

# Bridges



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

Spring 2004

## The **AdoptUSKids** Recruitment Campaign is Here

By: **Barbara Holtan**, Executive Director, Adoption Exchange Association, Baltimore Maryland with  
Sharon McCartney, Research Analyst, APhSA

### Answering the Call:

Spring 2004 is here and with it comes the launch of the National Foster and Adoptive Family Recruitment Campaign. The Campaign was developed by The Children's Bureau in partnership with The Collaboration to AdoptUSKids and the Advertising Council.

The Collaboration to AdoptUSKids (AdoptUSKids, the Collaboration, and AUSK) is a five-year, federally funded initiative and service of the Children's Bureau, a division of the Federal Department of Health and Human Services. The Children's Bureau entered into a cooperative agreement with The Adoption Exchange Association for The Collaboration to AdoptUSKids Project in October of 2002. The Collaboration was to devise and implement a national adoptive and foster family recruitment and retention strategy, provide training and technical assistance to States and Native American tribes, encourage and enhance adoptive family support organizations, and conduct adoption research projects. Its mission is:

"...to recruit and connect foster and adoptive families with waiting children throughout the United States."

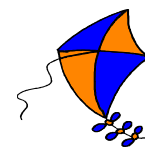
### History

A Presidential Directive was issued in 1998 to explore the use of the Internet to find homes for waiting children. The power of the Internet as a search tool was recognized and the World Wide Web was tapped to unify and broaden recruitment and placement efforts. The Department of Health and Human Services issued a report, "A Plan to Implement a National Internet Adoption Photolisting" and Congress earmarked funds for development. A national website was created to serve as a central point of information and to supplement existing state websites. The AdoptUSKids website, [www.adoptuskids.com](http://www.adoptuskids.com), was born. The White House held a ceremony in July 2002 to launch the website where President Bush named actor Bruce Willis as National Spokesperson for Children in Foster Care.

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## **Key Components and Partners**

### **The National Adoption & Foster Care Recruitment Campaign National Recruitment Campaign**

This element of the Collaboration informs and updates states, territories, and Native American tribes about campaign developments through an initiative known as Answering the Call. Answering the Call was developed to provide a multifaceted response to the National Recruitment Campaign. Publications tailored to the private and public actors involved in the process of permanency were developed and include a *Program Manager's Guide*, a *Practitioner's Guide* and a *Family Pocket Guide*. Anchoring the recruitment is the federal Website that brings resource information to prospective families and adoption professionals and hosts a national photolisting of waiting children. The Website serves as a link between the primary groups in the process of public adoption: states, prospective adoptive parents, and waiting children.

### **Training and Technical Assistance**

AdoptUSKids also provides Training and Technical Assistance to states, territories, and Native American tribes for ten days free per year for recruitment-related efforts. Assistance is given to address specific priority issues in the Child and Family Service Plans, Child and Family Service Reviews, and Performance Improvement Plans. National experts contribute to the Collaboration in an advisory capacity through the AdoptUSKids Workgroup and participate on subcommittees implementing components of the project. Elizabeth Oppenheim, AAICAMA Director, serves on the Workgroup and brings her analytic and legal expertise in adoption assistance and interstate adoption cases to the group. AUSK provides Research to identify barriers for families throughout the entire process toward permanency and determines factors that lead to adoptive placement and family success. The Collaboration will also plan to hold Adoption and Foster Care Recruitment Summits, annual conferences for adoption and foster care program managers and other stakeholders to provide a forum for best practice related to all aspects of recruitment.

Adoptive parents are a vital link in the success of the project. One of the mandates of the Collaboration to AdoptUSKids is to provide support to new and existing adoptive parent organizations around the country. A Parent Support Network was established to develop a network of support groups nationally through leadership training and information sharing. Adoptive parent groups

are an effective vehicle to recruit new families for children awaiting adoption. They also serve as a source of nurturing and support to existing families already built by adoption. The Collaboration provides a number of annual Mini-Grant Awards to help establish new parent support groups and to maintain existing ones. (See the *Adoptive Parent Column* for mini-grant information, eligibility, application, and recent awards on Page 9 in this issue of *Bridges*.)

"We know that collaboration is the key. The task is simply too great - we must all work together," states Dixie van de Flier Davis, president of the board of the Adoption Exchange Association. Six primary partners provide services to the Collaboration. As the recipient of the Cooperative Agreement for The Collaboration to AdoptUSKids, the Adoption Exchange Association (AEA) administers and supervises all subcontractors and their projects. The AEA staff designed the national adoptive family recruitment campaign in coordination with the Ad Council and the Children's Bureau, and works to encourage and build the programs of parent support groups throughout the country. For more information about the AEA, visit their website: [www.adoptea.org](http://www.adoptea.org) or call 410-933-5700.

### **Primary Partners**

The five primary, initial partners include the following organizations:

- ▶ The Child Welfare League of America (CWLA) facilitates and reports on the workings of the National Work Group which functions in an advisory capacity, runs the annual Recruitment Summit, and conducts evaluation activities for The Collaboration. The CWLA is located in Washington, D.C. For more information about the CWLA, visit their website: [www.cwla.org](http://www.cwla.org)
- ▶ The Northwest Adoption Exchange (NWAE) manages, maintains, and enhances the AdoptUSKids.org website. The NWAE is located in Seattle, Washington. For more information about NWAE, visit their website: [www.nwae.org](http://www.nwae.org)
- ▶ The Adoption Exchange Education Center provides on-site training and technical assistance to The Collaboration. The program is designed to assist states, Native American tribes, and territories as they develop and implement comprehensive recruitment plans to attract and retain adoptive and foster

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families. The Adoption Exchange is located in Denver, Colorado. For more information about The Adoption Exchange visit their website: [www.adoptex.org](http://www.adoptex.org)

»The University Of Texas School Of Social Work and the Center for Social Work Research (CSWR) conducts adoption research for The Collaboration. These studies include: identification of the barriers to completion of the adoption process, particularly for families of color, and identification of factors effecting favorable long-term outcomes for families who adopt children with special needs. The CSWR is located in Austin, Texas. For more information about the University of Texas School Of Social Work visit their website: [www.utexas.edu/ssw](http://www.utexas.edu/ssw)

»Holt International Children's Services (Holt): Holt provides publication design and production for The Collaboration. Holt is located in Eugene, Oregon. For more information about Holt visit them at their website: [www.holtintl.org](http://www.holtintl.org)

During the five-year span of the project, other groups, agencies and foundations will be asked to contribute their expertise and resources to make the scope of the AdoptUSKids project truly nationwide. AAICAMA has been asked to contribute material and create products in the areas of adoption assistance education, and adoption awareness and understanding for prospective parents.

