

# Bridges



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

Spring 2002

## Developing Post Adoption Service Models and Sustainable Funding

*By Carol Biddle, MSW and Deborah Silverstein, MSW, LCSW*

Sustaining permanency for abused, neglected and traumatized children demands that intensive, specialized post placement and post adoption services be available. Families often identify the need for outpatient mental health services, including family counseling. They also commonly report that "the people who are supposed to help don't understand our problems", and "I don't have confidence in the people who are supposed to help me".<sup>1</sup> Although adopted families are like other families in many respects, adoption creates differences and these fundamental differences can affect adoptive families at every developmental stage. Therapists and other professionals working with these families must understand the challenges posed by adoption on child and family development.

Recognizing this need for adoption training, Kinship Center, a child placement and mental health organization in California, developed a comprehensive training curriculum in 1993. In early 2000, the Kinship

Center launched California's first outpatient mental health clinic dedicated to foster children permanently placed with relatives, foster and new adoptive parents. Realizing the importance of early intervention with prospective adoptive children, Kinship Center created the Seedling Project, a screening and assessment program for infants and toddlers in foster care. Ensuring the sustainability of these clinical services has required the center to partner with the local social services agency and health care agency to develop creative ways of combining funding and securing resources.

In our practice we have discovered that there is no

<sup>1</sup> Survey of Orange County AAP Families, September 1998, conducted by Kinship Center and analyzed by California State University at San Bernardino, Psychology Department, as part of the Bridge Builders educational and counseling contract with Orange County Social Services Agency. The Orange County survey replicates the comprehensive state-wide Illinois project, 1991.

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comprehensive, well-articulated knowledge base for adoption practice related to special needs children. Research studies are in conflict regarding the psychological and behavioral outcome for adoptees. Questions continue to be raised regarding the traditional and epidemiological views of adoption in relation to its impact on adopted persons.<sup>2</sup> Within the adoption community, there is a wide divergence of opinion on questions such as openness, disclosure, transracial placements, or which children should be considered adoptable. In the absence of graduate or in-service education that address the myths and realities of the adoption experience, adoption professionals may fall back on the cultural mythology or their own personal biases in making practice evaluations and decisions.

### **Skill-building Education as a Foundation for Post Adoption Services**

In an effort to develop and disseminate an organized body of adoption knowledge, Kinship Center created the Adoption Education Institute. A comprehensive clinical training curriculum funded by an Adoption Opportunities grant from the Department of Health and Human Services (HHS) was developed and tested in 1993. A second federal grant allowed the curriculum to be refined and replicated. The Adoption Clinical Training (ACT) project is currently funded by the Stuart Foundation to disseminate the curriculum throughout California and to develop a train-the-trainers advanced curriculum. The curriculum has been taught to more than 2,000 public agency social workers, community-based and public mental health clinicians. Participants report that the training enhanced their sensitivity to adoption issues and informed and expanded their practice. Participants receive a training guide that is rich with supportive materials. Licensed participants receive continuing education credits as well.

The eight sessions of ACT include lecture, discussion, interactive learning activities, and supportive reading material regarding: Lifelong issues of adoption, with clinical implications across generations; Clinical issues of current adoption and foster care practices; Ethical issues in adoption policy and practice; Transracial/transcultural adoptions; Adoptions by alternative families, and kinship placements; Bonding and attachment issues in the adoptive and foster family; Clinical tools and techniques to promote adoptive family attachment;

Adoptees' understanding of adoption over time; Children with special needs in adoption; Sibling issues in adoptive and biological families; Triad members in therapy; Search and reunion issues for triad members; Birth parent issues, elements of ethical pregnancy counseling, grief and healing work; Mediation of open adoption contracts, open contracts in concurrent planning cases; Adoptive and foster family issues, infertility and assessing readiness to adopt; Adoptive family development; Preventing disruption and abuse in the adoptive family; Open adoptions, including for children adopted from the dependency system and international adoptions; Rituals and ceremonies to create healing.

A second area of focus has been the development of specialized parent training curricula. Through a contract with Orange County Social Services Agency, Kinship Center provides educational and therapeutic services for county relative, foster, and new adoptive parents. The public agency investment in this advanced education and short-term counseling for adopting parents increases placements and helps prevent disruption of adoptions.

#### **Kinship Center's Core Principles and Beliefs about Adoption Services**

*Organizations serving adoptive children need both an articulated mission and a set of organizing core principles that inform all aspects of the work that is undertaken. At Kinship Center all agency services and programs are driven by the following core beliefs:*

- ◆ Children must have permanency in order to develop their full potential.
- ◆ Personal growth is essential to development of a healthy, adoptive family.
- ◆ Adoption is a lifelong, intergenerational process.
- ◆ The introduction of abused, neglected and traumatized children can dramatically change family systems.
- ◆ Children will have developed adaptive behaviors as a result of their preadoptive history that may impede their adjustment in adoptive families.
- ◆ Educational progress is affected by pre-adoptive history.
- ◆ Acquisition of normal developmental skills is a different process for children in adoptive families.

<sup>2</sup> Freundlich, Madelyn, *Adoption and Ethics: The Impact of Adoption on Members of the Triad*; Volume 3, Child Welfare League of America and The Evan B. Donaldson Adoption Institute, Washington, D.C., 2001.

<sup>3</sup> Chernoff, R, Combs-Orne, T, Rislely-Curtiss, C., and Heisler, A (1994) *Assessing the health status of children entering foster care*, Pediatrics, 93, 594-601.

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## Specialized Child Mental Health and Developmental Services are Valuable to Achieving Permanency

The Adoption Clinic of Kinship Center, opened in early 2000, is California's first outpatient child mental health clinic dedicated to foster children who are permanently placed with relatives, foster parents, or new adoptive parents. The Clinic was established to address the medical and social risk factors cause children entering foster care to experience higher rates of both acute and chronic developmental delays as well as a higher incidence of mental health problems.<sup>3</sup> The experiences of the Clinic have substantiated that many children who are adopted from the county foster care system exhibit a variety of diagnosable mental health disorders. These disorders result from abuse, neglect, pre-natal substance abuse, loss of primary relationships, and multiple placements in foster care.

