

---

## **Clinton Presidential Records Digital Records Marker**

---

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

---

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

---

---

---

# *Program Standards*

*For*

# *Treatment Foster Care*

---

*Foster Family-based Treatment Association*

*April 1991*

---

## **Clinton Presidential Records Digital Records Marker**

---

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

---

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

---

# FOCUS

FFTA

Foster Family-based Treatment Association Newsletter

Summer 1993

## To Our Members:

What an issue! Contained in these pages is a real exchange of ideas and perspectives about our FFTA Position Paper on Permanency Planning. What better way is there to emphasize the need to deal with real concerns about children's futures in a thoughtful and open manner than by sharing our concerns with our colleagues?

Today, what is permanent? Perhaps only the inevitability of growth and change. What should we, as treatment foster care professionals, be doing? Perhaps our efforts should continue to concentrate on trying to ensure that every child has the opportunity to grow and change in a positive manner—surrounded by people and organizations who retain both a human and humane belief that this child is important. Too many of our clients have a multi-generational history of "permanent" damage. Our planning must be for change.

Back to the opening statement—what an issue! We open with news of our Seventh Annual North American Conference for Treatment Foster Care Professionals. This is your chance to meet new colleagues and share some sweet memories with old friends as you join in the exchange of ideas and perspectives regarding our field. Plan to be with us in Chicago this summer on August 9-11.

Joyce Goldstein, ACSW, serves as Treatment Foster Family Services Coordinator at Father Flanagan's Boys' Town of Central Florida.

## Be There for the Change!

### FFTA Plans Seventh Annual Conference

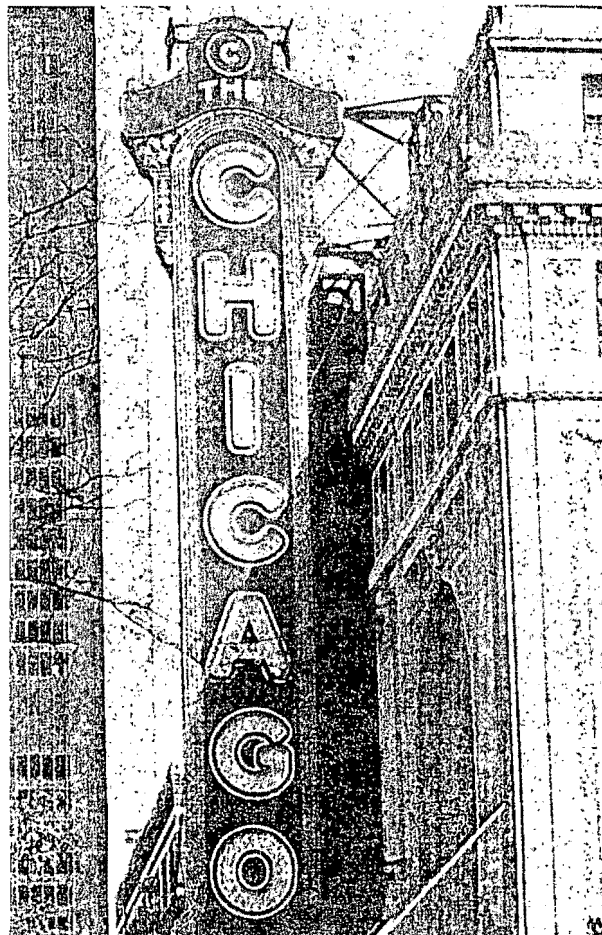


Photo Credit: "Courtesy of the Chicago Convention Bureau/Ron Schramm, photographer"

The excitement is mounting as we prepare for our Seventh Annual FFTA Conference from August 9-11, 1993, in Chicago, Illinois. The beautiful Westin Hotel, located in the heart of downtown Chicago, is the site for what promises to be one of our most diverse, thought-provoking conferences ever.

### The Locale

Chicago, a world-class city, offers something for everyone. There are professional sporting events every month of the year; a flourishing theater community features the Chicago Symphony, the Lyric Opera, the world-renowned Chicago Art Institute, Adler Planetarium and the Field Museum of Natural History, as well as dozens of other cultural institutions and museums. Star-packed musical festivals; intimate jazz and blues clubs; fishing charter boats and numerous sightseeing tours are all available to visitors who wish to partake of a few of Chicago's many offerings.

(continued on page 5)

Thank you, Mr. Kamela Meadowcroft. I'm happy to be here for the change!

It is wonderful to be here <sup>on</sup> this historic <sup>day</sup> ~~part~~ for ~~the~~ children and families. - Historic because it is the

the first new week after many in Congress made ~~the~~ courageous decisions about our country's future. I'm particularly pleased to be in front of you to celebrate as my biggest assignment personally in recent weeks was the family preservation piece. You are the front line, you work with the toughest cases in that area. I know from previous years that each face I see in front of me here today at this Foster Family-Based Treatment Assoc. Conf. can tell of wonderful success stories.

And it is <sup>always</sup> inspiring to hear the stories of young people who are succeeding--with determination, personal responsibility, and help from those who care.

I wish that every child in America could tell such a story. But you and I know that they can't. Many children are thriving in our nation--but too many are not. <sup>like you</sup>

The statistics for our children and youth are grim. Educational attainment is stagnant--at best. Mental illness and suicide are up. Violent crime and homicide--way up. And today, child poverty stands at levels last seen a generation ago.

For most of that generation, families with children have faced a relentless economic squeeze. The real wages of workers with young children--even educated workers--have fallen dramatically during the past twenty years.

These are the facts, and it's time we stopped ignoring them. We must show that we have not forgotten how to care. We need a new direction for our country. It's time we adults put our children first.

That's one big reason why our country needs the President's bold new economic program of growth and jobs. It's why we needed the President's bold plan for investing in children and their families. With the help of the Congress, we ~~we~~ ~~we~~ ~~we~~ get that program--and get it in record time.

But the problems our children face are not just economic. Too many American families are disintegrating, or never forming at all. We have the highest divorce rate in the Western world, and the highest rate of children born outside marriage. Today, 28 percent of our babies are born to unmarried parents. For African-Americans, it's more than 66 percent.

Does this matter? Here are some findings from a report out just this week: Of the children born to young unmarried mothers without high school diplomas, 79 percent are living in poverty. For children born to married high-school graduates, the figure is only 8 percent.

The message is clear: if you stay in school and get married before you have children, your kids are ten times less likely to be poor. A stable family setting is the best anti-poverty program our country has ever devised. That is the message we adults should be sending our young people, in every way we can.

For too long, these issues were mired in partisan gridlock. Some talked only about the economic squeeze on families and cuts in government programs; others talked only about the disintegration of families and the decline of American culture. It is time--high time--to put an end to the politics of false choices. We must move beyond cheerleading for family values, on the one hand, and on the other, the old big-government notion that there's a program for every social problem.

There is another way, a commonsense path that offers more opportunity to every family and demands more responsibility from every individual. As the President has said so eloquently: Family values alone cannot nourish a hungry child, and material security alone cannot provide a moral compass. We must have both.

*DPC staff principles:*

o First: Every American child should have the opportunity to develop to his or her full potential.

o Second: Government doesn't raise children, <sup>families</sup> parents do. Government can reinforce the vital work of parents, but it can't substitute for them. The family is--and must remain--society's primary institution for bringing children into the world and for supporting their growth throughout childhood. *You show that*

*daily in your foster family settings.*  
o Third: Children do best when they have the personal involvement and material support of a father and a mother and when both parents fulfill their responsibility to be loving providers.

These are the principles and values that guide us, ~~and~~. Now let me ~~tell you~~ <sup>us review</sup> what the President <sup>is</sup> going to turn them into reality.

*I believe all of these impact your work.* ~~The Admin.~~ *both in prev. of the situation you face & in treating them*  
To begin with, he is rewarding work and family. Today, millions of Americans work full-time but don't make enough to lift their families out of poverty. That's wrong. No one who works full-time and has children at home should be poor in America. And that's why the President ~~has~~ proposed a dramatic

crease in the Earned Income Tax Credit. ~~It is~~ an important incentive to low

income workers, and is expected to be a critical element of Welfare Reform. The EITC is available to low income parents of dependent children, so long as those parents are working and have some earned income. It has the potential to help facilitate the return of children home from foster care. While more limited, the credit is available to foster parents, as well as family caregivers. The credit is fully refundable, so it is available as a credit against taxes owed, and any remaining credit is refunded to the wage-earner. The credit, which may be paid out in advance over the course of the year in the working parent's paycheck, is phased out as income rises.

At the same time, Bill Clinton is moving aggressively to relax the tension between work and family. He's proud that the first piece of legislation he signed was the Family and Medical Leave Act, ~~twice vetoed by George Bush~~. And the administration is actively exploring other ways of making America's workplaces--including the federal government--much more family friendly.

Second, ~~he~~ <sup>more</sup> is protecting the health of children and families, by fully funding the WIC program, by investing in childhood immunization.

Our immunization initiative recognizes the many barriers that parents and providers face in order to immunize children. The legislation we proposed puts together the many pieces necessary to address this problem in a comprehensive fashion: improved public health clinics, parental outreach and education, an efficient registry and tracking system, and a universal access plan. It will reduce the cost to parents and provide funds for additional clinic hours and staffing.

*Further, Pres. Clinton is*  
~~and by~~ committing his administration to fundamental reform of our nation's health care system.

As you all know, we're working night and day to ensure that every American has access to quality health care at affordable prices. Next month, we're going to propose a comprehensive new health care plan. And ~~starting this approach~~ we're going to fulfill the dream of every Democratic president since Harry

within that plan we know of your ~~hope~~ <sup>hope</sup> for critical  
Mental health services - help us educate the  
legislative body.

Third, the President is promoting the development of young children with the biggest expansion of Head Start ever. But the administration is not just going to make Head Start bigger; we're going to make it better. We're going to improve quality, increase flexibility, and better link the program to other child development efforts.

Fourth, the President is proposing fundamental change in public education. As governor, Bill Clinton helped draft the national education goals and bring them to the center of public debate. As president, he'll bring those goals to the center of education reform.

Bill Clinton is going to put an end to business as usual in American education. That means new initiatives with real incentives to states for systemic reform. It means a total reexamination of existing programs--such as Chapter 1--to ensure that every child has a fair chance to acquire high-level skills and make it in the economy of the 21st century. It means unprecedented emphasis on systematic, high-quality school-to-work programs. It means an expanded safe schools initiative because fearful kids can't possibly learn well. And yes, it means more choice for parents and students within our public school system.

Fifth, the President will deliver fundamental reform of our welfare system. He helped draft the Family Support Act of 1988, and he made it work in Arkansas. Now he has asked us to develop a plan to end welfare as we now know it. People don't want permanent dependency, they want the dignity of work, and we should give everyone the chance to have that kind of dignity. It's just common sense: more opportunity in exchange for more responsibility.

The President's responsibility agenda doesn't end there. He's going to get tough on child support enforcement. That means establishing paternity right at the start, in the hospital; setting up a national registry; and using the IRS to collect seriously delinquent child support payments.

The principle is simple: if you are biologically responsible for a child, then you are morally and financially responsible as well. And that's why we have to get the message to our youth in schools, in the media, in every way we can: it's just plain wrong for children to have children, because you are assuming a responsibility that you aren't ready to fulfill.

The President wants to put government squarely on the side of keeping families together whenever possible. He wants us to do more for families at risk, especially at risk of foster care placement. He knows that constant shifting from one short-term foster home placement to another is an emotional disaster for kids; that in all but the most extreme cases, it's better for kids to be with their parents.

That why, <sup>in March</sup> ~~last month~~ he directed us to draft a new child welfare initiative combining family support and family preservation services--building on the work of Senator Rockefeller and Congressman Matsui, and Congresswoman Schroeder



⑤  
The child welfare system as a whole and foster care in particular have borne the brunt of a whole range of dangerous trends for families over the last decade including rising child and family poverty, homelessness, family stress and isolation, violence, AIDS, and substance abuse. In the past ten years, the number of children involved in abuse and neglect reports has nearly doubled to 2.7 million. After declining in the early 1980s, foster care caseloads grew 55 percent, from 276,000 in 1985 to 429,000 in 1991.

Overwhelmed by these caseloads, our child welfare system often focused on responding to crises rather than preventing them. Narrow categorical funding of services had the effect of limiting flexible responses to child and family needs. And too often, workers are stretched far too thin over far too many cases and with too little training to reach families effectively.