### ***National Attention: The Advertising Council***

The power of the Internet has made the AdoptUSKids website a reality that could not have happened prior to the advent of the World Wide Web. The World Wide Web brings an amazing wealth of information right to your computer screen. It is a revolution in information access. The AdoptUSKids website brings this breadth and depth of information to prospective adoptive families and waiting children. Something was needed to bring the knowledge of the website and the AdoptUSKids initiative to the prospective parent. Enter the Advertising Council.

The Advertising Council's (Ad Council) work is well-known. Commercials through the years have included Smokey the Bear urging us to prevent forest fires ("Only you can prevent forest fires"), the United Negro College

Fund ("A mind is a terrible thing to waste"), and a Native American decrying pollution ("People start pollution. People can stop it."). The Ad Council's mission is to identify a select number of significant public issues and stimulate action on those issues through communications programs that make a measurable difference in our society. The Ad Council uses the power of advertising to influence social responsibility and change behavior. It identifies the most pressing social issues of the day and marshals volunteer talent from the advertising and media industries to deliver critical messages to the American public. The Ad Council has chosen America's waiting children as a pressing social issue needing public attention. The Ad Council brings AdoptUSKids to the American public and increased hope to waiting children.

The ad campaign launched in May 2004.

### ***Preparing for Success***

#### **Roundtables**

In preparation for the ad campaign, AdoptUSKids presented Roundtables in all ten Department of Health and Human Services' regional offices. The purpose of the Roundtables was to present information about the upcoming recruitment campaign to federal and state stakeholders. In addition to information about the campaign, five of the National Resource Centers (NRCs) sent representatives to each Roundtable. The representatives described services that the NRCs' can provide to enhance recruitment strategies states are already implementing. Roundtable discussion also addressed the likelihood that the Ad Council campaign will increase the number of callers interested in being a resource for waiting children. AdoptUSKids anticipated this increase and created Recruitment Response Teams (RRT) to make contact with prospective adoptive families. This approach frees the states to focus on the provision of orientations, trainings, and home studies.

#### **Recruitment Response Teams**

An increase in the number of inquiries from potential foster and adoptive parents is expected in response to the Ad Council campaign. To meet this increase, each state was asked to define and create a Recruitment Response Team (RRT). AdoptUSKids subcontracts for RRT services in each state. When prospective families contact AUSK, they are referred to the appropriate state's Recruitment Response Team. The RRT responds to the families, provides them with state-specific information, and keeps them engaged in the process.

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The composition of Recruitment Response Teams reflects the diversity of the population it serves and responds to all prospective foster and/or adoptive families in a culturally appropriate way.

The roles and responsibilities of the Recruitment response teams are:

- Respond to family inquiries within two (2) business days of receipt of contact information from AdoptUSKids.
- Link families to the state/county/local agencies responsible for providing the pre-service training and homestudy process.
- Reconnect with families until they have an agency worker assigned to provide ongoing support.
- Report information back to AdoptUSKids within a defined period of time - including any known barriers encountered by the prospective families.
- Participate in on-going and developmental training provided by AdoptUSKids.

Before the Ad Council campaign began, the RRT's were trained using a format similar to the one utilized for the Roundtables. AUSK invites two members of each Team to participate in the training together with a representative from the state system. Trainings are held in all ten HHS regions using a Train the Trainers format. After training, participants return to their states to train the rest of their RRT. The initial training is one day and includes discussion on interjurisdictional placements.

### **Recruitment Response Team Training**

AdoptUSKids staff, Mary Lou Edgar and Phyllis Stevens, began full-day trainings for state Recruitment Response Teams the first week of April, 2004. Training was conducted according to Administration of Children and Family regions. The training schedule was as follows:

Region I: April 13	Region VI: May 7
Region II: April 8	Region VII: April 29
Region III: April 7	Region VIII: May 3
Region IV: April 16	Region IX: April 22
Region V: April 14	Region X: May 5

### **Interstate Placements**

Internet activity takes place in what is known as "cyberspace". World Wide Web access does not happen in the state of the computer user, it doesn't happen in

any specific state. In this way, Internet use is outside state boundaries. It figuratively erases state lines. The AdoptUSKids website allows a family to live anywhere in the United States and search for a waiting child from any other state right from their own home. As a result, as more families are trained and begin searching the website for children waiting for homes, interstate placements are likely to increase.

The children for whom homes are sought are presently waiting in the foster care system and have no identified placement resource. When a family responds to an Ad Council advertisement and calls the AdoptUSKids office in Baltimore, Maryland, information about the family is transmitted via the website to the RRT in the caller's specific state or territory. The adoption/foster care approval process is then done in the caller's home state. Families can only be considered as a placement for a child in after they have completed that process. Training is in place to meet the needs of the families and children served through the project, including understanding the implications of interstate placement. AdoptUSKids understands that interstate placements can be complicated; however, when a child is in need of a family, every avenue and opportunity must be explored to achieve permanency. AdoptUSKids trains RRTs in the complexities of interstate placements so that they, in turn, can inform and support adoptive families in interstate cases. Recruitment Response Team training is on-going. This ensures that Team members remain current in their understanding of placement policy and practice to best assist families in becoming a home for waiting children.

### **Conclusion**

AdoptUSKids is the largest national adoption and foster care recruitment effort ever undertaken. There are approximately 129,000 children in the United States awaiting placement. State, tribal, and territory placement efforts, coupled with the assistance of the AdoptUSKids website, have secured permanent homes for almost 3,000 children. Linking departments of child welfare and prospective foster and adoptive parents, their approach to information dissemination and training is comprehensive and collaborative. The potential for impact is great. **Bridges** will continue to follow AdoptUSKids's progress through the remaining years of its campaign and include updates and new information in future issues.