Located in Orange County, California, the program serves approximately 125 children and their families each week through clinic-based mental health services funded by Early Periodic Screening Diagnosis and Treatment (EPSDT). The clinic was developed as a joint project between the Orange County Social Services Agency, Health Care Agency—Children and Youth Services, and Kinship Center and was designed to serve 65 children. Capacity was exceeded in the first six months of operation and has been expanded to serve 125 children each week. This expansion was funded by a grant from the Children and Families Commission to leverage and, thereby, provide sustainable future funding. This public-private partnership provides funding, quality assurance oversight, and outcome measurements.

Therapeutic interventions by the Adoption Clinic staff have resulted in stabilization of families in crisis; a increase in self-regulatory behaviors of children; improvement in children's adjustment and functioning in school settings; and progress in healing trauma resulting from prior neglect, abandonment and abuse. The majority of children are treated without medication. A multidisciplinary staff includes therapists, a child psychologist, an occupational therapist, and a child psychiatrist. The director is a clinical social worker who is

also an adoptive parent.

The Seedling Project of Kinship Center was created in 2001 in response to a lack of consistent adequate care and follow-up for foster children. Often these children need more than standard pediatric care, such as those in need of allied health, early intervention, and mental health services.<sup>4</sup> Infants and toddlers in foster care constitute an at-risk child population and are a population requiring special attention because they have higher maltreatment rates; typically remain in family foster care longer, have lower reunification rates, and experience more failed placements than do older children.<sup>5</sup> Initially funded entirely by a grant, the Seedling Project has been transitioned through leveraged funding into a sustainable EPSDT program that operates in concert with The Adoption Clinic.

Seedling Project ensures that infants and young children in foster care system have early comprehensive screening, developmental and mental health assessments, and appropriate mental health intervention when required. Of equal importance is that their parents/caretakers have access to highly skilled training and individual coaching. The multidisciplinary staff includes case managers, child assessment specialists, a psychologist, a parent educator, a pediatrician, and an occupational therapist.

### What About Funding Strategies?

The programs described have used a variety of funding sources to create and expand programs that are adoption-competent. Early experiences are encouraging and the strategies used may inform others on possibilities for funding sustainable programs.

Initial support from an HHS Adoption Opportunities grant enabled the development and testing of the Adoption Clinical Training curriculum for professionals. Continuing funding for this program has been incremental and gained from both public agency contracts and private foundation sources. The ACT training curriculum, now 10 years in development, is reaching a large statewide audience and will soon be ready for dissemination beyond California.

The design and implementation of adoption-competent developmental and mental health services required intensive planning and collaboration between Kinship Center and the public child mental health and social

<sup>4</sup>Halfon, N., Berkowitz, G., and Klee, L. (1992). Mental health service utilization by children in foster care in California. *Pediatrics*, 89, 1238-1244.

<sup>5</sup>Horowitz, S.M., Simms, M.D., & Farrington, R. (1994). Impact of developmental problems on young children's exits from foster care. *Developmental and Behavioral Pediatrics*, 15, 105-110.

services organizations. The public agencies' willingness to assist each other with start up costs and program design was critical to the success of The Adoption Clinic. Medicaid dollars are currently the primary source of funding for the clinical services provided at the Clinic. The clinic is a licensed Medicaid provider (called Medi-Cal in CA). Children served at the Clinic are eligible for a full range of services through Medicaid. The EPSDT program is a mandatory program of Medicaid designed to ensure that children enrolled receive comprehensive, medically necessary services. EPSDT allows for service flexibility, and the clinic provides an array of services including outpatient therapy, in-home services; treatment within a school setting; and treatment behavioral service interventions (TBS). An interesting finding after the first two years is that more than 35% of the children receiving mental health and developmental services are with relative caretakers, mostly grandparents, thus opening the possibility for exploring other sources of funding.

The Children and Families Commission, created from tobacco settlement funds, joined the effort to expand the mental health program's scope and to leverage funding for both developmental and mental health services to children under the age of six years. Leverage funds are used as start-up funds to sustain program until other funding is available. Counties often experience delays in state and local reimbursement for medical and mental health services; leveraged funding en-

ables public agencies to avoid serious cash flow issues during the implementation of new services.

Ongoing research about the effectiveness of services is essential in procuring funding, as well as ensuring the quality of those services. For each of the projects described above, outcome measurements have been or are being designed with the participation of local university psychology departments. Kinship Center believes that these projects can serve as models for others to develop and sustain similar post-adoption programs.

*For further information about these programs please contact Kinship Center, State Headquarters, 22 Lower Ragsdale Dr., Suite B, Monterey, CA, 93940. Visit [www.afteradoption.org](http://www.afteradoption.org) or [www.kinshipcenter.org](http://www.kinshipcenter.org). The authors of this article are available to provide consultation or training.*

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### **Interjurisdictional Placements Subject of Discussion at Child Welfare Administrators Forum**

On Sunday March 3, 2002, interjurisdictional placements were the topic of an all-day discussion at the Spring Forum of the National Association of Public Child Welfare Administrators (NAPCWA). The increasing importance of interjurisdictional practice in light of the explosive growth of the internet, the complexities of financial and other legal obligations between states, and the differing federal rules which govern these placements led NAPCWA to include the program on their agenda.

Entitled, *The Bottom Line: Financing Effective and Efficient Interjurisdictional Placements*, the program was presented by the Children and Family Services Department which provides staff to both the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) and the Association of Administrators of the Interstate Compact on Adoption and Medical Assistance (AAICAMA) and was facilitated by state administrators from both compacts. Presentations included: a review of the ICPC process; a preview of the findings of APHSA's recent *Report on Delays in the Interstate Home Study Process*; an overview of the funding streams used to support interstate placements; an outline of the provision of medical assistance to children in interstate placements; and a review of the legal framework for the provision and funding of educational services.



