

**CLINTON ADMINISTRATION ACCOMPLISHMENTS  
ON FOSTER CARE AND ADOPTION  
January 29, 1999**

Today's announcement builds on a deep commitment by the President, the First Lady, and the Administration to facilitate adoptions and improve the child welfare system. Since taking office, President Clinton has championed efforts to make foster care work better for the children it serves, to find and assist adoptive families, and to break down financial, racial, geographic and bureaucratic barriers to adoption:

- ✓ **Achieving Landmark Legislative Reform.** On November 19, 1997, the President signed the Adoption and Safe Families Act, reforming our nation's child welfare system and making it clear that the health and safety of children must be the paramount concerns of state child welfare services. This landmark legislation was based in large part on the recommendations of the Clinton Administration's *Adoption 2002* report, which the President requested by executive memorandum on December 14, 1996, to meet his goals of doubling adoptions and permanent placements by the year 2002 and moving children more quickly from foster care to permanent homes. The Act tightened time frames for making permanent placement decisions for children and ensured health insurance coverage for all special needs children in subsidized adoptions. Also, it created new financial incentives for states to increase adoptions, and continued funding for services to keep families together when it is appropriate and safe.
  
- ✓ **Making Adoption Affordable for Families.** In 1996, President Clinton signed into law the Small Business Job Protection Act of 1996, which provides a \$5,000 tax credit to families adopting children, and a \$6,000 tax credit for families adopting children with special needs. This provision has alleviated a significant barrier to adoption, helping middle class families for whom adoption may be prohibitively expensive and making it easier for families to adopt children with special needs. Since President Clinton took office, the number of children with special needs who were adopted with federal adoption assistance has risen by over 60 percent. In the Balanced Budget Act of 1997, President Clinton ensured more support for families who adopt children with the \$500 per-child tax credit.
  
- ✓ **Giving States Flexibility and Support.** To test innovative strategies to improve state child welfare systems, the Clinton Administration has granted waivers to 18 states, giving them more flexibility in tailoring services to meet the needs of children and families. In addition, the Administration has provided states with enhanced technical support and helped improve court operations. The President secured \$20 million in FY 1999 in new funds to support state efforts to implement the new adoption law. In addition, through the Adoption Opportunities program, the President has supported state and local innovative demonstration projects to promote adoption, provide post-adoptive services, and build new public-private partnerships. To prevent children from entering foster care in the first place, in 1993 the Clinton Administration enacted and secured federal funding for the Family Preservation and Support Program (renamed in 1997 the Preserving Safe and Stable Families Program) to help states, local governments, and service providers develop effective programs to serve children and families at risk.
  
- ✓ **Using the Internet to Promote Adoption.** In November, 1998, the President issued a new directive to the Department of Health and Human Services to expand the use of the Internet

as a tool to find homes for children waiting to be adopted from foster care. Effective use of the Internet will help to meet the President's goal of doubling, by the year 2002, adoptions and other permanent placements from the public child welfare system.

✓ **Breaking Down Racial and Ethnic Barriers to Adoption.** New inter-ethnic adoption provisions, passed as a part of the Small Business Job Protection Act of 1996, ensure that the adoption process is free from discrimination and delays on the basis of race, culture and ethnicity by strengthening the Multi-Ethnic Placement Act which the President signed in 1994.

✓ **Providing Supports for Child Protection and Adoption.** In 1993, President Clinton signed into law the Family and Medical Leave Act, enabling parents to take time off to adopt a child without losing their jobs or health insurance. In addition, the welfare reform legislation signed by the President maintained the guarantee of child protection and adoption, and did not reduce funds for child welfare, child abuse, and foster care and adoption services.

## **THE ADOPTION AND SAFE FAMILIES ACT OF 1997**

On November 19, 1997 the President signed the Adoption and Safe Families Act (Public Law 105-89), in an effort to promote adoption and ensure safety for children in foster care. Major provisions are summarized below.

### **Child Safety and “Reasonable Efforts” to Preserve Families**

- The Adoption and Safe Families Act requires that a child's health and safety be of “paramount” concern in any efforts made by the State to preserve or reunify the child's family. The new law establishes exceptions to the “reasonable efforts” requirement.
- The legislation requires States to conduct criminal background checks for all prospective foster or adoptive parents, and deny approval to anyone who has ever been convicted of specific crimes.

### **“Reasonable Efforts” to Promote Adoption**

- The new law also specifies that concurrent efforts can be made to preserve or reunify a family and to place the child for adoption or guardianship.
- The Act contains provisions intended to eliminate interjurisdictional issues as a potential barrier to a child's adoption.

