibodaux, Lafayette, Lake Charles, Alexandria, Shreveport, and Monroe.

As of June 30, 1992, there were approximately 5,600 children in foster care in Louisiana. As indicated in Appendix C, these children's cases were domiciled in parishes in every region of the state. Most of the children were black, and there were slightly more females than males. The average age of the children was nine years and four months. They had been in care for an average of three years and five months. Many of these children had special needs, such as medical conditions, emotional impairments, or psychological problems. Special needs make it difficult for the children to achieve long-term placement.

## **Program Funding**

As stated previously, the federal government supplements state funding efforts for child welfare programs. In Louisiana, the federal government provides about 75 percent of the total funds used to operate the child welfare system. During the 1991-92 fiscal year, child welfare costs totaled \$126.9 million. The federal government provided \$94.4 million of this total, and the state provided \$32.5 million. Self-generated funds comprised less than one percent of total child welfare funds. About \$83 million of total child welfare costs, or 65.4 percent, was attributed to the foster care program.

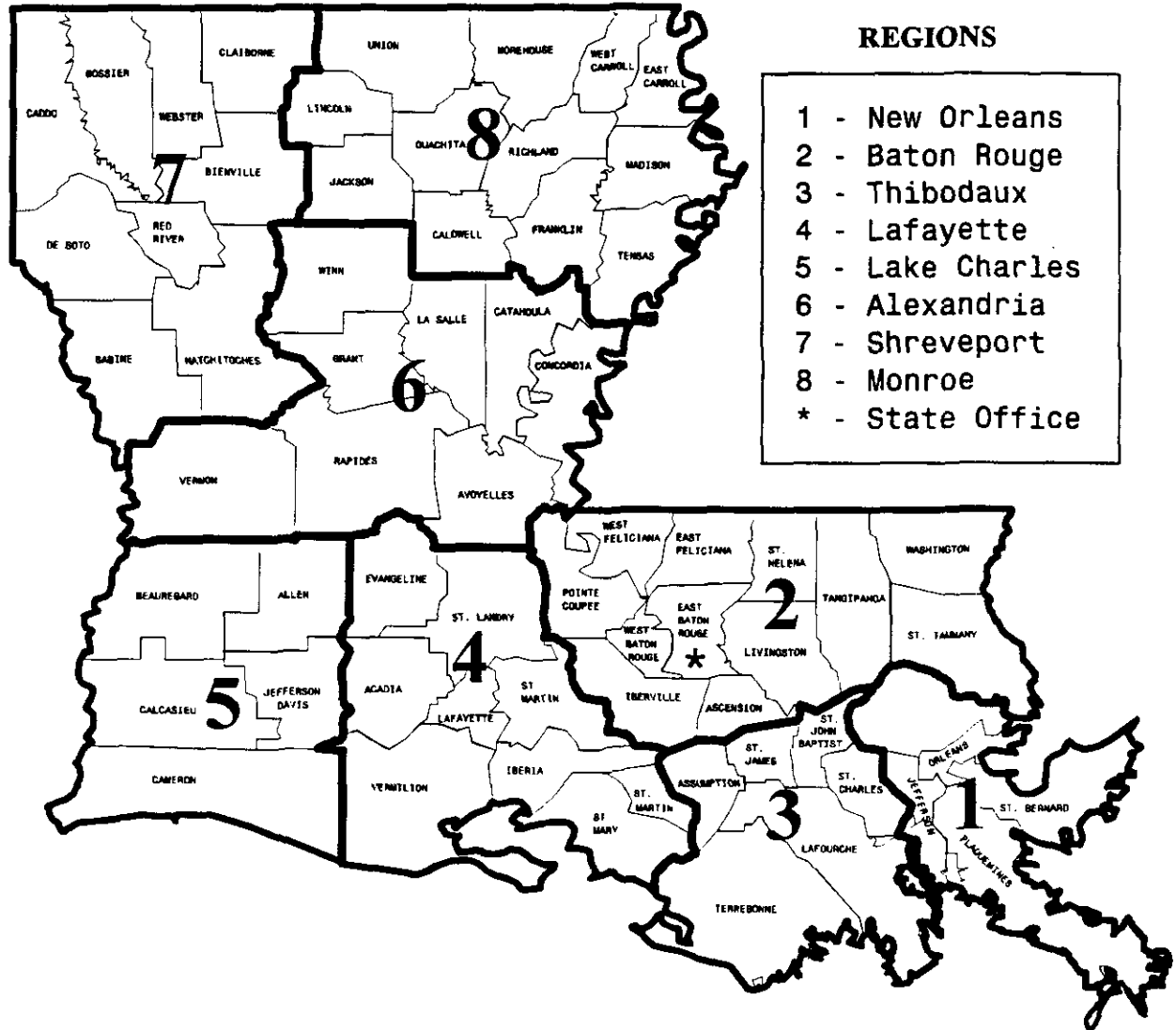


# Exhibit 1

## Office of Community Services

### Administrative Regions

#### Fiscal Year 1991-92



Source: Prepared by Legislative Auditor's staff using information provided by the Office of Community Services.

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## Scope and Methodology

This audit was conducted under the provisions of Title 24 of the Louisiana Revised Statutes of 1950, as amended. All performance audits are conducted in accordance with generally accepted government auditing standards as promulgated by the Comptroller General of the United States. Preliminary audit work began in October 1992, and fieldwork was completed in July 1993.

Based on planning meetings held with other states participating in the National State Auditors Association's review, audit objectives were formulated that would address issues specific to Louisiana's foster care system. The audit focused on children in care at the end of the 1991-92 fiscal year.

To address the audit objectives, we reviewed state and federal laws and regulations, as well as financial information relating to state and federally funded child welfare programs. We interviewed state and regional officials of the Office of Community Services who are responsible for administering the foster care program, as well as foster care case managers and supervisors; officials of other child welfare programs and support agencies; child welfare experts; and members of the judiciary who preside over foster care court hearings. We also interviewed family foster care parents and specialized foster care parents.

We reviewed federal and state audit reports and observed court proceedings affecting foster children. We visited foster care facilities, interviewed their directors and staff, and met many of the children in residence. We performed comparisons of the June 30, 1992, foster care population to 1990 U.S. Census data for children ages 18 and below.

We studied state efforts to coordinate service delivery, including the Child and Adolescent Service System Program and the Children's Cabinet. We attended monthly meetings of the Children's Cabinet. We also gathered information from the Child Welfare League of America, an organization that sets standards relating to child welfare.

To gather information about specific cases, we selected a statistically valid random sample of 373 cases for review. Because of time constraints and resource limitations, all 373 cases could not be reviewed and analyzed. To compensate for these limitations, we randomly selected a subset of 50 cases for detailed review and analysis. The purpose of reviewing the 50 cases was to gather descriptive information relating to family

backgrounds, special needs, case management activities, and coordination efforts. We did not attempt to project the results of our review to the entire foster care population. To ensure proper sampling methodology, we contacted the Program Evaluation and Methodology Division of the U.S. General Accounting Office and obtained their concurrence with our sampling procedures. Our methodology is also consistent with similar methodologies used by federal compliance auditors.

Children whose cases were selected for detailed review were located in 27 different parishes of the state, which represented both urban and rural areas. A listing of the 50 cases reviewed is in Appendix D, and a map depicting where these children were placed as of June 30, 1992 is in Appendix E. To compile case specific data, we relied on documentation available in the agency's foster care files, as well as case managers' and supervisors' personal knowledge of children's histories.

We relied on case managers and supervisors to direct us to the types of documents in the files that contained social and economic information about the children's backgrounds. Some of the information we sought was not of a nature the agency generally collects. Therefore, the information may not have been available in each file. Thus, statistics cited in some findings are based on fewer than 50 cases. After gathering and compiling the data, we validated our preliminary findings with regional Office of Community Services' officials.

For analysis of parental profiles, we used the child's "father figure" and "mother figure" at the time each child was placed in foster care. In some cases, this person was married to the child's biological parent, and in other cases, the couples lived in common law relationships. This person may or may not have been the biological parent of the child. However, in each case, at least one of the child's parent figures was the child's biological parent.

In analyzing case data, we used the *Diagnostic and Statistical Manual of Mental Disorders* (Third Edition - Revised), which is published by the American Psychiatric Association.

We did not look for fraud and abuse in this audit. The only computer generated data we used were financial information from the Division of Administration's Financial Accountability Control System (FACS) and a detailed listing of the foster care population on June 30, 1992, which we obtained from the Office of Community Services. We verified computer data on the 50

sample cases to information contained in the children's case files in the parish and regional offices.

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## **Report Organization**

The remainder of this report is organized into 3 additional chapters and 12 appendixes:

- ♦ **Chapter Two** describes the characteristics of Louisiana's foster care population and identifies program costs and sources of funding.
- ♦ **Chapter Three** describes family social conditions preceding children's placement into foster care and their special needs, tenure, and placement histories after entering care.
- ♦ **Chapter Four** addresses the Office of Community Services' case management efforts.
- ♦ **Appendix A:** ways children enter foster care.
- ♦ **Appendix B:** flowchart of the foster care court process.
- ♦ **Appendix C:** number and percentage of foster children in each region of the state as of June 30, 1992.
- ♦ **Appendix D:** general information concerning the 50 sampled foster children.
- ♦ **Appendix E:** map of Louisiana with locations of the 50 randomly selected foster children by parish.
- ♦ **Appendix F:** age, race, and sex of Louisiana's foster children as of June 30, 1992.
- ♦ **Appendix G:** profiles of the 50 randomly sampled foster children's biological families.
- ♦ **Appendix H:** flowchart of the investigation of child abuse and neglect reports.
- ♦ **Appendix I:** special needs of the 50 randomly sampled foster children.
- ♦ **Appendix J:** types of foster care placements.

- ♦ **Appendix K:** factors used to determine case load size for child welfare League of America's revised case load standard.
- ♦ **Appendix L:** agency responses.

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# Chapter Two: Program Costs and Foster Care Population

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## Chapter Conclusions

Child welfare costs are rising at both the national and state levels. We estimated that the cost of Louisiana's child welfare programs was approximately \$127 million in fiscal year 1991-92, with the federal government providing 75 percent of this total. Approximately \$83 million of total child welfare costs went for foster care in fiscal year 1991-92.

Louisiana's foster care population differs from the state's general child population in terms of age, race, and sex. There are proportionately more older children, more blacks, and more females in foster care than there are in the state's general child population.

Two-thirds of Louisiana's foster children are under the age of 12. In both the under 12 and 12 to 18 age groups, there are significantly more blacks than whites. In the under 12 age group, there are more male foster children than females. In the 12 to 18 age group, there are more females than males.

Age, race, and sex can be considered special needs or conditions that cause barriers to placement in foster or adoptive homes. These characteristics present unique challenges to the Office of Community Services in its placement efforts.

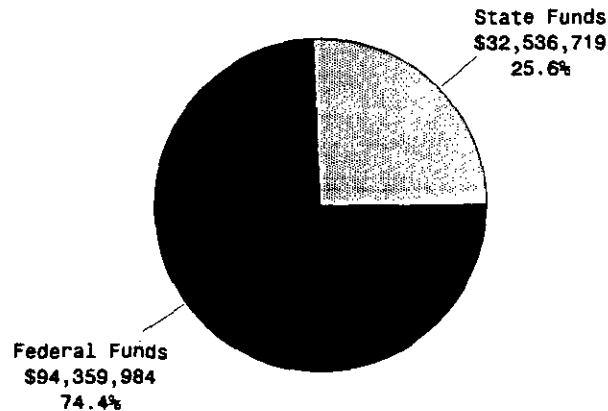
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Louisiana's  
Child Welfare  
Programs Cost  
Approximately  
\$127 Million  
in Fiscal Year  
1991-92

### Most of the Funding for Child Welfare Programs Comes From the Federal Government

For the 1991-92 fiscal year, the total cost for child welfare programs in Louisiana was approximately \$126.9 million. The federal government provided 74.4 percent, or \$94.4 million, of these funds. The remaining 25.6 percent, or \$32.5 million, came from the state. Exhibit 2 on the following page shows the percentage of federal and state child welfare funds for fiscal year 1991-92.

**Exhibit 2**  
**Approximate Federal and State Shares of Louisiana's Child Welfare Costs for Fiscal Year 1991-92**



**Source:** Prepared by Legislative Auditor's staff using information provided by the Office of Community Services, the Division of Administration's Financial Accountability Control System (FACS), and the 1992 Single Audit Report.

Over \$60 million of total child welfare funds were spent on program costs, such as board payments, clothing allowances, and services in fiscal year 1991-92. About \$67 million went for administrative costs. Administrative costs included salaries and other related expenditures associated with the delivery of services to children and their families.

**Federal child welfare funds come from a variety of sources.** The \$94.4 million in federal child welfare funds came from several different sources, including block grants, reimbursements, and appropriations. The Office of Community Services allocated the \$94.4 million among its child welfare programs, including Foster Care, Home Development, and Adoption. Exhibit 3 on the following page shows the various federal funding sources for Louisiana's child welfare programs. **Almost all state-provided child welfare funds come from the state general fund.** Of the \$32,536,719 in child welfare funds that were provided by the state, \$32,408,935 (99.6%) came from the state general fund. Self-generated funds amounted to \$120,000 and consisted of parental contributions towards the support of children in care. The remaining \$7,784 came from interagency transfers.

<b>Exhibit 3 Sources of Federal Funding for Louisiana's Child Welfare Programs Fiscal Year 1991-92</b>		
<b>Source of Funding</b>	<b>Estimated 1991-92 (in millions)</b>	<b>% of Total</b>
Social Services Block Grant	\$54,767,539	58.0%
Foster Care (Title IV-E)	25,923,639	27.5%
Child Welfare Services (Title IV-B)	6,242,539	6.6%
Federal Direct Sources (SSI, SSDI, etc.)	2,938,446	3.1%
Adoption Assistance	2,081,466	2.2%
Other	2,406,355	2.6%
<b>Total</b>	<b>\$94,359,984</b>	<b>100%</b>
Source: Prepared by Legislative Auditor's staff using information provided by the Office of Community Services, the Division of Administration's Financial Control System (FACS), the 1992 Single Audit Report, and the Catalog of Federal Domestic Assistance.		

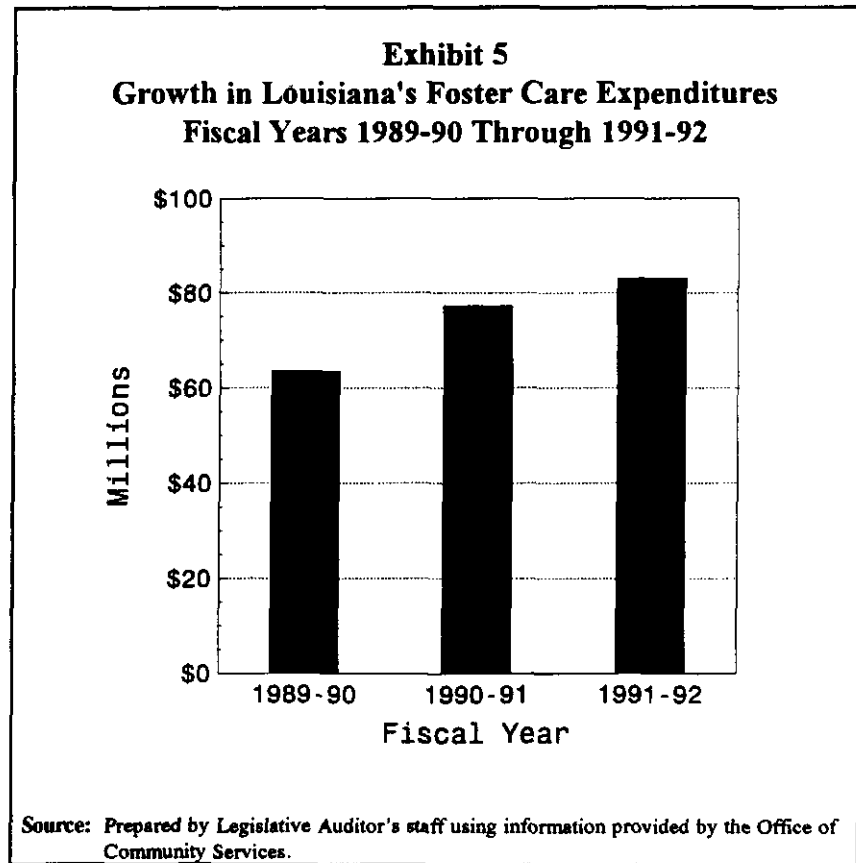
**State and federal spending for child welfare programs in Louisiana has increased substantially.** For each of the past three fiscal years, the cost of operating Louisiana's child welfare programs has risen. This trend is not unique to Louisiana. Large increases have also occurred at the federal level. Federal and state officials attribute much of the increase to the influx of children with extensive special needs.

