

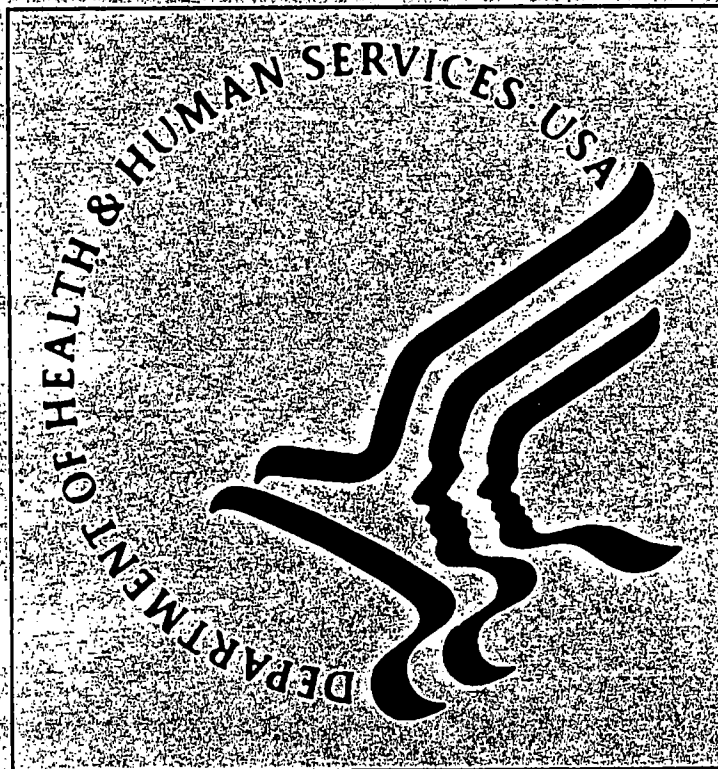
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Blood clotting
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Budget
Business residence tax deduction
Business residence working at home
Bus safety

ADOPTION 2002

**A Response to the Presidential Executive Memorandum
on Adoption
Issued December 14, 1996**



**U.S. Department of Health
and Human Services**

February 1997



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FEB 12 1997

The President
The White House
Washington, D.C. 20500

Dear Mr. President:

On December 14, 1996, you called upon the Department of Health and Human Services to devise new ways to make adoption easier and to move more children, more quickly out of foster care into permanent homes. You challenged us to work with States, communities, and advocates to create a plan that could reach the goal of doubling the number of adoptions and permanent placements for 54,000 children by the year 2002.

The enclosed report, Adoption 2002, is the Department's response to your call to action. This report -- the culmination of an intensive 60-day consultation process with over 600 foster and adoptive parents, professionals, policy experts and advocates at the national, state and local levels -- outlines a series of policy and practice-related steps that will help us achieve our shared goal of giving more children in foster care what every child needs and deserves: loving parents and a safe and stable home. We are grateful for the support of the Domestic Policy Council, the First Lady and her staff, and each person with whom we consulted.

This report also outlines new steps that will help States set and meet urgent new adoption targets. It recommends sensible financial incentives for States to raise adoption rates, as well as a range of technical assistance to State child welfare agencies and courts to help achieve our goals. It calls for grants to States to help them remove the barriers to adoption. And, it challenges the Congress to pass legislation that will help move children through the child welfare system more quickly and protect them when they leave.

As a nation, we have before us an opportunity to make a real difference in the lives of our most vulnerable children by strengthening and improving the child welfare system. Our plan will focus critical attention and much needed resources toward improving the life chances of thousands of children who have been abused, neglected, and are languishing in foster care. We, at the Department of Health and Human Services, look forward to working with you to implement this critical initiative, and salute your dedication to helping more children grow up in safe and caring homes.

Sincerely,

Donna E. Shalala

Enclosure

TABLE OF CONTENTS

	<u>PAGE</u>
Executive Summary	i
I. Introduction	1
II. Overview	3
III. Issues and Challenges in the Child Welfare System	4
IV. Recommendations for Action	9
V. Conclusion	24
Appendices	
A - Text of Presidential Directive on Adoption	
B - Adoption Correspondents	
C - Adoption 2002 Focus Group Questions and Participant List	
D - Themes Emerging from the Adoption 2002 Consultation Process	
E - State Letters of Support	
F - Federal Programs to Support Adoption	

EXECUTIVE SUMMARY

Adoption 2002 responds to President Clinton's Executive Memorandum and takes its name from one of its central goals -- to double by the year 2002 the number of children adopted or placed in other permanent homes each year. On December 14, 1996, the President directed the Secretary of Health and Human Services to conduct wide consultations and report to him with specific recommendations for strategies to move children more quickly from foster care to permanent homes and to meet the goal of at least doubling adoptions and other permanent placement over the next five years.

The Department developed *Adoption 2002* as a blueprint for bipartisan Federal leadership in adoption and other permanency planning for children in the public child welfare system. To prepare this report, the Department of Health and Human Services consulted with child welfare professionals, policy experts, advocates, and foster and adoptive parents at the national, State and local levels. *Adoption 2002* first examines the existing barriers to expediting the placement of children from foster care to permanent homes. Delays in making timely permanency decisions result from high caseloads for judges and caseworkers; incorrect beliefs and outdated assumptions about the adoptability of children; the limited pool of permanent families for children with special needs; and the varied interpretation of the "reasonable efforts" requirement to reunify a child in foster care with his or her birth family before another goal, such as adoption, can be pursued for the child.

Adoption 2002 outlines an agenda to help overcome these barriers and to accelerate the path to permanency for all waiting children in the public child welfare system. First, the report articulates a guiding set of principles centered on the needs of the child to give direction to the overall agenda. These principles include that every child deserves a safe, permanent family; that the child's health and safety should be the paramount considerations in all placement and permanency planning decisions; and that foster care is a temporary situation -- it is not an appropriate place for children to grow up. *Adoption 2002* establishes unequivocally that the Federal goals for children in the child welfare system are safety, permanency, and well-being.

The *Adoption 2002* agenda is multifaceted to address the range of barriers and challenges that exist in the child welfare system. The report presents strategies to establish, track, and meet State-by-State annual, numerical targets for adoptions and other permanent placements -- targets that will bring us to a national doubling of adoptions and permanent placements in the year 2002. To help States reach their targets, the Department commits to providing expanded technical assistance, rewarding States for incremental increases in adoption levels with per-child financial bonuses, and otherwise recognizing successful performance. The bonus system proposed in *Adoption 2002* is an example of common-sense government, as it not only provides an incentive for increasing the number of adoptions, but also pays for itself, with the cost of the bonuses offset by savings in foster care costs. *Adoption 2002* also includes a proposal to establish competitive grants available to States for dismantling barriers to permanency.

In addition to providing incentives to States to meet new targets, *Adoption 2002* outlines ways in which the Federal government can assume leadership in breaking down barriers to permanency for children in foster care. The Department will issue strong guidance on the implementation of the law signed by President Clinton which established penalties for denying or delaying the placement of a child based on race, color, or national origin.

Perhaps most important, while working with Congress on its legislative proposals that seek to define the "reasonable efforts" provision, the Department will issue guidance that clarifies its meaning. This guidance will make it clear that in determining whether and when to remove a child from his or her family and whether and when to reunify the family, Federal law requires that the child's health and safety shall be the paramount concern.

The Department also will issue model guidelines for State legislation to emphasize that the child's health and safety is the paramount concern in decisions to terminate parental rights. In addition, the Department commits to exploring alternative permanency options for children for whom adoption is not possible. Furthermore, the *Adoption 2002* report urges that the Administration seek legislation that shortens the time before a child's first dispositional hearing -- the hearing in which a permanency decision is first made -- from 18 months to 12 months and changes its name to a "permanency planning hearing."

Information gained by the Department in developing the details of the *Adoption 2002* agenda will form the basis of the public awareness campaign that the President directed the Secretary of Health and Human Services to undertake, in cooperation with other heads of Federal Departments or Agencies, as part of his Executive Memorandum. The strategies outlined in *Adoption 2002*, coupled with a strong public information campaign and joined by efforts by State and local officials and by community, business and religious leaders, will ensure that we live up to President Clinton's call that "no child should be trapped in the limbo of foster care; no child should be uncertain about what the word 'family' or 'parent' or 'home' means, particularly when there are open arms waiting to welcome these children into safe and strong households where they can build good, caring lives." (12/14/96)

I. INTRODUCTION

The President's Executive Memorandum on Adoption

On December 14 1996, President Clinton issued a Executive Memorandum to the Secretaries of Health and Human Services, Treasury, Labor, and Commerce and the Director of the Office of Personnel Management to promote efforts to increase the number of children who are adopted or permanently placed each year, to move children more rapidly from foster care to permanent homes, to increase awareness about the tens of thousands of children waiting for families, and to encourage all Americans to consider the rewards and responsibilities of adoption. (See Appendix A for the text of the Executive Memorandum.) The Executive Memorandum focuses most specifically on children in foster care who, often because of abuse or neglect, cannot return home safely. The President's attention to this issue reflects the urgent need to find safe, permanent, loving homes for our Nation's most vulnerable citizens.

The President directed the Secretary of the Department of Health and Human Services, to report to him with specific recommendations for strategies that move children more quickly from foster care to permanent homes and at least double, by the year 2002, the number of children who are adopted or permanently placed each year. This goal translates into an increase in adoptions and permanent placements from 27,000 in 1996 to 54,000 in 2002. If we are successful at implementing these and other strategies at the Federal, State, and local levels, it may be possible for even more children to secure adoptive homes or other permanent placements.

The President identified key issues to be examined in meeting the goal, including working with Congress to make changes in Federal law; working with States to eliminate barriers to finding children permanent placements; setting annual numerical targets; rewarding successful performance; and raising public awareness. Recognizing the need to move quickly, the Executive Memorandum called upon the Department, in consultation with State and civic leaders, to prepare a report within 60 days. This report recommends actions to be taken to move children more rapidly from foster care to permanent homes and to meet the goal of placing 54,000 children from foster care, in the year 2002, in adoptive homes or other permanent placements.

The Department Responds to the Executive Memorandum

Consistent with the Executive Memorandum, the Department undertook an intensive consultation process, which included:

- Mailing copies of the Executive Memorandum to over 2,000 adoption and foster care professionals, placement agencies, child welfare advocates, adoptive and foster parents, and national organizations. Recipients were invited to submit comments on specific steps that can be taken to implement the Executive Memorandum. Over 200 thoughtful responses were received via mail, fax and the internet. (See Appendix B for a list of the respondents.)

- Conducting consultations with a wide range of organizations and individuals, including line workers, program managers, administrators from the eight States with the largest foster care populations, child welfare administrators and staff from large urban areas, representatives of Tribes and Tribal Organizations, and representatives from national child welfare and adoption-related organizations, advocacy groups, intergovernmental organizations, and several foundations. (The questions that guided the consultations and the list of individuals and organizations consulted appear in Appendix C.)
- Conducting consultations with key congressional staff and reviewing legislative proposals.

In addition, each of the ten Regional Offices conducted a series of focus groups with key State and local adoption advocates and child welfare professionals. Over 300 people were contacted through this regional outreach process.

This broad based consultation with a wide range of professionals, policy experts, advocates, foster and adoptive parents, and other interested individuals grounded the Department's examination of strategies and issues in the daily experiences of participants in the child welfare system. The Department gained many useful ideas and suggestions through this consultation process. Many of these ideas are reflected in the recommendations outlined in this report.

The consultations will greatly inform the public awareness campaign that the President also directed the Secretary of the Department of Health and Human Services to undertake, forming the foundation of information upon which the campaign can be built. (A more complete summary of themes and issues raised during the Department's external consultation process appears in Appendix D.)

II. OVERVIEW

Subsequent sections of this report have been organized in the following manner:

III. ISSUES AND CHALLENGES IN THE CHILD WELFARE SYSTEM

A discussion of some of the issues and challenges in doubling the number of adoptions and in overcoming barriers to permanency.

IV. RECOMMENDATIONS FOR ACTION

A restatement of each of the elements in the President's Executive Memorandum (in *italics* and preceded by a "♦") and the Department's recommended action steps. Recommendations include possible legislative or regulatory changes.

V. CONCLUSION

Final thoughts on the report and how the process of broad consultation has helped to energize and mobilize States, communities and private organizations around the shared goal of helping children find stable, permanent, nurturing families.

III. ISSUES AND CHALLENGES IN THE CHILD WELFARE SYSTEM

The President's Executive Memorandum focuses attention on a special group of children waiting to be adopted -- the approximately 100,000 children in the public foster care system who cannot return safely to their own parents and homes. These children waiting for adoption have often been in the foster care system for an extended period of time. They are often "children with special needs," which means that they have characteristics that make them more difficult to place. "Children with special needs" are older children (not infants), children of minority heritage¹, children who are part of a sibling group, or children who have physical, intellectual or emotional disabilities. Effective strategies to move these children to permanence must be grounded in an understanding of the broader child welfare system and the barriers that face children, especially children with special needs, waiting for permanent homes.

A Continuum of Child Welfare Services

The child welfare system is designed to keep children safe and to help them achieve permanence. The concept of permanence is best defined as a stable, legally-sanctioned relationship with caring, protective adults. This may be achieved in a child's birth family, but, for many children in foster care, it may occur through adoption or guardianship. Children attain permanence in a more timely manner when sound child welfare practices are deployed from the time the child initially comes to the attention of the child welfare system. In order to meet the individualized needs of children and families, a range of child welfare services are required, including:

- Community-based prevention programs that support adults in their roles as parents to help resolve problems before they lead to children being abused or neglected;
- Effective child abuse and neglect investigation and risk assessment procedures that allow for appropriate intervention;
- Services for families who are in crisis, but can be safely strengthened and maintained through the provision of intensive, but time-limited, services;
- Foster care services that provide a temporary safe home for children and services to their families, while parents resolve their crises and agencies and the courts decide in a prompt and timely manner whether the parents can care for their children safely; and

¹Children of minority heritage remain in care longer and are over-represented among the children in care who are seeking permanency and require special attention; therefore, they are included among children with special needs.

- Adoption and guardianship opportunities for children who cannot or should not be reunified with their parents and/or whose parents' rights to custody have been terminated.

The ability of child welfare agencies to make timely determinations about permanency is dependent upon the quality, availability and accessibility of services at any point on this continuum. The principal goal of the child welfare system is to protect children and provide a temporary safe haven for them while parents develop the ability to protect and care for their children themselves. Each year, about sixty percent of the children in foster care will safely return home, most within one year. However, some children will be unable to return to their birth families safely. For these children, adoption or guardianship can be the key to a permanent, loving family and the security necessary for healthy development.

Characteristics of Children Waiting for Adoption

The children waiting for adoption are primarily those whose parents have been unable or unwilling to resolve the issues that precipitated placement. Of the more than 450,000 children who were in the foster care system in 1994, 100,000 could not return home without jeopardizing their health, safety, and development. The majority of them had a goal of adoption, with 27,000 being legally free and immediately available for adoption.

Most foster children awaiting adoption are considered children with "special needs" which means they have characteristics that make them harder to place. The median age of children who are legally free and awaiting adoption is almost nine years old. Slightly over half of the children are of minority heritage. Two-thirds of the children in the special needs category have medical problems, developmental delays and disabilities, and/or behavioral and psychological problems. The most recent data, though preliminary, suggest that the proportion of legally free children who have special needs is increasing. One factor is the growing number of children orphaned by AIDS.

Barriers to Adoption and Permanence

In addition to the placement challenges posed by the characteristics of children with special needs, there are a number of barriers to permanence spanning the social service and judicial systems. Some of the most significant barriers that delay permanence include:

- **Delays in Child Welfare Agency Practices:** Federal statute requires States to provide "reasonable efforts" to make it possible for a child to return to his or her home. These efforts often take the form of actual services offered and/or provided to the family, such as family counseling, respite care, and substance abuse treatment. If an agency does not offer or provide these services in a timely fashion, the permanency plan for a child may be impeded.

Delays also can result from well-intended but misguided practices to preserve families through prolonged and extensive reunification services without adequate consideration of the permanency needs of children. In these situations, adoption or an alternate

permanency plan is rarely considered until the 18-month dispositional hearing. High caseloads and rapid staff turnover also causes delays.

Jurisdictional barriers between State child welfare systems may also result in delays in implementing permanent plans for children. At times, there is an unwillingness to effectively coordinate services to families and share limited resources across State agencies.

- **Delays in Court/Judicial Practices:** Delays throughout the judicial process, from the initial determination of abuse or neglect through the resolution of the dispositional hearing, often impede permanent placements. The courts' inability to attend to the permanency planning needs of children result from the backlog of cases on a court's calendar; strict evidentiary requirements established by State's Attorneys; and the extensive time and resources required for an agency to prepare cases for termination of parental rights. In addition, some States' adoption laws include timelines or other family reunification effort requirements that may preclude an appropriately early termination of parental rights.
- **Delays Related to Staff Beliefs and Attitudes:** A limited view of which children are adoptable may contribute to a reluctance to terminate parental rights outside that range. If no adoptive home has been identified, child welfare workers and judges may be reluctant to terminate the parental rights of the child's biological family because no permanent alternatives exist.

Also detrimental is the belief by some that children are not disadvantaged by remaining in foster care for long periods of time. Despite evidence that children in foster care frequently move between placements, some believe that foster families will be just as stable as adoptive homes.

Further, some workers and agencies have delayed or denied adoptive placements because their priority was to seek families with backgrounds similar to those of the children needing permanent homes, even though this practice is illegal.

- **Limited Pool of Permanent Families for Children with Special Needs:** Despite the requirement in title IV-B to recruit potential foster/adoptive families able to meet the needs of children requiring out-of-home placement, the pool of permanent families for children of minority heritage, older children, members of sibling groups, and children with emotional, developmental, or physical challenges remains insufficient.

This report outlines an agenda to help overcome these barriers to adoption and to accelerate the path to permanency for all waiting children.

Guiding Principles for the Adoption Initiative

Based on a firm understanding of the challenges that face children who await permanence in the child welfare system, the Department will pursue the President's goals in a manner which focuses on changing the outcomes for those children who are hardest to place; improves decision-making for children currently entering the system; and reinforces best practices throughout the system. The Federal goals for children in the child welfare system are safety, permanency and well-being. Based on the extensive consultation, a set of principles has emerged to provide a foundation for the important work of the Adoption 2002 Initiative.

- Every child deserves a safe, permanent family.
- The child's health and safety should be the paramount considerations in all placement and permanency planning decisions.
- Children in foster care deserve prompt, timely decision-making from the adults serving them. The timeframes for placement and permanency planning decisions must be respectful of the child's developmental needs and the child's sense of time.
- Permanency planning efforts for children should begin as soon as a child enters foster care and should be expedited by the provision of services to families.
- Foster care is a temporary situation -- it is not an appropriate place for children to grow up.
- Permanency cannot be achieved for children without the partnership of child welfare agencies, the courts and other service-providing agencies (e.g., housing, mental health care, and substance abuse treatment).
- Adoption is one of a number of pathways to permanency which also includes reunification, guardianship, and permanent placement with relatives.
- Adoptive families often require services and supports long after legalization to meet the ongoing challenges of caring for their children.
- Communication and information sharing about effective strategies, innovative programs, and collaboration opportunities is critical to the success of this initiative.
- The diversity and strengths of all communities must be tapped to create permanency for children.

The Department is committed to working with all sectors of the American community to implement the activities of the Adoption 2002 Initiative in a way that adheres to the principles of sound child welfare practice. The next section of this report presents a series of recommendations to help remove the barriers to permanency for children in foster care and support improvements throughout the child welfare system. The Adoption 2002 Initiative will be a powerful tool to help the Nation realize the goals of safety, permanency, and well-being for every child.

IV. RECOMMENDATIONS FOR ACTION

Today, therefore, I direct the Secretary of Health and Human Services, in consultation with State and civic leaders, to report to me within 60 days on actions to be taken to move children more rapidly from foster care to permanent homes and at least to double, by the year 2002, the number of children in foster care who are adopted or permanently placed out of the public foster care system.

-- President Clinton
December 14, 1996

President Clinton's Executive Memorandum requested recommendations from the Department in a number of specific areas. Many of the strategies highlighted in the President's Executive Memorandum focus on activities that the Federal government can undertake. However, the President also emphasized that placing children in nurturing families is a national priority and responsibility that requires efforts on the part of State and local governments as well as community, business, and religious groups. The Federal role in this initiative is largely one of supporting States and communities by providing financial incentives, technical assistance, policy and programmatic leadership, and recognition of successful efforts. In this section of the Department's report, each element of the President's Executive Memorandum is cited and specific proposed actions are outlined and discussed.

- ◆ **INCREASING THE NUMBER OF ADOPTIONS** - *To increase the number of children who are adopted or permanently placed each year, this report should include, but should not necessarily be limited to, recommendations in the following areas:*

Setting Goals (a) *Plans to work with States on setting and reaching State specific numerical targets, ...*

PROPOSED ACTION STEPS

To set numerical targets leading to a doubling in the number of children who are adopted or placed in alternative permanent homes by the year 2002:

- By September 30, 1997 the Department, through its Regional Offices and collaboratively with the States, will establish preliminary numerical targets for adoption and guardianship. All States will establish both preliminary baseline data for fiscal year 1997 on the number of adoptions and guardianships and proposed annual incremental targets for fiscal years 1998-2002, leading to a national doubling in the annual number of adoptions and guardianships completed by fiscal year 2002.

Discussion:

Establishing numerical targets with States, including annual benchmarks to move States to the goal of doubling the number of adoptions from the foster care system by the year 2002, provides an outcome-driven framework for the Adoption 2002 Initiative. This approach also offers a way to link adoption efforts at the Federal, State, and community levels in pursuit of specific results for children.

In order to establish baselines and targets, the Department will form partnership agreements with the States, building on the work already underway between the Department and the States. In December 1995, the Children's Bureau organized a national meeting of State adoption managers, national advocacy organizations, private non-profit organizations, adoptive parents and Federal staff. The participants produced an outcome-focused framework for adoption services for children with special needs. Because of its emphasis on results, this framework can be the foundation upon which to base results-oriented activities under the President's Executive Memorandum.

The Regional Offices of the Administration for Children and Families have launched discussions with the States about the President's Executive Memorandum and more goal-directed methods to increase the number of children who are permanently placed. Some States and local jurisdictions have already strongly endorsed the President's initiative with letters of support. (See Appendix E.)

- ◆ **Technical Assistance** (a) . . . using the technical assistance of the Department of Health and Human Services National Resource Centers to make information on best practices available to States and to engage community leaders, parents, and the business and faith communities;

PROPOSED ACTION STEPS

To assist States and communities to reach their targets for increased numbers of adoptions and alternative permanent placements for children in foster care:

- The Department will provide the best adoption expertise in the nation to State agencies, courts and communities to improve the timeliness of permanency decisions and to increase the number of adoptions and other permanent placements for children in foster care unable to be reunified with their families.
- Technical assistance will support the development of collaboratives that encourage placements across geographical boundaries; models to improve the recruitment of families for children with special needs; and the development and dissemination of model legislation, best practice guidelines, multi-disciplinary training curricula and implementation guides on the Multiethnic Placement Act (as amended) and the Indian Child Welfare Act.

- The President's fiscal year 1998 budget seeks \$10 million annually for three years (FY 1998-FY 2000) to support these efforts.
- The Department will also review and may revise the title IV-E training regulations to assure a comprehensive approach to child welfare training with a focus on the knowledge and skills necessary to achieve timely permanency planning.

Discussion:

The Department's proposed technical assistance strategy recognizes the need to provide the best information available to agencies, courts, institutions and professionals who make key decisions daily about children's futures. Respondents in the Department's consultation frequently cited the need for the Federal government to foster the sharing of information and best practices across the country.

Some of the specific activities the Department expects to undertake include:

- Providing technical assistance to child welfare agencies and to courts to implement an outcome-focused approach related to the best interests of the child, permanency, timeliness, and quality of care.
- Developing and disseminating materials such as:
 - model guidelines for family assessment;
 - guidelines for State legislation relating to terminating parental rights and guardianship;
 - legislative options for States developing stand-by guardianships for children with terminally ill parents;
 - curricula for collaborative training with agencies, attorneys, and judges;
 - effective judicial and agency practices;
 - recruitment and family development models;
 - information for courts and agencies related to the Multiethnic Placement Act (as amended) and the Indian Child Welfare Act;
 - guidelines for conducting administrative reviews; and
 - information on the adoption tax credit.
- Convening Regional forums to encourage peer-to-peer exchanges of information and successful strategies.
- Awarding grants to multi-State and intrastate collaboratives (operated by the States or other entities) that encourage placements across geographical boundaries; and to local collaboratives designed to recruit families for children with special needs.

- ♦ **Financial Incentives** *(b) Proposals to provide per child financial incentives to States for increases in the number of adoptions from the public welfare system. Options considered should have little to no net costs, as increases in the number of adoptions from the public system will reduce foster care costs, thereby offsetting much if not all of the incentive payments;*

PROPOSED ACTION STEPS

To encourage States to meet their adoption goals and to reward them when they do:

- The Department proposes a bonus for children adopted from the public foster care system. For each child adopted over the base number for that year a per child bonus would be awarded to the State. A higher bonus would be paid to the extent there are increases among children receiving title IV-E adoption assistance. The bonuses would be established as an amendment to the title IV-E Adoption Assistance program. States could use their bonus funds to improve or increase services, including post-legal adoption services, to children and families in the child welfare system.

Discussion:

The Department is proposing a system that would provide a per-child bonus to each State that increases its annual number of adoptions from the foster care system. This proposal places an emphasis on special needs children by providing an extra incentive for their adoption.

The bonuses would be paid beginning in 1999 to the States in the year following the year in which they were earned. The bonus money would be available for use by the State for any activity or service which is allowable under title IV-B, of the Social Security Act. These include a wide range of services to children and families, including post-legal adoption services.

The President's budget includes \$108 million for bonus payments to the States. Based on this proposal, each State would receive a bonus for every child adopted from the State foster care system above the baseline or the annual starting point. A supplemental bonus would be paid to the extent these increases were among children adopted from the State foster care agency who receive assistance under a title IV-E adoption subsidy agreement (i.e., a special needs child).

The baseline or starting point for determining each year's incentive funds will be determined based on data submitted by the States to the Adoption and Foster Care Analysis and Reporting System (AFCARS), the federally-mandated foster care and adoption data collection system. For the purposes of establishing baseline data in FY 1997 only, a State that has not yet submitted reliable AFCARS data may produce data from an alternative source, provided that it can demonstrate to the satisfaction of the Secretary that the alternative data provided are reliable.

The Department's proposal provides a concrete reward to States for good performance, without increasing the expenditures of Federal dollars. The cost of bonuses paid will be offset by savings from reduced foster care costs.

- ◆ **Implementing the Multiethnic Placement Act** *"(c) A proposal to ensure continued aggressive implementation of the Multiethnic Placement Act, as amended by the Interethnic Adoption Provision of the Small Business Job Protection Act;..."*

PROPOSED ACTION STEPS

To continue the Department's aggressive implementation of the Multiethnic Placement Act (MEPA), as amended by the Interethnic Adoption Provision of the Small Business Job Protection Act:

- The Department will expedite the issuance of guidance regarding the amendments to MEPA contained in the Interethnic Adoption Provision to supplement information earlier disseminated to the States. This guidance will focus on the implications of the deletion of permissible consideration language, the new penalty structures, and the approach the Department will take to implementing systematic compliance review protocols.
- The Department's Office for Civil Rights (OCR) will expedite the revision and implementation of compliance reviews. In addition, the Department's Administration for Children and Families (ACF) will include in its monitoring review process a focus on MEPA compliance.
- The ACF and OCR will provide States with technical assistance over the next several months regarding compliance with MEPA.
- The OCR will continue its expeditious review of individual complaints.

