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Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
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- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

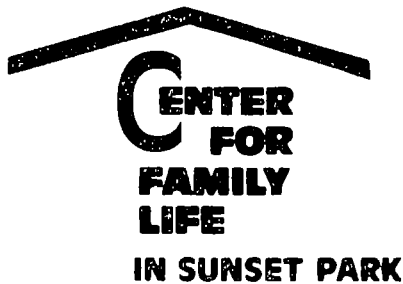
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- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]



① Maynor - fiji
Shen Netrun
to Julie to be
comprehensive,
family-centered services
on behalf of children and youth
filed

May 5, 1995

MAY 12 1995 w/ event file

Ms. Carol H. Rasco
Assistant to the President
for Domestic Policy
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Ms. Rasco:

I too found the discussion at the conference sponsored by the Foundation for Child Development and the Milbank Memorial Fund especially helpful, and I believe the two foundations provided a fine opportunity to consider debated issues in an even-handed way.

In response to your expression of interest in our perspectives, I am enclosing a brief summary regarding the Center for Family Life and a map of the neighborhood sites for our major activities. I would be very happy to send you a much longer, detailed "Progress Report" which gives much more descriptive material about our community as well as an accounting of our various activities. We would be glad to keep you informed also about forthcoming reports of a 3-year research evaluation of the Center for Family Life, which has been funded by The Annie E. Casey Foundation in Baltimore, and which is being implemented by a team at the Columbia University School of Social Work.

Sincerely,

Sister Mary Paul

Sister Mary Paul, DSW
Director of Clinical Services

enclosures

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Brooklyn, New York 11232

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Fax: (718) 788-2275

sponsored by St. Christopher - Ottilie

Center for Family Life in Sunset Park

Employment Services

- Counseling
- Job Search
- Job Placement
- Follow-Up

Family Support Center (Main Office)

- Family Counseling & Clinical Services
- Infant/Toddler/ Parent Program
- Group Therapy
- Foster Grandparents & In-Home Help
- Psychological & Psychiatric Evaluations

**Dewey Middle School
Community Programs**

- "Life Lines" Community Arts
- School Partners Project
- The Learning Center
- Community Service Club

GREENWOOD
CEMETERY

Emergency Service Center

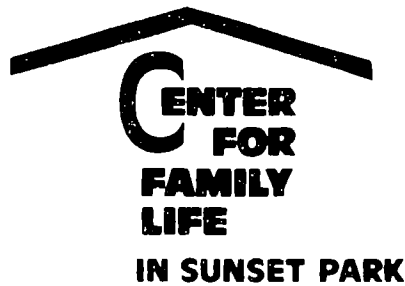
- Advocacy Clinic
- Thrift Shop
- Emergency Food

P.S. 1 Community School

- School-Age Child Care
- After School Recreation
- Youth Leadership Program
- Teen Evening Center
- Parent/Teen Fashion Project
- Parent Advisory Council
- Summer Day Camps

Beacon School at P.S. 314

- School-Age Child Care
- After School Recreation
- Youth Leadership Programs
- Teen Evening Center
- Parent Night
- Parent/Teen Advisory Council
- Summer Day Camps
- Coordinator of Beacon Programs



comprehensive,
family-centered services
on behalf of children and youth

The Center for Family Life's services are in the Sunset Park area of Brooklyn. Within this very poor neighborhood of over 100,000 people, almost a third of whom are under the age 18, we have developed a service model that aims to sustain children and youth in their own homes by enhancing the capacity of parents, providing developmental opportunities for family members, addressing crisis in parent-child or spousal relationships, or intervening in a variety of ways to bring financial stability or at least adequate income to the family household. The continuum of our activities embraces a large amount of preventive work and early intervention as well as crisis management and remediation in instances of serious family disorganization and dysfunction.

Accordingly, our model is inclusive of a number of access points by families and children to a wide range of supports we offer directly to them. They can be self-referred or referred by any school, court, public or voluntary agency, church, community group, or neighbor. They may also enter one of our "open enrollment" programs in the community, especially those that are school-based, involve school-age child care and other after-school and evening activities, etc. They may find short-term, strategic help in our storefront center where we sponsor (together with a membership of 19-20 churches and organizations) a community-wide emergency food program and other emergency/advocacy services; or they may come to our employment services program for preparation to enter or re-enter the world of work and be placed in unsubsidized, private sector jobs. Youth who are 14-19 years of age of low income families can apply for summer employment, as we are a sponsor for the city's Summer Youth Employment Program in which youth are offered jobs within one of many community organizations in or near our neighborhood. Parents who are troubled by marital or other intrafamilial stresses are offered individual, group and/or family counseling by our staff of experienced, qualified clinical social workers, aided by graduate social work interns, "foster grandparents", and a variety of volunteers.

In any of these service programs, we receive the children, teens and parents without fee, and without grouping them by some particular problem category. Whether the presenting problem is one of marital conflict, child neglect, learning disorders, a runaway child, or substance abuse, or dysfunctional child-rearing practices that reach abusiveness, we individualize each family situation and the needs of family members, rather than grouping them in any category.

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Assumptions In Our Service Model

Our sense of mission is strongly rooted in the premise that child wellbeing and family strengths are (1) closely interrelated; and (2) always are themselves the outcomes of a large number of factors within the family and within the social milieu -- the community itself.

On the first plane of child and family well-being factors, we consider that human development encompasses attributes and characteristics that range from the hereditary, genetic, health and cultural, to learned and deeply influential "habits of mind" and values that come from a person's experiences with parents, siblings, relatives and other primary persons. The level of self-esteem, the sense of one's own possibilities, social aspirations and adaptability/striving that an individual achieves can be strongly attributed to "roots" such as those mentioned above. Families, therefore, are uniquely sources of individual growth and development, a primary source of personal security, and the ground of attachment to others.

Increasingly, however, there is a common consensus that family functioning itself is not independent of each family member's interaction with persons and groups to be found in community "institutions" such as schools, multiple dwellings in which families are situated, and a large variety of neighborhood associations. Children, teens and parents themselves are open to continuing development (positively or negatively) through the bonding that occurs within a community. Optimally, the bonds and developmental opportunities that occur when children, teens or adults participate in schools or other neighborhood associations feed into and strengthen the family itself: the family needs the energies and hopefulness, the resources and the affirmations, that come out of belonging to a community. It is not just a matter of ideal and of philosophy. There is a very large literature and body of knowledge about the relationship of personal success and adaptability, and social outcomes, to how individuals participate and are actively involved in community.

Further, there is a wide support for the finding (Julius Wilson and many others) that social problems abound when families and children are extruded from a supportive community. Ghetto-ized neighborhoods not only insulate children and parents from needed personal and social resources, but they re-inforce individual experiences of low self-worth and alienation that then contribute to such social problems as school dropout, teenage pregnancies, hedonistic behaviors including substance abuse or selling, and even predatory orientations to delinquencies.

Our conclusion: The social services, including personal social services to families and children, are fundamentally important in any community, but particularly in poor neighborhoods. They need to "be there" for families straining to raise children in situations of duress and scarcity, particularly. They need to open doors for such families, and to resolve problems before they harden. There is also a great need for family service centers to play a dynamic and catalytic role in the community, encouraging

the community itself to embrace and take responsibility for its families. A strong community (like a strong school) does not extrude problem members but finds ways to integrate, influence and lead. We have repeatedly experienced that when persons in the helping professions work with schools and community groups, there are very many less throwaways that are later counted as truants, dropouts, delinquents, etc.

The family service center, such as we have been developing, that has the skills and competencies needed to remediate and address serious problems that are found in individuals and families (concentrated in some areas more than others) needs to see itself as a community institution, responsible for contributing to neighborhood climate, responsiveness and capacity to socialize toward good citizenship and personal happiness.

Finally, while engaged in prevention and early intervention as fully as possible by working with other organizations and groups, a family social service center such as ours takes responsibility for families where problems have accrued and advanced seriously, and tries not to send families outside the neighborhood. As an example of this, the Center for Family Life has recently added a small neighborhood foster family program to its span of services. Therefore, when family dysfunction reaches a crisis point and children do have to be removed from their own home, the Center for Family Life maintains a modest number of foster family homes within the same neighborhood. Thus, the children can maintain their normal school and friendship associations and the continuous experiences of bonding that are affirming, until family reunification can take place.

Program Components and Activities of the Center for Family Life

The personal social services we provide for families and children are inclusive of the following:

1. Seven-day-a-week availability (8:00 A.M. to 11:00 P.M.) to families and children of Sunset Park without regard to race or faith and without classification according to any symptomatic or presenting problem. In addition, there is a telephone availability of the Project Director and Director of Clinical Services (who are live-in-staff) for emergency response, from 11:00 P.M. to 8:00 A.M.
2. Comprehensive assessment and evaluation services in crisis situations, including psychological and psychiatric evaluations when needed; these evaluations are also used for ongoing treatment planning.
3. Frequency and intensity of counseling services as needed, ranging from brief term to long term, sustained help, using individual, group and/or family sessions as appropriate to the particular family; family life education and discussion groups; women's support groups; and therapeutic activity groups for children and teens, within individually coordinated plans based on family assessment. Clinical services may consist in more than one method of therapy and with as many members of the family who need the assistance.

