

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**RESPITE CARE SERVICES FOR FOSTER
PARENTS - SIX CASE STUDIES**



JUNE GIBBS BROWN
Inspector General

AUGUST 1994
OEI-04-93-00071

OFFICE OF INSPECTOR GENERAL

The mission of the Office of Inspector General (OIG), as mandated by Public Law 95-452, as amended, is to protect the integrity of the Department of Health and Human Services' (HHS) programs as well as the health and welfare of beneficiaries served by those programs. This statutory mission is carried out through a nationwide network of audits, investigations, and inspections conducted by three OIG operating components: the Office of Audit Services, the Office of Investigations, and the Office of Evaluation and Inspections. The OIG also informs the Secretary of HHS of program and management problems and recommends courses to correct them.

OFFICE OF AUDIT SERVICES

The OIG's Office of Audit Services (OAS) provides all auditing services for HHS, either by conducting audits with its own audit resources or by overseeing audit work done by others. Audits examine the performance of HHS programs and/or its grantees and contractors in carrying out their respective responsibilities and are intended to provide independent assessments of HHS programs and operations in order to reduce waste, abuse, and mismanagement and to promote economy and efficiency throughout the Department.

OFFICE OF INVESTIGATIONS

The OIG's Office of Investigations (OI) conducts criminal, civil, and administrative investigations of allegations of wrongdoing in HHS programs or to HHS beneficiaries and of unjust enrichment by providers. The investigative efforts of OI lead to criminal convictions, administrative sanctions, or civil money penalties. The OI also oversees State Medicaid fraud control units which investigate and prosecute fraud and patient abuse in the Medicaid program.

OFFICE OF EVALUATION AND INSPECTIONS

The OIG's Office of Evaluation and Inspections (OEI) conducts short-term management and program evaluations (called inspections) that focus on issues of concern to the Department, the Congress, and the public. The findings and recommendations contained in these inspection reports generate rapid, accurate, and up-to-date information on the efficiency, vulnerability, and effectiveness of departmental programs.

OEI's Atlanta Regional Office staff prepared this report under the direction of Jesse J. Flowers, Regional Inspector General, and Christopher Koehler, Deputy Regional Inspector General. Principal OEI staff included:

Atlanta Region

Paula Bowker, Project Leader
Ron Kalil
Ruth Reiser
Maureen Wilce

Headquarters

Alan Levine, Program Specialist

EXECUTIVE SUMMARY

PURPOSE

To describe characteristics of effective programs which provide respite care services to foster parents.

BACKGROUND

Between 1983 and 1992, the number of foster care children increased about 74 percent while the number of family foster homes declined about 11 percent. A major reason for the decline in foster homes is the stress involved in caring for foster children -- particularly children with special needs.

Foster care experts and advocates generally agree that provision of respite care for foster parents helps recruit and retain foster parents. For example, a 1992 study sponsored by the Administration for Children and Families (ACF), Department of Health and Human Services (HHS) showed, and several experts have concluded that respite care is one of the top needs of foster parents. Retaining foster parents helps keep foster care children out of "at risk" environments and institutions, as intended by Federal statutes and regulations.

SCOPE AND METHODOLOGY

We studied six programs selected from 27 that child welfare experts and public officials operating child welfare programs recognized as effective at providing respite care. We defined respite care as planned, temporary, periodic relief from foster care responsibilities for foster parents. Respite care is intended to relieve foster parent stress and prevent disruption of placements of foster children. Our selected six programs provided wide geographic dispersion throughout the United States, and they represented urban and rural populations, public and private administration, and a variety of target populations. We interviewed child welfare program officials and experts at HHS, selected States and counties, and various organizations which have an interest in foster care. We also analyzed respite care services provided by each selected program.

FINDINGS

Respite care can be provided effectively in various ways

No single model program or blueprint is essential for providing respite care to foster parents. The six programs we inspected differed in a number of ways, including program management, program requirements for respite services, criteria for providing respite care, settings for respite care, types of respite care providers, payment methods, and target populations.

For example, three programs were operated by private organizations while three were operated by government child welfare agencies. Two programs provided respite care to all foster parents, but four served only foster parents of special needs foster children. Five programs used compensated providers and one used volunteers.

Effective respite programs share some common characteristics

Although there was no blueprint for an effective respite program, the six programs we inspected shared some common characteristics. In each program, respite care was established to meet a specific need. Each program was affiliated with an established organization that served foster children. All programs promoted teamwork and trust. Each program screened, trained, and monitored respite providers. Lastly, each program was flexible to meet changing respite needs.

Federal and State support have been important elements of respite programs

All six programs received Federal or State financial support when started, or they made program enhancements with government funds. Two of the six programs received Federal financial support to get started or they evolved from other Federally funded programs. A third program was started with private funds but later received Federal funds from various sources, such as Title XX of the Social Security Act. A fourth program started with private funds and later obtained Federal funds for program enhancements. A fifth program started with State funds but now operates with Federal funds. The sixth program started with county funds and later obtained State funds to make program enhancements. The sixth program now operates with Federal, State, and county funds, and private donations.

CONCLUSION

This report shows that while recognized, successful respite programs differ, certain program elements are common to each. The Administration for Children and Families should provide recognized effective practices for providing respite care to States, counties and private sector organizations. Such information will help officials involved in developing respite care programs learn what works. For example, public and private sector officials involved in developing State five-year plans to implement Family Preservation and Family Support Services authorized by the Omnibus Budget Reconciliation Act of 1993 should find information on respite care of particular interest.

Another OIG report that can be useful in planning respite services is titled "Respite Care Services for Foster Parents," (OEI-04-93-00070). That report provides information on availability of respite care, use of respite care, primary source of respite care providers, and barriers to respite care use.

TABLE OF CONTENTS

	PAGE
EXECUTIVE SUMMARY	
INTRODUCTION	1
FINDINGS	6
• Respite Care Can Be Provided In Various Ways	6
• Effective Respite Programs Share Some Common Characteristics	8
• Federal and State Support Have Been Important Elements Of Effective Programs	11
CONCLUSION	12
APPENDIX A: Description of Selected Six Respite Programs	A-1
HIV/AIDS Respite Program	A-2
Brooklyn, New York	
Family Support Services of the Bay Area	A-5
Oakland, California	
Harris County Foster Parent Respite Program	A-8
Houston, Texas	
People Places, Incorporated	A-11
Staunton, Virginia	
Vermont Foster Care Program	A-14
Waterbury, Vermont	
Fragile Infant Special Care Program	A-17
San Francisco, California	