The state's share of Louisiana's child welfare costs increased by approximately 30.7 percent between fiscal years 1989-90 and 1991-92. For the same time period, federal child welfare costs for Louisiana rose by about 21.3 percent. Exhibit 4 on the following page shows the increases in child welfare costs at the state and federal levels over the past three fiscal years.



<b>Exhibit 4</b>			
<b>Trends in Louisiana's Child Welfare Costs</b>			
<b>Fiscal Years 1989-90 Through 1991-92</b>			
<b>Fiscal Year</b>	<b>State</b>	<b>Federal</b>	<b>Total</b>
1989-90	\$24,887,892	\$77,781,763	\$102,749,627
1990-91	31,777,952	87,429,874	119,207,826
% Change	27.7%	12.4%	16.0%
1990-91	31,777,952	87,429,874	119,207,826
1991-92	32,536,719	94,359,984	126,896,703
% Change	2.4%	7.9%	6.4%
<b>Total Increase</b> 1990-1992	<b>30.7%</b>	<b>21.3%</b>	<b>23.5%</b>
<b>Source:</b> Prepared by Legislative Auditor's staff using information provided by the Office of Community Services, the Division of Administration's Financial Accountability Control System (FACS), the 1992 Single Audit Report, and the Catalog of Federal Domestic Assistance.			

**Foster care costs in Louisiana have risen and are accounting for a growing percentage of total child welfare costs.** According to the Office of Community Services' figures, between fiscal years 1989-90 and 1991-92, the amount spent on foster care in Louisiana grew from \$63.6 million to \$83.2 million, an increase of 30.8 percent. As previously noted in Exhibit 4, total child welfare costs in Louisiana rose from \$102.7 million to \$126.9 million, a 23.5 percent increase, during the same time period. The foster care portion of the total child welfare budget was 65.4 percent for fiscal year 1991-92. Exhibit 5 on the following page shows the growth in foster care expenditures in Louisiana over the past three years.

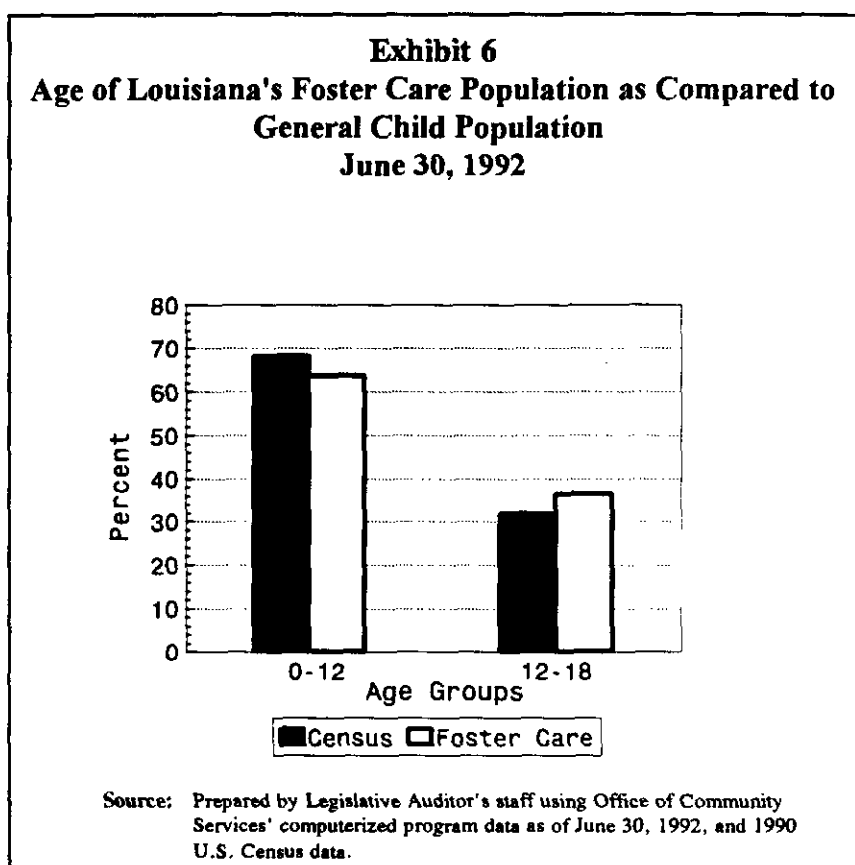


**Louisiana's  
 Foster  
 Children  
 Differ From  
 Children in the  
 State's  
 General  
 Population**

**Foster Children in Louisiana Differ From Children in  
 the State's General Population in Terms of Age,  
 Race, and Sex**

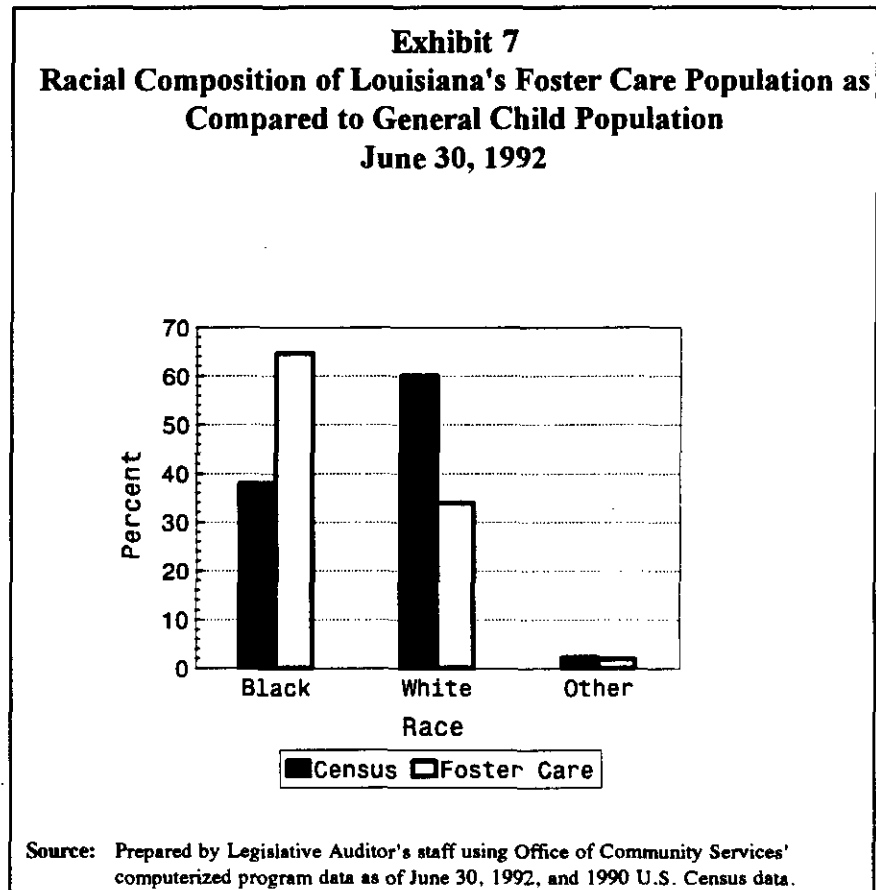
Louisiana's foster care population differs from the state's general child population in several respects. Comparing the state's foster care population to 1990 census data, we found disparities in the factors of age, race, and sex. Specifically, our analysis shows that there are proportionately more children ages 12 to 18 in foster care than in the general child population. The same holds true for the proportion of blacks and females in the foster care population.

There are proportionately more older children in foster care than in the state's general child population. On June 30, 1992, Louisiana had 5,556 children in foster care. As indicated in Exhibit 6 below, 36.5 percent of these children were ages 12 to 18. This figure is somewhat higher than the percentage of children in the same age group of the state's general child population, which was 31.9 percent. The opposite holds true for younger children. The 0 to 12 age group of the foster care population was proportionately smaller than the same age group of the state's general child population--63.5 percent versus 68.1 percent.



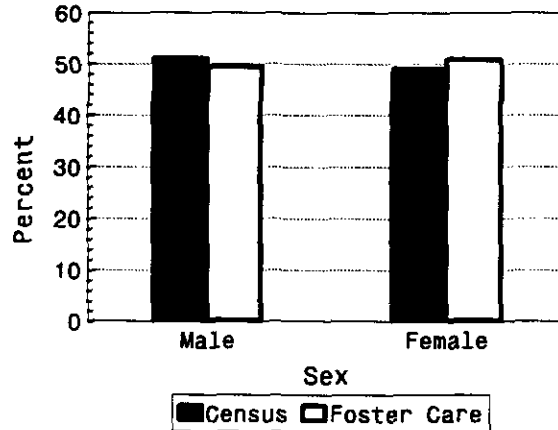
There are proportionately more blacks in foster care than in the state's general child population. On June 30, 1992, Louisiana's foster care population was 64.5 percent black. Whites comprised 33.7 percent of the foster care population, with the remaining 1.8 percent consisting of other racial backgrounds, such as Asian, Biracial, Hispanic, Indian, and Other.

In contrast, the black segment of the state's general child population was much lower. According to 1990 census data, children in Louisiana's general population were 37.9 percent black and 59.9 percent white, with the remaining 2.2 percent being of other racial backgrounds. Exhibit 7 below compares the racial composition of Louisiana's foster care population to that of the state's general child population.



**There is a slightly larger percentage of females in foster care than in the state's general child population.** This difference is very slight--less than two percentage points. Females comprised 50.7 percent of the foster care population on June 30, 1992, and males comprised 49.3 percent. In comparison, 1990 census data shows that 49.0 percent of the children in the state's general population were female, and 51.0 percent were male. Exhibit 8 on the following page shows the gender composition of the foster care population as compared to that of the state's general child population.

**Exhibit 8**  
**Sex of Louisiana's Foster Care Population as**  
**Compared to General Child Population**  
**June 30, 1992**



Source: Prepared by Legislative Auditor's staff using Office of Community Services' computerized program data as of June 30, 1992, and 1990 U.S. Census data.

### **The Majority of Louisiana's Foster Children Are Under the Age of 12**

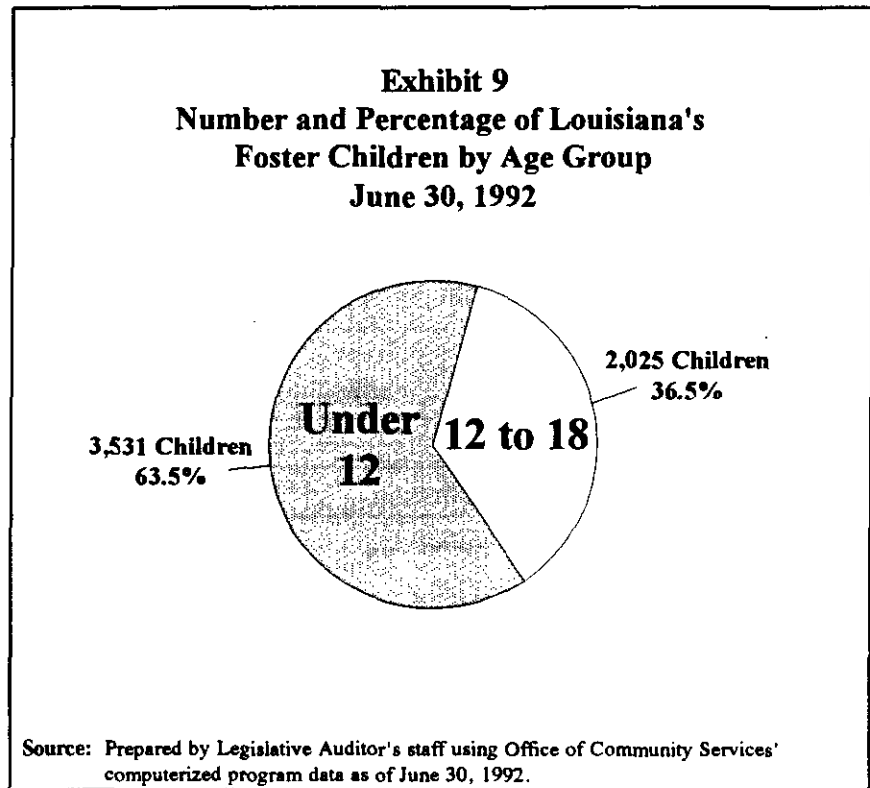
### **Foster Children Under Age 12 Differ From Older Foster Children in Terms of Race and Sex**

The majority of children in Louisiana's foster care system are under the age of 12. We analyzed the foster care population in two age groupings: under 12 and 12 to 18. We used these two age groupings because agency policy notes that older children are often more difficult to place than younger children.

We found disparities between the two age groups in terms of race and sex. While black foster children made up the majority of both age categories, there were proportionately more blacks under the age of 12 than ages 12 to 18. Analyzing according to gender, we found that males made up the majority of foster children under age 12, while females were the majority of children ages 12 to 18.

Approximately two-thirds of the state's foster children are under the age of 12. On June 30, 1992, there were 3,531 foster children who were under the age of 12. This amounts to 63.6 percent, or almost two-thirds, of the total foster care

population. The remaining 2,025 foster children (36.4%) were ages 12 to 18. There were almost twice as many foster children under age 12 as there were ages 12 to 18. Exhibit 9 below shows the number and percentage of children in each of these age groups. See Appendix F for a complete summary of ages of Louisiana's foster children on June 30, 1992.



The Office of Community Services acknowledged that the younger age group of the foster care population is larger. The agency also noted that the older segment is largely comprised of children who entered care several years ago. These older children will eventually age out of the system if they are not permanently placed outside the foster care system.

As previously stated, Office of Community Services' officials in the state office noted that older children are often more difficult to place than younger children. The fact that over one-third of the state's foster children fall into this potentially hard-to-place category suggests the necessity for adequate placement resources and levels of care.

The majority of the state's foster children in both the under 12 and 12 to 18 age groups are black. We found that there were more blacks than whites in both the under 12 and the

12 to 18 age groups of the foster care population. However, there was a larger percentage of younger blacks than older blacks. The under 12 age group was 67.3 percent black, while the 12 to 18 age group was 59.8 percent black. Exhibit 10 below presents this information. See Appendix F for a detailed summary of the racial composition of Louisiana's foster care population on June 30, 1992.

<b>Exhibit 10</b>				
<b>Race of Louisiana's Foster Children Under Age 12 as Compared to Ages 12 to 18</b>				
<b>June 30, 1992</b>				
<b>Race</b>	<b>Under Age 12</b>		<b>Ages 12 to 18</b>	
	<b>No.</b>	<b>Percent</b>	<b>No.</b>	<b>Percent</b>
<b>Black</b>	2,376	67.3 %	1,210	59.8 %
<b>White</b>	1,092	30.9 %	780	38.5 %
<b>Other</b>	63	1.8 %	35	1.7 %
<b>Total</b>	<b>3,531</b>	<b>100.0 %</b>	<b>2,025</b>	<b>100.0 %</b>
<b>Source:</b> Prepared by Legislative Auditor's staff using Office of Community Services' computerized program data as of June 30, 1992.				

Office of Community Services' officials in the state office noted that two types of children who are difficult to place are older children and black children. The agency indicated that it has had some success in placing younger children, but placement opportunities for blacks, in general, are limited. These officials further noted that there is a shortage of black foster parents, despite concentrated recruitment efforts.

**Males make up the majority of foster children under the age of 12, while females comprise the majority of 12 to 18 year olds.** We found that the size of the male/female segments of the under 12 and 12 to 18 age groups of the foster care population differed slightly. Males comprised the majority (51.0%) of foster children under age 12, while females were the majority (53.7%) of the 12 to 18 year olds. Exhibit 11 on the following page presents this comparison. See Appendix F for a

complete gender analysis of the foster care population on June 30, 1992.

<b>Exhibit 11</b>				
<b>Sex of Louisiana's Foster Children</b>				
<b>Under Age 12 as Compared to Ages 12 to 18</b>				
<b>June 30, 1992</b>				
<b>Sex</b>	<b>Under Age 12</b>		<b>Ages 12 to 18</b>	
	<b>No.</b>	<b>Percent</b>	<b>No.</b>	<b>Percent</b>
<b>Male</b>	1,801	51.0%	937	46.3%
<b>Female</b>	1,730	49.0%	1,088	53.7%
<b>Total</b>	<b>3,531</b>	<b>100.0%</b>	<b>2,025</b>	<b>100.0%</b>
Source: Prepared by Legislative Auditor's staff using Office of Community Services' computerized program data as of June 30, 1992.				