4. In-home aid and support through our Foster Grandparent program in which older, experienced men and women, who coordinate their work with our professional counselors, are selected in particular cases to model effective parenting and give support.
5. Connecting individuals and families with community agencies and service systems for medical, legal, vocational, social and religious helps, and for income support, housing, day care or homemaker services.
6. Assistance in assessing and remedying school problems and learning disabilities; help to parents in understanding and using the services of guidance personnel, school-based support teams, Committees on Special Education; shared evaluation and planning with these school personnel in the location of a specialized educational program a particular child may need, as well as with means toward mainstreaming.
7. Sponsorship of an Advocacy Clinic and an Emergency Food Program, in concert with other community groups, churches and collaborators, within the Center for Family Life Thrift Shop & Service Center (a storefront center at 4224 - 5th Avenue, Brooklyn), for a variety of brief term forms of crisis information and assistance.
8. Comprehensive, enriched school-age child care and extended day activity programs which we provide on-site at P.S. 1 and P.S. 314, five days a week, 3:00 to 6:00 P.M., for children 5-12 years of age, who have working or student mothers, or who are youngsters with particular needs for enrichment of relationships and experience. Programs include dance, drama, arts and crafts, sports, cooking, and homework help, as well as activities for parents.
9. Peer tutoring programs (older children tutoring younger children) at P.S. 1, P.S. 314 and Dewey Middle School (renamed from Dewey Junior High). Also, a Learning Center at Dewey Middle School.
10. Summer day camps for children 5-12 years of age, operating from the sites of P.S. 1 and P.S. 314, as well as a smaller camp for 13-15 year-olds at P.S. 1. Also, there is a pre-teen summer day camp focusing on drama and the arts for students of Dewey Middle School and other young teens, the "Life Lines" camp, led by the Director of our family life theatre/community arts program.
11. Extended day program at Dewey Middle School, consisting of a range of afternoon activities, in addition to an in-school program in which our artists pair with teachers to bring arts in relationship to classroom subjects; also a lunch-hour option for students to participate in drama, dance and art. The participants in these various activities during and after school hours also create productions and performances for fellow students and the community at large.

These students and those from P.S. 1 and P.S. 314 are also participants in "performing arts nights" during weeks of exhibition at least twice annually by "Sunset Arts", a community collaborative of artists.

12. Planned socialization and recreation activities as family experiences, as well as monthly teen dances. Also, we connect children and teens with other summer day camps, sleepaway camps, programs of the Fresh Air Fund, and out-of-state experiences. Year-round parent groups help to plan family days and family dinners, particularly on days when a major performance by the children and teens is scheduled.
13. Teen Evening Centers: one based at P.S. 1 on Tuesday and Thursday evenings from 6:00 to 9:00 P.M., and another at P.S. 314 on Monday and Wednesday evenings from 7:00 to 10:00 P.M., featuring a large range of activities (basketball leagues, open lounge, rap groups, poetry writing, arts and crafts, photography, dance, volleyball and other sports, "new games", etc.).

"Project Youth", an in-depth guided program for teenagers at P.S. 1 and P.S. 314, particularly those who are "Counselors-in-Training" (volunteers) or graduate into assistant counselors, as an integrated youth development project which includes counseling, mentoring for in-school retention and academic progress, adolescent sexuality education, and career orientation, with ongoing follow-up.

As well, extensive youth leadership training for teenagers in all three school-sited programs of the Center.
14. Community Service Club for pre-teens and teenagers who volunteer at a variety of helping roles in organizations within the neighborhood, after school hours. This club is led from our site at Dewey Middle School, and has some members who volunteer at P.S. 1 and P.S. 314, as well as at other neighborhood agencies.
15. Infant/Toddler/Parent program, to provide early stimulation and group play for infants and toddlers, 6 months to 3 years of age, under the leadership of early childhood teacher aides, while the mothers meet in an adjacent room in group sessions, as a support to each other in resolving personal and parenting needs. An experienced clinical social worker leads the sessions with the mothers. English-speaking and Spanish-speaking sessions, respectively, are held two mornings a week: a total of 4 mornings from 9:30 A.M. to 11:30 A.M.
16. Workshops for parents, on a variety of child-rearing and family life topics, at nearby public schools and occasionally at other sites, during the school year. The workshops are held in English and Spanish, and sometimes in Chinese.

17. Summer Youth Employment program, funded by the city's Department of Employment, which involves our enrollment of many hundreds of teens 14-21 years of age, and placing them in "work sites" offered by more than 40 non-profit organizations in and near Sunset Park. Our role includes arranging for the city-paid stipends to youth, supervision of work sites, workshops given to all the youth during the summer, relating to the provider agencies, etc.
18. Pre-Employment and Job Placement Program (Center for Family Life Employment Services) at 269 - 37th Street, Brooklyn, providing counseling, ESL, short-term computerized vocational instruction, job search and job placement, for adult men and women (a minimum of 300 persons annually).
19. Active participation in a Human Services Cabinet convened by Community Board #7 and comprised of representatives of public and voluntary agencies and community groups, to coordinate services and to plan for community events as well as for timely responses to the neighborhood's children and family needs. The Cabinet meets monthly and spins off topics and activities in which participating agencies and groups work further.
20. A small number of "satellite foster family homes", providing care for neighborhood children in instances of serious crisis, so that children do not need to be removed from their own neighborhood, school, friends, and other close ties. The matching of natural and foster families in the same neighborhood permits children to experience less of the trauma of separation, and facilitates more intensive services toward family reunification. After discharge from foster care, the children and their parents are able to continue receiving the regular supports of the Center.

Significance of Our Model

The Center for Family Life is more than an aggregate of activities, though its span is very large and reaches thousands of people in the community year by year. It makes a contribution to community development and is a dynamic in neighborhood consciousness. It is effective because it can take hold of problems on a scale that is possible only at a local level, since bureaucratic structures in a very large city are almost impossible to coordinate. The social problems we encounter are indeed large, and in many instances, very serious but they can better be approached within a given community because smaller scale permits integration and cohesive attention among service providers and community institutions. Our issues are "global"; our strategy is "local".

There is growing recognition of the principles articulated above, and a growing consensus that models like ours (with adaptations for the special character and requirements of each community in need) do correct for the fragmentation and weakness of many categorical ("name brand") approaches for one problem at a time: programs such as dropout prevention, truancy prevention, teenage pregnancy prevention, drug abuse prevention, neglecting or abusing mothers,

etc., since these problems and many others are interactive, occur in the same population, and are inevitably connected with the social and economic issues of the community.

Evidence of this consensus can be found in recommendations such as:

Elizabeth Schorr's book, Within Our Reach (New York: Anchor Press, 1988)

Manhattan Borough President's Advisory Council on Child Welfare, "Failed Promises, Child Welfare in New York City: A Look at the Past, a Vision for the Future," July 1989.

Brenda McGowan et al., The Continuing Crisis: New York's Response to Families Requiring Protective and Preventive Services. (New York: Neighborhood Family Services Coalition, 1986.)

State of the State Message by Governor Mario Cuomo, January 1990. Reference also to Editorial, New York Times, January 7, 1990.

Report and Recommendations of the Task Force on Preventive Policies for At-Risk Children Aged Seven and Younger, New York Governance in the 21st Century. Project of New York City Partnership, Nelson A. Rockefeller Institute of Government, State Academy for Public Administration, Albany, January 1989.

Making the System Work for Poor Children, by Richard Weissbourd, for the John F. Kennedy School of Government, Harvard University, November 1991.

A New Agenda for Cities, by Richard P. Nathan, Rockefeller Institute of Government, State University of New York, September 1990.

Handbook of Social Work with Vulnerable Populations, ed. by Alex Gitterman, New York: Columbia University Press, 1990, chapter 12, "Children in Foster Care", by Brenda G. McGowan and Emily Stutz.

The Geography of Foster Care: Keeping the Children in the Neighborhood, by Steve Lerner, New York: Foundation for Child Development, 1990.

Social Services for Children, Youth and Families in the United State, by Sheila B. Kamerman and Alfred J. Kahn, The Annie E. Casey Foundation, June 1989.

Comprehensive Services Integration Programs for At-Risk Youth, a study conducted by The Urban Institute of Washington, D.C. under contract to the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, 1992. This was a study of nine programs across the country, including the Center for Family Life in Sunset Park.

The Center for Family Life and the Sunset Park Community, by Ethel Sheffer, a study carried out for the Surdna Foundation and the Foundation for Child Development, 1992.

The Center for Family Life was also featured in a national documentary titled Our Children at Risk, produced by Roger Weisberg for public television and supported by several national foundations, in 1991.

Earlier, in 1985, it was the subject of a cover story in Time Magazine by Roger Rosenblatt.