Discussion

The Multiethnic Placement Act of 1994 (MEPA) was designed to decrease the length of time that children wait to be adopted, prevent discrimination in the placement of children on the basis of race, color, or national origin, and facilitate the identification and recruitment of foster and adoptive families who can meet children's needs. The MEPA, as amended by the Interethnic Adoption Provision of the Small Business Job Protection Act of 1996, prohibits delaying or denying the placement of any child on the basis of race, color or national origin; requires States to diligently recruit prospective adoptive and foster care families who reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed; and requires the Federal government to impose fiscal penalties for States not in compliance with the anti-discrimination prohibition.

After the passage of MEPA, the Department worked aggressively to ensure that State laws and policies conformed to the statute's provisions. The Department issued guidance in April 1995, notified States of their non-compliance, and worked with 27 States and the District of Columbia to achieve policy compliance. In fiscal year 1997, the OCR will begin reviewing agencies for practice compliance. Beginning in 1995, Regional Offices reviewed State title IV-B plans to ensure that child welfare services programs included recruitment plans for adoptive and foster care parents. The Department will undertake a similar course of action to ensure compliance with the Interethnic Adoption Provision.

Since the enactment of the Interethnic Adoption Provision, the Department has issued an Information Memorandum to the States and title IV-E agencies informing them of the changes to the MEPA. The Department is presently drafting guidance to address how the changes to the discrimination prohibition (particularly the repeal of the "permissible consideration" language that accommodated the consideration of cultural, ethnic, or racial background as one of a number of factors used to determine the best interests of a child) should be implemented. The Administration for Children and Families also is developing processes for assessing penalties, implementing corrective action plans, and conducting systematic monitoring of State practices. The Office for Civil Rights is revising its compliance review instrument that focuses specifically on transracial adoptive and foster care placements.

- ♦ **Tracking Progress of the States** *(d) Plans to compile and publish an annual State-by-State report on success in meeting the numerical targets;*

PROPOSED ACTION STEPS

To publicize the progress made by each State and the Nation as a whole in reaching numerical targets:

- The Department will issue an annual State-by-State report, beginning in the Spring of 1999, on the Nation's progress in meeting the goals of the President's Executive Memorandum. The annual report will provide State-by-State figures on key measures

of success including not only the number of children in foster care who are adopted or placed in guardianship, but measures that reflect the experience of children in the child welfare system, such as the length of time in care and the timeliness of permanency decisions.

- The report will be disseminated widely to national and State policymakers, advocates, State agencies and courts and other interested individuals through targeted mailings and distribution by the National Adoption Information Clearinghouse. The report will also be made available electronically through the Department's homepage on the World Wide Web.

Discussion:

The focus on collecting and using quality data in the area of adoption and permanency will advance our national efforts to strengthen the collection and availability of reliable child welfare data. To ensure that the public stays focused on how well the Nation and the individual States are meeting established goals, the Department is committed to disseminating timely information as widely as possible.

◆ **Recognizing Success** *(e) Plans to recognize successful States.*

PROPOSED ACTION STEPS

To foster public recognition of successful, innovative practices:

- The Department will work in collaboration with foundations and intergovernmental organizations to establish annual awards to be made each November during the commemoration of National Adoption Month. Beginning in 1997, these awards will recognize States, local agencies, courts, private organizations, employers and others who are making key contributions to national efforts to support adoption and to promote permanency for children in the child welfare system.

Discussion:

In addition to publishing annual findings on how the States are progressing toward numerical adoption and guardianship goals, the Department is enthusiastic about the prospect of recognizing innovations in adoption and permanency planning practices by States, and other public and private entities. This will be an opportunity to identify and publicly recognize outstanding practices and will help provide a means to publicize successful actions that can be replicated in other parts of the country.

- ♦ **MOVING CHILDREN WHO CANNOT RETURN HOME MORE QUICKLY TOWARD PERMANENT HOMES** - *To move children more rapidly from foster care to permanent homes, the report shall also recommend changes to Federal law and regulations and other actions needed to emphasize the importance of planning for permanency as soon as a child enters the foster care system. The Secretary's report should include, but should not necessarily be limited to, recommendations in the following areas:*

Removing Barriers to Permanency (a) *Plans to provide States with funding to identify barriers to permanency and to develop targeted strategies to find permanent homes for children who have been in foster care a particularly long time;*

PROPOSED ACTION STEPS

To assist State child welfare agencies, courts and nonprofit organizations to identify and overcome barriers to permanency:

- Through its existing annual discretionary grant award process, the Department will award new and continuing grants under the Adoption Opportunities Act to assist in overcoming barriers to adoption for special needs children. Grants made under the Adoption Opportunities Act address a variety of issues such as: improving the recruitment of minority families; encouraging collaboration to strengthen services to children with disabilities; developing non-adversarial options for permanency, such as concurrent planning, voluntary relinquishment of children and family mediation; and developing training and resource materials to help adoptive parents meet the needs of adopted children who are of a different race or ethnicity.
- For fiscal year 1998, the President's budget requests \$10 million in additional funds for the Adoption Opportunities Act to support a special cluster of barrier reduction grants to the States. These grants would be awarded competitively to State agencies to develop model strategies to reform permanency planning and adoption services, both for children currently in foster care who are unable to return to their families and for children just entering the foster care system. To be eligible to compete for these grants, applicant States would need to participate with the Department in the setting of numerical targets to double the number of adoptions and permanent placements by the year 2002, develop a goal-oriented plan for meeting their goals, and involve the courts in developing their applications and strategies. Up to 15 grants would be awarded.
- The Department will also continue to work with the States to fully implement the Court Improvement Program, authorized in conjunction with the Family Preservation and Support Act. This program provides a grant to the highest court in each participating State to assist in assessing and addressing barriers to permanency from the perspective of the courts. The program has helped to bring courts and agencies

together to examine barriers to permanency and to develop a plan to address these issues. States are now completing their assessments, and are ready to move forward in implementing changes in the court's handling of child welfare cases.

Discussion:

Identifying and addressing barriers is crucial in our national efforts to move children in foster care more quickly to permanent homes, whether this be through reunification, adoption, or placement in an alternative permanent home. Many different factors can serve as a barrier to permanency, ranging from worker decision-making, to the lack of availability of needed services for families, to court delays, to the supply of adoptive families. Addressing barriers to permanency, therefore, requires a multifaceted strategy where the Federal government can make a number of important contributions.

For example, during the Department's consultation, many individuals mentioned that the Court Improvement Program has been helpful both in focusing the judicial system's attention on child welfare issues and in bringing courts and child welfare agencies together to identify and address barriers to permanency. To augment the important work already begun, the Department is proposing the awarding of competitive grants to up to 15 States that form an effective collaboration between the State agency and the State court and that involve other key stakeholders, including Tribes, community representatives, and citizen review boards.

These grants will be used to develop model strategies to reform permanency planning and adoption services, i.e., concurrent planning, expanding court capacity, partnerships for recruitment, and modification of State law and policy. The focus will be on children waiting as well as children newly entering the foster care system, to ensure more timely decision-making. These decisions will reflect the best interest of the child and provide appropriate services to support moving children more quickly from foster care to permanent homes.

- ◆ **Addressing Permanency Planning Earlier Through Timely Hearings** (b) *Proposals to shorten the period of time between a child's placement in foster care and his or her initial hearing at which a permanency determination is made;* (c) *A proposal to clarify that the purpose of "dispositional hearings" is to plan for permanency and, as appropriate, to consider referrals for family mediation, termination of parental rights, adoption, legal guardianship, or other permanent placements;*

PROPOSED ACTION STEPS

To encourage more timely permanency planning and improved judicial decision-making for children in foster care:

- The Department recommends that the Federal statute requiring an 18-month dispositional hearing be amended to require that this hearing be held no later than 12

months after a child's placement in foster care and will work with Congress toward that goal.

- The Department further recommends amending the Federal statute to change the name of the "dispositional hearing" to "permanency planning hearing."
- The Department will provide guidance to the States to :
 - Clarify the purpose of the dispositional hearing;
 - Clarify the purpose of the 6-month administrative review; and
 - Clarify that States have the flexibility to increase the frequency of the dispositional hearing as well as the 6-month administrative review.
- The Department proposes several additional activities specifically addressing court-related barriers to permanency:
 - Convening a forum of leaders in the legal profession, judges, attorneys, agency administrators and advocates to develop strategies for adding to the courts' focus on improved outcomes for children.
 - Identifying and disseminating information about innovative reforms and model practices derived from the assessments of the Court Improvement Programs and other efforts.
- Finally, the Department encourages the President to communicate with State chief justices and national legal organizations to emphasize the importance of elevating the status of child welfare proceedings (including child protection, permanency planning, termination of parental rights and adoption proceedings) within the courts.

Discussion:

The President's Executive Memorandum called on the Department to examine issues around the timeliness of judicial hearings affecting the duration of a child's stay in foster care and his or her movement towards permanency. Specifically, the Executive Memorandum instructed the Department to examine ways to shorten the period of time between a child's placement in foster care and the initial dispositional hearing at which permanency planning issues are addressed.

The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) created the framework for existing Federal child welfare programs and requirements. Among the provisions of the law are requirements for administrative and court reviews to ensure that children's needs for permanent homes are addressed. The law requires that, within 18 months of placement, and every 12 months thereafter, a dispositional hearing must be held to determine the child's permanent placement and, specifically, whether:

- the child should be returned to the parent;
- the child should be continued in foster care for a specified period;
- the child should be placed for adoption; or
- the child should (because of the child's special needs or circumstances) be continued in foster care on a permanent or long-term basis.

This hearing was intended to be the time when a definitive permanent plan for the child would be set by the court. However, these permanent plans are not always set within the 18 month timeframe, sometimes because of the confusion surrounding the purpose of the dispositional hearing.

The Department's proposals reflect themes heard during the Department's outreach and consultation process. There was significant agreement that the permanent plan for a child should be set earlier than 18 months after a child's entry into foster care. We also heard support for providing guidance that would clarify the purpose of the dispositional hearings. While the Department believes that the changes outlined above will encourage more timely decisions regarding permanency planning for children, it must be emphasized that services must begin as soon as the child enters substitute care.

In addition to addressing the timeliness of hearings, there is widespread support for reviewing and strengthening court practices to achieve better outcomes for children in the child welfare system.

- ♦ **Clarifying "Reasonable Efforts"** *(d) A proposal to clarify the "reasonable efforts" requirement and other Federal policy as it relates to permanency and safety;*

PROPOSED ACTION STEPS

To ensure the protection of children by clarifying or proposing changes to legislation regarding "reasonable efforts," reunification of children with their families, and termination of parental rights:

- The Department will issue administrative guidance within 60 days that clarifies the "reasonable efforts" provision of title IV-E of the Social Security Act. This clarification will advance the goal of giving every child in our nation's public child welfare system a safe and permanent home by making it clear that in determining whether and when to remove a child from his or her family, whether and when to reunify the family, and whether and when to seek an alternative permanent plan, the child's health and safety shall be the paramount concern.
- Members of Congress have developed a number of proposals to address this issue and the Department will work with them to achieve statutory changes reinforcing this administrative clarification.

- The Department in particular will work with Congress to more clearly and appropriately illustrate the circumstances in which "reasonable efforts" to preserve or reunify a family may not be appropriate or required. The Child Abuse Prevention and Treatment Act (CAPTA), as amended by the Congress in 1996, already requires that, as a condition for receiving funds under the Basic State Grant Program:
 - 1) the State may not mandate the reunification of a surviving child with parents found to have aided or abetted or committed murder, voluntary manslaughter, or serious bodily injury to their children; and
 - 2) conviction of any of the above mentioned felonies constitutes grounds for the termination of parental rights.

The Department will work towards amending the title IV-E provisions of the Social Security Act to similarly illustrate to States this list of circumstances in which reunification may not be appropriate.

- The Department will also issue model guidelines for State legislation that will advance the goal of giving every child in our Nation's public child welfare system a safe and permanent home by making it clear that in determining whether and when to terminate parental rights, the child's health and safety should be the paramount concern.

Discussion:

Since 1980, Federal law has required that "reasonable efforts" be made both: (1) to prevent the unnecessary removal of children from their families; and (2) to reunify children, when possible, who have been placed in foster care with their families. The goal of this provision was to reduce the phenomenon of children languishing unnecessarily in foster care and to avoid the unnecessary disruption of parental rights. The Federal "reasonable efforts" requirement has been both heralded as being essential to effective child welfare practice and criticized for being unclear and a barrier to child safety and permanence.

Consultation revealed that there is wide variation in how the current "reasonable efforts" law is interpreted by caseworkers, agencies, and judges around the country. There was a strong consensus that some clarification of the reasonable efforts requirements is needed to allow for better, more timely decision-making in individual cases, although there were divergent opinions on what degree of specificity would be useful from the Federal government.

The proposals outlined above will send a clear message that Federal law requires that the health and safety of children shall be the paramount concern in making decisions about whether and when to remove children from families, whether and when to reunify the families, and whether and when to seek alternative permanency plans. They also will make clear to the States the Administration's view that the child's health and safety should be paramount in determining whether and when to terminate parental rights.

- ◆ **Standards for Securing Permanency** *(e) Plans to ensure that States give appropriate weight to permanency planning by establishing standards for securing permanency through adoption or guardianship, once a decision has been made that a child cannot be returned home;*

PROPOSED ACTION STEPS

To ensure that States give appropriate attention to permanency planning for children in foster care who are unable to return home to their families:

- The Department recommends that title IV-E of the Social Security Act be amended to require "reasonable efforts" to secure a permanent home for children in foster care when adoption or another permanent placement is the goal for the child.
- The Department will propose regulatory changes to clarify that States may simultaneously work toward reunification and develop an alternative plan for children in the event that they are not able to be reunified. The Department will also disseminate effective models of practice.
- The Department will work with States to encourage use of the Federal Parent Locator Service at the time a child enters foster care to locate absent parents and other relatives who may be able to provide permanent homes for the child.

Discussion:

As discussed above, there is a Federal standard that requires States to make reasonable efforts to prevent the removal of children and to reunify families when consistent with child safety. However, there is currently no comparable standard or requirement to find alternative permanent homes for children once the decision has been made that they cannot safely be reunified with their families. Too often, children are made to wait in foster care for long periods of time, even after the decision has been made that adoption is the most appropriate permanency option for the child. Passage of legislation to require reasonable efforts to secure a permanent home for children will help to ensure that States give priority attention to the issue of permanency.

In addition to setting a standard for permanency in the law, the Department will clarify its policies to ensure that States understand that they may concurrently work with families to help them safely resume care of their children and develop an alternative plan for permanency in the event that the child and family cannot be reunified. This practice of concurrent planning was frequently endorsed during the Department's consultation as an effective means to ensure timely decision-making for children. In addition, the Department will share information and best practices with the States on how to conduct concurrent planning.

An additional step the Department proposes to assist States in making timely and informed decisions about permanency is to work with State child welfare and child support enforcement agencies to facilitate use of the Federal Parent Locator Service to identify and locate absent parents or other relatives who may be interested in providing a permanent home for a child in foster care. (The Federal Parent Locator Service is currently used by State child support enforcement officials.) Even if an absent parent or other relative is unable to provide a home for the child, ruling out this alternative early in a child's placement will allow the agency and court to move expeditiously towards adoption or another permanent alternative.

- ◆ **Alternative Forms of Permanency** *(f) Plans to examine alternative permanency arrangements, such as guardianship, when adoption is not possible.*

PROPOSED ACTION STEPS

To gain a better understanding of alternative permanency arrangements:

- The Department proposes to continue to study and evaluate guardianship as an alternative form of permanency when adoption is not possible. The Department will work with the States of Illinois, North Carolina, and Delaware in evaluating the assisted guardianship efforts being undertaken as part of these States' child welfare demonstration waivers.
- The Department may seek a limited expansion of the child welfare demonstration waiver authority to test additional approaches to permanency and timely decision-making if current authority is found to be insufficient.
- The Department will also continue to explore relative and/or kinship care as a means of ensuring permanency for children. Demonstration grants regarding kinship care are permitted under the Child Abuse Prevention and Treatment Act, as reauthorized in 1996. The Department intends to fund projects in the future under this authority to improve our knowledge of the use of kinship care in ensuring children's safety and permanency. Examples of topics that might be addressed under this demonstration authority include the development of best practices for the licensing and approval of relatives' homes and the development of training curricula focused on permanency for children in relative care.

Discussion:

When adoption is not appropriate, children need stable, permanent living arrangements. Examples include some children placed in long-term kinship care arrangements and some older children with special needs without realistic adoption prospects. This is also an important issue for American Indian children under Tribal jurisdiction. Many Tribes consider kinship care the cultural equivalent of adoption.

Many people with whom the Department consulted recommended that the Federal government help pay for the cost of subsidized guardianship arrangements, as it does for adoption, under title IV-E of the Social Security Act. The Department does not recommend this step at this time. Because guardianships are easily revoked and, therefore, do not offer the legal protection of adoption, the criteria for the use of guardianship as a form of permanency must be carefully examined. There is limited understanding of the factors which shape decisions about adoption and guardianship by relatives. Premature changes in title IV-E reimbursement policies might result in unintentional incentives to shift children into guardianship arrangements when an adoption could be achieved.

Several current and proposed activities will expand our knowledge and experience regarding guardianship and its relationship to relative care. Using demonstration authority, the Department will work with the States to gain better information on how guardianships are currently used; the relationship between guardianships, relative care and adoption; and the important ways in which guardianships differ from adoption. Based on these demonstration efforts, the Department will consider whether criteria might be developed regarding when and for which children such alternatives are appropriate. Co-guardianships (which are being used in several places for children with incarcerated or terminally ill parents) and family mediation methods which emphasize permanency options for children will also be explored.

Under the child welfare waiver demonstrations, Illinois, North Carolina, and Delaware are currently exploring alternative permanency options that include support for subsidized guardianships (similar to adoption assistance agreements) primarily for kinship care providers. Several other States have applied for similar demonstrations. All waiver demonstrations will be rigorously evaluated. Because we believe that this approach allows for a careful and thorough examination of alternative permanency arrangements and other emerging topics in the field of child welfare, the Department may also seek a limited expansion in the number of child welfare demonstration waivers that may be granted if the existing authority is insufficient to fully examine alternative permanency arrangements.

Finally, it should be noted that the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193) included a provision requiring the States to consider giving preference to relatives as caretakers for children eligible to receive foster care maintenance subsidies under title IV-E of the Social Security Act. Policy guidance for the States is currently under development. This is the first Federal legislative preference for placing children with relatives. We hope that it will lead to an earlier identification and location of relatives who are willing and able to provide permanent, nurturing homes for children in the child welfare system.

V. CONCLUSION

The *Adoption 2002* report to the President presents a number of recommendations for statutory, regulatory, and administrative actions necessary to double the number of children placed into permanent homes annually by the year 2002. Presidential attention to the needs of children who have been abused and neglected and are languishing in foster care has the potential to change the life experiences of thousands of children.

The Adoption 2002 Initiative builds on the concerns reflected in Congress and by States and communities in their efforts to increase adoption and permanency outcomes for children. Congress is considering important legislative changes in this arena. States are moving to reform their systems by streamlining administrative and judicial procedures to move children more quickly to permanence as well as by amending their laws governing the termination of parents' rights. Foundations are working with the States to ensure that the experience of children in foster care is time limited and results in stability for children. Innovations in the recruitment of adoptive families continue in both community efforts, such as One Church, One Child, and the development of internet listing services for waiting children.

As a Nation, we have an important opportunity to focus the energy of Federal, State and local governments with that of professional organizations, faith communities, and neighborhood leadership to make a difference for our most vulnerable children.

The time is now. The chance is ours.

Appendix A

Text of Presidential Directive on Adoption

WASHINGTON, Dec. 14 /U.S. Newswire/ -- Following is a memorandum from President Clinton to the Secretary of Health and Human Services, Secretary of the Treasury, Secretary of Labor, Secretary of Commerce and the director of the Office of Personnel Management:

During this Holiday Season, as we reflect on the importance of family in our own lives, let us remember the tens of thousands of our Nation's children in the public child welfare system who live without permanent and caring families. Foster care provides temporary shelter and relief for children who have been abused or neglected.

I am committed to giving the children waiting in our Nation's foster care system what every child in America deserves -- loving parents and a healthy, stable home. The goal for every child in our Nation's public welfare system is permanency in a safe and stable home, whether it be returning home, adoption, legal guardianship, or another permanent placement. While the great majority of children in foster care will return home, for about one in five, returning home is not an option, and they will need another home, one that is caring and safe. These children wait far too long -- typically over 3 years, but for many children much longer -- to be placed in permanent homes. Each year, State child welfare agencies secure homes for less than one-third of the children whose goal is adoption or an alternate permanent placement. I know we can do better.

I believe we should increase the number of children who are adopted or permanently placed from the public foster care system each year toward the goal of at least doubling that number by the year 2002. Returning home is not an option for about 100,000 of the over 450,000 children in the Nation's foster care system, yet only approximately 20,000 were adopted last year and approximately 7,000 were permanently placed in legal guardianships. While the number of adoptions each year has been constant for many years, I believe that by working with States to identify and break down barriers to permanent placements, setting annual numerical targets, rewarding successful performance, and raising public awareness, we can meet the target of at least 54,000 children adopted or permanently placed from the public foster care system by the year 2002.

Today, therefore, I direct the Secretary of Health and Human Services, in consultation with State and civic leaders, to report to me within 60 days on actions to be taken to move children more rapidly from foster care to permanent homes and at least to double, by the year 2002, the number of children in foster care who are adopted or permanently placed out of the public foster care system.

- I. To increase the number of children who are adopted or permanently placed each year, this report should include, but should not necessarily be limited to, recommendations in the following areas:
 - (a) Plans to work with States on setting and reaching State specific numerical targets, using the technical assistance of the Department of Health and Human Services National Resource Centers to make information on best practices available to States and to engage community leaders, parents, and the business and faith communities;
 - (b) Proposals to provide per child financial incentives to States for increases in the number of adoptions from the public welfare system. Options considered should have little to no net costs, as increases in the number of adoptions from the public system will reduce foster care costs, thereby offsetting much if not all of the incentive payments;
 - (c) A proposal to ensure continued aggressive implementation of the Multi-ethnic Placement Act, as amended by the Inter-ethnic Adoption Provision of the Small Business Job Protection Act;
 - (d) Plans to compile and publish an annual State-by-State report on success in meeting the numerical targets; and
 - (e) Plans to recognize successful States.

II. To move children more rapidly from foster care to permanent homes, the report shall also recommend changes to Federal law and regulations and other actions needed to emphasize the importance of planning for permanency as soon as a child enters the foster care system. The Secretary's report should include, but should not necessarily be limited to, recommendations in the following areas:

- (a) Plans to provide States with funding to identify barriers to permanency and to develop targeted strategies to find permanent homes for children who have been in foster care a particularly long time;
- (b) Proposals to shorten the period of time between a child's placement in foster care and his or her initial hearing at which a permanency determination is made;
- (c) A proposal to clarify that the purpose of "dispositional hearings" is to plan for permanency and, as appropriate, to consider referrals for family mediation, termination of parental rights, adoption, legal guardianship, or other permanent placements;
- (d) A proposal to clarify the "reasonable efforts" requirement and other Federal policy as it relates to permanency and safety;
- (e) Plans to ensure that States give appropriate weight to permanency planning by establishing standards for securing permanency through adoption or guardianship, once a decision has been made that a child cannot be returned home; and
- (f) Plans to examine alternative permanency arrangements, such as guardianship, when adoption is not possible.

Last month, I signed a proclamation designating November as National Adoption Month -- a time to increase awareness about the tens of thousands of children waiting for families and to encourage all Americans to consider the rewards and responsibilities of adoption. However, adoption must be a national concern throughout the year. Therefore, I direct:

- (a) The Secretary of Health and Human Services to develop and lead a public awareness effort, including use of public service announcements, print materials, and the Internet;
- (b) The Secretaries of Health and Human Services and the Treasury in consultation with State, civic, and private sector leaders to develop and disseminate information about the new adoption tax credits and other adoption benefits;
- (c) The Secretaries of Labor and Commerce, in consultation with State and civic leaders, to identify and recognize companies in the private sector with model policies to encourage and ease adoption among employees; and
- (d) The Director of the Office of Personnel Management to direct all Federal agencies to provide information and support to Federal employees who are prospective adoptive parents.

