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August 30, 1993

TO: Supervisor Brian P. Bilbray, Chairman
Supervisor Pam Slater, Vice Chairperson
Supervisor Dianne Jacob
Supervisor Leon L. Williams
Supervisor John MacDonald

FROM: David E. Janssen
Chief Administrative Officer

FOSTER CARE CONCERNS - PATTY BOLES

I have attached a report from the Department of Social Services which addresses the issues raised by Ms. Patty Boles in her letter to all member of the Board of Supervisors.

Please call me if I can be of further assistance.

Respectfully,

for Sarj Sheehan
DAVID E. JANSSEN

DEJ:ss

Printed on recycled paper

County of San Diego

CECIL H. STEPPE
DIRECTOR

LANA WILLINGHAM
ASSISTANT DIRECTOR

DEPARTMENT OF SOCIAL SERVICES

1255 IMPERIAL AVENUE, SAN DIEGO, CALIFORNIA 92101-7439

August 23, 1993

TO: David E. Janssen
Chief Administrative Officer

FROM: Cecil H. Steppe, Director
Department of Social Services

ACTION REQUEST #126: FOSTER CARE QUESTION - BOLES

This report addresses the concerns raised by Patricia Boles, president of the North San Diego County Foster Parents Association. In my response, I have answered her questions within context of the issues.

Foster Care Rates

The foster parent community provides an invaluable service to my department and the County of San Diego. They are an integral part of our service delivery programs, and without them we would not be able to protect children and preserve families. Because of their importance, the County has and continues to support legislation to professionalize the role of foster parents, increase funding for their training and to increase their reimbursement rates.

With respect to issue of foster care rates, since 1980, the County of San Diego has paid foster parents an amount higher than the State's participation level. This extra payment, or excess rate, has been absorbed entirely by the County. When we were developing my Department's FY '93 - '94 budget, we identified these payments as an extra County cost and reluctantly advanced a proposal to eliminate them from the County's budget.

Direct Costs

Foster parents who care for children with special medical or behavioral needs receive a regular foster care payment which is supplemented by a State approved Special Care Rate. This Special Care Rate is intended to reimburse the foster parents for the extra costs they incur for the care of these children. Tied to the Special Care Rate structure is another payment called direct costs. This payment

is for medication not covered by Medi-Cal, transportation to medical appointments and special diets.

We also considered advancing a proposal to eliminate these charges from the County's FY '93 - '94 budget because it appeared that the State would no longer approve direct costs. However, I halted this move when the State indicated that it would continue to allow these payments.

Legislative Change for Prescriptions

On June 1, 1993, a legislative change went into effect requiring drug companies to provide rebates to the Medi-Cal program. Prescriptions for drugs made by companies who refuse to participate in this program cannot be filled until the doctor or pharmacist obtains approval from Medi-Cal.

Prior to the effective date of this law, my staff researched this change and how it would affect children and foster parents. Staff learned from State officials and local pharmacists that there would be little impact on this population since most of the major drug manufacturers agreed to cooperate with the State. In addition, staff learned that the majority of drugs prescribed for routine childhood illnesses would not require prior approval.

We sent this information to the foster parent community in July. We also used this letter to identify actions that could be taken to prevent delays in treatment, and to assure foster parents that the Department would reimburse them for any out-of-pocket medical costs, including prescriptions not covered because of this new law.

Family Preservation/Family Centered Practice

The Department's Family Preservation Program provides intensive, comprehensive services designed to eliminate the need to remove children from their homes, and to expedite the return of those children who have been placed in foster care. Families are carefully screened for this program and, generally, those families with high risk factors are not accepted for service.

On the issues of removal and return, my expectation and Department policy require that children will be maintained at home with the delivery of services whenever possible. However, if a child is in immediate danger, the social worker will take the necessary actions to protect the child, including removal. Moreover, once a child has been removed, the child will not be returned home if the return means that the child will once again be placed at risk of abuse or neglect.