Next in **Bridges: The Technical Assistance and Training Services of AdoptUSKids: How States Can Benefit.**

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## Highlights of AAICAMA's 2003 Interstate Movement Survey

by: Ursula Gilmore, MA, Research Analyst, APHSA

A fundamental goal of the child welfare system is to place children who cannot be reunified with their birth families into permanent homes within a reasonable time period. Recent data from the Adoption and Foster Care Analysis Reporting System (AFCARS) demonstrate that nationwide, the annual number of completed adoptions from foster care doubled between 1995 and 2000 from 25,644 adoptions in 1995 to 51,000 adoptions in 2000. The vast majority of these adoptions involved children with special needs - 88% of the children adopted in 2000 received adoption assistance related to a medical condition, age, membership in sibling group, or minority status.<sup>1</sup> Researchers in the field project that the rate of growth in the number of children under age 18 who are adopted from foster care will exceed the rate of growth of the foster care population for at least the next two decades.<sup>2</sup> While the number of children eligible for Title IV-E adoption assistance in 1999 was approximately 195,000, it is projected to reach more than 600,000 by 2010.<sup>3</sup>

Interstate adoptions are likely to comprise an increasing number of adoptions finalized from foster care in the coming years. Given the Adoption and Safe Families Act's (ASFA) directive to reduce geographic barriers and effectively use cross-jurisdictional resources, states and agencies have been strengthening their efforts to place children in permanent, safe, and nurturing homes regardless of their location. In addition, the increased usage of state adoption exchange websites and the national AdoptUSKids website has begun to erase geographic boundaries for prospective adoptive families seeking to adopt children from foster care.

### AAICAMA's Interstate Movement Survey

In an effort to inform and improve interstate policy and practice, AAICAMA has periodically collected information regarding the total number of children receiving both Title IV-E and state-funded adoption assistance and the number of these children residing in states other than the adoption assistance state. Originally conducted in 1994, the Interstate Movement Survey was updated in 1997 and again in 2002 to

provide an on-going national picture of the number of children with special needs adopted and moving across state lines.

In 2002, AAICAMA collected the following types of quantitative information from states:

- The total number of children receiving both Title IV-E and state funded adoption assistance across the country.
- The number of these children who reside in states other than the adoption assistance state.
- How these numbers change over time.
- Baseline information on whether special needs children residing in a state other than the adoption assistance state were initially adopted across state lines or moved after adoption finalization.

A total of 39 states provided this information, reflecting a response rate of 77%. While the statistics collected do not provide a complete picture of the interjurisdictional movement of children receiving adoption assistance in this country, they do contain important information to assist administrators in targeting resources and designing programs for adoptive families.

### Key Findings

Overall, states reported that the numbers of children receiving federal and state-funded adoption assistance are increasing nationwide. While the vast majority of these children reside in the state where the adoption assistance agreement originated, data indicate that the numbers of adopted children with special needs who move or are adopted across state lines are increasing. Data from the 39 reporting states indicate that, as of March 31, 2002:

- A total of 266,931 children were receiving either Title IV-E or state funded adoption assistance. Of this total, 82.5% received Title IV-E adoption assistance and 17.5% received state-funded adoption assistance
- The overall number of children receiving either Title IV-E or state funded adoption assistance has increased by 71% over the past five years. In the 1997 study, the same 39

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<sup>1</sup> Dept. of Health and Human Services, Administration for Children and Families, Children's Bureau. AFCARS Report for the period ending Sept.20,2001 [www.acf.hhs.gov/programs/cb](http://www.acf.hhs.gov/programs/cb)

<sup>2</sup> Fred Wulczyn and Kristin Brunner, *Growth in the Adoption Population, Issue Papers on Foster Care and Adoption*, Topic #2 (Chicago: Chapin Hall Center for Children, 2002)

<sup>3</sup> Karen Spar and Christine Devere, *Child Welfare Financing: Issues and Options* (Washington, DC: Congressional Research Service, 2001).

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states reported a total 155,468 children receiving federal or state-funded adoption assistance.

☞ A relatively small percentage, 9.8%, of children receiving federal and state-funded adoption assistance reside in states other than the adoption assistance state. However, the overall proportion has increased - from 6.1% in 1997 to 9.8% (of the total) in 2002.

☞ Data from the 30 states that participated in both the 1997 and 2002 studies demonstrate that the number of children residing outside the adoption assistance state has grown by 70% since 1997 (from 9,878 children to 17,098 children).

☞ The number of children receiving state-funded adoption assistance has also increased since 1997. When data from states that completed surveys in both 1997 and 2002 were compared, the percentage of children supported by adoption assistance through state-funded programs has grown by 29% over the five year period.

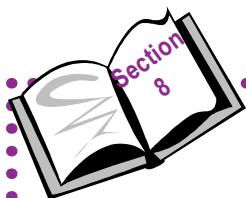
In addition, AAICAMA collected baseline data in 2002 on the number of children initially adopted across state lines and those who moved with their adoptive families after finalization. Eleven states provided this information indicating that approximately 60% of children were initially adopted across state lines and 40% moved to another state with their adoptive families. The Association will continue to collect this data to capture an evolving and more representative picture of the movement of adopted children across state lines.

### Concluding Observations

As the number of adoptions rise, adoption exchanges proliferate, and states continue to expand their efforts to recruit families for waiting children beyond their state borders, interstate adoptions are likely to continue to increase.

Findings from this study suggest a number of critical implications for practice and service provision. As the numbers of special needs children residing outside the adoption assistance state continue to increase, states will need to devote additional resources for necessary medical and post adoption services. Adoption professionals and advocates underscore the fact that adoption is not a single event. It is a life-long and evolving process accompanied by different needs at different times in a person's life. Behavioral and mental health issues can surface immediately or later in a child's life. States must be equipped to meet the multiple and changing needs of children with special needs and their adoptive families. And states must be able to do this regardless of state borders. Reliable data on the interstate movement of children with special needs can assist states in identifying and ensuring that necessary medical services and post-adoption supports are available in all adoption cases- intrastate and interstate alike.

As the trend in interstate adoptions continues and as child welfare work grows increasingly outcomes-based, the importance of data as a tool to guide decision-making, identify needed services, and assess program effectiveness cannot be overstated. The national data collected by AAICAMA will continue to serve as a critical resource for developing sound national policy to address permanency needs for children who would otherwise remain in foster care and designing effective programs for adopted children with special needs wherever they reside.



Do You Know How the

## Child Welfare Manual

Would Answer this Question?

Is Title XIX coverage required under Title IV-E Adoption Assistance?

Hint: Title XIX is Medicaid

Wait, wait, don't tell me.....