WILLIAM J. CLINTON

Appendix B

Adoption Correspondents by Category:
January 15, 1997

A. Service Providers:

1. Hope for the Children, Rantoul, IL
2. Northeast Ohio Adoption Services, Warren, OH
3. Tressler Lutheran Services, York, PA
4. Tressler Lutheran Services, Baltimore, MD
5. Lutheran Adoption Service, Southfield, MI
6. Family Builders By Adoption, Oakland, CA
7. Children's Home Society of Florida, Jacksonville, FL
8. Common Sense Adoption Services, Mechanicsburg, PA
9. Maine Adoption Placement Service, Bangor, ME
10. Center for Family Connections, Inc., Cambridge, MA
11. Lutheran Social Service of Kansas and Oklahoma, Wichita, KS
12. Society for Seamen's Children, Staten Island, NY
13. Miami Valley Adoption Coalition, Inc. Dayton, OH
14. Marian Adoption Services, Plymouth Meeting, PA
15. Lutheran Social Services of Indiana, Fort Wayne, IN
16. Adoption by Gentle Care, Columbus, OH
17. Adoption Horizons and the Birth Parent Center, Eureka, CA
18. Catholic Charities, Diocese of Fort Wayne-South Bend, Fort Wayne, IN
19. Open Adoption and Family Services, Inc., Portland, OR
20. Boys and Girls Aid Society, Portland, OR
21. Welcome House Social Services of the Pearl S. Buck Foundation, Inc., Perkasie, PA
22. Catholic Charities of the Diocese of Albany, Albany, NY
23. Children's Adoption Network, Richboro, PA
24. Ennis Center for Children, Inc., Detroit, MI
25. Adopt a Special Kid/Texas, Inc., Hurst, TX
26. Children and Family Institute, Fort Worth, TX
27. Minnesota Adoption Resource Network, Minneapolis, MN
28. Massachusetts Adoption Resource Exchange, Inc., Boston, MA
29. Christian Cradle, Lansing, MI
30. Children's Hope International, Franklin TN
31. Los Ninos Children's International Adoption Center, The Woodlands, TX, (9 different letters)
32. Jewish Family Services, New Haven, CT
33. LDS Social Services, Ogden, UT
34. LDS Social Services, Amherst, NH
35. Community Maternity Services, Albany, NY
36. Lutheran Social Services of Indiana, Griffith IN
37. The Attachment Center, Evergreen, CO
38. Catholic Charities of Tennessee, Nashville, TN
39. Small World Ministries, Inc., Hermitage, TN
40. St. Christopher-Ottillie Services for Children and Families, Long Island, NY
41. Respond, St. Louis, MO
42. Families Are Special, North Little Rock, AR
43. Children Awaiting Parents, Rochester, NY
44. Dependent Care Connection, Westport, CT
45. Respond, St. Louis MO
46. Leake and Watts, Yonkers, NY

47. Spence-Chapin Services to Families and Children, New York, NY
48. Project STAR, The Rehabilitation Institute, Pittsburgh, PA
49. Heritage Adoption Services, Inc., Portland, OR
50. Urban League-Rhode Island, Providence, RI
51. Tarzana Treatment Center, Inc., Tarzana, CA
52. Daniel Memorial Adoption Information Center, Jacksonville, FL
53. Jewish Child Care Association of New York, New York, NY
54. Mentor Clinical Care, Indianapolis, IN
55. The Northwest Adoption Exchange, Seattle, WA
56. Placement Services Agency, Dallas, TX
57. New Beginnings, Adoption and Counseling Agency, Columbus GA
58. United Methodist Family Services, Virginia Beach, VA
59. Adoptions From the Heart
60. University of Chicago School of Social Work
61. Washington State Families for Kids, Seattle, WA
62. Child Development Unit, University of Kansas Medical Center, Kansas City, KS
63. Arlington Diocese Catholic Charities, Burke, VA

B. Government Agencies

1. Program Supervisor, Administrative Office of the Courts, Arizona Supreme Court, Phoenix, AZ
2. Franklin County Children Services
3. County of Los Angeles, Department of Children's Services, Peter Digre, Los Angeles, CA
4. Licking County Department of Human Services, Newark OH
5. Louisiana Department of Social Services, Assistant Secretary, Office of Community Services, Baton Rouge, LA
6. Minnesota Department of Human Services, St. Paul, MN
7. Missouri Department of Social Services, Director, Division of Family Services, Jefferson City, MO
8. Massachusetts Department of Social Services, Executive Office of HHS, Director of Public Relations, Boston, MA
9. Massachusetts Department of Social Services, Adoption Supervisor, Boston MA
10. Indiana Family and Social Services Administration, Director, Division of Family and Children, Indianapolis, IN
11. Secretary, Kansas Department of Social Services, Topeka, KS
12. Massachusetts HHS, Department of Social Services, Acting Commissioner, Boston, MA
13. Wisconsin Department of Health and Family Services, Secretary, Madison, WI
14. North Carolina Department of Human Resources, Director of Social Services, Raleigh, NC
15. Virginia Department of Social Services, FP/FC & Adoption Manager
16. Department of Health and Human Resources, Adoption-Homefinding Unit, Charleston, WV
17. New Jersey Department of Human Services, Director, Division of Youth and Family
18. Services Department of Social Services for Henry County, VA senior social worker, Collinsville, VA
19. Judge, San Ildefonso Pueblo Tribal Court
20. Administrator, Division of Family and Community Services, Idaho Department of Health and Welfare
21. Director, Family and Children's Services Division, Minnesota Department of Human Services
22. Commissioner, Social and Rehabilitation Services, Vermont Department of Social and Rehabilitation Services
23. Director, Division of Family Services, Delaware Department of Service for Children, Youth and Families, Wilmington, DE

24. Acting Commissioner, Bureau for Children and Families, West Virginia Department of HHR
25. Director, Iowa Department of Human Services
26. Isaac Palmer, Office of Family and Children's Services, Ohio Department of Human Services
27. Assistant Secretary for Children, Washington Department of Social and Health Services, Olympia, WA
28. Department of Children, Youth and Families, Rhode Island
29. Secretary, Maryland Department of Human Resources, Baltimore, MD
30. San Mateo County Youth and Family Services Agency, Belmont County
31. Director, Child Welfare Services, Colorado Department of Human Services, Denver CO
32. Chair, Adoption Development Outreach Planning Team, Department of Social Services, Chesterfield-Colonial Heights, Chesterfield. VA
33. Secretary, Florida Department Children and Families Tallahassee, FL
34. Director of Social Services, Alexandria City Department of Human Services, Alexandria, VA
35. Cabinet for Families and Children, Frankfort, KY
36. Chair, Black Adoption and Foster Care Advocacy Board, Louisiana Department of Social Services, Lafayette, LA
37. Acting Director, Michigan Family Independence Agency , Lansing, MI
38. Director, Wyoming Department of Family Services, Cheyenne, WY
39. Director, New Hampshire Division for Children, Youth and Families, Department of Health and Human Services, Concord, NH
40. Utah, Adoption Council, Utah Division of Child and Family Services, DHS, Salt Lake City, UT
41. Director, Loudoun County Department of Social Services, Leesburg, VA
42. Executive Director, Mississippi Department of Human Services, Jackson, MS
43. Director, Department of Children and Family Services, State of Illinois, Chicago, IL
44. Commissioner, Division of Family and Youth Services, Department of Health and Social Services, Juneau, AK
45. Chief, Adoptions Branch, California Department of Social Services, Sacramento, CA
46. Nebraska Director of Health and Human Resources, Omaha, NE
47. Director, Services to Children and Families, Oregon Department of Human Resources, Salem, OR
48. Project Director, Children Services Board of Summit County, Akron, OH
49. Regional Director, Rhode Island Department of Children, Youth and Families, Providence, RI
50. Deputy State Director, Office of Program Policy and Oversight, South Carolina Department of Social Services, Columbia, SC
51. Deputy Commissioner, Division of Services and Community Development, New York State Department of Social Services, Albany, NY

C. Advocacy Groups

1. Coalition for Adoption Reform and Education, San Diego, CA
2. National Court Appointed Special Advocate Association, Seattle, WA
3. The Adoption Institute, New York, NY
4. The Independent Women's Forum, Washington, DC
5. Independent Adoption Center, Pleasant Hill, CA
6. National Council for Single Adoptive Parents, Chevy Chase, MD
7. Children, Remembered, Inc., Northbrook, IL
8. Adoption Exchange Association, Denver, CO
9. National Child Welfare Association, Portland, OR
10. Family Builders Network, Boston, MA
11. Casey Family Program, Seattle, WA
12. National Association of Foster Care Reviewers, Atlanta, GA
13. Heritage Foundation, Washington, D.C.
14. National Adoption Center, Philadelphia, PA

15. New York State Citizens' Coalition for Children, Inc., Ithaca, NY
16. Voice for Adoption, Washington, DC
17. National Resource Center for Permanency Planning, New York, NY
18. Child Welfare League of America, Washington, DC
19. Generations United, Washington, DC
20. National Association of Social Workers, Washington, DC
21. Adoption Advocates, Minneapolis, MN
22. National Council for Adoption, Washington DC
23. American Academy of Pediatrics, Elk Grove Village, IL
24. Cooperative Adoption Consulting, San Anselmo, CA
25. Coalition for Family & Children's Services, Des Moines, IA
26. Institute for Children, Cambridge, MA
27. Common Ground Network for Life and Choice, Washington, DC
28. Family Research Council, Washington, DC
29. Child Welfare League of America, Washington DC
- 30.

Congressional:

1. Howard Metzenbaum, Retired Senator

D. Private Citizens/General Public/Adoptive Parents

1. Kathryn B. Creedy, adoptive parent
2. Betty Charmatz
3. Hector and Susan Badeau Family, adoptive parents
4. Carole Adlard, executive director, Adoption Option, Cincinnati, OH
5. Christopher Unger, Ph.D., psychologist
6. Adoree Blair, Child Advocate
7. Julie Jarrell Bailey, adoptive parent and birth mother
8. Dave Bushnell, adoptive parent
9. Allan Neustadt
10. Jack Marvin
11. David Wazdatskey, adoption supervisor
12. Kathy Casey, adoptive parent
13. Elizabeth Bartholet, adoption advocate
14. Peter Winkler, ACSW
15. David and Susan Distel, foster parents
16. Vicky Payne
17. Jackie Hampton, LMSW
18. Susan Levitzky, MD, FAAP
19. jsqui10177.aol.com
20. Jerri Ann Jenista, MD
21. Marie Dolfi, MSW

Appendix C

ADOPTION 2002 FOCUS GROUP QUESTIONS

ELIMINATING BARRIERS TO PERMANENCY & INCREASING ACCESS TO ADOPTION

- **Removing Barriers to Permanency**

What are the barriers to permanency?

What stands in the way of timely decision-making throughout the system?

- **Multiethnic Placement Act/Interethnic Placement provision**

The directive mandates that the Federal government ensure continued aggressive implementation of MEPA and the Interethnic Placement provision. In the context of this mandate, how can the Federal government best promote more rapid compliance with MEPA and the Interethnic Placement provision?

MOVING CHILDREN MORE PROMPTLY

- **Reasonable Efforts Requirements**

What ought to be the goals of the reasonable efforts requirements?

What are the concerns and issues surrounding the reasonable efforts requirements?

Should there be a reasonable efforts requirement related to permanency?

What principles or factors should the Federal government consider in an attempt to clarify the relationship between safety and reasonable efforts requirements?

- **Dispositional Hearings**

What should be accomplished with dispositional hearings?

What barriers, if any, stand in the way of accomplishing the goals with regard to dispositional hearings?

DOUBLING THE NUMBER OF CHILDREN WHO ACHIEVE PERMANENCY

- **State Numerical Adoption Targets**

What supports, other than monetary support, can the Federal government provide to States to help them reach the goal of doubling the number of children who achieve permanency?

More specifically, what kinds of technical assistance would be most helpful to States as they pursue the permanency goals?

- **Financial Incentives to States to Increase Adoptions**

Can financial performance incentives help States move toward the permanency goals? If so, how?

In addition to the per child financial incentive outlined in the directive, what other kinds of performance incentives could help States reach the targets?

PROMOTING INNOVATION IN THE CHILD WELFARE SYSTEM

- **Alternative Permanency Arrangements**

What are effective alternative permanency arrangements for children? What concerns would you have about them?

- **Opportunities for Systemic Change**

How does the directive fit with efforts to promote systemic change in the child welfare system?

CROSS-CUTTING PRINCIPLES

What principles should guide the Federal planning for this initiative to help achieve the permanency goals?

ADOPTION 2002 FOCUS GROUP PARTICIPANTS

**Intergovernmental
January 22, 1997**

Melissa Baker
American Public Welfare Association
10 First Street, N.E.
Suite 500
Washington, D.C. 20002
202-682-0100

Jason Golonka
National Governors Association
14 North Capital Street, N.W.
Suite 267
Washington, D.C. 20001
202-624-5300

Marilina Sanz
National Association of Counties
40 First Street, N.W.
4th Floor
Washington, D.C. 20001
202-393-6226

Berry Steisel
National Conference of State
Legislatures
44 North Capital Street, N.W.
Suite 515
Washington, D.C. 20001
202-624-5400

Joe Dimas
National League of Cities
301 Pennsylvania Avenue N.W.
Washington, D.C. 20004
202-626-3020

Laura Waxman
U.S. Conference of Mayors
620 Eye Street, N.W.
Washington, D.C. 20006
202-293-7330

Jane Flango
National Center for State Courts
100 Newport Avenue
P.O. Box 8798
Williamsburg, Va. 23187-8794
204-253-2000

**National Council for Adoption
(NCFA)
January 27, 1997**

Dortha Tilly
Adopt A Special Kid
1060 West Pipeline Road
Suite 106
Hurst, Texas 76053
817-595-0497

Kent Pulsipher
LDS Social Services
9978 Marble Street
Sandy, Utah 84094
801-572-0452

Nathan Samuel
Childplace
2420 Highway 62
Jeffersonville, IN 47130
812-282-8248

Kent Brand
Hope for Children
1507 Johnson Fairy Road
Suite 190
Merritt, Ga 30062
770-977-0813

Jim Savely
Small World Ministries
401 Bonnaspring Drive
Hermitage, TN 37076
615-883-4372

Tommilee Harding
Christian World Adoption
270 West Common Blvd
Mt. Pleasant, SC 29464-3489
803-856-0305

Gary Weir
Refugee Maternity Home
499 Walnut Street
Winfield, MO 63389
314-668-8192

Ruby Lee Piester
Texas Governor's Committee on
Adoption
5413 LedgeStone Drive
Ft. Worth, TX 76132
817-346-8630

Maureen Hogan
Adopt A Special Kid
226 4th Street, N.E.
Washington, D.C. 20002
202-544-3603

**National Council for Adoption
(NCFA)
January 21, 1997**

Elizabeth Bartholet, Harvard Law
School
Houser Hall
422
1575 Massachusetts Avenue
Cambridge, MA 02138
617-495-3128

Carol Coccia
National Committee to End
Racism in America's Child
Care System, Inc.
22075 Koths
Taylor, MI 48180
313-295-0257

Phoebe Dawson
New Beginnings Adoption &
Counseling Agency
1316 Wynnton Court
Suite A
Columbus, Georgia 31906
404-571-3346

Jane Edwards
2926 Parkland Drive
Vradenton, Florida 34209
941-795-1802

Patrick Fagan
Heritage Foundation
214 Massachusetts Avenue
Washington, D.C. 20002
202-546-4400

Rene Garfinkel, Adoption Studies
Institute
2924 M Street, N.W.
Suite 101
Washington, D.C. 20007
202-338-1550

Richard Gelles
University of Rhode Island
Department of Sociology
Kingston, RI 02881
401-874-4138

Beverly Jimmerson
Governor's Office
P.O. Box 12428
Austin, Texas 78711
512-475-2340

Carol Olwert Reese
Partnership for Adoption Advocacy
2 Hudson Drive
New Fairfield, Connecticut 06812-3801

Mary Beth Style
c/o NCFA
930 17th Street, N.W.
Washington, D.C. 20009
703-502-7910

Woody Turner
Pennsylvania Adoptive Family Rights
Council
1500 Oliver Building
Pittsburgh, PA 15222
412-355-6478

**National Association of Child
Advocates
January 17, 1997**

Anne Arnesen
Director
Wisconsin Council on Children and
Families
16 N. Carroll Street
Madison, WI 53703
608-284-0580

Diane Benjamin
Director of Minnesota KIDS Count
Children's Defense Fund-Minnesota
550 Rice Street, Suite 205
St. Paul, MN 55103
612-227-6121

Jetta Bernier, Executive Director
Massachusetts Committee for
Children and Youth
14 Beacon Street, Suite 706
Boston, MA 02108
617-742-8555

Sheri A. Brady, Esq.
Program Associate
National Association of Child
Advocates
1522 K Street, NW, Suite 600
Washington, DC 20005
202-289-0777 ext. 215

Eve Brooks, President
National Association of Child
Advocates
1522 K Street, NW, Suite 600
Washington, DC 20005
202-289-0777 ext. 210

Gary Brunk, Executive Director
Kansas Action for Children
715 Southwest 10th
P.O. Box 463
Topeka, KS 66601
913-232-0550

Suzanne Cambria
Soical Work Intern
D.C. Action for Children
1616 P Street, NW, Suite 110
Washington, DC 20036
202-234-9404

Tonia Hunt
Public Policy Assistant
Children First for Oregon
921 SW Morrison Street, Suite 418
Portland, OR 97205
503-294-1456

Jann Jackson
Executive Director
Advocates for Children & Youth
300 Cathedral Street, Suite 500
Baltimore, MD 21201
410-547-9200

Jennifer Keith
Legal Director
Arkansas Advocates for Children and
Families
103 E 7th Street, Suite 931
Little Rock, AR 72201
501-371-9678

Gabrielle Kreisler, Esq.
Citizens' Committee for Children of
New York
105 East 22nd Street
New York, NY 10010
212-673-1800

Paola Maranan
Public Policy Coordinator
The Children's Alliance
172 20th Avenue
Seattle, WA 98122
206-354-0340

Tara T. Marshall
Director of Violence Prevention
Services
Agenda for Children
P.O. Box 51837
New Orleans, LA 70151
504-586-8509

Jim McComb
Advocates for Children & Youth
300 Cathedral Street, Suite 500
Baltimore, MD 21201
410-547-9200

Kathy Bigsby Moore
Executive Director
Voices for Children in Nebraska
7521 Main Street, Suite 103
Omaha, NE 68127
402-597-3100

John S. Niblock
President/CEO
Alliance for South Carolina's
Children
1330 Lady Street
Columbia, SC 29211
803-343-5510

Sharon Claytor Peters
President
Michigan's Children
428 W. Lenawee
Lansing, MI 48933
517-485-3500

Anne Roberts
Executive Director
Oklahoma Institute for Child
Advocacy
420 NW 13th Street, Suite 101
Oklahoma City, OK 73103
405-236-5437

Michael Tierney, Executive Director
Children's Policy Institute of West
Virginia
P.O. Box 3839
Charleston, WV 25338
304-344-3970

a Tilly
utive Director
CES for Alabama's Children
Box 4576
gomery, Al 36103
213-2410

e Town
tor of Case Advocacy
ucky Youth Advocates
Frankfort Avenue
sville, KY 40206
395-8167

ck T. Villani, Ph.D
utive Director
nn's Home, Inc.
A Haverhill Street
uen, MA 01844
682-5276

Ward
tor of Policy
wide Youth Advocacy, Inc.
lk Street-5th Floor
ny, NY 12207
436-8525

hs Watts
ident/CEO
nda for Children
Box 51837
Orleans, LA 70151
586-8509

Zalkind
iciate Director
ociation for Children of New
y
alsey Street
ark, NJ 07102
643-3876

ey and Clark Foundation
nteas
uary 17, 1997

ie Grunewald
aks
O Kurtwood Blvd, SW
ar Rapids, Iowa 52404
-364-0259

Jody Weigel
Human Services
411 3rd Street, S.E.
Cedar Rapids, Iowa
319-398-3950

JoAnn Harrison
Cabinet for Children and Families
I & I Unit B
7 East
908 West Broadway
Louisville, KY 40203

Karen Hawkins
Department of Community Services
City of Louisville
200 South 7th Street
Louisville, KY 40202
502-574-1369

Diane Seymore
Department of Childre and Families
5920 Arlington Express
Rm. 232
Jacksonville, Fl 32231
904-723-5335

Tena Thompson
Child Service
11 North 7th Street
St. Louis, MO 63101
314-340-7007

Marsha Rose Wickliffe
Annie E. Casey Foundation
701 St. Paul Street
Baltimore, MD 21202
410-223-2961

Kellogg Foundation Families
for Kids Grantees
January 16, 1997

Karen Abmanm
Arizona Families for Kids (FFK)
AZ Children's Home Association
2700 South Eighth Avenue
Tucson, AZ 85713
520-622-7611

Sarah Anderson-Mims
North Carolina Families for Kids
NC Division of Social Services
325 North Salisbury Street
Raleigh, NC 27603
919-733-2580

Judge William Byars
Circuit Family Court Judge
Kershaw County Courthouse
Camden, SC 29020
803-425-1500, ext. 390

Don Duquette
Clinical Professor of Law
University of Michigan Law School
Child Advocacy Law Clinic
313 Legal Research Building
Ann Arbor, MI 48109-1215
313-763-5000

Brenda Gadson
Massachusetts FFK
Children's Services of Roxbury
8th Floor
105 Chauncy Street
Boston, MA 02111-1726
617-542-2366

Susan Ignelzi
Families First Council
Ohio Family & Children First
Initiative
Office of the Governor
77 South High Street, 30th Floor
Columbus, OH 432-15
614-752-4044

Marie Jamieson, Director
Children's Home Society of
Washington
PO Box 15190
Seattle, WA 98115
206-527-6067

Gloria Hochman
National Adoption Center
1500 Walnut Street, Suite 701
Philadelphia, PA 19102
215-735-9988

Jacquelyn Kidd
NACAC
970 Raymond Avenue - Suite 106
St. Paul, MN 55114-1149
612-644-3036

Wendy Lewis Jackson, Director
Families for Kids - Kent County
c/o The Grand Rapids Foundation
209-C Waters Building
161 Ottawa Avenue
Grand Rapids, MI 49503-2703
616-545-1751

Anotoinette Nelson, Director
Families For Kids Crusade
Administration for Children's Services
- 5th Floor
150 Williams Street
New York, NY 10038
212-676-9207

Renay Sanders, Director
Ohio Families for Kids
Summit County Children's Services
264 South Arlington Street
Akron, OH 44306
330-996-1028

Joan Wagnon, Executive Director
Kansas Families for Kids
Suite 206
603 SW Topeka Avenue
Topeka, Kansas 66603
913-354-4663

Linda West
Mississippi Families for Kids
MS Children's Home Society
1900 N. West Street, Suite B
Jackson, MS 39202
800-241-5437

Ying-Ying Yuan
Walter R. McDonald & Assoc., Inc.
Suite 310
12300 Twinbrook Parkway
Rockville, MD 20852
301-881-2590

Valora Washington
W.K. Kellogg Foundation
One Michigan Avenue East
Battle Creek, MI 49017-4058
616-968-1611

**National Organizations
January 16, 1997**

Peggy Soule
Children Awaiting Parents
700 Exchange Street
Rochester, NY 14608
716-232-5110

Zena Oglesby
Institute for Black Parenting
9920 LaCienega Blvd - Suite 806
Inglewood, California 90301
310-348-1400

Carolyn Johnson
National Adoption Center
1500 Walnut Street
Suite 701
Philadelphia, Pennsylvania 19102
215-735-9988

Mary Ford
NACAC
970 Raymond Avenue
Suite 106
St. Paul, MN 55114
612-729-1735

Judith McKenzie
Spaulding for Children
16250 Northland Drive
Suite 120
Southfield, MI 48075
810-443-7080

Terry Cross
National Indian Child Welfare
Association
3611 Southwest Hood Street
Suite 201
Portland, Oregon 97201
503-222-4044

Delois Caldwell
Families Independence Agency
Family Services Administration
Suite 1414
235 Grand
P.O. Box 30037
Lansing, MI 48909
517-373-4558

Robert Ortega
University of Michigan
School of Social Work
4062-Frieze Building
Ann Arbor, MI 48109-1285
313-763-6576

Shane Salter
For Love of Children
1711-A 14th Street, NW
Washington, D.C. 20009
202-462-7080

Mark McDermott
American Academy of Adoption
Attorneys
1300 19th Street, NW - #400
Washington, DC 20036

Samuel Totaro, President
American Academy of Adoption
Attorney
4 Greenwood Square - Suite 100
Ben Salem, Pennsylvania 19020
215-244-1045

**National Organization Focus Group
January 15, 1996**

Mary Lee Allen
Children's Defense Fund
25 E Street, N.W.
Washington, D.C. 20001
202-628-8787

Mark Harden
American Bar Association
740 15th Street, N.W.
Washington, D.C. 20005
202-662-1000

Karabelle Pizzigati,
Pam Day and Ann Sullivan
Child Welfare League of America
440 First Street, N.W.
Suite 310
Washington, D.C. 20001-2085

Tom Birch
National Child Abuse Coalition
733 15th Street, N.W.
#938
Washington, D.C. 20005
202-347-3666

Bill Pierce and Patrick Purtill, Jr.
National Council for Adoption
1930 17th Street, N.W.
Washington, D.C. 20009
202-328-1200

Mary Sullivan
National Adoption Information
Clearinghouse
10530 Rosenhaven Street - Suite 400
Fairfax, Va. 22030
703-246-9095

Brenda Russell Nordlinger
Dan Drolet
National Association of Homes and
Services for Children
1701 K Street, N.W., Suite 200
Washington, D.C. 20006
202-223-3447

Kristine Koucher
Washington Metropolitan Council of
Governments
7 North Capitol Street, N.E.
Suite 300
Washington, D.C. 20002-4239
202-962-3200

Iren Kaplan
National Association of Social
Workers
60 First Street, N.E.
Suite 700
Washington, D.C. 20002
202-457-0492

Idy Leavitt
Generations United
/O CWLA
10 First Street, N.W.
Suite 310
Washington, D.C. 20001-2085

**Conference Call with "Big 8
States"
Tuesday, January 14, 1996**

on Smith
Associate Deputy Commissioner
Services and Community
Development Division
New York Department of Social
Services
20 North Pearl Street
Albany, NY 12243

ee Richter, Program Manager
Florida Department of Health and
Rehabilitative Services
Bldg. E, Rm 227
317 Winewood Blvd
Tallahassee, FL 32399-0100

saac Palmer
Deputy Director
Ohio Department of Human Services
10 East Broad Street
Columbus, Ohio 43266-0415
614-466-5214

Marjorie Kelly, Deputy Director
Children and Family Services
Division
California Dept. of Social Services
144 P Street
Sacramento, California 95814

Richard Hoekstra, Manager
Division of Adoption Services
Michigan Family Independence
Agency
235 South Grand Avenue
Lansing, MI 48909

Joe Loftus
Executive Deputy Director
Illinois Dept. of Children and Family
Services
406 East Monroe Street
Springfield, Illinois 62701-1498

Warren Lewis
Office of Children, Youth and
Families
Pennsylvania Dept. of Public Welfare
DPW Bldg. - Complex #2 - Rm 220
Harrisburg, PA 17105

Jim Hine
Executive Director
Texas Dept. of Protective
and Regulatory Services
Mail Code E-557
P.O. Box 149030
Austin, Tx. 78714-9030

**Conference Call with Urban
Child Welfare Administrators
Wednesday, January 15, 1997**

Sara Webster, Regional Director
Texas Department of Protective
and Regulatory Services
Mail Code E-557
P.O. Box 149030
Austin, Tx 78714-9030

Nicholas Scopetta, Commissioner
New York City Administration for
Children's Services
40 North Pearl Street
Albany, NY 12243

Dr. Imran Ali
District Program Manager
District 11
Florida Dept. of Health
and Rehabilitative Services
Bldg. E, Rm 227
1317 Winewood Blvd
Tallahassee, FL 32399-0100

Renee Powers
Deputy Director
Department of Children and Family
Services
144 P Street
Sacramento, Ca 95814

Joan Reeves
Commissioner
Department of Human Services
Willow Oak Bldg - #42
Harrisburg, Pa 17105

Joe Loftus
Executive Deputy Director
Illinois Dept. of Children and Family
Services
406 East Monroe Street
Springfield, Illinois 62701-1498

**Tribal Conference Call
January 23, 1997**

Pat Serna
Jicarilla Apache Tribe
P.O. Box 100
Jemez Pueblo, NM 87024

Billye Leitka
Seminole Nation of Oklahoma

Virginia Hill, Co-Chair
National Congress of American
Indians
2010 Massachusetts Avenue, N.W.
2nd Floor
Washington, D.C. 20036
202-466-7764

Marien Skunkcap
Fort Hall Reservation

Albert Long
Navajo Nation
P.O. Box 4590
Window Rock, Arizona 86515

Polly Sharp
Human Service Policy Director
Inter-Tribal Council of Arizona, Inc.
4205 N. 7th Avenue - Suite 200
Phoenix, AZ 85013
602-248-0071

Region I - January 13-14, 1997

Judith Benkis
Director of Clinical Services
100 Mystic Street
Arlington, MA 02203
617-643-6205

Patricia Byrd
Department of Social Services
537 Main Street
Springfield, MA 02203
413-781-0323

Sharon Castellina
41 Main Street
Rockton, MA 02203
508-587-8110

Christy Chamberlin
537 Main Street
Springfield, MA 02203
413-781-0323

Donna Eaton-Mahoney
537 Main St
Rockton, MA 02203
508-584-0980

Lisa Funaro
Boston Children Services
71 Huntington Avenue
Boston, MA 02203
617-267-3700

Mary Gambon
4 Farnsworth Street
Boston, MA 02203
617-727-3171 ext. 589

Eileen Griffin
40 Main Street
Worcester, MA 02203
508-791-1200

Dottie Hollis
130 N. Canal Street
Lawrence, MA 02203
508-685-5930

Maxine Kreikamp
1 Arch Place
Springfield, MA 02203
413-774-5546

Nancy Powers
30 Mystic Street
Arlington, MA 02203
617-643-4783

Donald Roy
33 East Merrimack Street
Lowell, MA 02203
508-452-8970

Rita Schein
24 Farnsworth Street
Boston, MA 02203
617-727-3171 ext. 559

Sharon Silvia
1061 Pleasant Street
New Bedford, MA 02203
508-996-8572

Deborah Wingard
123 Morton Street
Jamaica Plain, MA 02203
617-524-5474

Maria Magoiers
Supreme Judicial Courthouse
1400 New Courthouse
Boston, MA 02108
617-557-1194

Judge Baker
3 Blackfan Circle
Boston, MA 02115
617-232-8398

Brenda Gadson
MA Family for Kids
105 Chauncy Street
8th Floor
Boston, MA 02111
617-542-2366

Dean Putnam
Office of Civil Rights
U.S. Dept. Health & Human Services
Room 1875
JFK Federal Building
Boston, MA 02203
617-565-1344

Dick Richardson
2400 Washington Street
Broxbury, MA 02115
617-445-6055

Karen Parciak
100 Comstock Road
Manchester, CT 06073
860-646-4744

Patty Marchand
1320 Main Street
Willimantic, CT 06073
860-450-2018

Alice Wisten
9 Mott Avenue
Norwalk, CT 06073
203-855-8765

Rosalyn M. Kinno
72 Tryon Street
South Glassbury, CT 06073
860-633-7935

Doris E. Kinder
P.O. Box 1052
Mitchfield, CT 06759
860-567-0285

Patricia Cobb
682 Prospect Avenue
Hartford, CT 06105
860-236-0001

Pam Schneider
P.O. Box 451
Southport, CT 06149
203-255-5520

Vicki Hill
Office of Civil Rights
U.S. Dept. Health & Human Services
Room 1875
JFK Federal Building
Boston, MA 02203
617-565-1340