INTRODUCTION

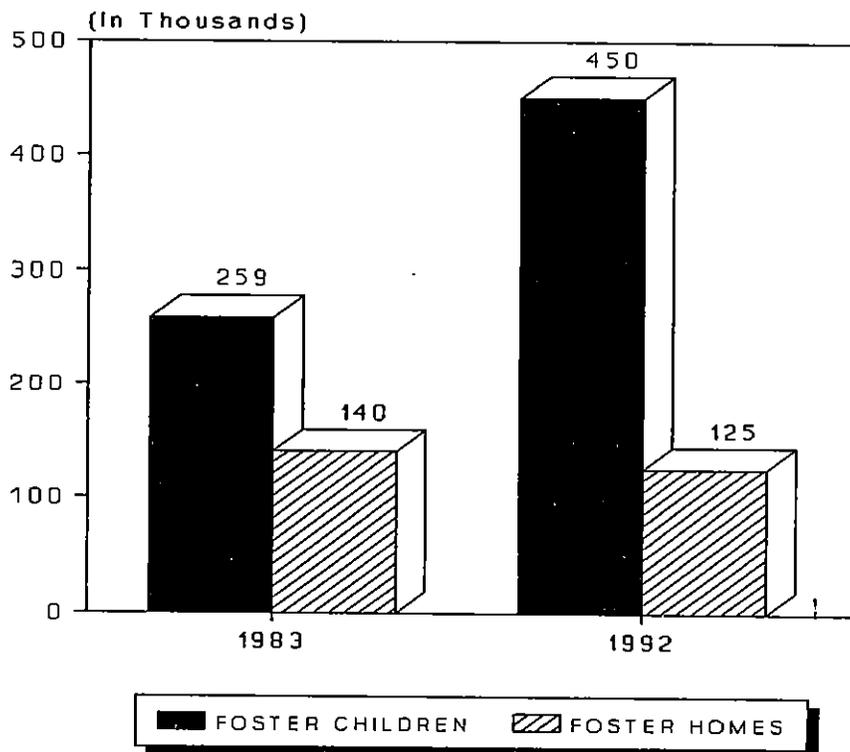
PURPOSE

To describe characteristics of effective programs which provide respite care services to foster parents.

Number Of Foster Children Increasing While Number Of Foster Homes Decreasing

The number of children entering foster care increased about 74 percent in the past ten years. The National Foster Parent Association (NFPA) and the Administration for Children and Families (ACF), Department of Health and Human Services (HHS), estimated that 259,000 foster care children in 1983 increased to about 450,000 in 1992. Foster care children reside in a variety of settings, including family foster homes, group homes, and institutions.

While the number of foster children continues to increase, the number of foster homes and foster parents continues to decline. The NFPA estimates that the number of licensed foster homes declined by nearly 11 percent between 1983 and 1992, from approximately 140,000 to 125,000. The NFPA estimates that only about 100,000 of the 125,000 licensed foster homes in 1992 were available to accept a foster child placement.



Special Needs Foster Care Children Increase Demand On Available Foster Parents

In addition to the increasing number of foster care children, available foster parents are frequently asked to care for foster children with special needs. Special needs children are typically medically fragile, handicapped, or seriously ill. They may suffer from fetal alcohol syndrome, or from exposure to HIV and drugs. According to a 1992 ACF report written by James Bell Associates, children entering foster care today have more emotional and behavioral problems than ever before.

Such children require a greater level of time and attention than many foster parents are able, or willing, to give. According to the Bell report, it may become increasingly difficult to recruit and retain foster parents who are willing to care for special needs children. This is particularly true for single foster parents who comprise between 28 and 32 percent of all foster parents, according to the Single Foster Parent Network. The head of the Network said that special needs children place a potentially greater demand on single foster parents than on couples who may share foster care duties.

Respite Care May Help Retain Foster Parents

Foster care experts and advocates generally agree that respite care for foster parents is important for recruiting and retaining foster parents. It also helps prevent out-of-home placement of children. For example, a 1992 HHS report stated that respite care is important for relieving social, economic, and financial stress among families with special needs children, including foster families. Further the Director, Information and Services Office, National Foster Parent Association, stated that respite care is the most important factor for retaining foster parents--particularly those caring for special needs children. The James Bell Associates study showed that foster parents may not be willing to care for special needs children unless respite care and other support services are available. The Bell report showed that current and former foster parents identified respite services as the fourth most important unmet service need for them. The first three were counseling, day care, and health care that is not covered by Medicaid.

To the extent that respite care helps retain foster parents, it can help keep foster care children out of "at risk" environments and institutions. Federal statutes and HHS regulations require foster children to be placed in the least restrictive and most family-like setting possible.

However, little information exists on what respite care programs are available and which ones are effective. According to the experts we interviewed, such information would be useful to communities and organizations which are interested in designing respite care programs. They could learn from existing programs and perhaps adopt methods that have proven effective.

Federal Support For Respite Care For Foster Parents

Typically, Federal funds for respite care have been made available as part of other family and children programs. As a result, we could not readily determine the extent of Federal funding and support for foster parent respite care services.

The HHS has supported respite care through demonstration grant projects authorized by the Temporary Child Care for Children with Disabilities and Crisis Nursery Act. The Administration for Children and Families (ACF), HHS, administers the grants. In addition, the ACF funds a center charged with providing technical assistance, training, evaluation, and research to demonstration project grantees. The center, located in Chapel Hill, North Carolina, is called the Access to Respite Care and Help (ARCH). The ARCH publishes and distributes a quarterly newsletter to approximately 600 organizations that have some involvement in foster care and respite care programs. Beginning in 1994, ARCH plans to serve as a referral system for foster parents seeking respite care.

More recently, Federal support for the provision of respite care for foster parents has been broadened by funding for Family Preservation and Family Support Services. The Omnibus Budget Reconciliation Act of 1993 authorized funds for States to plan and implement services intended to keep families together and to strengthen them. Each State child welfare agency desiring funds must develop and submit a five-year plan to the Department by June of 1995. Respite care for both biological and foster parents is one type of family preservation and one type of family support service which a State may elect to include in their five-year plan. Respite care, however, is not mandated.

Finally, the HHS funds and administers several other programs that agencies serving foster children may use to obtain respite services for foster parents. They include

- o Maternal and Child Health Services Block Grants,
- o Medicaid,
- o Social Services Block Grants,
- o HHS' Abandoned Infants Assistance Program, and
- o HHS' Child Welfare Research and Demonstration Program.

SCOPE

We included six programs which provide respite care for foster parents in our study. The selected programs are listed below.

- o The HIV/AIDS Respite Program in Brooklyn, New York

- o The Family Support Services of the Bay Area Program in Oakland, California
- o The Harris County Foster Parent Respite Program in Houston, Texas
- o The People Places, Incorporated Foster Care Program in Staunton, Virginia
- o State of Vermont Foster Care Program, Department of Social and Rehabilitation Services, Agency of Human Services, Waterbury, Vermont
- o The Fragile Infant Special Care Program in San Francisco, California

METHODOLOGY

We conducted case studies of six programs selected from 27 that child welfare experts and public officials operating child welfare programs recognized as effective at providing respite care. We defined respite care as planned, temporary, periodic relief from foster care responsibilities for foster parents. Respite care is intended to relieve stress and prevent disruption of placements of foster children. To identify programs that are recognized as providing effective respite care, we interviewed experts in the child welfare field. We included the

- o Administration for Children and Families, HHS,
- o National Foster Parent Association,
- o American Public Welfare Association,
- o Child Welfare League of America,
- o Access to Respite Care and Help (ARCH),
- o Abandoned Infants Assistance Resource Center, and
- o National Foster Care Resource Center.

