DEPARTMENT OF SOCIAL SERVICES

KINSHIP FOSTER CARE

REPORT 95-S-106

H. Carl McCall
Comptroller
Division of Management Audit

Report 95-S-106

Mr. Brian J. Wing  
Acting Commissioner  
Department of Social Services  
40 North Pearl Street  
Albany, NY 12243

Dear Mr. Wing:

The following is our report on the New York State Department of Social Services' Kinship Foster Care program. Many of the findings pertain to the New York City Administration for Children’s Services (ACS). As such, the Department should share this report with ACS and work closely with ACS to implement our recommendations.

This audit was performed pursuant to the State Comptroller's authority as set forth in Section 1, Article V of the State Constitution and Section 8, Article 2 of the State Finance Law. Major contributors to this report are listed in Appendix A.

Office of the State Comptroller  
Division of Management Audit

November 22, 1996
Executive Summary

Department of Social Services
Kinship Foster Care

Scope of Audit

The Department of Social Services (Department) supervises New York State’s child welfare system, which includes the Foster Care program (Foster Care). Placing a child with relative foster parents is referred to as Kinship Foster Care (Kinship). Foster Care is administered through 58 local social services districts (districts). For the year ended December 31, 1994 (the most recent period for which data is available), the Department reported that it spent almost $1.2 billion on Foster Care for about 59,000 children in New York State. Of these, 20,397 children resided in Kinship, the vast majority (19,443) of which were in New York City.

Our audit addressed the following questions relating to Kinship:

! Have the districts complied with State law pertaining to the use of Kinship and adhered to program requirements?

! Do Kinship children receive the same level of services as non-relative Foster Care children?

! Has the Department developed an adequate system to measure the performance of Kinship?

Audit Observations and Conclusions

We found that the Department needs to expand its monitoring of district operations relating to Kinship and non-relative Foster Care children to improve compliance with State law and to protect the interests of children. We found that the Department needs to develop an adequate system to measure the performance of Kinship to ensure the potential benefits of Kinship justify the costs.

We surveyed the 58 districts regarding their use of Kinship and received responses from 41 districts. We noted that confusion exists in some districts regarding the use of Kinship. For example, two districts do not use Kinship. Another three districts responded that Department policy does not require that they use Kinship. (See pp. 5-6)

District responses to our survey questionnaire show varying degrees of effort for locating kin, ranging from some districts that simply wait for relatives to come forward to others that conduct exhaustive searches. As a result, some
districts may not be identifying all relatives who are willing and suitable to care for the children. (See pp. 6-7)

We selected 148 Foster Care case files (83 Kinship and 65 non-relative) in four districts to determine whether the districts were providing mandatory medical and dental services and whether the districts had provided the same level of services to all children in Foster Care. For the 148 children, we found that 236 of the 1,120 required medical and dental appointments may not have occurred. While we found a small difference in the level of medical services received by children in the two groups, Kinship children received fewer dental services. (See pp. 7-9)

In New York City we found required casework contacts with children, parents, and foster parents were not being made; the City did not adequately monitor the foster children who were under the care of contracted agencies; extensions of placement in Foster Care were not always documented or approved; and instances where case files were either missing, incomplete or inaccurate. (See pp. 9-17)

We also found that the Department has not developed an adequate system to measure the performance of Kinship. This is important as, Kinship costs significantly more than non-relative Foster Care. This increased cost is primarily due to the additional time children spend in Kinship as compared with non-relative Foster Care. We calculated that, for the 20,397 children in Kinship as of December 31, 1994, the additional time these children spent in Kinship cost $491.5 million.

Based on our analysis of certain data concerning reunification/adoption and recidivism, there appears to be both potential advantages and disadvantages for placing children in the Kinship program. The Department needs to conduct more in-depth analyses to quantify whether the benefits that the children may receive from Kinship justify the additional costs. If the benefits do not support the costs of Kinship, the Department should propose amendments to pertinent State laws to revise or discontinue the Kinship program. (See pp. 19-22)

We have included nine recommendations in the body of this report that address the concerns we identified during this audit.

**Comments of Department Officials**

Department officials generally agree with the report’s conclusion that children in Kinship are more likely to remain in care longer than non-relative placements. However, they expressed concern with the report’s statement that $491.5 million in additional costs were incurred on behalf of children in Kinship as of December 31, 1994.

These officials provided additional data related to the number of children in Kinship and the per day cost of their care. Based on this new data, we calculate that for the 17,870 children in Kinship as of December 31, 1995, the additional time these children spent in Kinship cost $362 million.
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## Exhibit A
- Districts That Responded/Did Not Respond to Our Survey Questionnaire

## Exhibit B
- Districts Indicating An Understanding of Kinship Requirements With No Kinship Placements As of December 31, 1994

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- Districts With No Kinship Placements as of December 31, 1994
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Appendix A
Major Contributors to This Report

Appendix B
Comments of Department of Social Services Officials
Introduction

Background

The Department of Social Services (Department) supervises New York State’s child welfare system, which includes the Foster Care program (Foster Care). Foster Care is intended as a temporary substitute for parental care provided to children who are in the care and custody of a local social services commissioner. The Federal, State and local governments jointly fund Foster Care. The Federal Social Security Act, the State’s Family Court Act and the State’s Social Services Law govern Foster Care.

State policy recognizes that the family is the most appropriate setting for rearing healthy, caring and competent children. Each New York State county has a family court that among its other duties, seeks to protect children by authorizing their removal from their homes and placing the children in Foster Care when reasonable efforts to preclude placement have failed. When removing children from their homes is necessary, government officials may place them either with non-relative foster parents; in child-caring institutions; group homes and agency-operated boarding homes or with relative foster parents. Placing a child with relative foster parents is referred to as Kinship Foster Care (Kinship).

Child welfare experts, including the Child Welfare League of America, state that Kinship can meet the safety, nurturance, and family continuity needs of children and strengthen and support families by:

- Enabling children to live with persons they know and trust;
- Reducing the trauma children may experience when they are placed with persons who initially are unknown to them;
- Reinforcing the children's sense of identity and self-esteem, which flows from knowing their family history and culture; and
- Encouraging families to consider and rely on their own family members as resources.