Felicia Gray
5 Old Orchard Road
Bloomfield, CT 06002
860-243-8441

Elizabeth Johnson-Tyson
DCF - 1 Long Wharf
New Haven, CT 06331
203-786-0691

Richard Vaillencourt
103 Kitt Road
Canterbury, CT 06331
860-546-9655

Carolyn Goodridge
827 Wethersfield Avenue
Hartford, CT. 06114

Helen G. Keegan
P.O. Box 505
Litchfield, CT 06759
860-567-8065

Anne Facts
55 Kelly Green
New London, CT 06320
203-855-8765

Janet Jackson
The Village for Family & Children
1680 Albany Avenue
Hartford, CT 06105
860-297-0581

Joseph Shipley
7 Vauchall Street
New London, CT 06320
860-442-2797 ext. 335

Dora Hale
CARE
52 Whitehall
Meriden, CT 06451
203-238-6640

Karen Caffrey
17 South Highland Street
West Hartford, CT 06119
860-236-6009

**Region II - New York
January 16-17, 1997**

Jane Barowitz
Jewish Child Care Association of NY
575 Lexington Avenue
NY, NY 10022
212-303-4613

Asari Inniss
Committee for Hispanic Children and
Families
104 West Street
NY, NY 10011
(212) 206-1090

Terri Jackson
Federation of Protestant
Welfare Agencies
281 Park Avenue South, 2nd Floor
New York, New York 10010
212 777-4800

Ms. Cecilia Rivera Healy, CSW
Associate Executive Director
Saint Joseph Services for
Children and Families
540 Atlantic Avenue
Brooklyn, New York 11217-1982
718 797-6090

Chester Jackson
Adoption Action Network
1220 Neptune Avenue
Brooklyn, New York 12224
800-601-1779

Ms. Maris Blechner
Executive Director
Family Focus Adoption Services
54-40 Little Neck Parkway
Suite 3
Little Neck, New York 11362
718 224-1919

Juana Miranda-Salzman
Coalition for Hispanic
Family Services
315 Wyckoff Avenue, 4th Floor
Brooklyn, New York 11237
718 497-6090

Ms. Marlene Halpern, Esq.
Director, Family Law Task Force
Legal Services of New York
350 Broadway
New York, New York 10013
212 431-7200

Ms. Halpern
Children's Defence Fund - New York
200 Church Street
New York, NY 10013
212-233-4000

Ms. Janice Shindler
National Association of
Black Social Workers
New York Chapter
1969 Madison Avenue
New York, New York 10035
212 831-5181

Ann Vanklpool-Brown
Miracle Maker
33 Somers Street
Brooklyn, NY 11233
718-455-1331

Lynette Brown
Council of Family & Child
Caring Agencies (COFCCA)
220 E. 23 Street - Suite 905
New York, NY 10010
212-929-2626

Sheryl Dicker
Executive Director
Permanent Judicial Commission
on Justice for Children
c/o Pace University School of Law
78 North Broadway
White Plains, NY 10603
914-422-4425

Barbara Salmanson
Senior Policy Adviser
Office of Policy Management
Comptroller Office for the City of NY
1 Centre Street - rm 517
New York, NY 10007-2341
212-669-3740

Martha Raman
C-Plan: Child Planning and Advocacy
Now
c/o The Office of the NYC Public
Advocate
1 Centre Street
New York, NY 10007
212-669-4955 and 669-4678

Patricia Warren
Harlem Dowling - Westside Center
for Children & Family Services
2090 Adam Clayton Powell, Jr. Blvd.
New York, New York 10027
212-749-3656 Ext. 406

Ms. Betsy Mayberry
Children's Aid Society
105 E. 22nd Street - Suite 517
New York, NY 10010
212-949-4379

Debbie Martin
The Adoption Institute
6 East 94th Street
New York, NY 10128
212-369-0300 or 360-0278

Patricia Fearon
WE CARE
Foster and Adoptive Parent
Association
135-B West 168th Street
Bronx, New York 10452
718-538-9328

Jessica Watson-Crosby
National Association of Former Foster
Children
P.O. Box 874- Wall Street Station
New York, New York 10268-0874
212-332-0078

Kathy Watson
NYC Administration for Children
Services - Kellog Project
150 William Street - 4th Floor
New York, New York 10038
212-676-7397

Donna DelCielo
NYC Administration for Children
Services - Kellog Project
150 William Street - 4th Floor
New York, New York 10038
212-676-7423

Everton Talbott
NYC Administration for Children
Services - Kellog Project
150 William Street - 4th Floor
New York, New York 10038
212-676-7382

Cathy Amirsar
NYC Administration for Children
Services
80 Lafayette Street - 18th Floor
New York, New York 10013
212-266-2579

Mary Coogan
Association for Children of New
Jersey
35 Halsey Street
Newark, NJ 071102
201-643-3876

Donna Younkin, ARA
Division of Youth and Family
Services
Placement and Permanency Services
CN 717
Trenton, NJ 08625
609-984-2380

Marie Pirog
Administrative Office of the Courts
Hughes Justice Complex
Family Division
CN 983
Trenton, NJ 08625
609-984-4228

Pam Hasegawa
New Jersey Coalition for
Openness in Adoption
29 Hill Street
Morristown, NJ 07960
201-292-2440

Valerie Kelly, Manager
Division of Youth and Family
Services
Adoption Resource Center
Metro
100 Metroplex Drive
1st Floor, Suite 106
Edison, New Jersey 08817
908-819-7272

Joan Wheeler
Adoptive Parent
77 Tuckerton Road
Shamong, NJ 08088
609-268-2422

Patricia Balasco-Barr
Director
Division of Youth and Family
Services - CN 717
Trenton, NJ 08625
609-292-6920

Region III - January 17 & 22, 1997

Mariann Kenville
Adoption Program Specialist
Delaware Division of Family Services
1825 Faulkland Road
Wilmington, Delaware 19805-1195

Gwen Bridges
Office of Social Services
WVa. Department of Health and
Human Resources
Capitol Complex
Bldg. 6 - Room 850
Charleston, West Virginia 25305
304-558-2982

Christine Craig
Planning Office of Social Services
WVa. Department of Health and
Human Resources
Capitol Complex
Bldg. 6 - Room 850
Charleston, West Virginia 25305
304-558-7980

Laura Goodman
Administration
Office of Social Services
WVa. Department of Health and
Human Resources
Capitol Complex
Bldg. 6 - Room 850
Charleston, West Virginia 25305
304-558-7980

Mae Best, Chief,
Adoption Unit
LaShawn General Receiver's Office
609 H Street, N.E.
Washington, D.C. 20002
202-724-8602

Allicia Walker
Adoption Unit
LaShawn General Receiver's Office
609 H Street, N.E.
Washington, D.C. 20002
202-724-8602

William Johnson
Adoption Unit
LaShawn General Receiver's Office
609 H Street, N.E.
Washington, D.C. 20002
202-724-8602

Judy Hutchenson
Adoption Unit
LaShawn General Receiver's Office
609 H Street, N.E.
Washington, D.C. 20002
202-724-8602

Ruth Smith Stewart
Adoption Unit
LaShawn General Receiver's Office
609 H Street, N.E.
Washington, D.C. 20002
202-724-8602

Barbara Nalls
Adoption Unit
LaShawn General Receiver's Office
609 H Street, N.E.
Washington, D.C. 20002
202-724-8602

Sylvester Judge
Adoption Unit
LaShawn General Receiver's Office
609 H Street, N.E.
Washington, D.C. 20002
202-724-8602

Stephanie Pettaway
Office of Family and Children's
Services
Social Services Administration
Department of Human Resources
311 West Saratoga Street
Baltimore, MD 21201
410-767-7506

Region IV - January 15, 1997

Chris Kendall, Director
Alabama Department of Human
Resources
S. Gordon Person Building
50 Ripley Street
Montgomery, Alabama 36130-1801
(334) 242-9500

Dec Richter
Permanency Planning Director
Florida Department of Children and
Families
1317 Winewood Boulevard
Tallahassee, Florida 32399-0700
(904) 487-2383

Sarah Brownlee
Acting Child Welfare Director
Georgia Department of Human
Resources
Division of Family and Children
Services
Two Peachtree Street NW
Suite 12-100
Atlanta, Georgia 30303-3180
(404) 657-3400

Vale Henson, Director
Georgia Council of Juvenile Judges
230 Peachtree Street NW
Suite 1625
Atlanta, Georgia 30303
(404) 657-5027

Forrest Burson, Director
State Office of Adoptions
Georgia Department of Human
Resources
47 Trinity Avenue SW
Room-522-H
Atlanta, Georgia 30336-5600
(404) 657-9920

Lorraine Adams, President
Foster Parents Association of Georgia
P.O. Box 155
Douglasville, Georgia 30133
(770) 942-0219

Brooke Thomas, Bureau Manager
Department of Social Services
Cabinet for Families and Children
275 East Main Street
Frankfort, Kentucky 40621
(502) 592-4303

Carey Durrant, Supervisor, Foster
Care
Department of Social Services
SNAP
908 West Broadway
Louisville, Kentucky 40203-2015
(502) 595-4303

Sue Perry, Director
Division of Family and
Children's Services
MS Dept of Human Services
P.O. Box 352
Jackson, Mississippi 39205
(601) 359-4999

Bridgett Williams
Office of Special Assistant
Attorney General
P.O.Box 220
Jackson, Mississippi 39205
(601) 359-4247

Jamie McBride
Administrative Office of Courts
P.O.Box 117
Jackson, Mississippi 39205
(601) 354-7397

Osborne Shamberger
Child Placement Services
Division of Social Services
325 North Salisbury Street
Raleigh, North Carolina 27603
(919) 733-7672

Ramona Foley, Director
Family Preservation and Child
Welfare Services
South Carolina Department of Social
Services - P.O. Box 1520
Columbia, SC 29202-1520
(803) 734-5670

Gail Yvette Crawford
Foster Care Director
Programs Operations
Department of Children's Services
7th Floor - Cordell Hull Building
436 Sixth Avenue North
Nashville, Tennessee 37243
(615) 532-5597

Region V - January 22, 1997

Mary Anne Kren, Chief
Division of Clinical Services &
Training
IL Depart of Children & Family
Services
100 W. Randolph Street, Rm 6-200
Chicago, IL 60601
312-814-6836

Cathleen Graham
Bureau of Family
Protection/Preservation
Indiana Family and Social Services
Administration
402 West Washington, Rm W364
Indianapolis, IN 46204-2739
317-232-4423

Janet Rhodes-Carlson
Division of Families and Children
Bureau of Family
Protection/Perservation
Indiana Family and Social Services
Administration
402 West Washington, Rm W364
Indianapolis, IN 46204-2739
317-232-4622

Anne Fuller
Division of Families and Children
Bureau of Family
Protection/Perservation
Indiana Family and Social Services
Administration
402 West Washington, Rm W364
Indianapolis, IN 46204-2739
317-232-4432

Dolores Reid, Chief
Bureau of Children and Family
Services
Office of Child Care & Family
Services
Ohio Department of Human Services
65 East State Street, 5th Floor
Columbus, OH 43215
614-728-6983

Annette Hall-Murch
Planning and Analysis
Office of Child Care & Family
Services
Ohio Department of Human Services
65 East State Street, 5th Floor
Columbus, OH 43215
614-466-9303

Suzanne Ignelzy
Families First Council
Ohio Family & Children First
Initiative
Office of the Governor
77 South High Street, 30th Floor
Columbus, OH 43215
614-752-4044

Judy Labovitz
Office of Children's Services
Child and Family Services
Family Independence Agency
235 South Grand Avenue
P.O. Box 30037
Lansing, MI 48909
517-335-6159

Henry Hofstra
Division of Adoption Services
Child and Family Services
Family Independence Agency
235 South Grand Avenue
P.O. Box 30037
Lansing, MI 48909
517-335-6159

Christopher Marcel
Bureau for Children, Youth and
Families
Division of Children & Family
Services
Department of Health & Family
Services
P.O. Box 8916
Madison, WI 53708-8916
608-266-3595

Region V - January 9, 1997

Marge Berglind, Director
ContraL Baptist Family Services
122 S. Mich. Ave. Suite 1300
Chicago, IL 60603

Larry Drury, Executive Director
Catholic Charities of Springfield
800 South Fifth
Springfield, IL 62703

Ray Fannings, Executive Director
Chicago Child Care Society
5467 University Avenue
Chicago, IL 60615

Dan J. Pennell, Executive Director
Goldie B. Floberg Center
58 West Rockton Road
Rockton, IL 61072

Harriett Sadauskas, Executive
Director
Association House of Chicago
2150 West North Avenue
Chicago, IL 60647

Bob Longo
Illinois Mentor
1827 Walden Office Square
Suite 840
Schaumburg, IL 60173

Susan Bernstein
DCFS
310 South Michigan
15th Floor
Chicago, IL 60604

Lynn Goffinet
LSSI
610 Abington
Peoria, IL 61603

Roland Kulla
DCFS
100 West Randolph
Chicago, IL 60601

Marilyn Panichi
AICI
100 West Randolph
Chicago, IL 60601

Marilyn Burguveski
DCFS
406 East Monroe
Springfield, IL 62710-1498

Marikay Hampton
1177 South Taylor
Oak Park, IL 60304

Carol Lemieux
DCFS
100 West Randolph
Chicago, IL 60601

Judy Pence
2426 Austin Drive
Springfield, IL 62704

Karen Taylor
DCFS
2125 S. First Street
Champaign, IL 61820

Mary Debose
CHASI
217 N. Jefferson
5th Floor
Chicago, IL 60660-1111

Rosemary McElroy
Catholic Charities
541 West Lake
Chicago, IL 60601

Mary Ann Pullin
The Baby Fold
108 E. Willow Street
Normal, IL 61761

Sylvia Kagen
CCCS
5467 S. University
Chicago, IL 60615

Rosetta Webb
LSSI
600 West Jackson
Chicago, IL 60661

John Schmier
LSSI
600 West Jackson
Chicago, IL 60661

Pat Dreibelbis
Lutheran Child and Family Svc.
322 S. Green, 4th Floor
Chicago, IL 60627

Sylvia Flory
Catholic Charities
901 West Jackson
Chicago, IL 60607

Shaun Lane
CHASI
125 S. Wacker
11th Floor
Chicago, IL 60606

Mike Sakolsky
Catholic Charities/Springfield
800 South Fifth
Springfield, IL 62703

Heidi Jessmain-Darville
Catholic Charities
651 West Lake Street
Chicago, IL 60661

Kelly Berardelli
Aunt Martha's
233 West Joe Orr Road
Chicago Heights, IL 60411

Melinda Woods
Human Services Technologies
901 W. Jackson, Suite 201
Chicago, IL 60607

Sandra Davis-Ross
Cabrini Green Youth & Family
Services
900 N. Franklin, Suite 300
Chicago, IL 60610

Ulich Children's Home
217 N. Jefferson Street
Chicago, IL 60601

Ed He
Lawrence Hall Youth Services
16 N. Wabash
16th Floor
Chicago, IL 60602

Deborah Harris-Johnson
HRDI
9204 S. Commercial
#310
Chicago, IL 60628

Dr. Karanja
Centers for New Horizons
4150 South King Drive
Chicago, IL 60653

Mary Sue Morsch
DCFS
160 North LaSalle, 6th Floor
Chicago, Illinois 60601

Alice Castillo
DCFS
100 West Randolph, 6th Floor
Chicago, Illinois 60601

Ken Taylor
DCFS
100 West Randolph, 6th Floor
Chicago, Illinois 60601

Don Vacca
DCFS
5415 N. University
Peoria, Illinois 61614

Tom Ward
DCFS
227 South 7th
Springfield, IL 62701

Region VI - January 15, 1997

June Flye, Manager, Adoption Unit
Division of Children and Family
Services
Little Rock, AR
501-682-8666

Ada White
Adoption Program Specialist
Department of Social Services
Baton Rouge, LA 70821
504-342-4086

Carmen Weisner, Assistant Director
Field Services Division
Baton Rouge, LA 70821
504-342-4035

Andrea Poole, Senior Associate
Shaening & Associates
Santa Fe, NM 87501
505-474-8500

Robert Klein, Management Analyst
Supreme Court of New Mexico
Santa Fe, NM 87501
505-827-4800

Lorie Levison, Program Manager
Child-Rite (Private adoption agency)
Santa Fe, NM 87501
505-758-0343

Susan Washam, Supervisor of
Placement
Children Youth Families Department
Santa Fe, NM 87501
505-524-6400

Diane Garrity, Attorney for Adoption
Children Youth Families Department
Santa Fe, NM 87501
505-827-8482

Jan Stanley, Supervisor Central
Adoptions
Children Youth Families Department
Santa Fe, NM 87501
505-827-7444

Maryellen Strawniak
Children Youth Families Department
Santa Fe, NM 87501
505-823-3991

Patricia Lowry, Post Adjudication
Review Board Coordinator
Oklahoma City, OK 73105
405-521-4016 (ext. 127)

Jane Morgan, Adoption Specialist
Department of Children and Families,
DHS
Oklahoma City, OK 73105
405-521-2475

Region VII - January 8, 1997

Charlcie Parrish
Adoption Program Manager
Iowa DHS
Hoover State Office Building
5th Floor
Des Moines, Iowa 50319
515-281-5388

Patty Dawson
Adoption Contract Manager
Children & Family Services
300 Southwest Oakley
West Hall
Topeka, KS 66606
913-296-4645

Arlend Oney
Adoption Specialist
P.O. Box 88
Department of Family Services
Jefferson City, MO 65103
573-751-8942

Mary Dyer
Adoption Program Manager
P.O. Box 95026
Lincoln, Nebraska 68509-5026
402-471-9331

Region VIII - January

Arta D. Banks
Adoptive Parents
564 Florence St
Aurora, CO 80010
303-367-4128

Karen Beye
Managing Director
Dept. of Human Services
1575 Sherman
Denver, CO 80203-1714
303-866-3063

Eileen B. Bisgard
The Family Extension, Inc
Executive Director
525 3rd Ave.
P.O. Box 1458
Longmont, CO 80502
303-776-1224

Peggy Calloway
Adoptive and Foster Parent
20661 E. Scott Circle
Denver, CO 80249
303-371-7986

Irene Cooke
Executive Director
Denver CASA
225 16th Ave #640
Denver, CO 80203
303-832-4592

Ray Curtis
Social Services Director
Forest Heights Lodge
P.O. Box 789 Forest Hill
Evergreen, CO 80437-0789
303-674-6681

Sue Eilertsen
El Paso County DHS
105 N. Spruce
P.O. Box 2692
Colorado Springs, CO 80901
719-444-5979

Suzette Ellington
Lutheran Family Services
363 So. Harlan
Denver, CO 80226
203-922-3433

Elise Flesher
Colo Juvenile Firesetter
Prevention Program
University of Colorado
Campus Box 345
Boulder, CO 80309-0345
303-492-4580

LaWanda Girton
Lutheran Family Services/CCC
3707 Parkmoor Village Drive #101
Colorado Springs, CO 8091
719-597-0700

Betsy Holland
Alternative Homes for Youth
9201 W. 44th Ave
Wheat Ridge, CO 80033
303-940-5775 ext. 109

Carol Holliday, Director
Adoption Options
2600 S. Parker Road X2-320
Aurora, CO 80014
303-695-1610

Phyllis Lee, Adolescent Svcs Supv.
Mesa County Dept of Social Services
2952 North Avenue
P.O. Box 20000-5035
Grand Junction, CO 81502-5035
970-248-2798

Forrest Lien, Director Clinical
Services
The Attachment Center at Evergreen
P.O. Box 2764
Evergreen, CO 80437-2764
303-674-1910

Joyce Jennings, Executive Director
Colorado Children's Trust Fund
110 16th Street, Third Floor
Denver, CO 80202
303-446-8860

Barbara Killmore, Adoption Specialist
Department of Human Services
1575 Sherman Street
Denver, CO 80203-1714
303-866-3209

Ann MacDonald
The Family Extension
525 Third Avenue
Longmont, CO 80502
303-776-1224

Greg & Denise McHugh, Director
Colorado Association of Family
and Children's Agencies
P.O. Box 10067
Denver, CO 80210
303-698-1876

Daniel Moore
Arapahoe County DSS
1690 W. Littleton Blvd
Littleton, CO 80120-2069
303-728-5661

Dena Neujahr, Adoption Supervisor
Mesa County DSS
2952 North Avenue
P.O. Box 20000-5035
Grand Junction, CO 81502-5035
970-248-2798

Jenelle Peterson, CEO
Loving Homes, Inc.
212 West 13th Street
Pueblo, CO 81003
719-545-6181

Paula Pickle, Executive Director
The Attachment Center at Evergreen
P.O. Box 2764
Evergreen, CO 80437-2764
303-674-1910

Melody Roe, Program Director
The Adoption Exchange
925 So. Niagara #100
Denver, CO 80224
303-33-0845

Peggy Rudden, Volunteer Director
Arapahoe Advocates for Children
3000 S. Jamaica Court, Suite 175
Aurora, CO 80014-4601
303-695-1882

Jacquelyn D. Stanton
The Bridging Group
1350 Chambers Road, Suite 108
Aurora, CO 80011
303-341-0014

Karen Studen
Director, Child Welfare
Dept. of Human Services
1575 Sherman Street
Denver, CO 80203-1714
303-866-4365

Judy Rost
Dept of Public Health &
Permanency Planning Specialist
Human Services
220 Lamme, Suite 2-E
Bozeman, MT 59715-3579
406-585-9984

Fielding M. McGehee
Adoptive Parent
503 Hamline Street
Grand Forks, ND 58203

Linda Schell
Administrator Adoption Services
Dept of Human Services
Children & Family Services Division
State Capitol - Judicial Wing
800 E Boulevard
Bismarck, ND 58505-0250
701-328-4805

Don Schmid, Director
Dept. of Human Services
Children & Family Services Division
State Capitol - Judicial Wing
800 E. Boulevard
Bismarck, ND 58505-0250
701-328-4811

Rev. Keith D. Ingle, President
Lutheran Social Services of ND
1325 South 11th Street
Fargo, ND 58107-0389
701-235-7341

Roger Schwinghammer, Executive
Director
Catholic Family Service
2537 South University
Fargo, ND 58107-0389
701-235-4457

Gary Wolesky, Executive Director
Village Family Service Center
1201 25th Street South
Fargo, ND 58106-9859
701-235-6433

Paula Davis
Dept of Social Services
Child Protection Services
Box 670
Watertown, SD 57201
605-882-5050

Dede Glood
Lutheran Social Services
600 W. 12th Street
Sioux Falls, SD 57104
605-336-3347

Julie Klinger
Lutheran Social Services
600 W. 12th Street
Sioux Falls, SD 57104
605-336-3347

Deb Riley
Child Protection Services
P.O. Box 1300
Aberdeen, SD 57402-7300
605-626-2388

Department of Social Services
Office of Field Management
300 E. 6th Street
Sioux Falls, SD 57103-7020

Tom Baxter
LDS Social Services
10 East South Temple Street
Salt Lake City, UT 84150
801-240-6500

Ron Boyce
Children's Service Society
of Utah
1245 400 East - South 400
Salt Lake City, UT 84111
801-355-7444

LeRoy Franke, Adoption Specialist
Dept of Human Services
Division of Child & Family Services
120 North 200 West, Suite 225
Salt Lake City, UT 84103
801-538-4100

Marty Shannon
Children's Service Society
of Utah
1245 400 East - South 400
Salt Lake City, UT 84111
801-355-7444

Pat Worthington
Foster Care Citizens
Review Board
P.O. Box 45490
Salt Lake City, Utah 84110
801-524-9068

Elizabeth Groom, Director
Catholic Social Services
of Wyoming, Inc.
c/o Diocese of Cheyenne
P.O. Box 425
Cheyenne, WY 82003
800-788-4606

Bill Rankin
Department of Family Services
Social Services Consultant
Hathaway Building
Cheyenne, WY 82002
307-777-3570

Region IX - January 14, 1997

Carole Rourke-Linker,
Arizona Department of Economic
Security
P.O. Box 6123
Phoenix, Arizona 85005
602-542-2359

Mary Black
Black Family Children's Services
522 East Southern Avenue
Phoenix, Arizona 85040
602-243-1498

Marcy Valen
Arizona Children's Home Association
P.O. Box 7277
Tucson, Arizona 85725-7277
520-622-7611 Ext. 1331

Jim Brown, Chief
California Department of Social
Services
744 P Street, MS 19-69
Sacramento, CA 95814
916-445-3146

Graham Wright
Future Families
3233 Valencia Avenue
Suite A-6
Aptos, CA 95003
408-662-0202 ext. 19

Lansing Wood
1009 Forest Court
Palo Alto, CA 94301
415-328-6832

Sara Berman, Chief
L.A. County Department of Children
and Family Services, Adoptions
695 South Vermont Avenue
Los Angeles, California 90005

Danna Fabella
Assistant Director
Contra Costa County Social Services
40 Douglas Drive
Martinez, CA 94553-4068
510-313-1584

Wanda Scott
Division of Family Social Services
6171 West Charleston
Bldg. 15
Las Vegas, Nevada 89158
808-586-5709

Linda Maisel
Catholic Community Services of
Northern Nevada
P.O. Box 5099
Reno, Nevada 89513-5099
702-322-7073

Region X

Roseanne Hardin, Administrator
Family and Community Services
P.O. Box 83720 - 5th Floor
Boise, ID 83720-0036
1-208-334-5700

Kathy James, Bureau Chief
Family and Community Services
P.O. Box 83720 - 5th Floor
Boise, ID 83720-0036
1-208-334-5700

Meri Brennan, Adoption Program
Specialist
Family and Community Services
P.O. Box 83720 - 5th Floor
Boise, ID 83720-0036
1-208-334-5700

Chuck Halligan
Foster Care Program Specialist
Family and Community Services
P.O. Box 83720 - 5th Floor
Boise, ID 83720-0036
1-208-334-5700

Linda Rodenbach, Program Manager
Region IV Family and Children's
Services
4355 Emerald Street
Boise, ID 83704
208-334-6800

Tim Sanders, Clinical Supervisor
Family and Children's Services
107 Poplar
Caldwell, ID 83605
1-208-454-0421

Mary Johnson
Human Services Supervisor
Family and Children's Services
P.O. Box 4166
Pocatello, ID 83205
1-208-235-2952

Donna Euler
Adoptions Supervisor
Lutheran Social Services
2201 Government Way, Suite J.
Coeur d'Alene, ID 83814
1-208-667-1898

Janice Kroeger
Deputy Attorney General
Department of Health and Welfare
P.O. Box 83720- 10th Floor
Boise, ID 83720-0036
1-208-334-5537

Claudia Hutchison
Program Coordinator
Boys and Girls Aid Society
018 S.W. Boundry Court
Portland, OR 97201-3985
1-503-222-9661, ext 110

Nancy Miller
Administrator, Citizen Review Board
325 13th Street NE, #404
Salem, OR 97310
1-503-348-5430

Mary Ickies
Adoption Program Specialist
State Office for Services
to Children and Families
500 Summer Street NE, 2nd floor
Salem, OR 97310-1017

Beth Meyers
Services to Children and Families
7825 North Lombard Street
Portland, OR 97203
1-503-731-4646

Jan Knowles
Permanency and Adoption Specialist
State Office for Services
to Children and Families
500 Summer Street, 2nd floor
Salem, OR 97310

Gloria Silas Webster
Delores Brown
Linda Wang
DHHS/OCR - Region X
2201 Sixth Ave RX 11
Seattle, WA 98121
206-615-2588

Barbara Pearson
Northwest Adoption Exchange
Director, NW Adopt Ex
1809 7th Ave
Suite 409
Seattle, 98101
206-282-0082

Kathy Tibbles
Division of Family and Youth
Services
PO Box 110630
Juneau, AK 99811-0630
907-465-3633

Linda West
Judy Mukpik
DFYS
3025 Clinton Drive, 1st Floor
Juneau, AK 99801

Norma Acevedo-Kohout
Wilhelmenia Simpson
Brunhilde Eska
Linda Gonzales
DFYS
550 W. Eighth Ave
Anchorage, AK 99501

Mary Marte
Catholic Social Services
225 Cordova St Bldg B
Anchorage, AK 99501

Melody Jamison
Fairbanks Counseling
and Adoption Agency
PO Box 71544
Fairbanks, AK 99708

Susan Arts
DFYS
751 Old Richardson Highway Suite
300
Fairbanks, AK 99701

Guy McMinds
Director of Social Services
Quinault Indian Nation
PO Box 189
Taholah, WA 98587

Lisa Guzman
Coordinator
Native American Commission
on Children and Families
Muckleshoot Tribe
39015 172nd Ave SE
Auburn, WA 98092
206-939-6648

Chris Robinson
Supervisor
DSHS/Div of Program & Policy
Children's Administration
PO Box 45710
Olympia, WA 98504-5710
360-902-7953

Marie Jamison, Director
Families for Kids Project (Kellogg
grant)
Children's Home Society
PO Box 15190
Seattle, WA 98115
206-524-6020

Norma Nelson
Permanency Specialist
Families for Kids
Children's Home Society
PO Box 15190
Seattle, WA 98115
206-524-6020

David Simmons
ICW Program Specialist
National Indian Child Welfare
Association
3611 SW Hood Suite 201
Portland, OR 97201

Gwen Townsend
Executive Director
One Church One Child
451 SW 10th St Suite 120
Renton, WA 98055-2981

Appendix D

THEMES EMERGING FROM THE ADOPTION 2002 CONSULTATION PROCESS

ELIMINATING BARRIERS TO PERMANENCY

•The Elimination of Geographical Barriers

A number of geographical barriers to the placement of waiting children were identified, including the lack of dissemination of information on waiting families and children, a reluctance on the part of agencies to conduct home studies to place children who are outside of their jurisdictions, a reluctance of agencies to accept home studies conducted by agencies in other jurisdictions, difficulties in transferring Medicaid benefits, and issues with the Interstate Compact on the Placement of Children.

