

Bridges



Association of Administrators of the Interstate Compact on Adoption and Medical Assistance

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An Adoptive Family Preservation Services System Grows In Virginia

Following several years of planning, Virginia has finally found a way to develop and institutionalize a post legal adoption services system.

While the federal government has been funding agencies and organizations since 1984 to develop post legal adoption resources for children and their adoptive families through Adoption Opportunities funding, States have usually not had the fiscal resources to continue the model programs after expiration of the federal grant.

In an effort to address this issue and other barriers to the development of post legal adoption services for children and their adoptive families, the federal government funded a Post-Legal Adoption Consortium in 1991 with the purpose of assisting states in developing and institutionalizing post legal adoption services to sustain adoptive placements of children with special needs.

Virginia was one of nine states to receive funding to participate in the Post Legal Adoption Consortium. The Consortium met semiannually in Washington D.C. to share in-

formation about individual state projects, define basic post legal adoption services, review successful post legal adoption practices and disseminate findings that would help states develop and maintain post legal adoption services.

The Consortium of Post Legal Adoption Services found that much of the money spent on post legal adoption services funded long-term residential treatment services for adoptive children. In some states, families were being required to dissolve their adoptions before residential treatment services could be accessed for their children.

The Consortium of Post Legal Adoption Services believed that many of these children would require less intrusive intervention and that the adoptive families would not seek dissolution if an adequate safety net of therapeutic, supportive, and financial support services could be woven together.

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One of the final products of the Consortium was a publication, which was disseminated to states entitled "*Adoption Support & Preservation Services: A Public Interest*". This publication identifies components of a post legal adoptive family service system critical to successful development and implementation of a service system for adoptive children and their families.

While it was hoped that the work completed by the Consortium and the publication would assist states in developing and maintaining post legal adoption service systems, funding for maintaining successful pilot and demonstration projects continued to be a major barrier for states in developing on-going service systems.

Then, in 1997, with passage of the Adoption and Safe Families Act, Title IV-B, Subpart 2 funding mandated that a portion of the allocation for Promoting Safe and Stable Families be expended for adoption promotion and support services. Using this funding, Virginia has developed a statewide system of adoptive family preservation services.

The first step was to issue a Request for Proposals (RFP). The RFP asked interested agencies to submit proposals basing their design for the system on the model identified in "*Adoption Support & Preservation Services: A Public Interest*". As a result of the RFP, one private agency, United Methodist Family Services, was awarded a contract to serve as manager of the Adoptive Family Preservation Services system.

The managing agency has developed an Adoptive Family Preservation Services system that will use a multi-site, multi-level system of services to offer families an array of options from which they can obtain the services they need to enhance their family functioning. Services will be family driven and will promote claiming and attachment in the adoptive family. There is a state advisory group as well as advisory groups for each of the seven regions.

For this system, the state is divided into seven regions. Each region has a Family Response Team. The Family Response Team is a local cross system team composed of a mental health counselor, an adoptive parent, and a social worker. There is a central intake assessment team in the central region of the state. Requests for services can go directly to the regional response team or through the central intake assessment team.

The Family Response Team in each region is responsible for identifying all existing services in the region, as well as for identifying gaps in services in the region. The Family Response Team will reach out into the schools, the private mental health service community and public mental health service agencies to develop partnerships for services to adoptive families. The Family Response Team provides services directly to the child and family and/or refers the child and family for other community services, which can be paid for through adoption assistance.

Where there are gaps in services, some of the money allocated for the management of the service system goes toward developing the necessary service. For example, two areas of the state have requested funding for adoptive parent support groups. The funding was appropriated and the support groups are now in operation.

Some of the money has been set aside to provide for other services the family may need. An example of this is the Client Fund. The Client Fund pays for respite care for families in two distinct ways. In one model, the family is given \$500 per year to use in any way they want for respite. In the second model, the family uses a trained respite provider and the provider is paid for the service.

Specified services provided to children and their adoptive families include information and referral, crisis intervention, respite, in-home services, support groups, and advocacy. Advocacy, particularly school advocacy, is a critical part of the services system.

The design of the service system is unique in that the foundation of the system is collaboration among private agencies throughout the state. One private agency serves as the manager of the system and contracts with other licensed child placing agencies in each of the seven regions to form the Family Response Teams. In at least one region of the service system, two private agencies have partnered with each other to ensure that children and families receive the services they need.

In the first ten weeks of implementation of the system, 108 children in 52 families requested and received services.

In addition to providing much needed services to children and families, the Adoptive Family Preservation Services System will help Virginia in meeting the new federal Child and Family Services Reviews.

For more information about this system, call 1-888-821-HOPE.

What better way to document outcomes of permanency and well-being than through services that prevent adoption dissolution and ensure child and family well-being?