While States and communities across the country have begun to experiment with a wide range of promising family based approaches to solving these problems - family support, family preservation, as well as the treatment family foster care that you are here to talk about - the Federal government has played little or no role in the solution.

The Administration is committed to changing that. A key first step is the Administration initiative proposed as part of the Budget Reconciliation Package, the Family Preservation and Support Act.

⑥  
The Family Preservation and Support Act as originally proposed was to make available \$60M in the first year, rising to \$255M in the fifth year, for programs that support families, including foster families, and work to prevent abuse and removal from the home. These programs are family-focused and community based. Many focus on making community services more usable for the families involved. States must set five year goals and plan the expansion of their programs to ensure a coordinated effort, not fragmented services. EMP. Jones

(2) *Now* The Foster Family Based Treatment Association has played an important role in helping children, supporting families, and improving the quality of services to children and families in foster care.

- o Treatment Foster Care plays an important role in the service continuum, by preventing institutional placements and assisting severely handicapped children in moving out of institutions into family settings.
- o Treatment Foster Care exemplifies the best of current practice in child welfare including the emphasis on reunification of families or the establishment of other permanent families.
- o The FFTA represents an effective and creative

public-private partnership that has expanded a badly needed service and worked to uphold quality.

Child Welfare Services, Foster Care, and Adoption Assistance AUG 5 1993

The conferees agreed to include provisions related to child welfare, foster care, and adoption assistance totaling about \$1 billion in outlays, almost half a billion less than what the Administration proposed. The major provisions are--

Family Preservation and Support

The conferees agreed to establish a capped entitlement for family preservation and community-based family support services totaling \$879 million in outlays, \$396 million less than what we proposed. The capped entitlement will fund:

- Community-based family support programs that work with families before any crisis occurs, helping them learn to raise their children successfully. The bill ensures support for programs such as HIPPOY.
- Family preservation programs serving families whose children are about to be placed in foster care (and other follow-up services including family reunification) to work with families in order to keep them together and prevent placement, saving families and money.

Funds are set-aside for evaluation, research, training, and technical assistance in this area.

State Court Foster Care and Adoption Assessment

The conference agreement also included the Administration's \$35 million set-aside within the capped entitlement for grants to State courts to assess and improve the handling of proceedings relating to foster care and adoption.

Enhanced Match for Automated Data Systems

For three years, an enhanced 75 percent match for the development of statewide mechanized data collection and retrieval systems was established to address the critical lack of basic data about children in foster care. The Administration had proposed a 90 percent match.

Independent Living Program

The Independent Living program was permanently extended. This program prepares foster care youth over age 15 for independent adult living.

Collection of Disallowances

A one-year moratorium on the collection of disallowances made against the states was established. Disallowances are levied against states as the result of Departmental and OIG on-site child protection and fiscal reviews.

Administration Provisions Dropped

The most significant Administration provision dropped due to the Byrd rule was the Suter provision which clarified Congressional intent that a provision is not unenforceable (in a private action) merely because it relates to a state plan. Other provisions dropped due to the Bryd rule were minor.

Eval.  
Research  
Training  
TA

7  
I applaud ~~the Commission~~ for recognizing that families don't operate in a vacuum, but in neighborhoods, in communities, and in a climate of culture and values. We must do whatever we can to assist parents in educating their kids and teaching them right from wrong.

As every parent knows, in modern America that effort <sup>often</sup> begins with the media. VIOLENCE

I've talked about what the President has done and what he wants to do. We've begun to shift course. But this is just the beginning. We must have the courage to change--to recognize mistakes, to abandon what doesn't work, to challenge ourselves to do better. In short, we adults have some growing up to do.

I know that many of you in this room are tired after the last twelve years. Without you, many of the programs that serve children and families would have been gutted. They weren't, and you've earned a rest.

But we're asking you to go another round. The President can't pass or fund his initiatives alone. He can't break the gridlock alone. He still needs your help, and so do America's children.

For the first time in a long time, your efforts will be supported--not rebuffed--by the executive branch of this government. ~~The details remain to be worked out, but for sure,~~ there will be an ongoing, high-level focus on children and families, cutting across agency, departmental, and programmatic lines, coordinated by the White House, responsible not to any single constituency but to the national interest and directly to the President of the United States.

Concern for our children must start at the top--but it can't end there. We must empower parents, neighborhoods, communities and voluntary organizations across this great nation to do what our children need. The President can take the lead--but only you can complete the task.

Advocates - Each one teach one - ex. twof - Thine children,  
At last, a new day is dawning for America's children and their families. We will work together with you. We won't always succeed, and we won't always be able to do everything that you-- and we--would want.

But I can promise you this: we will never relent in our effort to give every child a chance to develop--fully. Because at the end of Bill Clinton's second term, at the dawn of the third millenium, I want to be able to say to Hamp Rasco and Mary Margaret Rasco and to all the children of America, with a clear conscience and a full heart: We did our best. And I want all of you at this ~~summit~~ to join me in being able to look at one another and say: We did our best.

Thank you very much. --

families  
& overall  
needs  
do they  
law firm  
peop. on  
your  
boards,  
whom you  
approach for firm  
support clearly  
advocate outside  
their official duties





P.O. Box 1400 • Little Rock, Arkansas 72203 • 501-372-5039 Fax 501-372-5529

July 20, 1993

Carol Rascoe  
Assistant to the President  
for Domestic Policy  
The White House  
Washington, D.C. 20500

Re: Foster Family-Based Treatment  
Association Conference (FFTA)  
August ~~10~~<sup>9</sup> 1993  
Chicago, Illinois

Dear Carol:

We were informed today that Hillary could not be present at our conference in Chicago on August ~~10~~<sup>9</sup>. Since the issue of services to children continues to be a primary issue and certainly one that you are a strong advocate for, we would like to invite you to speak at the luncheon on August ~~10~~<sup>9</sup>.

Attached is information on the Foster Family-Based Treatment Association and conference information. I would like to discuss this with you and share more information about the association. I sincerely hope you can squeeze this conference into your very busy schedule as it will impact services to foster children with medical, emotional and behavioral problems across the United States and Canada.

Sincerely,

*Consevelle*  
Consevelle James, LCSW  
FFTA Board Member

CJ/lb  
enclosures

A Non-Profit Organization

The message is clear: if you stay in school and get married before you have children, your kids are ten times less likely to be poor. A stable family setting is the best anti-poverty program our country has ever devised. That is the message we adults should be sending our young people, in every way we can.

For too long, these issues were mired in partisan gridlock. Some talked only about the economic squeeze on families and cuts in government programs; others talked only about the disintegration of families and the decline of American culture. It is time--high time--to put an end to the politics of false choices. We must move beyond cheerleading for family values, on the one hand, and on the other, the old big-government notion that there's a program for every social problem.

There is another way, a commonsense path that offers more opportunity to every family and demands more responsibility from every individual. As the President has said so eloquently: Family values alone cannot nourish a hungry child, and material security alone cannot provide a moral compass. We must have both.

That is the trail that the National Commission has blazed for our country. You have advanced an ambitious legislative agenda, which helped shape the President's budget proposals. You have crafted a new consensus on children and families that could put futile debates behind us. Most important, you have reminded us of basic principles essential values.

o First: Every American child should have the opportunity to develop to his or her full potential.

o Second: Government doesn't raise children, parents do. Government can reinforce the vital work of parents, but it can't substitute for them. The family is--and must remain--society's primary institution for bringing children into the world and for supporting their growth throughout childhood.

o Third: Children do best when they have the personal involvement and material support of a father and a mother and when both parents fulfill their responsibility to be loving providers.

These are the principles and values that guide us all. Now let me tell you what the President is doing to turn them into reality.

To begin with, he is rewarding work and family. Today, millions of Americans work full-time but don't make enough to lift their families out of poverty. That's wrong. No one who works full-time and has children at home should be poor in America. And that's why the President has proposed a dramatic

increase in the Earned Income Tax Credit.

At the same time, Bill Clinton is moving aggressively to relax the tension between work and family. He's proud that the first piece of legislation he signed was the Family and Medical Leave Act, twice vetoed by George Bush. And the administration is actively exploring other ways of making America's workplaces--including the federal government--much more family friendly.

Second, he is protecting the health of children and families, by fully funding the WIC program, by investing in childhood immunization, and by committing his administration to fundamental reform of our nation's health care system.

As you all know, we're working night and day to ensure that every American has access to quality health care at affordable prices. Next month, we're going to propose a comprehensive new health care plan. And during this Congress we're going to fulfill the dream of every Democratic president since Harry Truman and make health insurance a reality for all.

Third, the President is promoting the development of young children with the biggest expansion of Head Start ever. But the administration is not just going to make Head Start bigger; we're going to make it better. We're going to improve quality, increase flexibility, and better link the program to other child development efforts.

Fourth, the President is proposing fundamental change in public education. As governor, Bill Clinton helped draft the national education goals and bring them to the center of public debate. As president, he'll bring those goals to the center of education reform.

Bill Clinton is going to put an end to business as usual in American education. That means new initiatives with real incentives to states for systemic reform. It means a total reexamination of existing programs--such as Chapter 1--to ensure that every child has a fair chance to acquire high-level skills and make it in the economy of the 21st century. It means unprecedented emphasis on systematic, high-quality school-to-work programs. It means an expanded safe schools initiative because fearful kids can't possibly learn well. And yes, it means more choice for parents and students within our public school system.

Fifth, the President will deliver fundamental reform of our welfare system. He helped draft the Family Support Act of 1988, and he made it work in Arkansas. Now he has asked us to develop a plan to end welfare as we now know it. People don't want permanent dependency, they want the dignity of work, and we should give everyone the chance to have that kind of dignity. It's just common sense: more opportunity in exchange for more



responsibility.

The President's responsibility agenda doesn't end there. He's going to get tough on child support enforcement. That means establishing paternity right at the start, in the hospital; setting up a national registry; and using the IRS to collect seriously delinquent child support payments.

The principle is simple: if you are biologically responsible for a child, then you are morally and financially responsible as well. And that's why we have to get the message to our youth in schools, in the media, in every way we can: it's just plain wrong for children to have children, because you are assuming a responsibility that you aren't ready to fulfill.

The President wants to put government squarely on the side of keeping families together whenever possible. He wants us to do more for families at risk, especially at risk of foster care placement. He knows that constant shifting from one short-term foster home placement to another is an emotional disaster for kids; that in all but the most extreme cases, it's better for kids to be with their parents.

That why, last month he directed us to draft a new child welfare initiative combining family support and family preservation services--building on the work of Senator Rockefeller and Congressman Matsui and Congresswoman Schroeder and others. And believe me, we're going to deliver that initiative--to him, to our kids, and to the country.

I applaud the Commission for recognizing that families don't operate in a vacuum, but in neighborhoods, in communities, and in a climate of culture and values. We must do whatever we can to assist parents in educating their kids and teaching them right from wrong.

As every parent knows, in modern America that effort begins with the media. Three years ago, the Congress passed the Children's Television Act. And for three years, the Act was ignored. The same kinds of folks who informed us that ketchup is a vegetable were happy to certify GI Joe as an educational television program.

Well, the previous administration's FCC wouldn't enforce the bill--but ours will. By law, broadcasters who want to keep on operating must demonstrate their commitment to the educational needs of children. We're going to hold them to that. And while they're at it, it wouldn't hurt if they cut out the gratuitous sex and violence either.

I've talked about what the President has done and what he wants to do. We've begun to shift course. But this is just the beginning. We must have the courage to change--to recognize mistakes, to abandon what doesn't work, to challenge ourselves to do better. In short, we adults have some growing up to do.

I know that many of you in this room are tired after the last twelve years. Without you, many of the programs that serve children and families would have been gutted. They weren't, and you've earned a rest.

But we're asking you to go another round. The President can't pass or fund his initiatives alone. He can't break the gridlock alone. He still needs your help, and so do America's children.

For the first time in a long time, your efforts will be supported--not rebuffed--by the executive branch of this government. The details remain to be worked out. But for sure, there will be an ongoing, high-level focus on children and families, cutting across agency, departmental, and programmatic lines, coordinated by the White House, responsible not to any single constituency but to the national interest and directly to the President of the United States.

Concern for our children must start at the top--but it can't end there. We must empower parents, neighborhoods, communities and voluntary organizations across this great nation to do what our children need. The President can take the lead--but only you can complete the task.