(See page 10 for the answer)

**Medicaid is the most frequent subject in technical assistance questions and often causes confusion in interstate placement. Bridges is looking to address this fact with a new column: The Medicaid Exchange. Bridges will include a Frequently Asked Question, clarification, or State innovation in Medicaid policy or practice in every issue. The first edition of The Medicaid Exchange appears below.**

### **Innovation: Connecticut Expedites Medicaid Provision to Adopted Children with Special Needs**

*By: Sandy Matlack, Program Supervisor, Office of Foster and Adoption Services, Connecticut*

Interstate placements are a significant component of states' efforts to increase adoptions for waiting children. However, placing children across state lines requires coordinated cooperation between states to ensure the timely provision and seamless continuation of necessary services. In the case of interstate placements and transfers of children receiving adoption assistance, the need for efficient and effective coordination of state and local Medicaid departments is critical to the delivery of medical services to children with special needs. The Interstate Compact on Adoption and Medical Assistance (ICAMA) is the mechanism that ensures the coordination of both medical and special-needs services to children receiving adoption assistance. ICAMA provides substantive guarantees and workable, uniform procedures for interstate adoption coordination. Though approaches can vary by state, the ICAMA Administrator in the adoption assistance state facilitates Medicaid coordination in the new state or locality of residence and submits required documentation, such as the ICAMA Form 6.01 and a copy of the adoption assistance agreement, to the state or local Medicaid office. A Medicaid case is opened and the issuance of a medical card from the new resident state or locality is initiated.

Extensive collaboration between the Connecticut Department of Children and Families (DCF) and the state Medicaid agency under the Department of Social Services (DSS) has resulted in a state-wide, streamlined process of Medicaid eligibility for adopted children with special needs. DSS has implemented a system that allows DCF to create Medicaid eligibility for foster care and adopted children through a direct link to the state's Medicaid information and eligibility system.

Direct access to the Medicaid database was established for foster care cases in the late 1980s because receipt of a Medicaid card was historically slow for foster care children and access to medical services was

subsequently delayed. In the early 1990s, the Medicaid information system was expanded to include children receiving both federal and state-funded adoption assistance. This change in process enables DCF workers to have direct access to the Medicaid database. Today workers can enter eligibility data directly into the state's Medicaid information system for children receiving adoption assistance or in foster care.

Direct access to the Medicaid information system for these two groups of children expedites the determination of Medicaid eligibility. Adoption assistance workers can act directly without needing to transfer information to Medicaid staff in another agency, saving staff time in both agencies. Children receive their Medicaid card and the coverage it brings more quickly and the adoption assistance worker can directly ensure timely medical coverage for eligible children receiving adoption assistance. It's a win-win.

This information-sharing system has implications beyond Connecticut's borders and across programs. The method is applicable in interstate practice when foster care or adoptive placements enter Connecticut from other states. The system allows for almost immediate Medicaid coverage and service provision for any eligible foster or adopted child with special needs residing in Connecticut regardless of whether the child is a current resident of Connecticut or has transferred into the state. Not only is the method effective for both children in foster care and receiving adoption assistance, it facilitates a seamless transfer of medical coverage for children moving *from* foster care to adoption. This type of transfer and determination of Medicaid eligibility can be accomplished in a single day.

The system has clear benefits. It does, however, have one drawback: All Medicaid re-determinations for foster and adopted children with special needs are the assigned responsibility of the adoption assistance staff. In 2003, this responsibility resulted in over 3,000 re-

*(Continued on page 8)*

**Bridges** is always looking to grow and respond to our readers' needs. The material we provide has historically been directed toward the adoption professional. The AdoptUSKids initiative has brought a new focus to the multiple actors integrally necessary to adoption success. Public and private adoption professionals are part of the equation. Another part is adoptive families. **Bridges** will continue to provide valuable material to the field of adoption and will now expand its focus to include this new column, called **Parent Perspectives**.

To assist in understanding and addressing the needs of adoptive and prospective adoptive parents, **Bridges** has asked Sylvia R. Franzmeier to lend her expertise and act as its adoptive parent connection. As the Parent Group Manager for the Collaboration to AdoptUSKids, Ms. Franzmeier is a direct link to the needs and views of the adoptive parent. She will contribute material addressing adoptive parent concerns and provide information on adoption specific education and training.

Sylvia R. Franzmeier, ACSW, LMSW-ACP, received her Master's Degree in Social Work from the University of Minnesota and worked in Minnesota's Department of Human Services, Family and Children Services Division for Dakota County in West St. Paul, Minnesota and Hennepin Co. in Minneapolis. She has been a field instructor for the University of Houston in Texas and an occasional a guest lecturer for their School of Social Work. She developed curricula used in field training as part of numerous grants awarded to the Depelchin Children's Center in Houston, Texas. Depelchin Children's Center provides a broad-based program of services to children and families designed primarily to meet the needs of families in crisis by providing counseling, education, prevention services, therapeutic foster care, adoption and post adoption services as well as emergency shelters and residential care.

She has been a direct service worker, a supervisor, a program director, and administrator for child welfare programs. She has devoted her career to Child Welfare and specializes in domestic, international and special needs adoption. She has also worked in the areas of post adoption, foster care and maternity services and a project director for many federal grants, including one devoted to Kinship Care. She is a frequent speaker at local, state and national conferences. Ms. Franzmeier is a welcome addition to the **Bridges** team.

If you wish to contribute parent-focused information to **Bridges**, we welcome your thoughts and news for possible publication. Contact **Bridges' Parent Perspectives** through Sylvia Franzmeier at:

Sylvia R. Franzmeier ACSW, LMSW-ACP  
The Collaboration to AdoptUSKids, Parent Group Manager  
1922 Long Shadow Lane  
Spring, Texas 77388  
Phone/Fax: 281-353-7459  
E-mail: [sfranzmeier@adoptuskids.org](mailto:sfranzmeier@adoptuskids.org)  
Website: [www.adoptuskids.org](http://www.adoptuskids.org)



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(Medicaid continued from page 7)

determinations in a twelve month period. Despite this drawback, the system works on behalf of foster and adopted children with special needs in Connecticut. Connecticut is state-administered and this method of informational transfer may be more easily achieved with this type of governmental organization. This program may be more difficult to implement in larger or county-administered states.

Delays in the provision of medical services can often be attributed to the difficulties in accessing and coordinating services between different departments and their systems. Creative and innovative approaches to collaboration with all child welfare systems, especially for medical assistance, can ensure that eligibility is established as soon as possible and services are received by the children who need them.