For your information, the Cook family was not part of the Family Preservation Program. In addition, I think it is important for you

to know that there have been no child fatalities among any of the families served by that program.

Drug Exposed Infants

My Department works with area hospitals on issues of mutual concern, including drug exposed infants. However, as noted by Ms. Boles, the Hospitals are not required to make a child abuse report on infants born with a positive toxicology screen unless other risk factors are present. In those instances where a drug exposed infant is reported, the situation is assessed and the proper response is initiated.

Please note that for a period of time our response criteria matched the SB2669 requirements. In other words, we did not investigate drug exposed infants unless there were other risk factors. This practice was recently changed with the passage of AB60. AB60 requires all reports of abuse or neglect to be investigated unless the agency determines the child is not at risk. This means that a drug exposed infant case may be investigated even when the only factor to be considered is the child's drug exposure.

Polinsky Children's Center

The Department recognizes the importance of the home environment, especially for the younger children, and will continue to rely on the foster home community to provide this valuable resource even after the Polinsky Children's Center is open. Furthermore, the Department will not use the Polinsky Center as a long term placement facility. In fact, a child should stay in the center for no more than five or six days.

What the Polinsky Center will provide the Department is the ability to perform a comprehensive, on-site evaluation of the children who enter the facility and their placement needs. This early assessment will help social workers make appropriate placement decisions, and these decisions will result in more stable foster home placements. In turn, stable placements help reduce the trauma of foster care, as well as help in the reunification process. Foster parents will also benefit from this assessment process because they will have much more information about the child they will be caring for than is presently available.

The Polinsky Center is a product of the public/private partnership formed by the County of San Diego and the Child Abuse Prevention Foundation. A majority of the funds used to build the center have been raised by the foundation through private fundraising efforts.

Cecil H. Steppe

CECIL H. STEPPE
Director

CHS/GB/RC/tk

cc: Ivory L. Johnson

FPA North San Diego County
Foster Parents Association

DOC NO
BOARD OF SUPERVISORS
JUN 2 3 33 PM '93
CLERK OF THE BOARD
OF SUPERVISORS

San Diego County
Board of Supervisors
1600 Pacific Coast Highway
San Diego, CA 92101

Dear Board members,

As president of the North San Diego County Foster Parents Association, I write to you with some concerns I, and many in the foster parent community share. We understand the serious budget crises this county and the State of California face at this time, and the difficult and thankless task you have before you, in deciding where the cuts will come. We know that we will be expected to accept the reduction of our foster care rates to the state level. This will mean a cut of $9.00, that which would provide a can of powdered formula or half a bag of diapers, for the infant age children. In the scheme of things, this wouldn't be that much to ask if we weren't already subsidizing the cost of our foster children. San Diego county foster parents live in an area of this state where the cost of living is very high, as compared to some of the smaller counties who are getting the same rates we are receiving. In the infant group especially, foster parents subsidize more than any of the other categories because of the fast growth rate these infants and toddlers make. They change clothes sizes five times by the time they are 9-10 months old, and the equipment, ie; strollers, high chairs, infant and toddler car seats, cribs, walkers etc..., are not included in the board rate. These are things that must be replaced often due to tremendous use. Most foster parents are willing to do their part and then some, in helping to manage the fiscal crises we face, however, this comes at a time when other financial cuts which will also be devastating to our children are also on the horizon. For example, one of the area's Children's Services are looking towards cutting is the direct cost some foster parents receive for excessive transportation or medical supplies their children require which are not covered in the board rate. Some examples of children's needs that have been covered by direct cost are; special foods and formulas that WIC do not cover, transportation expenses to Doctor and therapy appointments, excessive mileage for driving children to visitation over and above that which is reimbursed in our board care rates, medical supplies and drugs and medications that are not covered by Med-i-cal. The group of families I see this most affecting are the medically fragile families. These families provide a great service to this community at a fraction of what it would cost you to hospitalize or institutionalize them. We need to hang on to these resources and not make it so financially burdensome to these families that they stop fostering.