The Center for Family Life has been visited by many social workers and other professionals, as well as government officials and policy makers, across the country and from abroad, who have found its family-and-community centeredness to be highly transferable to their situations and needs. In 1993 the Center also provided technical assistance to representatives of six states who were engaged in the "Family-to-Family" foster care reform initiative of The Annie E. Casey Foundation.

THE WHITE HOUSE
OFFICE OF DOMESTIC POLICY

MAY 12 1995

CAROL H. RASCO
Assistant to the President for Domestic Policy

To: _____

Draft response for POTUS
and forward to CHR by: _____

Draft response for CHR by: _____

Please reply directly to the writer
(copy to CHR) by: _____

Please advise by: _____

Let's discuss: _____

For your information: _____

Reply using form code: _____

File: Event file _____

Send copy to (original to CHR): _____

Schedule ? : ☐ Accept ☐ Pending ☐ Regret

Designee to attend: _____

Remarks: _____

E. CLAY SHAW, JR., FLORIDA, CHAIRMAN
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COMMITTEE ON WAYS AND MEANS

U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, DC 20515

SUBCOMMITTEE ON HUMAN RESOURCES

May 16, 1995

Ms. Carol H. Rasco
Assistant to the President for
Domestic Policy
The White House
1600 PA Ave., N.W.
Washington, D.C. 20506

Dear Carol:

Thanks for your nice note about our mutual attendance at the Milbank conference on child welfare. Although we barely had a chance to talk, I will look forward to a future occasion when we can exchange more than a sentence or two.

event folder

Sincerely,



Ron Haskins

RH/mp

Milbank Memorial Fund

1 East 75th Street
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May 8, 1995

Carol H. Rasco
Assistant to the President
Domestic Policy Council
1600 Pennsylvania Avenue, NW
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Dear Carol:

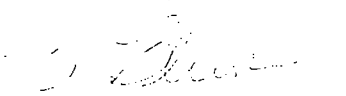
We are writing to thank you for your thoughtful participation and contribution to the recent meeting on "Caring for Children Who Need Out-of-Home Placement," and for the generous letter you sent us about the discussion. We hope you agree that the discussion provided a good beginning for the process of informing the national debate about appropriate care for children.

As you know, the meeting was intended to result in a publication that will describe areas of consensus as well as divergent perspectives. Harry Nelson, the journalist who was with us at Westfields, has begun to compile his notes in preparation for writing a first draft of the pamphlet. In the course of his work, he may need to clarify certain statements and will telephone those participants directly. When the draft is completed, you will receive a copy and have an opportunity to offer comments and suggestions. We believe that this document will be a useful tool in the continuing dialogue on child welfare services.

Accompanying this letter is a list of meeting participants with addresses, telephone, and fax numbers. Under separate cover, we are sending any reference material which you may have requested.

We look forward to your comments on the forthcoming draft and again appreciate your willingness to take the time to be a part of this project.

Sincerely,


Barbara Blum


Daniel M. Fox

Encl.

Caring for Children in Institutions

A Meeting Sponsored by the Foundation for Child Development
and the Milbank Memorial Fund

Westfields International Conference Center
Chantilly, Virginia
April 17-18, 1995

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Lyn Hogan
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Child Placement Seminar April 17-18, 1995

2011-1010-S

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Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
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April 7, 1995

Carol H. Rasco
Assistant to the President
Domestic Policy Council
1600 Pennsylvania Avenue, NW
Washington, D.C. 20506

Dear Carol:

We are delighted that you will be participating in the meeting on April 17 and 18 to discuss child placement issues. This meeting will be held at the Westfields International Conference Center, 14750 Conference Center Drive in Chantilly, Virginia. The telephone numbers are 800-635-5666 or 703-818-0300. As mentioned in our previous letter, the format will be a roundtable discussion without formal presentations. The people who have agreed to participate represent a wide range of perspectives and experience, and we expect a very stimulating exchange and discussion.

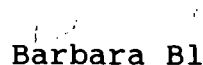
We appreciate the thoughtful and prompt response to our previous request for background material on current child welfare law, practice, and research. From the large amount of excellent material received, Kay Sherwood, consultant to the Foundation for Child Development, and Charlene Rydell of the Milbank Memorial Fund have selected a small packet of readings. These resources, along with an agenda and list of participants, accompany this letter. In order to provide a common basis for our discussions, we have chosen to include material with a broad perspective on out-of-home child placement rather than selections which focused on specific programs or models. Additional materials, samples of all submissions, and a reference list will be available at the meeting.

Enclosed for your information is a map with driving instructions to the Westfields International Conference Center.

If you have any questions about arrangements for the meeting, please call Gail Cambridge, the Milbank Memorial Fund's Administrative Officer, at 212-570-4800 extension 2001.

We look forward to seeing you at what promises to be a stimulating and informative meeting.

Sincerely,


Barbara Blum
President
Foundation for Child Development


Daniel M. Fox
President
Milbank Memorial Fund

Encls.

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Caring for Children Who Need Out-of-Home Placement

A Meeting Sponsored by the Foundation for Child Development
and the Milbank Memorial Fund

Westfields International Conference Center
Chantilly, Virginia
April 17-18, 1995

AGENDA

Monday, April 17

Monroe Room - Entry Level

6:30 p.m. - 7:30 p.m.

Reception

7:30 p.m.

Dinner -
Introduction of Participants

Tuesday, April 18

Jeffersonian I-II Room - Upper Level

8:00 a.m. - 8:30 a.m.

Continental Breakfast

8:30 a.m. - 9:30 a.m.

Welcome and Context for the Discussion
Barbara Blum
Daniel M. Fox

9:30 a.m. - 10:30 a.m.

When is Out-of-Home Care for Children Appropriate?

10:30 a.m. - 10:45 a.m.

Break

10:45 a.m. - 12:00 noon

What Type of Care for Which Children?

12:00 noon - 1:00 p.m.

Lunch: Discussion Continues
The Welfare Reform Connection

1:00 p.m. - 2:00 p.m.

Supports Needed for Effective Decisionmaking and
Out-of-Home Care

2:00 p.m. - 3:00 p.m.

Implications for State and Federal Policies

3:00 p.m. - 3:30 p.m.

Summary and Next Steps
Barbara Blum
Daniel M. Fox

Caring for Children Who Need Out-of-Home Placement

A Meeting Sponsored by the Foundation for Child Development
and the Milbank Memorial Fund

Westfields International Conference Center
Chantilly, Virginia
April 17-18, 1995

PARTICIPANTS

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Children's Defense Fund
Washington, District of Columbia

Kent Amos, President
Urban Family Institute
Washington, District of Columbia

Marilyn Benoit, Medical/Executive Director
Devereux Children's Center
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Jill Duerr Berrick, Director
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Barbara Blum, President
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Gilda Cobb-Hunter, Member
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South Carolina House of Representatives
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Kevin Concannon, Commissioner
Maine Department of Human Services
Augusta, Maine

Nan Dale, Executive Director
The Children's Village
Dobbs Ferry, New York

Richard J. Fitzgerald, Judge
Kentucky Family Court
Louisville, Kentucky

Daniel M. Fox, President
Milbank Memorial Fund
New York, New York

Ernestine S. Gray, Judge
Orleans Parish Juvenile Court
New Orleans, Louisiana

Ron Haskins, Staff Director
Human Resources Subcommittee
Committee on Ways and Means
United States House of Representatives
Washington, District of Columbia

Sister Mary Paul Janchill, Director
Clinical Services
Center for Family Life in Sunset Park
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David S. Liederman, Executive Director
Child Welfare League of America
Washington, District of Columbia

Lorraine Lima, Development Director
Bienvenidos
Altadena, California

Margaret Malone, Professional Staff
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United States Senate
Washington, District of Columbia

Ruth Massinga, President
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Elba Montalvo, Executive Director
Committee for Hispanic Children and Families, Inc.
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Pine Mountain Club, California

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and Chair, Human Resources Committee
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Richard Stolley, Senior Editorial Advisor
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New York, New York

Kathy Tobin, Professional Staff
Senate Finance Committee
United States Senate
Washington, District of Columbia

Barry Van Lare, Deputy Executive Director
National Governors' Association
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Clarice D. Walker, President
National Black Child Development Institute, Inc.
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CHILD PLACEMENT MEETING
APRIL 13, 1994
AGENDA AND SUGGESTED QUESTIONS

10:00 - 10:45 HEAR FROM AGENCIES REGARDING WORK THEY ARE ENGAGED
IN AS IT RELATES TO OUT OF HOME PLACEMENT

HHS - ANNE ROSEWATER - Deputy Assistant Secretary ACF
MICHAEL WALD

MARY BOURDETTE

PETER EDELMAN

ANN SEGAL - Deputy to the Deputy Assistant Secretary of Health
Policy

ED - TOM PAYZANT - Assistant Secretary - Office of Elementary/Secondary
Education

DOJ - REGGIE ROBINSON - Deputy Assistant AG
Justice Programs

10:45 - 12:00 GENERAL DISCUSSION REGARDING THE EFFECTIVENESS OF
DIFFERENT PLACEMENT PROGRAMS

SUGGESTED QUESTIONS:

Answer - results of out of home care
Several of the articles we read raised the issue that data on the long-term outcomes of children raised within the child welfare system are sparse. Is HHS engaged in any research that would be helpful to understand the outcomes of out of home placement?