At last, a new day is dawning for America's children and their families. We will work together with you. We won't always succeed, and we won't always be able to do everything that you--and we--would want.

But I can promise you this: we will never relent in our effort to give every child a chance to develop--fully. Because at the end of Bill Clinton's second term, at the dawn of the third millenium, I want to be able to say to Hamp Rasco and Mary Margaret Rasco and to all the children of America, with a clear conscience and a full heart: We did our best. And I want all of you at this summit to join me in being able to look at one another and say: We did our best.

Thank you very much.

## DETAILED TALKING POINTS

The Foster Family Based Treatment Association is to be commended for its efforts to increase the quality of service to children and families in foster care.

### **Treatment Foster Care's Role in The Service Continuum**

- o Helps to move children out of institutions and into families and prevents placements in institutions. In the early 1980's many emotionally disturbed children were placed in institutions because community based, least restrictive programs were not available.
- o Facilitates the move of many severely handicapped children out of institutions into family settings.
- o Provides the best combination of intensive therapeutic services and a nurturing family-like environment in the child's community.

There are indications that treatment foster care is growing as a proportion of all family foster homes. We welcome this trend for a number of reasons:

- o First, treatment foster care incorporates some of the best current practice concepts in child welfare services; and
- o And second, its emphasis on reunification with families or establishment of other permanent families for children is consistent with good practice, and with the Administration's aims in our proposed Family Preservation and Support Act.

**Foster Family Based Treatment Association's Impact on Child Welfare**

- o Reflects an effective public/private partnership which has helped to expand a badly-needed service. (The organization arose out of a long term interest at NIMH in noninstitutional, therapeutic interventions for aggressive youth, combined with the founding members recognition of the extensive needs of children placed in their programs.)
- o Brings together public and private child welfare agencies to respond to increasingly complex needs of children entering the foster care system.
- o Developed standards that help to define the service and at the same time uphold a level of high quality practice.

o A fact sheet on the Family Preservation and Support Act is

- o Goals are consistent with the Administration's goal of refocusing programs to meet family's needs and the direction of new initiatives.

**The Administration's Commitment to Strengthening Child Welfare Services and Meeting The Needs of Vulnerable Children and Families:**

o Head Start

Head Start has been the centerpiece of our efforts to remove barriers for disadvantaged children and their families. Every Head Start program is community based, multidisciplinary, and focused on meeting the individualized

7

needs of each family. Head Start programs have always involved parents and have provided a stepping stone to their employment and community involvement. One third of Head Start program staff are parents of current or former Head Start Children.

o Earned Income Tax Credit

The Administration is proposing to expand the Earned Income Tax Credit (EITC), which is

attached.

**Other Key Administration Initiatives For Children and Families**

Family policy and family programs are high on the President's agenda. The following initiatives or reforms will alter the way we serve families and attempt to transcend barriers that have blocked progress in the past.



REVISED

Talking Points - Foster Family Based Treatment Association

SUMMARY OF TALKING POINTS

- (1) Thanks to all of you for the tremendously important and tremendously difficult work you do with children and families.
  
- (2) The Foster Family Based Treatment Association has played an important role in helping children, supporting families, and improving the quality of services to children and families in foster care.
  - o Treatment Foster Care plays an important role in the service continuum, by preventing institutional placements and assisting severely handicapped children in moving out of institutions into family settings.
  
  - o Treatment Foster Care exemplifies the best of current practice in child welfare including the emphasis on reunification of families or the establishment of other permanent families.
  
  - o The FFTA represents an effective and creative

public-private partnership that has expanded a badly needed service and worked to uphold quality.

(3) The Administration is committed to strengthening child welfare services and meeting the needs of vulnerable children and families.

- o A key first step in this commitment is the Administration initiative proposed as part of the Budget Reconciliation Package, the Family Preservation and Support Act.

(4) Recognizing the links between family crises and the broader ranges of economic and social supports to families, the Administration has proposed several investments for children and families:

- o Immunization
- o Head Start
- o Earned Income Tax Credit

## DETAILED TALKING POINTS

The Foster Family Based Treatment Association is to be commended for its efforts to increase the quality of service to children and families in foster care.

### **Treatment Foster Care's Role in The Service Continuum**

- o Helps to move children out of institutions and into families and prevents placements in institutions. In the early 1980's many emotionally disturbed children were placed in institutions because community based, least restrictive programs were not available.
- o Facilitates the move of many severely handicapped children out of institutions into family settings.
- o Provides the best combination of intensive therapeutic services and a nurturing family-like environment in the child's community.

There are indications that treatment foster care is growing as a proportion of all family foster homes. We welcome this trend for a number of reasons:

- o First, treatment foster care incorporates some of the best current practice concepts in child welfare services; and
- o And second, its emphasis on reunification with families or establishment of other permanent families for children is consistent with good practice, and with the Administration's aims in our proposed Family Preservation and Support Act.

#### **Foster Family Based Treatment Association's Impact on Child Welfare**

- o Reflects an effective public/private partnership which has helped to expand a badly-needed service. (The organization arose out of a long term interest at NIMH in noninstitutional, therapeutic interventions for aggressive youth, combined with the founding members recognition of the extensive needs of children placed in their programs.)
- o Brings together public and private child welfare agencies to respond to increasingly complex needs of children entering the foster care system.
- o Developed standards that help to define the service and at the same time uphold a level of high quality practice.

- o Goals are consistent with the Administration's goal of refocusing programs to meet family's needs and the direction of new initiatives.

**The Administration's Commitment to Strengthening Child Welfare Services and Meeting The Needs of Vulnerable Children and Families:**

- o The child welfare system as a whole and foster care in particular have borne the brunt of a whole range of dangerous trends for families over the last decade including rising child and family poverty, homelessness, family stress and isolation, violence, AIDS, and substance abuse. In the past ten years, the number of children involved in abuse and neglect reports has nearly doubled to 2.7 million. After declining in the early 1980s, foster care caseloads grew 55 percent, from 276,000 in 1985 to 429,000 in 1991.
- o Overwhelmed by these caseloads, our child welfare system often focused on responding to crises rather than preventing them. Narrow categorical funding of services had the effect of limiting flexible responses to child and family needs. And too often, workers are stretched far too thin over far too many cases and with too little training to reach families effectively.

- o While States and communities across the country have begun to experiment with a wide range of promising family based approaches to solving these problems - family support, family preservation, as well as the treatment family foster care that you are here to talk about - the Federal government has played little or no role in the solution.
  
- o The Administration is committed to changing that. A key first step is the Administration initiative proposed as part of the Budget Reconciliation Package, the Family Preservation and Support Act.

The Family Preservation and Support Act as originally proposed was to make available \$60M in the first year, rising to \$255M in the fifth year, for programs that support families, including foster families, and work to prevent abuse and removal from the home. These programs are family-focused and community based. Many focus on making community services more usable for the families involved. States must set five year goals and plan the expansion of their programs to ensure a coordinated effort, not fragmented services.

- o A fact sheet on the Family Preservation and Support Act is

attached.

## Other Key Administration Initiatives For Children and Families

Family policy and family programs are high on the President's agenda. The following initiatives or reforms will alter the way we serve families and attempt to transcend barriers that have blocked progress in the past.

### o Immunization Initiative

Our immunization initiative recognizes the many barriers that parents and providers face in order to immunize children. The legislation we proposed puts together the many pieces necessary to address this problem in a comprehensive fashion: improved public health clinics, parental outreach and education, an efficient registry and tracking system, and a universal access plan. It will reduce the cost to parents and provide funds for additional clinic hours and staffing.

### o Head Start

Head Start has been the centerpiece of our efforts to remove barriers for disadvantaged children and their families. Every Head Start program is community based, multidisciplinary, and focused on meeting the individualized

needs of each family. Head Start programs have always involved parents and have provided a stepping stone to their employment and community involvement. One third of Head Start program staff are parents of current or former Head Start Children.

o Earned Income Tax Credit

The Administration is proposing to expand the Earned Income Tax Credit (EITC), which is an important incentive to low income workers, and is expected to be a critical element of Welfare Reform. The EITC is available to low income parents of dependent children, so long as those parents are working and have some earned income. It has the potential to help facilitate the return of children home from foster care. While more limited, the credit is available to foster parents, as well as family caregivers. The credit is fully refundable, so it is available as a credit against taxes owed, and any remaining credit is refunded to the wage-earner. The credit, which may be paid out in advance over the course of the year in the working parent's paycheck, is phased out as income rises.



THE WHITE HOUSE

WASHINGTON

August 3, 1993

MEMORANDUM FOR CHRISTINE HEENAN

FROM: Rosalyn Kelly *JK*

SUBJECT: Foster Family-Based Treatment Assn Conference  
(FFTA)

Carol has accepted an invitation to speak to the above group in Chicago, IL on August 9 (see attached). She has asked that you provide her with information on how Medicaid for this population will/will not be changed.

Olivia Golden and three others from HHS will brief Carol at 3:30pm on Thursday, August 5. You are welcomed to either join this meeting or submit your comments in writing prior to that time. Please advise.

Thanks.

United Airlines leaves  
every hour beginning  
@ 7:00 a.m. to Chicago,  
and returns @ 20 min.  
after each hour.



**THINL** 

TREATMENT HOMES INCORPORATED

P.O. Box 1400 • Little Rock, Arkansas 72203 • 501-372-5039 Fax 501-372-5529

FAX TRANSMISSION COVER SHEET

DATE: July 20, 1993

# OF PAGES INCLUDING COVER SHEET: 12

TO: Carol Rascoe  
Assistant to the President for Domestic Policy  
The White House  
Washington, D.C. 20500  
FAX NUMBER: 202-456-2878

FROM: Consevella James, LCSW  
FFTA Board Member

FAX NUMBER: 501-372-5529

Re: Foster Family Based Treatment  
Association Conference (FFTA)  
August 10, 1993  
Chicago, Illinois

Roz

- ⓐ Take the calendar to LR
- ⓑ What does Aug. 10 look like?
- ⓒ Can I leave morning of 10th & be at the luncheon on time?

ⓓ Surely I can get back here that afternoon?

ⓔ Leave Consevella's name/# for Rick

or Pat to call & say fax came, you & I on way to LR, will call her Thurs. or Fri. if possible.

Carol - I left a msg. for Consevella confirming receipt of the fax and also to let her know that word let her know something by the end of the day.

Shalala for talking pto 30 min. visit about 9th 11th (?)

A Non-Profit Organization

Why I'm glad to be here <sup>with you</sup> ~~here~~

This day -

Not only to thank you for your  
~~the~~ tireless work & challenge you  
to push on

BUT

You - many of you - embody  
what we need in our efforts  
as an admin. - not just  
advocates for kids ~~but~~  
advocates who inspire  
others to be advocates by  
your words / deeds / ~~and~~ <sup>high</sup> standards / research -  
You are willing to be  
accountable.

## CHILD WELFARE PROVISIONS IN THE RECONCILIATION BILL

The following provisions are in the Conference Report and were in the House bill:

o **Entitlement funding for services designed to strengthen and preserve families (FP/FS)**

- Note: Overall funding levels for the new Title IV-B Subpart 2 program are lower than the earlier House version of the bill. Amounts in the conference report are as follows: \$60 million in FY94; \$150 million in FY95; \$225 million in FY96; \$240 million in FY97; the greater of \$255 million or the FY97 amount increased by the inflation percentage applicable to fiscal year 1998.

There was a change in the set-aside for evaluation, research, training and technical assistance. The conference report is actually providing more money for these effort (the House bill had a 1 percent set-aside; the conference report stipulates that \$2,000,000 can be spent in the first year and \$6,000,000 in the following years). Another difference is that the evaluation is not limited to only those programs funded by this new title IV-B Subpart 2; other family preservation and support programs can be included in the evaluation.

o **Grants for State Courts to assess and improve handling of proceedings relating to foster care and adoption**

o **Enhanced match for automated data systems**

- Note: The match was dropped from 90 percent to 75 percent.

o **Permanent extension of the independent living program**

- Note: The conference report left out the independent living provision which would have made it okay for foster children to build assets for the purpose of establishing a household, pursuing education, or otherwise completing the transition to independent living.

o **Training of agency staff and foster and adoptive parents**

o **Moratorium on collection of disallowances**

**DRAFT DOCUMENT 8/4/93**

**Prepared by: Deborah Roderick Stark, ACYF (205-8347)**

**The following provisions are not in the Conference Report but were in the House bill:**

- o Required protections for foster children**
- o States required to report on measures taken to comply with the Indian Child Welfare Act**
- o Child welfare traineeships**
- o Dissolved adoptions**
- o Time frame for judicial determinations on voluntary placements**
- o Study of reasonable efforts**

- Note: Even though the conference report does not include the reasonable efforts provision, it is noted that the conferees strongly urge the Secretary to conduct a study of State implementation of the reasonable efforts requirements, as outlined in the House bill, and to submit a report to Congress within 18 months of enactment with recommendations. In addition, the conferees urge the Secretary to convene an advisory group to provide recommendations to the Secretary on the implementation of the "reasonable efforts" requirements.

