DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Memorandum

Date JUN 28 1990

From Richard P. Kusserow
Inspector General

Subject OIG Management Advisory Report: "Boarder Babies" (OEI-03-89-01541)

To James O. Mason, M.D.
Assistant Secretary
for Health

PURPOSE

This management advisory report describes the extent of the boarder babies problem in several cities around the country.

BACKGROUND

A boarder baby is an infant who remains in the hospital even though medically ready for discharge. Babies stay in the hospital due to legal complications, questions about the parents' ability to care for the babies, and a lack of care alternatives.

We obtained new information on boarder babies as a by-product of a broader inspection on crack babies undertaken during the last quarter of 1989. We conducted site interviews with over 200 respondents in 12 metropolitan areas: Chicago, Fort Wayne, Los Angeles, Miami, New York City, Newark, Oakland, Philadelphia, Phoenix, San Francisco, Tacoma, and Washington, D.C. We selected these sites for a perspective on how cities of varying size and location are affected by crack baby births.

Respondents included child welfare administrators and caseworkers, hospital social services staff, private agency representatives, foster parents, and State and local officials who had a working knowledge of crack babies and boarder babies. We also interviewed a number of national experts.

FINDINGS

Boarder babies usually have serious medical problems

Most boarder babies show fetal exposure to drugs. Independent studies and an expert interviewed estimate about 80 percent are drug exposed; overwhelmingly the drug is cocaine, or "crack".

A 1988 one-day census in Philadelphia hospitals indicated 55 boarder babies awaiting placement. Six of these babies were listed as healthy. Forty-three had primary problems such as congestive heart failure, seizures, Down's syndrome, respiratory problems, and failure to thrive. Although many of these babies may have been drug exposed, only six were boarder babies based solely on their prenatal cocaine exposure.

There are complex legal obstacles to placement

Legal abandonment must be proven before placement can be made. Once a child has been declared a dependent of the court, it can take 12 to 18 months to begin the process of terminating parental rights. While most boarder babies are placed during this period, the situation is complicated by other laws.

For example, respondents in Washington, D.C. report that temporary emergency care orders signed by the mother expire in 90 days. After 90 days, the child welfare agency loses legal custody.If the mother can't be located, the child has no legal status. Without legal status, permanent placement cannot be made.

In some instances, if no legal status for protective custody has been established, a hospital may have to release a baby upon the mother's request. In other cases, if the mother can be located, a hospital may lack legal authority to release a child even to a relative. Babies lacking legal status can remain hospitalized after being medically ready for discharge.

Some cities are effectively dealing with the boarder baby problem.

In the course of the Crack Babies inspection, some respondents raised the issue of boarder babies. In five cities (Los Angeles, Miami, New York City, San Francisco and Tacoma), respondents report that they have boarder babies but are able to make timely placements. Four cities (Chicago, Newark, Philadelphia and Washington, D.C.) report that they are not able to make timely placements. Respondents in three cities in our sample (Fort Wayne, Oakland, and Phoenix) did not raise the issue.

New York City reported a total of 12,954 boarder babies during the 31-month period February 1987 to August 1989. The number of boarder babies during this period ranged from 312 to 547 per month. At the same time the length of overstay in the hospital was reduced from 38 days to 5 days. (Overstay is defined as the number of days the child remains hospitalized after being medically ready for discharge.) New York City reports this reduced length of overstay is being maintained.

In Miami, the number of boarder babies per day declined from 36 to 2 from March to June 1989. The average length of hospital overstay was reduced from 11.3 to 2.4 days.

Cities that are dealing with their boarder baby problem often use emergency foster care placements. These placements, sometimes involving shifting babies from home to home, can last up to 2 years before permanent foster care placements are made. Additionally, some cities report using congregate care, increased foster parent recruitment and training, media promotions, and special placement teams.

RECOMMENDATIONS

We found that boarder baby problems are serious but localized. Some cities have developed mechanisms for addressing this problem. We believe it should be possible to capitalize on these successes. We therefore recommend that:

1. the Office of Human Development Services and the Public Health Service identify effective practices in those cities which have reduced their boarder baby problem and disseminate this information to other cities which need it.

2. the Public Health Service support research on ways to reduce boarder baby hospital stays. This could be done, for example, through the Early Childhood Intervention program.

implementation of these recommendations could result in reduction of hospital overstays and faster placement of hoarder babies into appropriate care settings.

In accordance with the Department's conflict resolution procedures, please provide a plan of action for implementing these recommendations within 60 days of receiving this memorandum, or explain why it is not possible to do so.

If you nave any questions, please call me or have your staff call Alan Levine at FTS 619-3409.

Identical memo sent to the following:

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