The experts we interviewed based their opinion that respite care programs were effective on several factors. The criteria most often cited included (1) respite care program longevity, (2) widespread reputation in the child welfare field for excellent respite and foster care -- i.e., recognition as a model program and selection for awards, (3) increases in the number of foster care families served by respite care providers since starting a respite care program, and increases in the number of respite care providers, (4) decreases in turnover of foster parents and disruption of placements of foster children, and (5) clear policies and procedures for respite care.

Using information obtained from experts and public officials, we selected six respite care programs that provided wide geographic dispersion throughout the United States.

We also structured our selection of programs to obtain representation of urban and rural populations, public and private administration, and a variety of target populations.

To identify and describe characteristics of effective programs, we conducted on-site case studies of each selected program. We interviewed program officials using a standardized discussion guide and reviewed applicable program policies, procedures, and performance records.

We conducted this inspection in accordance with the *Quality Standards for Inspections* issued by the President's Council on Integrity and Efficiency.

Concurrently with this inspection, we performed an inspection to determine availability and use of respite care for foster parents. In performing this companion inspection, we surveyed 12 State and 66 local foster care agencies and 11 State Foster Parent Associations. The results of that inspection are presented in an OIG report titled "Respite Care for Foster Parents" (OEI-04-93-00070). That report provides information on the availability of respite care, use of respite care, the primary source of respite care providers, and barriers to respite care use.

FINDINGS

RESPITE CARE CAN BE PROVIDED EFFECTIVELY IN VARIOUS WAYS

No single model program or blueprint is essential for providing respite care to foster parents. According to the experts and public officials we interviewed, all six programs we examined effectively provide respite care to foster parents. Yet, the programs were diverse. The programs differed in a number of important ways, including (1) program management, (2) program requirements for respite services, (3) criteria for providing respite care, (4) settings for respite care, (5) types of respite care providers, (6) payment methods, and (7) target populations. Appendix A contains a description of each effective program.

Respite Programs Were Managed By Public and Private Agencies

Public agencies managed and operated three of the six respite programs we examined and private agencies managed the remaining three. The three public programs were in Vermont, Harris County, Texas, and San Francisco, California. The private respite programs were in Brooklyn, New York, Oakland, California, and Staunton, Virginia.

Respite Programs Had Different Requirements For Using Respite Care

The six recognized respite programs we studied had various requirements for foster parent use of respite care. To illustrate, the Fragile Infant Special Care Program in San Francisco required foster parents to use 50 hours of respite care each month.

Conversely, the Family Support Services Program in Oakland and the HIV/AIDS Respite Program in Brooklyn allowed respite care within specified limits, but did not require a specific number of hours. The Oakland program allotted families a yearly number of hours and allowed them to use those hours on an as-needed basis each month. The Brooklyn program allowed 15 hours of respite care per week, with additional respite during emergencies.

Finally, three of the six programs allowed respite care on a case-by-case basis. They were the People Places, Inc., in Staunton, Virginia; the Harris County program in Texas; and the State program in Vermont. These programs set no limits or parameters on the amount of respite care foster parents should or could use. However, respite care in the Harris County program was available only on weekends.

Respite Care Was Provided In Different Settings

The six programs we studied provided respite care in various settings. For example, the Harris County, Texas program provided respite care only in out-of-home settings. In such instances, a respite care provider might keep a foster child in their home during a weekend to provide a respite break for the child's foster parent. Conversely,

the HIV/AIDS Respite Program in Brooklyn, New York generally provided respite to foster parents only through in-home settings. In such instances, a respite care provider would come to a foster parent's home to care for the foster children. The Family Support Services of the Bay Area offered both in-home and out-of-home respite.

Some programs considered the performance of certain daily activities and tasks as a form of respite. For example, the Family Support Services of the Bay Area in Oakland, California, provided in-home respite services and also considered a recreational outing for a foster child to be a form of respite for foster parents. Also, the HIV/AIDS Respite Program in Brooklyn considered the provision of a respite provider to take a foster child to a medical appointment as respite for a foster parent. Likewise, the Brooklyn program provided respite for foster parents by providing a respite provider to give bedside attention for a hospitalized foster child.

Respite Programs Used Different Type Providers

The six respite programs we examined used various types of respite care providers. To illustrate, the HIV/AIDS Respite Program in Brooklyn and the Family Support Services of the Bay Area in Oakland used paid full or part-time employees to provide respite. People Places, Inc., in Staunton, Virginia allowed respite care to be provided only by another foster family enrolled in their program.

Conversely, The Harris County Foster Parent Respite Program in Texas uses all volunteers for providing respite care. This is somewhat unique for a public program. Finally, foster parents in the Vermont and San Francisco programs and the Family Support Services of the Bay Area were allowed to find their own respite care providers. The respite providers they found, however, had to be approved by appropriate foster care agency officials.

Different Methods Used To Pay For Respite Care

The six respite programs we studied used various methods to pay for respite care. To illustrate, the Harris County Foster Parent Respite Program in Texas did not pay volunteers who provided respite care. The county foster care agency, however, required foster parents who used respite care to contribute \$5 per day per foster child to a volunteer, as a token of appreciation. Two other programs, Brooklyn and Oakland, paid full and part-time employees who provided respite care. In Brooklyn, the payments ranged from \$6 per hour for up to two children to \$9 per hour for three or more children. In Oakland, the payments ranged between \$6 to \$8 per hour, depending on the number of children, and full time providers also received some agency fringe benefits.

Two other programs used creative methods to pay for respite care. For example, People Places, Inc. in Virginia debited a custodial foster parent for the hours of respite care received and transferred that amount to a foster parent who provided respite care. Likewise, foster parents in Vermont who received respite care initially

paid a respite care provider themselves and then subsequently obtained reimbursement as a monthly expense.

Differences In Target Populations

The six programs we studied were successful at finding respite care providers who could care for children with a wide variety of needs. Four of the respite programs we examined served foster parents of special needs children. For example, the Brooklyn program served children with HIV/AIDS. The Staunton, Virginia program served severely emotionally disturbed foster children. Both the Oakland and San Francisco, California programs served foster parents of medically fragile, vulnerable, and extremely ill foster children.

The program in Harris County, Texas served any foster parent in the county. However, not all volunteer respite providers had the skills to care for foster children with severe physical, emotional, or behavioral problems. Likewise, the remaining program, Vermont, offered respite care to any foster parent in the State, when appropriate and necessary.

EFFECTIVE RESPITE PROGRAMS SHARE SOME COMMON CHARACTERISTICS

Respite Care Was Established To Meet A Specific Need

Each of the six programs we inspected developed respite care as an integral part of their overall mission. For example, in 1980 a foster parent group in Vermont surveyed foster parents statewide to identify their support service needs. The survey showed that the foster parents said respite care was the most needed service. The foster parent group subsequently obtained funding from the State legislature for respite care.

Family Support Services of the Bay Area in Oakland, California was developed to continue and expand the respite program which had been under the auspices of the Children's Home Society. The Bay Area regional centers and Alameda County Social Services Department strongly supported this new agency so that services to their clientele would not be eliminated.

