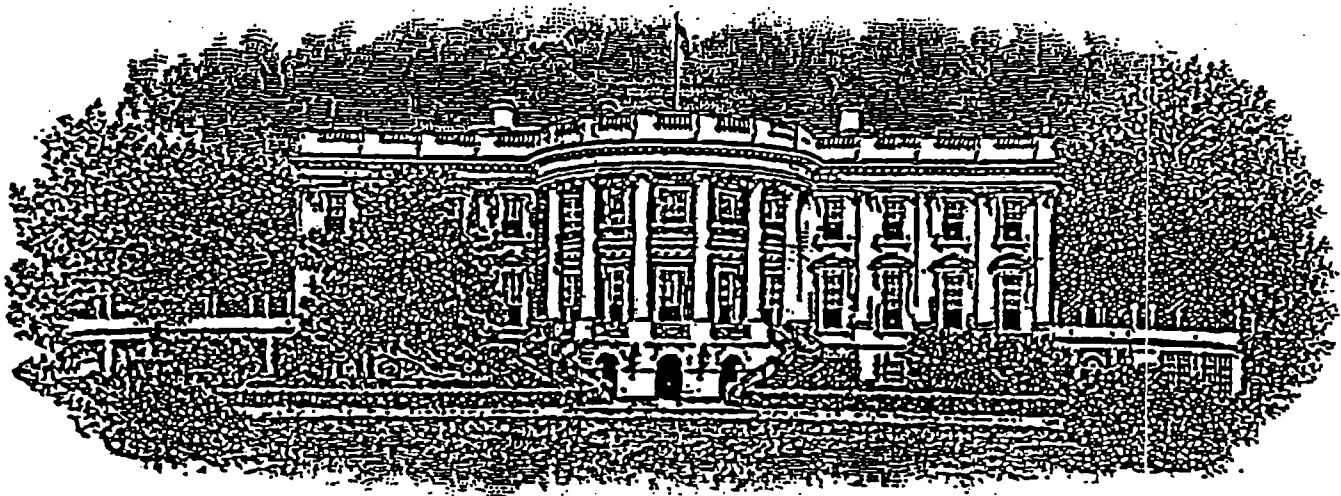


The White House



DOMESTIC POLICY

FACSIMILE TRANSMISSION COVER SHEET

TO: Jen Klein

FAX NUMBER: 6-2878

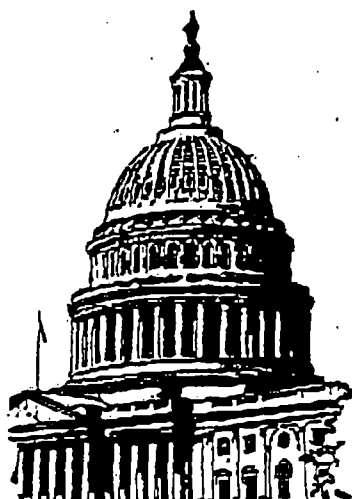
TELEPHONE NUMBER: 6-2599

FROM: Cynthia

TELEPHONE NUMBER: 6-2846

PAGES (INCLUDING COVER): 4

COMMENTS: Info from Sen Chafee's
office - I still haven't gotten
together with her so this is all
I have.



**Fax
Senato**

*Copy
for Jen*

US Sena
505 Dir
Washing
(202) 224

DATE:

6/11/97

To:

CYNTHIA RICE

From:

LAURIE RUBINER

Number of pages, including this cover sheet:

3

Notes:

The bolded parts are not in the
House bill.

If there are transmission problems, please call the above named.

SUMMARY OF S. 511
THE SAFE ADOPTIONS AND FAMILY ENVIRONMENTS (SAFE) ACT
MAY 2, 1997

A. Putting safety first

- 1) Clarify the federal requirements for reasonable efforts by requiring that the safety and health of the child be the paramount concern when deciding where to place an abused or neglected child. This includes decisions to return the child home or to place the child in foster care.
- 2) Clarify that it is not reasonable to reunify families when children's safety and health are jeopardized; illustrate the types of cases in which such determinations and early termination of parental rights may be appropriate; and require states, within three years, to enact legislation which specifies the situations in which reunification efforts are presumed to be not reasonable.
- 3) Establish multi-disciplinary/multi-agency death review teams in all states to conduct investigations into child deaths where there has been a prior report of child abuse or neglect, where there is reason to suspect that the death is caused by or related to child abuse or neglect, or where the child is a ward of the state or otherwise known to the child welfare agency.

B. Enhancing Public Agency and Community Accountability for the Safety of Children

- 1) Require the Administration for Children and Families and the Substance Abuse and Mental Health Services Administration to assess the extent of substance abuse problems among child protection clients and the collaborative efforts underway by child protection and substance abuse treatment agencies to address these problems, and make recommendations to Congress about federal legislative changes that will help promote collaboration and appropriate attention to these problems.
- 2) Establish priority for substance abuse treatment for mothers/parents with children who are clients of child welfare service agencies.
- 3) Increase treatment options for families by allowing Title IV-E dollars to be used for the care of a child (who otherwise would be placed in out-of-home care) with a parent in a residential program that provides safe care and appropriate treatment and services for families coping with the problems of substance abuse, domestic violence,

United States Senate

WASHINGTON, DC 20510-4802

May 13, 1997

Dear ~~Bruce~~ ^{Bruce},

I wanted to alert you and your staff about my efforts with Senator Chafee to make a real difference for children by improving federal child welfare programs for abused and neglected children.

This letter is to call your attention to the Chafee-Rockefeller SAFE Act, a pending bill to clarify reasonable efforts, encourage adoptions, and strengthen services for abused and neglected children who, based on their permanency hearing, are to be reunified with their families safely.

Senator Chafee and I began working on this initiative during the last Congress as an alternative to the House Republican plan to block grant all child welfare programs and eliminate the entitlement to foster care under welfare reform. Given the fact that more than twenty states are under court order for inadequate efforts to protect abused and neglected children, we strongly felt that a state block grant was the wrong approach to protect such vulnerable children, and stopped this block grant last year. But we also acknowledge the desperate need to improve the federal child welfare system.

Our goal is to work on our legislation in the Senate as part of reconciliation, then merge our initiative with the bipartisan adoption bill passed by the House. If we combine our efforts, we can develop a strong bipartisan, bicarmel approach that will have tremendous support and help abused and neglected children, across the entire continuum of care, including prevention and training, services to help reunify families, but only when safe and appropriate, and adoption.

The leadership of the Administration on adoption is vital. I hope you will review and consider some of our special initiatives to encourage adoptions, just as I am reviewing the Administration bonus incentives.

Mr. Bruce Reed
May 13, 1997
page 2

But I also hope we can work together to develop initiatives to help all of the nearly half a million children in foster care, including the 400,000 that are expected to return home or into kinship care, as well as the 100,000 children who have adoption in their permanency plan. I am sure you agree with Senator Chafee and I that every child deserves a safe, permanent home, and we need to reform the system to move them into such a stable environment.

Let us figure out a strategy to work together and develop a comprehensive approach that combines the best provisions of both the House and Senate bill. Your special interest in our Senate legislation could help greatly in the weeks ahead. I am sending a detailed package of materials about our bill for your consideration. Let's keep in touch on this and the health care issues that we both care so much about. Warmest regards.