- o Periodic reevaluation of foster care maintenance payments**
- o Dispositional hearing**
- o Health care plans for foster children**
- o Elimination of foster care ceilings and of authority to transfer unused foster care funds to child welfare services programs**
- o On-site reviews and audits of State claims for foster care and adoption assistance**

- Note: Even though the conference report does not include this provision, it is noted that the conferees understand that the Secretary already has the necessary authority to publish the regulations required by the House provision and urge the Secretary to use that authority to carry out the purpose of the House provision.

**DRAFT DOCUMENT 8/4/93**  
**Prepared by: Deborah Roderick Stark, ACYF (205-8347)**

- o Conformity reviews**
- o Repeal of annual report on voluntary placement**
- o Demonstration projects (waivers for States to mix IV-B and IV-E)**
- o Placement accountability**
  - Note: Even though the conference report does not include this provision, the conferees urge the Secretary to ensure that information on children placed in foster care outside the State is provided through the foster care and adoption data collection system of section 479 of title IV-E.
- o Payments of State claims for foster care and adoption assistance**
- o Border region child welfare worker training demonstrations**
  - Note: Even though the conference report does not include this provision, the conferees encourage the Secretary to conduct border region demonstration projects under section 426 of title IV-B of the Social Security Act, under which grants are made for research, training, and demonstration projects in the field of child welfare.
- o Effect of failure to carry out State plan**

**In addition:**

- The conferees request the Secretary to conduct a review of State programs that include citizen review panels or citizen participation in State administrative reviews, and contrast their performance in meeting the goals of the ACT with States that do not involve citizens in the review process. The Secretary should report to the Congress within 18 months of enactment.

**DRAFT DOCUMENT 8/4/93**  
**Prepared by: Deborah Roderick Stark, ACYF (205-8347)**

Child Welfare Services, Foster Care, and Adoption Assistance

AUG 5 1993

The conferees agreed to include provisions related to child welfare, foster care, and adoption assistance totaling about \$1 billion in outlays, almost half a billion less than what the Administration proposed. The major provisions are--

Family Preservation and Support

The conferees agreed to establish a capped entitlement for family preservation and community-based family support services totaling \$879 million in outlays, \$396 million less than what we proposed. The capped entitlement will fund:

- Community-based family support programs that work with families before any crisis occurs, helping them learn to raise their children successfully. The bill ensures support for programs such as HIPPO.
- Family preservation programs serving families whose children are about to be placed in foster care (and other follow-up services including family reunification) to work with families in order to keep them together and prevent placement, saving families and money.

Funds are set-aside for evaluation, research, training, and technical assistance in this area.

State Court Foster Care and Adoption Assessment

The conference agreement also included the Administration's \$35 million set-aside within the capped entitlement for grants to State courts to assess and improve the handling of proceedings relating to foster care and adoption.

Enhanced Match for Automated Data Systems

For three years, an enhanced 75 percent match for the development of statewide mechanized data collection and retrieval systems was established to address the critical lack of basic data about children in foster care. The Administration had proposed a 90 percent match.

Independent Living Program

The Independent Living program was permanently extended. This program prepares foster care youth over age 15 for independent adult living.

Collection of Disallowances

A one-year moratorium on the collection of disallowances made against the states was established. Disallowances are levied against states as the result of Departmental and OIG on-site child protection and fiscal reviews.

Administration Provisions Dropped

The most significant Administration provision dropped due to the Byrd rule was the Suter provision which clarified Congressional intent that a provision is not unenforceable (in a private action) merely because it relates to a state plan. Other provisions dropped due to the Byrd rule were minor.

AUG 5 1993

## FAMILY PRESERVATION & SUPPORT

### Problem

From 1981 to 1991, substantiated child abuse and neglect reports increased roughly two-fold to 1.08 million children, the foster care caseload increased by roughly 60 percent to nearly 430,000 children, and costs associated with the foster care program rose dramatically from \$309 million to \$2 billion. While most families will never experience severe problems, even among families not traditionally considered at-risk, almost half show family stress and poor coping skills, poor parent-child communication, and delays in their children's learning.

### Legislative Overview

To help address these problems the Administration's Family Preservation and Support bill specifies a subpart within title IV-B of the Social Security Act to fund:

- family preservation services defined broadly to include family reunification and other follow-up services to work with families in order to keep them together and prevent foster care placement; and
- community-based family support services to promote the well-being of children and families by enhancing family functioning and early childhood development.

The legislation also contains a number of provisions to strengthen the foster care and adoption assistance programs (see attachment).

Funding for the capped entitlement program will total \$60 million in 1994 and rise to \$600 million in 1998 for a five-year budget authority of \$1.4 billion. (Funding totals \$1.6 billion in budget authority and \$1.5 billion in outlays when the other provisions are included.)

**Current Status:** The conferees agreed to establish entitlement funding totaling \$879 billion in outlays over five years, nearly one-half billion less than proposed by the Administration. A final vote in both the House and the Senate is scheduled for this week.

### Importance of Family Preservation and Family Support

This bill recognizes and funds the necessary continuum of services:

- supporting families in all stages of need;
- providing intensive services to families in crisis;



- improving the foster care and adoption system for children who must be separated from their families; and
- helping to reunify foster children returning home.

Currently, services to help support families and prevent the need for foster care placement are underfunded. In 1993, states received \$2.5 billion for foster care compared to only \$295 million for child welfare services. Despite budget constraints, states have recognized the need to invest in preserving and supporting families to prevent child abuse and neglect and to avoid foster care placement. Thirty-eight states have now developed some form of intensive home-based services programs.

#### Intensive family preservation services:

- target families at "imminent risk" of foster care placement;
- caseworkers work intensively with families in their homes to improve family interaction;
- well-developed programs (such as Homebuilders in Washington and Families First in Michigan) show promise for turning around crisis situations and helping families stay together.

#### Family support programs:

- can have positive effects on the general coping abilities and personal development of parents, and on child health and well-being;
- the Home Instruction Program for Preschool Youngsters (HIPPY) in Arkansas and Parents as Teachers (PAT) in Missouri have been replicated in almost all fifty states:
  - these home visiting programs create success by teaching parents about child development, providing developmentally appropriate activities for parents and children to complete together, and ensuring developmental screening of participating children.

Family preservation and family support programs are generally small and can serve few of the families that need these services. Through this legislation new programs can be started and existing programs can be expanded to strengthen more families, assisting them to stay together in times of crisis. The legislation expands opportunity to enhance the importance of the family and assists parents' abilities to care for, and better-understand, their children.

**Attachment****FAMILY PRESERVATION & SUPPORT****Summary of other Major Provisions**

- Of the capped entitlement funds, \$2,000,000 in FY 1994 and \$6,000,000 in years thereafter will be set-aside for evaluation, training, and technical assistance. Part of these funds will be used to provide states with information to develop family support and family preservation programs.
- Authorizes grants to state court systems to assess and modify their court procedures involving children.
- Provides enhanced federal matching for three years for states' start-up costs for automated systems development.
- Permanently extends the Independent Living Program to prepare youth graduating from the foster care system.

# THE Pressley Ridge

Administrative Offices  
530 Marshall Avenue  
Pittsburgh, Pennsylvania 15214  
(412) 321-6995 FAX (412) 321-5313

July 30, 1993

Carol Rasco  
Assistant to the President on Domestic Policy

Dear Ms. Rasco,

We are thrilled that you have agreed to speak at the Foster Family-based Treatment Association Conference (FFTA) in Chicago, at the Chicago Westin Hotel. I understand from Consevella James that you have already received a copy of the FFTA Conference Program brochure, thus you have an idea of the conference audience and content of presentations generally. The FFTA is the only association that represents therapeutic or treatment foster care, distinct from foster care or residential treatment. Treatment foster care as a service model emerged as an alternative to institutionalizing children and youth. It also emerged in a climate of increasingly troubled/troubling children entering foster care. We see our roots to be a blending of the best of foster care and child mental health treatment. The conference topics and presenters have this focus as well.

The time we are asking you to speak is Monday, August 9, at 12:15 during the conference lunch and awards ceremony. The lunch begins at noon and ends at 1:30. Our plan is that after my introduction of you and your work, you will speak for about 30 minutes (the amount of time you can take is very flexible and up to you). Then I will introduce our first recipient of the FFTA Achievement Award, Dr. James Brieling of the National Institute of Mental Health. As soon as you know your airline arrival time in Chicago, please contact Consevella with the information at her office in Little Rock (372-5039). Consevella and I will pick you up at the airport at your gate.

The following information may help you in preparing your comments:

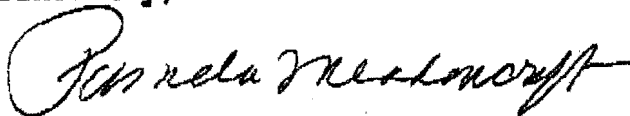
1. The audience will be comprised of about 500 providers of treatment foster care, including administrators, staff, and treatment parents. Since the 227 member agencies of FFTA are located in 44 different states and 4 provinces of Canada, the crowd will be diverse, but well aligned on issues regarding treatment foster care. Not all who attend the conference are FFTA members; attendance is open to the broader array of child serving communities.

2. We would like to hear from you the directions that the White House will be taking that will impact foster care and child mental health, generally, and those that will be specific to treatment foster care.

3. FFTA will be engaging in activities at the conference and at our Fall Board meeting in Dallas that will shape the future vision of the association. While we have only been incorporated for a short four years, an astounding amount of work has been completed. Nearly all of our long range goals have been achieved, and, certainly, the environment in which we are providing treatment foster care services is rapidly changing. So too we will be changing and, thus, your comments will help us with this future vision.

I have enclosed a couple of additional items for your review to familiarize you even more with FFTA. I doubt that much of what we have in writing conveys the heart of the association. As one of our Board members said at our last Board meeting, "I've been on many Boards, but I've never called any my 'beloved' association, as I do FFTA." Another member said yesterday, "I don't quite know why or how, but FFTA seems to show consistently a solid ethic of teamwork." Hopefully, your brief visit with us will convey this spirit. I look forward to meeting you.

Sincerely,



Pamela Meadowcroft, Ph.D.  
FFTA President

cc: Consevella James, FFTA Board  
David Schild, FFTA Administrator

**BE THERE FOR THE CHANGE**

**Pamela Meadowcroft, FFTA President**

Welcome to the 1993 Foster Family-based Treatment Association Annual Conference. This year's theme, "Be There for the Change," reflects FFTA's role in the changing environment of children's services. FFTA developed in 1989 to advocate for change in the various "systems" that fund children services, including child welfare, mental health, and physical health. The core of our vision for change is the belief (and evidence from our experience in running treatment foster care programs) that children heal best in nurturing families. As system change agents, FFTA is not just a "child welfare" association nor a "mental health" group of professionals; rather we see our mission as a blending of the systems needed to serve each child.

FFTA can embrace change because of its strength. This past year found FFTA to be stronger than ever, building on the powerful work of Past President, Karen Blase, the exceptional competence of each of our committee chairs and our administrator, David Schild. The added perspectives of three new Board members, and the active participation of member agencies have also contributed to this year's exciting results. These include:

- \* Continuous, rapid growth in agency membership and chapters. As of July, 1993 we have 227 member agencies (an increase of 31% over last year) and six chapters (two new chapters this year).

- \* Increasing participation by member agencies on committees (18 nonBoard members assisted on at least one committee).

\* Increasing excellence in the FFTA publication, "Focus", two issues of which contained change inducing position papers (one on permanence, the other on the distinctions between treatment foster care, residential treatment, and foster care).

\* Demand for more educational services through FFTA (our first training institute on medical assistance funding was an overwhelming, and unexpected, success).