According to Department policy, placing children in the least restrictive, most homelike setting with suitable relatives is the preference when an out-of-home placement is necessary. Districts are required to explain to suitable relatives the full range of options, including their:
Role as a temporary placement without family court involvement and
without changing the parent's legal custody of the children. Under this
option, the relative does not receive Foster Care payments.

Pursuit of direct legal custody of the children through a court order.
Under this option, the relative also does not receive Foster Care
payments.

Approval as a Kinship foster parent. Under this option, the family
court awards the relative physical custody of the children, while the
district approves and oversees the relative as a foster parent. The
relative receives Foster Care payments.

The Department's Division of Services and Community Development oversees
Foster Care, which is administered through 58 local social services districts
districts). In January 1996, the Mayor of the City of New York signed an
executive order that removed the "troubled" Child Welfare Administration
from the Human Resources Administration, renamed it the Administration for
Children's Services (ACS) and made it an independent City agency. For the
year ended December 31, 1994 (the most recent period for which data is
available), the Department reported that it spent almost $1.2 billion on Foster
Care for about 59,000 children, of which 20,397 children resided in Kinship.
New York City had 44,634 children in Foster Care of which 19,443 were in
Kinship Care. All other counties combined had only 954 children in Kinship.

It is important to note that as part of the 1996-97 Executive Budget, there was
a proposed budget bill to limit the duration of Kinship placements to one year,
with certain exceptions. Under this bill, relatives would consent to assume
legal custody of the child at the end of one year, when Foster Care will be
terminated. The family court may extend the placement for an additional year
upon finding that the needs of the child cannot be met without continuing
Foster Care services, or if the relative is in the process of adopting the child.
Alternatively, the family court may remove the child from the relative's home
if the relative is unfit or unwilling to continue care for the child, and place the
child with a new foster family.

Audit Scope,
Objectives and
Methodology

The scope of our performance audit included selected aspects of Kinship. We
also compared certain mandated services provided to both Kinship and non-
relative Foster Care children. The objectives of our audit were to determine
whether districts use Kinship when appropriate; districts conduct searches for
relatives and assess suitability of relatives; Kinship children receive the
services they are entitled to and at the same level as children in non-relative
Foster Care; and whether the Department has a system to ensure that Kinship
meets its goals. To accomplish these objectives, we reviewed a sample of both Kinship and non-relative Foster Care case files at the district offices and contract agencies.

We reviewed case files through March 31, 1996 and, for some tests, we reviewed case files from the date of placement in Foster Care. At Nassau and New York City, we selected our cases from children who in 1995 had been in Foster Care for at least two years. At Erie and Oneida our test cases were selected from the children who were in care during the two years ended August 31, 1995.

We also reviewed Department and Federal procedures and regulations, interviewed responsible Department managers and analyzed program statistics. We used the Department's Medicaid Management Information System to review the medical and dental claims of the Foster Care children included in our tests. We visited five districts (Albany, Erie, Nassau, New York City and Oneida). The extent of our testing of case files at the Albany district was limited because it does not use Kinship. We also sent a survey questionnaire to each of the 58 districts. We sent a second copy of the survey questionnaire to districts which initially did not respond to us. In total, 41 districts responded and 17 did not (see Exhibit A).

We conducted our audit in accordance with generally accepted government auditing standards. Such standards require that we plan and perform our audit to adequately assess those operations of the Department which are included within our audit scope. Further, these standards require that we understand the Department's internal control structure and compliance with those laws, rules and regulations that are relevant to our audit scope. An audit includes examining, on a test basis, evidence supporting transactions recorded in the accounting and operating records and applying such other auditing procedures as we consider necessary in the circumstances. An audit also includes assessing the estimates, judgments, and decisions made by management. We believe that our audit provides a reasonable basis for our findings, conclusions and recommendations.
We use a risk-based approach to select activities for audit. We therefore focus our audit efforts on those activities we have identified through a preliminary survey as having the greatest possibility for needing improvement. Consequently, by design, we use finite audit resources to identify where and how improvements can be made. We devote little audit effort to reviewing operations that may be relatively efficient or effective. As a result, we prepare our audit reports on an "exception basis." This audit report, therefore, highlights those areas needing improvement and only to a limited extent addresses activities that may be functioning properly.

Response of Department Officials to Audit

Draft copies of this report were provided to Department officials for review and comment. Their comments have been considered in preparing this report and are included as Appendix B.

Within 90 days after final release of this report, as required by Section 170 of the Executive Law, the Commissioner of the Department of Social Services shall report to the Governor, the State Comptroller, and leaders of the Legislature and fiscal committees, advising what steps were taken to implement the recommendations contained herein, and where recommendations were not implemented, the reasons therefor.
District Compliance

The State’s Family Court Act and Social Services Law were amended in 1989 to require the State’s family courts to order the districts to search for suitable kin and determine whether the kin would either provide free care and custody of children requiring placement or seek approval as Kinship foster parents. We reviewed district compliance with State Law and Department regulations for using Kinship, locating relatives, ascertaining the suitability of relatives who are used as foster parents and the safety of their households, ensuring children receive required medical and dental services, making required casework contacts, and achieving the service need goals of children and parents as set forth in the Uniform Case Record (UCR). We found that the Department needs to expand its monitoring of district operations to improve compliance with State Law and protect the interests of children.

Use of Kinship Care

We surveyed the 58 districts to determine the extent to which they use Kinship, and their reasons for not making Kinship placements. Forty-one districts responded to our survey questionnaire as follows:

★ Two districts, Albany and Wyoming, do not use Kinship. Albany officials stated that children in Kinship remain in care much longer than other children and are less likely to be reunified with their parents or adopted. Albany’s policy is to request relatives to seek direct legal custody of the children. If they decline to do so, the district places the children in non-relative Foster Care. Wyoming officials responded that Kinship placements worsen family conflicts.

★ For three districts, Lewis, Oneida, and Putnam, officials responded that it was their interpretation that Department policy did not require that they use Kinship.

★ For two districts, Hamilton and Orleans, officials responded that they have received no instructions from the Department regarding Kinship.