Sincerely,



John D. Rockefeller IV

Mr. Bruce Reed
Domestic Policy Council
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

*Bruce, it is so important
to get this done.*





*Tennifer -
Thanks, & let's keep in
touch - Barbara*

BARBARA J. PRYOR
LEGISLATIVE ASSISTANT

SEN. JOHN D. ROCKEFELLER IV
WEST VIRGINIA

531
105 HART BUILDING
WASHINGTON, D. C. 20510
(202) 224-2578

TESTIMONY OF SUSAN BADEAU
PROJECT MANAGER, NATIONAL ADOPTION CENTER
ON BEHALF OF VOICE FOR ADOPTION
BEFORE THE
SUBCOMMITTEE ON SOCIAL SECURITY AND FAMILY POLICY
COMMITTEE ON FINANCE, U.S. SENATE
concerning
S.511, SAFE ADOPTIONS AND FAMILY ENVIRONMENTS (SAFE) ACT
May 21, 1997

Good Afternoon, Chairman Chafee and members of the Senate Finance Subcommittee on Social Security and Family Policy. My name is Susan Badeau, and I am pleased to have the opportunity to provide testimony today on S.511, the Safe Adoptions and Family Environments (SAFE) Act. I come here today from my home in Philadelphia.

I have worked professionally in the fields of adoption and child welfare for 18 years, during which time I was personally involved in the placement of over 600 children with special needs into their adoptive homes. I am currently a project manager at the National Adoption Center in Philadelphia, a founding member of Voice for Adoption (VFA). VFA is a coalition of more than thirty-five major national and state special needs adoption organizations and includes professionals, parents, and advocates committed to securing adoptive families for waiting children. The coalition's aim is to ensure permanent, nurturing families for our nation's most vulnerable children and to strengthen support for families who adopt.

However, the most important credential I bring to you today is the fact that I am an adoptive parent of children with special needs. Together with my husband, Hector, we have 21 children, 2 born to us and 19 adopted. All of our adopted children have been identified as having special needs.

I am pleased to join with VFA in offering my support and overall endorsement to S. 511 because it is consistent with my own beliefs about the types of reforms that are needed to insure that all children have the opportunity to grow up in safe, stable and permanent homes. I appreciate the work that Senators Chafee and Rockefeller have done in sponsoring this important bill and I am grateful to each of you for giving it your attention today. Especially important to us, S.511 recognizes that service reforms as well as procedural reforms in current federal adoption law are essential in order to ensure that the thousands of children in this country waiting in foster care without permanent homes, most of whom are children with special needs, will be placed in adoptive homes. As a result of my lifetime of personal and professional experiences in adoption, there are many provisions within S. 511 around which I have very strong beliefs, expertise and passionate feelings. If given the opportunity to speak with you at greater length, I would be happy to discuss any or all of these issues in more depth.

However, I would like to use my few moments here today to zero in on two particular aspects of this bill and urge this Committee to recognize their importance to the children and families of our country. These are the issues of adoption assistance and geographic barriers.

Adoption Assistance for Children with Special Needs

Voice for Adoption strongly supports provisions in S.511 which delink eligibility for adoption assistance from poverty status. This important change in current federal law is required or many children without permanent homes will never be placed in adoptive homes. Of the thousands of children in this country waiting in foster care for families who will adopt them, it is estimated that 80 percent are children with special needs – children with disabilities, older children, minority children, or sibling groups.

I have stated that I have adopted 19 children, all of whom have special needs. Only half of these children ever qualified for and received adoption assistance subsidies. When we have believed that a child was right for our family, we were always willing to adopt that child regardless of whether or not subsidy was available. Neither the availability nor the amount of assistance available was ever the determining factor in our adoption decisions. However, adoption assistance has made it possible for us to undertake the challenges of parenting children with severe disabilities, terminal illnesses and chronic conditions, as well as 3 separate sibling groups, one of which consisted of 6 children and to provide for them the educational, medical, therapeutic and recreational opportunities they need and deserve in order to grow, thrive and reach their potential. Our five oldest children - who social workers once predicted would never graduate from high school - have all done so and are now living on their own as independent adults. The next three children are all enrolled in college.

Adoption subsidies help families in very practical and very real ways. Although medical insurance may cover medical bills, it is the subsidy that makes it possible for parents to take the extra days off from work, to provide the transportation to and from appointments, to pay insurance co-payments and to make modifications at home that medically fragile children need. Although school systems provide individual educational plans for children with special needs, it is the subsidy that makes it possible for parents to attend training seminars, purchase supplemental instructional materials to have at home and provide educational opportunities that extend beyond the child's 18th birthday. Although medical insurance provides for a certain number of mental health therapy visits, it is the subsidy that makes it possible for parents to attend appointments with their child, continue the sessions after the insurance ends and provide the enrichment activities at home that compliment and expand the effectiveness of the therapy.

All children with special needs deserve to have these opportunities. And yet, many have not because the subsidy eligibility has been linked with Title IV-E poverty status. I

cannot emphasize how strongly I support the provisions in S.511 which delink the subsidy eligibility and poverty status. Let me give you one example from our own family.

A few years ago, we agreed to adopt a (then) 6 year old child with a terminal illness and profound mental retardation. We were already parenting a child with the same condition and knew that we could provide a good home for our new son. Because he was Title IV-E eligible he was able to receive a subsidy payment that included both federal and state dollars. This subsidy has made a tremendous difference in our ability to provide for his very challenging needs. He had a biological brother that was also in the foster care system. His brother also had some daunting challenges and the agency decided to place him separately in a second adoptive home. When that adoption disrupted, the agency turned to us and asked if we would adopt our son's sibling. We had not a moment's hesitation. We strongly believe in keeping siblings together and we knew we could meet his special needs as well. However, due to his adoption disruption, he was no longer Title IV-E eligible and therefore, he was not eligible for the same full subsidy amount his brother was eligible for. Fortunately, he was at least eligible for a state subsidy, however, his monthly amount is approximately one third that which his brother receives! Therefore, providing for his challenging special needs has placed a financial burden on our family. We have adopted other children with special needs who were also ineligible for adoption assistance. In fact, some of our children who were not eligible for assistance have more extensive special needs than those who were eligible! This is not fair to either the children or the adoptive families.

Some children who were once Title IV E eligible, like our son, lose their eligibility as a result of an adoption disruption. While disruptions are rare (less than three percent of adoptions are disrupted), how tragic for those children that when a disruption occurs, they lose not only their family, but their opportunity for critical resources. Good friends of ours adopted a sibling group of 4 severely challenged children who had lost their subsidy eligibility this way. These children no longer were eligible for federal subsidy and in their state, this eliminated them from state adoption assistance as well. Their special needs were primarily a result of fetal alcohol exposure and extreme early life abuse and neglect. They present a multitude of educational and behavioral health challenges to their family. The family has stretched themselves further than many would to continually meet the needs these boys present.

Other children, like 2 of our daughters, are ineligible for subsidy because they never were Title IV E eligible. Their birth families were not poor. One child has fetal alcohol syndrome and related disabilities while the other child has cerebral palsy. Neither of their birth families were able to parent them, thus, adoption was the appropriate option for providing them with permanent homes. Neither alcohol dependency, nor the unexpected birth of a child with a disability are uniquely confined to poor parents. Yet

due to this circumstance of birth, neither of these children nor many others like them throughout the country, are eligible for adoption assistance.

Clearly it is inequitable to treat differently children who both have special needs. The economic status of the child's birth family, or former adoptive family, should not determine whether or not that child is eligible for the kinds of services and supports that a subsidy provides, especially since parental rights have been terminated and the child is free for adoption. By delinking adoption assistance and basing a child's eligibility solely on his special needs status, you will remove a significant barrier that currently prevents all children with special needs from receiving equal adoption opportunities, including Medicaid coverage, which otherwise can change when a child's family moves from state to state.

Furthermore, administrative costs will be saved by delinking adoption assistance eligibility since agencies will no longer be required to conduct time-consuming, lengthy investigations to establish eligibility based on financial situation.