## Mini-Grants Available For Adoptive Parent Support Groups

The Collaboration to AdoptUSKids is a project of the U.S. Department of Health and Human Services Children's Bureau under the direction of Adoption Exchange Association. The Collaboration is offering adoptive parent-support groups the opportunity to apply for small grants of up to \$4,000.00 to support their efforts on behalf of adoptive parents who are caring for adopted children with special needs. Grants are intended to fund support groups in the development of new programs or the expansion of existing programs.

Existing groups may use the grants to assist with major events such as conferences, matching parties, or media events celebrating National Adoption Month. Money may also be used for speaker's fees, national conference attendance (up to \$1, 000.00), rentals, catering and related event expenses that cannot be donated. New groups may use the grants to defray their first year expenses, such as the cost of incorporating and initial publicity campaigns. Funds may also be used for the ongoing cost of maintaining regular meetings, including refreshments and modest space rentals. Money can be offered as scholarships of up to \$1000.00 for adoptive parents to attend a national conference. Grants may also be used by parent groups to fund the development of online support groups, start or enhance web sites, develop intensive training for support groups, and/or develop adoption-related curricula. Please see the document entitled "Frequently Asked Questions" found at [www.adoptuskids.org](http://www.adoptuskids.org) for further clarification on the use of grant monies or to clarify other questions.

### Eligibility Requirements

Support group membership can include a mix of adoptive parents, foster parents, adopted persons, birthparents or relatives, but must include parents of children who were adopted from the child welfare system. The grant proposal should document the involvement of adoptive or foster parents in the planning, writing and implementation of the proposal. Each mini-grant applicant will be required to provide documentation of 25% in matched funds. Matching funds can be in-kind or donated services/resources such as agency staff salaries, meeting space, supplies etc. Applicants must hold, or be in the process of obtaining, non-profit 501 (c) 3 status which requires incorporation. The cost of becoming incorporated and/or of applying for non-profit status can be included in the budget.

**Note:** *Groups who were awarded a mini-grant in an earlier funding cycle are not eligible for another mini-grant. Groups who have applied in the past who did not receive a grant may apply again.*

### Application Deadline

Applications must be RECEIVED by July 1, 2004. This is a competitive process with a confidential review. Grant recipients will be announced by late August 2004 and grants will be distributed by October 1, 2004. Application materials can be downloaded from the AdoptUSKids website, [www.adoptuskids.org](http://www.adoptuskids.org) after May 1, 2004.

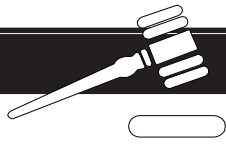
### Mailing Address

Please mail your application to: Sylvia R. Franzmeier, Parent Group Manager, AdoptUSKids,  
1922 Long Shadow Lane, Spring, Texas 77388.  
Training Announcement

### More Information

For more information contact Sylvia R. Franzmeier, Parent Group Manager: 281-413-7377 or 281-353-7459  
E-mails: [sfranzmeier@adoptuskids.org](mailto:sfranzmeier@adoptuskids.org) or [sylviaf@airmail.net](mailto:sylviaf@airmail.net)

All grant recipients will be asked to appoint a parent representative to attend a Parent Leadership Training tentatively planned for the end of October or early November, 2004, location to be announced. Training expense for lodging and travel will be funded by The Collaboration to AdoptUSKids and do not need to be included in the grant proposal budget. Meals and ground transportation will be the responsibility of participants or could be funded by the parent group.



## CASES OF INTEREST

### ROSALES UPDATE: ACYF-CB-IM-04-03

#### Title IV-E Eligibility: Redefining "home of removal" for the 9<sup>th</sup> Circuit

The U.S. Department of Health and Human Services, Administration on Children, Youth, and Families has issued the Information Memorandum ACYF-CB-IM-04-03 "to provide information about the United States Court of Appeals for the Ninth Circuit's (hereafter, the "Ninth Circuit") March 3, 2003 decision in *Rosales v. Thompson* regarding title IV-E eligibility." The following are excerpts from the memorandum:

On March 3, 2003, the United States Court of Appeals for the Ninth Circuit ("Ninth Circuit") decided the case of *Rosales v. Thompson*. The case involved a child who was placed informally with his grandmother after being abused in his mother's home. The grandson would not have been eligible for AFDC (as it was in effect on July 16, 1996) (hereafter, "eligible for AFDC" or "AFDC eligibility") in his mother's home, but would have been eligible for AFDC had eligibility been based on him living in his grandmother's home. ACF's long-standing interpretation of §472(a)(4) of the Social Security Act required the State to consider only the home from which he legally was removed when determining AFDC eligibility. Because he was not AFDC eligible in the removal home, the State could not find him AFDC (or therefore title IV-E) eligible. The Ninth Circuit, however, ruled that the child was eligible for title IV-E foster care based on his AFDC eligibility in the grandmother's home. As a result of the decision, Ninth Circuit's long-standing interpretation of §472(a)(4) Ninth Circuit states must consider whether a child would have been eligible for AFDC, at the time the child legally was removed from the home, in either:

- The home from which the child legally was removed;
- or**
- The home of any specified relative with whom the child lived in the 6 months prior to removal

In short, for States within the Ninth Circuit (California, Alaska, Arizona, Hawaii, Idaho, Montana, Nevada, Oregon and Washington), the child's "home of removal" need not be the home upon which the child's AFDC eligibility is based. The child's AFDC eligibility continues to be tied to the month of the child's removal, which is the month in which the removal petition is filed or the voluntary placement agreement is signed. (See Section 472 (a)(4)(A) and (B) of the Social Security Act). The Ninth Circuit's decision has not altered any of the AFDC program requirements. Consequently, all States within and outside the Ninth Circuit must continue to apply all of the rules of the former AFDC program, including the regulations at 45 CFR 233.90 (c)(1)(v)(B). The State always must determine that the specified relative upon whom AFDC eligibility is based has had care and control of the child in accordance with 45 CFR 233.90 (c)(1)(v)(B) for the child to be eligible for title IV-E foster care.

The Ninth Circuit States are required to comply with the *Rosales* decision, and must amend their State plans so that they are consistent with *Rosales*. States that are outside of the Ninth Circuit must continue to apply ACF's existing policy when making title IV-E eligibility determinations. Specifically, in order to qualify for title IV-E foster care maintenance payments, among other things, a child must be eligible for AFDC in the home of the specified relative from whom the child legally is removed.