★ The remaining 34 districts responded that they understood the requirements of Kinship. According to the Department’s database, 11 of these districts had no Kinship placements as of December 31, 1994 (see Exhibit B and Exhibit C).
The responses to our survey show that confusion exists among some of the districts regarding the use of Kinship. The Department has not communicated effectively to the districts their responsibilities to consider Kinship as a viable option in the placement process.

We also randomly tested 44 non-relative Foster Care placements made during the period January 1, 1994 through September 30, 1995 by the Erie, Nassau, New York City and Oneida districts to determine whether each district documented its attempts to place the children with relatives in accordance with State law and Department policy. We found adequate documentation that these districts complied with this requirement.

We believe the disparities among districts relating to the use of Kinship resulted because the Department does not have a process in place to monitor districts to ensure they place children with relatives according to its policy. Such a process would have identified districts that do not comply with Kinship requirements.

**Searches for Relatives and Their Suitability**

Department policy does not describe how districts should locate relatives. The Department requires that each district develop its own procedures for conducting searches for relatives. District responses to our survey questionnaire show varying degrees of effort for locating kin, ranging from some districts that simply wait for relatives to come forward to others that conduct exhaustive searches. As a result, some districts may not be identifying all relatives who are willing and suitable to care for the children.

In addition, Department policy requires that districts conduct a thorough assessment when approving a relative as a Foster Care provider, to ensure that the relative can give the child protection from future abuse/maltreatment. When conducting these assessments, districts must evaluate whether the relatives are physically and intellectually able to care for the child, can meet the developmental needs of the child, and will cooperate in carrying out the child's ultimate goal of either reunifying with the natural parents or being adopted. Without these assessments, the child's safety cannot be assured. Moreover, there is no assurance the Kinship parents can meet the child's ongoing needs and engage in planning to meet the child's ultimate reunification or adoption goal.

We reviewed 83 Kinship placement files in the Erie, Nassau, New York City and Oneida districts to determine whether caseworkers had conducted assessments when placing the children with relatives. For 78 placement files we noted no exceptions. However, at Erie and New York City, we found that two and three files respectively, contained no documentation that caseworkers had completed such reviews.
Mandated Services

Department regulations require that districts provide various services to every child in Foster Care. Specific medical and dental services must be provided at stated intervals. For example, Foster Care children between the ages of two and five must receive a complete medical examination annually, while children between the ages of six and twenty-one must receive a complete medical examination biennially. All Foster Care children more than three years of age must have an annual dental examination.

We selected 148 case files (83 Kinship children and 65 non-relative Foster Care children) in Erie, Nassau, New York City and Oneida to determine whether the districts were providing mandatory services and to determine whether the districts had provided the same level of services to all children in Foster Care. (See Exhibit D)

For New York City, we reviewed the children’s case files to determine the extent of services they received since they entered Foster Care until the date of our review. For the other districts, we reviewed case files to determine the extent of services children received during the two years ended December 31, 1995.

Our review of the children’s case files indicated that Foster Care children may not be receiving consistent and proper medical and dental care. Many of the case files at the districts tested did not contain documentation to enable us to conclude whether children in Kinship or non-relative Foster Care received the required medical or dental services. Only 46 (32 percent) of the 148 case files contained documentation that the children had received the required medical and dental examinations. For example, one six year old child had medical examinations completed when the child was two and three years old, but there was no evidence to show that the child had seen a doctor again. Further, this child had no record of dental examinations on file, suggesting that this child may have never been taken to a dentist.

Foster care cases in New York City are handled directly by the Administration for Children’s Services (formerly the Child Welfare Administration) or by voluntary agencies under contract with ACS (contracted cases). The problem of insufficient documentation was more prevalent in cases where the children were in the direct care of ACS. Forty-one percent of the sampled cases handled by ACS caseworkers had insufficient documentation to support the medical service requirements. This compared with only 9 percent of the cases handled by contracted agencies. For dental care the problem was worse. Fifty-six percent of the ACS case files did not support the dental service requirements as compared with 26 percent of the contracted case files.

For the 102 children for whom the files had inadequate documentation to substantiate the required medical and dental examinations, we used the
Department's Medicaid Management Information System (MMIS) to determine whether any services were claimed for Medicaid reimbursement by medical and dental providers (children in Foster Care are eligible for Medicaid). Of the 101 children, we determined that for 54 children, reimbursements had been made for medical visits that were not documented in the case files. For the dental requirements, we found that for 22 children, reimbursements had been made for services that were not documented in the case files.

We tested a total of 1,120 medical and dental appointments. In total, the children in Kinship should have had 635 appointments (399 medical and 236 dental) and the children in non-relative care should have had 485 appointments (314 medical and 171 dental) during the period. As shown in the following table, we found that 236 of the 1,120 required medical and dental appointments were neither documented in the case files nor paid through MMIS; this is a 21 percent exception rate.

<table>
<thead>
<tr>
<th>District</th>
<th>Kinship Care</th>
<th>Non-Relative Care</th>
<th>Total</th>
<th>Percent of Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tested</td>
<td>Exceptions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Erie</td>
<td>178</td>
<td>91</td>
<td>269</td>
<td>29</td>
</tr>
<tr>
<td>Nassau</td>
<td>69</td>
<td>55</td>
<td>124</td>
<td>42</td>
</tr>
<tr>
<td>New York City</td>
<td>312</td>
<td>289</td>
<td>601</td>
<td>145</td>
</tr>
<tr>
<td>Oneida</td>
<td>76</td>
<td>50</td>
<td>126</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>635</td>
<td>485</td>
<td>1,120</td>
<td>236</td>
</tr>
</tbody>
</table>

We compared the proportion of children missing medical and dental services by Kinship and non-relative care. As shown in the following table, we found only slight differences in the overall level of unsupported medical services.
### MISSING MEDICAL APPOINTMENTS

<table>
<thead>
<tr>
<th>District</th>
<th>Kinship Care</th>
<th>Non-Relative Care</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tested</td>
<td>Exceptions</td>
<td>Tested</td>
</tr>
<tr>
<td>Erie</td>
<td>123</td>
<td>3</td>
<td>76</td>
</tr>
<tr>
<td>Nassau</td>
<td>28</td>
<td>7</td>
<td>27</td>
</tr>
<tr>
<td>New York City</td>
<td>186</td>
<td>35</td>
<td>183</td>
</tr>
<tr>
<td>Oneida</td>
<td>62</td>
<td>8</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>399</td>
<td>53</td>
<td>314</td>
</tr>
<tr>
<td>Percent of Tested</td>
<td>13%</td>
<td></td>
<td>12%</td>
</tr>
</tbody>
</table>

As shown in the following table, we also identified a difference in the level of dental care provided to Kinship and non-relative Foster Care children. For the cases we tested, Kinship children received fewer services.

