JOHN D. ROCKEFELLER IV
WEST VIRGINIA

file: Child welfare

# United States Senate

WASHINGTON, DC 20510-4802

## FAX COVER SHEET

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DATE:

# OF PAGES:
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MESSAGE:

- any help w/ Leahy on the Judiary piece would be ideal
- list of the Adoption credit bill & sponsors
- 2 more ideas: 1) Could do something w/ Admin effort to restructure review system to focus on outcomes



2) Any interest in working on substance abuse. Rangel is also considering!

# Fact Sheet
## Action Agenda for Strengthening Abuse and Neglect Courts

S. 2272, the Strengthening Abuse and Neglect Courts Act of 2000 and S. 2271, the TAKE CARE Act of 2000 (Training and Knowledge Ensure Children A Risk-free Environment) are two bills to improve the administrative efficiency and effectiveness of the Nation's abuse and neglect courts through grants designed to provide computerized case tracking and technical assistance, innovative strategies to reduce caseloads, CASA support to the underserved, and training to court personnel.

According to the Adoption and Safe Families Act of 1997, States must focus on a child's safety, health and permanency. There is a new requirement that States should move to terminate parental rights once a child has been in foster care for 15 out of 22 months, except in limited circumstances. In order to meet these bold, new guidelines, an already overburdened abuse and neglect court system needs on-going training, and would benefit from grants established to provide computerized tracking systems, reduce number of abuse and neglect cases, and expand CASA (Court-Appointed Special Advocates).

These programs would help to reduce the average length of an abused and neglected child's stay in foster care, while improving the quality of decision-making and court services provided to children and families, and would ultimately increase the number of adoptions and place children in safe environments.

Supporters of these two bills include --
- National Council of Juvenile and Family Court Judges
- Conference of Chief Justices
- Conference of State Court Administrators
- American Bar Association
- National Court Appointed Special Advocates Association.

## I. S. 2272, the "Strengthening Abuse & Neglect Courts Act of 2000"

**Grants to courts for computer automation and case tracking systems:** A program to provide competitive state and local grants to abuse and neglect courts to create computerized case tracking systems, and to encourage the replication and implementation of successful systems in other court systems. Grants will be awarded based on eligibility criteria designed to encourage applications from both state and local courts, and a balance of urban and rural courts. Guidelines will also ensure that successful models can be disseminated to other courts. Applicants will need to include evaluation plans as part of the grant request. The grant program is authorized for $10 million, with a 25% state matching requirement, allowing for a hardship exemption.

**Grants to reduce backlogs of abuse and neglect cases:** A program to provide grants to court systems in order to reduce pending backlogs of abuse and neglect cases so that

courts are able to comply with the time frames established in the Adoption and Safe Families Act. Competitive grants awarded to court systems to reduce backlogs by using night court sessions, hiring additional personnel to manage and reduce caseloads, or other innovative strategies. The grant program is authorized for $10 million, and courts can use funding for up to 3 years.

**Grants to expand the Court-Appointed Special Advocates (CASA) Program in Underserved Areas:** A special grant program to expand the well-respected CASA program to the most needy areas, including the 15 largest urban areas and regional programs for rural areas. A single start up grant of $5 million is authorized.

S. 2272 is cosponsored by Senators Bingaman, Boxer, Chafee, Collins, Craig, Johnson, Kerrey, Kerry, Landrieu, Levin, Lincoln and Wellstone.

## II. S. 2271, TAKE CARE ACT of 2000
## Training And Knowledge Ensure Children A Risk-free Environment

→ Passed by House as part of Fatherhood bill

**Training for Judges and Court Personnel:** A provision to allow judges, attorneys, and court personnel to qualify for training in child abuse and neglect proceedings under Title IV-E's existing training provisions, which is a federal-state matching program set at 75%-25%. CBO estimate is $55 million over 5 years

**State standards for agency attorneys:** States shall develop and encourage by January 1, 2001, basic guidelines for education and training needed to handle abuse and neglect cases within the state and local court systems.