Affiliation With Established Organizations That Served Foster Children

All six programs we inspected evolved from other larger programs that served foster children. All six continue to be affiliated with other larger programs. One program is a component of a larger foster care program which serves severely emotionally disturbed children. Three of our selected six programs are part of foster care systems administered by local or State government. The remaining two are part of multipurpose, private, nonprofit organizations which provide a variety of services to children, including children with special needs.

Larger organizations provided essential elements for starting a respite program, such as financial support, administrative support, and credibility with foster parents. For example, the HIV/AIDS Respite Program in Brooklyn, New York is administered by Brookwood Child Care. Brookwood Child Care is a private agency financed through a State contract to provide a full range of foster care, adoptive, and preventive services. Likewise, People Places, Inc., in Staunton, Virginia makes respite care available as part of a treatment foster care program serving severely emotionally disturbed children. Program managers recognized the importance of respite care and made it available to foster parents from the very beginning of the program.

Promote Teamwork And Trust

Officials at the six programs we reviewed said that teamwork and trust have a significant effect on the use of respite care by foster parents. For example, program officials at two of the six programs said that foster parents initially did not request and use respite care services to the extent anticipated. They said foster parents did not trust respite care providers. Foster parents feared respite providers were spying on them to determine their performance as foster parents. They also feared that respite care providers did not possess adequate skills and depth of concern needed to care for their foster children. Some foster parents also feared that using respite care would suggest a weakness such as insufficient commitment and inability to cope with the stress and demands of fostering.

One respite program manager found that using a team approach for all facets of foster care, including respite care, helped alleviate fears about using respite care. He negotiates a "Family Foster Care Teamwork Agreement" with foster parents when a foster child is placed with them. The agreement is signed by agency staff and foster parents. It serves as a contract in which everyone is equal partners. It stipulates that respite care is an acceptable support service which the agency sanctions and encourages. This approach allows foster parents to have input into decisions regarding their foster child rather than the foster care agency dictating all decisions.

The manager of People Places, Inc., in Staunton, Virginia uses a team approach to foster care. The team approach allows foster parents to become involved in all phases of care for their foster children, including respite care. The team approach allows foster parents access to the program manager and involvement in decision making. In this way, foster parents help control care for their foster children. The program manager believes that when foster parents feel in control, stress is alleviated or minimized. As a result, a need for respite services is minimized. However, respite care is always available and is provided when a foster family and program staff identify a need for it.

Screen, Train, And Monitor Respite Providers

Managers and staff of the six programs we studied have developed procedures for screening, training, and monitoring respite care providers to assure quality care. To

illustrate, the procedures used by four of the six selected programs are highlighted below.

Screening Applicants: To screen respite providers, the Harris County Foster Parent Respite Program staff subject each applicant to the same background investigation as they perform on potential foster parents. They check, for example, such records as arrest, conviction, traffic violations, and child abuse. If a respite provider applicant has not been a State resident for at least three years, they check FBI criminal records. Additionally, they interview relatives and acquaintances to screen respite provider applicants.

Respite provider applicants at the HIV/AIDS Respite Program in Brooklyn, New York are screened through a State central registry. Applicants also provide references which are checked. Further, respite provider applicants must pass a medical examination.

The State of Vermont Department of Social and Rehabilitation Services program staff also screen respite provider applicants through a State central registry. Further, they must pass a Federal criminal background check.

Likewise, staff of the Fragile Infant Special Care Program in San Francisco, California screen respite provider applicants through a State criminal records system to ascertain their suitability for caring for foster children. Family Support Services of the Bay Area in Oakland, California thoroughly interviews each applicant, requires at least three reference checks, tuberculosis clearance, Department of Motor Vehicles clearance, and also accesses the State's criminal records via fingerprint checks.

Training Respite Providers: The staff of the HIV/AIDS Respite Program in Brooklyn require each respite provider to attend two full days of training. One day is a general course on foster care and respite care, and the second day is on HIV. The HIV course is administered by a local university. Further, each respite provider must attend two hours of in-service training every six weeks.

Program officials in the Vermont Department of Social and Rehabilitation Services encourage, but do not require, respite providers to attend the same 8-week training course that new foster parents must attend.

Monitoring Respite Provider Performance: The staff of the Harris County Foster Parent Respite Program in Houston, Texas monitor respite provider performance through use of a questionnaire. The questionnaire is sent to both foster parents and respite providers after each respite experience. It is specifically focussed on getting feedback on the performance of respite providers and experiences during respite.

The staff of the HIV/AIDS Respite Program in Brooklyn monitor respite provider performance by interviewing foster families who use respite providers. The interviews are conducted weekly either by phone or face-to-face. Among other purposes, the

interviews focus on determining the satisfaction of foster parents with performance of respite providers.

Flexible Operations To Meet Changing Needs

None of the six recognized programs we inspected were static. Program staff all attributed their success partly to a willingness to adjust program policies and operations as needed. For example, the HIV/AIDS Respite Program in Brooklyn, New York initially used other foster parents as their primary source of respite providers. However, other foster parents proved not to be the best source of respite providers. They were good and competent as respite providers, but once they accepted a foster child of their own they did not always continue serving as a respite provider. The program director made a needed adjustment and began advertising for people who could serve as respite providers full-time. The director found that this was the best way to assure having quality respite providers when needed.

The program staff of the Harris County Foster Parent Respite Program in Texas had to adjust their program to increase use of respite care by foster parents. They initially assumed that foster parents would all want and use respite care if it was made available. This proved to be an incorrect assumption. They then initiated program activities specifically focussed on educating foster parents about the benefits of respite care. Their program is now growing in the number of foster parents who use respite care and in the number of volunteers who provide respite care.

FEDERAL AND STATE SUPPORT HAVE BEEN IMPORTANT ELEMENTS OF EFFECTIVE PROGRAMS

All six programs received Federal or State financial support when started, or they made program enhancements with government funds. Two of the six programs received Federal financial support to get started or they evolved from other Federally funded programs. To illustrate, the Harris County Texas Children's Protective Services obtained an HHS discretionary grant to determine community approaches to foster parent recruitment and retention. The grant project identified respite care as an important support service to help retain foster parents. This led to the creation of the Harris County Foster Parent Respite Program. In Brooklyn, New York; the HIV/AIDS Respite Program started with a grant from HHS and some matching local funds. Due to delays in obtaining a continuation on their Federal grant, the parent organization for the Brooklyn program recently assumed full financial responsibility for the respite program.

A third program, People Places, Inc. in Virginia, was started with private funds but later received Federal funds from various sources, including Title XX of the Social Security Act, as payment for program services.

A fourth program started with county funds and later obtained State grant funds for program enhancements. This program, the Fragile Infant Special Care Program in

San Francisco, received State demonstration funds two years after the program began. Those funds were used for program enhancements such as hiring a consultant psychologist and paying for program staff and foster parents to attend conferences. It is now funded by a combination of Federal, State, and county funds and some private donations.

A fifth program started with State funds, but now operates with Federal funds. The State of Vermont began its respite care program with \$50,000 of State funds after foster parents approached the State legislature. However, in Vermont most respite care for foster parents is now paid for with Federal funds channeled through the State.