Voice for Adoption supports, too, provisions in S.511 which would continue eligibility for adoption assistance payments if the child's adoptive parent dies, or the child's adoption is dissolved, and the child is placed with another adoptive family.

I would like to point out that the House bill, H.R.867, does not include this delinking provision. Therefore, I would urge you, Senators, to place considerable emphasis in maintaining this important provision of S.511 when the two bills go to conference.

Removal of Geographic Barriers to Adoption

In discussions about reforming the foster care and adoption systems, much emphasis is often placed on the need to improve and expedite the termination of parental rights process. I agree that this is an important area of concern. The objective is to place waiting children with appropriate families and to eliminate barriers to the placement of children in interstate and inter-county adoptions.

However, even after parental rights have been terminated, many children continue to wait in foster care due to geographic barriers. From the county level to the state level, and regionally, there is a resistance to place children outside of one's immediate jurisdiction. States and counties hang on to approved families in their jurisdictions, in case a child comes into care needing a home, while children are waiting in other jurisdictions for families to be found. Such was certainly the case with several of my children. In fact, we adopted one set of 6 siblings who had waited for nearly 5 years in care after their parental rights had been terminated. Geographic barriers were the main culprit.

Just as the Multi-Ethnic Placement Act (MEPA) addressed the removal of racial and ethnic barriers preventing permanency for children, strenuous efforts must be made at the federal level to remove geographic barriers, so that a state cannot discriminate against a placement simply because it would occur in another jurisdiction. I strongly endorse two provisions of S 511 which address this concern.

The first is in Section 301, "Reasonable Efforts for Adoption or Location of a Permanent home. In regard to the documentation of steps taken by an agency to find an adoptive family for a child, and in particular, the language which states that "At a minimum, such documentation shall include child specific recruitment efforts such as the use of State, regional and national adoption exchanges including electronic exchange systems". My six oldest children had many strikes against them in their quest for an adoptive home. First of all there were six of them - a large number for any one family to take on! Secondly, they were older (ranging from age 6 to 12 when they came into care and ranging from ages 13 to 19 when we adopted them). Several of them had their own individual special needs including deafness, mental retardation and emotional disabilities. They were also African American. These children needed recruitment efforts that extended as far and as wide as possible. Yet for several years, they remained - separated - in foster care - while only local and then regional efforts were attempted. Finally, they were listed on a national exchange and that is how our family, across the country, saw them and determined to adopt them. We quickly told their agency we would adopt all 6 and yet, it still took 2 more years before they came home to us, all the while their workers and agencies were resisting placing them with a family "so far away". Due to this unnecessary and irrelevant geographic barrier, my children lost most of their childhoods. National recruitment at an earlier time could have moved them to permanency more quickly and prevented many of the traumatic experiences they endured.

Secondly, I strongly endorse the plan, in Section 305 to create an advisory panel to examine interjurisdictional adoption issues, particularly concerning the procedures to grant reciprocity to prospective adoptive family home studies from other states and counties. It has been my experience that this issue alone has hindered more adoptions than any other single issue. In fact I would be happy to volunteer to serve on this panel to share my knowledge of this issue in more depth.

Innovation Grants

Finally, I would like to add my support for the provisions in S.511 which authorize innovation grants to reduce the backlog of children awaiting adoption. While it is always important to study, identify and address barriers, it is equally important to recognize and reward success.

In addition to important innovations needed in removing barriers to adoption, Voice for Adoption supports the focus in S.511 on post-adoption services. Adoptive parents need

a range of services. These may include respite from parenting very challenging children, and continued educational workshops as different issues surface in the years following adoption, as well as specialized medical and mental health services for their children. All need to be obtainable. The availability of post-adoptive services can mean the difference between a child remaining with an adoptive family or going back into another, more costly foster care placement.

I have found that it has often been the individual caseworker, supervisor or agency program with creative thinking, dedication to children and flexibility to attempt innovative practices that have made the greatest difference in the lives of my own 21 children and those of the hundreds of children I have worked with professionally. Any leadership Congress can provide to acknowledge, reward, promote and strengthen these efforts is welcome and needed.

Reasonable Efforts

The bill's emphasis on reasonable efforts to ensure children's safety is important. In reviewing the cases delineated in S.511 in which the state is not required to make efforts at reunification, Voice for Adoption urges the inclusion of termination of parental rights of a sibling as one of the exceptions, with the provision applying to a parent whose rights have been terminated to another child and who will not respond to rehabilitative services and a court finds it unlikely that further services would result in reunification. Such a provision would follow, for example, a similar provision in Rhode Island state law, which has served to move children to adoption sooner.

Procedural Reforms

Voice for Adoption supports the provisions in H.R.867 mandating a "permanency planning" hearing within 12 months. The requirement of a concurrent planning process is appropriate, to enable agencies to determine whether a child should return home or is freed for adoption.

Reunification Services

Without service money, the impact of procedural reform is slight. Voice for Adoption strongly endorses the provisions in S.511 allowing states to use Title IV-E foster care funds for up to one year to pay for reunification services. By helping ensure that services actually happen, this change in current law can serve to shorten the time a child spends in foster care before returning home or being deemed eligible for adoption.

Again, I thank you for taking the time to listen. Your leadership and advocacy on behalf of special children is deeply needed and appreciated. On behalf of all of my children and all waiting children and families in the country, I urge you to press on and ensure that these important provisions of S511 are passed and implemented.

HECTOR AND SUSAN BADEAU

Brief Biography, 1997

"There are only two lasting gifts we can give our children - one is roots, the other is wings." Hector and Susan Badeau found this Hodding Carter, Sr. quote on a poster many years ago and have been seeking to live by its message every since - giving both roots and wings to their own 21 children (2 by birth, 19 by adoption, most with special needs) as well as assisting hundreds of other children with special needs find their roots in adoptive families from all over.

Susan grew up as the oldest of four children in Barre, Vermont. Her mother's family were immigrants from Spain, her father had deep family roots in Vermont. Hector also grew up in Barre, Vermont, the 11th of 15 children born to a first generation French Canadian immigrant family.

Hector and Susan met in high school and married after they graduated from college. After operating a bookstore for 4 years, they decided to devote their lives to children, particularly children with special needs. Two children, Chelsea and Isaac, were born to them, and were followed by Jose, a malnourished toddler adopted from El Salvador; and Raj, a preemie with cerebral palsy, adopted from India.

While beginning their family, they also provided foster care to teenagers, nearly all of whom faced challenges involving special education and mental health services. During these years a total of 23 foster children passed through their home and touched their lives.

By the mid-1980's Susan and Hector had won many awards for their work in adoption and had been featured in the New York Times newspaper in 1988 and Newsweek and Woman's Day magazines in 1989.

Seventeen more children were added to the family over the years including Joelle, a 2 pound infant with fetal alcohol effects, from Florida; 4 Mexican siblings, all with special educational and mental health needs - Abel, SueAnn, George and Florinda; another set of siblings, again, all of whom have special educational and mental health needs JD, Fisher, Lilly, Renee, Trish and David - who is developmentally delayed and profoundly deaf; two children with a rare terminal disease called San Filippo Syndrome - Wayne and Adam, an infant who suffered brain damage, Dylan; a child with cerebral palsy who relies on assistive technology for communication, Alysia, and two more young boys, both challenged by ADHD and learning disabilities, Todd and Aaron.

The Badeau children have faced numerous challenges over the years including handicap access issues, medical and health issues, mental health issues, special educational and school issues, vocational and transitional life planning issues, drug and alcohol dependency issues, racism and more. Through it all the family has

remained committed to each other and the children are all doing very well according to their individual special needs.