### **Excelerate Permanency Hearings and Termination of Parental Rights**

- Prior Federal law required that every foster child must have a judicial hearing, known as a “dispositional” hearing, within 18 months of their placement in care to determine their future status. The new law requires this hearing to occur within 12 months of placement, and changes the name to “permanency” hearing.
- States are required to initiate proceedings to terminate parental rights (TPR) for children who have been in foster care for 15 of the most recent 22 months, for infants determined under State law to be abandoned, and in any case where the court has found that a parent has committed specific crimes. There was no comparable provision in prior law.

### **Adoption Incentive Payments**

- The Act intends to promote adoption by providing incentive payments to States that increase their number of foster child adoptions, with additional incentives for the adoption of foster children with special needs.

- Incentive payments will equal \$4,000 for each foster child whose adoption is finalized (over base level) and \$6,000 for each special needs adoption above the base level. The new law authorizes \$20 million annually for these incentive payments, for fiscal years 1999-2003. In addition, discretionary budget caps are adjusted to help ensure that these funds will actually be appropriated.
- HHS is authorized to provide technical assistance to help States increase their number of foster child adoptions, and authorizes appropriations of \$10 million annually for each of fiscal years 1998-2000.

### **Eligibility for Adoption and Medical Assistance**

- Children eligible for Federal adoption assistance under title IV-E are automatically eligible for Medicaid. States have the option to provide Medicaid coverage to special needs adopted children who do not meet the AFDC or SSI eligibility criteria for title IV-E subsidies.
- The Act requires States to provide health insurance coverage to these children, if they have special needs for medical, mental health, or rehabilitative care. Coverage may be through Medicaid or another program, as long as benefits are comparable. To be eligible for adoption incentive payments in FY 2000 or FY 2001 or a waiver demonstration, States must provide health coverage to any special needs child whose adoptive parents have entered into an adoption assistance agreement with any State.

### **Reauthorization and Renaming of Family Preservation Program**

- The Act reauthorizes and changes the name of the existing Family Preservation Program to Promoting Safe and Stable Families. This program was scheduled to expire at the end of fiscal year 1998 and is reauthorized under Public Law 105-89 at: \$275 million in fiscal year 1999; \$295 million in fiscal year 2000; and \$305 million in fiscal year 2001.
- Prior law required States to devote significant expenditures to each of two types of services: family preservation; and community-based family support. The Adoption and Safe Families Act adds two more categories: time-limited family reunification services provided during the 15-month period after a child is removed from home; and adoption promotion and support services.

### **State Accountability for Performance**

The Adoption and Safe Families Act also aims to increase the accountability of States for the performance of their child welfare programs. The legislation requires HHS, in consultation with public officials and child welfare advocates, to develop outcome measures in various categories (i.e., number of foster care placements and adoptions, length of stay in foster care), and to rate State performance according to these measures in an annual report.

The first annual report is due by May 1, 1999. In addition, the new law directs HHS to conduct a study and develop recommendations for a performance-based financial incentive system under titles IV-B and IV-E. To the extent feasible, this system will be based on the annual performance report described above. HHS must submit a progress report to Congress within 6 months of the new law's enactment, and a final report within 15 months.

### **State Innovation and Demonstration Waivers**

Under legislation enacted in 1994, HHS is authorized to approve up to 10 States to receive waivers from title IV-B and IV-E rules in order to conduct demonstration projects. The Adoption and Safe Families Act allows HHS to approve an additional 10 demonstrations in each of fiscal years 1998-2002. Federal law does not mandate specific goals for these demonstrations. However, the new law directs the Secretary to give consideration to any applications received with the following purposes: (1) to identify and address barriers to adoption for foster children; (2) to identify and address parental substance abuse problems that result in foster care placement for children, including through placement of children together with their parents in appropriate residential treatment facilities; and (3) to address kinship care.

### **Additional Provisions**

Additional provisions in Public Law 105-89: require HHS to submit a report to Congress by June 1, 1999, on the issue of kinship care; give child welfare agencies access to the Federal Parent Locator Service; clarify eligibility for the Independent Living Program; establish a sense of Congress in favor of standby guardianship laws; and make a statement of intent about "reasonable" parenting. Unless specified otherwise, the new law takes effect upon enactment, except that, where enactment of new State laws is required, States have until 3 months after their first legislative session to comply.

## TALKING IT OVER

BY HILLARY RODHAM CLINTON

RELEASE: WEDNESDAY, SEPTEMBER 23, 1998, AND THEREAFTER

I met the most extraordinary young woman last week. Joy Warren had just begun her first week at Yale Law School. But what's remarkable is that Joy grew up in foster care, and like more than 20,000 foster-care children each year, she "aged out" of the system when she turned 18.

This means Joy has been entirely on her own, without the traditional support system so many families provide, for the past seven years -- years in which she managed to receive a college degree, work as an advocate to improve foster care and begin law school.

Children who grow up in foster care face many of the same challenges as other children and have many of the same needs. But they also have special challenges that demand special attention -- and too often they just don't get it.