\* Renewed emphasis on programmatic research and evaluation of treatment foster care with the "Research Forum" at this year's conference laying the foundation for this direction. Currently, there is discussion of forming a Research Committee.

\* Use of FFTA Standards as practice guidelines in at least half of the states/provinces and as background for the Annie E. Casey Foundation's multimillion dollar foster care reform initiative in the United States. This past year we also began the daunting task of revising our Standards to reflect what we've learned from member agencies' self-assessments and from the shift in treatment foster care toward permanence and family preservation.

A final, major highlight of the year has been the completion, or near completion, of all the long range goals set by FFTA four years. It is time for FFTA to look to the future, to re-vision the association's mission, to consider change again. Activities at the Conference and at our Fall Board meeting will begin the new long range plan. I hope you'll continue with us and "be there for the change!"

To appear in the Fall, 1993 issue of "FFTA Focus"

Care Enough to be Accountable

Pamela Meadowcroft, Ph.D.

I met Dr. James Breiling, the 1993 FFTA Achievement Award recipient, at the American Psychological Association symposium, "Practical Program Evaluation" in 1982. There I found kindred spirits -- people committed to "elegant simplicity" of research and evaluation, conducted by those providing the services, for the purpose of improving service effectiveness. Subsequently, Jim brought a few of us together which, in part, became the seed for our current Poster Family-based Treatment Association. As a research psychologist, Jim pushed an agenda of research/evaluation at these early meetings, as well as inspiring this year's Research Forum at the conference. Several of those who served on the original steering committee of FFTA provided similar leadership in emphasizing research/evaluation: Drs. Joe Hudson, Rob Hawkins, Burt Galaway, Bob Jones, Gary Timbers, Bob Snodgrass to name a few. Thus, FFTA's foundation includes a commitment to program evaluation and research-based clinical practice. The Research Forum, and this issue of "Focus," are steps toward strengthening this commitment.

The FFTA Standards also show that member agencies "care enough to be accountable." The Standards require one year followup to determine how well children are doing, and a formal program evaluation plan. Such practice standards are unique. The 1989 report on child mental health from the U.S. Office of Technology Assessment does a good job of summarizing the typical lack of evaluation research in the child caring field: There is no

evidence that the most expensive and restrictive settings, psychiatric hospitalization or residential treatment centers, provide effective intervention. Accountability among most services is to input variables, to compliance with regulations or standards that do not include demonstrating the results of the service. We must be able to answer the questions, "Are the kids we serve in better shape when they leave our program?" and "How well do our kids do once they leave?" In the changing health care environment in the United States, and generally with the public demanding more assurance that precious dollars are being spent well, program evaluation is increasingly a priority.

From my own evaluation work I have developed a few principles that I hope will continue among FFTA member agencies: 1) don't collect data you won't use; 2) use the data you collect at all levels of your program; and 3) make program evaluation part of your program, not an external "project." Much of the research done on treatment foster care has been through agencies using these principles. We have learned that: 1) diverse populations of children and adults can be successfully served in treatment foster homes; 2) those served demonstrate significant change while in the program and typically complete the program as planned (i.e. disruptions are not frequent); 3) following program completion, they tend to do better than those served in more restrictive placements; 4) the cost of treatment foster care, on a daily basis, is far less than other treatment alternatives (Hudson, Nutter, Galaway, 1993). We know a lot. But this early work needs to be expanded to ensure more rigor, to include more programs, to



determine what are the most important features of treatment foster care, and to look at children's services over time. As evaluation research shows where our services are weak, we will change to improve treatment foster care.

FFTA will continue advocating for research and evaluation of family-based services. Our beliefs in normalization as a powerful treatment principle, and that children grow best in families, need to be supported with research; otherwise it remains a belief, subject to cost-cutting pressures. Impacting public policy on behalf of children becomes powerful when we have data to support our beliefs and when we have the mechanisms in place to communicate both.

Another value that forms the foundation of FFTA is a commitment to having fun. We provide better care and treatment for children when we ourselves enjoy our work and lives. From all observations at this year's conference, the value of having fun seemed universal! I'll see you all at next year's conference in Washington, D.C. for yet more fun.

Hudson, J., Nutter, R., Galaway, B. 1993. Evaluation research on treatment foster care programs serving youth: A review and suggested directions.

Public Testimony for Allegheny County  
Children and Youth 1994-1995 Plan

Pamela Meadowcroft, Ph.D.  
Deputy Executive Director  
The Pressley Ridge Schools

I have over a decade of experience in developing, implementing, researching, writing, and advocating for excellence in therapeutic foster care services throughout the United States. In addition to my administrative and program duties at the Pressley Ridge Schools, I am currently serving as the President of the North American Foster Family-based Treatment Association (FPTA) which represents 250 agencies providing therapeutic foster care services to children with exceptional difficulties and their families in 49 states and four provinces of Canada. I am also serving on the State Foster Care Steering Committee, constituted by the Office of Children, Youth, and Families to address the "crisis in foster care" that we, along with the rest of the country, are experiencing. I am co-chair of the State Subcommittee on Policy/Regulation Reform in Foster Care. And I have served as a member of the Allegheny County Foster Care Task Force to address our own local crisis in foster care. All of these experiences lead me to three comments regarding the CYS Annual Plan.

1. We must "professionalize" foster care and not just with rhetoric; rather standards for foster parent selection, training, supervision, and inclusion as members of each child's service team must be (and will be through the county and state committees) increased to ensure appropriate care is being provided to an increasingly complicated population of children and families.

If family preservation services are working, as we know they are, many children who in the past would have gone into foster homes, are not. Only those children whose circumstances are the most severe will be using the foster care system. Just as the old orphanages and warehousing of destitute children past into history, so too will traditional foster care.

But such change will require an investment, otherwise foster families will fail, and the system response may well be one of investing in group facilities again. I know highly structured, intensive foster care succeeds even for children with the most serious problems -- in fact, because it is inherently individualized, foster care can often accommodate children whom more expensive, intensive treatment facilities cannot. The Pressley Ridge Schools' foster care program, PRYDE, has succeeded for over ten years in using professional foster homes for adolescents who experienced on average four previous out-of-home placements (including psychiatric hospitalization). These same children would have been placed in more costly residential or group home settings without the resource of a PRYDE foster family. Yet the lack of per diem increases over the past few years seriously compromises our ability (and others providing treatment foster

care) to continue this effective institutional alternative.

The role foster parents generally need to play in the future is that of our "front line" staff. No one could imagine providing minimal, or no training prior to the job, and supervision at a rate of once a month, if that, to a front line worker in a residential treatment program for seriously troubled children. Yet the public's perception and the rate of payment set for foster parents dictates such neglect. Any initiative in this annual plan that strengthens foster family care in Allegheny County should be given high priority.

Summary of point #1: Foster care needs to become an alternative to institutionalizing children, not an alternative to living with one's own family.

2. In addition to pushing foster care to become an alternative to institutional treatment, it must also become an adjunct to family preservation. One reason that children get "stuck" in foster care is the failure to integrate foster families and their services with the children's own families. Our regulations, practices, and funding all conspire to keep foster care as a "placement" service and family preservation as a "prevention" service. In fact, families may be better preserved if the role of foster care shifts to one of enhancing families' well being -- such as through respite, flexible placement (placement during the week but not on weekends, etc.), and shared parenting. So long as we treat foster families as an alternative to the child's own family, and in some cases, as a client themselves, then the antagonism between foster care and family preservation will continue. Permanency planning cannot occur with the speed and success it must when foster care is viewed as separate from family preservation.

As a provider of therapeutic foster care, our contract requires that we develop and implement, with input from the CYS worker, a child's individual service plan. CYS, in turn, develops the family's service plan, often in isolation from the child's individual service plan. We are supposed to fix the child and CYS is supposed to fix the family. How can solid permanency planning occur in such an environment? I applaud the various CYS initiatives in this plan that will help remedy such structural problems and that will enhance permanency for each child, including:

1) exploring privatization of CYS services, to reduce duplication of casemanagement activities and focus the role of CYS on brokering, monitoring, integrating, and steering the course of child welfare in the County;

2) supporting neighborhood initiatives that emphasize family connections and that explicitly define the role of foster care as a family enhancer. However, I am not supportive of developing new, additional, separate programs that do not address permanency issues or family reunification and family preservation; thus new

initiatives for out-of-home placement must also include those services that ensure permanency planning and family reunification;

3) developing whole family foster care is yet another initiative that promotes the combination of foster care and family preservation. To meet the needs of severely troubled adolescent mothers, both the mother and her children need specially recruited and trained "whole family" foster homes. The primary problem facing the adolescent mothers (with whom I have experience) is not their lack of parenting skills, which exists; rather, the motherhood experience of these young women is a bright spot on a life fraught with abusive relationships, drug/alcohol abuse, and other life events that must be addressed at the same time they are learning to parent. These young mothers need, themselves, to be nurtured and parented. What better way than through specially designed foster family care?

I would like to see this concept of whole family foster care extended to women beyond 18 years of age, to those who are homeless with children. Inadequate housing has contributed to over 1/3 of the out-of-home placements among African American children leading to the question of why must we separate poor children from their parents in order to meet their basic needs. Current child welfare practice mandates housing for children but not their parents which contributes to the continuing escalation of children needing to be placed. In 1992 the federal government appropriated \$35 million to create a new Family Unification Program that would provide Section 8 rental assistance to families whose children were at risk of being placed in foster care because of poor or no housing. Yet many families need more than housing assistance to maintain their stability -- families with physical, emotional, social disabilities, chemical dependencies. Placement of a child with his/her own family in a Whole Family Foster Home would not only meet the whole family's housing needs, but serve as an extended family, offering advocacy for and liaison with needed services and community resources.

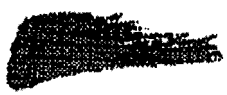
Summary of point #2: foster care must become part of family preservation.

3. Finally, to achieve points #1 and #2 requires funding flexibility, and access to more diverse sources of federal funds, including medical assistance. To change funding rigidity for any aspect of foster care will require strong collaboration at the county and state levels. The possibility for such collaboration truly exists, in large part because CYS, in planning and action, is endorsing such collaboration. Certainly a united system is the only effective and cost-sensible way to serve our children. The CYS plan is evidence for this and should be applauded by all.

Summary of point #3: Essential modifications in funding can best be achieved through collaboration among the State Office of Children, Youth and Families, County CYS and providers of service.

The Foster Family-based Treatment Association is an agency-led organization of treatment foster care providers established in 1988 with an initial purpose of defining and refining treatment foster care practice. While the Association is assisted by recognized researchers and policy-makers in the fields of child welfare and mental health, its membership is composed entirely of agencies throughout North America currently operating programs of treatment foster care.

The 7th Annual FFTA Conference is uniquely designed for the professional in the field of foster care. Administrators, supervisors, treatment foster parents and foster care professionals who are seeking the opportunity for professional development will all benefit from attendance. Those who wish to examine new and different treatment programs, training methods for foster parents and line staff, explore new ideas in the areas of organizational growth will find these opportunities and the chance to exchange ideas with treatment foster parents and professionals from across the United States and Canada.



Chicago is a world-class city with something for everyone. There are professional sporting events 12 months of the year; the flourishing theater community provides the Chicago Symphony, the Lyric Opera, the world-renowned Chicago Art Institute, Adler Planetarium and the Field Museum of Natural History; as well as dozens of other cultural institutions and museums; star-packed musical festivals, intimate jazz and blues clubs of every type; fishing charter boats, and numerous sightseeing tours.

Chicago's Navy Pier, a 75-year-old historic landmark, has had a complete facelift and the brand new Oceanarium at Shedd Aquarium is a site to behold. Chicago's cultural diversity offers delights of ethnic eateries in Chinatown, Little Italy, Greek Town and Andersonville.

The Westin Hotel is offering a special single/double conference room rate of \$102. This discounted rate applies to 3 days before and 3 days after the conference. Call Westin Reservations toll-free at 800-228-3000 and identify yourself as an FFTA Conference Participant to receive the discounted rate.

Chicago is one of the world's largest transportation hubs. Flexibility and availability are offered by both MidWay Airport and O'Hare International Airport. Taxis, buses, shuttles or even rapid-transit make transportation efficient and inexpensive. AmTrack services over 500 cities with 50 trains arriving daily into Union Station.