The data also shows differences between the other districts tested and New York City for dental services. Kinship children in the other districts had an exception rate of 50 percent as compared to those in non-relative care who had an exception rate of 22 percent. Whereas in New York City, children in non-relative care had an exception rate of 37 percent as compared to 29 percent for those in Kinship care.

### MISSING DENTAL APPOINTMENTS

<table>
<thead>
<tr>
<th>District</th>
<th>Kinship</th>
<th>Non-Relative</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tested</td>
<td>Exceptions</td>
<td>Tested</td>
</tr>
<tr>
<td>Erie</td>
<td>55</td>
<td>24</td>
<td>15</td>
</tr>
<tr>
<td>Nassau</td>
<td>41</td>
<td>27</td>
<td>28</td>
</tr>
<tr>
<td>New York City</td>
<td>126</td>
<td>37</td>
<td>106</td>
</tr>
<tr>
<td>Oneida</td>
<td>14</td>
<td>4</td>
<td>22</td>
</tr>
<tr>
<td>Total</td>
<td>236</td>
<td>92</td>
<td>171</td>
</tr>
<tr>
<td>Percent of Tested</td>
<td>39%</td>
<td></td>
<td>31%</td>
</tr>
</tbody>
</table>
Contacts With Children

Department Regulation 431.16 establishes the requirement that includes the frequency of casework contacts to be made with the child, parents and foster parents when a child is in Foster Care. Our review of compliance with this requirement at Erie, Nassau, New York City and Oneida showed significant non-compliance in New York City.

Casework contacts with children are necessary to ensure each child’s health, safety and development. After the first month of placement, casework contacts must be at least quarterly for as long as the child remains in care. The caseworker must be able to talk with the children without the influence of the foster parents and must be able to visually check for signs of neglect or abuse. Home visits are necessary to determine if the living conditions are adequate for the healthy development of the children.

For both Kinship and non-relative children in our New York City sample, the required casework contacts with the child were not made in 10 percent of the cases. As a result, caseworkers cannot be fully aware if the welfare of the child is in jeopardy. Also there was a difference in the contacts made in direct care cases in comparison with contracted care cases. Five of the direct care cases did not have the required levels of contacts with the children, whereas one of the contracted care cases did not have acceptable levels of contacts.

Contacts With Foster Parents

Casework contacts with the foster parents are equally important in ensuring the welfare of the children. The Department requires monthly contacts which may be either face-to-face or telephone consultation, provided that at least one contact each quarter must be face-to-face. These contacts allow the caseworker to assess the environment in which the child lives and to determine if there have been any problems. Our review of compliance with this requirement at Erie, Nassau, New York City and Oneida showed significant non-compliance in New York City.

We found that many of the required New York City casework contacts with the foster parents were not made regardless of the type of care. For 32 percent of the Kinship cases, contacts with Kinship foster parents were not made, compared to 19 percent for the non-relative cases. Also, for 41 percent of the direct care cases and for 14 percent of the contracted care cases, the casework contacts with the foster parents were not made.
Contacts With Parent(s)

According to Department regulations, the goal for the child determines the minimum required contacts with the parents. For instance, if the primary planning goal is to return the child to his/her parents and the reason for the placement is due to the health and safety of the child, then the caseworker is required to meet the parents twice every twelve months in their home, and 90 days before the child returns to the parents. This allows the caseworker to assess the progress of the parent in correcting the problems that led to Foster Care and to assess the suitability for reunification of the parent and child. Our review of compliance with this requirement at Erie, Nassau, New York City and Oneida showed significant non-compliance in New York City.

The New York City case files generally indicated that the caseworkers attempted to make the contacts but the parents frequently did not keep the appointments or they could not be located. As a result, for the cases in our sample, the required casework contacts with the parent could not be made in at least 19 percent of the direct care cases and in 31 percent of the contracted care cases. In addition, for 19 percent of the Kinship cases and 32 percent of the non-relative cases, the required contacts with the parent could not be made.

Contacts Between Parent and Child

We reviewed the files at Erie, Nassau, New York City and Oneida to determine if the caseworkers were facilitating monthly parent/child visits. These visits are intended to ensure that the bond between the parent and the child remains. They also serve as an incentive for the parents to correct the problems that led to the separation and to help bring about a reunification. The New York City case files indicated that, while the caseworkers regularly facilitated the visits, the parents seldom kept the appointments.

Uniform Case Record (UCR) Plan Goals

According to the Department’s UCR Desk Aid, it is particularly important that appropriate goals be established for all the service needs of the parent and child to make sure all needs are addressed. The UCR provides for a comparison with prior periods to determine whether a goal has been addressed, retained, discontinued or is new, thus enabling goals to be tracked. Our review of compliance with this requirement at Erie, Nassau, New York City and Oneida showed significant non-compliance in New York City.

We found that the goals set for the parents and children in the New York City UCRs were not being met. Goals for the parents and the children are developed at every six-month evaluation. The goals are set in consultation with the parents and children (when appropriate) and represent what they have to achieve over the next six months. The goals may include such activities as enrolling and staying in a drug treatment program (for the parents) and staying in school (for the children). They are aimed at bringing about the eventual reunification of the family unit.
Our tests of New York City case files showed that the parents do not always meet their goals. We found that there was little difference in whether the placements were Kinship or non-relative. The parents failed to meet their goals in 22 of the Kinship cases and 20 of the non-relative cases. The children performed much better, with only five Kinship children and five non-relative children not meeting their goals.
Recommendations

1. Re-instruct districts on State law and Department policy for using Kinship, including the efforts necessary to: search for relatives, assess their suitability, explain the options relatives have in caring for the children and periodically monitor compliance.

2. Ensure districts provide and document that medical and dental services that are being provided to all children in Foster Care.