We can all agree that often alternatives to family situations are needed. However, there are clearly differences in approaches. Group Care / Conventional Foster Care and Intensive Family Treatment (as suggested by Jay Berlin) all have very different results. Who should make the decision of where children are placed? What are the factors (e.g., age, race, etc...) that should be taken into consideration?

Much of the research on "group care" is concerned with the care of "troubled children." These children - who been severely traumatized, who have traumatized others, or who have significant developmental problems - are often difficult to place in families. Should they be placed in group homes? What are the alternatives?

How is quality of care determined? What are the funding implications for care that is not held to a certain standard?

Orphanages are being talked about in many different settings. Charles Murray of the American Enterprise Institute, a proponent of institutional care, espouses an end to AFDC payments to single mothers, with resultant savings to be spent on orphanages. Milwaukee Mayor John Norquist advocates the removal of children (and the termination of parental rights) of welfare recipients who refuse to accept jobs, and the placement of children in institutions. What is our response to this call for action?

I

CHILDREN NEED FAMILIES

- Children need lifetime family relationships. They mature best in families which are stable and nurturing.
- This Administration is committed to family values. We believe that the family is the basic social unit of American life, and that children need to be raised by parents, or parent figures. Orphanages cannot provide the unconditional love children need.
- Children need consistent care from parents or parent figures to develop normally. Such consistency is generally unavailable in institutional settings, where children often have several different caretakers each day, and staff turnover is extremely high.
- Children should not be removed from their parents' care because their parents happen to be poor. This has been a guiding principle of social policy since the 1909 White House Conference on Care of Dependent Children.
- In cases of abuse or neglect when we need to intervene in families, there are many options short of orphanages. For instance, stronger support of foster families, and improved efforts to find adoptive homes for children who cannot return home would be both better for the children and much less costly.
- Some children, because of their individual social and health needs, may require temporary, specialized residential group care. This type of care should be used for treatment purposes, not for rearing children.
- Institutional care is very expensive. It costs from \$80 to well over \$100 per child per day, compared with an average AFDC payment of \$4 to \$5 per child per day. (Foster care costs approximately \$10 per day.)

II

DESCRIPTIONS OF OUT-OF-HOME CARE SETTINGS

Foster Care

- Foster Care is the provision of full time, temporary care and supervision for a child by persons other than the child's biological parents.
- Placement occurs because parents cannot protect their children.
- The goal of placement is to resolve family problems so that children can be returned home or move to a permanent substitute family.
- The majority of the children in foster care are in the custody of a State child welfare agency. Child welfare agency staff provide services to the foster children, their biological and foster parents to assure that the placement promotes the child's physical, emotional, and intellectual growth and well-being and to achieve a permanency plan for the child. Post-placement services are also provided to a family after the child's return home.

Family Foster Care

Full-time care and supervision of a child in a private family residence of an adult over 21 years of age.

Relative/Kinship Care

Full-time care and supervision of a child in the private family residence of a relative.

The living arrangement maybe a result of an agreement between the parent and the relative.

Relative/Kinship Foster Care

Full-time care and supervision of children in the legal custody of the State child welfare agency in the private residence of a relative.

Child Characteristics:

basically healthy, although may require medical attention for minor health conditions; and

exhibit behavioral and/or emotional problems which range from acting out to withdrawal;

problems are not severe enough to warrant more intensive treatment and can live successfully in a family setting.

Therapeutic/Treatment Foster Family Care

Family foster care that provides treatment to children and youth who exhibit behavioral emotional or social problems that hinder their overall functions, or to children with mental retardation or who are medically fragile.

It is an intensive treatment program for emotionally disturbed children which incorporates clinical treatment services provided within a supportive foster home setting.

Child Characteristics:

Diagnosed as medically fragile (e.g. AIDS) or

moderate to severe emotional and/or behavioral management problems;

may include aggression toward animals, others, and/or self; sexual acting out, delinquent behavior; destruction of property; substance abuse; personality disorder; and/ or suicidal behaviors or ideation.

Group Care (Congregate Care)

A staffed program where groups of children are in full time care apart from their parents, relatives or guardians on a continuing full time basis. It includes, but is not limited to, agency operated group homes, shelters, treatment centers, maternity residences, juvenile detention centers, and developmentally disabled children centers.

Child Characteristics:

Children awaiting placements in shelters, foster and/adoptive homes;

display intrapersonal difficulties, such as problems with impulse control and expression of feelings;

inability to handle close relationships; and

experienced multiple foster placements that have failed.

Residential Treatment Center

A staffed group child care facility that provides temporary full-time care within a structured set of services and activities that are designed to achieve specific therapeutic objectives relative to the assessed needs of the children in care. Youth served have generally been diagnosed with behavioral or adjustment difficulties, mental illness or are in need of intensive institutional based treatment.

Child Characteristics:

multiple and severe psychiatric, emotional and behavioral management problems ranging from autism to aggression toward animals, others, and self;

sexual acting out and suicidal behaviors or ideation may also be present;

serious disorders of thinking, feeling, and orientation (e.g., psychosis, schizophrenia).

Orphanage

A full-time group child care facility that is used to rear children as a substitute home.

Child Characteristics:

Generally healthy children in need of substitute care on a long term basis.

Boarding Schools

A school where pupils receive full time care, but are admitted for educational purposes. Most children are admitted to, and leave the program in accordance with the schedule of the educational program.

Child Characteristics:

Basically normal, healthy children whose parents feel that they can benefit from a boarding school experience.

(See Appendix A for a discussion of the tribal experience with boarding schools.)

III.

QUESTIONS AND ANSWERS

Question 1: Why is the Administration so opposed to the concept of orphanages? Isn't an orphanage better than having a child grow up in a crack house?

Answer 1: Certainly a well run congregate care facility is better for a child to grow up in than almost any crack house. Children need to be removed from life-threatening circumstances. However, once removed, there are options far superior to orphanages. These include care with relatives, in foster homes, and with adoptive families. The major issue in the welfare reform [debate] is separation of children from parents who receive AFDC. Children should not be removed from parents for financial reasons alone. They need families, their own or a substitute family. Some inadequate parents can be helped with specialized services; others can be helped to re-establish homes after children have been in foster care. And most of those who cannot return home are adopted. Children need care from persons in a family/parent role rather than by multiple staff members who work in shifts and have high turnover rates. Children need to live in, or work toward, living in families that are theirs for a lifetime.

Question 2: Does the Administration believe welfare reform will result in additional children entering the child welfare system?

Answer 2: Clearly there are a number of provisions in the Personal Responsibility Act that will place significant additional strains on poor families. This is particularly true of the proposal to entirely eliminate aid to children whose mothers are under 18 or were under 18 at the time of the child's birth; and to eliminate aid to all families after two years. The children in each of these families will be at risk of hunger and malnutrition, homelessness, a variety of developmental problems, and abuse or neglect. It is impossible to predict, however, how many of these children might eventually be removed from their homes through the child protective services (CPS) system.

Child welfare agencies throughout the nation are already strained to the breaking point, and are unlikely to be able to handle a large additional influx of children who may be in need of protection. To the extent that the children affected by the provisions of the Personal Responsibility Act are identified and served, it will be extremely expensive, much more so than that providing welfare payments which could keep them with their families.

The Administration's welfare reform proposal, unlike the PRA, has as its premise that those who play by society's rules will not be

left without a safety net. Those who are too ill to work, or who cannot find a job despite being willing to work, will not be left without anywhere to turn. The PRA, however, simply removes the safety net for many families, and leaves the child welfare system to catch those who fall.

Question 3: What is an "orphanage"? How many are there?

Answer 3: An orphanage is a type of group care facility where children are admitted with the expectation that they will remain there until they reach the age of majority. The children are not placed there because they have some special need. Some children eventually do return to live with their parents and a small number are adopted, but most live there until they are 18. There are very few orphanages, but there are other congregate care facilities designed to meet special needs of children, i.e. those with emotional disturbances.

Question 4: What other kinds of group settings are there? How many children are in each of these group settings?

Answer 4: Most other types of group care settings are established to serve children with particular types of problems. For example, there are residential treatment centers which serve children with emotional problems, drug treatment centers which serve children with alcohol or drug abuse problems, juvenile detention centers which serve children who have committed crimes and special centers for children with developmental disabilities. We do not have firm figures on how many children are living in each of these kinds of settings at any one time. Somewhat less than 20% of the children in out-of-home care in the child welfare system live in group facilities.

Question 5: Who pays for the children in these group settings? What does it cost per child for each type?