The Badeaus moved from Vermont to Philadelphia, Pennsylvania in 1992 where Susan works as a technology project manager at the National Adoption Center, a non-profit center promoting permanence for children with special needs. Sue is also the Pennsylvania state representative for Family Voices, a national, grass roots organization of families whose children have special health care needs and sits on the City of Philadelphia Health Department's Special Needs Work Group. Hector is particularly active in the children's schools, participating in all IEP meetings and advocating on behalf of his own and other children within the school settings. In addition to volunteering hundreds of hours per year for the National Adoption Center, the Badeau children are active volunteers with the Special Olympics, Habitat for Humanity, Multicultural Students Association, local homeless shelters, their church and youth sports organizations.

Hector and Susan and their children are totally committed to using their personal and professional experience to continue to help more children have the opportunity for "roots" and "wings" of their own.

JOHN D. ROCKEFELLER IV
WEST VIRGINIA

United States Senate
WASHINGTON, DC 20510-4802

FROM THE OFFICE OF SENATOR JAY ROCKEFELLER

FAX COVER SHEET

TO: Jennifer Klein

OFFICE:

FROM: Barbara

DATE:

OF PAGES (INCLUDING COVER):

17

Problems with transmission call (202) 224-6472

MESSAGE:

Call with any questions.

Rockefeller Amendment #16**TANF Administrative Cost Allocation & Safe Adoptions & Family Environments (SAFE)****Present Law:**

TANF limits States' administrative costs to 15% of the block grant. Title IV-E foster care includes language that reasonable efforts must be made before placing a child into foster care, and Title IV Adoption Assistance provides assistance to eligible children, based on AFDC eligibility in 1996.

Reason for the Change:

Since TANF limits States' administrative costs to 15% of the block grant, we should assure that States do not game the system and shift TANF administrative costs to other federal programs such as Medicaid. The resulting savings shall be used as an offset for the SAFE Act, to enhance child safety by modifying reasonable efforts, to promote adoption by de-linking adoption assistance eligibility to the AFDC income eligibility, and 1-year limited services to parents of foster children prior the child's return home to ensure the child's safety.

Amendment:

- 1) Amend the Welfare-To-Work Block grant

TANF Administrative Cost Allocation

Current law: TANF limits States' administrative costs to 15% of block grant.

Change and Explanation: Add language to ensure the states do not shift TANF administrative costs to other open ended federal entitlement programs, such as Medicaid, and use the resulting saving for needed changes in the Title IV-E Foster Care program and Title IV-E Adoption Assistance program as described:

Promotion of Adoption of Children with Special Needs

Current Law: The IV-E Adoption Program funds three distinct types of activities: maintenance payments for qualified special needs children who are adopted, with such payments negotiated and capped at the foster care levels; administrative payments for expenses associated with placing special needs children in adoption; and training of staff and parents who will be adopting special needs children.

Change and Explanation: Why should a special needs child's eligibility for federal adoption assistance be linked to the income of parents, from whom that child must be removed for their own safety? Or should eligibility be linked to income of previous adoptive parent if such adoption fails? Delinking federal adoption assistance provides support that is based on the child's special needs and will encourage adoptions

To: Laurie Rubiner, Sen. Chafee's Staff
Barbara Pryor, Sen. Rockefeller's Staff
From: Justin Latus, Congressional Budget Office
Date: June 16, 1997
Re: Estimate of certain sections of Chafee/Rockefeller adoption bill

Here's a more detailed description of the attached estimate of the sections of your bill that you requested me to look at first. I hope this is helpful. Please call me if you have questions.

Section 203--Foster care payments for children with parents in residential treatment facilities

This provision would allow IV-E reimbursement for children staying with their parents in residential treatment facilities. I assumed that the number of facilities that have the capabilities to serve both parents and children would be limited. The costs that I estimate here (\$10 million in fiscal year 1998) represent the incremental costs of the more expensive residential treatment facilities over the less expensive placements of these children under current law (e.g. foster family homes).

Section 303--Promotion of adoption of children with special needs

This provision would allow adopted children with special needs who are *not* SSI- or AFDC-eligible to receive adoption assistance payments. I estimate that this would increase outlays by about \$305 million in 1998, or \$2.3 billion over the 1998-2002 period. This estimate is based on the assumption that currently about two-thirds of foster care adoptions are IV-E eligible, and that this would expand eligibility to the remaining one third. States have great flexibility in determining which children have "special needs," and most states have defined this term very broadly. However, I have assumed that some adoptions from the foster care system would not be special needs and have subtracted them from my estimate of costs. I also subtracted out nonrecurring adoption expenses from my estimate, since under current law all special needs children are eligible for reimbursement, regardless of AFDC or SSI eligibility. I have added to my estimate costs of expanding adoption assistance to children placed by Indian tribal organizations would be covered under this provision but who are ineligible for reimbursement under current law.

Costs for this provision would grow over time. I assumed that the growth rate would be the same as the growth rate for my adoption assistance baseline, which incorporates such factors as increases in caseload (the program has grown rapidly in recent years), inflation, and real growth in adoption assistance payments.

These children would also receive Medicaid under this provision. However, since states already have the option to provide Medicaid to non-IV-E adopted children and since most do, this would not greatly increase Medicaid spending. Spending would increase by \$5 million in the Medicaid program in 1998.

Section 304—One-year reimbursement for reunification services spending above 1996 levels

This provision is very much scaled back from the previous version. The services covered are limited, only the parent is eligible for them, and only spending above 1996 levels is eligible for the Medicaid match under the IV-E program.

Increases in spending under this provision are difficult to estimate for several reasons. The services covered and the costs of these services vary widely. There are no records of what total state spending on these services in 1996 is. And it is unclear how accurate states will be in reporting their 1996 spending. States would have the incentive to underreport 1996 spending in order to establish a lower base against which future increases would be measured. I varied the assumptions that went into this estimate to determine likely spending under this provision and determined that my best estimate is to say that this would increase outlays by \$40 million in fiscal year 1998, or \$455 million over the 1998-2002 period. I assumed that spending for reunification services would grow at the same growth rate as my foster care baseline. This provision becomes more expensive over time since spending above 1996 levels increases each year.

The number above represents the net increase in costs. For this estimate, I subtracted out savings in reduced stays in the foster care system that would result from increased spending on reunification services.

For data on the number of children and families who would be eligible for these services, I consulted with HHS and the people there who work on AFCARS (the recently up-and-running data source on states' foster care populations). For estimates of current spending and costs of reunification services, I spoke with states and experts in the field.

Section XXX—Extend 75 percent enhanced SACWIS match through fiscal year 1998

This would increase budget authority by \$65 million in 1998, and outlays by \$55 million in 1998 and \$10 million in 1999. This is a preliminary estimate and is based on states' SACWIS planning and development budget estimates.

— NGA/APWA support

**CBO Preliminary Estimate of Chafee Proposed Amendment
on Administrative Cost Allocation among TANF, Food Stamps, and Medicaid**

06/17/97

Based on language received June 15, 1997.

(by fiscal year in billions of dollars)	1998	1999	2000	2001	2002	1998 - 2002
DIRECT SPENDING						
Food Stamps a/ Budget Authority	-0.3	-0.3	-0.3	-0.3	-0.3	-1.6
Outlays	-0.3	-0.3	-0.3	-0.3	-0.3	-1.5
Medicaid Budget Authority	-0.3	-0.3	-0.4	-0.4	-0.4	-1.8
Outlays	-0.3	-0.3	-0.4	-0.4	-0.4	-1.8
Total Budget Authority	-0.6	-0.6	-0.7	-0.7	-0.8	-3.4
Outlays	-0.5	-0.6	-0.7	-0.7	-0.7	-3.3

Details do not add to totals because of rounding.

a/ CBO has determined that this legislation would limit reimbursement for Food Stamp administrative costs and that states do not have the flexibility to amend their programmatic responsibilities in the Food Stamp Program to continue providing required services. It would therefore constitute an intergovernmental mandate as defined by the Unfunded Mandates Reform Act of 1995. The cost of the mandate would exceed the threshold established in that Act (\$50 million in 1996, adjusted annually for inflation).