## **IN CASE YOU DIDN'T KNOW...**

### **The Federal Mandate Regarding Group Health Plans & Adopted Children**

Back in August of 1993, the Omnibus Budget Reconciliation Act of 1993 (OBRA '93) was signed into law. Among its many provisions is one change that is of great benefit to adoptive families and families who are in the process of adopting a child. OBRA '93 amended the Employee Retirement Income Security Act, which governs certain medical benefit plans.<sup>1</sup> It requires that any "group health plan" which provides coverage for dependent children of plan participants, must provide benefits to dependent children placed with participants for adoption under the same terms and conditions as apply in the case of dependent biological children under the plan. The requirement applies regardless of whether the adoption has become final.<sup>2</sup>

In addition, an employer's group health plan may not restrict coverage of any dependent child adopted by the participant, or placed with a participant for adoption, solely on the basis of a preexisting condition of such child at the time that such child otherwise would become eligible for coverage under the plan, if the adoption or placement for adoption occurs while the participant is eligible for coverage under the plan.<sup>3</sup> The law protects children who have not attained the age of 18 as of the date of adoption or placement.<sup>4</sup>

In order for an adopted child to be entitled to coverage under the employer's health insurance plan, the adoptive parent must be a plan participant and be eligible to elect family coverage under the plan. There are, however, circumstances and plans under which an adopted child may not be eligible for the health insurance or would be subject to an exclusion of coverage for preexisting conditions. For example, if the child was adopted during the period of time when the adoptive parent was not eligible to elect coverage on an employer's health insurance plan, any preexisting condition clause could be applicable. In addition, if the adoptive parent changes jobs, any preexisting condition clause in the new employer's health insurance plan could be applicable. Lastly, any exclusions or limitations that apply to all participants and dependent children would also apply to the child being adopted.

<sup>1</sup> "Group health plans" includes health and medical plans that are subject to ERISA. Employers that are not subject to ERISA, and therefore exempt from this provision, are governmental employers, and "churches" which can include church sponsored organizations.

<sup>2</sup> 29 USC § 1169 (c)(1)

<sup>3</sup> 29 USC § 1169 (c)(2)

<sup>4</sup> 29 USC § 1169 (c)(3)

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## **UPDATE ON JOINDER IN AICAMA**

In March, Florida passed legislation enabling them to become party to the Interstate Compact on Adoption and Medical Assistance (ICAMA). The Governor is expected to sign the legislation some time in April. In addition, Tennessee has a renewed interest in and is in the process of identifying the necessary steps to become a member of ICAMA. As you may know, Tennessee passed legislation in 1986 that was signed into law allowing them to become a party to the Compact but never executed joinder. A member of the Pennsylvania legislature on the Senate side has introduced legislation for joinder in ICAMA. Michigan's legislation has been drafted and has put on the priority list of the Family Independence Agency for passage this year. We are still waiting for New Jersey and the District of Columbia to execute joinder. They passed legislation enabling joinder last year. Wyoming and Vermont are expected to pursue joinder legislation next year.

## Medical Assistance for Children Receiving State-Funded Adoption Assistance

Since 1994, AAICAMA has worked to get all states to elect the COBRA option to provide Medicaid for children living in their state, receiving state-funded adoption assistance. All but three states have now elected this option. AAICAMA has advocated for states to implement a policy of reciprocity providing Medicaid to children receiving state-funded adoption assistance from another state. As of March 2002, 28 states provide Medicaid to children residing in their state, who meet the eligibility criteria for the option, receiving state-funded adoption assistance from another state. An additional 8 AAICAMA member states have a policy of reciprocity, but limit it to children whose state-funded adoption assistance agreements are with other member states. Finally, two ICAMA member states are working to institute a policy of reciprocity.

<b>STATE</b>	<b>COBRA</b>	<b>RECIPROCITY</b>
Alabama	Yes	YES Reciprocity with ICAMA member states only
<b>Alaska</b>	<b>Yes</b>	<b>YES Reciprocity with all states</b>
Arizona	Yes	YES Reciprocity with all states
<b>Arkansas</b>	<b>Yes</b>	<b>YES Reciprocity with all states</b>
California	Yes	YES Reciprocity with all states
<b>Colorado</b>	<b>Yes</b>	<b>YES Reciprocity with all states</b>
Connecticut	No	*Health insurance for special needs children for whom there is an AA bewteen a State and an adoptive parent
<b>Delaware</b>	<b>Yes</b>	<b>YES Reciprocity with all states</b>
D.C.	Yes	NO Will have reciprocity upon executing joinder in ICAMA this year
<b>Florida</b>	<b>Yes</b>	<b>NO Will have reciprocity upon joinder in ICAMA (July 2002)</b>
Georgia	Yes	YES Reciprocity with all states
<b>Hawaii</b>	<b>Yes</b>	<b>NO</b>
Idaho	Yes	YES Reciprocity with all states
<b>Illinois</b>	<b>No</b>	<b>NO</b>
Indiana	Yes	YES Reciprocity with all states
<b>Iowa</b>	<b>Yes</b>	<b>YES Reciprocity with all states</b>
Kansas	Yes	YES Reciprocity with all states
<b>Kentucky</b>	<b>Yes</b>	<b>YES Reciprocity with ICAMA member states only</b>
Louisiana	Yes	YES Reciprocity with all states
<b>Maine</b>	<b>Yes</b>	<b>YES Reciprocity with all states</b>
Maryland	Yes	YES Reciprocity with all states
<b>Massachusetts</b>	<b>Yes</b>	<b>YES Reciprocity with all states</b>
Michigan	Yes	YES Reciprocity with all states
<b>Minnesota</b>	<b>Yes</b>	<b>YES Reciprocity with all states</b>
Mississippi	Yes	YES Reciprocity with all states
<b>Missouri</b>	<b>Yes</b>	<b>YES Reciprocity with all states</b>
Montana	Yes	YES Reciprocity with ICAMA member states only
<b>Nebraska</b>	<b>Yes</b>	<b>NO Actively working towards obtaining a policy of reciprocity</b>
Nevada	Yes	NO Actively working towards obtaining a policy of reciprocity
<b>New Hampshire</b>	<b>Yes</b>	<b>NO</b>
New Jersey	Yes	NO Will have reciprocity upon executing joinder in ICAMA this year
<b>New Mexico</b>	<b>No</b>	<b>NO</b>
New York	Yes	NO
<b>North Carolina</b>	<b>Yes</b>	<b>YES Reciprocity with ICAMA member states only</b>
North Dakota	Yes	YES Reciprocity with ICAMA member states only
<b>Ohio</b>	<b>Yes</b>	<b>YES Reciprocity with all states</b>
Oklahoma	Yes	YES Reciprocity with all states
<b>Oregon</b>	<b>Yes</b>	<b>YES Reciprocity with all states</b>
Pennsylvania	Yes	NO Will have reciprocity upon executing joinder in ICAMA this year
<b>Rhode Island</b>	<b>Yes</b>	<b>YES Reciprocity with ICAMA member states only</b>
South Carolina	Yes	YES Reciprocity with all states
<b>South Dakota</b>	<b>Yes</b>	<b>YES Reciprocity with all states</b>
Tennessee	Yes	YES Reciprocity with all states
<b>Texas</b>	<b>Yes</b>	<b>YES Reciprocity with all states</b>
Utah	Yes	YES Reciprocity with ICAMA member states only
<b>Vermont</b>	<b>Yes</b>	<b>YES Reciprocity with all states</b>
Virginia	Yes	YES Reciprocity with ICAMA member states only
<b>Washington</b>	<b>Yes</b>	<b>YES Reciprocity with all states</b>
West Virginia	Yes	YES Reciprocity with all states
<b>Wisconsin</b>	<b>Yes</b>	<b>YES Reciprocity with all states</b>
Wyoming	Yes	YES Reciprocity with all states