Theraplay: A Treatment to Help Parents Build Relationships with Their Foster or Adopted Children

by Sandra Lindaman

Theraplay, developed in Chicago in the late 1960s as a mental health treatment for children in the first Head Start centers, is an active, playful treatment method that uses attachment-based play to address children's behavioral problems and to strengthen relationships with parents. Theraplay is distinguished from other play therapies by its use of parents as co-therapists, the emphasis on interactive play rather than talking or symbolic play, and the use of that play to recreate the attachment process. Because of its emphasis on play, Theraplay can be used with very young or developmentally delayed children as well as with normally developing children aged 3-12.

Because Theraplay treatment utilizes interactions and activities that many parents do with young children, it allows parents to practice the ongoing energetic, playful engagement that is essential to forming an attachment. Through the Theraplay dimensions of Structure, Engagement, Nurture and Challenge, parents provide the structure that allows the child to feel safer and more secure. Parents learn to recognize and modulate their child's activity level and emotional state and provide a nurturing response to their child's emotional needs. They also discover when and how to challenge their child in ways that enhance the child's self-esteem.

Because of Theraplay's focus on attachment and relationship building, it has been used successfully for many years with foster and adopted children and their families. It is particularly helpful in these situations because it establishes caregiving routines early in placements. It functions both as a proactive method to get

parents and children off to a good start and as a response to the behaviors that children have developed to cope with abuse and neglect. The primary goals of Theraplay treatment for children who are in foster care or who are later-adopted are: to accept adult structure and control, aid in forming trusting relationships, foster competence and worth, and assist in the appropriate expression of emotions.

Through training workshops held across the U.S., and internationally, many mental health, social service, early childhood, rehabilitation and education professionals have learned the Theraplay method and use it in a variety of settings. For example, adoption specialists in Illinois, Maine and Casey Family Service staff in New England have received Theraplay training and use the method. The Illinois Department of Children and Family Services has funded a pilot project of Theraplay treatment for children in a variety of out of home placements. The Theraplay model has also been adopted by a residential treatment program for reunified families in Georgia. Group Theraplay, which uses Theraplay techniques in a group setting, has also been used in schools, group homes and residential settings around the world.

Theraplay is not designed to address all the critical problems that foster and adoptive families face. Other forms of treatment, such as, focused trauma or grief work, talk or other expressive methods, therapeutic parenting training, or group work may be necessary. Forming an attachment takes a long time. However, the development of trust and security in the relationship with a foster or adoptive parent, enhanced

by Theraplay treatment can be an important first step for a child to come to terms with his or her experience. Theraplay treatment can enhance attachment and give parents and children the tools to be successful even after treatment has been completed.

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The Children's World at School

by Marilyn Schoettle, M.A.,
Director of Education & Publications at C.A.S.E.

Of all the experiences in life that help kids to know who they are and what they can be, school is surely one of the most powerful. School has an enormous influence on the growth of self-concept, including what it means to be part of a foster or adoptive family. Recent research and innovative programming are helping to provide foster and adoptive parents with effective strategies for working with school personnel to ensure success for their children.

The school environment has the potential to be a valuable support for foster and adopted children. In addition, if educators are comfortable talking about foster care and adoption, ALL students can learn to understand and accept the important role of foster and adoptive families in our society. Teachers are powerful adult role models who are in a position to normalize the existence of foster and adoptive families for all students.

Teachers who are aware of some of the common emotions shared by foster and adopted children can develop effective strategies to address some of the challenges that they face at school, such as certain assignments and intrusive questions from oth-

ers. Students with special needs can benefit greatly when educators are knowledgeable not only about their learning disabilities, but also about the ways in which the challenges of early life experiences may impact the behavior of foster and adopted children and teens.

Unfortunately, educators do not normally receive training to develop their knowledge of foster care and adoption. The opportunity to learn strategies for supporting adopted or foster students is missed.

To create a more positive environment at school about foster care and adoption, the Center for Adoption Support and Education, Inc. (C.A.S.E.) developed a range of programs promoting collaboration between families and school personnel. C.A.S.E. is a non-profit, independent organization serving adoptive and foster families in the Baltimore-Washington, D.C. area. Programs include peer groups for children and teens, parent support programs, and workshops for parents on a wide variety of topics. In their work with children and families, C.A.S.E. staff recognized early on that school success was key to family success. They realized that teachers and school counselors were an important part of the team of committed adults working to give chil-

dren a hopeful, positive future. They also discovered that the school environment could not be fully supportive unless some education was provided to staff. C.A.S.E. staff, a combination of social workers, educators, and parents, reflects a diversity of background and perspective often mirroring the families and professionals that they serve.