The sixth program, the Family Support Services of the Bay Area program in Oakland, California, was able to expand respite care services for foster parents to four surrounding counties with HHS funds channeled through the State of California. Those funds were made available through the Temporary Child Care for Children with Disabilities and Crisis Nursery Act. The program manager said if Federal funding is not continued, the four counties will either have to absorb the full costs of respite services or discontinue them.

CONCLUSION

This report shows that while recognized, successful respite programs differ, certain program elements are common to each. The Administration for Children and Families should provide information on recognized effective respite care practices to States, counties and private sector organizations. Such information will help officials involved in developing respite care programs learn what works. For example, public and private sector officials involved in developing State five-year plans to implement Family Preservation and Family Support Services authorized by the Omnibus Budget Reconciliation Act of 1993 should find information on respite care particularly helpful.

Another OIG report that can be useful in planning respite services is titled "Respite Care Services for Foster Parents" (OEI-04-93-00070). That report provides information on the availability of respite care, use of respite care, the primary source of respite care providers, and barriers to respite care use.

APPENDIX A

DESCRIPTION OF SELECTED PROGRAMS THAT PROVIDE RESPITE CARE

HIV/AIDS Respite Program	Brooklyn, New York
Family Support Services of the Bay Area	Oakland, California
Harris County Foster Parent Respite Program	Houston, Texas
People Places, Incorporated	Staunton, Virginia
Vermont Foster Care Program	Waterbury, Vermont
Fragile Infant Special Care Program	San Francisco, California

HIV/AIDS RESPITE PROGRAM BROOKLYN, NEW YORK

Program Development

The respite program is administered by Brookwood Child Care, a private agency under contract with the State of New York to provide a full range of foster care, adoptive, and preventive services in Brooklyn. In 1989, Brookwood found that it was serving an increasing number of HIV-infected children as drug addicted parents abandoned their babies in hospitals or became unable to care for them. Brookwood established the HIV/AIDS Respite Program (HARP) to provide intermittent, temporary relief to foster parents of foster children with HIV and AIDS. The objective is to enhance family life, and the life of an HIV-positive child, and to prevent disruption of stable foster care placements.

Program Operation

The respite program is run by a full-time director and administrative assistant. A foster family which is referred for respite care is matched with a respite provider according to geographic proximity and care needs. HARP staff make a home visit to a family foster home to determine service needs, understand the foster family routine, and set up a respite care schedule.

Respite care is generally provided in a family foster home. However, it can also include escorting children for clinic visits and providing respite to a foster parent at a hospital when an HIV-infected child is hospitalized. Up to 15 hours of respite per week, plus emergency respite, is allowed. The agency placed a limit on the amount of respite care because they found too much respite care can compromise the relationship between a foster parent and a foster child. Further, a respite provider can get too involved with a foster family and suffer "burn out."

Respite care providers must complete an employment application, pass a medical exam, provide references, and receive clearance from the State Central Registry. Respite providers are required to complete training performed by the Brookwood staff, including modules on precautions for families and caregivers; behavior management; stress management and grief education; a one-day course on HIV given by a local university; and a two-hour in-service training meeting every six weeks.

Foster parents do not pay for respite care and do not forfeit their regular foster care board payments for respite periods. Providers receive \$6 per hour for caring for 1-2 children, and \$9 per hour for 3 or more children. Respite providers are also paid for attending all training sessions.

The Brooklyn program developed written policies and procedures for providing respite care, including rules on administering medications, confidentiality statements, and how to handle and report emergencies. They have also developed a training manual.

Program Use

The results of a 1992 survey of foster parents and respite providers showed that 83 percent of foster parents used respite care at least once a week. Further, 66 percent of the surveyed foster parents said they could use additional hours of respite care. HARP is currently providing some respite to all foster families served by the Brookwood agency who have HIV-positive children. However, they are serving only three foster families from all other foster care agencies in Brooklyn. According to the director of the respite care program, other agencies in their service area are unable or unwilling to finance respite services.

Initial barriers to using respite care included a lack of awareness that the services existed, fear that wanting respite sends a message that foster parents are not doing a good job, and concern that respite care providers are sent to spy on foster parents. The director used a variety of techniques to overcome such barriers. She conducted all HIV training at the agency and sat in on case consultations to develop greater collegiality with caseworkers. She also reached out to foster parents directly, offering information and a sympathetic ear. Gradually foster parents began to look upon respite care as part of a continuum of foster care.

State and County Agency Role

The program initially received an 18-month Federal grant from the Administration for Children, Youth and Families, which was channeled through the State of New York. The grant provided \$65,000 in Federal funds plus a one-quarter local match for a total of \$86,500. Due to delays in obtaining continuation grant funds, Brookwood recently assumed financial support for the respite program. In addition, Brookwood supplements respite program funding with private funds from its foundation grants.

Characteristics of Effectiveness

The HARP is a small program under the auspices of a large, well-established private foster care agency. The larger agency provided financial support and its professional stature to the respite program. HARP officials attribute the program's success to a combination of structure and support of the larger Brookwood agency, and the leadership and dedication of the HARP program director.

Brookwood has quality assurance standards which HARP is required to meet. In addition, the respite director monitors her program by maintaining weekly, informal contact with respite care providers and periodic visits to family foster homes. She has found that casual encouragement and reinforcement are effective ways to assure retention of respite providers. As part of Federal grant requirements, the program conducted a final evaluation. The evaluation showed that respite care is a needed service for all family members of an HIV-positive child, respite providers can be more effectively recruited from the general public than from other foster parents, and most foster care agencies in their service area cannot afford respite care.

Unique Program Features

The most unique feature of this project is that it serves an entire foster family, not just an HIV-positive foster child in a foster family. Because the HARP serves an HIV population, the respite director reported that she initially had a difficult time locating sources of information about designing and administering a respite care program for populations with special needs. Ultimately she used the Access to Respite Care and Help (ARCH), a center in Chapel Hill, North Carolina funded by HHS. The ARCH serves as a national clearinghouse for respite care and crisis nursery programs. She said ARCH continues to be a valuable source of information for her and a link to other programs.

Can the program be replicated

The director feels the program can be replicated at other sites that serve HIV-infected foster children. She believes that to do so successfully, an agency should establish a funding base, associate itself with an established child care agency in the community, and develop personal linkages with other professionals and potential users in the community.

Other organizations have recognized the Brooklyn program as an effective model. The Child Welfare League of America invited the project coordinator to present a workshop on respite care for HIV-affected families. The director also made a presentation about HARP at the National Conference of Respite Care Programs and Crisis Nurseries in Washington, D.C. In addition, the ARCH selected HARP to be part of an evaluation process of innovative programs.

Contact for information

Marilyn Barney, Director of Respite Care (718-596-5555, extension 530)

FAMILY SUPPORT SERVICES OF THE BAY AREA OAKLAND, CALIFORNIA

Program Development

Family Support Services of the Bay Area (FSS) is a private, non-profit organization. It provides respite care and other support services to parents, relative caregivers, and foster parents of vulnerable children. The FSS contracts with four Bay Area counties' foster care agencies, which selectively refer families for services. The four counties served are San Francisco, Contra Costa, Alameda, and San Mateo.