Answer 5: Most of the costs of care for children in out-of-home settings are borne by taxpayers, Federal, State and local. In some cases, costs are partially covered by charitable contributions or private health insurance, if it is specifically a mental health or drug treatment facility. We do not know the costs of all the different types of settings. However, the Child Welfare League of America estimates that the average cost of residential group care is approximately \$36,500 per year. That cost can go as high as \$100,000 per year.

Question 6: What happened to children in orphanages?

Answer 6: As with any other type of social service, the experience of those who lived in orphanages varied widely, from those who experienced abuse and deprivation, to those who had a positive situation. However, researchers have found that children who entered orphanages at young ages and were raised in that environment experienced emotional and developmental problems because of the lack of attachment to a consistent caregiver.

Question 7: Why did orphanages end? Who decided?

Answer 7: In the 1800s, the number of orphanages had increased dramatically due to epidemics, immigration, the Civil War and family poverty. In 1909, President Theodore Roosevelt convened the White House Conference on the Care of Dependent Children. The Conference unanimously passed a resolution which held that children should not be removed from home simply because their parents were too poor to support them. There was also agreement that a family setting was superior to an institution. By 1930, 40 of the 48 States had adopted Mothers' pensions for poor widows, wives of disabled or absent husbands and, in a few States, unwed mothers. In 1935, through the Social Security Act, the program which eventually became Aid to Families with Dependent Children was established. Since that time, the number of facilities for children whose only problem was that they came from poor families has declined, although there are a few left. Many of the facilities which had been orphanages changed their service population to children who needed intensive treatment of some kind--the residential treatment facility.

Question 8: Is something wrong with residential care? When is it right for children?

Answer 8: There is nothing inherently wrong with residential care. Residential care should be used when it meets the need of the children for treatment and should be viewed a temporary arrangement. It should not be a substitute for parents.

Question 9: How do children get into orphanages? Who sends them and why?

Answer 9: In the early days, children were left on the doorstep of orphanages or were found wandering the streets, or placed voluntarily by parents who could not afford to care for them. The last factor may also operate today with the few orphanages which still remain open. In addition, the State Child Protective Services can remove a child from its home because the parents have abused or neglected him/her. However, removing a child from parents with the intention that the child remain in an out-of-home placement through his/her childhood would conflict with

current Federal law. Under the Federal Adoption Assistance and Child Welfare Act of 1980, plans must be made for the child to return home or, if that is not possible, be adopted or obtain another permanent home. Services must be provided to the children and families to achieve the plan's goals. The progress toward meeting these goals is reviewed every six months by an administrative review panel and at 18 months and every 12 months thereafter by the Court to assure that progress toward permanency is being made.

Question 10: What is the administration's policy on orphanages? What are the State policies?

Answer 10: It is the Administration's position that children should be raised by their own families or relatives, or in the absence of a viable family, by adoptive parents. Institutions should not be in the business of raising children. Most States have this same policy although some, like Illinois, are considering the use of orphanages.

Question 11: What are the alternatives to orphanages? What do these alternatives offer children?

Answer 11: The first alternative is for a child to live with his/her biological parents or relatives. If a child is removed from his/her home because of abuse or neglect, then, in most cases, a relative or foster family is the appropriate setting for most children. Some foster families receive special training to be able to provide treatment for children with emotional problems. Relatives, foster families, and treatment foster homes provide a family-like setting and the close personal attention that most children need. Group or residential care may be used to meet the child's need for treatment. In most cases, children in these settings are older, mostly teenagers. Foster family care and group and residential treatment should be considered temporary placements. The preference is for the child to be returned home and, if that is not possible, for the child to be adopted, including adoption by relatives, or to secure some other permanent living arrangement.

Question 12: What research exists about effects of group/residential care?

Answer 12: Most children placed in group/residential care have a history of problems before they are placed. Therefore, it is useful to focus on how the experience affects those who were infants when they were placed in groups/residential care. Hodges and Tizard studied infants placed in residential care and who remained there until they were at least two years of age. By the age of two, they were found to be more clingy and diffuse in their attachments than children brought up in birth families and

had a mean mental age about two months below the norm. By age 4 they were less likely than controls to show deep attachments to caregivers and more likely to be attention seekers. At age 8 they continued their attachment patterns and were also restless, disobedient and unpopular at school. By age 16, the researchers could still see longterm effects in the adolescents who had experienced institutional care as infants.

Most recent research on outcomes of group/residential care should be interpreted with caution since most children who enter these kinds of settings have special needs for treatment. When compared to children raised in foster family homes, these children raised in group or residential settings were less likely to form friendships, had lower job satisfaction, fewer outside interests and fewer secondary family relations (Davis and Heimler, 1967). Festinger (1983) found that children placed in group care completed fewer years of education, were more likely to have been convicted of a crime and were more likely to indicate drug or alcohol problems as adults.

Question 13: Do we know what the public thinks about orphanages? Have there been any recent public opinion polls about this?

Answer 13: In December, 1994, the New York Times/CBS conducted a poll which found that 72% of the respondents said that children of young mothers with low income were still better off living with their mothers on welfare than being placed in foster care or in an orphanage run by the government. Twenty percent believed the children would be better off in such institutions.

APPENDIX A

BOARDING SCHOOLS & TRIBAL CHILDREN

Children and youth typically attend boarding schools in two very different ways.

One way involves families voluntarily making decisions that children will attend a boarding school. These decisions are often made for educational purposes, although in some instances children's behavior may motivate parents to think about a boarding school. Whatever the reason prompting consideration of a boarding school, families have latitude in reaching a decision.

The other way involves young people being sent to boarding schools either involuntarily or as a result of coercion. There are often social and political issues driving this process. In the involuntary instance government intervenes in the lives of families as a result of educational, social, and/or judicial policies, and makes the decision about whether certain families' children should attend. In the coercive situation families are faced with very limited options and may allow their children to attend boarding schools because of a lack of suitable alternatives. In both the involuntary and coercive circumstances parents have minimal free choice in reaching a decision.

The type of boarding school being proposed as part of the overall orphanage discussion falls more into the involuntary/coercive category.

The most analogous situation we have had in American History has been the boarding schools for American Indian and Alaskan Native children.

Reviewing some of the analysis of the purpose and the consequences of the boarding school experience for American Indian and Alaskan Native children and adults can help inform the current orphanage debate when it drifts off into a consideration of boarding schools.

Dr. Robert Bergman of the Indian Health Service in Gallup, New Mexico clarified the intent of these types of institutions at Senate Hearings held in 1974 on problems facing Indian families:

Separating Indian children from their parents and tribes has been one of the major aims of governmental Indian Services for generations. The assumption is that children and particularly those in any kind of difficulty would be better off being raised by someone other than their own parents. The purpose of the first boarding school on the Navajo Reservation as stated in its charter in the 1890's was "to remove the Navajo child from the influence of his savage

parents." (p. 128)

According to Lewis Meriam who led one of the most thorough and widely respected studies of the Federal Indian Bureau back in the 1920s and published the results in "The Problems of Indian Administration", boarding schools had a number of negative psychological effects on both parents and children:

A normal emotional life is essential to the development of parents to full adult responsibility. In relieving them of the care of their children the government robs them of one of the strongest and most fundamental of the economic motives, thereby keeping them in a state of childhood... To take away this responsibility is to encourage a series of unions with all the bad social consequences that accompany impermanence of marital relations... The effects of early deprivation of family life are apparent in the children. They too are victims of an arrested development. (pp. 576-577)

Conditions in these involuntary boarding schools were especially harsh for young people. According to Margaret Szasz, author of "Education and the American Indian":

Physical conditions in boarding schools were notoriously inadequate. Overcrowding, insufficient food, and improper treatment of sick children led to frequent epidemics. Since Congressional appropriations were meager, boarding school pupils, including a significant percentage of preadolescent children, were forced to provide almost all of the essentials by working long hours in the shops, gardens, and the kitchens. In addition, they were subjected to harsh discipline according to the arbitrary will of the school superintendents.

Finally, in an editorial in the March 1974 issue of the "American Journal of Psychiatry", Dr. Martin Belser, an Associate Professor of Social Psychiatry at the Harvard School of Public Health and Chairman of the American Psychiatric Association Task Force on Indian Affairs cited environmental and emotional shortcomings of these involuntary/coercive settings:

Krush and associates in 1966 and Hammerschlag and associates in 1973 reported studies showing that the staffs of boarding schools were inadequate in size for the tasks assigned them. They also showed that the direction of the institutions and the priorities of their administration were such as to leave the people who were in immediate contact with the children feeling powerless and as if they should not even try to provide for the emotional needs of the children. (p. 305)

WHAT IS THE ADMINISTRATION'S VISION FOR CHILD WELFARE SYSTEMS

The Administration's vision for child welfare is based on the belief that the purpose of the child welfare system is to ensure the safety of children; to offer families the opportunity to resolve problems confronting them; and to provide each child with lifetime family relationship that allows for his/her safe and healthy development.

Public agencies all over the country have been concerned about the way in which child welfare services have been structured. Our major investments have been in out-of-home care. There have been few opportunities for prevention and early intervention services that would prevent maltreatment and children being removed from their homes. Often we provide families with too little too late and then face the difficulty of resolving the child's problem and improving his/her situation.