C.A.S.E.'s focus on the importance of school success resulted in the development of a number of services:

- Two well-received in-service training programs for educators entitled *S.A.F.E. at School: Support for Adoptive Families by Educators* and *Fostering Foster Kids in Our Schools*;
- Intensive workshops for counselors and school psychologists about the more serious emotional and behavioral issues that can develop for adopted and foster children;
- Workshops for parents (many presented by school personnel), which promote home-school collaboration, including information about the special education system, writing effective IEPs, and choosing if and when to share information about children's early life experiences;
- Communication between C.A.S.E. staff and key school personnel, with parent permission, to

establish effective methods for treating learning and behavioral issues at school; and

- Attendance by C.A.S.E. staff at school meetings when parents feel the need for support and recommendations.

Perhaps predictably, C.A.S.E.'s in-service training, which is free, has been viewed as "unnecessary because of the small number of adopted and foster children" in schools. "Many times it is only by the parent's request that we are invited to speak," notes Debbie Riley, Executive Director. "However, once they have heard our presentation, the response has been overwhelmingly positive, particularly because we can give them specific techniques for talking about adoption and foster care in positive, general, and factual ways." Representatives of over 100 schools in the Washington, D.C. area have attended presentations in the past two years.

Despite the need for more education concerning the unique challenges of foster and adopted children, Riley feels confident that schools will increasingly seek this information. "The strategies and information we share help not only the kids, but also teachers and other students at school. It is important to continue this mission to educate the people who have so much impact on how our kids feel about being part of adoptive and foster families."

Effective Strategies for Working with Schools

- Provide information about the value of post-adoption services; the specific needs and concerns of adopted children and teens; and strategies to address the unique issues of this population of students.
- Emphasize the importance of helping ALL students to better understand and be sensitive to adoptees and adoptive families (similar to building cultural sensitivity)
- Provide specific resources and recommendations regarding adopted students with the most pressing needs

What This Will Require:

- Training by adoption professionals of school personnel
- Ongoing communication with school personnel and continued assistance as needed
- Team building and collaboration developed over a period of time
- Shared and continued commitment by all involved parties



STATE INFORMATION EXCHANGE

Massachusetts Approves College Tuition Waivers for Adoptees

On June 20, 2000, the Massachusetts Board of Higher Education voted to enact a tuition waiver program to cover tuition for state supported undergraduate and certificate programs at state and community colleges for children who have been in the care of Massachusetts' Department of Social Services (DSS). The scholarship program is designed to eliminate the concerns of prospective adoptive parents about providing for a child's education and to encourage adoption from the DSS for children of all ages.

Adoption tuition waivers are available to individuals who were in custody of DSS and were adopted by a resident of Massachusetts, or were adopted by a state employee. Individuals who were in the care of DSS for 12 consecutive months under a Care and Protection petition, and who were not adopted or returned home are also eligible for the waiver. This benefit is available to any eligible individual until they reach their 25th birthday and there are no residency requirements after the adoption takes place. A certificate of eligibility must be presented to the state college or university at the time of registration.

Alabama Releases Birth Records

A state law allowing people over 19 who were born and adopted in Alabama to obtain copies of their original, pre-adoption birth certificates went into effect on August 1, 2000. The certificates had been accessible until 1991 but for the past nine years, adoptees wanting their original birth certificates have had to obtain a court order before the files could be opened due to revisions in the state's vital records laws.

The Health Department has already received about 150 requests for original birth records. The new law also allows birth parents to add information to their child's sealed file, including a contact preference form and a medical history sheet.

Alabama is one of only five states that now provide access to original birth certificates. The other states are Alaska, Delaware, Kansas, Oregon and Tennessee.

New York Amends State ASFA Law

New York has amended its Adoption and Safe Families Act (ASFA) to provide courts with more discretion in cases where a foster or prospective parent has a criminal record. New York first enacted ASFA legislation in February 1999 to comply with the federal ASFA. The original New York ASFA law mandated criminal background checks for foster and prospective adoptive parents, automatic and retroactive denial of certification for foster and prospective adoptive parents, and immediate removal of children from foster and pre-adoptive homes if a foster or prospective adoptive parent was found to be a convicted violent felon.

The new legislation arrives after several judges found unconstitutional the provision requiring automatic disqualification of any foster or adoptive parent with a violent felony record and immediate removal of children from a foster or pre-adoptive home whenever a petitioner has been convicted of a violent felony. (See *Bridges*, Fall 1999, p. 15 and Winter 2000, p. 13).

Under its amended state law, New York will con-

tinue to require criminal record checks for prospective foster and adoptive parents. The new legislation also provides a standard by which a prospective foster or adoptive parent can overcome a denial for certification or approval based upon a violent felony record. If a prospective foster or adoptive parent with a violent criminal record demonstrates that "such denial will create unreasonable risk of harm to the physical or mental health of the child and approval of the application will not place the child's safety in jeopardy and will be in the best interests of the child," then the prospective foster or adoptive parent can overcome denial of certification based upon a violent criminal record and prevent the immediate removal of the children from the home. The same standard can be used by a foster parent to overcome a retroactive denial of certification based upon a violent criminal record and prevent the immediate removal of the children from the foster home.