State and regional Office of Community Services' officials commented that females may comprise a larger portion of the older foster care segment because they are the subject of sexual abuse reports more often than males, thereby necessitating their placement into foster care. Our review of 50 random cases confirmed that 30.8 percent of the females in our sample entered care because of sexual abuse. We also found evidence that siblings of sexual abuse victims may also be placed in foster care if they are considered to be at risk of harm.

Comparison of the two foster care age groups according to race and gender combined yielded the same results as noted in previous comparisons. We computed the number of black males, black females, white males, and white females in the under 12 and 12 to 18 age groups. Exhibits 12 and 13 on the following page show these comparisons.



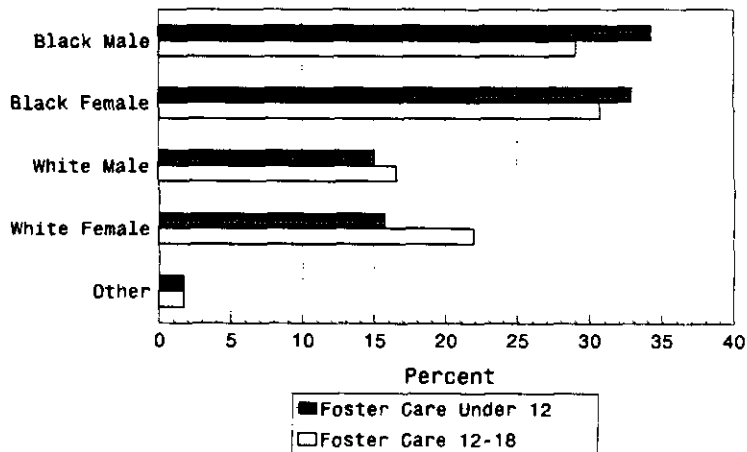
**Exhibit 12**  
**Race and Sex of Foster Children by Age Group**  
**June 30, 1992**

Ages	Black Males		Black Females		White Males		White Females	
	No.	Percent	No.	Percent	No.	Percent	No.	Percent
<b>Under 12</b>	1,211	34.3%	1,165	33.0%	558	15.8%	534	15.1%
<b>12 to 18</b>	588	29.0%	622	30.7%	336	16.6%	444	21.9%
<b>Total</b>	<b>1,799</b>	<b>32.4%</b>	<b>1,787</b>	<b>32.2%</b>	<b>894</b>	<b>16.1%</b>	<b>978</b>	<b>17.6%</b>

Note: The figures above do not include the "Other" race category, which comprised 1.8% of the under 12 age group and 1.8% of the 12 to 18 age group.

Source: Prepared by Legislative Auditor's staff using Office of Community Services' computerized program data as of June 30, 1992.

**Exhibit 13**  
**Race and Sex of Foster Children Under Age 12 as**  
**Compared to Ages 12 to 18**  
**June 30, 1992**



Source: Prepared by Legislative Auditor's staff using Office of Community Services' computerized program data as of June 30, 1992.

Age, race, and, to some degree, sex are considered special needs because they can hinder children's placement into foster or adoptive homes. We found that some foster children also have other types of special needs, such as severe physical, mental, psychological, and emotional impairments. These conditions often require specialized services, which can be costly and necessitate a high level of coordination among support agencies and providers. Office of Community Services' officials noted that the increased cost of operating the foster care program is largely attributable to the increased prevalence and severity of special needs among children in care during recent years. We address special needs in Chapter Three of this report.



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# Chapter Three: Foster Children and Their Special Needs

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## Chapter Conclusions

The state's foster care system has seen an influx of children with severe medical, psychological, emotional, and mental health impairments. State and national child welfare organizations have categorized many of these children as "extraordinary needs children" and have attributed much of the problem to parental substance abuse. Despite the increased level of special needs these children have, the Office of Community Services' ability to respond to the situation has been constrained by resource limitations.

Foster children whose cases we reviewed primarily came from families marked by socio-economical factors such as low education, high unemployment, substance abuse, and criminal activity. Many of these children's parents had critical housing needs, received public assistance, and were mentally ill and/or mentally retarded.

Children in our sample entered foster care primarily because of neglect, which was often associated with parental substance abuse. Many of these children were placed in foster care more than once. Some of the children will remain in care until they reach adulthood, even though foster care is intended to be a temporary, interim process in a child's life.

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## Foster Children Often Come From Dysfunctional Family Backgrounds

### Socio-Economic Factors Contribute to Children Being Placed in Foster Care

The children in our foster care sample commonly came from families marked by low educational levels, unemployment, and histories of substance abuse. The parents of many of these children had criminal backgrounds and critical housing needs. The families were generally dependent upon public assistance. Many of the children's parents were mentally ill and/or mentally retarded.

The primary goal of the Office of Community Services is to restore families, thus enabling children to be returned to their homes.

In order to achieve reunification, the agency must address the social and economic conditions mentioned previously and described at length below. Alleviating these conditions often requires lengthy and costly services.

Our findings relating to biological family profiles are conservative. In our review of 50 random cases, we did not find consistency among case managers in the reporting of information on family members' backgrounds. Agency officials acknowledged that this data is not of a nature that is uniformly collected. However, based on their first hand case experience and institutional knowledge, they generally agreed with our findings. In some cases, they noted that the actual incidence of occurrence was probably much higher than our findings suggest. Our findings on biological family profiles are summarized in Appendix G and are explained in detail in the paragraphs that follow.

**Educational Levels.** Over half of the sample children's parents for whom we had data had not graduated from high school or received general equivalency diplomas. Over one-third had educational levels of ninth grade or less.

From information available in the case files, we found that the highest educational level attained for both mothers and fathers of the sample children was vocational-technical training or some college level course work. We found that 18 percent of the mothers and 19 percent of the fathers for whom we had data attended at least some vocational training or college. None of the parents identified in our sample graduated from college.

The lowest educational level attained by any of the mothers was fourth grade. The lowest educational level attained by any of the fathers was second grade. Three mothers and four fathers were described as being marginally literate or illiterate.

Regional management and case managers within the Office of Community Services agreed that the biological parents of many foster children are poorly educated. Many of these parents need training to improve parenting skills or increase employment opportunities.

**Unemployment Levels.** More than three-fourths of the biological mothers for whom we had data were unemployed at the time their children entered foster care. All of the mothers who were single parents were unemployed. Over half of the fathers for whom we had data were unemployed when the children entered care.

Regional management noted that unemployment is common among biological parents of foster children. *Enhancement of employment opportunities may require further education and specialized job training.* As indicated in our sample, many of these parents were solely dependent upon public assistance as a means of support.

**Substance Abuse.** About three-fourths of the children in our sample came into foster care from homes that were parented by **suspected or proven** substance abusers. We found that 58.3 percent of the children had *at least one parent* who was a **proven** substance abuser, and 20.8 percent of the children came from homes in which *both parents* were **proven** substance abusers.

Over half of the children's biological mothers and over three-fourths of the fathers for whom we had data were **suspected or proven** substance abusers. The types of substances abused included alcohol as well as illegal drugs, such as cocaine and crack.

We considered a parent to be a **proven** substance abuser if the file indicated an admission of abuse by the parent or a positive reading from a drug screen. We considered a parent to be a **suspected** abuser if file documentation indicated that the agency suspected abuse based on information obtained from family members or by other means, but had no admission or medical proof of abuse.

According to officials in the state office, substance abuse is one of the biggest problems affecting the foster care program today. The agency's program policy manual states that parental addiction to drugs and/or alcohol may be so incapacitating that parents cannot hold jobs or supervise their children. The agency is required by internal policy to establish service plans for addicted parents. However, treatment can be long-term and expensive, and agency officials question the ability of some parents to break their drug and alcohol habits. Office of Community Services' policy recognizes that some parents cannot be successfully treated. Children of these parents need other permanent homes. However, as discussed in Chapter Four of this report, many of these children are difficult to place.

**Criminal Activity.** Based on information available in the agency's files, we found that almost half of the children's biological mothers (48.8%) and over three-fourths of the fathers (83.9%) had documented criminal histories. In many cases, the nature of the crimes was violent.

The mothers' offenses included fighting, disturbing the peace, prostitution, forgery, theft, distribution of drugs, and cruelty to a juvenile. One mother had been convicted of manslaughter in the death of one of her children. Offenses cited for the fathers included public drunkenness, shoplifting, disorderly conduct, and assault. Several of the fathers had been incarcerated for drug offenses, armed robbery, rape, molestation, or indecent behavior with a juvenile. One father was incarcerated for killing two women while driving intoxicated. Another father attempted to kill a foster child's biological mother, while still another father did kill the biological mother of a foster child.

We also found evidence that siblings of some foster children engaged in illicit activity. In 12.5 percent of the cases we examined, the siblings of foster children had documented criminal activity.

Seven of the foster children in our sample (14%) had engaged in unlawful activity while in foster care. The files indicated that their offenses included shoplifting, theft, simple burglary, carrying a weapon to school, verbal assault, and property damage. Five of these children were remanded to the custody of their foster parents. Two were detained in juvenile detention facilities.

Regional management concurred that many foster children and their parents have criminal records. This situation creates increased demands on case managers to coordinate activities and support services among the children, the courts, the biological parents, the foster parents, and law enforcement agencies. The Department of Social Services' legal counsel noted that criminal actions committed by foster children is a growing problem that creates potential liability for the state.

**Housing.** The families of many children in our sample lacked acceptable housing at the time the children were placed in foster care. We found that nine of the families in our sample (18%) had no permanent residence at the time their children were placed in care. Twenty of the families (40%) resided in unacceptable living conditions.

One of the families without a permanent home moved from motel to motel. Other homeless families stayed with relatives or friends. Eight percent of the families lived in homes that had no electricity, and 10 percent had no running water. The agency cited unsafe and/or unsanitary conditions, such as

roach infestation, in almost one-fourth of the cases we reviewed. Sixteen percent of the families were living in homes that the Office of Community Services cited as being too small.

Office of Community Services' case managers, supervisors, and placement specialists we interviewed noted that lack of proper housing is a common reason contributing to children being placed in foster care. According to these officials, this problem is especially troublesome in rural parishes, where housing resources are scarce. In one region, agency staff estimated that 70 percent of foster children's biological families in rural areas were homeless.

Government subsidized housing is the only option for many of these families. Eligibility for public housing is based on income. As discussed below, many biological parents of children in our sample were Aid for Families with Dependent Children (AFDC) recipients. Office of Community Services' regional management and public housing officials we interviewed noted that once children are placed in foster care, obtaining public housing becomes more difficult. The problem is two-fold. First, AFDC benefits are generally discontinued for children who are placed in foster care. When this occurs, family income that can be spent on unsubsidized housing is reduced, and eligibility for public housing is reduced because the number of people in the household is reduced. Second, availability of public housing is a problem, according to a housing authority official we interviewed. Even if some of these families could qualify for public housing, there are not enough units available.

**Public Assistance.** Over two-thirds (69.4%) of the families in our sample were receiving some type of government assistance at the time their children entered foster care. The types of government assistance these families received were primarily AFDC and food stamps. Others included, but were not limited to, Social Security, Supplemental Security Income, Women, Infant and Children (WIC) benefits, and Medicaid.

Case managers and supervisors we interviewed noted that foster children often come from impoverished families. A common problem is that parents must often demonstrate that they can financially provide for their children before they can regain custody of them. However, when the Office of Community Services takes custody of their children, the parents' benefits are often discontinued or reduced to a level inadequate to support a family. The reduction in benefits affects whether or not parents can obtain housing and otherwise provide for their children.



Thus, the parents are placed in a situation in which the removal of their children results in reduction of their benefits, and reduction of their benefits makes it more difficult for them to regain custody of their children.

**Mental Health.** We found that almost half of the children in our sample--42 percent--came from homes in which *at least one parent* had been diagnosed with a mental health impairment. Fourteen percent of the children came from homes in which *both parents* had been diagnosed with mental health impairments.

The mothers' diagnoses included clinical depression, manic depressive disorders, personality disorders, schizophrenia, and psychosis. The fathers had been diagnosed with depression and manic depressive disorders. Some of these conditions required extensive hospitalization.

Regional management said that the actual incidence of mental illness among biological parents of foster children is probably much higher than our figures suggest. As with substance abuse, the agency program policy manual recognizes that some types of mental illness, such as chronic schizophrenia and certain personality disorders, do not respond readily to treatment. As a result, parents with these conditions are unlikely to change in a reasonable period of time. For individuals with readily treatable conditions, officials of the Office of Community Services and support agencies expressed frustration that many services and resources once available no longer exist.

**Mental Retardation.** According to information in the agency's files, over 40 percent of the children in our sample came from homes in which *at least one parent* was classified as mentally retarded. These parents were described as being borderline retarded, mildly retarded, or mentally retarded. In the cases of two children, *both parents* fell in this classification.

Agency policy requires professional assessment to determine if parents with low intelligence have the capacity to learn basic skills, thus enabling family reunification. Similar to the concerns expressed about mental health, Office of Community Services' officials acknowledged a lack of resources in this area. Regional management also described a lack of effective coordination among support agencies.

The information presented above illustrates the complexities involved in restoring family relationships. While the Office of Community Services directs resources towards

repairing families, children who come into foster care present special challenges, which create a strain on the agency's ability to provide adequate services to the children.

### Children Enter Foster Care Because of Abuse and Neglect

### Neglect Is the Primary Reason That Children Enter Foster Care

Children in our sample entered foster care because of abuse, neglect, or a combination of both. More than half of these children (54%) entered foster care because of neglect alone. About one-third of the children (32%) were placed in foster care because they had been both abused and neglected. Only 14 percent of the children entered care solely because of abuse. All of the children in our sample were placed in agency custody by court order. Exhibit 14 below summarizes the reasons why these 50 children entered foster care.

<b>Exhibit 14 Reasons Why Sample Children Entered Foster Care</b>		
<b>Reason</b>	<b>Number</b>	<b>Percent</b>
Neglect	27	54.0%
Abuse and Neglect	16	32.0%
Abuse	7	14.0%
<b>Total</b>	<b>50</b>	<b>100.0%</b>
<small>Source: Prepared by Legislative Auditor's staff using documentation obtained from Office of Community Services' foster care case files for 50 sample cases of children who were in care on June 30, 1992.</small>		

According to the Louisiana Children's Code, neglect occurs when a parent or caretaker refuses or fails to supply a child with basic necessities, such as food, clothing, shelter, medical care, and education, which ultimately results in a threat to or impairment of the child's physical, mental, or emotional health. The Children's Code defines abuse as certain acts that seriously endanger the physical, mental, or emotional health of a child, including infliction of physical or mental injury, exploitation or overwork, and involvement in sexual acts or pornographic displays.

The nature of neglect in the cases we reviewed was primarily lack of supervision. Almost one-third of the children in our sample (16 of 50 cases, or 32%) were placed in foster care because they had been left unattended by their parents, often for several days at a time. In the vast majority of these cases (93.8%), *at least one of the children's parents* was a **suspected or proven** substance abuser, and in 75 percent of the cases, *at least one parent* was a **proven** substance abuser. The agency agreed that neglect is the primary reason that children enter foster care, noting that neglect is often related to parental substance abuse.

Abuse in the sample cases included physical abuse, sexual abuse, and verbal abuse. The most common form of abuse we discovered was physical abuse, with sexual abuse being second most prevalent. Sexual abuse was inflicted upon 8 of the 26 females in our sample, accounting for 30.8 percent of the females and 16 percent of the total sample including males and females. There were no cases of mental or emotional abuse cited in our sample. According to agency personnel, mental and emotional abuse are difficult to prove.

If the abuse or neglect is not extensive enough to warrant removal from the home, the Office of Community Services may institute home-based services to try and help the family resolve its problems. In some cases, however, removal of the child from the home and placement into foster care is warranted. Appendix H contains a diagram of the process by which children enter foster care as a result of a report of abuse or neglect.

We also found that when children enter foster care because of abuse or neglect, their siblings often enter the system with them. This can occur because a complaint to the agency of abuse or neglect of a particular child may, upon investigation, reveal that other children in the family are at substantial risk of harm. If this occurs, the agency will seek a court order to have all of the siblings placed in agency custody.

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**Foster Care Is  
Sometimes a  
Recurrent  
Occurrence or  
Permanent  
Status****For Some Children, Foster Care Is Not a  
Temporary, One-Time Occurrence**

We found that some children return to foster care after leaving the system. Also, many children remain in foster care until they reach majority, essentially growing up in the system. We also found that the parents of some foster children were foster children themselves.