**Technical assistance for child abuse, neglect and dependency matters:** A program for competitive grants, administered by HHS in coordination with the Attorney General, to provide technical assistance to state and local courts to carry out their new responsibilities, including efforts to speed the process of adoption of children. $5 million is authorized for technical assistance from 2000 to 2004, for a five year total of $25 million.

S. 2271 is cosponsored by Senators Bingaman, Boxer, Chafee, Collins, Johnson, Kerrey, Kerry, Landrieu, Levin, Lincoln, and Wellstone.

***Bill Summary & Status for the 106th Congress***

**Item 1 of 4**

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**S.341**
Sponsor: Sen Craig, Larry E. (introduced 2/3/1999)
Latest Major Action: 2/3/1999 Referred to Senate committee
Title: A bill to amend the Internal Revenue Code of 1986 to increase the amount allowable for qualified adoption expenses, to permanently extend the credit for adoption expenses, and to adjust the limitations on such credit for inflation, and for other purposes.

**COSPONSORS(8), ALPHABETICAL** [followed by Cosponsors withdrawn]: (Sort: by date)

| | |
|---|---|
| Sen Cochran, Thad - 8/2/1999 | Sen Dorgan, Byron L. - 9/14/1999 |
| Sen Durbin, Richard J. - 6/22/1999 | Sen Hatch, Orrin G. - 10/26/1999 |
| Sen Johnson, Tim - 5/26/1999 | Sen Santorum, Rick - 9/30/1999 |
| Sen Sessions, Jeff - 8/2/1999 | Sen Smith, Bob - 5/4/1999 |

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**Hope for Children Act (Introduced in the Senate)**

S 341 IS

106th CONGRESS

1st Session

**S. 341**

To amend the Internal Revenue Code of 1986 to increase the amount allowable for qualified adoption expenses, to permanently extend the credit for adoption expenses, and to adjust the limitations on such credit for inflation, and for other purposes.

**IN THE SENATE OF THE UNITED STATES**

**February 3, 1999**

Mr. CRAIG introduced the following bill; which was read twice and referred to the Committee on Finance

**A BILL**

To amend the Internal Revenue Code of 1986 to increase the amount allowable for qualified adoption expenses, to permanently extend the credit for adoption expenses, and to adjust the limitations on such credit for inflation, and for other purposes.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

## SECTION 1. SHORT TITLE.

This Act may be cited as the `Hope for Children Act'.

## SEC. 2. ADOPTION EXPENSES.

(a) INCREASE IN AMOUNTS ALLOWED-

(1) DOLLAR AMOUNT OF ALLOWED EXPENSES- Paragraph (1) of section 23(b) of the Internal Revenue Code of 1986 (relating to dollar limitation) is amended by striking `$5,000' and all that follows and inserting `$10,000.'.

(2) PHASE-OUT LIMITATION- Clause (i) of section 23(b)(2)(A) of such Code (relating to income limitation) is amended by striking `$75,000' and inserting `$150,000'.

(b) REPEAL OF SUNSET ON CHILDREN WITHOUT SPECIAL NEEDS-

(1) IN GENERAL- Paragraph (2) of section 23(d) of such Code (relating to definition of eligible child) is amended to read as follows:

`(2) ELIGIBLE CHILD- The term `eligible child' means any individual who--

`(A) has not attained age 18, or

`(B) is physically or mentally incapable of caring for himself.'.

(2) CONFORMING AMENDMENT- Subsection (d) of section 23 of such Code (relating to definitions) is amended by striking paragraph (3).

(c) ADJUSTMENT OF DOLLAR AND INCOME LIMITATIONS FOR INFLATION- Section 23 of such Code is amended by redesignating subsection (h) as subsection (i) and by inserting after subsection (g) the following new subsection:

`(h) ADJUSTMENTS FOR INFLATION- In the case of a taxable year beginning after December 31, 2000, each of the dollar amounts in paragraphs (1) and (2)(A)(i) of subsection (b) shall be increased by an amount equal to--

`(1) such dollar amount, multiplied by

`(2) the cost-of-living adjustment determined under section 1(f)(3) for the calendar year in which the taxable year begins, determined by substituting `calendar year 1999' for `calendar year 1992' in subparagraph (B) thereof.'.