Link to the full memorandum:

<http://www.acf.hhs.gov/programs/cb/laws/im/im0403.pdf>

Link to the 9<sup>th</sup> Circuit court case:

[http://www.ca9.uscourts.gov/ca9/newopinions.nsf/0E6F8EA651FAE45288256CDE005E51B6/\\$file/0017266.pdf?openement](http://www.ca9.uscourts.gov/ca9/newopinions.nsf/0E6F8EA651FAE45288256CDE005E51B6/$file/0017266.pdf?openement)

*(Cases of Interest continued on next page)*



## Child Welfare Manual

**Yes!**

Section 473 (b) of the Social Security Act clearly establishes that a child receiving foster care maintenance payments or adoption assistance payments is treated as a child who is a recipient of Aid to Families with Dependent Children

For more information see Section 8.2B.8 Question 1 at:

[http://www.acf.hhs.gov/programs/cb/laws/cwpm/policy\\_dsp.jsp?citID=33](http://www.acf.hhs.gov/programs/cb/laws/cwpm/policy_dsp.jsp?citID=33)

## EPSDT and Residential Treatment Center Coverage

### ***Collins v. Hamilton, 349 F.3d 371 (2003)***

The provision of residential treatment facility services to Medicaid eligible children is the subject of this U.S. Court of Appeals for the Seventh Circuit case out of Indiana. Families brought a class-action law suit against the state of Indiana for denying medical coverage for Psychiatric Residential Treatment Facility (PRTF) services sought under The Early and Periodic Screening Diagnosis and Treatment program (EPSDT). The Court ruling held that the State of Indiana is required by the Medicaid Act to fund the cost of placement in a PRTF if it is deemed "medically necessary" by an EPSDT screening.

#### **Some Background: EPSDT**

EPSDT is a Medicaid program that was developed to provide preventive services and treatment to children enrolled in Medicaid. EPSDT services are available to all children under age 21 who are eligible for Medicaid. If a family receives adoption assistance under the federally funded Title IV-E program, then the adopted child is automatically eligible for Medicaid and its programs, including EPSDT services. Adopted children in families receiving state-funded adoption assistance are also eligible for EPSDT services if they receive Medicaid. A physician, nurse practitioner, pediatrician, or other type of health care provider who is certified by the state Medicaid program to be a Medicaid provider can provide EPSDT services. Services for treatment are covered whenever they are diagnosed as medically necessary to correct or improve abnormalities, physical or mental illnesses, or other conditions discovered through an EPSDT screening. Details of the components of the EPSDT program can be obtained on the web at:

<http://aicama.aphsa.org/StateFundedMA.html>

#### **The Case: *Collins v. Hamilton***

Brandon Collins, a Medicaid-eligible resident of Indiana, was diagnosed by an EPSDT service provider with several serious emotional and psychological disorders. Collins's adoptive mother (his grandmother) was told that he needed long-term, on-going treatment as opposed to the short-term treatment he was receiving in psychiatric hospitals. Collins's grandmother was also told that residential treatment would not be available through Indiana Medicaid, that Brandon could receive residential placement if she filed a Child In Need of Services (CHINS) petition with the Child Protective Services division of the Indiana Family and Social Services Office.

Brandon was eventually awarded CHINS status and received placement in a psychiatric residential treatment facility (PRTF). Lake County, Indiana—not Indiana's Medicaid program—paid for this treatment. Brandon returned to his grandmother's care but later regressed and again received short-term care addressing only his symptoms. Brandon's diagnosis again called for treatment in a PRTF but he was no longer eligible for the state funding he previously received. The only recourse was short-term, acute care available at Indiana's inpatient psychiatric hospitals. This type of care was deemed inadequate to meet Brandon's mental health needs. Another child, Omega McCullagh, also suffered from a variety of mental illnesses and, like Collins, was denied Medicaid coverage for placement in a residential facility after being diagnosed as needing PRTF placement by an EPSDT service provider. He received no treatment.

Collins and McCullagh filed a class action lawsuit against various Indiana state officials alleging violations of the **Medicaid Act**. They claimed that Indiana should be required to provide Medicaid coverage for psychiatric residential treatment found to be "medically necessary" as determined by the EPSDT program. Collins and McCullagh won in federal district court. The court concluded that placement in a PRTF qualifies as "medical assistance" necessary to "correct or ameliorate" a recipient's psychiatric condition. The court ordered Indiana to provide Medicaid coverage for psychiatric residential treatment for all Medicaid-eligible children under age 21 when such treatment is found "medically necessary" by an EPSDT screening. Indiana appealed but the Court of Appeals for the Seventh Circuit upheld the lower court's decision and found that a PRTF qualifies as an inpatient psychiatric hospital and was therefore covered under the EPSDT Medicaid program.

#### **EPSDT's role in the case**

The question was whether Indiana had an obligation to fund PRTF placements when such placement is deemed "medically necessary" through EPSDT. The Medicaid Act and Indiana state law require the state to provide "any treatment found necessary as a result of a diagnosis pursuant to an initial or periodic screening, [or an EPSDT screening]" whether or not it is covered by the state plan, so long as it is "necessary to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services."

*(EPSDT Cases continued on page 12)*

Federal law provides that "inpatient psychiatric hospital services for individuals under age 21," are coverable Medicaid expenses so long as they abide by the directives of the law. Legal language broadens the definition of "inpatient psychiatric hospitals" to include the services rendered in PRTFs by expressly incorporating other inpatient settings. Regulations define a "Psychiatric Residential Treatment Facility" as "a facility other than a hospital that provides psychiatric services [. . .] to individuals under age 21, in an inpatient setting." Under the Medicaid Act and its accompanying regulations, the Seventh Circuit found that PRTFs qualify as "inpatient psychiatric hospitals." Thus, the court found that PRTF placement is included in covered EPSDT services and that Indiana must fund such placements if "medically necessary."

The State of Indiana argued that the services currently offered by the state through its inpatient psychiatric hospitals remove the need for residential treatment. The Court, however, noted that there is a distinction between the acute care available in a psychiatric hospital setting and the less restrictive, long-term treatment provided by a residential facility. The court found that in some circumstances, psychiatric residential treatment may be medically necessary.