CHAF_AD2.WK4

06/16/97

12:17 PM

CBO Estimate of CERTAIN PROVISIONS ONLY of S. 511**PRELIMINARY**

(millions of dollars)

06/16/97

Direct spending

	1998	1999	2000	2001	2002	'98-'02
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Sec. 203**Foster care payments for children with parents in residential treatment facilities****Foster care**

BA	10	10	15	15	15	65
OT	10	10	15	15	15	65

Sec. 303**Promotion of adoption of children with special needs****Foster care**

BA	360	415	475	535	600	2,390
OT	305	410	465	530	590	2,300

Medicaid

BA	5	5	5	5	5	30
OT	5	5	5	5	5	30

Sec. 304**Reunification services; reimbursement for spending above 1996 levels a/****Foster care**

BA	50	70	95	120	145	480
OT	40	65	90	115	140	455

Sec. XXX**Extend enhanced SACWIS match of 75% through fiscal year 1998****Foster care**

BA	65	0	0	0	0	65
OT	55	10	0	0	0	65

Notes:

Based on language received May 29, 1997, and clarifications of staff.

a/ Based on language from staff that would reimburse only spending above 1996 levels.

VOICE FOR ADOPTION

Speaking Out For Our Nation's Forgotten Children

FOUNDING MEMBERS

ADOPTION EXCHANGE ASSOCIATION

820 S. Monaco Parkway
263
Denver, Colorado 80224
(303) 322-9592

CHILDREN AWAITING PARENTS

700 Exchange Street
Rochester, New York 14608
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CHILD WELFARE LEAGUE OF AMERICA

440 First Street, NW
Suite 310
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9920 LaCienega Boulevard
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NATIONAL ADOPTION CENTER

1500 Walnut Street
Philadelphia, Pennsylvania 19102
(215) 735-9988

NORTH AMERICAN COUNCIL ON ADOPTABLE CHILDREN

970 Raymond Avenue
Suite 106
St. Paul, Minnesota 55114
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SPAULDING FOR CHILDREN

16250 Northland Drive
Southfield, Michigan 48075
(810) 443-7080

THE ADOPTION EXCHANGE

925 South Niagra Street
Denver, Colorado 80224
(303) 333-0845

TESTIMONY OF

SUSAN BADEAU

PROJECT MANAGER, NATIONAL ADOPTION
CENTER

ON BEHALF OF

VOICE FOR ADOPTION

BEFORE THE

SUBCOMMITTEE ON SOCIAL SECURITY AND
FAMILY POLICY

COMMITTEE ON FINANCE

U.S. SENATE

concerning

S.511, SAFE ADOPTIONS AND FAMILY
ENVIRONMENT (SAFE) ACT

May 21, 1997

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However, I would like to use my few moments here today to zero in on two particular aspects of this bill and urge this Committee to recognize their importance to the children and families of our country. These are the issues of adoption assistance and geographic barriers.

Adoption Assistance for Children with Special Needs

Voice for Adoption strongly supports provisions in S.511 which delink eligibility for adoption assistance from poverty status. This important change in current federal law is required or many children without permanent homes will never be placed in adoptive homes. Of the thousands of children in this country waiting in foster care for families who will adopt them, it is estimated that 80 percent are children with special needs - children with disabilities, older children, minority children, or sibling groups.

I have stated that I have adopted 19 children, all of whom have special needs. Only half of these children ever qualified for and received adoption assistance subsidies. When we have believed that a child was right for our family, we were always willing to adopt that child regardless of whether or not subsidy was available. Neither the availability nor the amount of assistance available was ever the determining factor in our adoption decisions. However, adoption assistance has made it possible for us to undertake the challenges of parenting children with severe disabilities, terminal illnesses and chronic conditions, as well as 3 separate sibling groups, one of which consisted of 6 children and to provide for them the educational, medical, therapeutic and recreational opportunities they need and deserve in order to grow, thrive and reach their potential. Our five oldest children - who social workers once predicted would never graduate from high school - have all done so and are now living on their own as independent adults. The next three children are all enrolled in college.

Adoption subsidies help families in very practical and very real ways. Although medical insurance may cover medical bills, it is the subsidy that makes it possible for parents to take the extra days off from work, to provide the transportation to and from appointments, to pay insurance co-payments and to make modifications at home that medically fragile children need. Although school systems provide individual educational plans for children with special needs, it is the subsidy that makes it possible for parents to attend training seminars, purchase supplemental instructional materials to have at home and provide educational opportunities that extend beyond the child's 18th birthday. Although medical insurance provides for a certain number of mental health therapy visits, it is the subsidy that makes it possible for parents to attend appointments with their child, continue the sessions after the insurance ends and provide the enrichment activities at home that compliment and expand the effectiveness of the therapy.

All children with special needs deserve to have these opportunities. And yet, many have not because the subsidy eligibility has been linked with Title IV-E poverty status. I

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cannot emphasize how strongly I support the provisions in S.511 which delink the subsidy eligibility and poverty status. Let me give you one example from our own family.

A few years ago, we agreed to adopt a (then) 6 year old child with a terminal illness and profound mental retardation. We were already parenting a child with the same condition and knew that we could provide a good home for our new son. Because he was Title IV-E eligible he was able to receive a subsidy payment that included both federal and state dollars. This subsidy has made a tremendous difference in our ability to provide for his very challenging needs. He had a biological brother that was also in the foster care system. His brother also had some daunting challenges and the agency decided to place him separately in a second adoptive home. When that adoption disrupted, the agency turned to us and asked if we would adopt our son's sibling. We had not a moment's hesitation. We strongly believe in keeping siblings together and we knew we could meet his special needs as well. However, due to his adoption disruption, he was no longer Title IV-E eligible and therefore, he was not eligible for the same full subsidy amount his brother was eligible for. Fortunately, he was at least eligible for a state subsidy, however, his monthly amount is approximately one third that which his brother receives! Therefore, providing for his challenging special needs has placed a financial burden on our family. We have adopted other children with special needs who were also ineligible for adoption assistance. In fact, some of our children who were not eligible for assistance have more extensive special needs than those who were eligible! This is not fair to either the children or the adoptive families.

Some children who were once Title IV E eligible, like our son, lose their eligibility as a result of an adoption disruption. While disruptions are rare (less than three percent of adoptions are disrupted), how tragic for those children that when a disruption occurs, they lose not only their family, but their opportunity for critical resources. Good friends of ours adopted a sibling group of 4 severely challenged children who had lost their subsidy eligibility this way. These children no longer were eligible for federal subsidy and in their state, this eliminated them from state adoption assistance as well. Their special needs were primarily a result of fetal alcohol exposure and extreme early life abuse and neglect. They present a multitude of educational and behavioral health challenges to their family. The family has stretched themselves further than many would to continually meet the needs these boys present.

Other children, like 2 of our daughters, are ineligible for subsidy because they never were Title IV E eligible. Their birth families were not poor. One child has fetal alcohol syndrome and related disabilities while the other child has cerebral palsy. Neither of their birth families were able to parent them, thus, adoption was the appropriate option for providing them with permanent homes. Neither alcohol dependency, nor the unexpected birth of a child with a disability are uniquely confined to poor parents. Yet

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due to this circumstance of birth, neither of these children nor many others like them throughout the country, are eligible for adoption assistance.