•Lack of Adequate Services to Prevent Out-of-Home Placement, to Efficiently Serve Birth Parents, and to Support Adoptive Families

Participants and correspondents expressed concern that the supportive services required for good child welfare practice are unavailable or inadequate. The lack of substance abuse and mental health treatment was specified repeatedly as a major factor that delays permanency. If no services are made available to the family, caseworkers and judges cannot accurately assess parental progress and whether there have been reasonable efforts to prevent placement and/or reunify the family, thereby delaying placement decisions for the child.

Participants also strongly felt that a lack of post-legal adoption services jeopardized many adoptions. In addition, potential adoptive parents may be deterred from adopting by the fact that they cannot be assured post-legal adoptive services, which are particularly critical to facilitate the placement of special needs children.

•Current Funding Streams

Some participants stressed a need to provide more flexibility to spend money in the front end of the service continuum for better family assessment, placement prevention, and reunification activities. Some participants felt that the system currently provides rewards to States to keep children in foster care or reunify them, but not to place them in adoption. In addition, they felt that potential adoptive parents are often not informed about the availability of adoption subsidy which further impedes the movement of foster children into adoption. The funding stream problems are exacerbated by fragmentation and separation of foster care and adoption in the child welfare system.

•Multiethnic Placement Act (MEPA)/Interethnic Adoption Provision

In discussions about MEPA and the Interethnic Adoption provision, groups repeatedly placed a strong emphasis on the recruitment provisions of MEPA. Most participants volunteered no information or opinions on how to better ensure compliance with the nondiscrimination provisions. One group of participants insisted that States continue to ignore MEPA/Interethnic Adoption Provision and that HHS needs only to enforce the current law.

MOVING CHILDREN TO PERMANENCE MORE PROMPTLY

•Reasonable Efforts Requirements

Participants indicated that the safety of the child was of paramount concern and that the child's best interests should be at the heart of all decisions. In general, participants felt that the reasonable efforts requirements need clarification. In general, the focus groups reacted positively to proposals to add a requirement that a reasonable effort for permanency standard is needed.

•Improvements in Court Processes

All focus groups and many correspondents emphasized that the courts are as crucial as the child welfare system to ensure timely decision-making. They repeatedly called for the education of attorneys and judges about the importance of permanency for children. They further suggested that the training of legal and child welfare staff be combined, when possible, in order to build a common knowledge base that would enable them to better work together. They cited the Court Improvement Projects, currently underway, as examples of the kind of technical assistance and leadership that the Federal government can undertake with the judiciary.

•Research, Training, and Technical Assistance to Develop New Child Welfare Tools

The groups offered specific proposals to develop new child welfare tools including family mediation, voluntary relinquishment counseling, and open adoption, particularly for relative placements. The most common suggestion was for more work in the area of concurrent planning. Participants in focus groups and correspondents advised that the Federal government should take a leading role in the areas of research, model development, and training and technical assistance.

•Support for Alternative Permanency Arrangements

The groups and correspondents widely agreed that adoption is the most legally secure and developmentally beneficial permanency arrangement. However, many tribal participants dissented from this view and cautioned that adoption is frequently culturally inappropriate for Indian children. In addition, even though participants generally recognized the superior benefits of adoption for children, they also felt that it was important to develop other permanency options including guardianship, kinship care, and even co-parenting. Particularly with regard to guardianship and kinship care, participants suggested that Federal and State governments provide more financial support and services to families. Tribal representatives were especially vocal regarding the need to explore other permanency options.

DOUBLING THE NUMBER OF CHILDREN WHO ACHIEVE PERMANENCY

•Focus on the Children who are Hardest to Place

The participants repeatedly expressed apprehension that numerical targets and financial incentives might drive States to focus on children who tend to be easier to place (e.g., very young children) and those who merely lack legal finalization (e.g., those in adoptive placements with foster parents). They cautioned that attention should not be diverted from the problems of children with special developmental needs, older children, or children in sibling groups, who are the least likely to find permanency in a timely manner.

•The Incentive Structure Inherent in Adoption 2002 Bonuses

Participants discussed their concerns that the Adoption 2002 financial bonuses may affect or distort the incentive structure in the child welfare system. The participants wanted to use the Adoption 2002 fiscal incentives to benefit the children who are hardest to place, without resulting in the separation of sibling groups, a disproportionate focus on younger children, or an increase in adoption disruptions. In addition, they indicated that the bonuses should be implemented in ways that are respectful of the rights of birth families and that improve the functioning of the entire child welfare system over the long-term. The groups also were concerned that fiscal penalties might accompany the bonuses, such as reductions in Title IV-E funds for children who remain in foster care for extended periods of time.

Appendix E

STATE OF COLORADO

EXECUTIVE CHAMBERS

136 State Capitol
Denver, Colorado 80203-1792
Phone (303) 866-2471



Roy Romer
Governor

February 12, 1997

Secretary Donna E. Shalala
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Shalala:

I am pleased to congratulate you on your adoption policy work, particularly on your efforts to expedite the placement of children with supportive families. This is an issue critically important to the State of Colorado and I support President Clinton's goal to double the number of adoptions by the year 2002.

I am eager to read your report to President Clinton on ways state and federal systems can better serve children and help to move them quickly out of foster care to permanent and supportive families. We are dedicated to minimizing disruption in the lives of these children and look forward to working with Congress and the Administration on this issue.

In Colorado, we are focusing intently on promoting adoptions and strengthening families. We are working with our state judicial system, with the assistance of the chief justice of the Colorado Supreme Court, with the Colorado General Assembly, and with representatives of county governments, private providers, and representatives of the juvenile corrections, mental health, substance abuse treatment and developmental disability systems to develop procedures. Our goals are to minimize disruption in the lives of children, assure their safety, and see that they do not languish in foster care. Your emphasis on strengthening and supporting adoptions for children who cannot be reunited with their families of origin is a most important effort.

Again, I support your national leadership on the issue of adoption and on the broad issue of helping children find and flourish in permanent, supportive families.

Sincerely,

Roy Romer
Governor



STATE OF DELAWARE
OFFICE OF THE GOVERNOR

THOMAS R. CARPER
GOVERNOR

February 12, 1997

The Honorable Donna Shalala
Secretary of Health and Human Services
Washington, D.C. 20201

Dear Secretary Shalala:

I was pleased to learn of President Clinton's initiative to double the number of adoptions in this country by the year 2002. Finding permanent, stable, loving homes for our most vulnerable children is an important goal for all of us.

During the last year in Delaware we were able to return 177 children to their families with the assistance of intensive reunification services. In addition, a major component of our child welfare waiver is the establishment of an assisted guardianship program for children in foster care. This guardianship program offers one additional option to create permanency for children for whom adoption is not possible. In Delaware we will continue to work diligently with the Family Court and the Foster Care Review Board to encourage adoption for foster children when that is the appropriate means to achieve permanence.

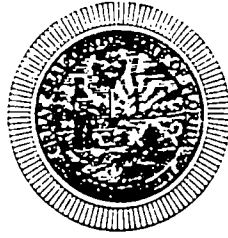
I fully support the Administration's emphasis on permanency for children and look forward to your agency's recommendations in this area. I will gladly work with you and Congress to realize our President's goals in this area.

Sincerely,

Thomas R. Carper
Governor

TATNALL BUILDING
DOVER, DELAWARE 19901
(302) 739 - 4101
FAX (302) 739 - 2775

CARVEL STATE OFFICE BLDG.
WILMINGTON, DELAWARE 19801
(302) 577 - 3210
FAX (302) 577 - 3111



THE GOVERNOR OF THE STATE OF FLORIDA

LAWTON CHILES

February 11, 1997

Secretary Donna E. Shalala
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Shalala:

In his proposed budget and other initiatives, President Clinton has indicated his concern and commitment that adoption promotion be an important piece of our country's agenda. It is my understanding that you will soon forward a report to the President which will focus on the goal of doubling the adoptions of foster children throughout the United States by the year 2002.

I support that goal enthusiastically and know that it is truly realistic. In fact, in Florida we have increased adoption rates by more than 80 percent over the past five years and remain committed to that effort. Through a statewide public-private partnership as part of my Children's Initiative, we have developed a highly visible recruitment campaign which is successfully matching stable and loving adoptive parents with foster children.

Evidence tells us that there is an adoptive family for every child and that effective communication is the key that will open those doors. Florida's outreach tools have included partnering with churches and the media, an internet adoption home page, and our Waiting Children pamphlet featuring children in need of adoptive parents. These efforts have highlighted these children and stimulated inquiries leading to the formation of new families. At the creative center of this effort are the hearts of people who care deeply and dedicate their lives daily to the happy futures of these children.

The President's leadership on this issue will unite us as a nation in this important commitment. I look forward to studying your report and recommendations fully, and working with the Administration and Congress in surpassing the goal.

With best regards, I am

Sincerely,

A handwritten signature in cursive script that reads "Lawton Chiles".
LAWTON CHILES



STATE OF ILLINOIS
OFFICE OF THE GOVERNOR
SPRINGFIELD 62706

JIM EDGAR
GOVERNOR

February 13, 1997

The Honorable William J. Clinton
President of the United States
The White House
Washington, D.C. 20500

Dear President Clinton:

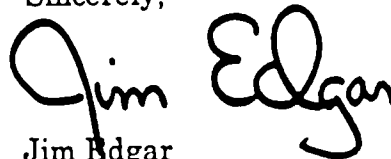
Within the week, the Department of Health and Human Services will be releasing its report on how to double the number of children in foster care who are adopted or placed in permanent homes by the year 2002. I am writing to express my support for this goal. I strongly encourage actions, such as financial incentives, that would help to move more children in foster care into safe, permanent homes.

Illinois has made adoption a top priority and is currently undertaking a variety of new initiatives that will give children a sense of permanency in their lives. For example, the Illinois Department of Children and Family Services (DCFS) is just beginning to implement a five-year test demonstration project called "subsidized guardianship" that has been approved by HHS under a federal waiver. The waiver permits Illinois to use federal funds in a statewide program to subsidize relatives and foster parents who will assume guardian responsibilities for children. This initiative provides children who live in situations where adoption is not an option with permanency.

In terms of other initiatives, the state is currently researching how it can provide adoption subsidies in a more equitable and cost effective manner. DCFS has instituted performance-based contracts in an effort to provide economic incentives for private agencies to move children to permanency. I have also recently signed a law that will make it easier to terminate parental rights in cases of extreme abuse and neglect.

Once again I would like to emphasize the importance of this issue. I look forward to working with Congress, HHS, and your Administration in finding an effective strategy to accomplish the goals outlined above.

Sincerely,

A handwritten signature in black ink that reads "Jim Edgar". The signature is written in a cursive style, with "Jim" and "Edgar" connected. The "J" is large and loops around the "i". The "E" is also large and loops around the "d".

Jim Edgar
GOVERNOR

STATE OF MARYLAND
OFFICE OF THE GOVERNOR



February 13, 1997

PARRIS N. GLENDENING
GOVERNOR

ANNAPOLIS OFFICE
STATE HOUSE
100 STATE CIRCLE
ANNAPOLIS, MARYLAND 21401
(410) 874-3901

WASHINGTON OFFICE
SUITE 311
444 NORTH CAPITOL STREET, N.W.
WASHINGTON, D.C. 20001
(202) 636-2119

TDD (410) 874-3098

The Honorable Donna E. Shalala
Secretary of Health and Human Services
Room 615-F
200 Independence Avenue SW
Washington DC 20201

Dear Secretary Shalala:

Marylanders applaud President Clinton's objective of doubling the number of adoptions occurring throughout our nation by the Year 2002. There is no more important goal than ensuring that all our children, especially those with special needs, are raised by stable, loving families. When birth parents are unable to properly raise their children despite the provision of family preservation services, those children must join new families through adoption.

We are anxiously awaiting the Department of Health and Human Services report on the strategy for achieving this important goal. We look forward to receiving its recommendations. Maryland, through our Department of Human Resources, is enthusiastic about working with your Administration on increasing adoptions.

Improving the well being of children is a primary goal of my Administration. With assistance from the Child Welfare League of America, we have reviewed our entire continuum of child welfare services. We will be implementing recommendations to improve our efforts to preserve birth families when feasible and to move children to new permanent families through kinship guardianship or adoption when necessary.

Adoption has been a key interest of mine. Shortly after entering office, I appointed an Adoptions Task Force. Their recommendations have already resulted in new permanency planning legislation and an increased number of adoptions. While final figures are not yet available for 1996, the number of finalized adoptions increased by at least fifteen percent over 1995.

Again, I applaud the President's objective in increasing adoptions. Maryland stands ready to assist in achieving his goal for the year 2002.

Sincerely,

Parris N. Glendening
Governor

*Donna,
Best day on
Monday with the
President. Thanks!
P.*



STATE OF MICHIGAN
OFFICE OF THE GOVERNOR
LANSING

JOHN ENGLER
GOVERNOR

February 12, 1997

The Honorable Donna E. Shalala
Secretary, U.S. Department of Health
and Human Services
615 F Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Madam Secretary:

I was pleased to see the President's support for doubling adoptions by the year 2002. I, too, believe that every child in America deserves to live in a safe and stable home, whether the child be returned home, adopted, placed in legal guardianship, or granted another safe, healthy and permanent placement. With this in mind, Michigan has carefully crafted a child welfare program that has seen tremendous results.

In Michigan, nearly 60 percent of the children in the child welfare system are age six and older, part of a sibling group that should be adopted together, minority race children or children who may have physical, mental or emotional impairments. Adoption subsidy is an effective tool to assist special needs children to achieve a permanent home instead of remaining in foster care. In fact, in Michigan, approximately 90 percent of children adopted were eligible for the adoption subsidy. Michigan's Adoption Subsidy program provides support and/or medical subsidy to adoptive families to encourage the placement of these special needs children. The support subsidy pays for basic support and care for the adopted children. Medical subsidy pays for necessary treatment for a physical, mental or emotional condition which existed prior to the adoption.

During fiscal year 1996, the Michigan Family Independence Agency and its private partners placed a record number 2,189 children in new permanent families. This is more than double the number of adoptions in 1989 and represents an 18 percent increase over 1995. The largest increases were in the six to nine-year-old age group (31.3 percent, up from 28.3 percent in 1995) and black children (53.0 percent, up from 48.3 percent in 1995). The number of children adopted by relatives increased from 26.2 percent in fiscal year 1995 to 29.5 percent in 1996 and approximately 50 percent were placed with their foster parents.

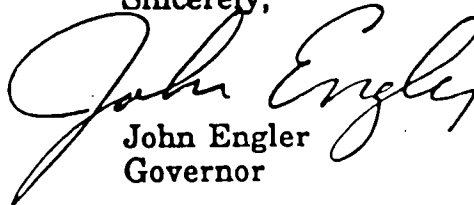
The Honorable Donna E. Shalala
Page 2
February 12, 1997

Despite Michigan's record-breaking success, I believe Michigan can move even more children into permanent placements in future years. To support this goal, adoption subsidies in Michigan's proposed fiscal year 1998 budget will total \$102.2 million.

In addition to promoting adoption, Michigan is currently addressing many aspects of Children's Services. Lieutenant Governor Connie Binsfeld, one of our state's strongest and most effective advocates on children's issues, headed the Binsfeld Children's Commission and issued a report that included various initiatives the state could take to improve the lives of children. Enhanced training of child welfare workers, the Children Safety Assessment project and other initiatives begun in recent months will be continued, and additional funds for the statewide implementation of child death review teams will be provided. The fiscal year 1998 budget provides a flexible pool of \$10 million to implement recommendations made in the Lieutenant Governor's report. The funds will be available to local multipurpose collaborative bodies to support locally developed plans that implement recommendations of the report and increase overall effectiveness of child welfare efforts.

I look forward to working with the Clinton Administration on initiatives that would help further the goals of moving more children into the safe, stable home that all children deserve.

Sincerely,



John Engler
Governor

JE/elh

SUGGESTED FEDERAL ACTIONS TO INCREASE ADOPTION AND PERMANENT PLACEMENT OF CHILDREN

DOUBLE THE NUMBER OF CHILDREN ADOPTED OR PERMANENTLY PLACED BY THE YEAR 2002

A - De-link AFDC/ SSI requirement from eligibility for Federal participation in Adoption Assistance.

B - While recognizing the need for changes in the role of the federal government and the movement away from entitlement programs, there remain some areas where federal mandates are needed. It is extremely important that there be an assurance of necessary financial support to adoptive families of special needs children receiving adoption assistance. Thus it is important to amend PL 96-272 to require that states provide monthly adoption assistance. Currently the Federal Title IV-E Adoption Assistance program allows monthly assistance as a state option. Federal participation is considered an open ended entitlement program for those states that choose to provide monthly adoption assistance. Since the provision of monthly adoption assistance is optional, State Legislatures must approve Adoption Assistance budgets during each budget cycle. Consequently there is no assurance of continued financial support and the programs themselves are at risk of abrupt change. This lack of assurance of ongoing support to prospective adoptive families constitutes a barrier to adoption of children with special needs.

C - Amend PL 96-272 to allow needs based monthly adoption assistance and require that the maximum monthly grant be equal to the maximum foster care reimbursement allowed within the state. This proposal would assure the special needs of the child are met, would recognize the different functions of foster parenting and adoption, and would address the discrepancy between foster care reimbursements and adoption assistance payments.

D - Continue to require enrolling children receiving adoption assistance on Medical Assistance.

E - Allow federal participation for non medical reimbursements such as costs of alterations to home or van, reimbursements for child care, respite care etc. These reimbursements would not be subject to a means test.

E - Establish a guardianship assistance program with federal participation when it is determined that a child with special needs can not return home, could be cared for by relatives or kin but who don't wish to adopt or for whom adoption and TPR is not in their best interest. Simply expand the adoption assistance program to include otherwise eligible children for whom there is a transfer of guardianship vs. a TPR.

F - Create federal supports and incentives to assist states in addressing the directive to consider giving preference to placement of children with adult relatives contained in Section 505 of the

Personal Responsibility and Work Opportunity Reconciliation Act of 1996, and the diligent recruitment of foster and adoptive families reflective of the ethnic and racial diversity of children for whom foster and adoptive homes are needed as required by Section 554 of the Multiethnic Placement Act. One option could be to eliminate competitive discretionary grants awarded under Adoption Opportunities. Allocate the dollars directly to states to invest in implementing these directives.

G - Offer federal incentives to states to establish regionally based programs for recruitment training and retention of adoptive families. We know recruitment is not the primary problem. The primary problem is developing an infrastructure to quickly provide necessary education, adoption and foster care studies, and on going support to persons responding to recruitment efforts. A Regionally based recruitment and retention program could pool the resources (public and private) of the identified region; provide quick response to inquiries; offer ongoing education and training programs; and provide ongoing support to families after the adoption.

H - Allow states to seek federal financial participation in meeting the costs of residential care for children receiving adoption assistance (or guardianship assistance if created). Currently states may not seek federal Title IV-E federal participation in meeting the costs of residential care unless the AFDC relatedness standard is met. This is seldom the case. Consequently the cost of care is financed principally through the state and the adoptive parent. The adoption assistance received by the parents may be used to contribute to the cost. A high percentage of the children requiring adoption assistance also need residential treatment in order to address their issues. Federal participation, along with that of the state and the adoptive parent will help ensure the child receives necessary treatment.

MOVE CHILDREN MORE RAPIDLY FROM FOSTER CARE TO PERMANENT HOMES

A - Enact federal legislation recognizing transfer of guardianship to relative or kin as a disposition equivalent to long term foster care or Termination of Parental Rights and adoption.

B - Amend P.L. 96-272 to require permanency decisions within 9 months of the out-of-home placement unless the court finds a basis for extending the time frame. Award financial incentives to states who meet the requirement.

C - Provide federal support (legislative and financial) encouraging concurrent planning for children in out-of-home care. Provide financial support for out-of-home placements where the foster parent would become the adoptive parent if reunification efforts are unsuccessful.

**INCREASE PUBLIC AWARENESS ABOUT CHILDREN WAITING FOR ADOPTION
AND ENCOURAGE AMERICANS TO CONSIDER ADOPTION**

A - Federal policy should formally recognize the child's relationship with relatives, biological family and foster parents. Policy should support adoptive families of children with special needs who try to maintain, and where appropriate, nurture these relationships.

B - Allow families receiving adoption assistance to receive the dependent child tax credit without having to declare the adoption assistance as income.

C - Provide financial incentives for states to develop and implement creative programs and services designed to support and encourage cross cultural involvement among families adopting children interracially.

D - Provide the same level of paid and unpaid parental leave for federal employees who adopt as is provided to those who give birth. Provide federal direction encouraging states to adopt similar policies.



STATE OF MINNESOTA

Washington Office
400 North Capitol Street, Suite 365
Washington, D.C. 20001
(202) 624-5308

ARNE H. CARLSON
GOVERNOR

February 12, 1997

KATHEE MCCRIGHT
DIRECTOR

The Honorable Donna Shalala
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Shalala:

On behalf of the State of Minnesota, I wish to express support for the Administration's goal to move children more quickly from foster care to safe, permanent homes. Minnesota shares this vision, and, over the years, has brought together public and private agencies to fashion a broad framework to support the adoption of children with special needs.

Our state framework includes several elements:

- A statewide Task Force on Permanence which meets monthly to address relevant adoption issues, and identify and recommend needed changes in practice and policy;
- Television and newspaper presentations of children in need of adoption;
- Recruitment of prospective adoptive families by public and private agencies from throughout Minnesota;
- A photo listing album with information about specific children in need of adoptive homes is published bi-monthly and distributed to counties, private agencies and libraries throughout the state;
- A computer-based statewide adoption exchange (with access to the national adoption exchange) capable of identifying potential matches between waiting children and waiting families;
- A requirement that all county social service agencies complete adoption home studies at no cost to families or individuals desiring to adopt a child with special needs; and
- A comprehensive Adoption Assistance program which not only helps adoptive parents meet the ongoing costs associated with parenting children with special needs, but recognizes the need to reimburse for special non-medical costs.

The Honorable Donna Shalala
February 12, 1997
page 2

This framework has been integral to the development of positive working relationships between county agencies and private child placing agencies. As a result, close to one-third of the children committed to the guardianship of the Commissioner of Human Services are in pre-adoptive homes at any point in time.

I appreciate your recent request for suggestions on federal actions which could be taken to encourage the adoption of children with special needs, and have attached a set of specific recommendations. I am convinced that further supportive actions on the federal level combined with planned enhancements to Minnesota's efforts will allow many more of our waiting children to find homes.

I look forward to reviewing your report to the President on adoption to be issued this week, and will continue to work with you on this very important issue.

Warmest regards,

A handwritten signature in dark ink, appearing to read "Arne H. Carlson". The signature is fluid and cursive, with the first name "Arne" being more prominent.

ARNE H. CARLSON
Governor



STATE OF NORTH CAROLINA
OFFICE OF THE GOVERNOR
RALEIGH 27603-6001

JAMES B. HUNT JR.
GOVERNOR

February 12, 1997

The Honorable Donna Shalala
Department of Health and Human Services
200 Independence Avenue, S.W., Room 615F
Washington, DC 20201

Dear Secretary Shalala:

I applaud the President's goal to double the number of adoptions and reduce the time children are in foster care by the year 2002. All children need permanent, loving families.

In North Carolina, this is a priority for us. As a result of efforts we have already undertaken in the state, the number of foster children adopted in North Carolina is up 66 percent in the previous two years. Likewise, the number of children removed from their homes is down 3 percent since extra attention has been focused on keeping families together and on finding adoptive homes for eligible children.

Our efforts to increase adoptions in North Carolina include:

- implementation of the Families for Kids initiative sponsored by the W. K. Kellogg Foundation which emphasizes adoption of foster children who cannot return home;
- increase in financial adoption assistance effective July 1, 1994;
- strong partnerships between public and private adoption agencies;
- a federal Adoption Opportunities grant which provided \$100,000 to help find adoptive homes for 28 foster children with special needs; and
- an Adoption Media Campaign, started in July 1994, that has resulted through January 1997 in 90 children being placed into adoptive homes.

I look forward to working with you to better address the needs of these children. All children deserve to be reared in nurturing, loving homes.

My warmest personal regards.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim Hunt".

James B. Hunt, Jr.

JBH:pjm



**BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES**

500 WEST TEMPLE STREET, 866 KENNETH HAHN HALL OF ADMINISTRATION
LOS ANGELES, CALIFORNIA 90012
(213) 974-2222 / FAX (213) 680-3283

YVONNE BRATHWAITE BURKE
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February 11, 1997

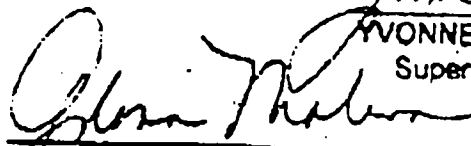
The Honorable Donna E. Shalala
Secretary of Health and Human Services
Washington, D.C. 20201

Dear Secretary Shalala:

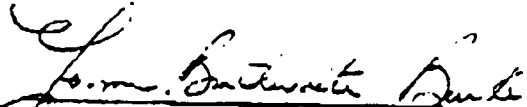
We are very pleased to learn about the President's adoption initiative. There is nothing more important for vulnerable children in our country and in Los Angeles County than to be permanently placed in loving homes as soon as possible.

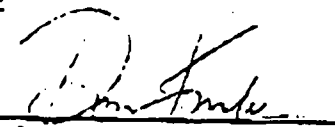
We applaud the President's commitment to double the number of adoptions in 5 years and look forward to reading the report being prepared by the Department of Health and Human Services on how this goal might be achieved. We are prepared to work with the Administration, the Congress, and our State leaders in helping California reach this important objective.

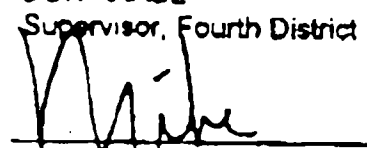
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GLORIA MOLINA
Supervisor, First District


ZEV YAROSLAVSKY
Supervisor, Third District


YVONNE BRATHWAITE BURKE
Supervisor, Second District


DON KNABE
Supervisor, Fourth District


MICHAEL D. ANTONOVICH
Supervisor, Fifth District



Cuyahoga County

February 13, 1997

COMMISSIONERS
Jane L. Campbell
Timothy F. Hagan
Tim McCormack

The Honorable William J. Clinton
President
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Mr. President:

The purpose of this letter is to commend you for your National Adoption Initiative. Here in Cuyahoga County we are very committed to finding permanency for our children who have entered the child welfare system. We have taken several steps to insure that effective decision making takes place starting on the first day of a child's involvement in our system to provide permanency as quickly as possible for each child.