### **Implications of *Collins***

The potential impact of the Seventh Circuit Court decision is great. The decision applies only to the states in the Seventh Circuit (Indiana, Illinois, Wisconsin), but the influence of any Circuit Court opinion is vast. A class-action decision favorable to a class in one Circuit Court will often spawn similar cases in other jurisdictions. Additionally, Circuit Courts often look to one another for guidance in decision-making. Three things are clear: Medicaid dollars are shrinking, State budgets are straining, and children's mental health needs are growing. These factors combine to create a difficult equation, one that raises many questions and provides few answers. The decision in this case indicates that EPSDT can be looked to as a possible answer for coverage of children's mental health needs in a psychiatric residential treatment facility setting.

### **EPSDT case reaches the U.S. Supreme Court: *Frew v. Hawkins, 2004 WL 57266***

The issue of EPSDT services arose again in the U.S. Supreme Court case of *Frew v. Hawkins*. In this case, mothers of Medicaid-eligible children in Texas filed suit against the Texas Department of Health, the Texas Health and Human Services Commission, and various state officials for failure to provide various services through Texas's EPSDT program. The state agencies were dismissed from the suit, but the state officials remained in the suit and negotiated a consent decree with the mothers. In the consent decree, Texas agreed to provide for a number of services through the EPSDT program, some of which were not specifically required under the Medicaid program. When the mothers were dissatisfied with the state's provision of services as specified in the consent decree, they later sued to enforce the consent decree. The state officials responded to the suit with a claim that the consent decree was unenforceable. The case was ultimately appealed to the Supreme Court, which decided that while the state officials could petition for *modification* of the consent decree, the consent decree remained enforceable. The Court held that a federal court can modify a consent decree if "significant change in facts or law warrants" modification. The case was sent back down to the lower courts for a decision consistent with the Supreme Court's holding that Texas could petition to modify the consent decree, but that the consent decree was enforceable and the state was obligated under it.

### **Implications of *Frew***

It is clear from the two cases above that the interpretation of the laws of the EPSDT program and the coverage it provides are vital and evolving legal issues. **Bridges** will follow the *Frew* case as it again makes its way through the lower courts and publish the final decision in the case. For additional information entirely devoted to EPSDT law, the National Health Law Program/Child Health Law and Policy Project provides a Fact Sheet and an EPSDT Case Docket listing of cases.

See EPSDT Factsheet link: <http://www.healthlaw.org/pubs/200402.EPSDT.cases.pdf>

Case Docket link: <http://www.healthlaw.org/pubs/EPSDTdocket.html>

If you would like the legal citations to *Collins v. Hamilton* or *Frew v. Hawkins*, please contact S. McCartney by e-mail at: [smccartney@aphsa.org](mailto:smccartney@aphsa.org)



### ***Realistic Expectations Found Key to Positive Outcomes in Special Needs Adoptions***

A recent study of families who adopted children with special needs found parental expectations had a significant impact on parents' satisfaction with the adoption, the quality of the parent-child relationship, and the perceived overall impact of the adoption on the family. These findings underscore the need to adequately prepare families adopting children with special needs and provide post-adoption services that are accessible, affordable, and available to families throughout a child's lifetime.

*Characteristics and Challenges of Families Who Adopt Children with Special Needs: An Empirical Study\** is based on a survey conducted by researchers from the University of Nevada, Las Vegas, of 249 adoptive families (including 373 children) in Nevada. All participating families were receiving adoption subsidies or had an adoption subsidy agreement in place as of January 2000. Other findings included:

- » Close to one-third of the families reported their children's behavior problems or disabilities as profound or severe. The longer children had been in the adoptive home, the more likely parents were to report behavior problems.
- » 58% of families reported not receiving enough information about their child prior to the adoption.
- » More than one-third of adoptive parents reported their child's problems were more serious than the agency originally reported. While relatives reported having significantly more information than nonrelatives about their children prior to adoption, no significant differences emerged between foster/adoptive parents and new adoptive parents.
- » Adoptive families reported significant barriers in obtaining post-adoption services. Parents of children ages 14 and older reported more difficulty obtaining post-adoption services than parents of younger children.

Children's behavior problems had the greatest influence on parental satisfaction. (Fewer behavior problems were associated with higher satisfaction with parenting.) Parents' expectations had the second greatest influence

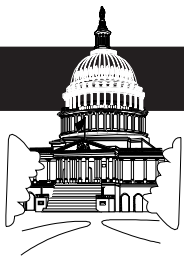
on parental satisfaction and the greatest influence on the other three adoption outcomes studied: quality of relationship with the child, impact of the child's adoption on the family, and impact of the child's adoption on the marriage. (More realistic expectations for the child were associated with higher satisfaction with parenting and more positive impact on families, marriages, and parents' relationships with their children.) While the authors acknowledge the need for additional studies to validate these findings, they cite the following implications for adoption agencies:

- » Agencies may want to increase recruitment efforts targeting families in the larger community to adopt children with special needs since, surprisingly, no significant differences emerged between foster/adoptive parents and new adoptive parents.
- » Adoption agencies need to ensure expectations of both foster/adoptive parents and new adoptive parents are thoroughly assessed. Agencies must provide special training on the developmental needs of children who are medically fragile or substance-exposed.

This study reinforces findings from other studies that many problems of children with special needs manifest themselves years after placement. Post adoption services for these families are critical throughout a child's lifecycle. Agencies must develop a wide range of post adoption services and promote and advertise these services to the community.

\*"Characteristics and Challenges of Families Who Adopt Children with Special Needs: An Empirical Study," by Thom Reilly and Laurie Platz, appeared in the October 2003 issue of *Children and Youth Services Review* (Vol. 25, No. 10). It is available in the Clearinghouse library through a search of Clearinghouse documents at: <http://basis1.calib.com/BASIS/chdocs/docs/naicweb/SF#advanced>

Read more about special needs adoptions in "Foster Parents, Relatives Adopt Majority of Children with Special Needs" (September 2003) and "Better Futures for Waiting Children" (December 2002/January 2003) in the *Children's Bureau Express* at: <http://cbexpress.acf.hhs.gov>



## LEGISLATIVE UPDATE

### Releases from the U.S. Department of Health and Human Services

#### **ACF Information Memorandum IM-04-02: Education and Training Vouchers**

The U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF) issued an information memorandum (IM-04-02) on February 27, 2004 to provide information on the reallocation of the Education and Training Voucher's (ETV) \$1,376,138 in funds that were not originally requested in state proposals. The funds were reallocated to states based upon their relative need as determined in the FY 2003 request for funds application, submitted to ACF Regional Offices per Program Instruction 03-06, dated 07/08/03. The FY 2003 reallocations are for one year only. The FY 2003 reallocations must be obligated and liquidated by September 30, 2004. A detailed table that identifies the final FY 2003 ETV allocations to States; the States that received the FY 2003 reallocated funds; and the amount of the additional payments can be found at: [www.acf.hhs.gov/programs/cb/laws/im/im0402.htm](http://www.acf.hhs.gov/programs/cb/laws/im/im0402.htm).