The FSS has its roots in the Children's Home Society (Society), a non-profit, multipurpose children's services agency serving the State of California. The Society provided respite care to families of developmentally disabled children from 1979 to 1989. In 1988, respite care was expanded to include both in-home and out-of-home respite to foster parents who provide emergency foster care in Alameda County. In 1989, the Society planned to eliminate respite care. Program directors, however, decided respite care should be expanded, not terminated. They opened the Family Support Services of the Bay Area on January 1, 1990, with no interruption in services and have continued to expand the respite program to different populations in four Bay Area counties.

In the fall of 1990, the State of California Department of Social Services, Office of Child Abuse Prevention received a grant from the Children's Bureau of HHS. With this grant, respite care was expanded through FSS to even more foster parents in the four counties. Each county selected its own target population for the expanded services. San Francisco County offered respite services to relative foster parents. San Mateo and Contra Costa Counties offered respite to foster parents of medically fragile children, and Alameda County's expanded services included non-emergency, out-of-home respite care for foster parents of medically fragile children. Contra Costa County, however, did not renew their contract with the FSS because of severe county budget cuts.

Program Operation

The foster care agencies in the four counties determine which foster parents are eligible for services from FSS. After a county agency has referred a foster parent to FSS, program staff contact the parent by telephone or conduct a home visit. Services and responsibilities are explained and foster parents are given instructions on how to arrange respite care. When respite care is requested, an FSS employee matches a foster parent's needs with one or more appropriate respite providers. Foster parents do not pay for respite, nor are their maintenance payments affected by the use of respite care.

Foster parents are given a yearly allotment of respite hours which they can use according to their needs. Some schedule monthly respites while others save their

hours for a long trip or potential crisis. In most situations, a respite care provider may come into a home or take a foster child on an outing, such as a trip to a park or playground. Out-of-home care is also available on a limited basis.

Respite care workers are recruited continuously. Recruitment is targeted based on an assessment of foster family needs by FSS intake staff. Respite providers are screened and receive a minimum of 26 hours of training initially, with optional in-service training offered quarterly. Providers are paid between \$6 - \$8 per hour, depending on the number of children for whom care is provided. Five respite care providers are full-time employees, who receive additional benefits, and are able to work virtually any hours.

Program Use

Respite care is so well used that FSS is not able to meet all requests. About 98 percent of all requests for respite care are met. Currently approximately 200 respite care workers serve 400 families, of which about half are foster families.

State and County Agency Role

FSS and the county agencies seem to do a good job of generating foster parent interest in respite care. Each of the four county foster care agencies decides who may receive respite services and how many hours they are allotted. FSS supplies the counties with billing sheets showing how many hours of care were provided to which foster parents.

Characteristics of Effectiveness

The mission statement of FSS guides their practices. FSS has written policies, procedures and forms to ensure that services are tracked appropriately and uniformly. This helps assure continuity of services despite changes in staff. The FSS is strongly committed to training and service, and the four county agencies are committed to using respite care whenever possible.

The program has been featured in a newsletter published by the Access to Respite Care and Help (ARCH), a national clearinghouse for respite and crisis nursery programs funded by HHS. In addition to this favorable publicity, other evidence of program effectiveness include expansion of services and growth through additional county and State contracts.

FSS is currently awaiting results of a survey by the Family Welfare Research Group of the University of California, Berkeley, to determine parent satisfaction and the effects of respite care on the foster parents and relative caregivers participating in the Federal grant. Initial responses to the survey indicate that 94 percent of foster parents felt a need for respite care. They identified benefits of respite care, including stress reduction, opportunities to spend more time with spouses and other children, and

needed emotional support. Informal study shows that foster children also benefit from having less stressed foster parents. Further, they enjoy the variety and undivided attention that respite caregivers provide.

Unique Program Features

By hiring full-time providers the program has been able to meet nearly all demands for services, including demands from foster parents who need daytime respite.

In addition, the agency regards respite workers as quasi-caseworkers. Respite care workers are in foster homes more frequently than county agency caseworkers. Therefore, they assist both by monitoring foster homes and by "modeling" appropriate behavior for foster care parents, such as appropriate disciplining.

Can this respite care program be replicated

This program can be replicated. Program officials have, in fact, been asked to create a respite care model program for the ARCH.

Contact for information

Judy Levin (510-261-2282)

HARRIS COUNTY FOSTER PARENT RESPITE PROGRAM HOUSTON, TEXAS

Program Development

In 1987, the Harris County Children's Protective Services, within the Texas Department of Protective and Regulatory Services, received an HHS discretionary grant to demonstrate community approaches to foster parent recruitment and retention. That demonstration grant showed that respite care was needed to help recruit and retain foster parents. The respite care program became operational in 1990.

Program Operation

The Harris County respite care program uses volunteer respite care providers. All respite care is out-of-home, and is only available on weekends from 5:00 p.m. Friday to 5:00 p.m. Sunday. Volunteers are required to commit to at least four weekends a year. The program encompasses Harris County, which includes Houston, Texas. All foster parents in Harris County are eligible for respite services.

The County has no specific funding for respite care services. Volunteers provide the service at no cost to the agency. There are, however, two full-time staff employed by the Harris County Children's Protective Services who direct, plan and coordinate the program. While foster parents are not required to pay a fee for respite care, they are encouraged to contribute \$5.00 per day/per child to a respite volunteer.

The same background check is performed for respite care providers as is performed for foster parents. It includes checking Department of Public Safety, Child Protective Services, local police department records, and interviewing relatives and acquaintances. An FBI fingerprint and criminal records check are also performed for individuals who have not been residents of Texas for at least three years. The agency would like to eventually expand the screening process to include psychological assessments of potential providers.

Program Use

The respite care program is steadily growing. In 1990, 33 requests for respite were received. By 1992, the number of requests had risen to 158. The number of providers also increased, from 15 individuals in 1990 to 88 individuals in 1992. In 1990, when the program began, 28 foster children were served. By 1992, that number had increased to 382 foster children. The demand for respite, however, has reached a point that the program can no longer fill all requests due to a limited number of providers.

Barriers to foster parents using respite services include transportation problems and distances to providers. To help resolve these problems, the respite care staff try to match foster parents and respite providers.

State and County Agency Role

The Harris County Children's Protective Services devotes a lot of attention to encouraging foster parents to use respite care services, and to the recruitment and retention of volunteer respite care providers. They promote respite care through public service announcements, distribution of printed materials such as brochures, and attendance at meetings. A flyer on respite care is included in each foster parent application packet. In addition, the foster care respite coordinator helps with foster care parent pre-service training.

Agency staff attempt to match foster families and children with respite providers. They do so by evaluating geographic location, age, skills, family composition and needs of foster and biological children. The agency coordinates and finds respite providers for weekend care. The agency then puts a respite volunteer in touch with the foster parent who finalizes the arrangements. Transportation to and from the volunteer respite provider's residence is the responsibility of a foster parent. However, some respite providers will assist with transportation for a foster child.