(d) LIMITATION BASED ON AMOUNT OF TAX-

(1) IN GENERAL- Subsection (c) of section 23 of such Code is amended by striking `the limitation imposed' and all that follows through `1400C)' and inserting `the applicable tax limitation'.

(2) APPLICABLE TAX LIMITATION- Subsection (d) of section 23 of such Code (as amended by subsection (b)) is further amended adding at the end the following new paragraph:

`(3) APPLICABLE TAX LIMITATION- The term `applicable tax limitation' means the sum of--

`(A) the taxpayer's regular tax liability for the taxable year, reduced (but not below zero) by the sum of the credits allowed by sections 21, 22, 24 (other than the amount of the increase under subsection (d) thereof), 25, and 25A, and

`(B) the tax imposed by section 55 for such taxable year.'.

(3) CONFORMING AMENDMENTS-

(A) Subsection (a) of section 26 of such Code (relating to limitation based on amount of tax) is amended by inserting `(other than section 23)' after `allowed by this subpart'.

(B) Paragraph (1) of section 53(b) of such Code (relating to minimum tax credit) is amended by inserting `reduced by the aggregate amount taken into account under section 23(d)(3)(B) for all such prior taxable years,' after `1986,'.

(e) EFFECTIVE DATE- The amendments made by this section shall apply to taxable years beginning after December 31, 1998.

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# Fact Sheet
# Snowe-Rockefeller-DeWine-Dodd
# Child Protection /Alcohol and Drug Partnership Act of 2000 - S. 2435

The Child Protection/Alcohol and Drug Partnership Act of 2000 is a bill to create a grant program to promote joint activities among Federal, State, and local public child welfare and alcohol and drug abuse prevention and treatment agencies to improve child safety, family stability, and permanence for children in families with drug and alcohol problems, as well as promote recovery from drug and alcohol problems.

Child welfare agencies estimate that only a third of the 67% of the parents who need drug or alcohol prevention and treatment services actually get help today. This bill builds on the foundation of the Adoption and Safe Families Act of 1997 which requires States to focus on a child's need for safety, health and permanence. The bill creates new funding for alcohol and drug treatment and other activities that will serve the special needs of these families to either provide treatment for parents with alcohol and drug abuse problems so that a child can safely return to their family or to promote timely decisions and fulfill the requirement of the 1997 Adoption Act to provide services prior to adoption.

## Grants to promote child protection/alcohol and drug partnerships:

In an effort to improve child safety, family stability, and permanence as well as promote recovery from alcohol and drug abuse problems, HHS will award grants to States and Indian tribes to encourage programs for families who are known to the child welfare system and have alcohol and drug abuse problems. Such grants will forge new and necessary partnerships between the child protection agencies and the alcohol and drug prevention and treatment agencies in States so they can together provide necessary services for this unique population.

These grants will help build new partnerships to provide alcohol and drug abuse prevention and treatment services that are timely, available, accessible, and appropriate and include the following components:

A) Preventive and early intervention services for the children of families with alcohol and drug problems that combine alcohol and drug prevention services with mental health and domestic violence services, and recognize the mental, emotional, and developmental problems the children may experience.

B) Prevention and early intervention services for families at risk of alcohol and drug problems.

C) Comprehensive home-based, out-patient and residential treatment options.

D) Formal and informal after-care support for families in recovery that promote child safety and family stability.

E) Services and supports that promote positive parent-child interaction.

## Forging new partnerships:

GAO and HHS studies indicate that the existing programs for alcohol and drug treatment do not effectively service families in the child protection system. Therefore, this new grant program will help eliminate barriers to treatment and to child safety and permanence by encouraging agencies build partnerships and conduct joint activities including:

A) Promote appropriate screening and assessment of alcohol and drug problems.

B) Create effective engagement and retention strategies that get families into timely treatment.

C) Encourage joint training for staff of child welfare and alcohol and drug abuse prevention and treatment agencies, and judges and other court personnel to increase understanding of alcohol and drug problems related to child abuse and neglect and to more accurately identify alcohol and drug abuse in families. Such training increases staff knowledge of the appropriate resources that are available in the communities, and increases awareness of the importance of permanence for children and the urgency for expedited time lines in making these decisions.