The Family Preservation and Family Support Act of 1993 provides federal dollars for preventive and early intervention services. These are the first federal child welfare dollars specifically earmarked for crisis and prevention services.

In implementing this program we consulted with child welfare leaders and thinkers nationally to develop an approach. This program is being used as a catalyst to change the delivery of services to families and their children. The Administration has articulated a set of principles to guide the reform effort and to administer the programs. Those principles promote:

- * the safety of all family members;
- * the community as the first line of support to families and children;
- * community ownership through inclusion of a wide variety of stakeholders;
- * the development of a continuum of services; and
- * the family is the focus of services.

With family preservation funds and the planning process authorized by Congress, States are reviewing their service delivery systems and attempting to develop a strategy that moves toward a more responsive system for families and children.

Prevention services and family preservation services are only one component of a continuum of services needed, at various levels, by families and children. A range of community based and placement resources is needed. Our hope is that over time the number of community based resources will increase; and our reliance on placements resources will decline and be limited to those circumstances where absolutely necessary.

APPROPRIATE USES OF OUT OF HOME CARE

The placement of children in out of home care should occur when children cannot remain at home and be protected from abuse, neglect and exploitation.

The removal of children from their families has a profound impact on children and on the integrity of the family. Children removed from their families, even for good reasons, experience a loss and without timely services may lose their families permanently. For many of the children who have come into care, the permanency of reunification or adoption is not available.

Efforts should be made to avoid unnecessary placement but not at the risk of injury or damage to the child. Strategies for reducing unnecessary placement include prevention services and family preservation services. The reasonable efforts requirement of Title VI-E of the Social Security Act created incentives for states to develop family preservation services. The Family Preservation and Support Services Act passed in 1993 provides new dollars to the states for prevention and crisis services.

The administration realizes that some children are at such great risk that they cannot remain in their own homes, in those instances children should be placed in environments which provides quality care and can meet the individual needs of the child.

For these children and their families there should be services available to help resolve the families problems. If resolution does not occur in a timely fashion, a child should have the opportunity to have a permanent secure family of his/her own.

UNDER WHAT CIRCUMSTANCE SHOULD CHILDREN BE PLACED IN CONGREGATE CARE AND WHAT KIND OF CARE SHOULD BE PROVIDED FOR CHILDREN.

The goal of any placement is to assure that the child is safe and that efforts are being made to achieve permanence either through reunification of the family or finding a permanent substitute family by adoption or guardianship.

Once an agency has made a decision to place a child in out of home care there should be a full assessment of the child and family. A facility should be selected based on the individual needs of the child and the ability of the facility to meet the care and treatment needs of the child.

The kinds of placement facilities which are utilized are family homes, therapeutic foster homes, small group settings, large group settings and residential treatment centers. The selection of a facility for a child should be based on the child's emotional status, behavior, ability to form relationships and the service plan for the child and family. All services should be goal oriented and delivered with respect for the significance of time for a child.

Much of the discussion of congregate care and orphanages has been driven by two issues:

- welfare reform proposals to eliminate certain women and children from benefits and the potential impact on any already overwhelmed child welfare system

- the difficulty that state agencies are having recruiting and retaining family foster homes which has resulted in calls for quality institutional care.

In order to thrive and develop children need to have their physical needs met and to have the benefit of stable nurturing relationships which provides structure, guidance, validation and opportunities to developed skills needed as adults. This occurs best and most normatively in families.

Long periods in institutional care have potential for making children aggressive and limiting their ability to form future relationships.

For children in congregate care the quality of care is a critical issue. Quality relates to staffing, child care ratios, the adequacy of the treatment program and services available to families. Quality care that provides stable and nurturing care for children is expensive and requires careful attention to the children and the programs.

SUMMARY IMPACT ANALYSIS OF H.R. 4

PROGRAMMATIC IMPACTS

- ▶ The House-passed welfare bill, the Personal Responsibility Act, will result in federal savings of approximately \$69 billion between fiscal years 1996 and 2000 as funding for many federal programs is capped. The preliminary five year estimates of budget authority savings for each title are shown below:

Loss to States by Title

5 Year Federal Savings

▶	Title I	Cash Assistance Block Grant (Does not include child care repeals)	-\$11.4 billion
▶	Title II	Child Protection Block Grant	-\$3.5 billion
▶	Title III	Child Care and Child Nutrition Block Grant	-\$8.2 billion
		▶ Child Care Block Grant (Includes child care repeals)	-1.6 billion
		▶ Child Nutrition Block Grant	-6.6 billion
▶	Title IV	Restricting Welfare For Immigrants (Food Stamp restrictions are included in the Food Stamp estimate)	-\$13.8 billion
▶	Title V	Food Stamp Program Changes	-\$23.2 billion
▶		[Food Stamp Offsets From Other Titles]	\$5.9 billion
▶	Title VI	Supplemental Security Income Reform	-\$13.4 billion
▶	Title VII	Child Support Enforcement	-\$1.0 billion
		<u>GRAND TOTAL</u>	<u>-\$68.6 billion</u>

CHILDREN AFFECTED

Cash Assistance

- ▶ When this bill is fully implemented, states will not be able to use federal funds to support **5.6 million children** because they were born to a young mother, born to current AFDC recipients, were in a family that received AFDC for longer than five years, or were immigrants. This analysis takes into account that 10 percent of the entire caseload can be exempt from a five-year time limit, as well as the interactions of these provisions.
- ▶ The numbers of children affected at full implementation by the primary provisions in which states are required to deny eligibility if the caseload had identical characteristics to the current caseload are shown below. These numbers are independent effects and cannot be added to get the combined effects since some children would be affected by multiple provisions.
 - ▶ Cash benefits denied to children born to unmarried mothers still under 18 80,000 children
 - ▶ Cash benefits denied to children born to current AFDC recipients 2.2 million children
 - ▶ Benefits denied to families who have received AFDC for five years or longer . . . 4.8 million children

- ▶ The following table shows both the independent and combined effects of these provisions by year. The Combined Effects totals do not equal the sum of the effects of the various provisions because some children would lose eligibility as a result of more than one provision of the Personal Responsibility Act. In addition, the effects of the immigrant provisions and their interactions with the family cap are reflected in the Combined Effects totals below.

PROVISION	YEAR 1	YEAR 5	FULL IMPLEMENTATION
Minor Moms	20,000	60,000	80,000
Family Cap	NO IMPACT	1,000,000	2,200,000
Five Year Time Limit	NO IMPACT	NO IMPACT	4,800,000
COMBINED EFFECTS	20,000	1,500,000	5,600,000

- ▶ States are also required to reduce benefits for children without paternity established until the state establishes paternity. This provision will affect **3.3 million children** if applied to the current caseload.
- ▶ The number of children who are denied AFDC benefits or have their benefits reduced is based on the 1993 AFDC caseload using the 1993 AFDC Quality Control Data. The research on the relationship between AFDC benefits and either having children or marrying is inconclusive. Therefore the projected impacts for minor mothers and the family cap provisions do not assume changes in behaviors such as decisions to have children and teenage marriage. The impacts do incorporate an increase in paternity establishment due to the 1994 OBRA amendments regarding in-hospital paternity establishment and an assumption that a pregnant woman without prior AFDC receipt who would be subjected to the family cap provision will delay application until after the child's birth.

Child Protection

- ▶ Under the Personal Responsibility Act, significantly fewer abused and neglected children will be served by federal child protection funds. Low-income children in foster care and special needs children in adoptive homes will no longer be guaranteed support. Current, federally enforced protections for children in foster care will be eliminated by this bill.

Child Care

- ▶ Under the block grant in the Personal Responsibility Act, federal funding for child care will be cut by **13 percent** over five years. In FY 2000, the House welfare bill will result in a 19 percent cut in funding (\$501 million) which would mean that **over 320,000 children** would lose federal child care assistance.
- ▶ This bill will result in a reduction in requirements for health and safety standards that protect children in care and the elimination of the set-aside that provides resources for states to increase child care quality and supply.

Child Nutrition

- ▶ The guarantee of free nutritious lunches and breakfasts for low-income children will be eliminated along with all federal nutrition-based meal standards.

Food Stamps

- ▶ The Personal Responsibility Act reduces the purchasing power of more than 25 million low-income people, including nearly **14 million children**.

SSI

- ▶ Of an estimated 888,470 children with disabilities who were on the SSI rolls in 1994, had the Personal Responsibility Act been in effect, **701,891 children** would not have received cash benefits. It is estimated that over 150,000 of these children would not have been eligible to receive Medicaid and some services under the block grant.
- ▶ Based on an historical analysis, approximately 18 percent of all SSI children would have received no benefits if the House bill had been in effect starting in 1991. 61 percent would have been denied cash benefits, but would have been eligible for block grant services, and only 21 percent would have received cash benefits and block grant services.