*Many children have been in foster care more than once.* Once a child is discharged from foster care, there is no guarantee that he or she will not reenter the system later. We found that over one-fourth of the children in our sample (14 of 50 cases, or 28%) had been in agency custody more than once.<sup>1</sup> Ten of these 14 children (71.4%) had been placed in foster care twice. Three of the children (21.4%) had been placed in foster care three different times. One child (7.1%) had been placed in foster care four different times in three different states--twice in West Virginia, once in Florida, and once in Louisiana.

We analyzed the length of time these 14 children remained outside the foster care system before returning to care. We found that the average amount of time the children remained outside the system before reentering care was a little over a year and a half. The shortest period was six days, and the longest period was almost six years.

We also determined to whom these 14 children had been released each time they left foster care. By far, the children were most often returned to their biological parents. In almost three-fourths of the cases (14 of 19 releases, or 73.7%), the biological parents, the majority of whom had previously been cited as suspected or proven substance abusers, took custody of the children after they were discharged from foster care. This finding is supported by research cited by the National Research Council, which shows that between 20 and 30 percent of children who leave foster care will eventually return to care.

Realistically, these 14 children did not achieve stable family living situations. Regional Office of Community Services' management noted that the fact that the children were returned to foster care suggests that either the agency's efforts to alleviate the problems in the biological homes had not been successful and/or new problems had developed, which caused

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<sup>1</sup> In some of these cases, the children were placed in Office of Community Services' custody but were not subsequently adjudicated as children in need of care by the courts.

additional stress on the families. We discuss the agency's case management efforts in Chapter Four of this report.

The Office of Community Services' program policy manual recognizes that returning children to their biological parents can be a difficult transition. To help smooth the transition, the children may be allowed to live with their parents in trial placements before custody is returned. The agency may also supervise the case for a period of time after custody has been returned. Our data suggests, however, that even with these safeguards, some children will still return to foster care.

**Some children remain in foster care until they reach adulthood.** The average age of our 50 sample children on June 30, 1992, was 8 years and 9 months. We found that, including all entries into foster care, these children had spent, on average, over one-third of their lives in foster care. Some of these children will remain in care until they reach age 18.

The Office of Community Services sets goals for the permanent placement of foster children. The agency refers to these goals as permanency goals. Permanency goals must be approved by the court as a part of the case review requirements of Public Law 96-272. Long-term foster care is one type of permanency goal that the agency sets for foster children. In a long-term foster care arrangement, the foster parents, biological parents, child, and agency agree that the child will remain in care until he or she becomes independent. Other permanency goals include returning the child to his or her biological parents, transferring custody of the child to another relative or guardian, and placing the child for adoption.

We analyzed the permanency goals for the 50 cases we reviewed. We found that reunification with the biological parents was the most common goal for these foster children. Adoption and long-term foster care were the second most common goals. Custody transfer was the least common permanency goal for the children in our sample. Exhibit 15 on the following page summarizes the children's permanency goals on June 30, 1992.

Children in long-term foster care are those who cannot be returned to the custody of their parents, placed with other guardians, or adopted. The long-term foster care arrangement is intended to ensure these children and their foster parents of placement continuity. According to regional management, many children who are in long-term foster care are in stable placements with foster parents who have agreed to continue caring for the children, but prefer not to adopt.

<b>Exhibit 15</b>		
<b>Permanency Goals for Sample Children</b>		
<b>June 30, 1992</b>		
<b>Permanency Goal</b>	<b>Number</b>	<b>Percentage</b>
Reunification with biological parents	26	52.0%
Adoption	11*	22.0%
Long-term foster care	11**	22.0%
Custody transfer	2	4.0%
<b>Total</b>	<b>50</b>	<b>100.0%</b>
* Parental rights had been terminated for seven of these children.		
** Parental rights had been terminated for four of these children.		
Source: Prepared by Legislative Auditor's staff using children's case plans.		

When children are approved for long-term foster care, the agency considers them to have achieved permanency. Once in long-term foster care, children generally remain there until they reach adulthood. Despite the fact that foster care is intended to be a temporary, interim process, Public Law 96-272 and the Office of Community Services recognize long-term foster care as a permanent status.

We analyzed in detail the cases of the 11 children cited in Exhibit 15 with the permanency goal of long-term foster care. We found that all of these children had some type of medical, physical, emotional, intellectual, or mental impairment. Ten of these children (91%) had more than one type of special need. To determine if there was a relationship between parental substance abuse and children's placement into long-term foster care, we compared these 11 cases to information we gathered on their biological parents' backgrounds. For the cases for which we had parental data (10 cases), we found that 90 percent of the children

had *at least one parent* who was a **suspected or proven** substance abuser, and 70 percent had *at least one parent* who was a **proven** substance abuser. For three of the children (30%), *both parents* were **proven** substance abusers.

These 11 children were, on average, 14 years and 4 months old on June 30, 1992. Including all entries into care, they had been in foster care for an average of almost eight years, which is over half of their lives. These children can expect to spend almost four more years in care by the time they reach adulthood. Focusing exclusively on their current stay in care, we found that the children had an average of 4.7 different placements and 7 different case managers thus far. If these trends continue, when the children are discharged from the system at age 18, they will have spent, on average, almost two-thirds of their lives in foster care and will have had approximately 7 different placements and 11 different case managers.

**The parents of some foster children were foster children themselves.** We identified several cases in our sample in which the biological parents of the foster children had, themselves, been foster children. Almost 14 percent of the mothers for whom we had data were cited as having been in foster care as children. Over 12 percent of the fathers for whom we had data were cited as having been in foster care as minors. Two sample children had parents who were both in foster care as minors.

Office of Community Services' regional management noted that the number of children in foster care is not a complete indicator of the number of dysfunctional families in the state. There are many such families that are not identified by the Office of Community Services. Also, many parents of foster children may not have been in foster care as children, but were raised by other individuals not associated with the foster care system, such as relatives or friends, because of problems in their own homes.

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**Many Foster Children Have Special Needs That Can Serve as Barriers to Placement**

**Foster Children Often Have Medical, Physical, Mental, and Emotional Impairments**

Many foster children are "special needs children": children with medical, physical, mental, or emotional impairments that serve as obstacles to permanent placement. Children may also be considered special needs children because of their ethnic background, age, or membership in a minority or sibling group. According to the Child Welfare League of America, *most children in foster care today are special needs children*. The Office of Community Services pays special board rates to foster parents housing children with special needs. These special board rates exceed the regular board rates.

*In our review of 50 random cases, we found that almost half of the children had emotional and behavioral impairments that make it difficult to achieve placement. Still other children had medical and dental conditions, while others had other developmental disorders and delays. A large portion of our sample was comprised of children who were members of sibling groups that the agency felt should be kept together, thus making placement more difficult to achieve. Our findings are summarized in Appendix I and are explained in detail in the following paragraphs.*

**Emotional and Behavioral Impairments.** We found that a prevalent type of special need the sample children had were emotional and behavioral impairments. Almost half of the children whose cases we reviewed (24 of 50 cases, or 48%) had some type of emotional or behavioral impairment. Specific diagnoses and professional impressions included emotional deficit, depression, anxiety, psychological distress, mental disturbance, environmental stress, and suicidal tendencies. Others included under-socialization, low self-esteem, paranoid schizophrenia, and psychosis. A number of disorders were cited, as well, including post traumatic stress, adjustment, anti-social personality, oppositional defiant, attention deficit, manic depressive, and identity disorders. Two children were both mentally retarded and mentally ill or emotionally handicapped. Some of the children were hospitalized for extended periods for treatment of their emotional and behavioral impairments.

We analyzed the cases of the 24 children with emotional and behavioral impairments further and found that the majority of these children (19 of 24 cases, or 79.2%) had been placed in foster care because of neglect or a combination of abuse and



neglect. We also found that over three-fourths of the children (17 of 22 cases containing this data, or 77.3%) had *at least one parent* who was a **suspected or proven** substance abuser, and over half of the children (12 of 22 cases or 54.6%) had *at least one parent* who was a **proven** substance abuser. For almost one-third of the children (7 of 22 cases or 31.8%), *both parents* were **suspected or proven** substance abusers, and for almost 15 percent of the children (3 of 22 cases, or 13.6%), *both parents* were **proven** substance abusers.

Office of Community Services' officials acknowledge that children with these impairments are difficult to place. Over two-thirds of these 24 children (17 of 24 cases, or 70.8%) experienced behavior problems in their foster care placements. Almost 80 percent of them (19 of 24 cases or 79.2%) experienced multiple placements while in care. The foster parents of 11 of these children (11 of 24 cases or 45.8%) requested that the children be removed from their homes on at least one occasion.

According to Office of Community Services' regional management, children with conduct disorders, oppositional defiant disorders, and anti-social personalities are especially difficult to manage. Our data suggests that children with these conditions do impact the foster care system. For example, one of the children with emotional and behavioral impairments was diagnosed with an oppositional defiant disorder, and another was diagnosed with a conduct disorder. A third child had symptoms of both oppositional defiant disorder and conduct disorder, but there was not enough information to make a conclusive diagnosis.

Both the agency and the Child Welfare League of America have stated that the foster care system is seeing an influx of very seriously troubled children. The agency can provide mental health services to these children through other state agencies or through private contractors. However, coordination breakdowns and lack of adequate resources and levels of care hinder the Office of Community Services' efforts to provide appropriate services.

Regional level agency officials characterized this situation as the tip of the iceberg and noted that the situation will only get worse as the system takes in more children from substance abusing parents and children diagnosed with the AIDS (Acquired Immune Deficiency Syndrome) virus. They noted that they do not have enough appropriate placement facilities for children with these impairments, and they often have difficulty obtaining the

services the children need. Officials at the Office of Mental Health stated that, because of limited resources, only patients in crisis situations are approved for services by their agency.

**Medical and Dental Conditions.** Almost half of the children in our sample (24 of 50 files, or 48%) had medical or dental conditions that could hinder their placement. The types of medical conditions we identified included blindness, cerebral palsy, asthma, and possible cancer. We also identified children with respiratory distress syndrome, allergies, chronic bronchitis, and ear problems, while others suffered from seizures and lung deficiencies.

One child in our sample was born microcephalic (i.e., with a small brain). Three others were born addicted to drugs, had siblings in care who were born addicted to drugs, or had mothers who reportedly used chemicals during their pregnancies. One sample child was diagnosed with fetal alcohol syndrome, and three others were suspected of having fetal alcohol syndrome. Specific dental conditions included several children with orthodontic needs and one child with severe dental neglect.

State and regional level officials and case managers we interviewed said that it is difficult to recruit and retain a sufficient number of qualified foster parents to give these children the attention, care, and nurturing they need. The agency uses specially trained caretakers to care for many of these children. However, budget restrictions may threaten the continued availability of placements and services for children with medical and physical conditions.

**Developmental Disorders and Delays.** Thirty-six percent of the children in our sample (18 of 50 cases) had developmental disorders or delays. Five of these 18 children (27.8%) were classified as mentally retarded. Learning disabilities affected 8 of the 18 children (44.4%) and included dyslexia and perceptual motor deficits. Eleven of the 18 children (61.1%) had speech and/or developmental delays. Some children had more than one of these conditions, and many required special education classes.

We also identified an additional five children who were receiving tutoring services because they were behind in school. These five children are in addition to the 18 children discussed above.

**Sibling Group Members.** Almost all of the children in our sample ( 44 of 50 files, or 88 %) had siblings in foster care. For about half of these children, being a member of a sibling group was considered to be a barrier to placement. In these cases, the agency felt that the siblings should be kept together in their placements, thus they had to locate placement facilities willing to accept multiple children.

The agency's policy manual recognizes that finding caretakers willing to accept responsibility for several children can be difficult, as is evidenced by its use of specialized foster homes for large sibling groups. Placement can be especially difficult if the siblings have medical, physical, mental, or emotional impairments, as well. In about one-fourth of the cases we examined (11 of 50 cases, or 22 %), the sample children had four or more siblings in care. The largest number of children in a family who had been placed in care noted in our review of sample cases was nine. The largest number of children in a family who had been placed in care noted in our court observations was also nine.

To remedy this situation, agency policy allows the use of specialized foster homes that are maintained by foster parents who can accommodate sibling groups of three to five children. For very large families, this means that siblings must be separated into groups for placement. Specialized foster parents must be trained to handle a variety of special needs, including health, education, developmental, and emotional challenges. However, because of budget restrictions and difficulty in recruiting foster parents, the continued availability of such facilities is questionable.

**Other.** We identified other conditions in our sample that were classified as special needs. These included the ages of particular children and their race. Age was a factor in placement in 10 of the 50 cases we reviewed (20%). The child's race was seen as a barrier to placement in 8 of the 50 cases (16%).

To address these special needs of foster children, the Office of Community Services uses an array of specialized care arrangements, including specialized family foster care homes, *therapeutic family care*, and *alternate family care*. The various types of placement facilities used are described in Appendix J. Although both federal and state data indicate that the number and severity of special needs children in foster care is increasing, the agency has issued a policy memorandum limiting the number of *therapeutic foster care arrangements in Louisiana*. Chapter Four discusses the agency's efforts to effectively manage the children's increased needs during a time of dwindling resources and examines the potential civil liability which may confront the state as a result of this situation.



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# Chapter Four: Case Management

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## Chapter Conclusions

Many of the 50 foster children sampled did not achieve stability during their tenure in care. On average, the 50 children whose cases we reviewed were assigned new case managers and placed in new facilities about once a year.

Foster care case loads in Louisiana are above the proposed national standard. We estimated that it would cost over \$3 million in additional salaries to hire a sufficient number of case managers and supervisors to meet the proposed national standard.

Service delivery to foster children and their families is fragmented. The system lacks coordination among the Office of Community Services, other support agencies, and the courts. Lack of coordination results in delayed service delivery to children and families.

Louisiana's foster care system has not kept pace with the influx of extraordinary needs children. The state does not have enough appropriate placement facilities to serve its foster care population. This situation creates a potential for future litigation.

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## Louisiana's Foster Care System Does Not Provide All Children With Stability

### Many Foster Children Experience Frequent Disruptions in Case Managers and Placements

We analyzed the Office of Community Services' staff assignments and placement histories for the 50 sample cases. Recognizing that some children had been in foster care more than once, we focused our efforts on their most recent stay in care. We found that these children experienced frequent turnover in case management personnel and placement settings. Lack of continuity in staffing and placement settings creates instability that can inhibit the agency's ability to adequately provide for the children.

Sample children received new case managers about once a year. Some of these children have been in and out of foster care. For their current entry into foster care, the average length of stay for the 50 sample children was two years and nine months. During this period, we found an average of 3.1 case managers per child, or about one case manager per year. There were several reasons cited for turnover in case management staff. By far, the most common reason was that staff left their positions as foster care case managers, either by quitting their jobs or transferring to other divisions within the agency. Exhibit 16 below shows the reasons for disruptions in staff and their frequency of occurrence.

<b>Exhibit 16</b>		
<b>Reasons for Changes in Case Managers for Sample Children's Most Current Entry Into Foster Care</b>		
<b>Reason</b>	<b>Number of Occurrences</b>	<b>Percentage of Total</b>
Worker left case management	35	33.0%
Child/case relocated	15	14.2%
Child transferred to/from Adoption Unit	12	11.3%
Administrative reasons	10	9.4%
Case load equalization	7	6.6%
Worker promoted	6	5.7%
Worker transferred to new parish	3	2.8%
Change to better suit child	2	1.9%
Temporary sick/maternity leave	2	1.9%
No reason provided*	14	13.2%
<b>Total</b>	<b>106</b>	<b>100.0%</b>
*	Primarily related to old files for which documentation was scarce.	
Source:	Prepared by Legislative Auditor's staff using information obtained from Office of Community Services' regional offices.	

Regional management within the Office of Community Services agreed with our findings in this area, noting that case manager turnover is an agency wide problem. We also interviewed case managers who stated that there is a high level of stress associated with their jobs, stemming from the numerous demands placed upon them by the Office of Community Services, the court support agencies, and foster care clients. Officials in

the state office noted that personal safety and liability are the two main concerns of case management staff.

Regional management also noted that the agency tries to promote case managers who have performed well to supervisory positions. This, however, can create a void in the institutional knowledge of individual children's case activity. The agency further noted that it is sometimes necessary to relocate children in order to place them in appropriate settings, which results in changes in case managers. We discuss placement settings and levels of care later in this chapter.

**Sample children did not have continuity in their placements.** We also found that the foster children in our sample generally did not maintain stability in their placements. On average, the sample children had 2.8 different placements during two years and nine months in care. These figures suggest that the children were moved to new facilities about once a year. We found the same to be true for the children's overall experience in foster care, including all entries into foster care.