In the past three years we have nearly tripled the number of adoptive placements that have taken place from 104 in 1994 to 303 in 1996. At the same time the number of children coming into permanent custody is growing at an ever faster rate. There were 382 children who came into permanent custody in our county in 1996. Today we have approximately 500 children waiting for an adoptive placement. There is a great need to find families for these waiting children in our community as there is across the nation.

We have added a significant number of staff to our adoption department and made significant investments in our community education and recruitment efforts. The primary focus of these efforts is to inform members of our community about the needs of our children who are waiting for permanent families and to ask them to help in recruiting families for these children. Your leadership in providing incentives to families to encourage them to adopt is very welcome as is your utilization of the national media to increase public awareness of the needs of these children who are waiting for permanent families.

We have been aided in this process by a Federal Minority Adoption grant, a grant from the Kellogg Foundation and a grant from the Casey Foundation. These grants have not only provided us with needed funding but they have also provided us with linkages to technical assistance that have helped us improve the quality of our adoption and recruitment programs.

The Honorable William J. Clinton
Page two
February 13, 1997

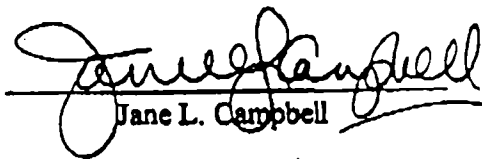
Your strong stand against reducing funds for child protection, foster care and adoption is critical to meeting the needs of these children. There is a very strong linkage between foster care and adoptions. In Cuyahoga County over sixty per cent of the adoption placements last year were with foster parents. Your efforts to support foster parents is critical to supporting the recruitment of adoptive parents.

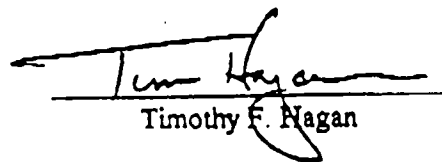
Through our Neighborhood Foster Care Initiative in Cuyahoga County we are significantly increasing the number of foster parents who live in the same neighborhoods as the families of the children who are in our custody. We believe that Neighborhood Foster Care has great potential for recruitment of adoptive families through the circles of support for foster children that are growing in these neighborhoods.

We commend you for your commitment to find permanent families for waiting children. We believe that your initiative will provide significant support for states and local communities to find and support permanent families for these children. We look forward to working with you and your administration to meet the critical goals of your National Adoption Initiative.

Sincerely,

BOARD OF COUNTY COMMISSIONERS


Jane L. Campbell


Timothy F. Nagan


Tim McCormack

/mj

Appendix F

Federal Programs to Support Adoption

With the passage of P.L. 96-272, the Adoption Assistance and Child Welfare Act of 1980, the Federal government established a clear focus on the need for permanency for children in foster care and the importance of permanency planning and timely decision-making for these children. The law increased protections for children in foster care by requiring case plans that included a description of the placement and its appropriateness, and a plan for services to facilitate the child's return home or to another permanent placement. An 18 month initial dispositional hearing requirement was legislated and an administrative or judicial case review was required at least every six months.

Several important Federal laws and programs promote the adoption of children with special needs. These include:

- Title IV-E Adoption Assistance - Title IV-E of the Social Security Act provides funds to States to facilitate the adoption of children with special needs who were or would have been eligible for AFDC, thereby preventing long or inappropriate stays in foster care. Federal matching funds are available to States for a one time payment for the non-recurring costs of adopting a special needs child, and for monthly subsidies to adoptive families to assist them with caring for a child with special needs. Federal funds also are used to assist States with the administrative costs of managing the program (e.g., for the recruitment and assessment of adoptive families), and for staff training.
- Adoption Opportunities Program (Child Abuse Prevention and Treatment and Adoption Reform Act of 1978) - The Adoption Opportunities Program works to eliminate barriers to adoption and provide permanent homes for children who would benefit from adoption. It does so by: (1) promoting adoption legislation and procedures in the States and territories of the United States in order to eliminate jurisdictional and legal obstacles to adoption; (2) promoting quality standards for adoption services, pre-placement, post-placement, and post-legal adoption counseling, and standards to protect the rights of the children in need of adoption; and (3) demonstrating expeditious ways to free children for adoption for whom it has been determined that adoption is the appropriate plan. This discretionary program awards grants and contracts to public and private non-profit agencies.
- The Adoption Tax Credit - In August 1996, President Clinton signed into law the Small Business Job Protection Act of 1996 which authorizes a \$5,000 tax credit (\$6,000 in the case of a child with special needs) for qualified adoption expenses. This tax credit is designed to help alleviate some of the financial barriers to adoption.

- Multiethnic Placement Act of 1994 (MEPA/IEP) - The MEPA, as amended by the Interethnic Adoption Provisions of the Small Business Job Protection Act of 1996, was designed to prohibit denial or delay in the foster or adoptive placement of children on the basis of race, color, or national origin; increase the number of adoptive and foster care families for children in foster care; and increase the number of children who are adopted. These laws seek to ensure that the adoption process is free from discrimination and delays on the basis of race, culture and ethnicity.
- The Court Improvement Program (CIP) - The CIP provides State courts with the opportunity to collaborate with the other organizations and individuals responsible for promoting and protecting the well-being of children and families to review laws and procedures designed to provide rights and protection to parents, families, and children. It provides State courts with the flexibility to design assessment tools which identify ineffective laws or procedures and barriers to effective decision-making, highlight practices which are not fully successful, examine areas found to be in need of correction or added attention, and then implement reforms which facilitate the timely execution of plans for permanency.
- The Indian Child Welfare Act (ICWA) - ICWA established requirements and standards for child-placing agencies to follow in the placement of Indian Children for the purpose of protecting the cultural heritage of these children. These standards include: the provision of remedial, culturally appropriate services for Indian families before a placement occurs; notification of tribes regarding the placement of Indian children; and, when placement must occur, it requires that children be preferentially placed in Indian homes.

ADVOCATE



Conna Craig today and, below, when she was a newly adopted 8-year-old.



Fighting for a Child's Right to be Loved

Conna Craig will never forget the day she met her foster sister. The little girl's face was severely burned—the work of a mother and her boyfriend who had used a heater to discipline the child for refusing to eat supper. Craig, just 12 at the time, was helping her adoptive mother bring Halie home from a shelter for abused children.

"Imagine holding this child in your lap and gently putting cream on a burn while she's crying—all the time knowing someone deliberately did this to her," she says.

Halie stayed with the Craigs for awhile, then was pulled back into a foster-care system bent on returning children to their biological parents no matter what. Even though she had to undergo eight reconstructive surgeries, Craig reports, the courts kept trying to reunite Halie with her abusive mother.

Today, Craig, 34, is cofounder and president of the Institute for Children, a small nonprofit organization in Cambridge, MA, dedicated to reforming foster care and removing barriers to adoption procedures nationwide. In speeches, she often tells Halie's story, pointing out that most foster kids come from similar backgrounds. "Of those who are reunited with their biological families," says Craig, "a third end up back in foster care within a year."

Craig herself was abandoned by parents she still doesn't know. She considers herself lucky to have been taken in, while still a toddler, by foster parents Joe and Muriel Craig and then adopted by them when she was 8. "I think of my adoptive mom as my real mom," she says.

Growing up, she watched scores of foster children pass through the Craigs' northern California home: "I'd watch my parents and the social workers and see their impotence in changing the situation." She remembers coming home from first grade one day to find one of her little foster brothers gone. "I looked everywhere for him—under the bed, behind doors, in the backyard. Picture this little kid frantically looking, running down the street yelling out her brother's name. I still don't know what happened to him."

Craig excelled in school and won a partial scholarship to Harvard; she graduated with honors in 1989. Although she had planned and pursued a career in finance, she had thought often about the children she'd known—and how the foster-care system showed no signs of changing. Four years ago, she won a grant to start her own private pro-adoption group.

"We're committed to the goal of seeing every child living with a loving, permanent family," she says. Operating with a staff of five, Craig meets with policymakers, gives speeches, raises money, and visits group homes to talk directly to foster kids. Recently, she's been working with the staff of Massachusetts Governor William Weld on a series of reforms. The state's adoption rate nearly doubled this past year, and officials believe that the reforms were partly responsible.

Craig's typical workday extends from 8:00 A.M. to 11:00 P.M. Not surprisingly, her family worries that she drives herself too hard. "I'm proud of her," says her mother, Muriel, "but she expects so much of herself."

Yet Craig does make time for a personal life. She communicates daily with several siblings, and thinks about maybe having a family of her own someday—including adopted children. Though she's had her share of romantic disappointments, she's currently dating "a man I really like."

If she demands a lot of herself, Craig says it's because she feels a strong sense of urgency. "People tell me it's too hard to find good families for foster kids. But I believe America is full of generous and compassionate people. I want every child who doesn't have a home now to have one by next Christmas." —Gregg Zoroya

GIVING

A Robin Hood Who Gives to the Hungry

A 46-year-old father of five, Syd Mandelbaum attends some 80 rock concerts a year. But he doesn't go to sing along with the band. Armed with plastic wrap and a cooler, he stations himself backstage, where he collects food for the hungry.

Rock bands typically order up huge quantities of edibles to be consumed during and after concerts. In the past, much of the food would go to waste. Six years ago, Mandelbaum founded Rock and Wrap It Up!, now an international network of volunteers who collect food from nearby shelters and soup kitchens.

Most of the volunteers are in their 20s, and for Mandelbaum, getting young people involved is an added reward of his campaign: "It's a joy for me to show them the power they have to change things for the better."

In the beginning, Rock and Wrap It Up! was just Mandelbaum, his wife Diane, and their three daughters, Bari, Jill and Emily. The family would cart away surplus food from concerts headlined by the Rolling Stones, Michael Bolton, Bruce Hornsby, and others at the Jones Beach Amphitheater in Long Island, NY. (The family lives in nearby Cedarhurst.) Currently, there are 1,000 volunteers, working every night of the year. To nearly two million people have been fed through the group's efforts. (continued)

Sweet music: Syd Mandelbaum (in his Rock and Wrap It Up! office) collects food from rock concerts and delivers it to the needy.



M E M O R A N D U M

TO: BRUCE REED

CC: ELENA KAGAN

FROM: TOM FREEDMAN, MARY L. SMITH

RE: NATIONAL ADOPTION REGISTRY

DATE: JUNE 17, 1997

SUMMARY

There is no national registry listing children available for adoption. Therefore, parents using a state agency will only become aware of children currently in foster care in their own state. We recommend an initiative to create a national adoption registry.

BACKGROUND

- According to estimates, there are 100,000 children living in foster homes across the country. In the foster care system, 40% are African American, 40% are white, 12% are Hispanic, and the rest are a mix of races.
- The cost of adoption can be quite high. Some private agencies charge fees as high as \$40,000 to locate a newborn. State and local agencies usually charge \$1000, and some nonprofits charge a few thousand dollars.
- Only 27% of foster children awaiting adoption are placed in permanent homes each year.
- Currently, agencies are rewarded for keeping children in foster care. Each day a child remains in foster care the agency overseeing his or her case receives a stipend, usually between \$7 and \$21. The payment of this stipend ends when the child is adopted.
- The Clinton Administration established a program called Adoption 2002, with a budget of \$10 million in state grants for new model programs, that will attempt to double the rate at which children in foster care are placed in permanent homes. Under Adoption 2002, President Clinton has proposed a new system of incentives in which adoption agencies will receive a bonus when they place a foster-care child for adoption.

ONE PROBLEM

One reason that children remain in foster care for extended periods of time is that often

prospective parents are not aware of available children. Currently, there is no national registry of children available for adoption. For example, social workers and prospective parents in South Carolina don't know about available children in Nevada. Some states have registries, but parents complain that the listings are not always accurate or up-to-date.

RECOMMENDATION

- We recommend proposing a national adoption registry that would list all the children in every state that are currently available for adoption.

CAROLYN B. MALONEY
14TH DISTRICT, NEW YORK

1330 LONGWORTH BUILDING
WASHINGTON, DC 20515-3214
(202) 225-7944

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- ☐ 819 LORIMER STREET
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Adoption Preference Amendment

Problem

One of the tragedies of our foster care system is the staggering number of children who await adoption without any hope of finding a stable, permanent home. Compounding this tragedy is that many of these children already live in caring foster homes with parents who would love to adopt them but, due to a variety of state and local regulations, are being precluded from doing so. Every day that a child spends in foster care, it becomes less likely that he or she will be adopted.

Solution

My amendment would establish foster parents or caretaker relatives as the presumptive preference for placing adoptive children, giving many children a better chance at happiness in a home they already know and love. Once the court has approved a permanent plan for adoption of the child, or the child has been freed for adoption, the state adoption agency would establish preference to the foster parents as long as the agency determines that the child has substantial emotional ties to the foster parent or caretaker relative and the removal of the child from the foster parent or caretaker relative would be seriously detrimental to the well-being of the child.

Important Note: This is a child centered bill, that puts the developmental needs for a stable loving home as the first priority.

Points

- * Approximately 85% of children are adopted by their foster parents in New York City.

Background

Once a foster child becomes available for adoption, the local agencies tend to look at relatives, rather than loving foster parents for a permanent family. This means taking the child away from the only family that the child may have ever known. In other situations, the state looks to match the race of the child to a new family, rather than encourage cross racial adoption.

Example A: Dennie was the forth child born to a crack addicted mother. Tiny and fragile, she was cared for by Carolyn, herself a former foster child and her husband. For three years they nursed Dennie back to health. When the state proposed adoption, even Dennie's mother wanted Carolyn to adopt her. Instead, the state spent two years searching for relatives who would take her in. Carolyn and her husband mortgaged their own house to pay for the legal costs needed in the custody fight.

Example B: Paul and Brian were twin boys born to a homeless 16 year girl. They were placed in foster care with Velma Washington, a 50 year grandmother who lived in the same neighborhood. After spending a year in foster care, they were returned to their mother whose was living in a shelter. The reunion did not last long. Within months, Velma saw the young mother living again on the streets. She also discovered that the boys were back in foster care, now in two different homes. She asked the caseworkers to allow her to adopt, but they ignored her requests. She did not have the money to hire a lawyer.

Savings

Since foster parents would adopt children much quicker after passage of this provision when compared with existing law, states and the federal government would spend less foster care money and the court system would spend less on legal expenses. But most importantly, the children would spend less time in foster care.

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M E M O R A N D U M

TO: BRUCE REED
CC: ELENA KAGAN
FROM: TOM FREEDMAN, MARY L. SMITH
RE: NATIONAL ADOPTION REGISTRY
DATE: JUNE 17, 1997

SUMMARY

There is no national registry listing children available for adoption. Therefore, parents using a state agency will only become aware of children currently in foster care in their own state. We recommend an initiative to create a national adoption registry.

BACKGROUND

- According to estimates, there are 100,000 children living in foster homes across the country. In the foster care system, 40% are African American, 40% are white, 12% are Hispanic, and the rest are a mix of races.
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ONE PROBLEM

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prospective parents are not aware of available children. Currently, there is no national registry of children available for adoption. For example, social workers and prospective parents in South Carolina don't know about available children in Nevada. Some states have registries, but parents complain that the listings are not always accurate or up-to-date.

RECOMMENDATION

- We recommend proposing a national adoption registry that would list all the children in every state that are currently available for adoption.

MEMORANDUM

TO: BRUCE REED
CC: ELENA KAGAN
FROM: TOM FREEDMAN, MARY L. SMITH
RE: STANDBY GUARDIANSHIP
DATE: JUNE 17, 1997

SUMMARY

Most states leave children in legal limbo at the time of a parent's death. Rep. Carolyn Maloney has introduced a bill that would permit chronically-ill parents to choose standby guardians without giving up parental rights.

BACKGROUND

In New York City alone, 30,000 children will be orphaned by AIDs by the end of the decade. Many states have laws that preclude chronically-ill parents from being able to select "standby guardians" for their children in case of death or incapacitation. Even in cases where a guardian has been designated in a will, children still remain legally without a guardian for extended periods in many states. According to data collected by Rep. Maloney's office, it appears that only ten states currently have laws that permit the pre-designation of guardians in the event of death or incapacitation by the parent. See attached.

Under the proposed bill, standby guardians could be pre-approved by the courts to become responsible for the care of the child immediately upon the death or incapacitation of the ill parent. The authority to care for the child would take effect upon either the death of the parent, the mental incapacitation of the parent, or the physical debilitation and consent of the parent. This bill would save state and federal money by keeping children out of the foster care system.

For instance, under the proposed bill, a single mother with AIDs can make an effort before her death to ensure that her children are kept together. With a standby guardian that assumes responsibility immediately upon the mother's death, the children will not be subjected to the foster care system.

RECOMMENDATION

- We should support Rep. Maloney's bill, H.R. 709, which has been incorporated in an omnibus bill called the Children's National Security Act, H.R. 1726.

Summary of Standby Guardianship Laws by State

	CA: CAL. PROB. CODE sec. 2105 1995	CT: CT. ST. secs. 45a-624 - 624c 1994	FL: FLA. STAT. sec 744.304 1994	IL: IL. ST. secs. 5/1-2.23; 5/11-5.3, 10.1, 13.1 1995	MD: MD. EST. & TRST. secs. 13-901-908 1994
(1) Conditions for Statute's Use	Custodial parent has incurable & irreversible terminal condition that will result in death w/in 2 yrs based on reasonable medical judgment.	Parent or guardian can access statute.	Upon the petition or consent of both living parents or surviving parent, or petition of currently serving guardian.	Parent can access statute.	Petition: must be significant risk that parent will become incapacitated or die w/in 2 yrs.
(2) Procedure		Designation.	See (1).	Designation.	Petition, designation.
(3) Triggering Events		Effective upon occurrence of specified contingency.	Incapacitation, death.	Inability to carry out day to day child care decisions, death, consent.	Petition & Designation: incapacity, death, consent. Desig: debilitation w/ parental consent also.
(4) Other Parent	Appointment of joint guardian will not be made over non-custodial parent's objection w/out finding that it would be detrimental to child to grant custody to such parent.	If both parents are alive, both must consent unless parental rights have been terminated or parent has been removed as guardian.	See (1).	Does not affect other parent's rights. Court cannot proceed if child has parent whose rights are not terminated, whose whereabouts are known and is willing to make daily child care decisions.	Petition must be joined by each person having parental rights unless cannot be located. Designation: if other parent cannot be found, standby can file w/out other parent's consent.
(5) Confirmation of Standby's Authority		Designation is effective for 1 yr. unless standby applies for appointment.	Must be filed w/in 20 days of triggering event.	W/in 60 days of receipt of triggering event, standby must petition for appointment as guardian.	Petition: standby must file w/in 90 days. Desig: standby must file w/in 180 days.
(6) Relationship between Parent's & Standby's Authority	Concurrent when there are 2 joint guardians. If more than 2, majority must concur to exercise power.		Court has jurisdiction over guardian and ward.		Parent retains full parental rights.
(7) Revocation by Parent/Restoration of Parent's Authority		Revocable upon written notice to standby, whose authority ceases after specified contingency no longer exists.		Short term guardian can be appointed by parent for 60 days w/out court approval.	Prior to filing petition, notify standby of revocation. After petition filed, written revocation filed with court with notification to standby.
(8) Designation or App'l. of Alternate Standby	May have more than 2 joint guardians.		Yes.	May designate alternate standby.	Yes, through designation.

Continued on next page

Summary of Standby Guardianship Laws by State, continued

	MA: MA. ST. 201 secs. 2B-2F 1995	NJ: NJ. ST. secs. 12-71 - 78 1995	NY: NY. SURR. CT. PRO. sec. 1726 1994	NC: NC. ST. secs. 35A - 1370 - 1382 1995	WI: WI. ST. sec. 880.38
(1) Conditions for Statute's Use	Parent or legal custodian can access statute.	Parent, legal custodian & standby can petition. Parent & legal custodian can designate standby. Risk that parent or legal custodian will die or become incapacitated or debilitated as result of progressive chronic cond. or fatal disease.	Parent or legal guardian can access statute. Petition: progressive illness or irreversible fatal illness. Illness need not be identified. Must identify basis of diagnosis, such as date and source.	Parent or guardian can access statute. Progressive illness or irreversible fatal illness. Don't have to identify illness. Must identify source of diagnosis.	Standby guardianship not available if person has one living parent capable of exercising legal guardianship.
(2) Procedure	Petition, designation of proxy.	Petition, designation.	Petition, designation	Petition, designation.	Petition.
(3) Triggering Events	Death, consent, incapacity..	Incapacity, debilitation, death.	Petition & Designation; incapacity, consent, death. Designation: debilitation w/consent also.	Incapacity, debilitation w/consent, consent, death.	Incapacity, resignation, death.
(4) Other Parent		Notice served on child's living parent, legal custodian or designated standby. Does not deprive parent of parental rights.		Petition must be served on nonpetitioning parent..	
(5) Confirmation of Standby's Authority	W/in 90 days, file proof of triggering event.	W/in 60 days, standby petitions for confirmation. Designation: designation expires w/in 6 mos. unless petition filed.	Petition: must file w/in 90 days of triggering event. Designation: must file w/in 60 days of triggering event.	Must file w/in 90 days of triggering event.	Standby notifies court upon assuming duties. Subject only to court's confirmation w/in 60 days of such assumption.
(6) Relationship between Parent's & Standby's Authority	Concurrent. If parent w/draws consent or regains capacity, proxy's authority returns to standby authority.	Shared authority.	Concurrent.	Concurrent. If petitioner's or designator's capacity/ability restored, standby's authority suspended until next trig. event.	
(7) Revocation by Parent/Restoration of Parent's Authority	Petitioner revokes designation or proxy not yet appointed by notifying all nec. parties in writing. If court appointed proxy, petitioner vacates appointment by filing written revocation w/ court and notifying all nec. parties.	Petition: file executed written revocation w/ court & notifying standby. Unwritten revocation may be considered if proved by clear & convincing evidence. Designation: revoke by notifying standby.	Upon notice to standby and court. If petition filed, notice must be written.	Petition filed, executed written revocation filed w/ court w/ copy to standby. Prior to filing petition, written notification to standby.	
(8) Designation or App't. of Alternate Standby	Yes.	Yes.	Designation: can name standby.	Yes.	Court may designate more than 1 standby.

CAROLYN B. MALONEY
4TH DISTRICT, NEW YORK

1330 LONGWORTH BUILDING
WASHINGTON, DC 20515-3214
(202) 225-7944

COMMITTEES:
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SERVICES

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Washington, DC 20515-3214

- ☐ DISTRICT OFFICES:
110 EAST 59TH STREET
2ND FLOOR
NEW YORK, NY 10022
(212) 832-8531
- ☐ 28-11 ASTORIA BOULEVARD
ASTORIA, NY 11102
(718) 932-1804
- ☐ 638 LORIMER STREET
BROOKLYN, NY 11211
(718) 349-1260

FAX COVER SHEET

TO: _____

Mary Smith

FAX NUMBER: _____

456-7431

FROM: _____

Mark Guiton

PHONE#: (202) 225-7944

FAX #: (202) 225-4709

DATE: _____

NOTES: _____

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CAROLYN B. MALONEY
14TH DISTRICT NEW YORK

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Congress of the United States
House of Representatives
Washington, DC 20515-3214

WASHINGTON OFFICE
1300 Longworth Building
Washington, DC 20515-3214
(202) 225-1844

NEW YORK OFFICE
250 Times Square
19th Floor
New York, NY 10021
(212) 833-8331

ATLANTA OFFICE
14-11 Astoria Place
Atlanta, NY 11102
(718) 332-1604

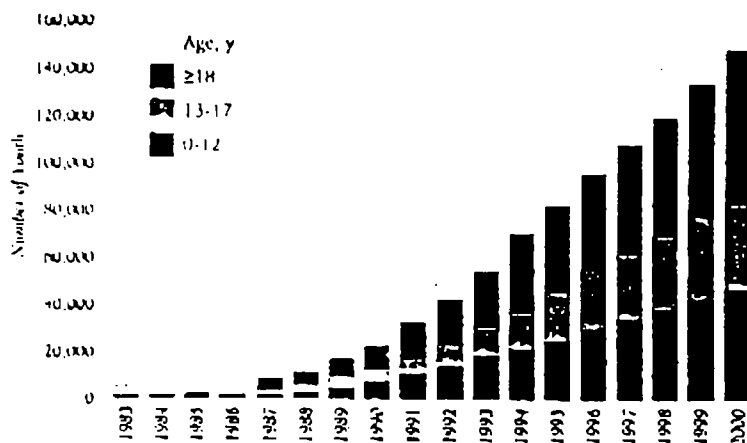
619 Summer Street
Brooklyn, NY 11211
(718) 348-1260

HELP CHILDREN ORPHANED BY AIDS WITHOUT SPENDING ONE PENNY

Dear Colleague:

Please take a moment to look at the chart below.

Children Orphaned By AIDS



The cumulative number of motherless children, adolescents and young adults estimated to be orphaned by the HIV/AIDS epidemic in the United States, 1981 through 2000

The scope of this tragedy is enormous, but even worse, many of these children will be forced into foster care homes at the most vulnerable *simply because most state laws prevent parents from naming guardians for their children in advance of their deaths.*

As the Journal of the American Medical Association noted in December of 1992, "Every state should review its existing guardianship laws, many of which leave children in legal limbo at the time of a parent's death, even when a guardian has been named in the parent's will."

HR 709 would require just such a review by closing legal gaps that have failed vulnerable children and their families. My bill would allow parents to choose standby guardians without giving up their parental rights. Using a simple process, standby guardians could be pre-approved by the courts and taken on the responsibility of caring for their charges immediately upon the death or incapacitation of the ill parent.

Modeled after a highly successful New York State law (passed in 1993), this bill would save both states and the Federal Government money by reducing the amount of time children spend in the very expensive foster care system. But most importantly, it would provide peace of mind to desperate parents by resolving custody issues while they can still have input into the future of their children.

Children who will be orphaned by the death of their parent cannot wait for their local government to recognize and deal with this tragic problem. We must assist these helpless victims of AIDS.

I hope that you will choose to cosponsor this legislation. Please contact Andrew Lowenthal at 5-7944 to sign-on or to obtain more information.

Sincerely,

CAROLYN B. MALONEY
Member of Congress

COMMITTEE ON BANKING, FINANCE
AND URBAN AFFAIRS

COMMITTEE ON
GOVERNMENT OPERATIONS

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EXECUTIVE COMMITTEE



Congress of the United States
House of Representatives
Washington, DC 20515-3214

1) 1916 Loomis Blvd
 Washington DC 20018-3216
 (202) 376-1866

2) 1916 Loomis Blvd
 Washington DC 20018-3216
 (202) 376-1866

HELP CHILDREN ORPHANED BY AIDS
WITHOUT SPENDING ONE PENNY

February 1, 1994

Dear Colleague:

709

Last year I introduced H.R. 1954, the Standby Guardianship Act, which addresses the needs of the 85,000 to 125,000 children who will be left motherless by AIDS by the end of this decade.

The tragedy is enormous, but even worse, many of these children will be forced into foster care homes at the most vulnerable moment of their lives simply because most state laws prevent parents from naming guardians for their children in advance of their deaths.

As the *Journal of the American Medical Association* noted in December of 1992, "Every state should review its existing guardianship laws, many of which leave children in legal limbo at the time of a parent's death, even when a guardian has been named in the parent's will."

H.R. 154 would require just such a review by closing legal gaps which have failed vulnerable children and their families and allowing parents to choose standby guardians without giving up their parental rights. Using a simple process, standby guardians can be pre-approved by the courts and take on the responsibility of caring for their charges immediately upon the death or incapacitation of the ill parent.

Modeled after a highly successful New York State law, this bill would save states and the federal government money by reducing the amount of time children spend in the incredibly expensive foster care system. But most importantly, it provides peace of mind to desperate parents by resolving custody issues while they can still have their input into the future of their children.