Another impact we will be feeling soon is the new laws governing prescriptions covered by Med-i-cal. As of June 1, 1993, some prescriptions will have to be pre-authorized by

phone before filling. We have been told there could be 24-48 hour waits for emergency prescriptions. This brings up two issues;

1. If we wait the 24-48 hours for a drug for a child with ruptured ear drums and the child ends up near death with complications such as cellulitis, who in the Department of Social Services will accept the liability for the surely forthcoming law suit?

2. If foster parents pay for the drugs themselves and there is no longer reimbursement through direct cost, how long do you think we will be able to continue to take children?

As you can see, your foster parents are going to be impacted by these proposed cuts and new Med-i-cal policy. It is not and cannot be the responsibility of the foster parent to pay the medical bills of foster children. We cannot do it. We need the support of our Board of Supervisors in not asking us to.

We are doing a difficult job in a most difficult time. With the affects of Family Preservation thrust upon our children, many are returning to parents who are not even marginal, and even more distressing are the Tiffany's of this county who would have been protected prior to our current philosophy of keeping families together at the expense of the child. Our slogan, "Protecting Children, Serving Families" really translates into, "Children At Risk." Tell me how we have served Tiffany or her father who will spend many years in jail for killing his daughter, by leaving her in her home to die? Foster parents have a very difficult job and the only way we can handle the separation and grief part, is if we know these children are going to be helped, not hurt by the system. These cases make it more and more difficult for foster families to stay in this system which seems to be going quickly in reverse when it comes to meeting the needs of San Diego's children.

Our drug exposed infants are in more jeopardy than ever in San Diego County. I feel that we are using the SB 2669 law of three years ago to turn a blind eye to this most fragile population of children. This law states that drug exposed children are not allowed to even be referred to CPS because of a positive toxicology screen. This puts the responsibility on the shoulders of the Hospital doctors and nurses to make the evaluation if there are other circumstances which put the infant in jeopardy, as the drugs in its system alone, <u>are not considered abuse!</u> The problem with this is that here we are three years after the passage of this idiotic bill, and San Diego County still is without a protocol to implement how the hospitals are going to asses and investigate these families to protect the infants. This makes me furious as it does any of us who have given years to try and help these special needs children. To know that they are not going to receive the services they desperately require and are going home with addicted moms who themselves are getting no treatment I believe is criminal. What are we telling the mother, that it's O.K. to use cocaine and give it to your baby because we aren't going to do anything to help either one

of you. When I pick up a child from the hospital, the nurses are very distressed about the babies that are going home to addicted moms who they feel are ill prepared to care for healthy problem free babies let alone babies that are drug exposed. Hospitals are not set up to investigate. They do not have access to the records that CPS has at their fingertips. Doctors and hospital staff a working for ridiculous wages from these cases as they are all Med-i-cal. They do not have the inclination, time or abilities to properly asses whether these babies will be at risk or not? I believe it will only be a matter of time before we greatly curtail the testing of these infants, after all what is the point if we are not going to give them the services they require? Are we turning our backs on these children due to their high cost of care?

We in the foster parent community would like for someone to explain how San Diego County can "cry poor", when we can afford to build a children's institution at the cost of $4,500.00 dollars per month per child, as compared to foster care even at the ESC rate of $600.00 per month? What school of economics does this come from? Even Casa De Amparo received $4,000.00 per month per child. There is nothing that this institution offers, that foster parents do not already give to our children and more. The advantages of home environment compared to institutionalization, are well documented. We don't understand why our financial resources are being used in this way. Please explain.

Finally, if you would look into the cost of recruiting and licensing a foster family, I am sure you would be amazed at the cost. If we took more care with the foster parents we already have, I think we could save a bundle.

Sincerely,

Patty Boles
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Vista, CA 92083
726-8683