3. Follow up on the children in the Erie, Nassau, New York City and Oneida districts for whom the MMIS indicated payments for medical or dental services, but whose case files lacked appropriate documentation of such services.

   (Department officials generally agreed with recommendations 1, 2 and 3. Regarding recommendation 1, Department officials stated that their computer systems allow sufficient monitoring of districts. While we agree that these systems are available for the Department’s use, such usage is not a routine practice.)

4. Ensure that all required contacts between the caseworker and the child, natural family and foster parents; and between the parent and child are made.

   (Department officials responded that they were not sure why the required contacts did not occur in NYC. These officials further stated that once they receive a response to this report from the NYC Administration for Children’s Services, they would determine appropriate follow-up action. However, the officials noted that the NYC case files indicated that generally the parents failed to keep the scheduled appointments. As a result, the officials concluded that this finding should not be considered as an Administration for Children’s Services or caseworker failure. We do not completely agree with this conclusion, as the documentation in the case files does not support that the Administration for Children’s Services and the caseworkers did everything to affect these contacts.)
5. Ensure that the Districts monitor the progress of the parents and children in attaining their goals.

(Department officials disagree with this recommendation, stating that certain information necessary to evaluate whether districts monitor the progress of parents and children in attaining their goals is already available in existing systems. While we agree that existing computer systems contain this data, the Department does not currently use this data to routinely monitor district performance. The officials also indicate that existing data and systems will be significantly enhanced in the future. We believe Department officials should use this enhanced data to monitor district performance on a routine basis.)

6. Identify, in conjunction with ACS, those practices used by contracted care agencies that resulted in their providing a better level of performance for those services that we reviewed. Where feasible, apply those practices to direct care cases.

(Department officials agreed with this recommendation.)
Other Concerns In New York City

During our review of cases in New York City, we identified the following additional areas of concern.

Oversight of Contracted Care Cases

For cases under the direct control of ACS, caseworkers perform all the case planning functions for the case. These functions include maintaining the case records, making all contacts with the children, parents and caretakers, preparing the planned course of action and initiating court actions. In contracted care cases, the contractor’s caseworkers also perform all of the case planning functions.

The Uniform Case Record (UCR) is a plan which establishes for the parents and children, the activities and goals that are expected to be accomplished during the plan period (usually six months). The plan is drawn up by the caseworker in consultation with the interested parties and is approved by the caseworker’s supervisor and a third party reviewer. ACS’s case managers are required to review and approve the UCR to ensure that all the required laws, rules and regulations are complied with.

In our sample of 62 case files, 35 were contracted cases. We examined ACS’s case management records for each of the contracted cases to determine if ACS provided adequate supervision of the contracted agencies. For nine of these cases, we found that the UCRs were missing, lacked required signatures or were not signed timely.

Extension of Placement

Foster care placements, ordered by the courts, are for a specified length of time, usually up to a year. At the end of the period, the child must be either discharged or an extension must be filed. Any placements longer than two years with a goal of return to parent or relative must be justified and approved by the Commissioner of Social Services.

In our sample, 24 of 62 (12 Kinship and 12 non-relative) children were in situations where extensions of Foster Care were filed without justification. In 9 of the Kinship and 5 of the non-relative cases, extensions of their placements were approved even though case file notes indicated that there was little progress being made by the parents. For example, in two of the Kinship cases and one of the non-relative cases, we found that the caseworker had sent requests for Terminations of Parental Rights to the ACS Legal Department but no action had been taken. One of the requests had been made in December
1992. The ACS Legal Department would not respond to our request for an explanation as to why no action had been taken on one of these cases.

We also found that the additional time in care was not approved in two Kinship and two non-relative cases. By not obtaining these approvals, ACS no longer had the authority to keep the children in Foster Care and should have returned them to the parents or put them up for adoption.

When the child’s goal changes to adoption the Law requires the district to take court action to free the child within 30 days of making the goal change. In 13 of the 24 cases in our sample when this goal change was made, ACS did not begin the process of freeing the child within the required time period. Six of these cases involved Kinship cases and four involved non-relative cases.

Recordkeeping

The case files document the problems leading up to Foster Care placement as well as current progress towards the objectives of the child’s adoption, reunification with his or her parents, or independent living. Case files ensure a continuity of care for the foster child in the event of a change in conditions such as a new location or case worker.

In our sample of 62 case files, one file was missing. A second file was incomplete, missing several years of documentation.

Accurcay and Timeliness of CCRS Data

The Child Care Review Services (CCRS) is a computerized data management system which collects specific information about families and children receiving Foster Care services. ACS and the Department use CCRS to track the children in Foster Care. CCRS contains pertinent data from the case records of each child in the Foster Care system. This data includes such information as the child’s identification number, the parent’s name and case number, date of birth of the child, date of placement, type of placement, when UCRs have been filed, and legal activities that have occurred. ACS data entry clerks input information for each case onto CCRS.

We randomly selected 52 case files at several contracted agencies that we visited to verify that selected data in the case records were reflected accurately on the CCRS. All of the children had been placed prior to December 31, 1995 and the data was verified as of March 19, 1996. Of the 312 items of information that we attempted to verify, 50 items (16 percent) such as date of placement, child’s name, case number, date of birth, etc., were either incorrect or missing. Also, three of our sampled cases could not be located on CCRS.

To facilitate monitoring the progress of Foster Care cases, it is imperative that all relevant information be entered onto CCRS timely and accurately. Much
of this information is necessary to ensure that the cases are being processed timely and that the children are receiving the services to which they are entitled. Inaccurate or missing information could lead to improper actions being taken on the case, such as the child being returned to a dangerous environment.