## Conference Schedule

### Saturday, August 7

1:00 PM - 5:00 PM FFTA Committee Meetings

### Sunday, August 8

8:30 AM - 12:00 PM  
9:00 AM - 9:30 AM  
9:30 AM - 4:30 PM

FFTA Board Meeting  
Institute Registration  
Special Institutes  
• Getting Started: Comprehensive Planning for Treatment Foster Care Program Development  
• Kinship, Foster and Adoptive Parenting: Another Look at some Old Traditions  
Member Agencies Directors Meeting  
Member Agencies Directors Reception and Welcome  
Early Conference Registration  
Exhibit/Resource Area Opens

1:00 PM - 5:00 PM  
5:00 PM - 6:30 PM

7:00 PM - 9:00 PM

### Monday, August 9

7:30 AM - 9:00 AM

9:00 AM - 10:15 AM

10:15 AM - 10:30 AM  
10:30 AM - 12:00 AM  
12:00 PM - 1:30 PM

1:30 PM - 3:00 PM  
3:00 PM - 3:30 PM  
3:30 PM - 5:00 PM  
5:00 PM - 5:15 PM  
5:15 PM - 7:00 PM  
7:00 PM - 9:00 PM

Conference Registration  
Continental Breakfast  
Opening Session  
Keynote Address, Dr. Larry Brendtro  
Break  
Networking Sessions  
Luncheon Provided  
Hillary Clinton has been invited as Keynote Speaker  
Concurrent Workshops  
Refreshment Break  
Concurrent Workshops  
Break  
Get Acquainted Reception  
Regional Meetings

CHR

### Tuesday, August 10

8:00 AM - 8:30 AM  
8:30 AM - 10:00 AM  
10:00 AM - 10:30 AM  
10:30 AM - 12:00 PM  
12:00 PM - 1:30 PM  
1:30 PM - 3:00 PM  
3:00 PM - 3:30 PM  
3:30 PM - 5:00 PM

Registration; Coffee/Juice  
Concurrent Workshops  
Break  
Concurrent Workshops  
Luncheon Provided  
Concurrent Workshops  
Break  
Concurrent Workshops

### Wednesday, August 11

8:00 AM - 8:30 AM  
8:30 AM - 10:00 AM  
10:00 AM - 10:30 AM  
10:30 AM - 12:00 PM  
12:00 PM

Registration; Coffee/Juice  
Concurrent Workshops  
Break  
Concurrent Workshops  
Conference Adjourns

---

---

12:00 PM - 1:30 PM Luncheon Provided  
Hillary Clinton has been invited

8:30 AM - 10:00 AM Concurrent Workshops

---

---

## Monday August 9

---

7:30 AM - 9:00 AM Registration  
Continental Breakfast

9:00 AM - 10:15 AM Opening Session  
Dr. Larry Brendtro  
Keynote Speaker

*"Courage for the Discouraged:  
Reclaiming Children and Youth At Risk"*

10:15 AM - 10:30 AM Break

10:30 AM - 12:00 PM Networking Sessions

1. Public Policy
2. Treatment Foster Care Standards
3. Newsletters and Public Relations
4. Recruitment and Retention of Staff

- A-12 Who am I? (Lifebooks)  
A-13 Working Effectively with African-American  
Young Men in a Rites of Passage Group Home  
A-14 Providing Treatment to Gay, Lesbian and  
Bi-Sexual Youth

5:00 PM - 5:15 PM Break

5:15 PM - 7:00 PM Get Acquainted Reception

7:00 PM - 9:00 PM Regional Meetings

---

## Tuesday August 10

---

In response to the distinctive situations presented by treatment foster care, the FFTA Board of Directors, in collaboration with agency executives throughout North America, has developed standards of practice for this treatment modality.

These standards stress the importance of individualized services, programs designed to meet the specific needs of each child rather than the institutional or administrative requirements of the program.

In the future, we plan to actively lobby government officials in order to impact public policy related to treatment foster care.

#### **Opportunities for professional development . . . .**

FFTA holds numerous regional meetings throughout the year. As a member you are invited to attend and participate in any of these meetings.

In addition, you will receive three individual discounts to the annual North American Conference of Treatment Foster Care. Sponsored by FFTA, this leading child welfare conference provides an outstanding forum for professionals to exchange and share creative ideas and information.

The FFTA Board of Directors provides an excellent opportunity to broaden your professional horizons while lending your specific expertise to an area of personal interest to you. All association members are eligible for nomination to the board and can serve on Committee.

#### **State of the art information . . . .**

As a member, your agency will be added to FFTA's database. You will be able to research and contact other professionals throughout North America, thereby assisting in the development and expansion of treatment foster care.

The Foster Family-based Treatment Association is a leading advocate for the development and expansion of treatment foster care. Join this network of exceptional professionals. Make even more of a difference in a child's life.

Contact: David A. Schild  
212/643-0179

**Press/Information Release**

**ANNOUNCING STANDARDS FOR TREATMENT FOSTER CARE PROGRAMS**  
**Foster Family-based Treatment Association's (FFTA) Standards Stress Power of Family**  
**Life and Importance of Individualized Services**

The foster care system, which serves hundreds of thousands of such children in North America, was developed in this century as a more humane alternative to congregate care in orphanages. In the second half of this century, this service delivery system is being revised and revitalized in order to treat and care for special needs children who might otherwise be placed in more restrictive settings.

Treatment Foster Care (TFC) is an exciting and rapidly expanding model for the care and treatment of children and youth needing short or long-term placement. Rooted in the traditions of foster family care and residential treatment, TFC borrows the best from both and has become the preferred treatment for an increasing number of children with special emotional, behavioral, medical or developmental needs.

Treatment Foster Care meets the special needs of these children and their families through services delivered primarily by agency-trained and supervised treatment "foster" parents in their own homes.

Agency staff members specializing in the care of such children visit these treatment homes on a regular, ongoing basis to guide the foster parents in their implementation of in-home treatment plans. The TFC model individualizes the care and treatment of children within the special context of a family setting.

— 3 1 9 4 —



The Foster Family-based Treatment Association (FFTA) was established in 1988. It is composed entirely of agencies in the United States and Canada operating treatment foster care programs. Recognized researchers and policy-makers in the fields of child welfare and mental health advise the association.

FFTA's first mandate was to distill and define the essential features of Treatment Foster Care in order to develop operating standards. After nearly two years of study, discussions, conferences and meetings, the FFTA's Program Standards for Treatment Foster Care is ready.

This 32-page document presents a comprehensive guide to quality treatment foster care programming. It provides the "why" and not just the "what" of these programs, and can be used as a program development tool for new, emerging programs.

Covering more than 70 topics specifically related to treatment foster care, it addresses the child, child's family, treatment "foster" family, agency staff members and the agency itself. Its four sections are entitled: Agency Staff; Treatment Parents; Children, Youth and Their Families, and Program.

This guide is both experience and research-based, and represents the consensus of some 100 current TFC providers in the United States and Canada. Since all FFTA members are agencies engaged in the practice of treatment foster care, the association is perhaps uniquely qualified to develop TFC program standards.

FFTA's standards stress the importance of individualized services - programs designed to meet the specific needs of each child, rather than the institutional or administrative requirements of the program.

Copies of Program Standards for Treatment Foster Care may be obtained by writing the FFTA, 43 West 33rd Street, Suite 601, New York, NY 10001, or by calling 212-643-0179. Cost is \$15 per copy for FFTA members and \$20 for non-members. Bulk order discounts are available.

# BE THERE FOR THE CHANGE

---

## FFTA

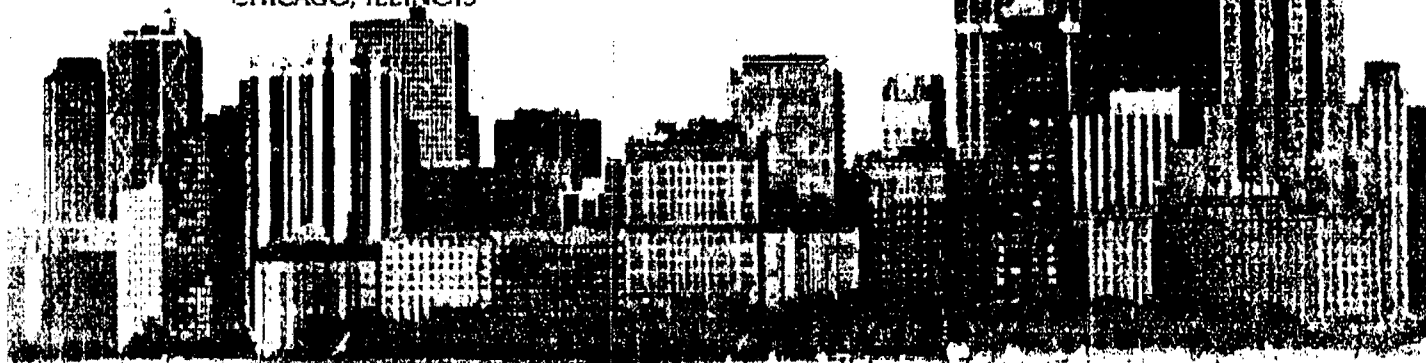


F O S T E R  
F A M I L Y - B A S E D  
T R E A T M E N T  
A S S O C I A T I O N

---

A SPECIAL  
INVITATION TO ATTEND  
THE FOSTER FAMILY-BASED  
TREATMENT ASSOCIATION'S  
7TH ANNUAL  
CONFERENCE

AUGUST 9 - 11, 1993  
CHICAGO, ILLINOIS



**12:00 PM - 1:30 PM** Luncheon Provided  
**Hillary Clinton has been Invited as Keynote Speaker**

**1:30 PM - 3:00 PM** Concurrent Workshops

- B-29 Energizer Training: Post Placement Training for Foster Families
- B-30 Specialized Training for Treatment Foster Care Families in Working with Medically-Involved Infants and Children
- B-31 Sexual Issues in Treatment Foster Care
- B-32 What Comes first in Designing a Management Information System/Research Program?
- B-33 *Research:* Child, Family, and Service Characteristics Associated with Placement Outcome in Treatment Foster Care Programs  
*Research:* Stability and Change

**The Following Workshops will Continue until 5:00 PM**

**1:30 PM - 5:00 PM** Concurrent Workshops

- B-34 Navigating Rough Waters: Facilitating Transition into Adulthood for Individuals with Emotional/Behavioral Disturbances
- B-35 Together for the Children/Lived or Learned
- B-36 Foster Care in Public Child Welfare Systems: Contemporary Issues/LaP-- A Treatment Foster Care Program that has proven to be effective
- B-37 A practical approach for foster parents and staff responsible for managing explosive children

**3:00 PM - 3:30 PM** Break

**3:30 PM - 5:00 PM** Concurrent Workshops

- B-38 The Most Rewarding Work! Placement of Medically Fragile Children
- B-39 The Magical Use of Humor in Therapy
- B-40 Young Children from Chemically Dependent Families: What they bring with them to out-of-home care!
- B-41 *Research:* Tapping into the Data: Research using an agency wide data base
- B-42 *Research:* Perceptions among traditional and treatment foster parents of agency preparation and support for responsibilities  
*Research:* Characteristics of Individuals who choose to become foster parents

**8:30 AM - 10:00 AM** Concurrent Workshops

- C-43 Treatment Foster Care for the Pregnant/Parenting Adolescent
- C-44 Sitting on Both Sides of the Fence: Foster Parenting from a Social Worker's Perspective
- C-45 An Individualized System of Care for Children in Foster Care with Behavioral/Emotional Disorders: Wraparound Services and Strategies for Permanency Planning with Early Results
- C-46 Out of Home System Reform: Missouri's plan for Creating Effective Service Delivery
- C-47 Cross Cultural Placement Issues

**The Following Workshops will Continue until 12:00 PM**

**8:30 AM - 12:00 PM** Concurrent Workshops

- C-48 Nourishing the Caretaker
- C-49 Supervision Partnerships: Let's Get it Together
- C-50 Cultural Awareness vs Clinical Competency
- C-51 Legal Workshop

**10:00 AM - 10:30 AM** Break

**10:30 AM - 12:00 PM** Concurrent Workshops

- C-52 The Ultimate Challenge: Caring for an AIDS child in the foster home setting
- C-53 We're All In this Together: Service Delivery to Therapeutic Foster Families
- C-54 Retention of Quality Foster Parents Through Creative and Incentive Practices
- C-55 A Business Woman Looks at the Foster Care System
- C-56 Black... Like Me? Cross Cultural Placements can be effective

---

Wednesday August 11

---

**8:00 AM - 8:30 AM** Registration  
 Coffee/Juice



## FOSTER FAMILY-BASED TREATMENT ASSOCIATION

43 WEST 33RD STREET, SUITE 601  
NEW YORK, NEW YORK 10001  
(212) 643-0179 • Fax (212) 594-7360

June 24, 1993

### BOARD OF DIRECTORS

Karen Auller  
Gerald Berelka  
Stephen Brown  
Verna Brown  
Joy Duva  
Edward Farmer  
Joyce Goldstein  
Michael Hopkins  
Consevilla Jones  
Paul Patton, Jr.  
Geri Robinson  
Rob Woodgrass  
DeLois Strick  
Alo Suderman  
Rosemary Unterscher  
Joseph W. White, Jr.