The federal ASFA allows states to opt out of these provisions as well as the mandated criminal record checks for prospective adoptive and foster parents.

(State Information Exchange continued on page 9.)

FREQUENTLY ASKED QUESTIONS

Adoption Assistance and Social Security Benefits

Many children receiving adoption assistance are also eligible for social security benefits, including Supplemental Security Income (SSI), Social Security Death Benefits (SSDB) and Social Security Retirement Benefits (SSRB). This article is intended to assist State adoption workers in navigating some of the complex issues that arise with simultaneous receipt of adoption assistance and social security benefits.

Effect of SSI on Adoption Assistance

The intent to include children who are eligible for SSI in the federal adoption assistance program is clearly established in Sec. 473(a)(2)(A)(ii) of the Social Security Act. The Act states that a child who meets "all of the requirements of title XVI with respect to eligibility for supplemental security income benefits..." may be eligible for adoption assistance.

In addition to being eligible for adoption assistance by being eligible for SSI, concurrent receipt of both benefits is also permissible. PA 94-02 states that, "the adoptive parents of a child eligible for title IV-E adoption assistance and SSI benefits may make application for both programs and the child, if eligible, may benefit from both programs simultaneously."

Can the receipt of SSI affect the amount of adoption assistance agreed upon? Yes. A child's SSI benefit will be considered when determining the needs of the child being adopted and negotiating the amount of the adoption assistance payment. The income does not generate an automatic reduction. It is but one factor in determining the level of need. However, as discussed below, receipt of adoption assistance can create a reduction in SSI.

Each state has its own set of rules and regulations for its state-funded subsidy program. In cases where a child receives state-funded adoption assistance, the effect of SSI on state-funded assistance depends upon the laws in each state.

Effect of State-Funded Adoption Assistance on SSI

If the child is receiving state-funded adoption assistance and eligibility for the program is based only on the child's special needs, then the Social Security Administration can reduce the amount a child receives in SSI

dollar for dollar. If the child is receiving state-funded adoption assistance and eligibility for the program is based at least in part on the child's or adoptive parent's income, the Administration cannot reduce the amount the child receives in SSI.

Federal regulations for SSI stipulate that "generally, the more income you have the less your benefit will be (20 CFR 416.1100)." Thus, SSA must determine whether or not state-funded adoption assistance can be considered income.

Whether a state-funded subsidy may be considered income depends upon whether or not the state providing the subsidy conducts a means test when determining subsidy eligibility. While most states do not, states are allowed to conduct means testing when determining eligibility for wholly state-funded subsidy.

If a State uses a means test as one factor for determining eligibility for state-funded adoption assistance, then it will not be considered income. According to the Code of Federal Regulations, the Administration does "not count as unearned income... assistance based on need which is wholly funded by a State or one of its political subdivisions [20 CFR 416.1124(c)(2)]." **The Social Security Administration defines assistance based on need as assistance "provided under a program which uses the amount of your income as one factor to determine your eligibility** (emphasis added) [20 CFR 416.1124(c)(2)]." Thus, if a State uses a means test as one factor for determining eligibility for state funded adoption assistance, then it will not be considered income and the Social Security Administration will not decrease the child's SSI payments.

A majority of States however do not conduct means testing in determining eligibility for state funded adoption assistance. The Social Security Administration will define a state-funded subsidy from a State, which does not conduct a means test, as income. The Administration can then reduce the child's SSI payment dollar for dollar.

Effect of Federal Title IV-E Adoption Assistance on SSI

The Social Security Administration can reduce the amount a child receives in SSI by the amount the child is receiving in title IV-E adoption

assistance. According to PA 94-02, "In cases where the child is eligible for both SSI and title IV-E and there is concurrent receipt of payments from both programs, the child's SSI payment will be reduced dollar for dollar." Title IV-E adoption assistance cannot be excluded as unearned income since it does not fall within the definition of assistance based on need because title IV-E adoption assistance can never require a test of means.

The adoptive parents may not decline adoption assistance in favor of SSI and then request adoption assistance after finalization because an agreement for adoption assistance must be signed prior to finalization. Hence, PA 94-02 suggests, "it may be prudent for the decision maker to arrange for an adoption assistance agreement which does not provide for payment, but which does provide for title XVI (SSI) and title XIX (Medicaid) coverage, and which may at some future date, upon review, be renegotiated to provide for payment of adoption assistance funds."

Effect of SSDB and SSRB on Adoption Assistance

SSDB and SSRB can be taken into account in determining the amount of adoption subsidy negotiated. The Social Security Act states that, "the amount of the payments to be made... shall take into consideration the circumstances of the adopting parents and the needs of the child being adopted [Sec. 473(a)(3)]." Again, these benefits are just one consideration among many in determining the level of adoption subsidy.