When they were moved to new placements, the sample children were generally moved from one foster home to another. However, some children were removed from foster homes and placed in more specialized or restrictive facilities, including alternate family care homes; group homes; and hospitals, or vice versa. In a significant portion of the cases, foster parents requested removal of the children from their homes because of behavior problems. Many of the children for whom removal was requested had emotional, mental, and physical impairments.

Once moved to other placements, children form psychological attachments with their new caretakers. According to agency policy, the length of time it takes for the children to form new bonds depends upon their age. The agency recognizes that foster homes are easily disrupted, stating that the removal of a child from one facility and placement into another is a crisis in the child's life. The agency's program policy manual states that the effect can be devastating, and children who move many times, or who constantly fear that they may have to move, can suffer devastating effects on their emotional health. Exhibit 17 on the following page shows the ordinary bonding times for children of different age groups, as described in the agency's policy manual. These figures are general guidelines for case management staff to use in the field when making professional judgments. The actual length of time it takes to form attachments varies from child to child.



<b>Exhibit 17</b>	
<b>Maximum Time Ordinarily Required to Form New Psychological Attachments</b>	
<b>Age of Child</b>	<b>Amount of Time</b>
Birth to 2 years	Several days
2 years to 6 years	1 week to 2 months
6 years to 10 years	2 months to 6 months
10 years to 14 years	6 months to 1 year
Beyond 14 years, children generally have an adult's sense of time and take longer to transfer attachments.	
Source: Prepared by Legislative Auditor's staff using Office of Community Services' Foster Care Policy Manual.	

The agency can provide services to try and prevent changes in placements. Nevertheless, our data indicates that in 42 of the 50 sample cases (84%), changes in placements did occur. Exhibit 17 suggests that older children take longer to adjust to new placements than younger children. Older children who are moved to new facilities once a year may not be able to form new psychological attachments before they are moved again. Appendix F shows that almost one-fourth of Louisiana's foster children are ages 14 and above.

Regional management within the Office of Community Services noted that, in addition to staff turnover problems, it is often difficult to maintain foster care placements because many foster children are very difficult to manage. They noted that foster parents often become disillusioned or even frightened of the children and request removal of the children from their homes. In such situations, case managers we interviewed said that they spend much of their time locating new homes for the children, which detracts from the time they can spend coordinating other support services for the children and their families.

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**Foster Care  
Case Loads  
Are Above the  
Proposed  
National  
Standard**

**Louisiana's Foster Care Case Load Standard is  
Substantially Higher Than the Standard Proposed  
by the Child Welfare League of America**

The Office of Community Services has a current case load standard of 23 cases per foster care case manager. Although this figure is within the current national standard, this figure is substantially higher than the proposed national standard. According to the Child Welfare League of America, foster care case managers should be responsible for no more than 12 to 15 cases at a time.

The Child Welfare League of America is "an association of seven hundred public and voluntary agencies and organizations that are devoted to improving life for at-risk children, youth, and their families." The organization's goals are to establish standards and improve practices in child welfare services. Membership is comprised of, among others, national and state human services departments. The Office of Community Services tries to adhere to the standards established by the League, recognizing that its case load standard is a goal under ideal circumstances.

The governing board of the Child Welfare League of America recently voted to reduce its recommended foster care case load standard from 20 to 30 cases per worker to 12 to 15 cases per worker. The new case load standard is expected to be published in April 1994, if not sooner. Where a state falls within the 12 to 15 range depends upon various factors established by the league. These factors are described in Appendix K of this report.

We discussed the reasons for the reduction in the case load standard with the league's Family Foster Care Program Director. According to this official, the reduction was made necessary by "a profound change in the number and nature of children in care" and their families. Specifically, this official said that in 1975, when the last revision of their case load standard was made, children in foster care were essentially of two types: those who were dependent and/or neglected and those with special needs. Presently, however, a new and more seriously troubled category of children has entered foster care systems in Louisiana and in other states. The league referred to these children as those with **extraordinary needs**.

Extraordinary needs children include the medically dependent, the medically fragile, children with the AIDS virus, and children who have been exposed to alcohol and drugs, often before they were born. These statements expressed by the Child Welfare League support our findings discussed in Chapter Three concerning the dysfunctional home environments where foster children come from and the handicapping social, medical, mental, and psychological impairments many foster children have.

The Office of Community Services has recognized that its case loads have been high. In recent years, the agency has reduced its case load standard from 28 cases per worker to 23 cases per worker, which is at the lower end of the current Child Welfare League's standard. Even at this reduced level, the agency's standard is still almost twice the lower end of the new standard proposed by the Child Welfare League of America.

Regional management officials agreed that lower case loads would improve the quality of the state's foster care system. However, to reach the upper end of the Child Welfare League of America's new case load standard (15 cases per case manager), Louisiana would have to increase its number of case managers by more than 50%, or 118 positions. We estimated that hiring these additional case managers at entry level salaries would result in an annual salary cost of \$2,442,691. In addition, agency policy requires one supervisor for every 5 case managers, or an additional 24 supervisory positions. Adding the necessary supervisory positions would mean a minimum approximate annual salary cost of \$640,266. Thus, hiring the additional case managers and supervisors would result in approximate annual salary costs of \$3,082,957. These figures assume full-time equivalent positions and do not include benefits, housing, equipment, training, or support services.

Although expanding the case management function would be costly, an alternative is the risk of not administering the foster care program properly, which, according to senior agency officials, could result in lengthy and expensive litigation.

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**Service  
Delivery to  
Louisiana's  
Foster  
Children and  
Their Families  
Is Fragmented**

**The Foster Care System Lacks Coordination  
Among Support Agencies and the Courts**

Coordination of service delivery to foster children and their families is fragmented. Although Louisiana has initiated efforts to ensure collaboration and coordination in the delivery of services, we found breakdowns in almost one-third of the cases we examined. These breakdowns ultimately resulted in children and families not receiving services when needed.

Over the years, Louisiana has developed systematic approaches to address coordination efforts in the delivery of services to children and families. The state has implemented various multi-agency initiatives, but coordination breakdowns at the client service level still exist.

An initial effort to coordinate services to children was the Child and Adolescent Service System Program (CASSP). CASSP was created in 1988 to "establish a structure for coordinated policy development, comprehensive planning, and collaborative budgeting for services to children with emotional disturbances and their families." The underlying CASSP goal was to improve the delivery of services to emotionally disturbed clients. Funding for CASSP was terminated in fiscal year 1990-91. However, elements of CASSP were phased into other initiatives.

An outgrowth of the CASSP system was the Interagency Service Coordination Process. The Interagency Service Coordination Process assists children with multi-agency needs by referring them for mental health, educational, or substance abuse services. An official of the Office of Mental Health stated that the Interagency Service Coordination Process applies to all children in need of services.

A broader approach to addressing the problems of children and families was the phasing in of the Children's Cabinet, which was established in 1992. The Children's Cabinet is to coordinate policy, planning, and budgeting for children's programs; coordinate service delivery; and eliminate duplication. A primary goal is to develop proposals aimed at redirecting children's programs away from crisis intervention and residential programs and toward prevention and family preservation.

Although the goals of the Children's Cabinet address the need to coordinate service delivery, the Cabinet has no enforcement duties. A more recent approach to coordination that

introduced enforcement measures came with the introduction of House Bill 578 during the 1993 Regular Legislative Session. This bill focused on enforcement and resembled laws passed in other states that link the utilization of services to the receipt of government assistance benefits. Under this "linking" approach, AFDC benefits are reduced for clients who do not fulfill parental responsibilities in other areas such as health care or school attendance. House Bill 578 passed the Louisiana House of Representatives by a large margin but was narrowly defeated in the Senate.

Despite these state efforts, our work in this area revealed several breakdowns in coordination. The Council of State Governments found likewise in a 1992 report, stating that although Louisiana had made progress towards consolidating its approach to child welfare service delivery, the state has not achieved a consolidated delivery system for all services.

We identified coordination problems affecting 28 percent (14 of 50 cases) of the cases we examined. In total, we identified 18 different occurrences of breakdowns, with four children each having two coordination problems. Exhibit 18 below shows the numbers and types of coordination problems identified.

<b>Exhibit 18</b>		
<b>Coordination Breakdowns Identified</b>		
<b>in Sample Cases</b>		
<b>Type of Problem</b>	<b>Number of Occurrences</b>	<b>Percentage of Total</b>
Needed service not available	8	44.4%
Internal coordination breakdowns	5	27.8%
Lack of coordination among state agencies	3	16.7%
Lack of coordination with courts	2	11.1%
<b>Total</b>	<b>18</b>	<b>100.0%</b>
Source: Prepared by Legislative Auditor's staff using data collected from Office of Community Services' files for sample cases.		

**Needed Services Not Available.** We identified 8 cases (16% of the sample) in which foster children, biological parents, or foster parents had documented needs for particular services from other state agencies or contracted professionals, but the services were not available to them. In five of these cases, the clients were placed on waiting lists. In two cases, the needed services were not provided in the areas where the foster children lived. In the remaining case, services were provided in the area, but the Office of Community Services would not pay for them because the costs were not of a nature the agency is generally required to pay.

The five cases that were placed on waiting lists are as follows:

- ♦ Two abused children needed therapy, but therapists were not immediately available. One of these children waited 3 months before therapy began, and the other child waited 11 months.
- ♦ A developmentally delayed and physically handicapped child who was born four months prematurely was placed on a waiting list to receive early intervention services. The child began receiving the services two and one-half months after the initial request for services was made.
- ♦ A learning disabled child awaited placement in special education classes for a year.
- ♦ After failing to comply with stated requirements of the local housing authority, a foster child's biological mother, who had critical housing needs, was placed at the bottom of a waiting list containing 156 other names. She remained on the list for five months and then located housing herself.

There were two cases in which needed services were not provided in the areas where foster children lived. In one of these cases, a child's foster parents were in need of day care services, but there was no state subsidized day care vendor available in their area. The other case involved a teenage foster child whom the agency determined should be placed in a vocational training program. However, there were no programs available in the child's rural area.

Finally, in the remaining case, services were provided in the area, but the Office of Community Services would not pay for them because they were not of a nature the agency is

generally required to pay. In this case, the agency had initiated termination of parental rights proceedings against the biological mother of a foster child, as ordered by a juvenile court judge. The case was then assigned to another judge. Because the mother was indigent and had no means of paying for legal counsel, the second judge ordered the Department of Social Services to either pay the woman's legal fees or drop the proceedings. The department refused to pay because the court normally orders the Office of Risk Management to pay attorney fees. Officials in the state office noted that funds are not appropriated to the Office of Community Services for this purpose. An attorney eventually agreed to represent the mother without charge. The hearing was finally held 16 months after the first judge ordered the termination of parental rights and 10 months after the second judge's order to pay the legal fees. At the hearing, the judge dismissed the petition.

Office of Community Services' regional management generally concurred with our findings in this area. Lack of adequate resources at a time when needs for services are escalating was a common theme among comments we received from agency officials. These breakdowns in coordination and communication delay services to children and their families.

**Internal Coordination Breakdowns.** We identified five occurrences of coordination breakdowns within the Office of Community Services, which affected four individual cases (8% of the sample). The breakdowns included three occurrences in which agency staff did not request needed services, one occurrence in which a child was placed in a questionable setting, and one occurrence in which files could not be located.

The three cases in which agency staff did not request needed services are as follows:

- ♦ A foster child with serious emotional problems was not referred for intensive intervention services until a new case manager was assigned to the case. The new case manager recognized that earlier case managers had not picked up on the severity of the child's problems. This child had four different case managers during three years in care.
- ♦ The agency did not comply in a timely manner with provisions in a child's case plan requiring follow-up on the child's need for hernia surgery. More than 15 months elapsed between the goal date for follow-up

that was stipulated in the child's case plan and the date the child saw a doctor regarding the condition. This omission may have occurred because the child had six different case managers during approximately five years in care.

- ♦ Finally, we identified one case in which a child had serious special needs. The child's adoption case management supervisor said that these needs should have been addressed previously. The failure to address these needs sooner may be attributable to the fact that the child had 13 different case managers during 14 years in care. The child was ultimately hospitalized with severe emotional problems.
  - The child was diagnosed with schizo-affective disorder (bipolar type). The evaluator also noted symptoms of bipolar disorder (mixed type, severe with psychotic features); oppositional defiant disorder; conduct disorder (solitary aggressive type); unspecified substance abuse; and identity disorder. The evaluator also said that the child was developing a schizo-typal and borderline personality disorder and that family conflict of moderate severity was a psycho-social stressor for the child. The child had a Global Assessment of Functioning score of 30, which means that the child's behavior was considerably influenced by delusions or hallucinations, that the child had serious impairments in communication or judgment, or that the child had an inability to function in almost all areas.

This same child also spent 22 months during a two-year period in an emergency shelter, four hospitals, and a residential treatment facility. Upon release from the residential treatment facility, the child was again placed with the former foster mother. The child's adoption case management supervisor seriously questioned this foster mother's ability to provide the child with the structure and restriction needed.

In the final case in this category, we requested the files on a foster child's biological mother and on the child's previous entry into foster care. Agency staff could not locate these files.

Regional management within the Office of Community Services generally agreed with these findings. Agency officials



also noted that they have made improvements in case management in recent years, such as lowering case loads.

**Lack of Coordination Among State Agencies.** We identified three cases (6% of the sample) that required coordination between two or more state agencies, but coordination efforts failed. Two of these cases involved the Office for Citizens with Developmental Disabilities (formerly the Office of Mental Retardation). The third case involved the local school board.

In the first case, a mentally retarded foster child did not receive services from the Office for Citizens with Developmental Disabilities when needed. The regional placement specialist noted that coordination between the Office of Community Services and the Office for Citizens with Developmental Disabilities as well as the Office of Mental Health is not good and that it often takes months to obtain placements through these two agencies.

The second case involved a foster child's mildly retarded biological mother. The mother needed assistance in obtaining housing, as was required in her case plan. Office of Community Services staff initially referred her to the local association for retarded citizens, who, in turn, referred her to the state Office for Citizens with Developmental Disabilities. The Office for Citizens with Developmental Disabilities said that it would take several months to assign a case worker to the woman's case because their case loads were so high.

In the third case, the Office of Community Services tried for almost a year to have a child evaluated to determine if the child was eligible for special education services. According to information in the files, by the time the evaluation was done, the child was failing all classes except one.

We discussed coordination issues with officials of the Office for Citizens with Developmental Disabilities, the Office of Mental Health, and the Department of Education (local school board). The Office for Citizens with Developmental Disabilities stated that line workers in that agency and the Office of Community Services do not communicate well or understand each other's roles, which may lead to conflicts, and that most of their service programs are underfunded, resulting in waiting lists for "everything." The Office of Mental Health stated that they can service only those clients in crisis situations because of queuing and finite resources. The Office of Mental Health

accepts referrals from all major agencies and does not give foster children and their families priority. The school board noted that, by law, pupil appraisal referrals must be acted upon within 60 working days but that delays could occur if teachers do not request appraisals promptly.

**Lack of Coordination With Courts.** Finally, we identified two cases (4% of sample) in which there were breakdowns in coordination on the part of the courts. In the first case, a court clerk did not file a judgment regarding a foster child. Because of the clerk's failure to file the judgment, the child's dispositional review hearing was not held when it should have been held. In the second case, the court transferred legal custody of a child from a relative to the Office of Community Services but failed to notify the agency of its action. The child continued to live with relatives, although the relatives no longer had legal custody. Because of this oversight, the Office of Community Services had legal custody of the child for more than two months before the agency realized it. This error created a situation in which the agency had responsibility for the child without the knowledge that it had legal custody.

Office of Community Services' regional officials and members of the judiciary we interviewed acknowledged that breakdowns in coordination between the agency and the courts do occur. To minimize this problem, the agency has implemented the use of court workers in some parishes. Court workers are employees whose job it is to coordinate activities with the courts.

We identified a further complication associated with the courts. Judges issue court orders that are binding upon the case managers. By necessity, carrying out these court orders becomes top priority for the case managers, thus causing backlogs in other areas of their work. Officials in the state office noted that case managers also experience significant amounts of down time while waiting to testify at court hearings.

Members of the judiciary noted that court continuances delay judicial proceedings for foster care cases. They expressed frustration that they must often continue hearings until later dates because pertinent parties associated with the cases are not present. Our data suggests that court continuances are prevalent in foster care cases. The Department of Social Services' legal counsel expressed grave concerns in a related area: judges have begun to refuse to hear cases if legal representation is not provided for the parties involved. In such cases, the state may be found to have not complied with the provisions of Public Law

96-272 requiring judicial case reviews at periodic intervals, which could result in the loss of federal funds.