Children who will be orphaned by the death of their mother cannot wait for their local governments to recognize and deal with this tragic problem. We must help these helpless victims of AIDS. If you would like to cosponsor H.R. 1354, or would like more information, please contact Gifford Miller at 5-7944.

709

Sincerely,

CAROLYN B. MALONEY
Member of Congress

38 Current Cusponsors:

Schroeder; Towns; Pelosi; Meek; Rangel; Kopetski; Parker; Shays; Foglietta; Collins (MI); Wynn; Abercrombie; Delugo; McDermott; Dellums; Norton; Velazquez; Jefferson; Gilman; Frost; Unsoeld; Washington; Thurman; Mink; Clayton; Studds; Baccus; Filner; Roybal-Allard; Waxman; Hamburg; Woolsey; Moran; Torkildsen; Miller (CA); Nadler; Morella; Engel.

CAROLYN B. MALONEY
14TH DISTRICT, NEW YORK

1330 LONGWORTH BUILDING
WASHINGTON, DC 20515-3214
(202) 225-7944

COMMITTEES:
BANKING AND FINANCIAL
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Washington, DC 20515-3214

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☐ 110 EAST 59TH STREET
2ND FLOOR
NEW YORK, NY 10022
(212) 832-6531

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(718) 932-1804

☐ 619 LORIMER STREET
BROOKLYN, NY 11211
(718) 348-1260

Standby Guardianship Act

Problem

Most states leave children in legal limbo at the time of a parent's death. In many cases, children are forced into expensive foster care homes because state law prevents their parents from naming guardians for their children in advance of their death.

Solution

My bill would close this legal gap by allowing parents to choose standby guardians without giving up their parental rights. Using a simple process, standby guardians could be pre-approved by the courts to take on the responsibility of caring for the child immediately upon the death or incapacitation of the ill parent. Authority would take effect upon 1) the death of the parent, 2) the mental incapacity of the parent, or 3) the physical debilitation and consent of the parent. } Sol

Points

- * In New York City alone, 30,000 children will be orphaned by AIDS by the end of the decade. Unfortunately, many states have laws which preclude chronically-ill parents from being able to select "standby guardians" for their children in case of death or incapacitation. } #1
- * According to the Journal of the American Medical Association noted in December 1992, "Many [states] leave children in legal limbo at the time of a parent's death, even when a guardian has been named in the parent's will."
- * My bill would require all states to pass laws which would allow for an orderly transfer of custody to help keep kids out of the foster care system. It would save both states and the Federal government money by reducing the amount of time children spend in Foster Care.
- * My bill was modeled after a highly successful New York State law passed in 1993.
- * My bill would provide peace of mind to terminally ill parents by resolving custody issues while they can still have input into the future of their children. This bill especially addresses the needs of a growing number of children left motherless by AIDS.

Background

All too often, chronically ill parents, including single mothers with AIDS, find it virtually impossible to resolve custody issues involving their children prior to death. State courts often determine the custody of children without any direction from the deceased parent. In other cases, state judges overrule parental wishes expressed in wills. In most states, parents can transfer guardianship in only two ways:

- 1) The first is by will or deed. By this process, parents designate a guardian for their children. This guardian must then be approved by state courts after the parent's death. Therefore, the transfer of custody takes place after the death of the parent, and does not address problems presented by a parent who is incapacitated by disease and is unable to perform his or her normal parental functions. It also does not allow parents to participate in the transfer process.
- 2) The second way that parents can transfer custody of their children in most states is a direct and irrevocable transfer of guardianship. Obviously, this option is unacceptable to most parents who are unwilling to give up all parental rights at a time when they can still function as parents.

Example A:

Let's examine the case of a single mother with AIDS who knows that her time is short. She has two children, aged 3 and 5.

She could make a will and designate her sister, for example, as the guardian of her children. Even still, her children could end up in foster care if she is incapacitated prior to her death, or while the courts sort out her designation afterwards. This is not only expensive, it is thoughtless social policy. Placing children in foster care at the most vulnerable time of their lives is not a desirable outcome.

Example B:

But even worse is the case of a single mother who has no sister to take care of her children when she dies. Many single mothers with AIDS have no obvious choice of who can assume guardianship of their children.

For this mother, especially, state laws which do not allow for standby guardianship preclude the ability of the mother to plan for the future of their children.

Standby Guardianship Act

With Standby Guardianship laws, single mothers with AIDS can, for example, be put in touch with prospective adoptive parents. This can allow chronically ill parents to play a role in planning for their children.

For our single mother with two children, she can make an effort to see that her children are kept together. By finding adoptive parents for her children before she dies, she can be sure that their future is secure. And this way we don't wait until children are in the foster care system before we try to find them adoptive parents.]✓

Savings

State and the federal governments would save court costs and foster care expenses since they would already know ahead of time what to do with the child.

Summary of Standby Guardianship Laws by State

	CA: CAL. PROB. CODE sec. 2105 1995	CT: CT. ST. secs. 45a-624 - 624c 1994	FL: FLA. STAT. sec 744.304 1994	IL: IL. ST. secs. 5/1-2, 23, 5/11-5.3, 10.1, 13.1 1995	MD: MD. EST. & TRST. secs. 13-901-908 1994
(1) Conditions for Statute's Use	Custodial parent has incurable & irreversible terminal condition that will result in death w/in 2 yrs based on reasonable medical judgment.	Parent or guardian can access statute.	Upon the petition or consent of both living parents or surviving parent, or petition of currently serving guardian.	Parent can access statute.	Petition: must be significant risk that parent will become incapacitated or die w/in 2 yrs.
(2) Procedure		Designation.	See (1).	Designation.	Petition, designation.
(3) Triggering Events		Effective upon occurrence of specified contingency.	Incapacitation, death.	Inability to carry out day to day child care decisions, death, consent.	Petition & Designation: incapacity, death, consent. Desig: debilitation w/ parental consent also.
(4) Other Parent	Appointment of joint guardian will not be made over non-custodial parent's objection w/out finding that it would be detrimental to child to grant custody to such parent.	If both parents are alive, both must consent unless parental rights have been terminated or parent has been removed as guardian.	See (1).	Does not affect other parent's rights. Court cannot proceed if child has parent whose rights are not terminated, whose whereabouts are known and is willing to make daily child care decisions.	Petition must be joined by each person having parental rights unless cannot be located. Designation: if other parent cannot be found, standby can file w/out other parent's consent.
(5) Confirmation of Standby's Authority		Designation is effective for 1 yr. unless standby applies for appointment.	Must be filed w/in 20 days of triggering event.	W/in 60 days of receipt of triggering event, standby must petition for appointment as guardian.	Petition: standby must file w/in 90 days. Desig: standby must file w/in 180 days.
(6) Relationship between Parent's & Standby's Authority	Concurrent when there are 2 joint guardians. If more than 2, majority must concur to exercise power.		Court has jurisdiction over guardian and ward.		Parent retains full parental rights.
(7) Revocation by Parent/Restoration of Parent's Authority		Revocable upon written notice to standby, whose authority ceases after specified contingency no longer exists.		Short term guardian can be appointed by parent for 60 days w/out court approval.	Prior to filing petition, notify standby of revocation. After petition filed, written revocation filed with court with notification to standby.
(8) Designation or App'l. of Alternate Standby	May have more than 2 joint guardians.		Yes.	May designate alternate standby.	Yes, through designation.

Continued on next page

Summary of Standby Guardianship Laws by State, continued

	MA: MA. ST. 201 secs. 2B-2F 1995	NJ: NJ. ST. secs. 12-71 - 76 1995	NY: NY. SURR. CT. PRO. sec. 1726 1994	NC: NC. ST. secs. 35A - 1370 - 1382 1995	WI: WI. ST. sec. 880.38
(1) Conditions for Statute's Use	Parent or legal custodian can access statute.	Parent, legal custodian & standby can petition. Parent & legal custodian can designate standby. Risk that parent or legal custodian will die or become incapacitated or debilitated as result of progressive chronic cond. or fatal disease.	Parent or legal guardian can access statute. Petition: progressive illness or irreversible fatal illness. Illness need not be identified. Must identify basis of diagnosis, such as date and source.	Parent or guardian can access statute. Progressive illness or irreversible fatal illness. Don't have to identify illness. Must identify source of diagnosis.	Standby guardianship not available if person has one living parent capable of exercising legal guardianship.
(2) Procedure	Petition, designation of proxy.	Petition, designation.	Petition, designation	Petition, designation.	Petition.
(3) Triggering Events	Death, consent, incapacity..	Incapacity, debilitation, death.	Petition & Designation; Incapacitation, consent, death. Designation: debilitation w/consent also.	Incapacity, debilitation w/consent, consent, death.	Incapacity, resignation, death.
(4) Other Parent		Notice served on child's living parent, legal custodian or designated standby. Does not deprive parent of parental rights.		Petition must be served on nonpetitioning parent.	
(5) Confirmation of Standby's Authority	W/in 90 days, file proof of triggering event.	W/in 60 days, standby petitions for confirmation. Designation: designation expires w/in 6 mos. unless petition filed.	Petition: must file w/in 90 days of triggering event. Designation: must file w/in 60 days of triggering event.	Must file w/in 90 days of triggering event.	Standby notifies court upon assuming duties. Subject only to court's confirmation w/in 60 days of such assumption.
(6) Relationship between Parent's & Standby's Authority	Concurrent. If parent withdraws consent or regains capacity, proxy's authority returns to standby authority.	Shared authority.	Concurrent.	Concurrent. If petitioner's or designator's capacity/ability restored, standby's authority suspended until next trig. event.	
(7) Revocation by Parent/Restoration of Parent's Authority	Petitioner revokes designation or proxy not yet appointed by notifying all nec. parties in writing. If court appointed proxy, petitioner vacates appointment by filing written revocation w/ court and notifying all nec. parties.	Petition: file executed written revocation w/ court & notifying standby. Unwritten revocation may be considered if proved by clear & convincing evidence. Designation: revoke by notifying standby.	Upon notice to standby and court. If petition filed, notice must be written.	Petition filed, executed written revocation filed w/ court w/ copy to standby. Prior to filing petition, written notification to standby.	
(8) Designation or App'l. of Alternate Standby	Yes.	Yes.	Designation: can name standby.	Yes.	Court may designate more than 1 standby.

January 29, 1997

A COMMON SENSE, LOW-COST APPROACH TO FOSTER CARE REFORM!

Dear Colleague:

All across America, our foster care system is swamped with difficulties: overworked and inexperienced caseworkers drowning in a flood of red tape; overcrowded courtrooms that hear more than sixty cases a day; preventive service programs that can only offer long waiting lists; abandoned children that wait for most of their childhood to be adopted. Designed to be a safety net, foster care has instead become a mine field from which few children emerge unscathed.

While there is an unequivocal link between poverty, homelessness, violence and the rise in the number of children in foster care, families in crisis cannot wait for society to solve these problems. At the very least, we should expect child welfare systems to improve the quality of life for its young clients -- not to make it worse.

I intend to introduce legislation, the Omnibus Foster Care Reform Act, that can effect real reform, without any significant cost to the taxpayers. These bills are in the true spirit of reinventing government by improving the quality of services provided **without requesting new funding**. But unless we can change these foster care policies now, the future cost to our country -- both in terms of dollars and lives lost -- will be substantial.

The four sections of the Omnibus legislation are as follows:

Section 1 -- Caseworker Competency: The lack of trained caseworkers in child protective services is a major cause of the problems that beset our foster care delivery systems. Most states do not require a related college degree or appropriate experience. Some states require no degrees at all. This section of the bill would require states to administer qualifying exams for child protective service workers, raising the standards of those who care for this country's most vulnerable children.

Section 2 -- Fathers' Rights: The status of father and child in family court is currently a lose-lose situation. When a child is removed from a single mother, little effort is made to locate or provide services to the father. Only after the child has spent several years in foster care and the mother is still unable to provide a safe home is the father considered for custody. This translates into unnecessary delays that harm both father and child, as well as higher state and federal foster care costs. This section would require state child protective services to locate and evaluate the biological father at the time that the child is removed from the mother's care. During the initial 18 month foster care placement, both parents would be offered supportive services. If neither the mother nor the father are able to offer a safe, stable home, social services would then look to adoptive alternatives. This bill would decrease the time spent in foster care, promote unification with a natural parent and increase timely adoptions.

Section 3 -- Kinship Guardianship: Children placed in foster care with relatives are often in an awkward and unstable legal position. This section would create a new legal status equivalent to kinship adoption. It would provide a legal floor for the transfer of legal custody to the kinship guardian that would allow this guardian to collect an adoption level subsidy as though he or she had adopted the child. It should be noted that the adoption subsidy is considerably less than the cost of a foster care subsidy. Therefore this new status would provide stability to children who

desperately need it, while cutting state and federal protective service administrative costs.

Section 4 – Adoption Preference; This section gives a preference to foster parents who wish to permanently adopt their foster children.

Taken together, the Omnibus Foster Care Reform Act is a significant, common-sense step forward for our country's most vulnerable children. To cosponsor the legislation, or to receive more information, please call Mark Guiton at 5-7944.

Sincerely,

CAROLYN B. MALONEY
Member of Congress

Adolph

...tory of neglect or abuse. The revelations also raised serious questions about the process by which the private agencies, which monitor a vast majority of New York City's foster children, screen potential foster parents, who are responsible for the daily care of an estimated 42,000 abused and neglected children.

Officials at Louise Wise, referred all questions yesterday to the Administration for Children's Services, the city's child welfare agency, which monitors foster care.

Those city officials also expressed concern about the agency's screening, saying they had demanded copies of all records involving the Coker family. "Our investigation is focusing specifically on the manner in which this foster parent was selected, certified and monitored by the Louise Wise agency," Nicholas Scoppetta, commissioner of the Administration for Children's Services, said in a statement last night.

It was unclear last night why officials at the Louise Wise agency did not act on the warning, or whether they ever contacted the Little Flower agency to investigate further.

But Maggie Lear, a spokeswoman for the Administration for Children's Services, noted that officials at the Little Flower agency never reported their concerns to the State Central Register, which catalogues all abuse and neglect complaints, even after they removed the children from Ms. Coker's home in February 1996.

It is possible, Ms. Lear said, that caseworkers at the Little Flower agency felt they did not have enough evidence of neglect to make a formal complaint. Officials at the Louise Wise agency, Ms. Lear added, did conduct all the required checks: calling the state register, visiting the home and collecting character references. And those background checks turned up no history of abuse or complaints, she said.

Still, executives at other foster care agencies said it would be highly unusual not to thoroughly investigate a foster parent who so obviously had problems in the past.

NY Times 7-22-97

Child's Death Raises Doubts On Screening Of Foster Care

By RACHEL L. SWARNS

The agency responsible for a 4-year-old girl who died in the home of one of the agency's foster mothers had been warned by another group last year that the parent had neglected other children, city officials said yesterday.

The agency, Louise Wise Services, which monitors 650 foster children for the city, was told that the woman had recently been barred from caring for foster children after two sets of siblings in her care were discovered wearing soiled clothing.

The warning came from officials at the Little Flower agency, in a letter dated July 8, who said the woman, Patricia Coker, might be an inappropriate foster parent.

Two weeks later, the Louise Wise agency put four foster children in Ms. Coker's home. On Sunday, one of those children, Caprice Reid, 4, was found dead, with bruises covering her body. Ms. Coker was arrested on charges of assault and endangering the welfare of a child. Prosecutors say the charges may be upgraded, depending on the autopsy results.

The portrait of Ms. Coker, 26, as a troubled foster mother was a stark departure from the image city officials presented on Monday, when they described her as a first-time foster parent without any known history of neglect or abuse.

The revelations also raised serious

Tom, can
we do
something
w/ a pre-
screening



Our foster care system urgently needs reform

The reality of foster care was brought home to Bill and me when we met a teen-age boy at the White House this winter. Bill asked him where he was from. "Fairfax County," the boy said. When Bill asked where in the county, the boy shrugged and answered, "All over."

Because of the complex regulations, outdated assumptions, and understaffed and overwhelmed agencies of our child welfare system, many children spend their formative years shuttling from one foster home to another. Today, even children lucky enough to find adoptive families will have waited an average of three years or more in a series of temporary homes.

But that can change. The Senate and the House of Representatives are both considering bills that will take important steps toward making sure that no child languishes in foster care.

Currently, a child's case can drag on for years in the foster care system as authorities make repeated attempts to reunite a child with his or her biological parents. Often these parents, for a variety of reasons, are unable to change the behavior that caused them to lose their child in the first place. If either bill becomes law, "reasonable efforts" to return a child to his or her family would not be required in extreme cases such as torture, abandonment or physical or sexual abuse. Court hearings to determine the placement of a child would be required within 12 months — instead of the current 18 months — of his or her arrival in the foster care system. To make clear their purpose, these hearings would be renamed "permanency planning hearings."

As a children's advocate and lawyer who has represented parents and children in their struggles with the foster care system for more than 25 years, I believe these steps are long overdue. In 1973, I wrote an article about children's rights under the law, specifically their rights in family situations that pose serious threats to their health and safety. Even a few years ago, some considered this view controversial. Critics suggested that by supporting a child's right to a loving family, I advocated giving government more power to break up biological families and giving children the right to bring trivial disputes with their parents — such as bedtime or who takes out the garbage — to court.

Thankfully, that erroneous interpretation of my views has given way to a new bipartisan consensus around the idea that protecting our children from harm and working to provide them with permanent, loving

families — even when that may entail separating them from their biological parents — should be a priority of our child welfare system. Finally, we are recognizing that there are parents who will never be able to care for their children. And, in order to secure a foster child's well-being and stable development, we as a society have the responsibility to decide as quickly as possible whether a child can return home safely.

Many of the provisions in the House and Senate bills reflect recommendations made in Adoption 2002, a report prepared by the Department of Health and Human Services in response to the president's directive to identify the barriers to adoption and double the number of children placed annually in permanent homes by the year 2002.

Over the years, my husband has dedicated a great deal of time and energy to improving foster care and promoting adoption. As a result of the administration's efforts, it is now illegal to deny or delay an adoption simply because the prospective parents and child are not of the same race. And last year, the president signed into law a \$5,000 tax credit to help families adopt children.

Federal leadership is crucial, but it will take the commitment of people from all corners of our country to bring about the sweeping change our child welfare system requires. This week, I'll be speaking at a national conference on adoption and child welfare reform sponsored by the W.K. Kellogg Foundation. The conference will bring together business and religious leaders, policy-makers, elected officials, judges, child advocates, and foster and adoptive families to discuss strategies to reduce the number of waiting children and limit the time a child spends in foster care to no more than one year.

The Kellogg Foundation has been working to reform child welfare systems in 11 states and localities. Last year alone, the foundation helped find permanent families for 7,000 children. This was possible because the foundation worked with churches and mounted aggressive media campaigns to recruit prospective adoptive families. And it helped child welfare agencies reform casework procedures, consolidate records and modernize data collection methods so that no child becomes lost in the system.

Now we must build on their work. With thousands of children leading transient lives in foster care, we cannot afford any more delays. We need to encourage Congress to pass the best adoption bill possible. Thousands of innocent children are counting on us.

The Washington Times
THURSDAY, JUNE 26, 1997

Adoption

Adoption

NEVER BE WANTED?

THE NEW ADOPTION CRISIS

It's supposed to be easy to adopt if you're not after a perfect white baby, so why are these couples still childless and these kids still in foster care?

BY AMY ENGELER

poised 4-year-old with cornrow pig-tails rocking away on a toy horse, seemed oblivious to the tension.

They were among 37 children, all in foster care, brought to this rented church hall to attend the adoption world's version of a singles' party. Instead of boy meets girl, at this "match party" the children hoped to find parents who might eventually take them home.

As they wandered around the airy hall, the children's expressions were neutral, carefully hiding their hopes and anxieties. To their social workers, these youngsters were tough cases. While foster parents often adopt their charges, these particular children were not wanted permanently in their foster homes. Some had emotional problems, others had as many as three siblings they needed to remain with, a few stood on the brink of adolescence, others suffered from childhood problems like hyperactivity or Attention Deficit Disorder.

If the little ones didn't quite grasp the significance of the party, the older children were fully aware that their future hung in the balance and that, scrubbed, braided, and neatly dressed, they'd be scrutinized by some 60 prospective parents who now perched on chairs arranged beneath the basketball hoop, searching their faces for a spark of connection.

EVERYBODY WANTS AN INFANT

According to estimates, there are some 100,000 children living in foster homes across the country who are hoping to be

adopted—40 percent are African American; 40 percent are Caucasian; 12 percent, Latino; the rest, a mix. No one knows how many of these kids will end up stuck in the foster-care system until they reach independence at 18, but unfortunately, the odds of them finding permanent homes diminish with each passing birthday. Most adoptive couples want infants and are willing to spend an enormous amount of time and money

face



FROM THE DOORWAY IT LOOKED LIKE A typical summer party—balloons, sodas cooling on ice, stacks of pizza boxes on the kitchen counter, kids playing games. But an odd electricity in the air hinted that something unusual was about to begin in the Overbrook Presbyterian Church just outside Philadelphia that steamy June morning. Demetria, a girl of about eight, wandered among the folding chairs waiting for the right moment to flash her winning grin. A shy kindergartner named Omar nervously picked at his thumb, never looking up. Only Eva, a

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finding one. The waiting list for a white infant in the U.S. can be years, with some private adoption agencies charging fees as high as \$40,000 to find a newborn. Many couples give up on waiting for a white American baby, and look instead in countries like Russia; still the costs and time spent can be staggering.

Some couples, however, don't have the time, money, or emotional stamina to search for an infant and instead decide to look for a slightly older child they can adopt from the foster-care system. Usually, these prospective parents come through the so-called front door of the system, using a public adoption agency within their local Department of Social Services (DSS) and paying under \$1,000. Or they select a private agency, often a nonprofit with religious affiliations (Catholic Charities, for instance) for maybe a few thousand dollars more. Once they've chosen an agency, a social worker guides them through the state requirements for an adoption license and then helps them search for a child. He or she also acts as their representative with the children's caseworkers, who are often employees of the local DSS, or of a private agency under contract to it.

The success of the parents' search depends in large part on how well these public and private agencies network—through mailings about available children and through events such as this match party, hosted by the National Adoption Center, a 25-year-old private nonprofit organization in Philadelphia

that promotes the adoption of older children and those with special needs. Parties like this one, held annually by NAC, give parents a rare, up-close look at the children and remain popular despite controversy: Many social workers worry about the youngsters' comfort as they are scrutinized like pet-store puppies, but concede that this is one instance in which the end may justify the means.

That argument seems to be finding support from the White House. Last year, after Hillary Clinton admitted to a news-magazine that she and her husband have considered adopting, President Clinton took up the cause of youngsters who languish in the foster-care system. Pointing to America's poor rate of adoption—only 27 percent of foster children awaiting adoption are placed in permanent homes each year—he challenged the government to help at least double the rate under a program now called Adoption 2002, and budgeted \$10 million in state grants for new model programs—like this match party—that speed adoptions.

PLEASE, NO MORE REJECTION

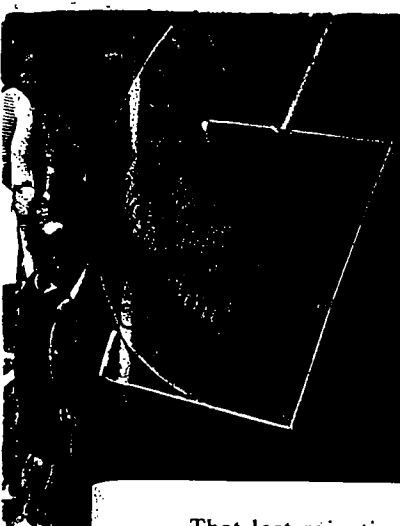
Although all but two of the children at the party were black, most of the prospective parents milling around the church hall were white, and nervous. Many were childless couples in their late thirties or forties with infertility problems. Some, with children in tow, sought adoption as a solution to secondary infertility. Others were seeking a child of a specific sex.

Unbeknownst to the children, some parents were searching for a "Janine" or a "Tyrone" they'd been specifically invited to meet. Several were on the lookout for a pair of boys, an impish 10-year-old named Jack* and his brother Rob,* 13, who'd come to the attention of the county child welfare office four years earlier when they arrived at school without jackets on a winter day. A subsequent home visit found their father long gone and their mother high on drugs. The boys were packed off to a foster home a few towns away.

For two years their mother visited frequently and promised to take them home. Then her appearances dwindled as she failed to stay in a drug treatment program. In February 1996, her parental rights were terminated by an orphans' court judge, freeing the boys for adoption, a prospect that filled them with happiness and panic. As much as they wanted their term in foster care to be over, they still loved their mother and felt bad about leaving her.

Jack and Rob's caseworker from the the county Office of Children and Youth originally registered the boys with the Pennsylvania Adoption Exchange, a state-run registry of available children. Several couples inquired about them immediately. One

* Names changed to protect privacy.



seemed ideal to the boys' caseworker, but they backed out rather abruptly after meeting Jack and Rob, saying they'd decided not to adopt after all.

That last rejection, a few weeks before the match party, didn't help the brothers' spirits as they shuffled into the church hall. Following a volunteer to a table, they each picked up a name tag with a red border (meaning they were free for adoption) and green dot (indicating they were siblings and must be adopted together). Then they stepped into the room and froze as if a spotlight had been trained on them, as one adult after another turned toward them, the only white children at the party. Jack looked terrified, on the verge of tears. Rob, blank-faced, calmly nudged him forward into the crowd.

From the sidelines, a graying, middle-class couple watched the boys edge across the floor to the football toss. Ellen and Howard Adams* hadn't wanted to adopt children as old as Jack and Rob, yet their distress seemed poignant. The party's shopping-for-a-child nature made them uneasy too. In her starched pink shorts and camp shirt, Ellen, 43, a dietitian, held her back straight as a yoga teacher's. Howard, a 45-year-old salesman, was sweating in khakis and loafers.

In Ellen's case, it was chemotherapy for breast cancer that left her unable to conceive. The Adamses considered adopting a Chinese baby but were startled by the cost, and they were uncomfortable raising a child of another race. Taking an older child out of foster care was the only way for them to adopt a white child, so they signed up with an agency and began the process for obtaining a license to be adoptive parents: two months of parenting classes, followed by a police check and a visit from their social worker, who then composed a four-page "home study" that would serve as the couple's "résumé" when they applied for a child.

At first, the Adamses conducted their search by flipping through binders of photographs. They picked out ten children they would have liked to adopt, but within weeks they were rejected for

all of them, with no reason given other than the boilerplate phrase "The child has been placed with another family." Though their agency told them it's rare to get the first child a couple applies for (and explanations for why a couple isn't chosen are almost never offered) the Adamses worried anyway. Was it Ellen's health? Their ages? They figured the match party offered an opportunity to meet the children's social workers and hoped that talking to them one-on-one would help.

After the first ice-breaking games, the prospective parents were led to a nearby chapel to be briefed by NAC staff: There was to be no dominating a particular child. No talk about adoption. No asking kids if they wanted to come home. "If you see a child you are interested in, talk to the child's social worker," said Chris Jacobs, supervisor of exchange services for NAC. "Then when they receive your home study they can put a face to the name."

She held up a green form which parents could turn in after the party with the names of children who appealed to them. If the match worked, the parents were assured the paperwork would move rapidly ("We hope to get some of the children placed before school starts," Jacobs said), but most of the prospective parents fanning themselves in the pews knew better.

WHAT'S MONEY GOT TO DO WITH IT?

In principle, the adoption process is simple: Prospective parents are interviewed and briefed about the child's history and then, hopefully, approved by a child's caseworker. If a brief visit with the child goes well, a weekend visit follows, and then another. If the child remains eager to make the match, the parents negotiate a monthly subsidy from the state with the child's caseworker (about \$342 for a 2-year-old to \$363 for a 9-year-old to \$1,000 for a teen with Down's syndrome, until the child is 18). These subsidies, meant to encourage adoptions of special needs kids, cost the government substantially less than foster care. Some parents feel uncomfortable taking them, afraid someone might accuse them of adopting for the money, but they are encouraged to at least put it away for college. The child then moves in with the family; 6 to 18 months later, the adoption is finalized by the court.