If a subsidy agreement is in effect prior to the child's receipt of SSDB or SSRB, then the subsidy amount can only be readjusted "with the concurrence of the adopting parents [Sec. 473(a)(3)]." Most states provide in their subsidy agreement that parents must notify the state upon receipt of such benefits and that the adoption assistance may be adjusted accordingly depending upon the needs of the child. This practice seems to vary from state to state. Some states only adjust the subsidy amount if the child is receiving SSDB or SSRB based upon the status of the birth parent but not if the child is receiving SSDB or SSRB on behalf of the adoptive parent. Most states do not make an equivalent adjustment for SSI because SSI is already reduced dollar for dollar if a child is also receiving adoption assistance.

Effect of Adoption Assistance on SSDB and SSRB

Receipt of an adoption subsidy, either federally funded title IV-E or state-funded, does not effect a child's eligibility to receive either SSDB or SSRB. This is because neither SSDB nor SSRB programs contain income eligibility requirements. Hence, the additional income provided by adoption assistance has no bearing upon eligibility for SSDB or SSRB.

For more information on the effects of receiving adoption assistance and social security benefits, please contact Shari Gruber, Research Analyst for AAICAMA at sgruber@aphsa.org or (202) 682-0100, ext. 241.



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State Information Exchange (Con't): Oklahoma's Tribal/State Agreements

In 1994, the Oklahoma Department of Human Services (DHS) entered into an agreement with the Cherokee Nation for adoptive placement services for children in the Department's custody. With Indian children comprising 15% of the adoptive placements each year, this agreement is a valuable component of the Department's adoption services.

Since the agreement was implemented, 91 children in the custody of the Department, have been placed in the Cherokee Nation's adoptive families.

This innovative agreement was the result of the successful 1992 implementation of an adoption program by the Cherokee Nation.

The agreement provides for adoptive placement and supervision of children in adoptive families studied and certified by the tribe. These placements have primarily been Indian children, although that is not a requirement. The agreement has resulted in tribal involvement early in the process of identifying adoptive families for Indian children.

Tribal social workers participate with state social workers at adoptive staffing and at adoption matching activities. Tribally approved families attend adoption-matching parties and are considered for adoptive placements along with families studied and approved by the state.

While the adoption agreement was reportedly among the first in the country between a tribe and state agency for adoption services, Oklahoma DHS

has been contracting for foster care services since 1985. Oklahoma DHS currently has foster care agreements with 30 of the 37 federally recognized tribes in the state. These agreements are critical in meeting the requirements of the Indian Child Welfare Act.

The foster care agreements allow the state to place an Indian child in the agency's custody with a tribally licensed foster family with the state paying the foster care costs.

In addition, the state will pay the costs of foster care for an Indian child in the tribe's custody if the tribe agrees to meet state plan requirements of federal Title IV-B and IV-E.

These tribal/state adoption and foster care agreements provide benefits both to the tribes and the State. For the tribe, these agreements provide funding for their foster care programs and ensure that tribal children will be placed in Indian homes.

The state benefits from the development of much needed Indian adoptive and foster homes, reduced DHS case loads and better working relationships between the state and the tribes.

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HHS Announces Second Set of Adoption Bonuses

On Wednesday, September 20, HHS Secretary Donna Shalala announced that nearly \$20 million in adoption bonuses will be distributed to 42 states, the District of Columbia, and Puerto Rico for increasing the number of children adopted from foster care. This is the second time these bonuses have been awarded since they were introduced as part of the Adoption and Safe Families Act of 1997. The number of states receiving bonuses is up from 37 in 1999, with each state and the District of Columbia and Puerto Rico having qualified for funds for one or both years of the program. HHS reported that 46,000 foster care children were legally adopted in FY 1999, a 28% increase over the 36,000 adoptions in FY 1998 and a 64% increase over the 28,000 adoptions in 1996.

The bonuses (up to \$4,000 per child and \$6,000 for each special needs child) are awarded to states that increase the number of adoptions from the previous year. States have been so successful in increasing the number of adoptions that they actually earned \$51.488 million in bonuses. Because Congress only authorized \$20 million, HHS awarded the bonuses on a prorated basis. The Senate version of the FY 2001 Labor-HHS-Education Appropriations bill includes an amendment by Sen. Mary Landrieu (D-La.) that increases the amount of the adoption bonuses to \$56 million, as compared to the House level of \$43 million. The bill is currently under negotiation between Congress and the administration. In addition to the adoption bonuses, HHS also announced \$11.3 million in new awards under the Adoption Opportunities Program. This program funds grants to public and private organizations to help eliminate barriers to adoption.