One judge we interviewed also noted that juvenile dockets are full, making it difficult for them to hear all cases and suggested that breakdowns sometimes occur because case managers are not well prepared for court hearings. Two judges suggested that case managers need more training in court room testimonial skills and techniques for bringing cases to a conclusion.

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**Louisiana  
Lacks  
Sufficient  
Placement  
Resources for  
Its Foster  
Children**

**Availability Dictates Whether Foster Children Are  
Placed in Appropriate Facilities**

The state has not sufficiently addressed one issue of importance in the foster care system: placement resources. *The state does not have enough appropriate placement facilities for all children in custody of the Office of Community Services.* As a result, foster children are sometimes placed in facilities that are not suited to their needs. We found that, during their most recent stay in care, almost one-fourth of the sample children were placed at least temporarily in facilities that were less than suited to their needs.

Public Law 96-272 requires that children be placed in the "least restrictive (most family like) setting available and in close proximity to the parent's home, consistent with the best interest and special needs of the child." However, agency staff noted that availability of facilities is often limited. Consequently, the agency must sometimes place children in facilities that do not meet their special needs.

We identified 11 children (22% of the sample) who had been placed in settings that were not suited to their needs because the desired type of facility was not available. In the majority of these cases, the children were placed temporarily until the agency located more suitable placement facilities. These 11 cases are summarized as follows:

- ♦ Three children were temporarily placed in emergency shelters because there were no foster homes available. These children stayed in the shelters for 10 days, one month, and two months, respectively. All three children were eventually placed in foster homes.

- ♦ Another three children were temporarily placed with relatives or family friends while the agency located foster homes that would accept them. These placements were very short term--only a few days.
  - One of these children, who entered care because of lack of supervision, was placed with the child's biological father. The father was not married to the child's mother and was living with his sister. The sister, according to file documentation, was known to the agency because of numerous complaints for lack of supervision of her own children.
- ♦ One child who needed to be placed in a restrictive care facility was temporarily placed in a family foster home while awaiting an opening in a group home. The child stayed in the foster home for five days.
- ♦ One child was placed for six months in a home that was not certified as a foster home by the Office of Community Services. At the time of placement, the agency expected the home to become certified. According to file documentation, agency personnel later found that the noncertified foster mother neglected medical appointments, did not maintain appropriate communication with the agency, and used inappropriate discipline on a sibling in the home. The agency eventually removed the child from this home, and the home was never certified.
- ♦ One child was placed in a restrictive group home in another region because the needed type of facility--alternate family care--was not available.
- ♦ A mentally retarded foster child who also had serious emotional impairments was placed with a foster mother who was, herself, a slow learner, although the agency did not realize this at the time of placement. The child lived in this home for almost five years, remaining there for several months after the agency documented in an investigation report that the foster mother had inadequate parenting skills and/or inadequate knowledge in dealing with special needs children. Agency officials we interviewed stated that they could not immediately locate a more restrictive facility that would accept the child.

- Finally, we identified one case involving a seriously troubled teenage foster child who needed to be hospitalized for treatment. There were no beds available in the state hospital, thus the child was placed in an emergency shelter and then in a series of private hospitals until a bed became available at the state hospital. In total, the child was moved to the shelter and three different private hospitals during a three-month period before being admitted to the state hospital. The last private hospital where the child was placed requested removal because the child was too violent.

In addition to the above examples cited from our review of case files, we also found evidence of insufficient placement resources during our courtroom observations. Specifically, we identified a case involving a child who was retained in a psychiatric hospital for several weeks beyond the date the child was eligible for discharge because there was no facility available that would accept the child. According to testimony by an Office of Community Services' case manager, the child's official discharge letter stated that the hospital had exhausted its therapeutic resources and that the child was ready for discharge. The letter, which was written by the child's doctor, included language regarding the child's fitness for discharge. The case manager noted that the language in the discharge letter inhibited the agency's ability to place the child in another facility. The child had been placed on two waiting lists for placement in other facilities at the time of our courtroom observations.

Office of Community Services' regional management concurred with our findings in this area. They emphasized that lack of sufficient placement resources is an area that must be addressed by the state and expressed frustration over the lack of placement resources for seriously troubled children, especially those with conduct and oppositional defiant disorders. Officials in the state office also expressed disappointment that a 1991 level of care plan was not funded. As required by Act 871 of 1987, the Department of Social Services presented a feasibility study on a reimbursement system that proposed six levels of care, based on the degree of severity of the child's needs. Under the plan, foster parents would be compensated based on the level of care required by the children they kept, which is in line with the Child Welfare League of America's strategy for addressing the extraordinary needs of today's foster children. However,

according to agency officials, the plan was never implemented or funded because of its cost.

Another legislative attempt to implement a level of care program was Act 848 of 1993, which was signed into law on June 23, 1993. This act is similar to Act 871 of 1987 in that it requires the Department of Social Services to develop and implement a level of care reimbursement system for foster care. However, this act has not been implemented because it was not funded.

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**Insufficient  
Placement  
Resources  
May Prove  
Costly for the  
State**

**Inadequate Placement Resources Increase the State's  
Potential Risk of Litigation**

The issue of insufficient placement resources is not new to Louisiana. It was addressed in a landmark court case, *Gary W., et al. v. State of Louisiana*, in 1976. The court's decision in that case resulted in costs to the state of approximately \$70 million.

The issues in the *Gary W.* case are similar to the placement resources issue currently associated with the state's foster care system. According to the Department of Social Services' legal counsel, *Gary W.* involved both the quality and quantity of placement settings the state provided to mentally retarded children. The court found that Louisiana had placed these children in inadequate institutions in Texas. It ordered the state to provide treatment in the least restrictive environment; to implement and continuously review treatment plans; and to provide educational, medical, and support services to the plaintiffs. According to figures from the Legislative Fiscal Office, fulfilling these requirements has cost the state approximately \$70 million in documented expenditures. The Legislative Fiscal Office estimated that up to \$30 million more in costs has been incurred but not captured for reporting purposes.

As noted in this report, a similar situation exists in Louisiana's foster care system. Both the Office of Community Services and national child welfare organizations have recognized that state child welfare agencies have experienced an influx of families and children with extraordinary needs, such as AIDS, substance abuse, and severe emotional, physical, and psychological impairments. The number of cases assigned to individual case managers and the availability of specialized

foster care facilities have not kept pace with these changing characteristics of the foster care population.

Officials in the Office of Community Services' state office say that future litigation is inevitable. There is currently a bill pending in the United States Congress (S. 596, the Family Preservation and Child Protection Reform Act) that, if passed, would have the effect of reversing the favorable court decision in the *Del A. v. Charles "Buddy" Roemer, et al.* case. The *Del A.* case was a more recent case in which the plaintiffs challenged the adequacy of Louisiana's child welfare system under the Adoption Assistance and Child Welfare Act and the United States Constitution. Louisiana won the *Del A.* case in 1991, but it cost the state over \$3 million to defend. If the state were successful in defending future litigation, the cost to defend would be substantial.

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## Recommendations

1. In cooperation with the Children's Cabinet, the Office of Community Services should explore alternative measures to expedite housing acquisition and the attainment of family reunification goals.
2. Both the Department of Social Services and the Office of Community Services should minimize conflicts posed by the reduction of public assistance benefits versus attainment of family case plan objectives for housing and family support.
3. The Office of Community Services should maximize its use of community based resources in its recruiting efforts for foster care providers and its efforts to provide adequate services to foster children and their families.
4. The Office of Community Services should use the schedule of Maximum Time Ordinarily Required to Form New Psychological Attachments (Exhibit 17) as a performance indicator to assess its effectiveness in providing stable placements to children in foster care. The schedule should be revised if the agency finds that these time frames are no longer realistic.

5. Recognizing that many of the problems identified in this report involve other state agencies, the Office of Community Services should work through the Children's Cabinet to determine whether the Office of Mental Health and the Office for Citizens with Developmental Disabilities include treatment of foster children and their families as part of their missions. In addition, efforts should be made to establish plans for interagency coordination with these and other support agencies.
6. The Office of Community Services, in cooperation with the Children's Cabinet, should identify resources needed from other state agencies and then formulate an interagency plan to obtain those resources.
7. The Office of Community Services should reexamine its client service efforts to determine whether various functions can be further streamlined or contracted out for greater effectiveness and efficiency.

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### **Matters for Legislative Consideration**

1. The legislature may wish to consider authorizing incentives for foster parents willing to accept children who are difficult to place, even if the children have none of the special needs for which existing special board rates apply.
2. To hedge against potential costs associated with future litigation and to maintain continued compliance with federal child welfare standards, the legislature may wish to consider funding additional case manager and supervisor positions as well as the level of care reimbursement system established by Act 848 of 1993. The legislature may wish to phase in this funding over the next few fiscal years.
3. As an alternative to funding additional case management positions, the legislature may wish to request a study comparing the cost of providing case management services in-house versus providing this function through contracted sources. Any such study should take into



account the timeliness, appropriateness, and quality of services provided.

4. The legislature may wish to consider requesting a study comparing the cost of family preservation efforts to the cost of foster care. After reviewing the results of the study, the legislature may wish to consider funding Act 857 of 1993 (the Family Preservation Services Act).
5. The legislature may wish to consider the possibility of using measures similar to those in House Bill 578 of 1993 to create monitoring and enforcement powers to be used when children are reunited with their families.

# Appendixes

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## Appendix A: Ways Children Enter Foster Care in Louisiana - Fiscal Year 1991-92

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**Court Authorization:** The majority of Louisiana's foster children enter the foster care system through court authorization. There are four types of court authorization:

- ♦ Instant orders placing children in temporary custody of the Department of Social Services pending further court hearings;
- ♦ Court orders placing children in custody of the Department of Social Services after formal hearings have been held;
- ♦ Court orders declaring children to be legally abandoned, which terminate all parental rights and responsibilities and free children for adoption; and
- ♦ Termination of parental rights orders, which free children for adoption based on their parents' inability to resume parenting responsibilities.

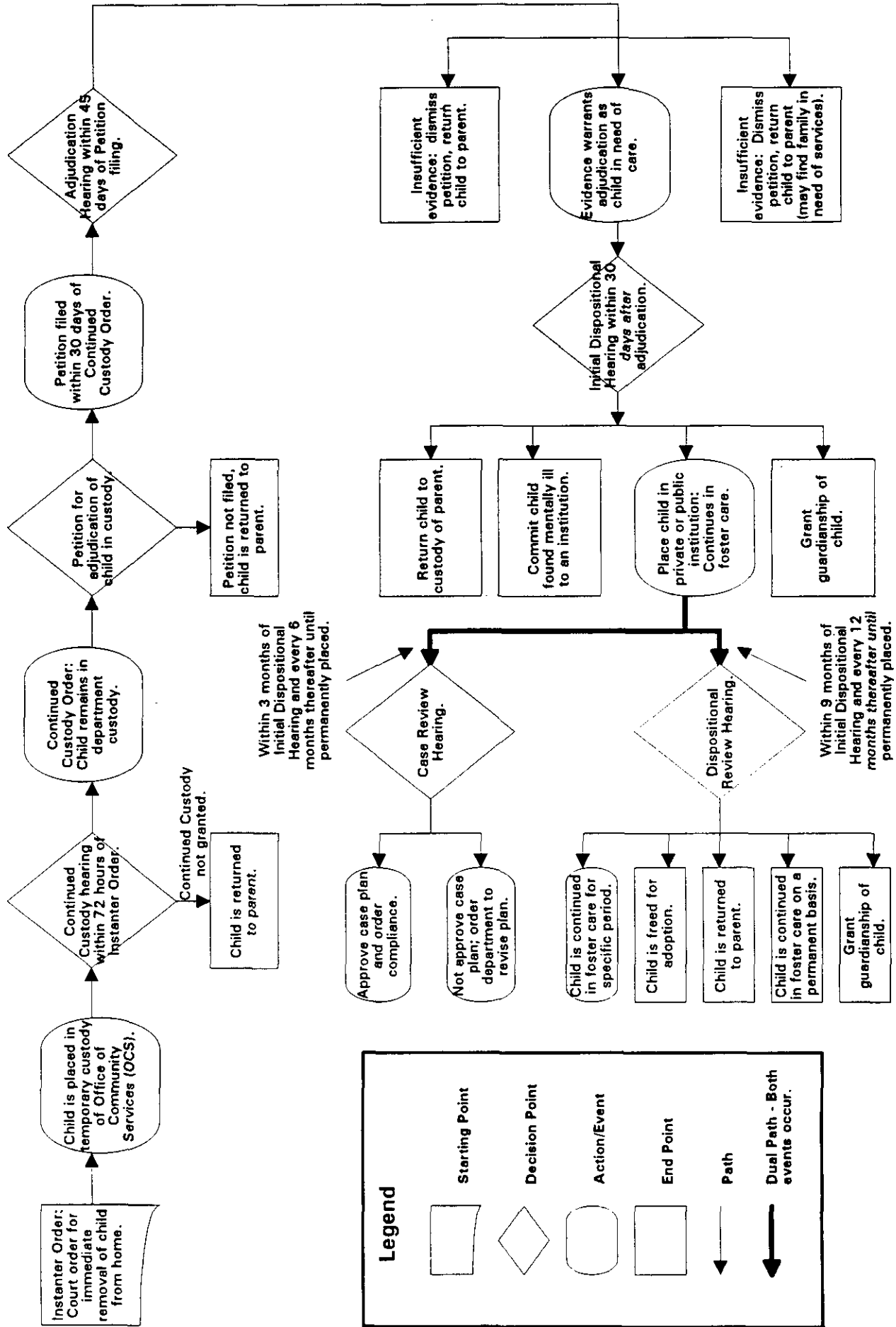
**Voluntary Agreement:** Children may also be placed in foster care through voluntary agreements. There are two types of voluntary agreements:

- ♦ Parental Consent Agreements are used for children whose parents give written consent to give the Office of Community Services care, custody, and control of their children for 30 days. These agreements are used when parents need temporary shelter and care for their children because of absence from home for necessary reasons, such as hospitalization or crisis situations beyond their control. Parental consent agreements can also be used when parents are considering giving up their children for adoption. This type of agreement is not to be used if abuse or neglect is suspected.
- ♦ Client Consent Agreements are used for foster children who have reached the age of 18 and wish to voluntarily remain in the agency's care in order to complete vocational or educational training. The children sign agreements with the Office of Community Services and enter the Young Adult Program, where they can remain until age 21.

**Act of Surrender:** The final way in which children may be placed in foster care is through acts of surrender. An act of surrender is a legal document executed by the parents in the presence of a notary public and two witnesses. It permanently terminates all parental responsibilities and rights, except those pertaining to property.