<table>
<thead>
<tr>
<th>Recommendation</th>
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</thead>
<tbody>
<tr>
<td>7. Ensure that the Administration for Children’s Services:</td>
</tr>
<tr>
<td>! Strengthens supervisory oversight of contracted care cases to ensure that required services and appropriate actions are provided and properly documented.</td>
</tr>
<tr>
<td>! Approves and justifies all extensions of Foster Care placements.</td>
</tr>
<tr>
<td>! Takes appropriate action within the required timeframe in order to speed up the adoption process after the goal change to adoption is made for the child.</td>
</tr>
<tr>
<td>! Requires its Legal Department to act timely on the requests for Termination of Parental Rights.</td>
</tr>
<tr>
<td>! Secures and properly maintains all case files.</td>
</tr>
<tr>
<td>! Maintains relevant, accurate and timely data on CCRS.</td>
</tr>
</tbody>
</table>

(Department officials responded that the majority of the components of this recommendation are addressed through the Department’s Section 153d sanctioning process. While this sanctioning process was in place during our audit, the components of this recommendation were not fully addressed by it. Further, Department correspondence shows that the process may not be working as intended. Department officials further stated that they would contact the Administration for Children’s Services to determine why actions were not taken to free the child(ren).)
Performance Measurement

We found the Department has not developed an adequate system to measure the performance of Kinship. Primarily, the Department has not established quantifiable indicators to measure program performance. Additionally, while the Department does maintain data that show, among other things, the length-in-care for Kinship and non-relative placements, and the age and ethnicity of Kinship children; it does not use the data to determine whether the goals and objectives of the program are being met. For example, the Department does not measure how Kinship children fare versus non-relative placements on performance criteria such as: the length of time in care; the timeliness of children achieving reunification with their parents or adoption; and the number of foster children who were discharged from Foster Care to their parents and who subsequently returned to Foster Care (i.e., recidivism).

Performance measurement systems provide a basis for improving the quality of public sector programs, as well as addressing waste and inefficiency in government programs. Performance measurement systems serve as the foundation for organizational improvement, and provide all concerned parties, agency staff and managers, the Executive, the legislature and the public, with information about the efficiency and effectiveness of programs and operations. It is important that relevant performance measures be developed to ensure that the goals and objectives of a program are being achieved. Performance measures provide information about a program's success, and serve as a warning system for potential undesired results.

We determined that Kinship care costs significantly more than non-relative Foster Care. This increased cost is primarily associated with the additional time children spend in Kinship as compared with non-relative Foster Care. A 1992 study by the Chapin Hall Center for Children at the University of Chicago, involving New York State, found that children remain in Kinship, on average, more than 50 percent longer than children in non-relative Foster Care. As illustrated in the following pie charts, Department statistics, excluding children in institutional Foster Care, as of November 1995 show significant differences in the length of time Kinship placements are in care compared with non-relative placements.
Total caseloads and related costs increase as the length of time spent in care increases. For example, the Department reported that the average cost per child in all Foster Care (Kinship and non-relative) in 1994 was $16,063. On average, children stay in Kinship care 1.5 years longer than their non-relative Foster Care counterparts. Therefore, each Kinship placement will cost about $24,100 more than a non-relative placement. Based on the 20,397 children in Kinship as shown on Department records as of December 31, 1994, we estimate that Kinship costs $491.5 million more than non-relative Foster Care.

Department officials generally agree with the report’s conclusion that children in Kinship care are more likely to remain in care longer than non-relative placements. However, they expressed concern with the report’s statement that $491.5 million in additional costs were incurred on behalf of children in Kinship care as of December 31, 1994.

These officials provided additional data related to the number of children in Kinship care and the cost per day for each child in care. Based on this new data, we calculate that for the 17,870 children in Kinship care as of December 31, 1995, the additional time these children spent in Kinship care cost $362 million as of December 31, 1995.

We requested the Department to compile and provide us with data specific to Kinship so we could compare two important program outcomes: reunification/adoption and recidivism. We compared the outcomes of Kinship children with non-relative Foster Care children for the two years ended December 31, 1994, as follows:
### Kinship vs. Non-Relative Foster Care

<table>
<thead>
<tr>
<th></th>
<th>Kinship</th>
<th>Non-Relative</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children In Care</strong></td>
<td>20,397</td>
<td>38,182</td>
<td>59,579</td>
</tr>
<tr>
<td><strong>Reunification/Adoption</strong></td>
<td>7,397</td>
<td>30,836</td>
<td>38,233</td>
</tr>
<tr>
<td><strong>Percent of Total In Care</strong></td>
<td>36%</td>
<td>81%</td>
<td>64%</td>
</tr>
<tr>
<td><strong>Recidivism</strong></td>
<td>197</td>
<td>2,047</td>
<td>2,244</td>
</tr>
<tr>
<td><strong>Percent of Total In Care</strong></td>
<td>3%</td>
<td>7%</td>
<td>6%</td>
</tr>
</tbody>
</table>

As the preceding table shows, children in Kinship have a much lower chance of being reunified with their parents or adopted in a timely manner than do children in non-relative Foster Care. On the other hand, children in Kinship care seem to have a greater permanency as a result of staying longer with their relatives. Additionally, children in Kinship appear somewhat less likely to re-enter Foster Care after reunification/adoption. However, we noted in New York City that of the 31 non-relative placements sampled, 14 had originally been Kinship placements.

The Department needs to conduct more in depth analyses and consider the more intangible potential benefits of Kinship. It should also quantify whether the benefits that children may receive from Kinship justify the added costs associated with the additional time children spend in Kinship. If these analyses do not support the benefits and costs of the Kinship program, the Department should propose amendments to pertinent State laws to revise or discontinue the Kinship program.
Recommendations

8. Develop a performance measurement system for Kinship.

(Department officials apparently disagree with the need for this recommendation, citing the performance measures and related statistics utilized in this report. However, it should be noted that the Department’s time in-care data used in this report was furnished to us at our request and is not routinely maintained by the Department. The development of performance measures and routine use of related data are integral parts of a performance measurement system.)

9. Study and quantify the costs and benefits of the Kinship program and propose appropriate amendments to State laws relating to the Kinship program as necessary.