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# Second Parent Adoptions and Adoption by Gay and Lesbian Parents

Many states' adoption statutes contain provisions allowing stepparents to adopt their spouse's biological children with the consent of the spouse. In these second parent adoptions, one parent already has custody (either by birth or adoption) of the child as a single parent. A second parent petitions the court for adoption of the child with the first parent retaining their parental rights

Second parent adoptions have also been used by same-sex partners to obtain parental rights for both partners in those relationships. This use of second parent adoptions remains controversial, and in most states is not expressly provided for in state statutes. A recent California law specifically provides for second parent adoptions for same-sex couples. An overview of state laws regarding the rights of gays and lesbians to adopt, including second parent adoptions, is available at the Lambda Legal Defense and Education Fund website at: [www.lambdalegal.org/cgi-bin/iowa/documents/record?record=399](http://www.lambdalegal.org/cgi-bin/iowa/documents/record?record=399)

Several cases involving the use of second parent adoptions by same-sex couples have been decided in state courts. Other cases have yet to be decided. Summaries of a few important cases are included below. This is not a complete review of the pertinent cases regarding second parent adoption. In each of the cases presented the court has decided using similar reasoning. First, the courts have decided that adoption is a procedure that has been established by statute and not common law, and therefore statutory language must be adhered to in making decisions. Second, adoption laws require the relinquishment of parental rights, except where expressly provided for by statute in cases involving the spouse of the parent, otherwise known as stepparent adoptions. Third, it is not within the power of the court to extend second parent adoptions beyond the statutory language to non-married partners, and that legislative action would be required to include same-sex partner adoptions.

## Nebraska Supreme Court

*In re Adoption of Luke. B.P. and A.E. v. State of Nebraska*, 263 Neb. 365

The Supreme Court of Nebraska agreed with a lower court ruling that a child was not eligible for adoption by

a same-sex partner of the child's parent because the biological parent had not relinquished her parental rights.

The court looked to the Nebraska state statutes on adoption as the standard for whether the child is eligible for adoption. The four factors are: (1) the existence of an adult or adults entitled to adopt; (2) the existence of a child eligible for adoption; (3) compliance with statutory procedures for the adoption; and (4) evidence that the adoption is in the child's best interests. The absence of any of these factors would preclude adoption.

Because the biological parent in this case had not relinquished her rights to the child, the Court found that the child was not eligible for adoption. The Court noted that the statute does provide specific provisions for stepparent adoption for married couples, but does not include explicit language to allow non-married second parent adoptions. The appellants argued for a broader reading of the statutory language that would allow for non-married second parent adoption and that the Court should view consent as an alternative to relinquishment. The Court rejected these arguments stating they were beyond the Court's discretion.

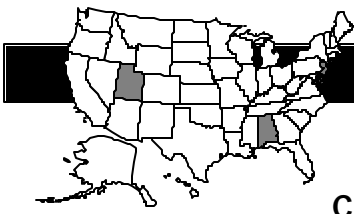
## California Supreme Court

*In re Sharon S. v Superior Court (Annette F.)* Cal. App. 4<sup>th</sup>

The California Supreme Court has decided to review a state appellate court ruling on same-sex second parent. In *Sharon S. v Superior Court (Annette F.)* the appellate court ruled that a petition for the adoption of a child by an unmarried partner does not meet the express criteria for adoption as outlined by statute. California law recognizes three types of adoption: agency adoption, independent adoption, and stepparent adoption. The court rejected the appellant's call for a liberal construction of the statute stating "the concept of liberal interpretation cannot be used to defeat the overall statutory framework and fundamental rules of statutory construction." (The California legislature has subsequently passed legislation to authorize second parent adoption by non-married domestic partners.)

(Second Parent/Gay Adoption continued on page 9)





## STATE INFORMATION EXCHANGE

### Alabama Post Adoption Connections (APAC)

Alabama Post Adoption Connections (APAC) is a project of the Alabama Department of Human Resources (DHR) and Children's Aid Society designed to provide post adoption services through a statewide adoption resources center serving families with children under the age of 19. In addition to the Birmingham central office, APAC has five regional locations around the state. Throughout the state 180 families received services from APAC in fiscal year 2001.

APAC's current services include:

- A Warm Line, a toll free number, to assist with information requests.
- The APAC web site is also working and provides another source of information for adoptive families.
- A Resource Library or Mini Resource Libraries to check out over 500 videos, books, self-study courses, and adoption information packets. Return postage and packaging are included in every item that's mailed for convenience to the consumer.
- An APAC newsletter.
- Support groups in every region of the state.

Other services are also under development: a Resource Directory to provide a list of available services statewide; Buddy Family Network will provide support from experienced adoptive families; Conferences and Camperships for therapists and adoptive families; APAC website expansion to include the resource directory; the ability to view all library materials and check them out; adoption specific articles; and times, dates and locations of meetings of interest to adoptive families.

For additional information please log on to [www.casapac.org](http://www.casapac.org) or call Tracie Faison APAC's Liaison (334) 353-1206.

### Minnesota Legislators Propose Child Welfare Bill

State legislators in Minnesota have proposed a package of legislation designed to protect and support Minnesota's children as they grow which includes a proposal to equalize the foster care and adoption payments. Titled "Leave No Child Behind," the package includes changes that would affect children's health and welfare, and child care and housing.

Among the proposals included in the legislative package are extension of medical coverage to more families and the extension of some MinnesotaCare (Minnesota's Medicaid program) coverage for families earning up to 217 percent of the federal poverty level. The proposal also seeks to equalize the payments for fostering and adoption. Currently, adoption payments are significantly lower than those paid to foster families. The legislation would cost between \$150 million and \$200 million and would be paid for through a \$1 tax per pack of cigarettes.