One 13-year-old foster child told me what she wants most: "I want a place that I can call home; a room that I can call my room; a family that I can love and would love me back." Is this too much to ask?

Although my own mother was never in formal foster care, her teen parents were unable to care for her when she was born. They sent her to live with her grandparents, but when that didn't work out, she went to live in the home of a family where she helped take care of the children for room and board.

My mother has often told me how grateful she is to the woman with whom she lived because she got to see what a real family was like. She watched what happens inside a home where parents and children go through all they should go through as a family. And she wanted to pass that opportunity on.

When I was growing up, she invited young women from a group home to come and work for us, spending time with our family, much as my mother had done so many years before.

I'm proud that this Administration has cared enough to improve and reform our nation's foster-care system, including passing the Family and Medical Leave Act, which gives time off for parents to adopt a child. Tax credits are now available for families who adopt, and foster care and adoption have been freed from discrimination and delays based on race, culture and ethnicity.

I was especially proud when, last year, the President signed the Adoption and Safe Families Act of 1997, a historic step toward improving the lives of children in

foster care. The aim of this bill is to place this country's 500,000 foster-care children in safe, stable, loving and permanent homes. And it will help us meet our national goal of doubling the nation's annual adoption rate.

But, as important as this bill is, it doesn't address all the needs of the children who "age out" of the system each year and who, like Joy Warren, have to make the tough transition to living on their own.

Last year, at a roundtable in Berkeley, Calif., I spent an afternoon listening to young people describe the challenges of leaving the foster-care system. A disproportionate number are homeless and have trouble finishing school, finding jobs and receiving adequate health care. And, often, they don't get the life skills they need to survive in today's world.

There are many programs that work, several of which exist as a result of the advocacy and leadership of former foster kids like Joy. One national conference, Destination Future, where I met Joy last week, brings together older foster children and homeless young people to teach them life skills and advocacy techniques. Programs in Texas and Florida provide college-tuition assistance for young people in foster care. In Los Angeles County, set-aside entry-level jobs are available for young people aging out of foster care. Massachusetts has a teen parent transitional living program. And the California Youth Connection has become a national model of how to bring young foster teens together to form a network of support and advocacy.

One of the most critical challenges remaining is to make sure that children who age out of foster care gain access to health care. It is outrageous that these young people should find themselves among the uninsured. Some states are addressing this issue, but there is still far to go.

We must also strengthen the Federal Independent Living Program, which provides 85,000 young people critical assistance in their transition to independent living, helps them earn their high school diplomas and offers access to vocational training.

Federal legislation and state programs have put us on the right track. But we must do better. Now is the time to make sure that the 20,000 young people who each year become too old to remain in foster care receive the help they need to become independent and productive members of society.

To find out more about Hillary Rodham Clinton and read her past columns, visit the Creators Syndicate web page at [www.creators.com](http://www.creators.com).

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**Independent Living  
Memo for Inter-Departmental Meeting**

Each year approximately 17,000 18 year olds "age out" of the public child welfare system and are expected to function as adults. These young adults entered foster care due to abuse and neglect. They were unable to return to their birth families and did not find permanency with an adoptive family. Federal financial support to them ends just at the time they are making the critical transition to adulthood.

A proportion of these children are supported by two HHS programs:

The Independent Living Program (ILP) provides funds to the States that may be used to provide services to foster children who are 16 year of age or older to help them make the transition to independent living by supporting them as they earn a high school diploma; receive vocational training and education; and learn daily living skills such as budgeting, career planning and securing housing and employment. The types of services vary from State to State and may not be used for room or board.

The Transitional Living Program (TLP) provides funds to local community based organizations for residential care, life skills training, and other support services to homeless adolescents, ages 16-21. These programs help these youth achieve self-sufficiency, avoid long-term dependency on social welfare, and become independent, productive members of society.

Both ILP and TLP service providers are encouraged to support young people through a youth development approach which suggests that the best way to prevent young people's involvement in risky behavior is to help them achieve their full developmental potential. Youth development strategies, therefore, focus on giving young people the chance to exercise leadership, build skills, and become involved in their communities.

Like all young adults those leaving the foster care system need support to achieve an effective passage to adulthood. Unlike most, their lives have been chaotic and unpredictable. Maltreatment, lack of connection to families, multiple placements, and the resulting mental health and educational consequences, make the transition to self sufficiency and adult-functioning very difficult. Research documenting the experiences of these youngsters in the years immediately following foster care identifies unstable housing and homelessness, depression, poor health, violence and incarceration as part of their experience.

The support these youngsters need to achieve self-sufficiency, stable living arrangements and mature relationships includes:

- Medical services, including mental health;
- Education and/or vocational training;
- Employment preparation and opportunities, including internships;
- Transitional and/or supported housing; and
- Psycho-social support via mentorship, counseling and/or support groups;

*These points go in HRC memo to*

*Done Transitional LIP program*