In practice, however, the process couldn't be more confusing. As President Clinton said last December, children typically wait three years to be placed for adoption, sometimes longer. Delays are due in part to poor record-keeping (the Administration of Children's Services in New York, for example, didn't even become computerized until 1996) and to overworked social workers with unrealistic hopes for a perfect match. A caseworker who cares deeply for a child may turn down 15 interested parents in the hopes that a wealthier, more loving family will come along (or one of the same race, even though the law forbids such discrimination). Yet with each passing birthday, the number of parents willing to take a child declines. While a 4-year-old may attract 20 inquiries; a 10-year-old may receive only one.

Addie and John Brynildsen of rural western Pennsylvania—she's a student teacher; he's a computer programmer—tried to adopt at least a dozen children over the past year. In several instances, their caseworker's calls were never returned by the children's caseworkers; twice their home studies were requested for children who weren't available; one computer registry they tried was outdated by at least four months. "We're learning that the right hand doesn't know what the left hand is doing," says John. "Our experience shows me that we almost gear our system to keeping children in foster care instead of trying to get them a home."

One of the system's major flaws is that agencies are financially rewarded for keeping children in foster care. Each day a child remains in foster care the agency overseeing his or her case collects a stipend—typically between \$7 and \$21, sometimes much more—which ends when a child goes to live with adoptive parents. What the Clinton Administration will propose under Adoption 2002 is a new system of incentives in which agencies would receive bonuses when they place a foster-care child for adoption. For now, though, it's no surprise that the stipend system sometimes stalls adoptions and creates bad blood between prospective families and the social workers.

THE PARTY STARTS TO SWING

As the smell of grilling hot dogs filled the air, Demetria stood at the face-paint table, applying (continued on page 100)

Adoption Crisis

(continued from page 79)

yellow to her lips, while Omar clung to his foster father's shirt, barely peeking out. From the sidelines, Stephanie Hunt watched the kids and every so often jotted down a name, though her attention stayed on a pair of jolly 4-year-old

twins and their brothers, ages 5 and 6. Giggling, they chased each other with balloons as not one but two social workers trailed them.

Because of a history of drug and alcohol abuse, Stephanie Hunt might not appear to be the ideal adoptive mother. But her recovery, since 1989, was considered complete by Pennsylvania social services when they gave

her approval for adoption. Besides, her own two children were doing great. Her son was away at college and her daughter was a mature ninth grader. Although her life might have seemed full enough to others—Hunt worked and attended college—she yearned to make up for the poor start she gave her children by helping others. In eight months, though, she'd been rejected without explanation for a half-dozen kids. At the party she introduced herself to one social worker after another, trying to dispel doubts they may have held about her.

Meanwhile, the Adamses decided they liked what they saw in Jack and Rob. Though Rob was a bit old for them, the boys seemed free of the behavioral problems so common with children who've lived in foster care. As they dunked basketballs, the Adamses chuckled at their court-side antics:

"Ms. Moss,* Ms. Moss, WATCH ME!" Jack shouted, trying to get a social worker's attention.

"Oh, come on, just shoot, Jack," said Rob.

Jack took a final look at the caseworker, shrugged and shot the ball. He missed, then broke into a broad grin.

Shortly before 2 P.M., the last partygoers filed out, mostly in smiles, and Chris Jacobs collected the green forms. No question, Jack and Rob were the stars of the show. Nine sets of prospective parents asked to be considered for them. "I found that absolutely remarkable," Jacobs said. "Many of those people told us they wanted younger children, but when they saw those boys they changed their minds." Only little Eva generated as much interest. A few children, including a deaf and blind 14-year-old boy, received no inquiries at all.

A HITCH IN THE PLAN

Now it was time for the social workers and parents to pursue their matches in earnest. The Adamses' home study went out for Jack and Rob, and Stephanie Hunt called her caseworker with the list of children she was interested in. As the summer progressed, nearly 50 home studies were exchanged as a result of the party, yet the first match made—for little Omar—was one that had nothing to do with it: Addie and John Brynildsen were supposed to have met the boy there (their home study had already passed muster), but their car broke down on the way, and the introduction had to come a few weeks later. (continued on page 102)

WHY THE SYSTEM FAILS 6 REASONS

1. NIGHTMARE BUREAUCRACY. Getting parental rights terminated, the first step toward adoption, can take years even in a case of abandonment at birth. If there's any chance at all of keeping a family intact, everyone wants to pursue it—family preservation or reunification is a fundamental principle of foster care. In New York, for instance, no legal papers can even be filed until the birth parents are located and given at least six months to reclaim the child. Then a judge must hold a minimum of three court hearings before terminating parental rights. By then, the baby could be two.

The social workers who oversee these children, usually county or state employees, are responsible for 20 to 80 children each, with the possibility of 100 court appearances a year. This incredible responsibility leads to high burnout rates and turnover; it's not unusual for a child to have three different social workers in one year.

2. RACIAL DISCRIMINATION. Although the 1994 Multiethnic Placement Act prohibits racial discrimination in adoptions, experts say many agencies remain unwilling to arrange transracial adoptions. "Race is still a big factor," says Richard Barth, Ph.D., professor of social welfare at the School of Social Welfare at UC Berkeley. "In California, for instance, transracial adoptions are still considered placements of last resort."

Conversely, many minorities complain that they are not given the same consideration as prospective adoptive parents as are white couples. A 1991 study by the North American Council on Adoptive Children found several barriers preventing minority families from adopting minority children, including

unaffordable fees and a prejudice for young, two-parent families with middle class backgrounds.

3. SOCIAL WORKERS' EXPECTATIONS. Some workers view older children with emotional or medical problems as "unadoptable." After a cursory search for parents, they may give up and place the child in long-term foster care. Other workers, taking a special interest in a child, may reject numerous prospective parents as they wait for a "perfect" middle-class family.

4. LACK OF ANALYTICAL STUDIES. In 1988, Congress mandated the tracking of adoption rates, but the U.S. Department of Health and Human Services just started collecting data last year. "We don't know how many adoptions there are or how they turn out," says Dr. Barth. "We don't know how many prospective parents are out there and what their preferences are. That's one reason adoptions are ruled by tradition and by what people think make good parents. We don't have evidence to support other views."

5. NO NATIONAL REGISTRY OF AVAILABLE CHILDREN. Social workers and prospective parents in North Carolina don't know, for example, about available children in Maine. Some states have registries, but parents complain that the listings aren't always accurate or up-to-date.

6. UNREALISTIC EXPECTATIONS OF PARENTS. Infants or toddlers without medical or emotional problems don't exist in the public system. Some parents aren't well counseled about the problems of "special needs" children, nor are they always honest about their parenting capabilities. In the most heartbreaking cases, they may cancel an adoption after having taken a child.

Adoption Crisis

(continued from page 100)

Later in June, though the Adamses were still awaiting word on Jack and Rob, they spotted a 9-year-old girl in the Pennsylvania Adoption Exchange book and contacted the girl's caseworker. Her background, though, was disturbing: As a preschooler, the girl had been sexually abused by both her parents and then, at age 8, had testified against them in court, helping to convict them. As worrisome as this was, after intense soul-searching, the Adamses decided to pursue the adoption.

The papers were about to be filed when the caseworker's boss stepped in to require the Adamses become foster parents to the girl before the adoption. That meant they'd have to earn certification and then take the girl for at least six months as a foster child. The Adamses speculate that the intervention was a veiled attempt by the adoption coordinator to collect more foster-care subsidies on the child. They were furious. Here a little girl was being held in foster care while a family was ready to adopt her.

"That kind of thing happens all the time," says Chester Jackson, a New York social worker. "Basically you do what they say if you want the child—or you hire a lawyer to fight it."

The Adamses considered hiring a lawyer, but chose instead to speak directly to the director of the Department of Public Welfare and Children and Youth in Harrisburg. A field representative was dispatched to investigate their claims; a few days later the adoption proceeded. In November, shortly before Thanksgiving, the girl's belongings were stuffed into the Adamses' trunk, and she arrived at their house to a "Welcome Home" banner the neighbors had hung inside the front door.

In the end, out of the 37 children at the party, only one—little Eva—was adopted by a couple she met there; four others were eventually placed with other families. As for the rest, according to Chris Jacobs, their caseworkers ran through the party inquiries and found most of them, including Stephanie Hunt's, wanting in some way—for example, the child had problems the parents weren't prepared for, or absolutely needed a two-parent family. When Hunt's caseworker called about the four little brothers, she was told their social workers insisted on placing them in a house with a father. Not that there were any suitable fathers

asking for the boys. As Christmas loomed, the brothers remained in foster care, and Stephanie Hunt continued to search for a child to adopt.

THE BOYS' REAL STORY COMES OUT

Eight couples from the match party applied for Jack and Rob, but none impressed the boys' caseworker as much as a couple who hadn't attended the event but had seen the boys' listing in the Pennsylvania Adoption Exchange around the same time. The fact that Richard and Anne*, a contractor and a

surprised in late September to see Rob return home from school with a bloody nose from a fight. In textbook style, Rob had begun to show his nerves.

From that morning on, a pattern emerged. Every two weeks, Rob was either in the principal's office for fighting or dragging himself home from a scuffle. Richard and Anne doled out punishments—and praise for good behavior. What bothered them was that while the phone rang frequently for Jack, Rob couldn't keep any friends. He spent hours by himself in his room.

In the end, out of the 37 children at the party, only one was adopted by a couple she'd met there.

secretary in their thirties, had survived difficulties—she lost her mother as a child, he had a disability—impressed the boys' caseworker as a qualification to parent kids who'd been through such losses. "I have a good feeling about them," she explained. "They didn't have high expectations of the children. And there was enough of their backgrounds to make me think they could understand where the boys were coming from." And, she added, the couple was open to letting the boys maintain contact with their birth mother since their love for her was still strong.

In mid-July, not four weeks after the party, Jack and Rob left for a weekend visit with Richard and Anne at their home in rural Pennsylvania. The visit went better than anyone expected; on Saturday the boys even asked if they could call Anne "Mom." She said yes, but their eagerness gave her some pause. "I found it quite odd," she said later. "They acted like they knew us all their life."

Jack cried when it came time to leave. And nothing anyone said made him feel better. He rode back to his foster home in misery and spent the next two weeks driving his brother crazy with his nervousness that Anne and Richard might change their minds.

They didn't, and the boys passed a storybook summer, fishing with their new parents, settling into the rambling house, and exploring the surrounding fields and woods. After an eight-year wait for children, Richard and Anne were thrilled with the boys—and realistic. They knew their fine behavior would soon end as the boys entered a (normal) mourning phase for their foster parents and birth mother. They weren't

In January, just one month before the adoption was to be finalized, Rob announced he did not want to go through with it. "He said he was going to screw it up, that he would rather go from foster home to foster home," Anne recalls. "And he said he was taking Jack with him." She was startled by the timing, but not the message. Unlike Jack, Rob wasn't trying very hard to adjust.

He stopped calling the couple Mom and Dad, using their first names instead or, under his breath, "bitch." He fought constantly with Jack, who took to wearing high-collared shirts to hide bruises on his neck. Richard and Anne did their best to separate the boys, ground Rob, and sit down as a family to talk things out.

But the cause of this growing nightmare was obvious: The calls from the boys' birth mother, which the caseworker had insisted upon before the placement, had increased from one a week to three or four. Rob simply could not accept Richard and Anne as long as his mother was still in the picture. "I found out she was telling Rob that she was off drugs and that she'd be up to pick them up before long and all this crap," says Anne. "He has this fantasy that he is the only one who can take care of his mother. If those calls had stopped earlier then maybe this wouldn't have happened."

Desperate, Anne phoned the boys' caseworker, but the job had turned over twice since the end of August and was now held by a man whom Anne and Richard had never met. They pleaded with him and with their own adoption agency to have Rob placed in a residential treatment center, where he could receive therapy to break the ties with his

(continued on page 104)

BRIEF SUMMARY

**ZYRTEC (CETIRIZINE HYDROCHLORIDE) TABLETS AND SYRUP FOR ORAL USE
(FOR FULL PRESCRIBING INFORMATION, CONSULT PACKAGE INSERT)**

CONTRAINDICATIONS ZYRTEC is contraindicated in those patients with a known hypersensitivity to it or any of its ingredients or hydroxyzine. **PRECAUTIONS** Activities Requiring Mental Alertness. In clinical trials, the occurrence of somnolence has been reported in some patients taking ZYRTEC; due caution should therefore be exercised when driving a car or operating potentially dangerous machinery. Concurrent use of ZYRTEC with alcohol or other CNS depressants should be avoided because additional reductions in alertness and additional impairment of CNS performance may occur. **Drug-Drug Interactions:** No clinically significant drug interactions have been found with theophylline at a low dose, azithromycin, pseudoephedrine, ketorolac, or erythromycin. There was a small decrease in the clearance of cetirizine caused by a 400 mg dose of theophylline; it is possible that larger theophylline doses could have a greater effect. **Carcinogenesis, Mutagenesis and Impairment of Fertility:** No evidence of carcinogenicity was observed in a 2-year carcinogenicity study in rats at dietary doses up to 20 mg/kg/day (approximately 10 times the maximum recommended human daily oral dose on a mg/m² basis). An increased incidence of benign liver tumors was found in a 2-year carcinogenicity study in male mice at a dietary dose of 16 mg/kg/day (approximately 4 times the maximum recommended human daily oral dose on a mg/m² basis). The clinical significance of these findings during long-term use of ZYRTEC is not known. Cetirizine was not mutagenic in the Ames test, and not clastogenic in the human lymphocyte assay, the mouse lymphoma assay, and *in vivo* micronucleus test in rats. No impairment of fertility was found in a fertility and general reproductive performance study in mice at an oral dose of 64 mg/kg/day (approximately 26 times the maximum recommended adult human daily oral dose on a mg/m² basis). **Pregnancy Category B:** Cetirizine was not teratogenic in mice, rats and rabbits at oral doses up to 36, 225, and 135 mg/kg/day (or approximately 40, 180, and 215 times the maximum recommended adult human daily oral dose on a mg/m² basis), respectively. There are no adequate and well-controlled studies in pregnant women. Because animal studies are not always predictive of human response, ZYRTEC should be used in pregnancy only if clearly needed. **Nursing Mothers:** Related pup weight gain was found in mice during lactation when dams were given cetirizine at 96 mg/kg/day (approximately 40 times the maximum recommended adult human daily oral dose on a mg/m² basis). Studies in beagle dogs indicate that approximately 3% of the dose is excreted in milk. Cetirizine has been reported to be excreted in human breast milk. Because many drugs are excreted in human milk, use of ZYRTEC in nursing mothers is not recommended. **Geriatric Use:** In placebo-controlled trials, 186 patients aged 65 to 94 years received doses of 5 to 20 mg of ZYRTEC per day. Adverse events were similar in this group to patients under age 65. Subsequent analysis of efficacy in this group was not done. **Pediatric Use:** The safety of ZYRTEC, at daily doses of 5 or 10 mg, has been demonstrated in 376 pediatric patients 6-11 years of age in placebo-controlled trials lasting up to four weeks and in 254 patients in a non-placebo-controlled 12 week trial. The effectiveness of ZYRTEC for the treatment of seasonal and perennial allergic rhinitis and chronic idiopathic urticaria in this pediatric age group is based on an extrapolation of the demonstrated efficacy of ZYRTEC in adults in these conditions and the likelihood that the disease course, pathophysiology and the drugs effect are substantially similar between these two populations. The recommended doses for the pediatric population are based on a cross-study comparison of the pharmacokinetics and pharmacodynamics of cetirizine in adults and pediatric subjects and on the safety profile of cetirizine in both adults and pediatric patients at doses equal to or higher than the recommended doses. The cetirizine AUC and C_{max} in pediatric subjects 6-11 years of age who received a single dose of 10 mg of cetirizine syrup was estimated to be intermediate between that observed in adults who received a single dose of 10 mg of cetirizine tablets and those who received a single dose of 20 mg of cetirizine tablets. **ADVERSE REACTIONS** Controlled and uncontrolled clinical trials conducted in the United States and Canada included more than 6000 patients aged 12 years and older, with more than 3500 receiving ZYRTEC at doses of 5 to 20 mg per day. The duration of treatment ranged from 1 week to 6 months, with a mean exposure of 30 days. Most adverse reactions reported during therapy with ZYRTEC were mild or moderate. In placebo-controlled trials, the incidence of discontinuations due to adverse reactions in patients receiving ZYRTEC 5 mg or 10 mg was not significantly different from placebo (2.9% vs 2.4%, respectively). The most common adverse reaction in patients aged 12 years and older that occurred more frequently on ZYRTEC than placebo was somnolence. The incidence of somnolence associated with ZYRTEC was dose related, 6% in placebo, 11% at 5 mg and 14% at 10 mg. Discontinuations due to somnolence for ZYRTEC were uncommon (1.0% on ZYRTEC vs 0.6% on placebo). Fatigue and dry mouth also appeared to be treatment-related adverse reactions. There were no differences by age, race, gender or by body weight with regard to the incidence of adverse reactions. Table 1 lists adverse experiences in patients aged 12 years and older which were reported for ZYRTEC 5 and 10 mg in controlled clinical trials in the United States and that were more common with ZYRTEC than placebo. **Table 1. Adverse Experiences Reported in Patients Aged 12 Years and Older in Placebo-Controlled United States ZYRTEC Trials (Maximum Dose of 10 mg) at Rates of 2% or Greater (Percent Incidence), ZYRTEC (N=2034) vs Placebo (N=1612) respectively:** Somnolence (13.7% vs 6.3%); Fatigue (5.9% vs 2.6%); Dry Mouth (5.0% vs 2.3%); Pharyngitis (2.0% vs 1.9%); Dizziness (2.0% vs 1.2%). In addition, headache and nausea occurred in more than 2% of the patients, but were more common in placebo patients. Pediatric studies were also conducted with ZYRTEC. More than 1300 pediatric patients (6 to 11 years) with more than 900 treated with ZYRTEC at doses of 1.25 to 10 mg per day were included in controlled and uncontrolled clinical trials conducted in the United States. The duration of treatment ranged from 2 to 12 weeks. The majority of reported adverse reactions reported in pediatric patients (6 to 11 years) with ZYRTEC were mild or moderate. In placebo-controlled trials, the incidence of discontinuations due to adverse reactions in pediatric patients receiving up to ZYRTEC 10 mg was uncommon (0.4% on ZYRTEC vs 1.0% on placebo). Table 2 lists adverse experiences which were reported for ZYRTEC 5 and 10 mg in pediatric patients (6 to 11 years) in placebo-controlled clinical trials in the United States and were more common with ZYRTEC than placebo. Of these, abdominal pain was considered treatment-related and somnolence appeared to be dose related, 1.3% in placebo, 1.9% at 5 mg and 4.2% at 10 mg. **Table 2. Adverse Experiences Reported in Pediatric Patients (6 to 11 years) in Placebo-Controlled United States ZYRTEC Trials (5 or 10 mg dose) Which Occurred at a Frequency of ≥ 2% in Either the 5 mg or the 10 mg ZYRTEC Group, and More Frequently Than in the Placebo Group. ZYRTEC 5 mg (N=161), 10 mg (N=215) vs Placebo (N=309):** Headache (11.0%, 5 mg; 14.0%, 10 mg; 12.3%, placebo); Pharyngitis (6.2%, 5 mg; 2.8%, 10 mg; 2.9%, placebo); Abdominal pain (4.4%, 5 mg; 5.6%, 10 mg; 1.9%, placebo); Coughing (4.4%, 5 mg; 2.8%, 10 mg; 3.9%, placebo); Somnolence (1.9%, 5 mg; 4.2%, 10 mg; 1.3%, placebo); Diarrhea (3.1%, 5 mg; 1.9%, 10 mg; 1.3%, placebo); Epistaxis (3.7%, 5 mg; 1.9%, 10 mg; 2.9%, placebo); Bronchospasm (3.1%, 5 mg; 1.9%, 10 mg; 1.9%, placebo); Nausea (1.9%, 5 mg; 2.8%, 10 mg; 1.9%, placebo); Vomiting (2.5%, 5 mg; 2.3%, 10 mg; 1.0%, placebo). The following events were observed infrequently (less than 2%), in either 3982 adults and children 12 years and older or in 659 pediatric (6 to 11 years) patients who received ZYRTEC in U.S. trials, including an open study of six months duration, a causal relationship with ZYRTEC administration has not been established. **Autonomic Nervous System:** anorexia, urinary retention, flushing, increased salivation, dry mouth. **Cardiovascular:** palpitation, tachycardia, hypertension, cardiac failure. **Central and Peripheral Nervous Systems:** paresthesia, confusion, hyperkinesia, hyperreflexia, myelitis, paresthesia, tremor, vertigo, leg cramps, ataxia, dysphonia, abnormal coordination, hyperesthesia, hyperreflexia, myelitis, paresthesia, tremor, vertigo, visual field defect, syncope, dizziness. **Gastrointestinal:** increased appetite, dyspepsia, abdominal pain, diarrhea, flatulence, constipation, vomiting, ulcerative stomatitis, aggravated tooth caries, stomatitis, tongue discoloration, tongue edema, gastritis, rectal hemorrhage, hemorrhoids, dysuria, hematuria, micturition frequency, urinary incontinence. **Hearing and Vestibular:** earache, tinnitus, deafness, ototoxicity. **Metabolic/Nutritional:** thirst, dehydration, diabetes mellitus. **Musculoskeletal:** myalgia, arthralgia, arthrosis, arthritis, muscle weakness. **Psychiatric:** insomnia, sleep disorder, nervousness, depression, emotional lability, impaired concentration, anxiety, depersonalization, paranoia, abnormal thinking, agitation, amnesia, decreased libido, euphoria. **Respiratory System:** epistaxis, rhinitis, coughing, bronchospasm, dyspnea, upper respiratory tract infection, hyperventilation, sinusitis, increased sputum, bronchitis, pneumonia, respiratory distress. **Reproductive:** dysmenorrhea, female breast pain, intermenstrual bleeding, leukorrhea, menorrhagia, vaginitis. **Reticuloendothelial:** lymphadenopathy. **Skin:** pruritus, rash, dry skin, urticaria, acne, dermatitis, erythematous rash, increased sweating, alopecia, angioedema, furunculosis, bullous eruption, eczema, hyperkeratosis, hypertrichosis, photosensitivity reaction, photosensitivity toxic reaction, maculopapular rash, seborrhea, purpura, skin disorder, skin nodule. **Special Senses:** taste perversion, taste loss, parosmia. **Vision:** blindness, loss of accommodation, eye pain, conjunctivitis, xerophthalmia, glaucoma, ocular hemorrhage. **Body as a Whole:** Increased weight, back pain, malaise, fever, asthenia, generalized edema, periorbital edema, peripheral edema, rigors, leg edema, face edema, hot flashes, enlarged abdomen, nasal polyp, pain, pallor, chest pain, accidental injury. Occasional instances of transient, reversible hepatic transaminase elevations have occurred during cetirizine therapy. A single case of possible drug-induced hepatitis with significant transaminase elevation (500 to 1000 IU/L) and elevated bilirubin has been reported. In foreign marketing experience the following additional rare, but potential severe adverse events have been reported: hemolytic anemia, thrombocytopenia, orofacial dyskinesia, severe hypotension, severe hypotension, hepatitis, glomerulonephritis, stillbirth, and cholestasis. **DRUG ABUSE AND DEPENDENCE:** There is no information to indicate that abuse or dependency occurs with ZYRTEC. **OVERDOSEAGE:** Overdose has been reported with ZYRTEC. In one adult patient who took 150 mg of ZYRTEC, the patient was somnolent but did not display any other clinical signs or abnormal blood chemistry or hematology results. In an 18-month-old pediatric patient who took an overdose of ZYRTEC (approximately 180 mg), restlessness and irritability were observed initially, this was followed by drowsiness. Should overdose occur, treatment should be symptomatic or supportive, taking into account any concomitantly ingested medications. There is no known specific antidote to ZYRTEC. ZYRTEC is not effectively removed by dialysis, and dialysis will be ineffective unless a dialyzable agent has been concomitantly ingested. The acute minimal lethal oral doses in mice and rats were 237 and 562 mg/kg, respectively (approximately 55 and 265 times the maximum recommended human daily oral dose on a mg/m² basis). In rodents, the target of acute toxicity was the central nervous system, and the target of multiple-dose toxicity was the liver. **DOSEAGE AND ADMINISTRATION Adults and Children 12 years and older:** The recommended initial dose of ZYRTEC is 5 or 10 mg per day in adults and children 12 years and older, depending on symptom severity. Most patients in clinical trials started at 10 mg. ZYRTEC is given as a single daily dose, with or without food. The time of administration may be varied to suit individual patient needs. In patients with decreased renal function (creatinine clearance 11-31 mL/min), patients on hemodialysis (creatinine clearance less than 7 mL/min), and in hepatically impaired patients, a dose of 5 mg once daily is recommended. **Children 6 to 11 years:** The recommended initial dose of ZYRTEC in children aged 6 to 11 years is 5 or 10 mg (1 or 2 teaspoons) once daily depending on symptom severity. The time of administration may be varied to suit individual patient needs. 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Printed in U.S.A. 70-4573-00-1 Revised September 1996

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Adoption Crisis

(continued from page 102)

mother. Anne says she was turned down. The family stumbled through the rest of January and into February, as Rob came home from stores with more merchandise than he had money to purchase, poured dish soap into Richard's coffee, and asked, through other actions, for help in the only way a lonely and troubled teenager can.

As Anne and Richard searched for a solution, they turned to the boys' previous foster parents for advice and learned that Rob's problems were far worse than they'd ever been told. "The social worker had told us he got in fights and stuff at school," Anne says. "She didn't say he was beating on the foster parents." She grew more worried about Jack's safety when she heard that Rob had ground his face into the dirt; one afternoon Rob brought home instructions on how to make a bomb that he'd pulled off the Internet. Then Jack complained that "someone wearing underpants" stood silently in his doorway in the middle of the night. It was creepy and frightened him. Anne went upstairs the following night and found Rob awake, in the hallway outside Jack's room.

"Finally I said to [Rob's caseworker], 'You come and get him or I will deliver him to you,'" says Anne. Instead of putting him in residential treatment where he could get help, Rob was sent to another foster home.

What will happen to Jack? Unlike Rob, Jack hardly remembers living with his birth mother, and since last August, has refused to take her calls. Jack says he loves his new Mom and Dad, as he calls them, and wants the adoption finalized. Though this is the first time the boys have ever been separated. Jack says he does not miss his brother; slowly he's beginning to tell his adoptive parents how Rob brutalized him over the years. Anne and Richard want nothing more than to adopt Jack immediately, but everything is suddenly out of their control.

It's up to Jack's new caseworker to suggest to the court whether he stays with Anne and Richard or is sent to join Rob in the foster home with the hope they might still be adopted together. Despite what Jack, Anne, and Richard have said, and the differences in the brothers' needs, keeping them together continues to be a concern.

"This system sucks—they don't look at the best interests of the kids," says Anne in disgust. "Are they going to let Rob drag his brother down? Everyone has lied to these kids all their life, even the caseworkers. I'm just going to let the hearing and telling them. 'Just decide. I can't take it anymore.' If Jack doesn't stay with us, I give up. No more adoptions."

By now, a year later, the match party is a distant memory for Jack, a minor bump on his way to a permanent home and an event entirely unknown to his current social worker. If Jack stays with Anne and Richard, it may be merely because his caseworker fears no one else will take him—an 11-year-old who's been in the public welfare system since first grade. "You know it's hard to find parents for older children," he says.

But if finding parents for these children were truly the only problem, would match parties such as the one Jack and Rob starred at just a year ago be so well attended? No. The fact is, the public adoption system is so hobbled by bureaucracy and inattention that nothing short of a complete overhaul, with truly innovative programs and financial incentives, will ever see these kids home. □

Amy Engeler's last article in Redbook was the April 1997 profile of forensic pathologist Dr. Jan Garavaglia.