D) Improve data systems to monitor the progress of families, evaluate service and treatment outcomes, and determine which approaches are most effective.

E) Evaluate strategies to identify the effectiveness of treatment and those parts of the treatment that have the greatest impact on families in different circumstances.

## New, targeted investments:

A total of $1.9 billion will be available to eligible States with funding of $200 million in the first year expanding to $575 million by the last year. The amount of funding will be based on the State's number of children under 18, with a small state minimum to ensure that every state gets a fair share. Indian tribes will have a 3%-5% set aside. State child welfare and alcohol and drug agencies shall have a modest matching requirement for funding beginning with a 15% match and gradually increasing to 25%. The Secretary has discretion to waive the State match in cases of hardship.

## Accountability and performance measurement:

To ensure accountability, HHS and the related State agencies must establish indicators within 12 months of the enactment of this law which will be used to assess the State's progress under this program. Annual reports by the States must be submitted to HHS. Any state that fails to submit its report will lose its funding for the next year, until it comes into compliance. HHS must issue an annual report to Congress on the progress of the Child Protection/Alcohol and Drug Partnership grants.

April 25, 2000

## The Child Protection and Alcohol and Drug Partnership Act, S. 2435, Will Help Keep Children Safe and in Permanent Families

**Millions of American children lack safe and permanent families who can help them grow into healthy and productive adults.**

- An estimated three million children annually are reported to state child protective service agencies as suspected victims of child abuse and neglect. In 1998, just over 900,000 children were confirmed abuse and neglect victims.[1]

- A record 547,000 children were reported to be in foster care as of March 31, 1999. The average length of stay for these children is 33 months. More than half of them have been in foster care longer than 18 months.[2]

**Alcohol and drugs (AOD) plague the lives of many of the families who come to the attention of the child welfare system.**

- Children whose parents abuse alcohol and drugs are almost three times more likely to be abused and more than four times more likely to be neglected than children of parents who do not abuse alcohol and drugs.[3]

- An estimated 40-80 percent of the families involved in the child welfare system have problems with alcohol and/or drugs.[4]

**Existing AOD treatment services are not adequate or appropriate for families in the child welfare system.**

- Nationally there is a shortage in all types of publicly funded substance abuse treatment opportunities for those in need, especially for women. All states report long waiting lists for services.[5] 63% of the people who are in need of treatment for drug abuse do not receive it.[6]

- Just over two-thirds of parents involved in the child welfare system need substance abuse treatment, but existing treatment meets less than one-third of that need.[7]

- Substance abuse treatment services that are specifically tailored to meet the needs of women and parents are in chronically short supply. Parents with AOD problems in the child welfare system have multiple and especially complex problems. The mothers involved often face mental illness, domestic violence, health problems like HIV/AIDS, and abuse or neglect as a child, all of which pose special challenges for AOD treatment and recovery. [8]

**Alcohol and drug abuse are treatable public health problems with effective remedies.**

- Experts report that drug addiction treatment works as well as treatment for other chronic illnesses such as diabetes, asthma, and hypertension.[9] The U.S. Department of Health and Human Services reports that nearly one-third of those in treatment achieve permanent abstinence in their first attempt

at recovery. An additional one-third have periods of relapse but eventually achieve long-term abstinence, and one-third have chronic relapses that result in premature death from substance abuse and related consequences. [10]

- The Congressionally mandated National Treatment Improvement Evaluation Study (NTIES) reported in 1997 a 50% decline in drug use in the more than 4,400 individuals surveyed one year after treatment. Alcohol and drug-related medical visits as well as high-risk sexual behavior declined significantly among all clients. For women, the employment rate rose by 25% and involvement in illegal activities decreased dramatically. The positive trends in all of these areas have a critical impact on improved parenting skills and behavior.[11]

- The 1992 California Department of Alcohol and Drug Programs (CALDATA) study showed significant declines in drug use and illegal activity of clients following treatment. Additionally, this study of more than 1,800 clients reported the measured benefit to taxpayers exceeded the cost of treatment by 6 to 1 for women with children who did not receive welfare and 2.5 to 1 for women with children who received welfare.[12]