FY 1999 Adoption Incentive Bonuses

State	1998 Baseline	1999 Adoptions	% Increase	Bonus
Alabama	136	152	12%	\$40,417
Alaska	109	137	26%	\$62,122
Arizona	474	727	53%	\$496,229
Arkansas	251	278	11%	\$72,601
California	3,958	6,254	58%	\$4,377,740
Colorado	560	711	27%	\$306,868
Connecticut	278	403	45%	\$187,115
Delaware	33	36	9%	\$10,478
District of Columbia	132	166	26%	\$50,895
Georgia	672	1,029	53%	\$672,117
Idaho	47	107	128%	\$116,760
Illinois	4,656	7,031	51%	\$5,337,265
Iowa	517	744	44%	\$397,432
Kansas	421	558	33%	\$315,101
Kentucky	222	340	53%	\$235,765
Louisiana	284	352	24%	\$109,275
Maine	112	203	81%	\$198,342
Maryland	420	528	26%	\$215,556
Michigan	2,254	2,446	9%	\$414,647
Minnesota	427	539	26%	\$244,746
Mississippi	169	238	41%	\$150,440
Missouri	616	817	33%	\$430,364
Montana	144	176	22%	\$47,901
Nebraska	180	192	7%	\$20,957
Nevada	148	211	43%	\$132,477
New Hampshire	50	63	26%	\$42,662
New Mexico	197	258	31%	\$164,661
North Carolina	694	907	31%	\$479,763
North Dakota	83	138	66%	\$82,331
Ohio	1,400	1,605	15%	\$425,125
Oklahoma	456	854	87%	\$836,029
Oregon	665	755	14%	\$153,434
Puerto Rico	82	113	38%	\$53,141
Rhode Island	226	292	29%	\$141,459
South Dakota	58	82	41%	\$45,656
Tennessee	295	370	25%	\$160,170
Texas	1,365	1,902	39%	\$1,118,947
Utah	268	369	38%	\$151,189
Vermont	116	138	19%	\$54,638
Virginia	276	321	16%	\$79,337
Washington	759	921	21%	\$343,543
West Virginia	220	308	40%	\$143,704
Wisconsin	589	622	6%	\$113,017
Wyoming	30	44	47%	\$35,926



Senate Budget Committee Hears Testimony on the Family Opportunity Act of 2000

On Tuesday, July 11, the Senate Budget Committee heard testimony to consider an amendment to Title XIX of the Social Security Act which will create a state option allowing a buy-in to Medicaid for parents with special needs children not otherwise eligible for Medicaid. The Family Opportunity Act of 2000 (S. 2274) allows parents to exceed the Medicaid income eligibility standards and purchase Medicaid on a sliding scale. Witnesses in favor of the bill included: Senators Chuck Grassley (R-Iowa), Barbara Boxer (D-Calif.), Blanche Lincoln (D-Ark.), Frank Lautenberg (D-N.J.), Edward Kennedy (D-Mass.), Jeff Sessions (R-Ala.), Pete Domenici (R-N.M.), and Patty Murray (D-Wash.). Testimony was presented by citizens with special needs children and the medical director of Raymond Blank Children's Hospital in Des Moines, Iowa. All of the testimony related to the financial hardships that accompany the emotional hardship of raising a child with severe disabilities. The bill, modeled after the Work Incentives Act of 1999, has received strong bipartisan support in the House and the Senate. Grassley, a senior member of the Budget Committee, has earmarked funding for the bill in the budget resolution this year. Cost of the Medicaid expansion is estimated at \$25 million the first year and \$150 million over five years. The bill is pending before the Senate Finance Committee.

APHSA Testifies at Congressional Hearing on Child Welfare Financing

On Thursday, July 20, APHSA Executive Director William Waldman testified before the House Ways and Means Subcommittee on Human Resources on proposals to enhance the flexibility of funding child protection programs. The purpose of the hearing was for the subcommittee to hear testimony on proposals to increase the flexibility that states have in their use of federal funds for child protection programs. Specifically, participants were asked to comment on a child welfare financing proposal currently being drafted by Rep. Nancy Johnson (R-Conn.), chair of the subcommittee.

Waldman acknowledged that the current system of financing does not support desired outcomes for children, and emphasized the importance of additional flexibility for states in the use of Title IV-E dollars to enable them to develop comprehensive approaches and a broad array of interventions to meet the needs of children and families and ensure the outcomes of safety and permanency. Waldman also called for a system-wide restructuring accessible to all states rather than a more limited demonstration approach. APHSA plans to continue working with Johnson as this legislation moves forward.