Clearly it is inequitable to treat differently children who both have special needs. The economic status of the child's birth family, or former adoptive family, should not determine whether or not that child is eligible for the kinds of services and supports that a subsidy provides, especially since parental rights have been terminated and the child is free for adoption. By delinking adoption assistance and basing a child's eligibility solely on his special needs status, you will remove a significant barrier that currently prevents all children with special needs from receiving equal adoption opportunities, including Medicaid coverage, which otherwise can change when a child's family moves from state to state.

Furthermore, administrative costs will be saved by delinking adoption assistance eligibility since agencies will no longer be required to conduct time-consuming, lengthy investigations to establish eligibility based on financial situation.

Voice for Adoption supports, too, provisions in S.511 which would continue eligibility for adoption assistance payments if the child's adoptive parent dies, or the child's adoption is dissolved, and the child is placed with another adoptive family.

I would like to point out that the House bill, H.R.867, does not include this delinking provision. Therefore, I would urge you, Senators, to place considerable emphasis in maintaining this important provision of S.511 when the two bills go to conference.

Removal of Geographic Barriers to Adoption

In discussions about reforming the foster care and adoption systems, much emphasis is often placed on the need to improve and expedite the termination of parental rights process. I agree that this is an important area of concern. The objective is to place waiting children with appropriate families and to eliminate barriers to the placement of children in interstate and inter-county adoptions.

However, even after parental rights have been terminated, many children continue to wait in foster care due to geographic barriers. From the county level to the state level, and regionally, there is a resistance to place children outside of one's immediate jurisdiction. States and counties hang on to approved families in their jurisdictions, in case a child comes into care needing a home, while children are waiting in other jurisdictions for families to be found. Such was certainly the case with several of my children. In fact, we adopted one set of 6 siblings who had waited for nearly 5 years in care after their parental rights had been terminated. Geographic barriers were the main culprit.

Exclusion of foster children from AFDC assistance units

The Deficit Reduction Act of 1984 (Public Law 98-369) required that certain blood-related, adoptive parents or siblings be included in the family unit if the family applies for income assistance under the AFDC Program. Because there was no statutory exclusion for foster care recipients, AFDC operating policy required that their income be included with the family's when the family's eligibility was determined. However, Public Law 99-514, enacted in 1986, stated that a foster child who is receiving IV-E maintenance payments must not be considered a family member during the time the family receives AFDC, and that the child's income in the form of maintenance payments, and other income and resources, must be excluded from the family's as well.

The Omnibus Budget Reconciliation Act of 1990 (Public Law 101-508) repealed the 1986 provision and added a new section 409 to title IV-A stipulating that foster children receiving maintenance payments under title IV-E or under State or local programs are not considered family members for purposes of AFDC. Similarly, the law specifies that children receiving adoption assistance payments under either title IV-E or State or local law are not considered family members for AFDC purposes, unless the family would lose AFDC benefits as a result.

THE TITLE IV-E ADOPTION ASSISTANCE PROGRAM

The Title IV-E Adoption Assistance Program is an open-ended entitlement program required of States that participate in AFDC (all States participate). Like the IV-E Foster Care Program, the IV-E Adoption Program funds three distinct types of activities: maintenance payments for qualified children who are adopted, administrative payments for expenses associated with placing children in adoption, and training of professional staff and parents involved in adoptions.

Under the adoption program, which is permanently authorized, States develop adoption assistance agreements with parents who adopt eligible children with special needs. Federal matching funds are provided to States that, under these agreements, provide adoption assistance payments to parents who adopt AFDC- or SSI-eligible children with special needs. In addition, the program authorizes Federal matching funds for States that reimburse the non-recurring adoption expenses of adoptive parents of special needs children (regardless of AFDC or SSI eligibility).

Definition of special needs

A special needs child is defined in the statute as a child with respect to whom the State determines there is a specific condition or situation, such as age, membership in a minority or sibling group, or a mental, emotional, or physical handicap, which prevents placement without special assistance. Before a child can be considered to be a child with special needs, the State must determine that the child cannot or should not be returned to the biological family, and that reasonable efforts have been made to place the child without providing adoption assistance. States have discretion in defining special needs eligibility criteria and individually determining

whether a child is eligible. For example, some States add religion or not being able to place the child without subsidy to the definition of special needs.

Adoption assistance agreements and payments

An adoption assistance agreement is a written agreement between the adoptive parents, the State IV-E agency, and other relevant agencies (such as a private adoption agency) specifying the nature and amount of assistance to be given. Under the adoption assistance agreement, States may make monthly adoption assistance payments for AFDC- and SSI-eligible children with special needs who are adopted.

The amount of adoption assistance payments to be made is based on the circumstances of the adopting parents and the needs of the child. No means test can be used to determine eligibility of parents for the program; however, States do use means tests to determine the amount of the payment. Payments may be adjusted periodically if circumstances change, with the concurrence of the adopting parents. However, the payments may not exceed the amount the family might have received on behalf of the child under foster care. Adoption assistance payments may continue until the child is age 18, or, at State option, age 21 if the child is mentally or physically handicapped. Payments are discontinued if the State determines that the parents are no longer legally responsible for the support of the child. Federally subsidized payments may start as soon as an agreement is signed and the child has been placed in an adoptive home. Parents who have been receiving adoption assistance payments must keep the State or local agency informed of circumstances that would make them ineligible for payments, or eligible for payments in a different amount.

The Federal matching rate for the adoption assistance payments is based on each State's Medicaid matching rate. States may also claim open-ended Federal matching at the rate of 50 percent for the costs of administering the program and for training both staff and adoptive parents at the rate of 75 percent.

Not all families of adopted IV-E eligible children with special needs actually receive adoption assistance payments. The adoptive parents' circumstances may be such that an adoption subsidy is not needed or wanted. Adopted AFDC- or SSI-eligible children with special needs are also eligible for Medicaid if an adoption assistance agreement is in effect, regardless of whether adoption assistance payments are being made.

States also have the option under the Medicaid Program to provide Medicaid coverage for other special needs children (those not eligible for AFDC or SSI) who are adopted if they have been identified as a special category of medically needy children under a State's Medicaid Program. Pursuant to the 1985 budget reconciliation legislation, a child for whom an adoption assistance agreement is in effect is eligible for Medicaid from the State in which the child resides regardless of whether the State is the one with which the adoptive parents have an adoption assistance agreement.

The structure of adoption subsidy programs varies across States. Some States offer basic maintenance payments and also allow additional payments for certain activities (such as family counseling) or

for certain groups of children (such as children with severe handicaps). Other States offer one level of payment to everyone with no special allowances. Some States allow parents to request changes in payment levels on a regular basis if circumstances change for a child; others allow very little change once the adoption agreement is signed. Some States start payments as soon as placement is made; others not until the adoption is finalized.

Not all children who receive adoption subsidies from States are eligible for Federal IV-E funds. The American Public Welfare Association (APWA) estimates that at the end of 1990 (the latest year for which data are available), approximately half of the estimated 99,000 children nationwide whose families received adoption subsidies were IV-E eligible. The non-IV-E children's adoption subsidies are paid solely by the State in which their adoption agreement was signed. States differ in whether comparable IV-E children and non-IV-E children receive similar adoption subsidy amounts.

Nonrecurring adoption costs

The Adoption Assistance Program also authorizes Federal matching funds for States to pay the one-time adoption expenses of parents of special needs children (regardless of AFDC or SSI eligibility). In order to be eligible, the child must be a child with special needs, as defined in section 473(c) of the Social Security Act and described above.