**Not providing alcohol and drug treatment has a high human and fiscal cost.**

- Children whose families do not get appropriate treatment are more likely to remain in foster care longer and to reenter care once returned home. Their siblings are also more likely to end up in foster care.[13]

- Studies indicate that for every $1 invested in AOD treatment, $7.14 dollars are saved by reductions in health costs, violence and crime, lost work and school productivity, and social services including child abuse/neglect/foster care. [14]

**The Adoption and Safe Families Act renews emphasis on early decision-making to keep children safe and in permanent families.**

- The bipartisan Adoption and Safe Families Act (ASFA), enacted in 1997, promotes safety and permanence for children by expediting timelines for decision-making. That law requires that a court review plans for a child's permanent living arrangement within 12 months of the date that a child enters foster care. It also requires that if a child is in foster care for 15 of the most recent 22 months, that a petition to end a parent's rights to the child must be filed, unless certain exceptions apply.

- To ensure that permanency decisions can be made for children whose families have AOD problems, special steps must be taken to begin services and treatment for the family immediately upon a child's entry into foster care.

**The Child Protection and Alcohol and Drug Partnership Act (S. 2435) promotes safety and permanence for these children and recovery for their parents.**

- S. 2435 offers $1.9 billion over five years to state child welfare and AOD agencies that agree together to take steps to develop and increase treatment services, establish appropriate screening and assessment tools, or improve strategies to engage and retain parents in treatment. The activities must be directed to families with AOD problems who come to the attention of the child welfare system. Agencies also can use the funds to increase capacity to meet these families needs in a timely way by

jointly cross-training child welfare and AOD staff, improving data to track progress in these families, and to promote evaluation. S. 2435 holds states accountable for demonstrating the progress they make with these funds.

## ENDNOTES

[1] Administration for Children and Families, U.S. Department of Health and Human Services, ACF Press Room, HHS News, *HHS Reports New Child Abuse and Neglect Statistics* (Washington, DC: April 10, 2000).
[2] Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, *The AFCARS Report, Current Estimates as of January 2000* (Washington, DC: Author, 2000).
[3] P. Jaudes and J. Voohis, "Association of Drug Abuse and Child Abuse," *Child Abuse and Neglect* 19, no. 9 (1995): 1065-1075.
[4] Nancy K. Young and Sidney L. Gardner, *Responding to Alcohol and other Drug Problems in Child Welfare: Weaving Together Practice and Policy* (Washington, DC: Child Welfare League of America Press, 1998).
[5] National Association of State Alcohol and Drug Abuse Directors, Inc. *Major Increases Needed in FY'2001 for Substance Abuse Services* (February 2, 2000).
[6] Office of National Drug Control Policy, National Drug Control Strategy: Performance Measures of Effectiveness, 2000 Annual Report (Executive Office of the President of the United States: Washington, DC)
[7] Child Welfare League of America, *Alcohol and Other Drug Survey of State Child Welfare Agencies* (Washington, DC: Author, 1998).
[8] Office of the Assistant Secretary for Planning and Evaluation, Substance Abuse and Mental Health Services Administration, Administration for Children and Families, U.S. Department of Health and Human Services, *Blending Perspectives and Building Common Ground, A Report to Congress on Substance Abuse and Child Protection* (Washington, DC: Author, April 1999).
[9] Physician Leadership on National Drug Policy, Press release from website at http://center.butler.brown.edu/plndp, *Major Study Finds Drug Treatment as Good as Treatment for Diabetes, Asthma, etc. And Better and Cheaper than Prison* (Washington, DC: Author, March 17, 1998).
[10] *Ibid.*
[11] Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, *The National Treatment Improvement Evaluation Study* (Rockville, MD: Author, 1997).
[12] D.R Gerstein, R.A. Johnson and C.L. Larison, *Alcohol and Other Drug Treatment for Parents and Welfare Recipients: Outcomes, Costs and Benefits.* Prepared for the U.S. Department of Health and Human Services (The Lewin Group: Fairfax, VA: 1997)
[13] *Supra* note 7.
[14] D.R. Gerstein et al, *Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment* (California Department of Alcohol and Drug Programs: Sacramento, CA, 1994).