IMPACT ON STATES

Preliminary estimates of the funding reductions by program in **FY 2000** are shown below:

▶	Cash Assistance Block Grant	-20%
▶	Child Protection Block Grant	-15%
▶	Child Care Block Grant	-19%
▶	Child Nutrition Block Grants	-11%
▶	Food Stamps	-20%
▶	SSI Reforms	-13%

Cash Assistance

- ▶ The cash assistance block grant contains virtually no adjustments for changes in population or the impacts of a recession on a state's economy.
- ▶ If the Personal Responsibility Act cash assistance block grant had been enacted in FY 1990, an historical analysis reveals that states would have received approximately 32 percent less funding in FY 1994 than they received under current law. Some states would have experienced losses exceeding twice the average, while other states would have received slight gains in funding. The variation in the reduction percentages shows the inability of this block grant to adjust for differential impacts of recessions, changing demographics, or increases in child poverty within states.
- ▶ The lack of a state match or any state maintenance of effort requirements creates an incentive for states to lower benefits relative to current law. Under current law if a state lowers what it spends for AFDC, it loses federal matching dollars. Under H.R. 4, there are no federal matching funds, so states lose nothing by cutting back on benefits.
- ▶ States may compete to lower benefits in an effort to encourage people to move to other states and prevent the state from becoming a "welfare magnet." The changed incentives facing states is likely to heighten this "race to the bottom" of benefit levels.

Child Protection

- ▶ The child protection block grant cannot adjust for changes in population, the impact of a recession, or unpredictable crises like the crack epidemic. Unpredictable events like the AIDS and crack epidemics contributed to recent increases abuse and neglect and foster care.
- ▶ If the Personal Responsibility Act child protection block grant had been enacted in FY 1990 using FY 1988 levels of funding, states would have received **49 percent** less funding in FY 1994 than they would have received under current law in FY 1994. This sharp loss shows the inability of this block grant to adjust for unpredictable surges in foster care caseloads. As with cash assistance, there would have been wide variation among states.

Child Care

- ▶ Under the block grant, states will receive a **13 percent** cut in budget authority (\$1.6 billion) for child care over five years. States will be unable to adjust for increasing child care needs for both families on welfare and for the working poor.

Child Nutrition

- ▶ Overall child nutrition funding will be cut by **10 percent** over 5 years. States with higher proportions of low-income children will experience greater reductions.

SSI

- ▶ States will receive block grants; the amount of each state's block grant will be the product of the number of children who meet the listings but not the criteria to receive cash, times 75 percent of the average SSI payment to a child in that state. States will have to offer every eligible child the opportunity to apply for block grant services. The bill also repeals the maintenance of effort requirements applicable to optional state programs for supplementation of SSI benefits.

IMPACT ON IMMIGRANTS

- ▶ The Personal Responsibility Act will eliminate eligibility for benefits and services for approximately **2 million** legal immigrants.

IMPACT ON WORK

- ▶ Under current law in FY 1993, 17 percent of the AFDC caseload is already working or participating in JOBS. Under the House bill, 10 percent of the caseload would be required to "work" in FY 1996 and 27 percent are required to "work" in FY 2000, although caseload reductions may be counted toward "work."

IMPACT ON CHILD SUPPORT ENFORCEMENT

- ▶ The Personal Responsibility Act adopted the major child support enforcement provisions proposed in the President's Work and Responsibility Act of 1994. However, the House bill eliminates the \$50 pass-through, reducing income to poor families by **\$650 million** over 5 years.

IMPACT ON FOOD STAMPS

- ▶ The bill sets a spending cap on food stamp expenditures that would be based on CBO estimates of the programmatic cuts. However, if CBO has made an estimating error, fewer food stamps would be available to families in need. For example, states may not increase AFDC benefits as rapidly as under current law (see Methodology section). Or, more immigrants may naturalize at a faster rate than estimated. Both of these scenarios are quite plausible and would cause the food stamp cap to be exceeded, forcing food stamp benefits to be cut. No margin for error is provided if unemployment exceeds the CBO forecast or if a recession occurs. If the economy experiences an unforeseen recession, low-income and working poor families would actually receive fewer food stamp benefits in order to compensate for the increased caseload.
- ▶ The Personal Responsibility Act reduces the food purchasing power of food stamps, with reductions becoming increasingly larger over time. Instead of keeping pace with food prices, as current law provides, benefits would rise just two percent per year regardless of the increase in food costs. The bill would cut food stamps 8 percent below levels provided under current law in fiscal year 1996. By fiscal year 2000, the cut would be 20 percent.
- ▶ The House bill terminates benefits after 90 days for non-disabled, childless individuals between the ages of 18 and 50 unless they are working at least half-time or are in a workfare or other employment or training program. However, states would be provided only \$75 million a year for the establishment and operation of workfare positions. As a result, USDA estimates that 1.1 million people, many of whom are willing to work, comply with all work requirements, and willing to engage in workfare would be denied food stamps because they could not find employment in the private sector, and no workfare or training slot was made available to them.
- ▶ By allowing an optional nutrition program for AFDC recipients, the national uniform nature of the Food Stamp Program is changed significantly.

TITLE II: CHILD PROTECTION BLOCK GRANT

- **Block Grant for Child Protection Services:** The current entitlement program for IV-E Foster Care and Adoption Assistance Program, the capped state entitlements for Family Preservation and Support and Independent Living, along with a number of discretionary programs related to child abuse and neglect and child protection (including the current IV-B Part I Child Welfare Services Program and the Child Abuse Prevention and Treatment Act), would be consolidated into a block grant to states.
- **Funding:** Funds for this block grant include two components: a capped entitlement to states and a discretionary portion subject to annual appropriation. The total funding (including both components) would be \$4.416 billion in FY 1996, \$4.681 billion in FY 1997, \$4.993 billion in FY 1998, \$5.253 billion in FY 1999, and \$5.557 billion in FY 2000. Administration estimates show that resulting spending would be reduced by \$3.5 billion over 5 years.
- **Maintenance of Effort:** During FY 1996 and 1997, states could not reduce their non-Federal spending on child protection and child welfare programs below the amount of their non-Federal spending under Titles IV-B and IV-E of the SSA in FY 1995.
- **State Allotment:** The block grant funds would be allocated to the states based on the higher of (1) one-third of the state's amount of Federal obligations for selected child protection programs for FY 92 through FY 94; or (2) the state's amount of Federal payments for those programs for FY 94. Under Title II there would be no funding for Tribal Organizations.
- **State Eligibility for Funds:** States must provide HHS with information on how they intend to use the funds and provide a series of certifications assuring that procedures are in place on reporting of abuse and neglect and acting on those reports (including the medical neglect of disabled infants), for removal of children and placing them in safe and nurturing settings, for achieving permanent placement, for honoring adoption assistance agreements, and for providing independent living services. States must certify that child abuse and neglect reporting procedures are in place and that the state has a mandatory reporting law. A declaration of a state's quantifiable goals for its child protection program and its progress in meeting these goals would be required. The Secretary would not be authorized to review state procedures and could only ensure that certifications were in the plan.
- **Purpose and Use of Funds:** States are required to use the funds to support the purposes of the bill, including identifying and assisting families at risk of abusing or neglecting their children; operating a system of receiving reports on abuse or neglect; investigating families reported; providing support, treatment, and family preservation services to families which are, or are at risk of, abusing or neglecting their children; supporting children who must be removed from or who cannot live with their families; making timely decisions about permanent living arrangements; and continuing evaluation and improvement of child protection laws, regulations and services. The bill specifically notes that States may fund abuse and neglect reporting systems, abuse and neglect prevention, family preservation, foster care, adoption, program administration, and training. The bill suggests, but does not require, that states use adult relatives as the preferred foster care provider or adoptive placement "if such relatives meet all State child protection standards."
- **Transfer of Funds:** Beginning in FY 1998, states may transfer up to 30 percent of funds from this block grant to other block grants, including those created by this bill as well as Title XX and any food and nutrition block grant that may be created by the 104th Congress.