HHS Releases First Annual Child Welfare Outcomes Report

On Wednesday, August 9, HHS Secretary Donna Shalala released the first in a series of annual reports required by the Adoption and Safe Families Act (ASFA) to assess state performance in operating their child welfare programs. The Child Welfare Outcomes Report measures the outcomes of safety, permanence, and well-being, and contains data on each state's child population. The data include the number of children in poverty, number of children reported to child protective services, number of children in foster care, number of children waiting to be adopted, and number of children adopted. The report also contains summary information derived from 30 states that provided the most comprehensive data. The data cover 1997 for child abuse and neglect and 1998 for foster care and adoption. The report confirms that the incidence of child abuse and neglect has declined in recent years and that the number of adoptions has increased. More than 100,000 children remain in foster care waiting for a secure and permanent adoptive home. The report also covers state performance on six of the measures to be used in the new federal monitoring process. The six measures are recurrence of child abuse and neglect, incidence of child abuse and neglect in foster care, time elapsed to reunification, reentries into foster care, time in foster care to adoption, and stability of foster care placements. The report does not compare or rank states but rather provides data to track a state's continuous improvement over time. APHSA and several state and local representatives participated in the consultation group that developed the performance mea-

tures. A copy of the full report will soon be available online at <http://www.acf.dhhs.gov/news>.

HHS Publishes 1998 SSBG Report

HHS has published an annual report on the Social Services Block Grant (SSBG), Title XX of the Social Security Act. The report represents the first official report on SSBG data since new reporting requirements were finalized through regulations in 1993. An earlier report had been issued on 1997 data more than a year ago but this 1998 report includes all 50 states and the District of Columbia. For 1998, 56% of recipients of SSBG funds were children. Eight percent of all children received some services that were at least partially paid for by SSBG. While child day care represented the single biggest category of SSBG spending, with 10% of funds allocated to child care, the 7% of SSBG funds spent on children's protective services represented more than 20% of the funds used to provide protective services nationally. SSBG funding represented a significant portion of the funding for several other human services: more than 50% of the spending for pregnancy and parenting services, nearly 50% of the adult foster care services, more than one-third of the funding for home-delivered meals, and more than 20% of the funding for adult protective services. The information is based on post-expenditure reports filed by the states. The status of SSBG is currently undetermined in the FY 2001 appropriations bill. The block grant is scheduled to be reduced to \$1.7 billion as a result of the 1998 reauthorization of the transportation act. Before welfare reform in 1996, SSBG stood at \$2.8 billion but was reduced to \$2.38 billion through FY 2002, with funding restored the following year. The highway bill eliminated the restoration and reduced the block grant to \$1.7 billion in 2001 and beyond. Most recently, the Senate Appropriations Committee reduced funding to \$600 million but the committee chair, Sen. Ted Stevens (R-Alaska) pledged to restore funding to \$1.7 billion in the conference committee with the House. When Congress left for its August break, a conference report on the appropriations bill had been written but not filed. States' ability to transfer up to 10% of their TANF block grant into SSBG was also reduced in the highway bill from the current 10% to 4.25%. That provision is scheduled to take place in FY 2001 and is said to still be in the House Senate conference bill.

Legislation to Implement Hague Treaty Passes House and Senate

On Monday, September 18, 2000, the House of Representatives passed H.R. 2909, the Intercountry Adoption Act of 2000. On Wednesday, September 20, the Senate passed identical legislation and approved a resolution of advice and consent to U.S. Ratification of the 50-nation treaty. The legislation interprets and implements the 1993 Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption. It seeks to combat abuses in the international adoption process, includes sanctions for fraud, and establishes an accreditation system to ensure that adoption agencies are qualified and trustworthy.

The legislation requires states to include in their IV-B State Plan a description of the activities that the state has undertaken for children adopted from other countries, including the provision of adoption and post-adoption services. It also requires states to collect and report information on children who are adopted from other countries and who enter into state custody as a result of a dissolution or disruption of an adoption.

The legislation will now be sent to the White House to be signed into law by President Clinton. United States preparations for implementation of the convention are likely to take approximately two years. Once the United States is prepared to implement the convention, it will ratify and bring the convention into force.

CBS plans to air "A Home for the Holidays," a television special showcasing adoption in a positive, loving way. The show will air on December 21, 2000 at 8 P.M. EST/PST.



National Child Welfare Resource Center for Family-Centered Practice

The National Child Welfare Resource Center for Family-Centered Practice is funded by the Children's Bureau to provide information, training and technical assistance to State and Tribal Welfare Agencies in the provision of practices that are family centered. The Resource Center is a collaborative project between Learning Systems Group and the National Association for Family-Based Services. Its goals are to enhance the capacity of public child welfare agencies to provide family-centered services for children and families, to encourage ownership of the safety and well-being of children, and to support the delivery of coordinated services by child welfare and community-based organizations.