APHSA
American Public Human Services Association

## Resolution on Child Welfare and Substance Abuse

### Background

Substance abuse by parents is one of the most pervasive problems impacting the child welfare system today. An estimated 50-80 percent of the children in the child welfare system today have families with alcohol and drug (AOD) problems. While there are a growing number of best practice models being developed and implemented in select jurisdictions, most state and local child welfare and substance abuse systems function independently of each other, even when administrative responsibilities for both systems are located within the same department. Some jurisdictions have made promising efforts to coordinate services or collaborate on cases, but for the most part, the two systems predominately focus on "their" clients, either the abused/neglected child or the substance-abusing parent. To ensure safety and permanence for children in the child welfare system and appropriate alcohol and drug treatment and prevention services for their families, new cross-agency partnerships are needed. Child welfare and alcohol and drug prevention and treatment agencies must work together at federal, state and local levels and with other service providers, the courts, communities and families.

Recent studies by GAO and HHS have indicated a high failure rate for getting and keeping women with children in the foster care system in treatment and have identified the need for building collaborative relationships between agencies, assuring timely access to treatment, improving engagement and retention of clients to promote ongoing recovery, enhancing children's services and filling information gaps.

Enactment of the Adoption and Safe Families Act (ASFA) has made it imperative that child welfare and AODA systems examine their current ways of doing business, necessitating a re-design and re-thinking of services delivered to parents referred from the child welfare system. To fulfill the ASFA requirements, it is critical that child welfare and substance abuse agencies and providers collaborate to serve these families. The new requirement for time limited permanency decisions in child welfare cases will require changes in the delivery of treatment services in order to be relevant to families in the child welfare system. Improvement in engagement and retention of clients is needed as well as treatment services that will enable substance abusing parents to demonstrate progress in a time manner consistent with ASFA timelines.

In relation to assessing progress, child welfare workers need specific information in order to assess safety and risk. Confidentiality barriers resulting from federal law and

regulation and its implementation hamper the child welfare agency's ability to make these safety and permanency decisions.

**Policy Statement**

The National Council of State Human Service Administrators (NCSHSA) asks Congress to consider the creation of a child welfare and substance abuse initiative to enhance state agency capacity to collaborate on the development of a comprehensive system to address the prevention and treatment needs of families with substance abuse problems who are come into contact with the child welfare system. Such an initiative should be developed in consultation with the states.

To promote a meaningful partnership, initiative should enable state agencies to jointly plan, apply for, and administer the new program funds. The program should provide states with maximum flexibility to use funding for a full range of service and capacity building activities such as 1) screening, assessment and referral to services; 2) comprehensive prevention, early intervention, treatment and after care services in home-based, outpatient, and residential settings; 3) engagement and retention strategies; 4) joint training of child welfare and AOD agency staff, judges and court staff; 5) enhancement of data collection efforts to monitor progress and evaluate outcomes; 6) evaluation strategies to identify effective treatment approaches; and 7) technical assistance.