(Department officials responded that the 1996-97 Executive Budget contained a proposal which would have generally served to limit Kinship placements to one year. However, this proposal was not accepted by the Legislature. Department officials further indicated that they will continue to explore ways of restructuring Kinship to promote permanency and reduce costs.)
<table>
<thead>
<tr>
<th>DISTRICTS THAT RESPONDED TO OUR SURVEY QUESTIONNAIRE:</th>
<th>DISTRICTS THAT DID NOT RESPOND TO OUR SURVEY QUESTIONNAIRE:</th>
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</thead>
<tbody>
<tr>
<td>Albany Onondaga</td>
<td>Cattaraugus</td>
</tr>
<tr>
<td>Allegany Ontario</td>
<td>Cayuga</td>
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<tr>
<td>Broome Orange</td>
<td>Chautauqua</td>
</tr>
<tr>
<td>Clinton Orleans</td>
<td>Chemung</td>
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<tr>
<td>Columbia Oswego</td>
<td>Chenango</td>
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<tr>
<td>Delaware Otsego</td>
<td>Cortland</td>
</tr>
<tr>
<td>Dutchess Putnam</td>
<td>Jefferson</td>
</tr>
<tr>
<td>Erie Rensselaer</td>
<td>Monroe</td>
</tr>
<tr>
<td>Essex Rockland</td>
<td>Montgomery</td>
</tr>
<tr>
<td>Franklin Saratoga</td>
<td>New York City</td>
</tr>
<tr>
<td>Fulton Schenectady</td>
<td>Schoharie</td>
</tr>
<tr>
<td>Genesee St. Lawrence</td>
<td>Schuyler</td>
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<tr>
<td>Greene Sullivan</td>
<td>Seneca</td>
</tr>
<tr>
<td>Hamilton Tioga</td>
<td>Steuben</td>
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<tr>
<td>Herkimer Tompkins</td>
<td>Suffolk</td>
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<tr>
<td>Lewis Ulster</td>
<td>Wayne</td>
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<tr>
<td>Livingston Warren</td>
<td>Yates</td>
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<tr>
<td>Madison Washington</td>
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<tr>
<td>Nassau Westchester</td>
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<tr>
<td>Niagara Wyoming</td>
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<tr>
<td>Oneida</td>
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<tr>
<td>Districts Indicating an Understanding of Kinship Requirements</td>
<td></td>
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<tr>
<td>---------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Allegany</td>
<td>Onondaga</td>
</tr>
<tr>
<td>Broome</td>
<td>Ontario</td>
</tr>
<tr>
<td>Clinton</td>
<td>Orange</td>
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<tr>
<td>Columbia</td>
<td>Oswego</td>
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<td>Delaware</td>
<td>Otsego</td>
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<tr>
<td>Dutchess</td>
<td>Rensselaer</td>
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<tr>
<td>Erie</td>
<td>Rockland</td>
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<tr>
<td>Essex</td>
<td>Saratoga</td>
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<tr>
<td>Franklin</td>
<td>Schenectady</td>
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<tr>
<td>Fulton</td>
<td>St. Lawrence</td>
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<tr>
<td>Genesee</td>
<td>Sullivan</td>
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<tr>
<td>Greene</td>
<td>Tioga</td>
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<tr>
<td>Herkimer</td>
<td>Tompkins</td>
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<td>Livingston</td>
<td>Ulster</td>
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<td>Madison</td>
<td>Warren</td>
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<td>Nassau</td>
<td>Washington</td>
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<tr>
<td>Niagara</td>
<td>Westchester</td>
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<tr>
<td>DISTRICTS INDICATING AN UNDERSTANDING OF KINSHIP REQUIREMENTS WITH NO KINSHIP PLACEMENTS AS OF DECEMBER 31, 1994</td>
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<tr>
<td>Allegany</td>
<td>Rensselaer</td>
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<td>Clinton</td>
<td>Saratoga</td>
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<td>Columbia</td>
<td>Tioga</td>
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<td>Delaware</td>
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<td>Fulton</td>
<td>Washington</td>
</tr>
<tr>
<td>Otsego</td>
<td></td>
</tr>
<tr>
<td>District</td>
<td>Kinship Care</td>
</tr>
<tr>
<td>---------------</td>
<td>--------------</td>
</tr>
<tr>
<td></td>
<td>Population</td>
</tr>
<tr>
<td>Erie</td>
<td>366</td>
</tr>
<tr>
<td>Nassau</td>
<td>125</td>
</tr>
<tr>
<td>New York City</td>
<td>15,408</td>
</tr>
<tr>
<td>Oneida</td>
<td>50</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15,949</strong></td>
</tr>
</tbody>
</table>

The sample population for New York City was as of October 31, 1995. The other counties populations were as of December 31, 1994.
Major Contributors to This Report

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September 3, 1996

Mr. Kevin M. McClune  
Audit Director  
Office of the State Comptroller  
A.E. Smith State Office Building  
Albany, New York 12236

Re: OSC Draft Report: Department of Social Services Kinship Foster Care 95-3-106 (96-017)

Dear Mr. McClune:

We have reviewed the report, however, before we address the recommendations we would like to offer the following comments on the report's findings and conclusions.

While we generally agree with the report's conclusion that children in kinship placements are more likely to remain in care longer than non-relative boarding home placements, we do have a number of concerns with the accuracy of the report's projected dollar amount ($491.5 million) of additional costs incurred for kinship care over non-relative foster care.

The review used aging data of foster care children to determine an average time in foster care for kinship and non-relative foster boarding care children. While that data indicates how long foster care populations, as of a specific date, have been in care, it does not identify how long the children receive foster care, (i.e., the periods between placements and discharge dates). The report also applies data from one time period to conditions of another time period. While the aging data mentioned was for children in placement as of November 30, 1995, it was applied to a kinship population that existed in the prior year. This method of analysis could be misleading since over 4,700 kinship children were discharged in 1995 and only 1,067 admitted. Given a trend of decreasing admissions, it could be expected that aging data would reflect a remaining kinship population that had longer average lengths of stay.

The report also uses "foster care claims per child served" as an average cost in calculating the value of additional foster care time. The data, which was compiled by the Department, is an annual average cost for all children served within the calendar year regardless of their length of stay. It is not an average cost of foster care that should be used to arrive at the value of additional foster care time.
Lastly, the report equates kinship foster care costs with average claims for all foster care. Kinship foster care costs are considerably less than average foster care because kinship is basically a foster boarding home program. Foster boarding home programs tend to be the least expensive level of care where children can be placed. Costs for congregate care placements, which are also part of the $16,684 average cost, include institutions, group homes, group residences and supervised independent living programs, all of which are significantly higher than the average. The estimated average foster home boarding costs are around $37/day and congregate care averages about $121/day. Taking these costs into consideration, time spent in kinship care placements would have to average more than three times the average congregate placement period to result in additional costs.