Through the program, parents may receive reimbursement of up to \$2,000 per child for these nonrecurring adoption expenses, and States may claim 50 percent Federal matching for these reimbursements. Qualified adoption expenses are defined as reasonable and necessary adoption fees, court costs, attorney fees, and other expenses that are directly related to the adoption of a child with special needs. States may vary in the maximum amount they allow parents to receive under this provision (see table 12-9 for State-by-State data on maximum reimbursement rates).

All 49 States have implemented the program; the District of Columbia has not. However, the average reimbursements have not equaled the \$2,000 Federal cap, with the average payment being \$966 in 1996. According to the Association of Administrators of the Interstate Compact on Adoption and Medical Assistance (AAICAMA), for which the American Public Welfare Association serves as the secretariat, in a number of States, the larger amounts of nonrecurring adoption costs are being paid for costs incurred in the adoption of special needs children from foreign countries and private agencies. Parent adopting children from the public child welfare agencies are not claiming as many expenses because many costs incurred in the adoption of these children are already covered under the States' adoption programs.

TABLE 12-9.—STATE REIMBURSEMENT OF NONRECURRING ADOPTION COSTS, 1991, 1992, AND 1996

State	Has your State implemented the reimbursement program?	Maximum payment	Estimated average payment of May 1991	Estimated average payment of April 1992	Estimated average payment as of April 1996	Major reimbursement cost(s)
Alabama	Yes	\$1,000	\$350	\$412	\$1,000	Legal fees, travel, preplacement visits.
Alaska	Yes	2,000	1,200	829	1 NA	Legal fees, travel, home studies.
Arizona	Yes	2,000	2,000	1,596	2,000	Legal fees, agency fees, travel, home studies.
Arkansas	Yes	1,500	100	500	200	Court filing, fingerprint checks.
California	Yes	500	400	400	500	Agency fees.
Colorado	Yes	800	250	250	800	Legal fees.
Connecticut	Yes	750	90	90	424	Legal fee.
Delaware	Yes	2,000	300	300	NA	Agency fees.
District of Columbia	No					
Florida	Yes	1,000	400	400	1,000	Attorney fees.
Georgia	Yes	700	400	400	400	Legal fees.
Hawaii	Yes	2,000	NA	NA	NA	Agency fees, attorney fees, travel.
Idaho	Yes	2,000	NA	350	2,550	Agency fees, attorney fees, travel.
					2,000	
					average = 1,275	
Illinois	Yes	1,500	NA	NA	NA	Legal fees, home studies.
Indiana	Yes	1,500	635	NA	700	Legal fees, agency fees.
Iowa	Yes	1,000	700	700	300	Legal fees.
Kansas	Yes	2,000	NA	NA	700	Legal fees, home studies, travel.
Kentucky	Yes	1,000	378	378	476	Legal fees, agency fees.
Louisiana	Yes	1,000	400	600	600	Legal fees.
Maine	Yes	3 ² 2,000	NA	2,000	NA	Legal fees, travel.
Maryland	Yes	2,000	NA	2,000	2,000	Legal fees, travel, home studies by private agencies. ⁴

Notes: on the SAFE Act and the cost allocation offset

We had a bad day at CBO — CBO will say that our “good government” provision is an unfunded mandate. This is bad news, but basically it is because the unfunded mandate law treats entitlement differently, and our offset does “touch” food stamps. CBO assumed that states would shift administrative costs from welfare to Medicaid and food stamps — our provision prohibits this, and “captures” about \$3.4 billion in savings.

All the state organizations are upset, and NGA, NCSL, and APWA decided to oppose our amendment, disappointing but not surprising since states wanted to be able to shift costs.

Counterpoints:

States say this is an unfunded mandate, and unfair to vulnerable families.

FACT: Governors asked for a block grant of welfare reform, and said that they could be more efficient with flexibility.

Administrative costs were raised from 10% to 15% in the block grant. In 1995, average administrative costs were 13.7% for welfare — and that was before the flexibility of the block grant.

We are not harming families. We are just ensuring that State don't shift administrative costs from welfare programs to Medicaid and food stamps. To be clear, this offset does not touch Medicaid only and food stamp only cases. If Medicaid claims go up, states can still get administrative matching funds at the same 50-50 level.

States will claim that our cost allocation offset, hurts food stamps and Medicaid.

FACT: Our offset does require States to “live” under the 15% administrative cap of the welfare block grant.

FACT: Our offset is *not* the same as the Stenholm amendment, it does *not* have a cap of administrative costs for food stamps, like Stenholm.

FACT: Our offset will not change the 50-50 Administrative match for Medicaid only and food stamp only cases.

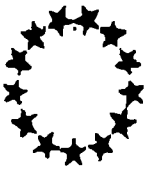
State claim that we are “taking” money from vulnerable families.

Our offset just prevents States from circumventing the 15% administrative costs under the welfare block grant and shifting the costs to other federal programs like Medicaid and food stamps.

06/18/97 MON 20:50 FAX 202 737 1069

NCSL

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**NATIONAL
GOVERNORS'
ASSOCIATION**



National Conference of State Legislatures



AMERICAN PUBLIC WELFARE ASSOCIATION

June 16, 1997

Dear Senator:

We are writing to express the strong opposition of the National Governors' Association, the National Conference of State Legislatures and the American Public Welfare Association to the Chafee/Rockefeller amendment that would decrease the historic federal support for food stamp and Medicaid administrative costs. This amendment is a violation of the Unfunded Mandates law and would shift costs to the states. We believe that this proposal would reopen federal welfare reform and would divert state funds away from services for vulnerable children and families.

We believe that this amendment violates P.L. 104-4, the Unfunded Mandates Reform Act of 1995 and would be subject to a point of order against it. The Congressional Budget Office has already found that freezing the cost allocation or capping administrative costs for food stamps is an unfunded mandate because it leaves states to carry out federally mandated administrative responsibilities with reduced federal funding.

The Chafee/Rockefeller amendment would constitute a cost shift to states by freezing in place the cost allocation methodology in effect in FY 96, prior to the welfare reform law. In 1996 and prior years, states generally designated welfare as the primary program for cost allocation which meant that shared administrative costs for determining welfare, food stamp and Medicaid eligibility, certification, fair hearings and claims were "charged" or allotted to the AFDC program. AFDC became the primary program because it was the first program created of these three programs and the federal government generally encouraged this designation. Since all three programs had an open-ended 90/90 administrative match, it didn't really matter to what program the costs were allocated or that using a primary allocation methodology was not a true reflection of how actual costs were incurred.

However, states are now operating under a fixed TANF block grant with a 15% administrative cap. Under this amendment, costs that legitimately would have been approved as Medicaid and food stamp administration costs will be subject to the TANF administrative cap. In order to shoulder this \$5 billion cost-shift, states may be forced to reduce spending on direct services to needy children and families. At the same time states are being asked to absorb this new burden, they are also being asked by the Finance Committee to commit additional state resources for a wide range of new human service initiatives. All of these demands cannot be met.

Future economic downturns, natural disasters, or other factors could easily increase the caseloads and concomitantly the food stamp and Medicaid administrative costs, further exacerbating the cost-shift.

While we appreciate Senators Chafee and Rockefeller's commitment to permanency and safety for children in the child welfare system, federal resources to support this initiative must not come at the expense of other critical programs to strengthen families. We will oppose any similar amendments that impose limitations or caps on administrative dollars.