The Resource Center seeks to define problems and solutions within the context of the family and its strengths and resources, and is respectful of the family's cultural background. The Resource Center provides assistance in the following areas:

- Fundamentals of family-centered practice
- Family-centered assessment
- Family conferencing
- Family support
- Family preservation
- Family reunification
- Father involvement
- Coordination with substance abuse, mental health, and domestic violence services
- Family-centered frontline practice
- Supervision of family-centered practice
- Agency readiness for family-centered practice

The Resource Center also focuses a part of its services on community partnerships, attempting to improve outcomes for children and families by promoting partnerships between child welfare agencies, community-based organizations, and informal networks in the neighborhood. The Resource Center focuses on providing assistance in the following areas:

- Assessment of gaps and resources in the community

- Strategies for obtaining meaningful input and involvement of families both as consumers and citizens
- Development of a shared commitment to child protection
- Prevention of child abuse and neglect
- Development of collaborations to support and stabilize families

In providing specialized training and technical assistance to State and Tribal child welfare agencies nationwide, the Resource Center uses consultants who have expertise in different areas of family-centered child welfare.

The Resource Center's training and technical assistance is free for State and Tribal Child Welfare Public Officials, as authorized by the ACF Regional Offices. They will also be publishing a biannual bulletin and a series of fact sheets and information materials. These will also be placed on the web.

For more information:

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2000 Kids Count

The Annie E. Casey Foundation has released the 2000 edition of Kids Count, an annual tracking of the status of children, both nationally and on a state-by-state basis. The purpose of Kids Count is to provide the best available data about children's health and well being to enrich discussions about ways to improve their futures.

In addition to the print version an interactive online version of Kids Count is available. The online version allows users to access profiles of individual states or the nation as a whole, graphical information about trends in indicators over time, and rankings of states along key indicators of child well being. In addition, the raw data from Kids Count is available for download. The Kids Count online guide is available on the Annie E. Casey web site at www.aecf.org.

State ASFA Information

The National Conference of State Legislatures (NCSL) has compiled information on state legislation regarding compliance with the federal Adoption and Safe Families Act of 1997 (ASFA) on their web site. Included in this information is a searchable database of state legislation enacted in response to ASFA, including provisions on adoption across state lines, permanency hearings, clarification of reasonable efforts, and more.

NCSL also provides a state-by-state analysis of ASFA legislation, including citation information, comparison tables, and information on various state provisions on the termination of parental rights. The NCSL ASFA information is available at www.ncsl.org/programs/cyf/ASFA97.htm.

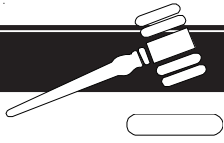


CALL FOR ARTICLES

**DOES YOUR AGENCY HAVE A MODEL
POST - ADOPTION SERVICES PROGRAM?**



AAICAMA would like to highlight at least one successful post-adoption program in each issue of Bridges. If your agency has a strategic plan for providing post-adoption services, an innovative program, or a broad continuum of services for adoptive parents and you would like to write an article for Bridges, please contact Shari Gruber at (202) 682-0100 or sgruber@aphsa.org.



Adoption, Consent

A.K.B.D. v. B.C.D., 12 S.W.3d 375 (Mo. Ct. App. 2000).

Paternal grandparents could adopt child without mother's consent since mother willfully abandoned and substantially neglected child six months before petition filing even though she had contact before amended pleading was filed after successful appeal on procedural issues; relevant time period is just before petition, not when amended pleading is filed. (From *ABA Child Law Practice July 2000*)

Adoption, Due Process

In re Adoption of Leslie P., 604 N.W.2d 853 (Neb. Ct. App. 2000).

Father was denied due process when court ordered that he be notified of adoption proceedings by publication based on mother's affidavit alleging she diligently investigated and searched for father's whereabouts; mother's affidavit was false, misleading and fraudulent and did not justify notifying father by publication. (From *ABA Child Law Practice July 2000*)

Adoption, Duress

William D.A. v. Shawna Renee A., 527 S.E.2d 790 (W. Va. 1999).

Mother's consent to adoption was not obtained through fraud or duress by mother's father, who sought to adopt child; "Consent for Adoption" was prepared and provided to the mother some time before it was executed, mother had ample time to consider consent outside father's presence and to seek independent advice, mother executed consent on her own initiative, and father did not make any material or false representations that mother relied on when executing her consent. (From *ABA Child Law Practice July 2000*)

Adoption, Grandparents

In re I.K.E.W., 724 N.E.2d 245 (Ind. Ct. App. 2000).

Grandparents were entitled to notice in foster parent adoption after termination of parental rights because they had also filed adoption petition; while noncustodial grandparents are not entitled to intervene in adoption proceedings, court has affirmative duty to notify individuals who have filed competing adoption petitions.

(From *ABA Child Law Practice July 2000*)

WE REMEMBER

AAICAMA is deeply saddened by the untimely passing of Joyce Sequar. Joyce was the ICAMA Project Coordinator for the California State Department of Social Services. Our condolences go out to her family, friends and colleagues.

We welcome any comments and contributions.

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