Dear Colleague:

The Foster Family-based Treatment Association (FFTA) was founded in 1988 to define and refine treatment foster care practices. Today, we are a united group of 200 organizations located throughout the United States and Canada. As the most prominent voice promoting the concepts and philosophy of treatment foster care to all segments of society (social service and health care professionals, government officials and the general public), the association provides invaluable assistance to its membership.

### EXECUTIVE COMMITTEE

Pamela Meadowcroft, President  
Bruce Maag, Vice President  
Joan Klehal, Secretary  
Jay Berlin, Treasurer  
Karen Glass, Past President

Serving as a central communications center, the association tracks and relays to its members news and events of significance in the arena of treatment foster care. All members receive eight issues of AGENCY MEMORANDUM annually. This publication highlights new developments in treatment foster care throughout North America and informs members of special events and news of interest. In addition all members receive FOCUS FFTA, the association's quarterly newsletter.

### ADVISORS

Janice Breifing, Chairperson  
John Hurchard  
Melben Elliott  
Timothy Cicharzio  
Robert Friedman  
Robert Hawkins  
Joe Hudson  
Ira Louris  
Anthony Maluccio  
Emily Jean McFadden  
Eileen Mayers Pastor  
John Pierce  
Jake Terpstra  
Monique Wolf

The core of the treatment foster care modality is utilization of the home as a therapeutic milieu. Services are delivered primarily by treatment foster parents who are trained, supervised and supported by agency staff. This common vision of optimal care unites our member agencies.

### ADMINISTRATOR

David A. Schild

The FFTA is proud to announce the completion of our Program Standards for Treatment Foster Care. These standards strive to provide direction and guidance to member agencies, and serve as criteria for defining minimum standards of operation.

Our Board of Directors has established an exciting plan of action for 1993. An expanded association committee structure will enable us to move ahead in the areas of membership services, education, public policy, standards of practice and evaluation. Join us today and participate in this exciting and important movement!

### FOUNDERS:

FAMILY ALTERNATIVES, INC. • JEWISH CHILDREN'S BUREAU OF CLEVELAND • MENTOR CLINICAL CARE • THE PRESSLEY RIDGE SCHOOLS • P.A.T.H.  
CASEY FAMILY SERVICES OF NEW ENGLAND • PEOPLE PLACES, INC. • ACTON YOUTH CARE, INC. • NATIONAL YOUTH ADVOCATE PROGRAMS, INC.  
FAMILIES FIRST • CONCERN • FATHER FLANAGAN'S BOYS' HOME • VOLUNTEERS OF AMERICA • LILLIPUT CHILDREN'S SERVICES  
ALTERNATIVE FAMILY SERVICES • STAFF HOMES PROGRAM OF BEECH BROOK • HUMAN SERVICE ASSOCIATE  
SENeca CENTER • CHILDREN'S GARDEN • SPECIALIZED ALTERNATIVES FOR YOUTH OF AMERICA

## **FFTA**

### **The Foster Family-based Treatment Association**

**Communications link for treatment foster care professionals across North America . . .**

Founded in 1988, the Foster Family-based Treatment Association (FFTA) was established with the initial purpose of defining and refining treatment foster care practice. Composed entirely of treatment foster care agencies throughout the United States and Canada, the association is assisted by recognized researchers and policy-makers in the fields of child welfare and mental health.

Dedicated to sharing the latest developments and information of interest in the field, FFTA serves as a central communications center for its members.

All members are apprised of up-to-date treatment foster care news (eight times each year) via FFTA's AGENCY MEMORANDUM. In addition FOCUS FFTA, the association's quarterly newsletter, is mailed to each member.

#### **A common vision . . . .**

FFTA members believe in the effectiveness of the unique principles which characterize treatment foster care. At the core of this treatment modality is the utilization of the home as a therapeutic milieu. FFTA members believe strongly in the power of family life as a stabilizing factor in a child's development.

FFTA member agencies believe that children have a right to stability and permanency, and that kinship plays a critical role in the formation of a child's identity and self esteem. We support the development of positive familial relationships.

In addition, we recognize and respect the importance of facing issues of cultural diversity, within the family unit and within communities.

#### **A commitment to action . . .**

FFTA members are doers! We believe in the potential of every young person. Agency members are committed to utilizing all available resources to maximize a child's opportunity to live successfully in a family and community.

We serve many children who have been in institutional settings. We work with them in the real world -- the same world they will be part of when they reach adulthood. While this treatment approach has obvious advantages, it also presents us with a host of dilemmas not present in an institutional setting.

---

## Special Institutes

---

Sunday

9:00 PM - 9:30 PM Institute Registration

9:30 AM - 4:30 PM Institutes

### Getting Started: Comprehensive Planning for Treatment Foster Care Program Development

With mounting budget pressures, many states and localities are looking to treatment foster care as a vehicle for restructuring residential services to troubled children and youth. This institute is intended to prepare program planners at the state, municipal, county and agency levels to develop a realistic, comprehensive development plan for lasting programs of treatment foster care.

Brad Bryant, MPA, is the Director of Research and Training with Doris Blackmon, MSW, Admissions and Recruitment Coordinator, People Places, Inc., Staunton, VA.

### Kinship, Foster and Adoptive Parenting: Another Look at some Old Traditions

What kinship, foster and adoptive parenting all have in common is the parenting of a child or youth born to someone else. These three family arrangements can be used to strengthen and support relationships between children and their parents, and between children and their extended families. In the array of child welfare services, how can these services most effectively connect with treatment foster care?

This Institute will consider the role of treatment foster care in relation to innovations in kinship care, family foster care and adoption. Participants will be challenged to rethink their definitions and expectations of kinship care, foster care and adoption services.

Donna Petras, Chief, Office of Foster Care, Illinois Department of Children and Family Services, Chicago, Illinois, Eileen Mayers Pasztor, Program Director, Kinship, Family Foster Care and Adoption Services, Child Welfare League of America, Washington D.C. and James C. Jones, Deputy Director, Central Baptist Childrens Home, Chicago, IL.

---

## Featured Speaker

---



Larry Brendtro, Ph.D.

### Courage For Discouraged: Reclaiming Children and Youth at Risk

Creating Courageous Children: Our communities, schools and youth agencies are encountering increasing numbers of alienated students whose lives are marked by damaged relationships, a sense of futility, learned irresponsibility and a loss of purpose. Traditional, obedience-oriented approaches that focus on the control of deviance are inherently pessimistic and self-defeating. Drawing on the little-known resources of Native tribal cultures, youth work pioneers, and recent child development research, Dr. Brendtro outlines "The Circle of Courage", a new approach for creating competent, respectful and responsible children.

Dr. Larry Brendtro was formerly President of the Starr Commonwealth Schools in Michigan and Ohio and is currently Professor of Special Education at Augustana College in Sioux Falls South Dakota. His most recent book, *Reclaiming Youth at Risk* was co-authored with Martin Brokenleg and Steve VanBockern. He is co-editor with Nicholas Long of the new interdisciplinary *Journal of Emotional and Behavioral Problems*.

Dr. Brendtro is the keynote speaker at the Opening Session, Monday, August 9. He is also conducting a workshop Monday from 1:30 PM - 3:00 PM.

Public / Private Partnerships

\* Evaluation

Some having trouble accessing mental health

\* Respite care

Recruiting families in child's area

Do to state lag -  
be more than  
advocates for  
yourself as  
parents or  
president of council

A challenge  
Ineq. Living

Long range  
- Olivia  
Recognizing to be  
more prevention  
strengthening families

Health Care Reform

Recognize ppl role to  
be @ leadership  
@ partnerships

Violence -

They've  
been  
saying  
"alone"

Empowerment zones/  
communities

✓ gives hope for  
envisoning that  
there is help for  
the issues bigger  
than your family  
can handle

a "New leg"  
"a law"

Training - high up there

We need to reduce/simplify reqs

Or for "you can't train except for"  
to "you can train - meet these few criteria"

Some lim. T/TA \$'s - a beginning  
Restores higher level of  
fed match for training

EITC -

Yester pay <sup>year</sup> 12 mos

biolog -



**FAX MESSAGE COVER SHEET**

**CENTER ON BUDGET AND POLICY PRIORITIES**  
777 North Capitol Street, NE, Suite 705  
Washington, DC 20002

Telephone: 202/408-1080

Fax.: 202/408-1056

**TO**

CAROL RASCO

**FROM**

Robert Greenstein

**ATTN**

**DATE**

8/05/93

Number of Pages Transmitted  
Including This Cover Sheet Is

07

If there are any problems with the transmission of this document,  
Please call Carolyn Palmer Miller, 202/408-1080.

I thought you might be interested in this piece — "The Final Reconciliation Bill: Progressive Deficit Reduction and Critical Social Investments" — that the Center is now distributing.



# CENTER ON BUDGET AND POLICY PRIORITIES

## THE FINAL RECONCILIATION BILL: PROGRESSIVE DEFICIT REDUCTION AND CRITICAL SOCIAL INVESTMENTS

By Paul Leonard and Robert Greenstein

Since the late 1970s, the federal budget deficit has grown sharply. At the same time, the federal tax code has become less progressive, with taxpayers in the highest income brackets receiving large tax cuts even while gaps in before-tax income between the wealthy and other Americans were widening substantially. Also disturbing has been an increase in poverty rates, especially among children. The poverty rate among American children — the workers of tomorrow — is double the rate in Canada and four times the average in western Europe.

The conference report on the budget reconciliation bill would make significant progress in addressing each of these problems.

- Its combination of specific tax and entitlement changes along with caps on non-entitlement spending through fiscal year 1998 would reduce the deficit by an estimated \$496 billion over five years. The bill includes \$241 billion in tax increases and \$255 billion in spending reductions.
- Its tax provisions are the most progressive of any major piece of tax legislation in decades. According to preliminary CBO estimates, 81 percent of the bill's tax increases would be borne by taxpayers with incomes over \$200,000 and 90 percent would be borne by taxpayers with incomes over \$100,000. The only tax increase affecting most taxpayers would be the 4.3 cent increase in the gasoline tax, which would cost an individual who drives 13,000 miles a year (the average amount) and gets 20 miles per gallon about \$28 per year, or about 54 cents per week.
- Moreover, most working families with children that have incomes below \$25,000 would get a *tax cut*. This is due to the bill's historic expansion of the earned income tax credit. Most families that have children and incomes below \$25,000 would receive an EITC increase that substantially exceeds the higher gasoline taxes they would pay.

In fact, the EITC expansion would achieve President Clinton's goal of enabling families of four with a full-time worker to reach the poverty line. Working poor families with two or more children would receive a \$4 wage supplement through the EITC for every \$10 of the first \$8,425 they earn. A family of four with full-time minimum wage earnings

would receive a credit of \$3,370; that is enough to lift it to the poverty line if the family also receives food stamps. (This assumes subsequent enactment of legislation indexing the minimum wage for inflation, as President Clinton recommended during the campaign.)

- The legislation also contains a series of other provisions to reduce child poverty, improve child health, and strengthen families. These include a significant new child immunization program, establishment of a family preservation program to help troubled families stay together so children do not have to be placed in foster care, establishment of a new state option to provide Medicaid coverage for tuberculosis, and major food stamp improvements.