**Source:** Prepared by Legislative Auditor's staff using Office of Community Services' Foster Care Policy Manual.

# APPENDIX B FOSTER CARE COURT PROCESS As of the 1992 Regular Legislative Session



**APPENDIX C**  
**REGIONAL DISTRIBUTION OF LOUISIANA'S FOSTER CHILDREN**  
**June 30, 1992**

<p><b>REGION 1</b>  # of Children: 1,490  % of Total: 26.7%</p> <p>Jefferson  Orleans  Plaquemines  St. Bernard</p>	<p><b>REGION 2</b>  # of Children: 1,050  % of Total: 18.7%</p> <p>Ascension  East Baton Rouge  East Feliciana  Iberville  Livingston  Pointe Coupee  St. Helena  St. Tammany  Tangipahoa  Washington  West Baton Rouge  West Feliciana</p>	<p><b>REGION 3</b>  # of Children: 469  % of Total: 8.4%</p> <p>Assumption  Lafourche  St. Charles  St. James  St. John the Baptist  Terrebonne</p>	<p><b>REGION 4</b>  # of Children: 658  % of Total: 11.8</p> <p>Acadia  Evangeline  Iberia  Lafayette  St. Landry  St. Martin  St. Mary  Vermilion</p>
<p><b>REGION 5</b>  # of Children: 230  % of Total: 4.2%</p> <p>Allen  Beauregard  Calcasieu  Cameron  Jefferson Davis</p>	<p><b>REGION 6</b>  # of Children: 412  % of Total: 7.4%</p> <p>Avoyelles  Catahoula  Concordia  Grant  La Salle  Rapides  Vernon  Winn</p>	<p><b>REGION 7</b>  # of Children: 697  % of Total: 12.6%</p> <p>Bienville  Bossier  Caddo  Claiborne  DeSoto  Natchitoches  Red River  Sabine  Webster</p>	<p><b>REGION 8</b>  # of Children: 550  % of Total: 9.9%</p> <p>Caldwell  East Carroll  Franklin  Jackson  Lincoln  Madison  Morehouse  Ouachita  Richland  Tensas  Union  West Carroll</p>

**Note:** These distributions reflect the domicile of the children's case managers on June 30, 1992.

**Source:** Prepared by Legislative Auditor's staff using information provided by the Office of Community Services.

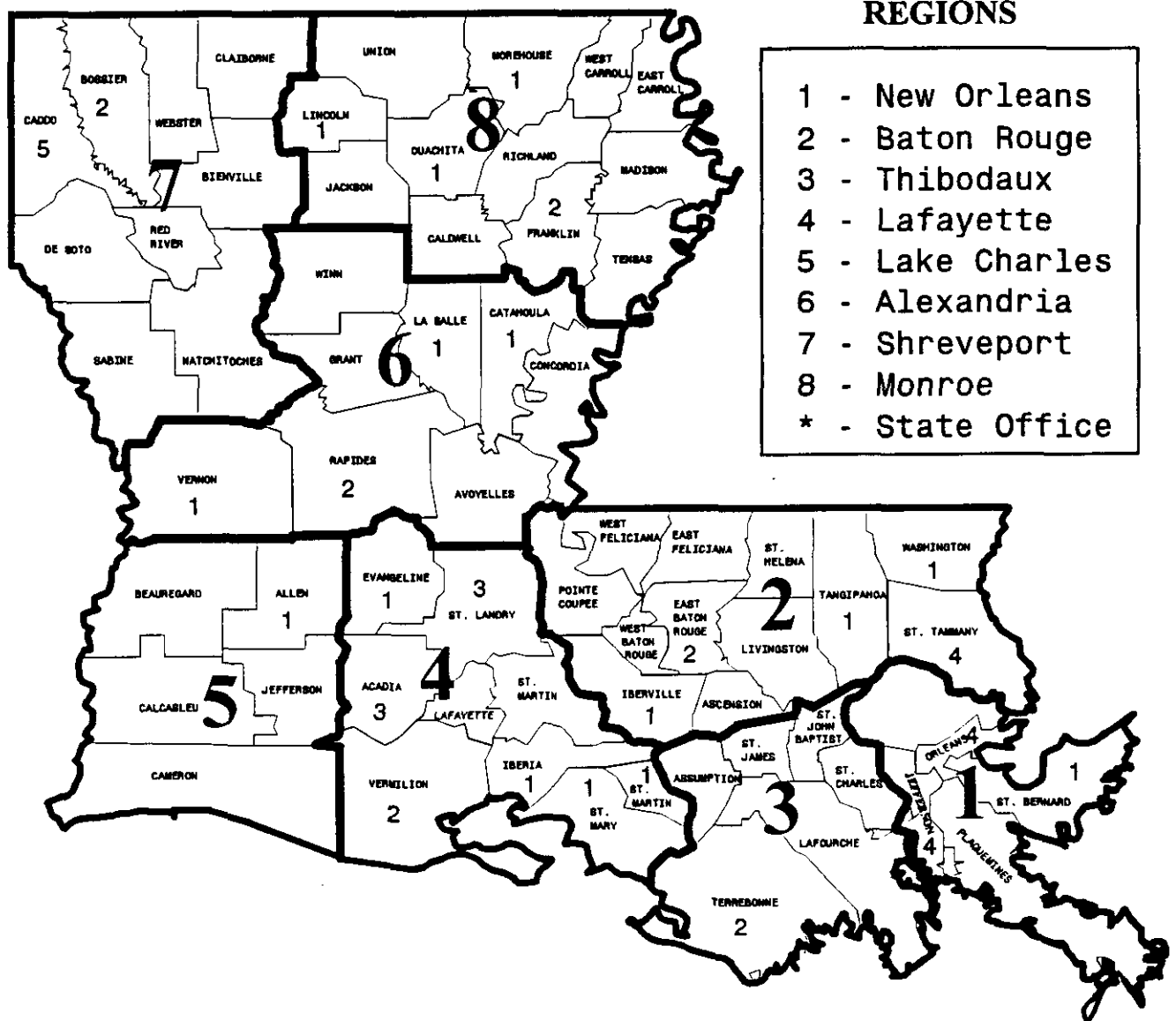
## APPENDIX D SAMPLE CASES EXAMINED

For Most Recent Entry Into Foster Care

Case	Sex	Race	D.O.B.	Total Times in Care	Age Entered Care	Age on 6/30/92	Time in Care	Total Placements	Total Case Managers
1	M	WHITE	6/5/81	1	7 yrs. 8 mos.	11 yrs.	3 yrs. 4 mos.	7	1
2	F	WHITE	9/13/79	1	12 yrs. 8 mos.	12 yrs. 9 mos.	1.5 mos.	2	1
3	F	BLACK	10/31/90	1	1 yr. 2 mos.	1 yr. 8 mos.	6 mos.	3	1
4	M	WHITE	4/27/91	1	1 yr. 1 mo.	1 yr. 2 mos.	1.5 mos.	2	1
5	M	BLACK	4/27/80	1	8 yrs. 2 mos.	12 yrs. 2 mos.	3 yrs. 11 mos.	2	4
6	M	BLACK	5/26/78	1	5 yrs. 3 mos.	14 yrs. 1 mo.	8 yrs. 10 mos.	4	6
7	F	BLACK	9/26/84	1	7 yrs. 6 mos.	7 yrs. 8 mos.	2.5 mos.	1	2
8	F	BIRACIAL	7/17/91	1	7 mos.	11 mos.	4.5 mos.	2	2
9	F	BLACK	6/28/80	1	8 yrs. 11 mos.	12 yrs.	3 yrs. 1 mo.	3	4
10	F	WHITE	9/12/88	2	3 yrs. 7 mos.	3 yrs. 9 mos.	2 mos.	1	1
11	M	BLACK	5/4/77	2	7 yrs. 5 mos.	15 yrs. 1 mo.	7 yrs. 8 mos.	6	5
12	M	BLACK	2/28/89	1	7 mos.	3 yrs. 4 mos.	2 yrs. 9 mos.	2	2
13	F	BLACK	4/4/82	3	10 yrs. 1 mo.	10 yrs. 2 mos.	1.5 mos.	2	1
14	F	BLACK	1/11/81	2	11 yrs. 4 mos.	11 yrs. 5 mos.	1 mo.	1	2
15	F	BLACK	3/2/84	2	7 yrs. 3 mos.	8 yrs. 4 mos.	1 yr.	2	1
16	M	BLACK	6/12/82	1	7 yrs. 11 mos.	10 yrs.	2 yrs. 1.5 mos.	2	1
17	M	BLACK	9/9/91	1	2 mos.	9 mos.	7.5 mos.	1	1
18	F	BLACK	1/13/89	1	3 yrs. 1 mo.	3 yrs. 5 mos.	4 mos.	1	1
19	F	BLACK	10/12/76	1	14 yrs. 8 mos.	15 yrs. 8 mos.	1 yr.	1	2
20	M	WHITE	8/7/78	1	10 yrs. 11 mos.	13 yrs. 10 mos.	3 yrs.	3	4
21	M	WHITE	1/12/80	3	7 yrs. 7 mos.	12 yrs. 5 mos.	4 yrs. 10 mos.	7	5
22	M	BLACK	6/24/84	1	1 yr. 4 mos.	8 yrs.	6 yrs. 7.5 mos.	2	4
23	F	BLACK	7/4/88	1	4 mos.	3 yrs. 11 mos.	3 yrs. 7.5 mos.	5	5
24	F	BLACK	9/16/90	1	4 mos.	1 yr. 9 mos.	1 yr. 5 mos.	4	2
25	M	BLACK	10/6/91	1	4 mos.	8 mos.	4.5 mos.	1	1
26	M	BLACK	4/30/82	1	5 yrs. 3 mos.	10 yrs. 2 mos.	4 yrs. 10.5 mos.	2	6
27	M	BLACK	12/6/77	2	5 mos.	14 yrs. 6 mos.	14 yrs. 1 mo.	4	13
28	M	BLACK	1/15/87	1	4 yrs. 11 mos.	5 yrs. 5 mos.	7 mos.	2	2
29	M	WHITE	9/17/83	1	8 yrs. 6 mos.	8 yrs. 9 mos.	3 mos.	1	2
30	F	WHITE	11/17/75	2	7 yrs. 9 mos.	16 yrs. 7 mos.	8 yrs. 10 mos.	8	17
31	M	WHITE	9/9/75	1	12 yrs. 5 mos.	16 yrs. 9 mos.	4 yrs. 4.5 mos.	1	3
32	M	WHITE	7/17/83	1	8 yrs. 2 mos.	8 yrs. 11 mos.	9 mos.	1	1
33	F	WHITE	12/11/90	1	4 mos.	1 yr. 6 mos.	1 yr. 2 mos.	5	1
34	M	WHITE	6/2/81	2	9 yrs.	11 yrs.	2 yrs. .5 mos.	2	1
35	F	BLACK	7/16/81	1	8 yrs. 8 mos.	10 yrs. 11 mos.	2 yrs. 3 mos.	3	2
36	F	WHITE	10/23/75	2	15 yrs. 11 mos.	16 yrs. 8 mos.	9 mos.	3	1
37	M	BLACK	12/4/89	1	2 yrs. 6 mos.	2 yrs. 6 mos.	.5 mos.	1	1
38	F	BLACK	8/3/86	1	2 yrs. 9 mos.	5 yrs. 10 mos.	3 yrs. 1.5 mos.	3	1
39	F	WHITE	9/6/90	2	1 yr.	1 yr. 9 mos.	9 mos.	1	1
40	M	WHITE	1/6/80	1	3 yrs. 4 mos.	12 yrs. 5 mos.	9 yrs. 2 mos.	8	6
41	M	WHITE	2/25/83	1	6 yrs. 7 mos.	9 yrs. 4 mos.	2 yrs. 9.5 mos.	1	2
42	F	WHITE	6/29/82	3	9 yrs. 10 mos.	10 yrs.	1.5 mos.	2	1
43	F	WHITE	8/16/88	1	2 yrs. 6 mos.	3 yrs. 10 mos.	1 yr. 4 mos.	2	3
44	M	BLACK	6/3/78	1	1 mo.	14 yrs.	13 yrs. 11 mos.	9	13
45	M	WHITE	11/28/82	2	7 yrs. 11 mos.	9 yrs. 7 mos.	1 yr. 7.5 mos.	4	2
46	F	INDIAN	5/24/78	1	12 yrs. 2 mos.	14 yrs. 1 mo.	1 yr. 10.5 mos.	2	3
47	F	WHITE	3/5/78	4	9 yrs. 11 mos.	14 yrs. 3 mos.	4 yrs. 4 mos.	6	5
48	F	WHITE	12/7/89	1	1 yr. 5 mos.	2 yrs. 6 mos.	1 yr. 1 mo.	1	3
49	F	BLACK	3/27/81	1	9 yrs. 6 mos.	11 yrs. 3 mos.	1 yr. 8.5 mos.	1	4
50	F	WHITE	7/8/85	1	6 yrs. 2 mos.	6 yrs. 11 mos.	9 mos.	3	1

Source: Prepared by Legislative Auditor's staff from information contained in sample children's case files.

**APPENDIX E**  
**LOCATIONS OF 50 RANDOMLY SELECTED FOSTER CHILDREN**  
**June 30, 1992**



**Note:** This map reflects the parishes in which the 50 sample children were placed on June 30, 1992.

**Source:** Prepared by Legislative Auditor's staff using information contained in sample children's case files.



**APPENDIX F**  
**AGE, RACE, AND SEX OF LOUISIANA'S FOSTER CHILDREN**  
**June 30, 1992**

AGE	RACE			SEX		TOTAL	PERCENT
	Black	White	Other	Female	Male		
Under 1 Year	126	51	6	86	97	183	3.3%
1 Year	208	76	6	147	143	290	5.2%
2 Years	219	96	7	137	185	322	5.8%
3 Years	188	90	5	150	133	283	5.1%
4 Years	219	104	6	169	160	329	5.9%
5 Years	199	95	10	146	158	304	5.5%
6 Years	202	103	2	148	159	307	5.5%
7 Years	208	86	4	148	150	298	5.4%
8 Years	197	97	4	142	156	298	5.4%
9 Years	212	94	2	166	142	308	5.5%
10 Years	213	95	7	152	163	315	5.6%
11 Years	185	105	4	139	155	294	5.3%
12 Years	219	131	4	167	187	354	6.4%
13 Years	220	114	9	177	166	343	6.2%
14 Years	222	132	9	194	169	363	6.5%
15 Years	218	139	3	201	159	360	6.5%
16 Years	179	136	6	187	134	321	5.8%
17 Years	152	128	4	162	122	284	5.1%
<b>Total</b>	<b>3,586</b>	<b>1,872</b>	<b>98</b>	<b>2,818</b>	<b>2,738</b>	<b>5,556</b>	<b>100.0%</b>

Source: Prepared by Legislative Auditor's staff using Office of Community Services' computerized program data.

**APPENDIX G**  
**PROFILES OF SAMPLE CHILDREN'S BIOLOGICAL FAMILIES**

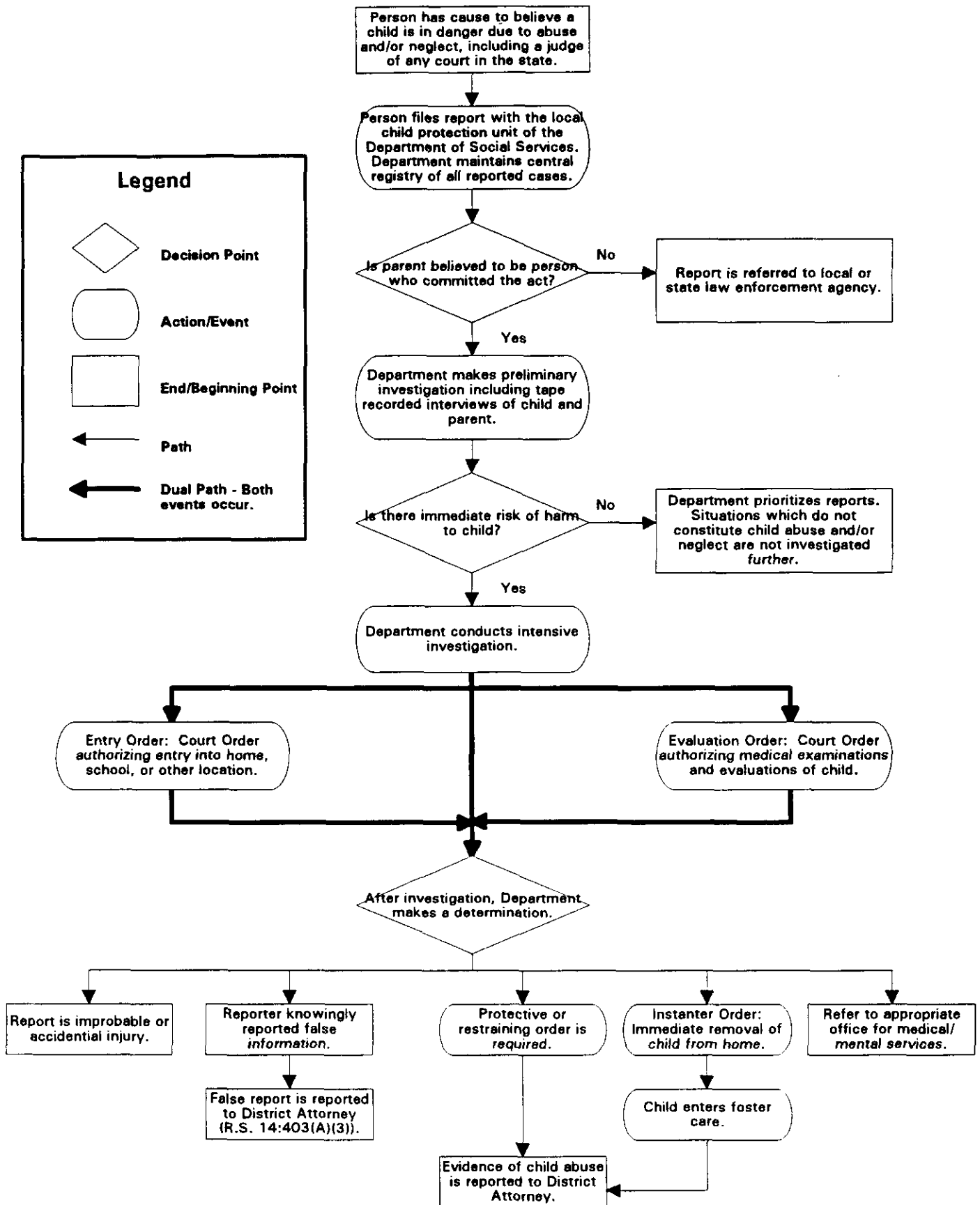
CATEGORY	Number	Percent
<b>Education</b>		
Mothers not graduating from high school	26 of 44	59.1%
Fathers not graduating from high school	11 of 21	52.4%
Mothers with ninth grade education or less	16 of 44	36.4%
Fathers with ninth grade education or less	9 of 21	42.9%
Mothers with at least some vocational training or college	8 of 44	18.2%
Fathers with at least some vocational training or college	4 of 21	19.0%
Mothers' lowest educational level	4th	
Fathers' lowest educational level	2nd	
<b>Unemployment</b>		
Mothers unemployed when child entered care	41 of 47	87.2%
Fathers unemployed when child entered care	18 of 33	54.5%
<b>Substance Abuse</b>		
Children with at least one parent who is a proven substance abuser	28 of 48	58.3%
Children with both parents who are proven substance abusers	10 of 48	20.8%
Mothers who are suspected or proven substance abusers	28 of 45	62.2%
Fathers who are suspected or proven substance abusers	23 of 30	76.7%
<b>Criminal Behavior</b>		
Mothers involved in criminal activity	21 of 43	48.8%
Fathers involved in criminal activity	26 of 31	83.9%
Siblings involved in criminal activity	6 of 48	12.5%
Sample foster children involved in criminal activity	7 of 50	14.0%
<b>Housing</b>		
Families with no permanent residence when child entered foster care	9 of 50	18.0%
Inadequate living conditions (no electricity, gas, or water, unsafe/unclean, roach infestation, and inadequate size)	20 of 50	40.0%
Homes with no electricity	4 of 50	8.0%
No running water	5 of 50	10.0%
Unsafe and/or unsanitary conditions cited as reason for removal	12 of 50	24.0%
Size of residence inadequate for the family size	8 of 50	16.0%
<b>Public Assistance</b>		
Families receiving some type of government assistance	34 of 49	69.4%
<b>Mental Health</b>		
Children with at least one parent diagnosed with mental health impairment	21 of 50	42.0%
Children with both parents diagnosed with mental health impairments	7 of 50	14.0%
<b>Mental Retardation</b>		
Children with at least one parent who is borderline, mildly, or mentally retarded	13 of 31	41.9%
Children with both parents who are borderline, mildly, or mentally retarded	2 of 31	6.5%