### New Jersey System of Care for Children's Mental Health

New Jersey is implementing a program designed to coordinate and integrate services for children with emotional and behavioral disorders and their families. The program, the Children's System of Care Initiative (CSOCI), focuses on early intervention and aims to provide 24 hour, 7-days-a-week services. In addition, a statewide database will be established to monitor services.

The New Jersey initiative is part of a larger, national systems reform effort funded in part through grants from the Center for Mental Health Services (CMHS) at the U.S. Department of Health and Human Services. Both the New Jersey initiative and the national effort led by CMHS recognize that all of the major child-serving systems—child welfare, education, juvenile justice, mental health, mental retardation and developmental disabilities, public health, and substance abuse are necessary partners and that greater collaboration among these systems is needed to better serve the target population and their families.

The major components of the Children's Initiative are:

- ◆Care Managed Organizations (CMOs) that will coordinate local resources through face-to-face care management for children and families with multi-service needs and multi-system involvement
- ◆Contracted Systems Administrator (CSA), the overarching administrative entity that coordinates care
- ◆Family Support Organizations (FSOs) that will link families with parent representatives who will support those families as part of the Individual Service Plan

- ◆ Unified Screening, which establishes uniform screening and assessment for children.

The full budget of \$254 million for fiscal year 2002 has been approved. The New Jersey Department of Human Services anticipates funding to reach \$280 million by the end of the 5 year implementation period. For more information, visit the New Jersey Department of Human Services' web site at [www.njkidsoc.com](http://www.njkidsoc.com).

### Utah Considering Removing Foster Family Size Limit

A poll by a Utah television station seems to indicate that there is support for maintaining limits on the number of children that a family can have in foster care in Utah. More than half of those polled felt that the rule limiting families to six children should definitely be kept. Another 18 percent said it should probably be kept.

Legislators in Utah have been considering removing the limit. A legislative committee voted last November to eliminate the rule saying that the limit "smacked of government dictating the size of an ideal family." Others have raised concerns that removal of the limit could present a problem for future accreditation and federal funding for foster care. Exceptions to the limit can be obtained on a case-by-case basis, and 265 variances of family size were requested in the last 12 months. All but four of these requests were granted.

The survey of 405 Utahans was conducted by the Deseret News/KSL Television.

In a related story, the Utah Foster Care Foundation announced that it has surpassed by 25 percent its goal for new foster and adoptive families in 2001. The foundation had hoped to recruit 370 families for the program, but actually graduated 462 families. Additionally, the foundation was able to train and obtain licenses for every family that completed training last year. Only half of families were licensed after being trained in 2000.

The Utah Foster Care Foundation is a private, non-profit foundation, which administers the recruitment, training and support for foster parents in the state of Utah.

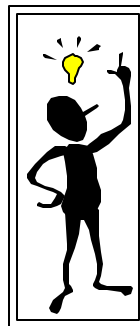
### Pennsylvania Supreme Court

*In re Adoption of R.B.F and R.C.F.*

Appeal of: B.A.F. and C.H.F. Attorney General of Commonwealth of Pennsylvania, 2000PA Super 337

The Pennsylvania Supreme Court has agreed to review the decision of the Superior Court of Pennsylvania not to allow the adoption of twin boys by a lesbian couple through provisions for second parent adoption. The Superior Court ruled that the adoption was not allowed by application and interpretation of the state's adoption statutes that provide only for the narrow exception of stepparent adoptions. The court ruled that it would be up to the legislature to expand the adoption laws to cover same-sex partners. The court stated that it had no discretion in this decision and that consideration of the best interests of child can only occur after meeting the statutory requirements of the law.

## CALL FOR ARTICLES



**DOES YOUR  
AGENCY  
HAVE A  
MODEL  
ADOPTION  
PROGRAM?**

AAICAMA would like to highlight at least one successful adoption program in each issue of

**Bridges**

If your agency has developed a program for improving the provision, coordination, or evaluation of services to adoptive families and you would like to write an article for

**Bridges**

we would like to hear from you.

Please contact Doyle Evans at:

(202) 682-0100 or

[DEVANS@APHSA.org](mailto:DEVANS@APHSA.org)



### **Children's Dental Health Improvement Act of 2001 Introduced**

On November 1, 2001, the Children's Dental Health Improvement Act of 2001 (S.1626) was introduced in Senate. The bill would require the Secretary of Health and Human Services to increase efforts to identify children at high risk for cavities and tooth decay, provide funds to apply to prevention programs and encourage hiring more public health professionals to work with low-income children, and to make grants to States to improve dental services to children enrolled in a State plan under Title XIX (Medicaid) or Title XXI (SCHIP). The bill establishes a grant program, by amending the Public Health Service Act, to expand the availability of primary dental care services where necessary. Under S. 1626, bonuses would be available for eligible dental officers of the Indian Health Service. The bill also revises the eligibility requirements for the school-based dental sealant program to include Indian tribes. Finally, the bill requires data to be collected on the dental and oral health of children.

### **President Signs Safe and Stable Families Legislation**

On January 17, in a ceremony at the White House, President Bush signed H.R. 2873, the Promoting Safe and Stable Families Amendments of 2001. The legislation authorizes \$305 million in mandatory spending and \$200 million in discretionary spending to renew the Safe and Stable Families program through fiscal year (FY) 2006. In addition, the bill permanently authorizes \$60 million in discretionary funds for educational and training vouchers for youths leaving foster care and \$67 million for FYs 2002 and 2003 for a grant program to support mentoring programs for children of prisoners. The Labor-HHS-Education Appropriations legislation for FY 2002 includes \$305 million in mandatory funding and \$70 million in discretionary funding for Safe and Stable Families, for a total FY 2002 appropriation of \$375 million.

### **President Signs Labor - HHS - Education Appropriations Legislation**

On January 10, 2002, President Bush signed P.L. 107-116, Labor - HHS - Education Appropriations Legislation. Under this legislation, most children and family

services discretionary programs were funded at similar levels to FY 2001. Funding for Abandoned Infants Assistance was increased slightly from \$12.182 million to \$12.205 million. The Adoption Incentive Program received a total of \$43 million. Child Welfare Services was level funded at \$292 million, and Child Welfare Training received funding at \$7.5 million. The Adoption Opportunities Grant Program received funding at \$27.4 million. Adoption Awareness increased funding from \$9.9 million to \$12.9 million. Although the Child Abuse Prevention and Treatment Act (CAPTA) is not yet reauthorized, several programs under CAPTA were appropriated funds. These include the Child Abuse States Grants which received funding at \$22.013 million, the Child Abuse Discretionary Grants (funded under CAPTA's Research and Demonstration Programs) funded at \$26.178 million, and the Community Based Resource Centers which was funded at \$33.4 million.