- **Penalties:** If a required audit finds that a state has used funds in a manner not authorized by law, funds equal to those illegally used are to be withheld the following year. However, not more than 25 percent of each quarterly payment can be withheld. Also, the annual grant will be reduced by 3 percent if a state fails to submit the required data report within 6 months of the due date. A state found to violate the interethnic adoption provisions would lose all of its Title II funds for the period of the violation.
- **Child Protection Standards:** States are required to operate a child protection program with the following standards: protecting children, investigating reports of abuse and neglect promptly, developing permanency plans for children removed from their homes and holding dispositional hearings within 3 months of a fact-finding hearing, and reviewing out-of-home placements every 6 months unless the child is already in a long term placement. However, there is no provision for enforcing these standards.
- **Citizen Review Panels:** States are required to establish at least 3 citizen review panels that would be broadly representative of the community and that would meet at least quarterly. Each panel would review specific cases to determine state compliance with applicable laws and would make a report available to the public. There is no enforcement mechanism.
- **Study and Clearinghouse/Hotline:** The PRA would provide HHS with \$6 million per year in entitlement funding to conduct a national random-sample study of child protection. An additional \$10 million annually is authorized for the conduct of child protection research and training, and \$7 million per year is authorized to support a clearinghouse and hotline on missing and runaway children at the Department of Justice.
- **Data Collection and Reporting:** Annual state data reports would be required to be submitted to HHS that would include basic aggregate data on the numbers of children abused and neglected, in foster care, that received services, deaths that result from child abuse or neglect, and other similar information. States could use survey data to comply with this requirement. States must also provide data measuring their progress in meeting the goals in the law and a summary response to the citizen review panel's findings and recommendations. The Secretary of HHS would issue an annual report of the data and provide it to Congress and the public.
- **Limitation on Federal Authority:** Other than what is specified in the law, the Secretary may not regulate the conduct of states or enforce any provision of the law. For example, this prohibits enforcement of compliance with or substantive review of the state plan. Also, the Secretary of HHS may not require a state to alter its child protection law regarding the adequacy, type and timing of health care (whether medical, non-medical, or spiritual).
- **Interethnic Adoption:** Section 553 of the Metzenbaum Multiethnic Placement Act of 1994 would be repealed. Section 553 specifies that while a state may not delay or deny placement of children on the basis of race, color, or national origin, a state may consider "the cultural, ethnic, or racial background of the child and the capacity of the prospective foster or adoptive parents to meet the needs of a child of this background as one of a number of factors used to determine the best interests of a child." The PRA provides that states could not deny or delay foster or adoption placements based on the race, color, or national origin of the person or the child involved. It does not, however, contain a "permissible consideration" provision. In addition, the PRA would change the nature of the penalty for violation of this section. A state found to have discriminated would lose all of its Title II block grant funds for the period of time during which the violation occurred, instead of being subject to the range of penalties provided by the Civil Rights Act of 1964.

PROGRAMS AFFECTED BY BLOCK GRANT PROVISIONS OF H.R. 4

Programs Affected	Entitlement Status Under Current Law	Funding Under Current Law	Provisions Under H.R. 4
Title I - Cash Assistance Block Grant			
AFDC	Individual Entitlement	Uncapped, Federal Match	Individual Entitlement Status for These Programs Would be Repealed Would be Replaced by a Capped Block Grant Entitlement to States with no State Match or Maintenance of Effort Required
JOBS	State Capped Entitlement	Capped, Federal Match	
Emergency Assistance	State Entitlement	Uncapped, Federal Match	
Title II - Child Protection Block Grant			
IV-E Foster Care	Individual Entitlement	Uncapped, Federal Match	Individual Entitlement Status for These Programs Would be Repealed Would be Replaced by a Block Grant to States (with no State Match Required) Consisting of 2 Components: a Capped Entitlement to States and a Discretionary Appropriation
Adoption Assistance Program	Individual Entitlement	Uncapped, Federal Match	
Family Preservation	State Capped Entitlement	Capped, Federal Match	
Independent Living	State Capped Entitlement	Capped, Federal (with State Match above \$45 Million)	
Child Welfare Services	Formula Grant	Federal Match	
Other Child Abuse & Neglect ¹	Formula Grant and Discretionary	Varies	
Title III - Child Care Block Grant			
AFDC/JOBS Child Care	Individual Entitlement	Uncapped, Federal Match	Individual Entitlement Status for These Programs Would be Repealed Would be Replaced by a Discretionary Block Grant to States with no State Match or Maintenance of Effort Required
Transitional Child Care	Individual Entitlement	Uncapped, Federal Match	
At-Risk Child Care	State Capped Entitlement	Capped, Federal Match	
Child Care Development Block Grant	Discretionary	Federal Only	
Other Child Care	Discretionary	Federal Only	
Titles III and V - Family Nutrition, School-Based and Food Stamp Block Grants			
WIC Program	Discretionary	Federal Only, (Some States Supplement)	Individual Entitlement Status for These Programs Would be Repealed
School Lunch & Breakfast	Individual Entitlement	Mostly Federal, Uncapped	Would be Replaced by Capped Block Grants to States with no State Match or Maintenance of Effort Required
Other Child Nutrition Programs	Individual Entitlement	Federal Only, Uncapped	
Food Stamps	Individual Entitlement	Federal Only, Uncapped	Would Become a Capped Entitlement

1. Includes: CAPTA programs, Crisis Nurseries, Abandoned Infants Assistance, Adoption Opportunities, McKinney Act Family Support Centers, HUD Family Unification, Children's Advocacy Centers, and DOJ Prosecution grants

Table 4 - Estimated Five Year Reduction in Child Protection Spending

- ▶ This table displays the programs that are consolidated in the proposed Child Protection Block Grant and summarizes its anticipated budgetary impact. As shown in the table, between FY 1996 and FY 2000, over \$3.5 billion will be cut below projections under current law.
- ▶ Over five years, states will experience a 12 percent loss in funding from this proposal.

TABLE 4

ESTIMATED REDUCTION IN FEDERAL SPENDING FROM CHILD PROTECTION BLOCK GRANT - H.R. 4
(Dollars in Millions)

	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	5 YEAR TOTAL
ENTITLEMENTS:						
Repeal IV-E (Foster Care/Adoption/Ind.Living)	-\$4,308	-\$4,422	-\$4,819	-\$5,253	-\$5,727	-\$24,528
Repeal IV-B Family Preservation/Support	-225	-240	-255	-263	-272	-\$1,255
Subtotal, Entitlement Repeals	-\$4,533	-\$4,662	-\$5,074	-\$5,516	-\$5,999	-\$25,783
Entitlement portion of Block Grant	\$3,930	\$4,195	\$4,507	\$4,767	\$5,071	\$22,470
Entitlement study	6	6	6	6	6	\$30
Subtotal, new entitlements	\$3,936	\$4,201	\$4,513	\$4,773	\$5,077	\$22,500
TOTAL - ENTITLEMENT CHANGES (BUDGET AUTHORITY)	-\$597	-\$461	-\$561	-\$743	-\$922	-\$3,283
DISCRETIONARY SPENDING:						
Repeal IV-B Child Welfare Services	-\$301	-\$310	-\$320	-\$330	-\$340	-\$1,600
Repeal IV-B Research and Demonstration	-7	-7	-7	-7	-7	-\$35
Repeal IV-B Training	-5	-5	-5	-5	-5	-\$24
Repeal Family Unification Program (HUD)	-78	-81	-83	-86	-88	-\$416
Repeal CAPTA State Grants	-24	-24	-25	-26	-27	-\$125
Repeal CAPTA Discretionary	-16	-16	-17	-17	-18	-\$85
Repeal Crisis Nurseries	-12	-13	-13	-13	-14	-\$65
Repeal Abandoned Infants	-15	-15	-16	-16	-17	-\$79
Repeal Adoption Opportunities	-13	-14	-14	-15	-15	-\$71
Repeal CAPTA Commun. Family Resource Program	-32	-33	-34	-35	-36	-\$172
Repeal Missing and Exploited Children (DoJ)	-7	-7	-7	-8	-8	-\$37
Repeal Family Support Centers	-8	-8	-8	-8	-9	-\$40
Repeal Children's Advocacy Centers (DoJ)	-3	-3	-3	-3	-3	-\$16
Repeal Invest. and Prosecut. of Child Abuse (DoJ)	-2	-2	-2	-2	-2	-\$8
Subtotal, Discretionary Repeals	-\$521	-\$538	-\$554	-\$571	-\$589	-\$2,774
Discretionary portion of Block Grant	\$486	\$486	\$486	\$486	\$486	\$2,430
Clearinghouse and hotline	7	7	7	7	7	\$35
Research and Training	10	10	10	10	10	\$50
Subtotal, new discretionary spending	\$503	\$503	\$503	\$503	\$503	\$2,515
TOTAL - DISCRETIONARY CHANGES (BUDGET AUTHORITY)	-\$18	-\$35	-\$51	-\$68	-\$86	-\$259
TOTAL SAVINGS (DISCRETIONARY AND ENTITLEMENT)	-\$615	-\$495	-\$612	-\$812	-\$1,008	-\$3,542
Percent Loss	12%	10%	11%	13%	15%	12%

Note:

These are unofficial estimates which have not been reviewed by OMB.

Since the focus of the New Beginnings program was coordinated services, did they have a strategy of encouraging the schools to work with foster parents or to work with the child welfare system in placing children?

Courtesy article → Foster Care Crisis

The federal government by design and lack of enforcement of existing child welfare regulations allows states great latitude in the administration of child welfare programs.

- Are there examples of states that are models of positive child welfare programs? Which ones? What are they doing?

- As HHS develops its technical assistance strategy, what models are they using?

- Tom Payzant helped start New Beginnings in San Diego. Their experience in working with the child welfare system was extensive. You may want to ask him to talk about this.

- Payzant: How does IPA piece he mentioned relate to comp. strategies

- Delaware - May visit

- Update on WV/Inda

- Mon: POTUS

Child Welfare

April: Child Abuse Prev. Month

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