Source: Compiled by Legislative Auditor's staff from information contained in sample children's case files.

# APPENDIX H

## INVESTIGATION OF CHILD ABUSE AND NEGLECT REPORTS

### As of the 1992 Regular Legislative Session



Source: Prepared by Legislative Auditor's staff using information obtained from the Louisiana Children's Code.

**APPENDIX I**  
**SPECIAL NEEDS OF SAMPLE CHILDREN**

<b>SPECIAL NEEDS</b>	<b>Number</b>	<b>Percent</b>
<b>Emotional and Behavioral Impairments</b>		
Foster children with emotional or behavioral impairments	24 of 50	48.0%
Children placed in foster care because of neglect or a combination of abuse and neglect	19 of 24	79.2%
Children with at least one parent who was a suspected or proven substance abuser	17 of 22	77.3%
Children with at least one parent who was a proven substance abuser	12 of 22	54.5%
Children with both parents suspected or proven substance abusers	7 of 22	31.8%
Children with both parents proven substance abusers	3 of 22	13.6%
Children who experienced behavior problems in their placements	17 of 24	70.8%
Children who experienced multiple placements	19 of 24	79.2%
Children whose foster parents requested that they be removed from their homes	11 of 24	45.8%
<b>Medical and Dental Conditions</b>		
Foster children having medical or dental conditions	24 of 50	48.0%
<b>Development Disorders/Delays</b>		
Foster children with developmental disorders/delays	18 of 50	36.0%
Mentally retarded children	5 of 18	27.8%
Children with learning disabilities	8 of 18	44.4%
Children with speech/developmental delays	11 of 18	61.1%
Children needing tutoring	5 of 50	10.0%
<b>Sibling Group Members</b>		
Foster children with siblings in foster care	44 of 50	88.0%
Foster children with four or more siblings in foster care	11 of 50	22.0%
<b>Other</b>		
Age was a factor in placement	10 of 50	20.0%
Race was seen as a barrier to placement	8 of 50	16.0%

Source: Prepared by Legislative Auditor's staff from information contained in sample children's case files.

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# Appendix J: Types of Foster Care Placements - Fiscal Year 1991-92

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## **Relative Placement**

Placement of the foster child in the home of a relative other than a parent. The relative must be willing to accept the child as a member of his or her family and be willing and able to protect the child from further harm. The relative's custody over the child is to continue until the child reaches adulthood or the child can be reunited with his or her biological parents. The relative should be willing to accept this responsibility without payment from the Office of Community Services.

## **Family Foster Home**

A setting approved by the Office of Community Services for no more than six foster children who cannot safely remain with their biological parents and for whom a family setting is determined to be the best community resource. There are two classifications of family foster homes:

**A. Regular Family Foster Home:** A private home in which the foster parents agree to take into their home for full-time care children and/or young adults who do not need a specialized living arrangement.

**B. Specialized (Subsidized) Family Foster Home:** A foster home that is subsidized by the Office of Community Services to provide specialized care and services to children whose special needs cannot be met in regular foster homes. Specialized family foster homes have a maximum capacity of four placements (except for large sibling groups) and may be used to avoid placing children in larger and more formalized restrictive care facilities. Specialized (subsidized) family foster homes include:

- Family Foster Homes for Infants and Preschoolers
- Family Foster Homes for Large Sibling Groups
- Family Foster Homes for Children With Emotional or Behavioral Problems
- Family Foster Homes for Children With Medical Problems, Handicapping Conditions, or Developmental Disabilities
- Family Foster Homes for Children With Mental Retardation

	<ul style="list-style-type: none"> <li>-- Family Foster Homes for Adolescents</li> <li>-- Family Foster Homes for Other Special Needs</li> </ul>
<b>Alternate Family Care</b>	A specialized, community-based, therapeutic program to provide comprehensive services to foster children with extraordinary physical or mental disabilities or emotional/behavioral problems.
<b>Therapeutic Family Care</b>	Specialized services for foster children with very special needs such as emotional disturbances and/or severe behavior disorders that prevent placement in regular foster homes.
<b>Substitute Family Foster Care</b>	A program of care for mentally retarded or developmentally disabled individuals.
<b>Private Agency Foster Care</b>	A program of working agreements with private agencies for the placement of foster children in state custody.
<b>Casey Family Program</b>	A voluntary, privately-endowed, long-term foster care program for children from twelve to fifteen years old. This program is for children who will not be returned to their biological families and are not likely to be adopted.
<b>Restrictive Setting Facilities</b>	<p>Settings for foster children whose needs cannot be met in any type of family foster care setting. These settings are to be the placements of last resort and are to be considered interim, short-term placements for treatment. Restrictive setting facilities are for children with hostile and aggressive behavior, adolescents in severe conflict with authority, children for whom group and peer influence have greater value than family life, and children who lack the skills to function in a family or community. Restrictive setting facilities are not to be used for children who enter foster care through voluntary placements. Restrictive care facilities include:</p> <ul style="list-style-type: none"> <li>-- Community Homes</li> <li>-- Group Homes</li> <li>-- Residential Homes</li> </ul>
<b>Supervised Apartments and Other Independent Living Programs</b>	<p>Facilities for older foster children nearing the age of majority. These programs begin accepting placement referrals at age 16 for children mature enough to live on their own. These children are to be taught the skills they need to make the transition from foster care to independence.</p>

Source: Prepared by Legislative Auditor's staff using information contained in Office of Community Services' Foster Care Policy Manual.

**Appendix K**  
**Factors to Be Used in Determining Case Load Size**  
**June 1993**

- ♦ Time for the foster care case manager to have a sufficient number of contacts with the child, birth family, and foster family to implement the permanency plan.
- ♦ The number of different foster homes and birth families in the case load.
- ♦ The number of older children in the case load.
- ♦ The physical, emotional, and mental state of the children.
- ♦ The stage of placement (e.g., a newly-placed child will require more time).
- ♦ Extra time required for specialized or therapeutic foster care clients.
- ♦ The intensity of the case work required.
- ♦ Extra time when the number of adults involved (parents, relatives, school, treatment staff, et cetera) increases.
- ♦ The experience and skill of the staff members.
- ♦ The amount of support staff available (e.g., case aides).
- ♦ The number of additional duties required such as intake, aftercare, recruitment, home studies.
- ♦ The extent of the geographic area to be covered.

Source: Prepared by Legislative Auditor's staff from the Child Welfare League of America's "CWLA Standards for Child Welfare Practice" dated June 1993.

**Appendix L**  
**Agency Responses**





State of Louisiana  
Department of Social Services  
OFFICE OF COMMUNITY SERVICES  
333 LAUREL STREET  
P. O. BOX 3318 - PHONE - 504/342-2297  
BATON ROUGE, LOUISIANA 70821

EDWIN W. EDWARDS  
GOVERNOR

GLORIA BRYANT-BANKS  
MSW, ACSW, BCSW  
SECRETARY

November 9, 1993

Daniel G. Kyle, Ph.D., CPA  
Legislative Auditor  
Office of the Legislative Auditor  
Post Office Box 94397  
Baton Rouge, Louisiana 70804-9397

Dear Dr. Kyle:

Thank you for the opportunity to review the draft of the findings of your performance audit of the Louisiana Foster Care Program. As your report illustrates, the state's Foster Care Program cannot be evaluated in isolation and must be viewed as a complex interworking of many other state agencies, private sector service providers, and the juvenile court system. In an atmosphere of high demand versus scant resources, coordination and cooperation of the many entities involved in the child welfare "system" is at best challenging. This, coupled with staff shortages and with the very serious problems of today's foster children, it seems in some ways amazing and somewhat gratifying that in the 138 "child years" you reviewed, the problems identified were mostly isolated and few. Of greatest concern is the data on the number of placements (re-placements) ... experienced by some foster children - approximately one per year in your review. This is a nationwide problem of which we have long been aware and constantly strive to improve. As you observed, adequate staffing and budgetary resources seem to be the key.

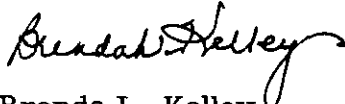
While overall, the report reflects an appreciation of the many difficulties inherent in managing the Foster Care Program; Chapter Four, which is intended to "evaluate the adequacy of the OCS case management efforts for foster children", seems rather negative in tone and we believe somewhat misleading. Problems with unavailable services and errors by court personnel are lumped into categories variously labeled "the Foster Care System Lacks Coordination Among Support Agencies and the Courts", "Coordination Breakdowns" or "Service Delivery in the Foster Care System is Fragmented". We feel these findings would be better characterized as simply a lack of available resources or failures of support systems outside of the OCS control. As stated, it appears as though the OCS failed to act or somehow acted incorrectly. Even if unintended, such connotations in an audit report can be damaging.

Daniel G. Kyle, Ph.D.  
November 9, 1993  
Page 2

Your "Recommendations" offer some helpful suggestions and each will be carefully considered. We concur that the Children's Cabinet offers a vehicle to address many of the resources and coordination issues. The recommendation that some functions might be more efficiently carried out through private provider contracts is also helpful and has, in fact, prompted strong consideration in an area of great concern to staff.

Again, thank you for the opportunity to review the report. It is always helpful to have external sources review our programs and to provide objective comments and recommendations.

Sincerely,



Brenda L. Kelley  
Assistant Secretary

BLK:ROD:jc



# Office of Legislative Auditor

## Executive Summary

### Performance Audit Louisiana Foster Care Program

Approximately 5,556 Louisiana children were in foster care as of June 30, 1992. Our performance audit of the state's foster care system found that:

- ◆ *The system has seen an influx of children with severe medical, psychological, emotional, and mental health impairments. Resource limitations have stymied the Office of Community Services' ability to respond to the situation.*
- ◆ *Coordination breakdowns exist within the foster care service delivery system.*
- ◆ *The state does not have enough appropriate placement settings for its foster children. Consequently, children are sometimes placed in facilities that are not suited to their needs.*
- ◆ *Foster care case loads are significantly higher than the new standard proposed by the Child Welfare of America.*
- ◆ *On average, the 50 foster children whose cases we reviewed received new case managers and new placement settings about once a year.*
- ◆ *Louisiana spent almost \$127 million on child welfare in fiscal year 1991-92. About \$32.5 million of this total was in state funds, and the remaining \$94.4 million, or almost 75 percent of the total, came from federal sources.*

*Daniel G. Kyle, Ph.D., CPA, CFE, Legislative Auditor  
Phone No. (504) 339-3800*

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## Audit Objectives

The Legislative Audit Advisory Council directed the Office of Legislative Auditor to conduct a performance audit of Louisiana's foster care program. The objectives of this audit were to:

- ♦ Identify the foster care population in Louisiana, determine the costs of operating the program, and determine the funding sources.
- ♦ Determine the family social conditions preceding child placement into foster care and children's associated special needs.
- ♦ Analyze the tenure and placement histories of foster children.
- ♦ Evaluate the Office of Community Services' case management efforts for foster children.

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## Public Law 96-272

An important federal initiative in child welfare is Public Law 96-272, the Adoption Assistance and Child Welfare Act of 1980. This measure established guidelines that states must follow in order to receive federal grants to operate foster care and adoption programs. The law requires that **reasonable efforts** be made to prevent the removal of children from their homes and requires the placement of foster children in the **least restrictive (most family like) setting available**.

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## Program Funding

Total child welfare costs for fiscal year 1991-92 were approximately \$126.9 million. State funds accounted for \$32.5 million (25.6 percent) of this amount, with the remaining \$94.4 million (74.4 percent) being provided by the federal government. Child welfare costs rose over 30 percent between fiscal years 1989-90 and 1991-92, with more than 65 percent of total 1991-92 expenditures going for foster care.

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### **Many Foster Children Have Special Needs**

A random sample of 50 cases indicated that many of the children came from dysfunctional family backgrounds. Parents of the sample children generally had low educational levels and high rates of unemployment, substance abuse, and criminal activity. Many of these families had unmet housing needs and received public assistance. We also identified a high rate of mental/emotional handicaps and mental retardation among the parents of sample foster children. Agency officials acknowledged that these characteristics are common among biological families of foster children.

Almost half of foster children whose cases we reviewed had emotional or behavioral impairments, ranging from low self-esteem and anxiety to paranoid schizophrenia and psychosis. Nearly half of the children had medical or dental conditions, such as *blindness, cerebral palsy, and asthma*. Over one-third of the sample children had developmental disorders and delays, and almost all of them had siblings in care. These factors are considered special needs. Special needs are conditions that hinder placement of children in foster or adoptive homes.

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### **Foster Care Can Be a Recurrent or Permanent Status**

More than one-fourth of the children in our sample had been in foster care more than once. Research shows that between 20 and 30 percent of children who leave foster care will eventually return to care.

Foster children who cannot be returned to their biological families or adopted remain in care until they reach adulthood. This status, known as long-term foster care, was the goal prescribed by the Office of Community Services for 11 of the 50 children in our sample, or 22 percent. On average, these 11 children had been in care for almost eight years, which was more than half of their lives. All of these children had some form of medical, dental, emotional, or mental handicap.

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## Case Management

The foster children in our sample suffered frequent disruptions in their foster care placements and the case managers assigned to them. On average, these 50 children received new placements and new case managers approximately once a year.

The current case load standard for Louisiana's foster care case managers is 23 cases per manager, which is considerably more than the standard proposed by the Child Welfare League of America. The Child Welfare League notes that its revised case load standard is necessary because of the influx of "extraordinary needs" children into foster care systems nationwide. Although the Office of Community Services has in recent years reduced its case load standard, it is still higher than the proposed new standard.

We identified numerous coordination breakdowns by state agencies in the delivery of services to foster children and their families. In total, 14 of the 50 children whose cases we examined (28 percent) experienced at least one coordination breakdown. Failure to adequately coordinate delays necessary services to children and their families.

We also identified a need for more foster care placement resources. Eleven of the 50 children whose cases we examined (22 percent) had been placed in settings that were not suited to their needs. Although the Office of Community Services has prepared a study on a reimbursement system based on six levels of care, the corresponding legislative act has not been funded. Inadequate placement resources may prove costly to the state in terms of potential risk of litigation.