### **The Keeping Children and Families Safe Act of 2002**

On March 5, Rep. Peter Hoekstra (R-MI) introduced the Keeping Children and Families Safe Act of 2002 (H.R. 3839) to reauthorize the Child Abuse Prevention and Treatment Act (CAPTA). The legislation authorizes CAPTA's programs through 2007, with only modest increases in authorized funding — from current \$100 million for Title I discretionary grants and state grants to \$120 million, and \$80 million annually for Title II community-based prevention grants from the current authorized level of \$66 million. The bill also reauthorizes the Adoption Opportunities Act, the Abandoned Infants Assistance Act, and the Family Violence Prevention and Services Act.

The House Subcommittee on Select Education amended the bill on March 6. Three amendments were accepted at the subcommittee markup: 1. Requiring state procedures for a caseworker to advise an individual, at the initial time of contact, of allegations made in the child maltreatment complaint against that individual; 2. Expressing the sense of Congress that agencies serving children and families with CAPTA funding should provide materials and services in an appropriate language other than English; and 3. Mandating requiring state procedures to require health care providers involved in the delivery of infants born with fetal alcohol syndrome or drug addiction be referred to CPS. Referral would not to constitute a report of child maltreatment or to

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result in drug prosecution for the mother, but would provide for the development of a plan of services for infant and mother. The third amendment, though adopted, is still in negotiation by Republicans and Democrats.

## **Summary of Child Welfare Provisions Contained in President Bush's FY 2003 Budget Proposal**

### ***Children and Family Services Discretionary Programs***

The President's FY 2003 budget proposes that most children and family service discretionary programs be level funded. For the Child Abuse Prevention and Treatment Act (CAPTA) funds, Child Abuse State Grants continue to be funded at approximately \$22 million; Child Abuse Discretionary Grants at \$26 million; and Community-Based Family Resource Grants at \$33 million. In other discretionary programs, Abandoned Infants Assistance would be level funded at \$12 million; Title IV-B Child Welfare Services at \$292 million; and Adoption Opportunities at \$27 million. The Adoption Incentives Initiative (payments to states for increasing the number of children adopted from the foster care system) would also be level funded at \$43 million. Requested funding for Title IV-B Training increased slightly from \$7 to \$8 million.

### ***Title IV-E Foster Care and Adoption Assistance***

The President's budget includes \$4.855 billion for the Title IV-E foster care program. This is a \$171 million decrease from last year, and is based on an estimated reduction in out-of-home placements from 290,700 to 249,400 low-income children per month. Although this is a reduction, Title IV-E foster care is an entitlement program, and states will receive funding for all qualifying children. Proposed funding for Title IV-E Adoption Assistance has increased from \$1.426 billion to \$1.585

billion based on entitlement projections.

### ***Independent Living***

The President's FY 2003 budget requests level funds of \$140 million for the John H. Chafee Foster Care Independence Program (formerly the Independent Living Program). The budget also requests \$60 million for a new program for education and training vouchers for youth aging out of foster care. This program was enacted as part of the Promoting Safe and Stable Families Amendments of 2001, which reauthorized the Promoting Safe and Stable Families Program. The legislation permanently authorizes \$60 million in discretionary funds for education and training vouchers worth up to \$5,000 to cover the costs of college tuition or vocational training for youth who age out of foster care. The president signed the legislation on January 15, 2002.

### ***Promoting Safe and Stable Families***

The budget proposes funding the Promoting Safe and Stable Families Program at \$505 million in FY 2003. This is a \$130 million increase over the FY 2002. Of this amount, \$305 million is mandatory funding, and \$200 million is discretionary funding. This is the full amount that can be requested for this program as enacted in the Promoting Safe and Stable Families Amendments of 2001. The legislation reauthorized the program for five years, maintained the mandatory level of \$305 million from the prior legislation, and added \$200 million as discretionary funding.

In addition, \$25 million in discretionary funds are requested for FY 2003 for a new grant program to support mentoring programs for children of prisoners. This initiative was also passed as part of the Promoting Safe and Stable Families Amendments of 2001, which included an authorization of \$67 million for this program for FYs 2002 and 2003. No funds were appropriated for FY 2002.

## **TANF Bill Includes Foster Care and Adoption Assistance Alignment**

On March 21, 2002, Sen. Rockefeller (D-WV) introduced the Personal Responsibility and Work Opportunity Reconciliation Act Amendments. The bill contains provisions that would give states the option to align foster care and adoption assistance eligibility with TANF eligibility. Under the proposed legislation, states would have the choice of increasing the federal foster care and adoption assistance financial eligibility criteria to match that of their cash-assistance TANF eligibility criteria or continuing to use the current AFDC criteria for determining foster care and adoption eligibility.

The proposed option is designed allow states to streamline and simplify the processes of determining eligibility for federal foster care and adoption assistance. In cases of adoption assistance, states would still be required to make the determination that children receiving assistance met the definition of special needs as required by Section 473 (c) of the Social Security Act. The proposed provisions have not yet been scored by the Congressional Budget Office (CBO) to determine their cost.



## RESOURCE NOTES

### **Documentary: *Outside Looking In: Transracial Adoption in America***

By: Phil Bertelsen

*Outside Looking In: Transracial Adoption in America* is a one-hour documentary that addresses several challenges surrounding transracial adoption. Throughout the documentary, the award winning filmmaker, Phil Bertelsen, draws from his personal experiences as a transracial adoptee. The film features an in depth look at the experiences of three families who have all adopted transracially but are from different generations and different regions of the country. This documentary will be broadcast on Public Television throughout the United States between January and May 2002, Please check your local listings for show times.