Both respite providers and foster parents using respite care services are required to have a signed agreement with the Harris County Children's Protective Services. After each respite weekend is completed, the respite coordinator sends a questionnaire to both foster parents and respite providers to evaluate the impact of respite care on a child. Both positive experiences and significant problems are discussed and documented. Additionally, the coordinator maintains data which tracks who is using respite, where, and how often.

Characteristics of Effectiveness

Three factors contribute significantly to the effectiveness of the Harris County program. They are 1) Federal assistance in the form of a 1987 HHS discretionary grant to help plan and develop the respite program; 2) using volunteers to provide respite care; and 3) a total commitment from the Harris County Children's Protective Services and everyone in the program to providing respite care.

Program officials attribute more successful recruitment and better retention of foster parents in part to the respite care program. Prior to implementation of the respite care program, the turnover rate among foster parents was 25 percent. It is now 15 percent. For a number of years Harris County had 260 family foster homes. At the time of our review that number had increased to 467.

Another indicator of program effectiveness is the high level of satisfaction with the respite care program.

Unique Program Features

Using volunteers to provide respite care in a public program is the most unique feature of this program. The program does not have to depend on funding from any source.

Can this respite care program be replicated

Agency staff said the program can be replicated at other locales. The program is flexible and can be designed around needs of foster parents. The Harris County Children's Protective Services has received and continues to receive numerous requests from other agencies around the nation for information about its volunteer respite program.

Contact for information

Pat Shaw, Respite Coordinator, Texas Department of Protective and Regulatory Services, Harris County Children's Protective Services, Houston, Texas (713-599-5833)

**PEOPLE PLACES, INCORPORATED
STAUNTON, VIRGINIA**

Program Development

People Places, Inc. (PPI) is a treatment foster care program which includes respite care as one support service. PPI was established in 1973 by staff of a State residential treatment center in Virginia. The staff believed that local foster parents might care for center youth who needed weekend and aftercare placements. The staff initially expected that trained, supervised, and supported foster parents would be able to maintain severely troubled youth for short periods without weakening the effects of their center treatment. Over time, however, the effect of care given by the program's treatment foster parents seemed more successful than care provided by the center. Not only did PPI successfully serve seriously disturbed youth, but it did so at roughly one third the cost of institutional care.

Program Operation

Respite care was one of the available support services from the very beginning of PPI. PPI defines respite care as "overnight respite in another treatment family foster home for the primary purpose of providing a planned break." Since respite providers must be other treatment family foster homes in the program, they have received the same training as a child's placement family foster parent. They also receive the same support from PPI.

Other forms of respite, which are not recorded in PPI's database as respite care include outings by children with a caseworker, a summer recreation program, and occasional babysitting by trusted relatives, neighbors, or friends. The primary purpose of such activities is child development. Therefore, respite for the foster parents is a secondary effect.

Another PPI program element which provides respite for foster parents as a secondary effect is a group program of evening classes for foster children. The classes usually meet once a week for eight to thirteen weeks, and are designed to develop a child's skills necessary for continued success in society. Class subjects include finding a job, keeping a job, social skills, and human sexuality.

Another aspect of PPI's program provides a two-way respite for both birth and foster families. The program allows foster children to move back and forth between birth and foster families, when issues of child safety have been resolved.

Respite may be requested by a foster parent or may be initiated by PPI. Either way, PPI selects respite care providers for foster parents and makes all arrangements. In some instances, PPI may transport a child to a respite provider's residence.

Program Use

According to data maintained by PPI, 60 percent of foster parents in the program between 1989 and 1992 used respite. Foster parents used respite care on average 87.25 times per year, or 1.7 times per family per year. Program officials estimated that 50 percent of the respite events involved 1 night, 35 percent involved 2 nights, and 15 percent involved more than 2 nights, but rarely more than 5 nights.

State and County Agency Role

Public agencies have no role in the services provided by PPI other than to refer foster children to the program.

Characteristics of Effectiveness

PPI enjoys a high retention rate of foster families, close to five years on average. The national average retention rate among treatment foster families, according to a survey of members of the Foster Family Based Treatment Association, is four years. The director of PPI attributes their high retention rate and low use of respite to the variety of support services provided by program and agency staff. He believes that just knowing respite care is available gives program foster parents a sense of control. He asserts that if foster parents are adequately supported and feel in control then the need for respite is mitigated.

A critical program characteristic which makes the respite component of the treatment foster care program successful is a meticulous process for matching a foster child with a respite family. To get the best possible match, PPI developed decision guides containing twelve variables, such as each family member's age, geographic location of the home, and nurturance. The decision guides are the same ones that PPI uses to match a child with a foster family for placement.

Unique Program Features

Program officials describe a variety of unique characteristics which make their treatment foster care program different from programs serving similar populations. A flat organization structure empowers all staff members to be accountable for quality service. It nurtures a strong sense of teamwork among staff, foster parents, and foster children. PPI offers rewards for good behavior rather than punishing bad behavior. Their emphasis is on supporting foster families and their foster children.

Much of PPI's success was attributed to its small size. Being small helps avoid becoming bureaucratic and hierarchical. The organization is not constrained by regulations which much larger public agencies might require. Its size allows individualized problem solving and flexibility in how they spend their budget. Caseloads are small and caseworkers visit each foster family twice a month at a minimum. Further, because they support a small number of foster families at any

given time, they are able to offer 24-hour on-call support. The on-call duty is rotated so that stress among staff is diluted.

Can this respite care program be replicated

Program officials stated that the treatment foster care program, including respite care, can be replicated elsewhere. It has been adopted by every agency to which PPI staff have provided technical assistance, including over 100 other sites throughout the U.S. In addition, the Illinois Department of Children and Family Services mandated use of the PPI model for its treatment foster care programs launched in 1990. Likewise the Missouri Department of Social Services used the PPI model for more than a half dozen of its "Behavioral Foster Care" sites.

Contact for Information

Brad Bryant, Director of Research and Training (703-885-8841)

VERMONT FOSTER CARE PROGRAM WATERBURY, VERMONT

Program Development

The Vermont Department of Social and Rehabilitation Services (SRS) began its respite care program in 1987. The program was developed in response to a State Foster Parent Association survey of 400 licensed foster parents in 1986. The survey objective was to determine what support services foster parents in the State most needed. The survey showed that

- o foster parents believed that respite care was their greatest need, and
- o foster parents had extreme difficulty attending training due to a lack of caretakers for their foster children.

Furthermore, over 50 percent of the surveyed foster parents said they would be willing to serve as respite providers. About 90 percent said they would use a respite program if one was available.

The survey concluded that a paid respite program would help recruit and retain good foster parents in the State of Vermont.

Program Operation

Respite care for foster parents in Vermont is provided by the Vermont Department of Social and Rehabilitation Services. The program was developed specifically to help ensure stable foster placements. To be eligible for the program, a foster home must be licensed by the State and must have had at least one foster child placement for at least six months.

A foster child's "special needs" have nothing to do with eligibility for respite care. However, foster children with more severe problems may be placed in a therapeutic foster care program, which is run by four private agencies under contract with the State mental health agency. All four private agencies provide respite care as part of their support services.