Sincerely,

Raymond C. Schoppach
Executive Director
National Governors' Association

William T. Pound
Executive Director
National Conference of
State Legislatures

A. Sidney Johnson III
Executive Director
American Public Welfare
Association

ADMINISTRATION, HOUSE, AND SENATE ADOPTION/CHILD WELFARE PROPOSALS

Adoption 2002 Report	H.R. 867 (Camp-Kennelly) as passed 4/30/97	S. 511 (Chafee, Rockefeller, et al) as introduced
Work with States on numerical goals and targets to double the number of adoptions and other permanent placements by 2002.	No additional legislative authority needed.	No additional legislative authority needed.
Provide technical assistance to State agencies, courts and communities to improve the timeliness of permanency decisions and to increase the number of adoptions and other permanent placements.	Technical assistance authority (Sec. 12)	No provision.
Financial incentives to states to increase the number of adoptions from the public child welfare system (per child bonuses).	Adoption incentives payments (Sec. 4)	No provision.
Continued aggressive implementation of the Multiethnic Placement Act, as amended.	No additional legislative authority needed.	No additional legislative authority needed.
Publish an annual State-by-State report on success in meeting numerical targets for adoption.	Annual report on States' performance (Sec. 10)	No provision.
Recognize successful state efforts.	No additional legislative authority needed.	No additional legislative authority needed.
Provide States with funding to identify and remove barriers to permanency and adoption.	No provision.	Section 401 authorizes 5 year grants to reduce backlogs/barriers regarding adoptions. Authorizes a new funding stream under IV-E (to be section 478) with up to \$50 million for these grants.
Clarify the purpose of dispositional hearings by renaming them permanency planning hearings and shorten the timeframe until such a hearing is required from 18 months to 12 months.	Dispositional hearing renamed as permanency hearing. (Sec. 5) Require permanency hearing no later than 12 months after a child is in care (rather than 18). (Sec. 5)	Same provision, section 302

ADMINISTRATION, HOUSE, AND SENATE ADOPTION/CHILD WELFARE PROPOSALS

Adoption 2002 Report	H.R. 867 (Camp-Kennelly) as passed 4/30/97	S. 511 (Chafee, Rockefeller, et al) as introduced
Clarify "reasonable efforts" requirements to emphasize that child health and safety should be the paramount concern in making child welfare decisions and to illustrate circumstances in which reunification is not appropriate.	Clarify reasonable efforts by requiring each state to define legislatively the categories of aggravated circumstances under which reasonable efforts <i>are not required</i> . In addition to the State's list, the circumstances listed in the CAPTA bill would not require reasonable efforts, nor would efforts be required if parental rights to a sibling had previously been terminated involuntarily. The provision further notes that child health and safety should be the paramount consideration in determining reasonable efforts. (Sec. 2)	Adds language on child health/safety and reasonable efforts similar although not identical to H.R. 867. (Sec. 102) Also adds safety language to provisions regarding the contents of case plans and requirements for case reviews. (Sec. 103)
Establish a reasonable efforts requirement to secure an adoptive home when reunification has been ruled out.	Requires reasonable efforts to find an adoptive home or other permanent living arrangement if reunification is not pursued. (Sec. 2) Section 7 requires that reasonable efforts to find an adoptive home must be documented.	Requires reasonable efforts to find an adoptive home or other permanent living arrangement and requires documentation of such efforts. (Sec. 301)
Encourage States to use the Federal Parent Locator Service to locate absent parents and relatives who might provide a permanent home for the child and to terminate parental rights when appropriate.	Use of Parent Locator Service in TPR cases (Sec. 9)	No provision.
Increase the number of child welfare demonstration waivers.	Increase from 10 to 15 the number of child welfare demonstration waivers (Sec. 11). An amendment added on the House floor provides that one of the additional demonstrations must be on the subject of kinship care.	Increase from 10 to 15 the number of child welfare demonstration waivers, Section 402.

ADMINISTRATION, HOUSE, AND SENATE ADOPTION/CHILD WELFARE PROPOSALS

Adoption 2002 Report	H.R. 867 (Camp-Kennelly) as passed 4/30/97	S. 511 (Chafee, Rockefeller, et al) as introduced
A variety of steps are proposed to encourage more timely decision making, but no specific deadlines for TPRs are proposed.	Require states to file a TPR petition or join TPR proceedings after a child under 10 years old has been in foster care 18 of the past 24 months unless (1) at the state's option, if the child is in relative care; (2) a State court or State agency has determined there are compelling reasons why TPR is not in the child's best interests; or (3) the State has not provided the services the State deems appropriate. (Sec. 3)	No provision.
Not addressed.	Foster parents must be provided notice of and an opportunity to be heard in reviews and hearings. (Sec. 6)	No provision.
Suggests this is an issue that needs further study. Commits to establishing kinship demonstration projects as provided for in the reauthorized CAPTA legislation, and through child welfare demonstration waivers.	Required report and recommendations on kinship care. (Sec. 8)	No provision.
Not addressed.	An amendment added on the House floor provides that states <i>may</i> conduct criminal background checks of prospective foster and adoptive parents and group home staff. (Sec. 17)	Section 205 requires States to conduct criminal background checks for prospective foster and adoptive parents and for staff of group care homes.
Not addressed.	Report to Congress on coordination of substance abuse and child protection/child welfare services. (Sec. 13)	Section 201 requires HHS to prepare an inventory of federal programs providing substance abuse prevention and treatment to families receiving child welfare services, and requires a Report to Congress on issues in providing such services.
Not addressed.	Clarification of population eligible for Independent Living Services. (Sec. 14)	No provision.

ADMINISTRATION, HOUSE, AND SENATE ADOPTION/CHILD WELFARE PROPOSALS

Adoption 2002 Report	H.R. 867 (Camp-Kennelly) as passed 4/30/97	S. 511 (Chafee, Rockefeller, et al) as introduced
Not addressed.	An amendment added on the House floor expresses the sense of Congress that States should consider enacting standby guardianship laws. (Sec.18)	No provision.
Not addressed in Adoption 2002, but CAPTA already encourages States to establish such teams.	No provision.	Section 104 requires each state to implement a child death review team, and requires a federal child death review team to investigate deaths on military bases and Indian Reservations.
Not addressed.	No provision.	Section 202 amends the Substance Abuse Prevention and Treatment Block Grant to broaden the current preference for services to pregnant women to include also parents with children who have been referred to treatment by child welfare agencies.
Not addressed.	No provision.	Section 203 allows foster care payments on behalf of children living in residential treatment programs with their mothers.
HHS will "review and may revise the title IV-E training regulations to assure a comprehensive approach to child welfare training."	No provision.	Section 204 broadens the use of foster care training funds for training collaborating agencies on child protection/child welfare issues.
Not addressed.	No provision.	Section 206 requires States to develop and implement guidelines for out of home care akin to accreditation.
Not addressed.	No provision.	Section 303 revises adoption assistance eligibility so that birth families' low-income is not an eligibility requirement. In addition, the bill makes immigrant children in the care of state/tribal child welfare agencies and who otherwise meet IV-E requirements eligible for adoption assistance. (Essentially exempts adoption assistance from the immigrant provisions of the welfare reform bill.)

ADMINISTRATION, HOUSE, AND SENATE ADOPTION/CHILD WELFARE PROPOSALS		
Adoption 2002 Report	H.R. 867 (Camp-Kennelly) as passed 4/30/97	S. 511 (Chafee, Rockefeller, et al) as introduced
Not addressed.	No provision.	Section 304 expands the definition of IV-E maintenance payments to include a year's reunification services.
Proposes technical assistance to support the development of collaboratives that encourage placements across geographical boundaries.	No provision.	Section 305 requires HHS to study interjurisdictional adoption issues.



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6/9/97

As promised --
two GAO reports on
Family Preservation -

Please call if I can
help with anything else!

- Jennifer

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United States General Accounting Office

Report to the Chairman, Subcommittee
on Human Resources, Committee on
Ways and Means, House of
Representatives

February 1997

CHILD WELFARE

States' Progress in Implementing Family Preservation and Support Services



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June 1995

CHILD WELFARE

Opportunities to
Further Enhance
Family Preservation
and Support Activities