For more information: [www.bigmouthproductions.com](http://www.bigmouthproductions.com)  
or [www.itvs.org](http://www.itvs.org)

To purchase a copy of the video:

Phone: (800) 343-5540

Fax: (201) 652-6590

### **Toolkit and Website: *National Foster Care Month Public Education Campaign***

Casey Family Programs National Center for Resource Family Support (CNC)

May is National Foster Care Month! CNC has developed a toolkit that provides resources for agencies to design and implement a plan to take part in this public education campaign. The kit includes several useful fact sheets, sample letters for contacting area businesses and government officials, and information for working with the media. In addition, agencies can go to [www.fostercaremonth.org](http://www.fostercaremonth.org) to get frequently updated roster materials and additional information on how to make National Foster Care Month campaigns successful. This public campaign is a joint effort between the National Foster Care Coalition, the National Foster Parent Association, the Child Welfare League of America, and Casey Family Programs.

For more information please contact:

Kathy Barbell (888) 295- 6727 ext. 226 (phone) or  
[cncinfo@casey.org](mailto:cncinfo@casey.org) (e-mail)

To download toolkit:

[www.casey.org/cnc/foster\\_care\\_month\\_toolkit\\_download.htm](http://www.casey.org/cnc/foster_care_month_toolkit_download.htm)

### **Report: *Guardianship: Another Place to Call Home***

Cornerstone Consulting Group, Inc.

*Guardianship: Another Place to Call Home* was written to encourage interest in subsidized guardianship programs. It explores the experiences of several states who are currently using flexible IV-E funds, and other federal and state resources, to subsidize guardianship placements. The report places emphasis on the importance of guardianship as a permanency option, tensions child welfare agencies may face when establishing a guardianship program, the importance of training, and post guardianship services and supports. For more information:

<http://www.aphsa.org/cornerstone/>

### **Report: *How are the Children Doing? Part II***

The Casey Family Services

This report summarizes results of an evaluation of youth served through the Casey Family Services. A goal of this program is to help children have only one placement while in foster care. The study focused on the youths' emotional health, family adjustment, cultural identification, competence and achievement, physical health, educational development, self-sufficiency skills, and legal involvement.

For more information:

Phone: (206) 282-7300 or

[www.casey.org/research](http://www.casey.org/research)

### **Report: *Dental Care for Medicaid-Enrolled Children***

by Erin Nagy, APHSA

*Dental Care for Medicaid-Enrolled Children* summarizes the results of a survey conducted of the states. The survey has two focuses. The first focus was to develop an overall understanding of the states' dental programs, and the second focus was to determine state strategies to increase access to dental care for children.

For more information:

Meredith Lee

Phone: (202) 682-0100

Fax: (202) 289-6555 or [pubs@aphsa.org](mailto:pubs@aphsa.org)

[www.aphsa.org](http://www.aphsa.org)

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**Technical Assistance Bulletin: *The Essex County Child Welfare Mediation Program: Evaluation Results and Recommendations***

Permanency Planning for Children Department  
National Council of Juvenile and Family Court Judges

*The Essex County Child Welfare Mediation Program: Evaluation Results and Recommendations* focus is on an evaluation of the nature and function of the mediation program in New Jersey. The bulletin provides a summary of the evaluation process, defines program operational and process goals, reports on findings of how the defined goals are being met, and provides program outcomes and recommendations. Program operational goals focus on how the program is set up and run. Program process goals address participants' feelings of value and effectiveness of the program.

For more information:

[www.pppncjfcj.org](http://www.pppncjfcj.org)

E-mail: [ppp@pppncjfcj.org](mailto:ppp@pppncjfcj.org)

Fax: (775) 327-5306

Phone: (775) 327-5300

**Series: *Journey Through the Healing Circle***

Produced by: Washington State Department of Social and Health Services

*Journey Through the Healing Circle* is a series of books, videotapes, workbooks, and CDs focused on educating parents, schools, and social service professionals about fetal alcohol syndrome. The series is the result of collaboration between Washington State agencies, health care experts, and traditional Northwest tribal story tellers. The series uses Native American storytelling techniques to provide stories, health information, and information about working with children who are effected by fetal alcohol syndrome.

For more information:

Copies of videotapes, books and CDs are available throughout Washington State from local libraries and the Foster Parent Training Institute. Call: 800-662-9111 or 206-725-9696

Outside of Washington state, books and videos can be downloaded from the DSHS website at:

[www.wa.gov/dshs/fosterparents](http://www.wa.gov/dshs/fosterparents).

**Handbook: *Partners: Working with the Business Community to Recruit Resource Families***

by: Jennifer R. Agosti, Casey Family Programs

*Partners: Working with the Business Community to Recruit Resource Families* provides information to agencies about how to partner with businesses as a means

to recruit needed resource families. The handbook provides step-by-step information necessary to identify potential business partners, recruit business partners, develop partnerships, maintain partnerships, and obtain funding for recruiting initiatives and activities. This handbook also provides lists of questions for agencies to ponder and answer when thinking about building a partnership and useful "hints and tips" for developing successful partnering, as well as, check lists, sample materials, and profiles of unique and successful programs.

For more information: E-mail: [cncinfo@casey.org](mailto:cncinfo@casey.org)

Phone: (888) 295- 6727

**Book: *Foster Care Today***

By: Kathy Barbell & Madelyn Freundlich

Published by Casey Family Programs

*Foster Care Today* provides an overview of the current foster care system in America. It looks at trends in foster care and demographics of children served in foster care, and discusses various factors, such as poverty and parental substance abuse, that affect families served by the foster care system. The book also reviews current policy and practice issues surrounding foster care and examines the future of foster care.

For more information: [cncinfo@casey.org](mailto:cncinfo@casey.org)

[www.casey.org/cnc](http://www.casey.org/cnc)

**Book: *Shattered Bonds: The Color of Child Welfare***

Dorothy Roberts, a professor at Northwestern University School of Law, has written a book that questions the disproportionate representation of black children in foster care and the quickening pace of foster care adoptions. In *Shattered Bonds* she observes that African American children make up nearly half the foster care population, remain in care longer, are moved more often, receive fewer services, and are less likely to either be returned home or adopted than children of other races.

Roberts provides statistical and documentary evidence, and offers case studies as examples of inequities in the foster care system. She describes racial stereotypes that have allowed child welfare workers and judges to mistakenly conclude that black families are broken and black mothers unfit. Roberts concludes black children are too quickly removed from their homes and that only an overhaul of the child welfare system can correct the racial inequities that occur in foster care.

*Shattered Bonds* is published by Basic Books.

(Resources continue on page 14)

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(Resources continued)

**Book: *Bright Futures; Mental Health Guidelines***

*Bright Futures in Practice: Mental Health* (2002) is a two-volume set considering the mental health of children in a developmental context, presenting information on early recognition and intervention for specific mental health problems and mental disorders, and providing a tool kit for health professionals and families for use in screening, care management, and health education.