#### **ACF Program Instructions PI-04-03: Adoption Incentive Payment Program**

Program Instruction 04-03 (PI-04-03) was issued by the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF) on March 23, 2004 to outline the procedures for the implementation of the Adoption Promotion Act of 2003 (P.L. 108-145). It has recently been posted on the ACF website at: [www.acf.hhs.gov/programs/cb/laws/pi/pi0403.htm](http://www.acf.hhs.gov/programs/cb/laws/pi/pi0403.htm).

The program instructions provide information on statutory requirements, program definitions, establishing baselines, reporting and expenditure requirements and how incentive awards are calculated. Charts on the FY 2002 baselines for the adoption incentive payment program and AFCARS data elements for calculating adoption awards are also included as attachments.

#### **ICPC REFORM**

In July 2003, the American Public Human Services Association (APHSA) convened the Interstate Compact on the Placement of Children (ICPC) Task Force to consider necessary reforms to the ICPC and to address concerns regarding the administration and applicability of the compact. The APHSA ICPC Task Force is composed of State Commissioners, Child Welfare Directors and Representatives from the American Association of Public Welfare Attorneys and the Association of Administrators of the Interstate Compact on the Placement of Children. Areas in need of improvement and reform were explored, including assessing baseline data, providing accountability and enforcement mechanisms, exploring financing issues and considering the types of placements the compact currently covers. Based on the work of the Task Force, The Executive Committee of APHSA, which is comprised of State Chief Executive Officers, passed a resolution committing staff time and organizational resources to both immediate and long term reform of the Compact. To this end, APHSA will lead a two step strategy for reform. By July of 2004, a work group of Compact Administrators and Child Welfare Directors will provide recommendations for immediate changes that can be made to the compact through administrative actions. Concurrently, a workgroup composed of key stakeholders, state directors, and policy experts will work toward fundamental compact revision.

**Bridges** will continue to report on the progress of the reform effort.

# FEDERAL BUDGET PROPOSAL

## Highlights of President Bush's FY 2005 Budget Proposal: Child Welfare

### ***Title IV-E Eligibility***

The most significant development in the FY 2005 budget is a new proposal to clarify the determination of eligibility for IV-E foster care funds. In March 2003, the *Rosales v. Thompson* decision in the 9<sup>th</sup> Circuit Court of Appeals held that the statute governing the AFDC foster care program contains no explicit requirements that AFDC eligibility only be established based on the "home of removal." When determining IV-E eligibility for a child that comes into care, states could consider the eligibility home as that of a specified relative in whose home the child may have resided within six months of removal. The Department of Health and Human Services (HHS) has limited the application of this decision to states within the jurisdiction of the 9<sup>th</sup> Circuit Court of Appeals. Based on a long-standing HHS interpretation that eligibility should be based solely on the home from which the child is removed, this proposal would amend the statute to come into accordance with that HHS interpretation. The savings that this statutory amendment would bring are projected to be \$77 million in FY 2005.

### ***Foster Care Funding Option***

Consistent with the 2004 budget proposal, the FY 2005 budget again seeks legislation to allow states to choose alternative funding for foster care. States choosing to participate would receive funds in the form of flexible grants. A program goal would allow the program to act as an incentive to create innovative child welfare plans with emphasis on prevention and family support. Participating states would face fewer administrative burdens, but would still be required to uphold the child protections outlined in the Adoption and Safe Families Act, agree to maintain existing levels of state investment in child welfare programs, and continue to participate in the Child and Family Services Reviews. The proposal would provide access to the TANF Contingency Fund from which states could receive additional funding if a severe foster care crisis were to arise. A \$30 million set-aside would be available for Native American tribes, and a one-third of one percent set-aside would be available for monitoring and technical assistance of state foster care programs. The federal cost for this option is projected to be \$7 million in FY 2005 with a total savings of \$4 million expected by FY 2009.

### ***PA-01-02***

The administration estimates a savings to the federal government of \$82 million will be realized for FY 2006 with an increase to \$96 million in savings by FY 2009

based on Program Announcement 01-02 (PA-01-02), which eliminates the IV-E administrative claim for children in unlicensed relative homes. This portion of the program announcement has been deferred by HHS.

### ***AFCARS Penalties***

There is also an estimate of a possible \$2 million in savings for FY 2006 up to a possible \$5 million in savings in FY 2009 if Adoption and Foster Care Analysis and Reporting System (AFCARS) penalties are applied.

### ***Adoption Awareness Program***

The president's budget includes \$13 million for the Adoption Awareness program to support efforts to encourage adoptions. A portion of these funds will be used to support the national AdoptUSKids public service campaign to recruit foster and adoptive parents. The campaign is scheduled to be launched in spring 2004. The president has set a goal of recruiting 35,000 new foster and adoptive parents in five years.

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

The president's budget proposes a \$52 million increase for both the Child Abuse Prevention and Treatment Act (CAPTA) and the Community-Based Child Abuse Prevention (CBCAP) program. The Adoption Opportunities program is level funded at \$27 million. The FY 2005 budget requests \$32 million for Adoption Incentive Bonus payments to states, an \$11 million decrease from the amount authorized by Congress. The Abandoned Infants Assistance program is level-funded at \$12 million.

### ***Foster Care, Adoption Assistance, and Independent Living Programs***

The Title IV-E adoption assistance program receives a request for additional funding based on an estimated 375,900 special-needs children per month expected to be in adoptive homes in FY 2005. Level funding is requested for the John H. Chafee Foster Care Independence program (formerly the Independent Living Program) at \$140 million, while there is an increase in the Education and Training Voucher (ETV) program for youth aging out of foster care from \$42 million to \$60 million.

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

The president's budget proposes an increase in the funding of the Promoting Safe and Stable Families program at \$505 million. The mandatory funding was kept at the FY 2004 level of \$305 million and discretionary funding is increased to \$200 million.

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**We welcome comments and contributions.**

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