The following are our comments on the report's recommendations.

Recommendation #1: Re-instruct districts on state law and department policy for using Kinship, including the effort to search for relatives, assess their suitability, explain the options relatives have in caring for children and periodically monitor compliance.

Response: Based on the responses provided by the local districts to the auditors' survey document it is evident that the majority of the local districts are aware of and understand the department's policy and approaches required for kinship foster care. Nonetheless, we will continue to instruct the local districts regarding the need to consider and utilize kinship care where appropriate through our policy issuances and with the assistance of our Regional Office staff.

Regarding periodic monitoring of district compliance, system checks and trend data from the Child Care Resource System (CCRS) and other sources are regularly utilized by the Department in the monitoring and assessment of local districts. Management and Administrative Review Subsystem (MARS) data has also proven valuable in policy formulation by facilitating the evaluation of program trends and differences in local district approaches in providing services. The Department also utilizes system data in program enforcement efforts, particularly in implementing the 153d sanctioning process required by the Child Welfare Reform Act which by definition would include all kinship foster care cases.

Recommendation #2: Ensure districts provide and document that medical and dental services are being provided to all children in Kinship and non-relative Foster Care.

Response: We agree that all children in both kinship as well as non-relative foster care should receive all required medical and dental services. We will remind the local districts of this requirement as well as the need to document these services in the case record.

Recommendation #3: Follow up on the children in Erie, Nassau, New York City and Oneida districts for whom the NHR8 indicated payments for medical or dental services, but whose case files lacked appropriate documentation of such services.
Response: The findings were shared with the local districts for comment. The local districts responded with either additional documentation to refute the findings or details of corrective action to be taken to ensure that required services are reviewed and that documentation is maintained in the case record and is conveyed with their actions.

Recommendation #4: Ensure that all required contacts between the case worker and the child, natural family and foster parents, and between the parents and child are made.

Response: Relative to worker contacts with foster parents, it is unclear from the New York City (NYC) findings as to why the required contacts did not occur. Was this a failing on the part of the workers or the foster parents? This needs to be clarified. The report was shared with New York City’s Administration for Children’s Services, and once we receive their response we will make an evaluation to determine the appropriate follow up action. We have also requested that our Regional Office staff look into this aspect of the report’s findings. As for caseworker contacts with the natural parents or parents with the child, the NYC case files clearly indicated that generally the parents failed to keep the scheduled appointments. This, therefore should not be considered as an Administration for Children’s Services or caseworker failure.

Recommendation #5: Ensure that the Districts monitor the progress of the parents and children in attaining their goals.

Response: We find the recommendation inconsistent in light of the report findings and also Recommendation #4. The information necessary to monitor progress is available and as indicated previously in our response to Recommendation #4, reflected in our CCRS and on MARS data. However, this information will be significantly enhanced with the completion of the SAWIS/CONNECTIONS project, which will vastly improve the Federal, State and local district’s monitoring efforts in this area.

Recommendation #6: Identify, in conjunction with ACS, those practices used by contracted care agencies that resulted in their providing a better level of performance for those services that were reviewed. Where feasible, apply those practices to direct care cases.

Response: Insights into the differences in performance contracted care cases vs. direct care cases will primarily be obtained from discussion with ACS. We will evaluate their response to the audit and discuss the potential for implementing techniques for improving direct care performance with ACS officials.

Recommendation #7: Ensure that the Administration for Children’s Services:

- Strengthens supervisory oversight of contract care cases to ensure that required services and appropriate actions are provided and properly documented;
- Approves and justifies all extensions of Foster Care placements.
- 4 -

- Takes appropriate action within the required time frame in order to speed up the adoption process after the goal change to adoption is made for the child;

- Requires its Legal Department to not timely on the requests for Termination of Parental Rights;

- Secures and properly maintains all case files;

- Maintains relevant, accurate and timely data on CERS.

Response: A majority of these areas are components of our overall monitoring efforts and are primarily addressed through the 1531 Sanctioning process. Item 44 concerning ACS' Legal Department's failure to pursue termination action, as indicated previously, once provided with the necessary specifications, we will contact ACS to determine the reason for the delay.

Recommendation #6: Develop a performance measurement system for Kinship.

Response: This particular recommendation is somewhat inconsistent when compared with the information on pages 16-18. Specifically, the report indicates on page 16 that such performance measures could include the length of time in-care, the timeliness of children achieving reconciliation with their parents or adoption, and the number of foster children who were discharged from foster care to their parents and who subsequently returned to foster care (recidivism). It then goes on to reference, on page 16, the Department's statement which "...show significant differences in the length of time kinship placements are in care compared with non-relative placements." Similarly, the chart on page 17 indicates a recidivism rate of only 3% for kinship as opposed to 7% for non-relative foster boarding home placements. Lastly, when considering timeliness of re-unification with parents or a possible adoption outcome, it is understandable that a natural parent would be less inclined to pursue any type of final action and also be less apprehensive and more apt to proceed slowly with re-unification in cases where a relative is the foster care provider.

Recommendation #5: Study and quantify costs and benefits of the Kinship program and propose appropriate amendments to state laws relating to the Kinship program as necessary.

Response: The 1996-97 Executive budget did contain a proposal which would have generally served to limit kinship foster care placements to one year. However, this proposal was not accepted by the Legislature.

In closing, we want to reiterate that we generally agree with the report's conclusion that kinship children are more likely to remain in care longer than non-relative boarding home placements. This is due in large part to two basic reasons. One is that for a great percentage of kinship children living with a relative in a family setting is the achievement of permanency. Unfortunately, for far too many kinship children, reunification with a parent is neither a desired nor an achievable option. The other is the financial incentives that continued foster care provides to the kinship family.
These are some of the reasons that the Governor in his 1996-97 budget proposal called for reasonable limits to continuation of kinship foster care payments. Unfortunately, those proposals were not found to be acceptable to the State Legislature. The Department will continue to explore ways of restructuring kinship foster care to promote permanency and reduce costs.

We trust that our comments adequately address the recommendations in the report.

Sincerely,

[Signature]

David P. Avenius
Deputy Commissioner
Division of Management Support
and Quality Improvement