The guidelines were developed by a multidisciplinary panel of mental health experts with funding from the Health Resources and Services Administration's Maternal and Child Health Bureau and have also been supported by over 50 national organizations. The guide is published by the National Center for Education in Maternal and Child Health at Georgetown University.

The vision and goals of *Bright Futures* are to:

- § Inform primary care health professionals about the essentials of mental health promotion, including monitoring psychosocial development; preventing and identifying early emotional, behavioral, or substance abuse problems and disorders; providing anticipatory guidance and counseling; and providing appropriate referral and follow-up
- § Identify the support that infants, children, and adolescents need for good mental health
- § Provide a framework for developing and implementing mental health promotion programs and policies in a variety of settings.
- § Promote a health partnership, a longitudinal process that promotes partnership and a shared agenda among health professionals, the child, and the family.
- § Focus on improving social, developmental, health, and mental health outcomes; views the infant, child, or adolescent in the context of the family, friends, and community.
- § Support a collaborative and interdisciplinary system that seamlessly comprises health, mental health, education, recreation, and human services.

These publications are available for download (PDF files) or can be ordered from [www.brightfutures.org](http://www.brightfutures.org). If you have questions about this guide, contact Mary Froehle, Ph.D., Project Director, Bright Futures Mental Health at (703) 524-7802, ext. 165.

**Policy Reports: *Promoting Emotional Well-Being of Children and Families***

The National Center for Children in Poverty has released the first two policy papers in a new series entitled, *Promoting the Emotional Well-Being of Children and Families*. The series highlights cutting-edge knowledge about emerging policy strategies and the implications for policymakers and practitioners.

The first policy brief, *Building Services and Systems to Support the Healthy Emotional Development of Young Children*, is intended to help policymakers develop policies to address the social, emotional, and behavioral challenges facing young children. The second policy brief, *Improving the Odds for the Healthy Development of Young Children in Foster Care*, focuses on the particularly vulnerable group of children — those in foster care. It highlights what agencies, the courts, and other partners can do to improve the physical, developmental, and emotional health of these children.

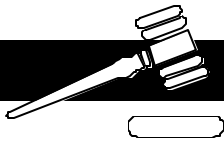
The briefs are available on the Center's web site at [www.nccp.org](http://www.nccp.org).

**Adoption Intensives: *Normative Crises and Film Festival***

The Center for Family Connections located in Cambridge, Massachusetts will hold its 17<sup>th</sup> Annual Summer Intensives on Adoption and complex Families in Provincetown, Massachusetts on July 8-12 2002. The Summer Intensives are based on Dr. Joyce Maguire Pavao's *Normative Crises* framework and her years of clinical and consultation experience.

This year's Intensives are divided into three sessions. The first session will focus on the community of adoption and the societal impacts of adoption. The third session, over two days will provide advanced clinical casework and consultation. The second session is a new addition to the Intensives. The First Annual International Adoption Video/Film Festival will include film viewings and panel discussions about both popular and independent films that have adoption themes.

For further information about the Summer Intensives, please visit the Center for Family Connections web site at [www.kinnect.org](http://www.kinnect.org). The cost for all three of the sessions is \$800.



### **ADOPTION, GRANDPARENTS**

Florida, *In re Y.H.*, 784 So.2d 565 (Fla. Dist. Ct. App. 2001)

Grandmother's argument that grandchild lived in her home for statutorily provided six-month period did not give her priority in adoption proceedings because statute does not consider prenatal time as part of the six-month period; grandmother's constitutional right to make decisions concerning her minor daughter did not extend to her granddaughter.

(Source: ABA, *Child Law Practice*, November 2001)

### **ADOPTION, CONSENT**

Louisiana, *In re D.B.C.*, 2001 WL 133207, (La. Ct. App.)

Trial court legally erred in failing to hear petition brought by mother's boyfriend for interfamily adoption where trial court had not terminated biological father's parental rights; trial court had an obligation to give mother's new husband a chance to present evidence that the biological father's consent to adoption was unnecessary based on his failure to visit or communicate with the child for the past 2 years.

(Source: ABA, *Child Law Practice*, November 2001)

### **ADOPTION, INDIAN CHILD WELFARE ACT**

*In re C.G.L.*, 63 S.W.3d 693 (Mo. Ct. App. 2002).

Good cause existed to deviate from Indian Child Welfare Act's placement preferences with respect to Indian child who was placed for adoption with non-Native American adoptive parents; child had medical condition that required constant attention, no family members or Indian caregivers were available to properly care for child, adoptive parents specialized in caring for special needs children, biological parents asked that child not be placed with family members and removing child from adoptive parents would cause child emotional damage.

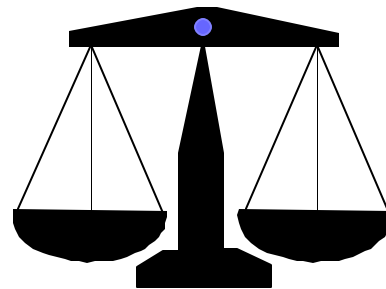
(Source: ABA, *Child Law Practice*, March 2002)

### **KEFFELER v. WASHINGTON UPDATE**

In the Fall 2001 issue of *Bridges* we reported on the Washington State Supreme Court decision in the case of *Guardianship Estate of Keffeler v. Washington Department of Social and Health Services (DSHS)*. Ruling against the state, the Court held that the Department's use of Social Security benefits to reimburse the cost of foster care violates provisions of the Social Security Act that forbid creditor access to Social Security benefits. While the decision did not set precedent in other states, further developments in the case could.

On March 14, 2002 Washington State DSHS filed a petition for review of the case by the United States Supreme Court. In addition, on March 13, 2002 the U.S. Supreme Court granted Washington State's request for a stay of the Washington Supreme Court's order pending a disposition by the Court. Requests for Supreme Court review, known as a writ of certiorari, are not a matter of right. Cases must address a compelling federal question and there are must be conflicting state and lower federal court decisions regarding that question to merit Supreme Court review. Only a small number of cases seeking review are granted certiorari each session.

If certiorari is granted, the case will be placed on the Supreme Court schedule and parties will be asked to submit briefs on the merits of the case. Any decision made by the Court would, of course, be binding on all states and localities.



We welcome any comments or contributions.

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