Foster parents may obtain both informal and formal respite care services. Informal respite care is typically provided by relatives or trusted, well-known neighbors. Formal respite care services are provided by State-approved providers. The SRS can provide recommendations or a list of approved providers to foster parents. However, each foster parent is free to choose any provider as long as they have been checked through the State Central Registry for criminal activity and the Federal criminal information system.

Foster parents typically pay respite care providers, then obtain reimbursement from SRS monthly. The current rate for respite care is \$3 per hour for up to 8 hours. After 8 hours the fee is \$25 per day. How much respite care any individual foster family may use in a month is decided on a case-by-case basis. That decision is made jointly by a district office resource coordinator and foster parents.

Program Use

Respite care is heavily used by foster parents in Vermont, according to the State foster care program manager. The primary barrier to foster parents using respite care is a belief that using respite care is a sign of weakness. The State agency is trying to overcome this barrier, primarily by empowering foster parents and strengthening the team concept. Another barrier is a shortage of respite care providers. Approximately 100 State-approved providers are presently available. Further, all licensed foster care families are legally eligible to provide respite care. Vermont presently has approximately 750 licensed foster care families and 1200 children in foster care.

State and County Agency Role

State-provided respite care is funded completely with Title IV-E funds and is administered by twelve district offices of SRS. Each district office receives a portion of the respite care budget each fiscal year. A district office share is based on (1) a baseline percentage of the total budget and (2) a percentage based on the number of children in foster care. The State respite care budget for FY 93 was \$51,216.

Both the State office and district offices actively encourage foster parents to use respite care. Respite care is part of the curriculum in an 8-week, preservice training program for new foster parents. The district office also assists by providing transportation to a respite provider whenever a foster child is Medicaid eligible.

In an effort to strengthen the bond between SRS and foster parents, SRS recently solicited technical assistance from the Child Welfare League of America (CWLA). CWLA helped SRS develop a best practice program for delivery of family foster care services. The program is based on delivering services through teamwork founded on mutual trust and respect. The program identifies critical actions which should be taken in caring for a foster child. The program formally recognizes respite care as a key support service in providing foster care.

Characteristics of Effectiveness

SRS has not performed any empirical analyses of the respite care program. However, according to agency staff, the program is working well. They said it has had an impact on the stability of placements and retention of foster parents. Data regarding the annual turnover rate of foster parents are not available. However, the rate at which

foster family homes close in the State has declined from 22 percent in 1985 to 19 percent in 1992.

Perhaps the most significant reason for the effectiveness and success of the foster care system overall and the respite care program specifically is that State agency staff, district offices staff and foster parents work as a team. A team concept is strongly supported by all levels of the State foster care agency and the Vermont Foster Parent Association.

Unique Program Features

The most unique feature of this program is the decentralized and highly flexible decision-making process for using respite care. Each district office is empowered to pay for respite care for their foster parents in any manner they deem appropriate and necessary. They have no rules limiting respite care to a set number of respite care hours per family per month or year. The program also enjoys a strong partnership between agency staff and foster parents.

Can this respite care program be replicated

The foster care program manager in the State headquarters of SRS believes other States can provide similar services to their foster parents.

Contact for information

Steve Dale (802-241-2131)

FRAGILE INFANT SPECIAL CARE PROGRAM SAN FRANCISCO, CALIFORNIA

Program Development

The Fragile Infant Special Care Program, also known as "Baby Moms," began in 1987. It began in response to increased demand to provide family foster homes for newborn babies requiring special care because of extreme illness. The newborns in the program often suffer from illnesses caused by their biological mothers' alcohol and other drug addictions. Approximately one third of the babies entering the program are HIV-positive. The county-run program is now funded primarily by Federal, State and county funds and private donations.

Program Operation

The respite care program operates out of San Francisco County. It serves family foster homes in some surrounding counties in which San Francisco County foster children have been placed. The program has 15 foster homes, most of which have 2 foster children. Program policy allows up to three foster children to be placed in the same family foster home, but only in rare circumstances.

To be licensed as a "Baby Mom" foster parent, an applicant must pass a State criminal background check, and his or her home must pass a home inspection by county agency staff. A foster parent in this program may not hold any other job. They must receive 30 hours of training. Further, they must meet other specific criteria such as demonstrating a willingness to accept a child with AIDS. They must also have a medical or childcare background, and no children in the home under age 4 years, and no more than 1 child between ages 4 and 6 years in their home. Most foster parents currently in the program are nurses or have a long history of serving medically fragile children. Training for both foster parents and respite providers is performed by an on-staff consultant nurse. Training is focussed on dealing with the specific medical needs of a foster child.

Each foster parent is required to take 50 paid hours of respite care a month. Foster parents are allowed to find their own respite provider, contingent upon the provider passing a State criminal background check. Caseworkers, the on-staff nurse, and other foster parents informally help any foster parent having difficulty finding a respite provider. Recruiting respite providers has not been a problem for the program. Their experience has been that people like helping infants who are ill.

All respite care must take place in a licensed family foster home. Most respite care, therefore, takes place in the home in which the foster child has been placed. However, foster parents may arrange for a respite care provider to provide care to a foster child in their own home.

Respite care providers are paid \$4 per hour for one child and \$7 for two. A foster parent pays a respite provider directly and is reimbursed by the county after submitting a monthly expense report. Although the average monthly cost for respite services per foster home is around \$350 per month, it is inexpensive when compared to the cost of placing and maintaining foster children in institutional settings. The program also pays for babysitting. The usual respite care providers may also serve as a babysitter.

Program Use

All 15 foster families in the program used the required 50 hours of respite care each month.

State and County Agency Role

The county requires respite care. It is considered essential to the support of foster parents. Foster parents are required to report respite hours on their monthly time cards. County caseworkers review time cards to ensure all foster parents are getting required respite. Any reluctant parents are reassured by caseworkers that, as professionals, respite care is part of their job, and that they must, therefore, take it.

Characteristics of Effectiveness

A statistical indicator of the success of the program is the rate that foster children are adopted and returned to their homes. Forty-three percent of foster children in the program are adopted. A few of the foster children were adopted by their foster parents. When a foster parent adopts, however, they are no longer eligible to serve as foster parents in the program. Another 36 percent of children in the program are returned to their families.

The Child Welfare League of America (CWLA) recently recognized the effectiveness of this program. Baby Moms program officials have been invited to present information about their program at Pediatric AIDS conferences sponsored by CWLA.

The keys to this program's success are a philosophy that respite services are a necessary support for foster parents, and a policy that respite will be treated as part of a comprehensive set of support services for foster parents. County agency staff believe that foster parents should be treated with the respect deserved by all professionals. Policies and procedures support the importance of foster parents and respite care for them. Foster parents also attribute program success to the face-to-face communication allowed by small caseloads.

Unique Program Features

The program has maintained a firm policy that all foster children in the program will be placed only once. This policy enhances the potential for placing and keeping children in family foster homes rather than in institutional settings.

Can this respite care program be replicated

Program staff said the respite care program can be replicated. It has served as a model for programs in several other counties in California and a metropolitan area in another State. The program continues to receive visitors who want to study and emulate it.

Contact for information

Marion Collins, Supervisor (415-558-2371)