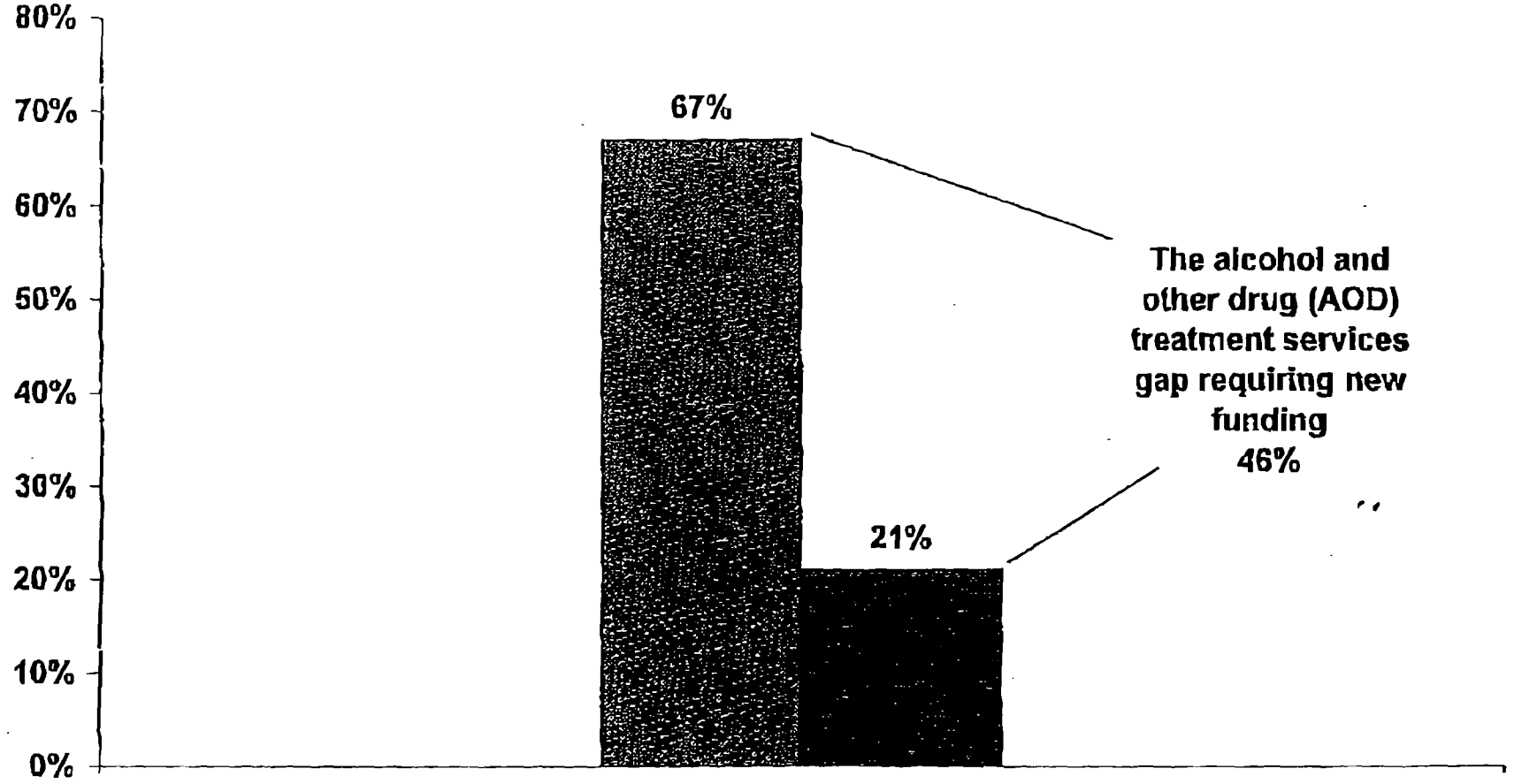
State human service administrators are committed to accountability in operating these joint programs and are interested in working to develop performance measures to assess state performance. These measures should be developed in consultation with state and local public officials responsible for administering child welfare and AOD programs. Any new measures should be consistent with the federal performance measures developed for ASFA and the Substance Abuse Prevention and Treatment Block Grant.

Information sharing among substance abuse, child welfare agencies and the courts is critical to making permanency and safety decisions for children and to achieving positive service outcomes. The NCSHSA is committed to examining the barriers that federal confidentiality statute and regulations pose to states, educating key stakeholders on these issues, and recommending statutory, regulatory and/or practice changes that would better facilitate sharing and disclosure of information between the two systems, especially to assess progress in treatment, assure safety and make informed decisions regarding permanency.

The NCSHSA urges Congress to maintain core funding for current critical public human service programs. To the fullest extent possible, we urge Congress and the Administration to increase the flexibility of IV-E, Medicaid and the Substance Abuse Prevention and Treatment Block Grant so that funding could be used to provide a variety of substance abuse treatment and prevention services to the families who come into contact with the child welfare system. We support additional federal funding for this critical area, however, we must emphasize that new federal funding for this initiative should not come at the expense of other human service programs.

**Adopted on March 14, 2000 by the National Council of State Human Service Administrators**

## Parents Involved with the Child Welfare System & Their Alcohol and Other Drug (AOD) Treatment Service Needs




CWLA. (1998). Alcohol and Other Drug Survey of State Child Welfare Agencies. Washington, DC: Author