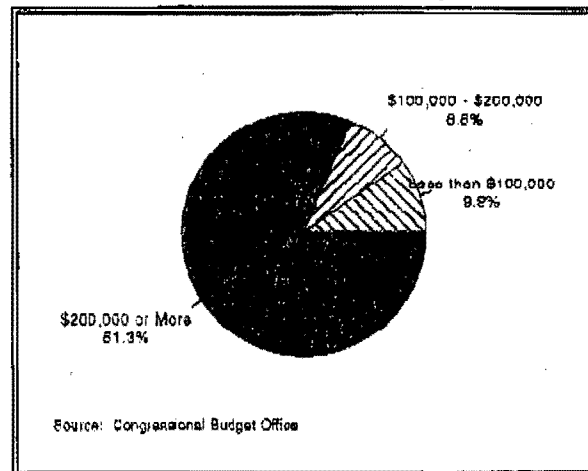
### Progressive Tax Increases

The bill's \$241 billion in tax increases over five years are raised in a highly progressive fashion. As noted, preliminary CBO data show that 81 percent of the revenues raised by the bill would come from taxpayers with income exceeding \$200,000 per year. These taxpayers constitute only slightly more than one percent of all taxpayers. Some 90 percent of the revenues would have come from taxpayers in the over-\$100,000 bracket; they constitute about the top five percent of tax units. Meanwhile, just four percent of the new taxes would come from Americans with incomes below \$75,000; yet they constitute nearly 90 percent of all tax units.

The average middle-class family would barely be touched at all. Most middle-class families would be affected only by the small gasoline tax. And while a higher proportion of Social Security benefits would be subject to taxation for some Social Security beneficiaries, this would affect only the one-eighth of beneficiaries with the highest incomes. Seven of eight beneficiaries would be unaffected.

Furthermore, over 10 million low- and moderate-income working families with children would receive a tax cut, due to the \$20.8 billion expansion of the earned income credit. Most working families with two or more children and incomes below \$26,750 would receive an EITC increase that far exceeds the higher gasoline taxes they would pay. Families with two or more children and incomes

**Figure 1**  
Distribution of Tax Increase,  
In Final Reconciliation Bill, by Income



between \$8,500 and \$11,000 would receive a \$1,375 EITC increase. A family with two children and income of \$20,000 would receive an \$800 EITC increase, which would eliminate income tax liability for many such families. Working families with one child and incomes below \$12,000 also would receive an EITC increase significantly larger than the higher gasoline taxes they would pay. For example, families with one child and income in the \$6,000 to \$11,000 range would receive an EITC increase of \$200.

Nearly five million very low-income workers without children — those who have incomes below \$9,000 and are between the ages of 25 and 64 — would also benefit. The earned income credit would be extended to them for the first time. This will prevent these workers from being taxed deeper into poverty as a result of the gasoline tax.

(To shield poor families that do not have earnings from the gas tax, the bill increases food stamp benefits by \$2.7 billion over the next five years.<sup>1</sup> The bill does this by incorporating a majority of the provisions of the Mickey Leland Childhood Hunger Prevention Act. The principal food stamp provision in the reconciliation bill increases food stamp benefits for poor families with children that do not live in public or subsidized housing and pay more than half of their income for housing. Such families often are forced to choose between paying rent and utility bills and feeding their families adequately throughout the month. The food stamp program also would be expanded to cover more of the working poor.)

#### *How the Bill Raises Revenues*

The bill's revenue-raising provisions include increases in income tax rates for the one percent to two percent of households with the highest incomes and a surtax on those making over \$250,000 a year. In addition, the bill requires the Medicare payroll tax to be paid on *all* earnings — not just earnings under \$135,000 a year, as at present. Also, the bill shaves the business meal and entertainment deduction — the so-called "three martini lunch" deduction — by nearly two-fifths. It also raises the corporate tax rate one percentage point on the largest one-tenth of one percent of U.S. corporations; small businesses — and, in fact, all but the largest corporations — would be unaffected by this provision.

Although the bill contains quite substantial tax increases aimed at high-income taxpayers, these provisions should not be regarded as confiscatory or as unduly "soaking the rich." The one percent of taxpayers with the highest incomes — the group that would bear the largest tax increases — would still pay a lower average percentage of their income in federal taxes than they did in 1977. The preliminary

---

<sup>1</sup> The net food stamp increase in the bill is \$2.5 billion over five years. This includes \$2.7 billion in food stamp benefit increases and \$200 million in reduced federal funding for state food stamp administrative costs.

CBO data show that under the reconciliation conference report, these taxpayers would pay an average of 33.7 percent of their income in federal taxes. (This includes income tax, payroll taxes, excise taxes, and the portion of the corporate tax that CBO assumes is passed through to consumers.) In 1977, the top one percent of taxpayers paid an average of 35.3 percent of their income in federal taxes.

### **Social Investments**

The earned income credit and food stamp increases are just two of the ways in which the legislation seeks to address unmet social needs. The legislation also includes \$1 billion over five years for the Family Preservation Act to help troubled families stay together and \$585 million for child immunizations. The immunization initiative will provide free vaccinations for children who are eligible for Medicaid or who lack health insurance coverage. Some 2.8 million pre-school children and 8.3 million children under 18 currently lack insurance and would receive vaccine coverage under the bill. Vaccines also would be provided free of charge to migrant and rural health centers. In addition, the legislation establishes a new state option to provide Medicaid coverage for tuberculosis treatment at a cost of \$200 million over five years.

In addition, the legislation includes several social investments financed in part or in whole through changes in the tax code. The reconciliation bill provides \$3.5 billion for urban and rural empowerment zones. Some \$2.5 billion of this amount would be provided through tax breaks, with most of these tax preferences going to six urban and three rural empowerment zones. Another \$1 billion would be provided to empowerment zones over the next two years for social services; this money would be channeled through the Social Services Block Grant.

Finally, the bill would make permanent the low-income housing tax credit. This credit has become one of the federal government's principal tools for financing low-to-moderate income housing. Making the credit permanent so investors can count on it should make it more effective.

### **Spending Reductions**

The bill includes \$88 billion over five years in entitlement reductions. The majority of the entitlement savings — \$55.8 billion over five years — would come from Medicare. These savings would affect doctors, hospitals, and other medical care providers rather than beneficiaries.<sup>2</sup>

---

<sup>2</sup> The one Medicare provision directly affecting beneficiaries would maintain the requirement that Medicare Part B premiums be set at 25 percent of total Part B costs.

### Entitlement Review To Be Implemented By Executive Order

The conference report on the reconciliation bill does not contain the entitlement control mechanism that was part of the House-passed bill. Inclusion of this provision would have violated the "Byrd rule," which governs Senate procedures on reconciliation bills.

Instead, the entitlement review process passed by the House will be implemented by a combination of an Executive Order governing the executive branch and a change in the rules that govern House procedures. It is expected that the executive order and the changes in House rules will mirror the House-passed entitlement review provision. The Senate is not expected to change its rules.

The House-passed entitlement control mechanism would establish an entitlement spending target for each year through fiscal year 1997. If the targets have been or are expected to be breached, the President must recommend — and Congress must vote on — whether to cut spending, raise taxes, or raise the entitlement target. Because of the way in which the control mechanism is designed, it is likely to lead to further cuts in entitlements in the years ahead, in addition to those contained in the reconciliation bill.

Entitlement targets would be set for each of the next four years at levels equal to what total entitlement costs are expected to be, after enactment of the reconciliation bill, in each of the fiscal years from 1994 through 1997. The Office of Management and Budget would set the targets within 30 days after enactment of the reconciliation legislation.

About \$7 billion in savings would come from Medicaid. These savings would be achieved by such measures as tightening provisions designed to prevent elderly people with adequate incomes from transferring assets to qualify for Medicaid coverage of nursing home costs, improving the mechanisms used to recover payments from other insurers when a Medicaid recipient can be covered by other insurance, and repealing a Medicaid mandate not yet in effect that would require states to cover personal care services for elderly and disabled people. States would retain the option to cover such services but would not have to do so.

Savings would also come from a range of other entitlement areas. Some \$4.6 billion would be saved in the student loan program by converting a portion of the program to a "direct loan" program administered by the government and educational institutions. This reform would cut out private banks and the sizable bank fees and profits they obtain. Nearly \$12 billion in savings would be achieved by delaying cost-of-living adjustments in the civil service and military retirement programs for a number of months in each of the next several years. Agricultural price support programs would be trimmed in various ways for a savings of \$3 billion. Veterans' programs would be pared \$2.6 billion.

It should also be noted that the deficit reduction measures in the bill are not dependent upon future legislation to achieve or enforce their savings. For each tax or entitlement provision, a specific change in tax or spending laws is made. Also, in addition to including a series of specific entitlement cuts and tax increases, the bill retains the caps on discretionary spending in fiscal years 1994 and 1995 and establishes tight, new discretionary caps for fiscal years 1996 through 1998. These caps would limit total outlays for discretionary spending in fiscal year 1998 to the fiscal year 1993 level, thus effectively producing a discretionary spending freeze over the five-year period. Finally, the bill's "Pay-As-You-Go" provisions ensure that any future tax cut or mandatory spending increases must be offset fully by a tax increase or a mandatory spending reduction so that the deficit is not increased.

### Conclusion

The reconciliation conference report represents a fiscal policy breakthrough. It would simultaneously make major progress in reducing the budget deficit and addressing critical social needs, especially needs of disadvantaged children. It accomplishes these goals in a highly progressive manner that has only a tiny impact on middle-income families while reducing taxes on moderate-income working families and lifting millions of working poor families closer to or above the poverty line.

August 3, 1993

Courageous decisions about our country's future. I'm particularly pleased to be in front of you to celebrate as my biggest assignment personally in recent weeks was the family preservation piece. You are the front line, you work with the toughest cases in that area. I know from previous years that each face I see in front of me here today at this Foster Family-Based Treatment Review Conf. can tell of wonderful success stories

And it is <sup>always</sup> inspiring to hear the stories of young people who are succeeding--with determination, personal responsibility, and help from those who care.

I wish that every child in America could tell such a story. But you and I know that they can't. Many children are thriving in our nation--but too many are not.

The statistics for our children and youth are grim. Educational attainment is stagnant--at best. Mental illness and suicide are up. Violent crime and homicide--way up. And today, child poverty stands at levels last seen a generation ago.

For most of that generation, families with children have faced a relentless economic squeeze. The real wages of workers with young children--even educated workers--have fallen dramatically during the past twenty years.

These are the facts, and it's time we stopped ignoring them. We must show that we have not forgotten how to care. We need a new direction for our country. It's time we adults put our children first.

That's one big reason why our country needs the President's bold new economic program of growth and jobs. It's why we need the President's bold plan for investing in children and their families. With the help of the Congress, we're going to get that program--and get it in record time.

But the problems our children face are not just economic. Too many American families are disintegrating, or never forming at all. We have the highest divorce rate in the Western world, and the highest rate of children born outside marriage. Today, 28 percent of our babies are born to unmarried parents. For African-Americans, it's more than 66 percent.

Does this matter? Here are some findings from a report out just this week: Of the children born to young unmarried mothers without high school diplomas, 79 percent are living in poverty. For children born to married high-school graduates, the figure is only 8 percent.



The message is clear: if you stay in school and get married before you have children, your kids are ten times less likely to be poor. A stable family setting is the best anti-poverty program our country has ever devised. That is the message we adults should be sending our young people, in every way we can.

For too long, these issues were mired in partisan gridlock. Some talked only about the economic squeeze on families and cuts in government programs; others talked only about the disintegration of families and the decline of American culture. It is time--high time--to put an end to the politics of false choices. We must move beyond cheerleading for family values, on the one hand, and on the other, the old big-government notion that there's a program for every social problem.

There is another way, a commonsense path that offers more opportunity to every family and demands more responsibility from every individual. As the President has said so eloquently: Family values alone cannot nourish a hungry child, and material security alone cannot provide a moral compass. We must have both.

*DPC staff principles:*

o First: Every American child should have the opportunity to develop to his or her full potential.

o Second: Government doesn't raise children, parents do. Government can reinforce the vital work of parents, but it can't substitute for them. The family is--and must remain--society's primary institution for bringing children into the world and for supporting their growth throughout childhood. *You show that daily in your foster family settings.*

o Third: Children do best when they have the personal involvement and material support of a father and a mother and when both parents fulfill their responsibility to be loving providers. ¶

These are the principles and values that guide us all. Now let me tell you what the President *the Admin.* is doing to turn them into reality.

To begin with, he is rewarding work and family. Today, millions of Americans work full-time but don't make enough to lift their families out of poverty. That's wrong. No one who works full-time and has children at home should be poor in America. And that's why the President has proposed a dramatic

increase in the Earned Income Tax Credit. ~~It is~~ <sup>is</sup> an important incentive to low

income workers, and is expected to be a critical element of Welfare Reform. The EITC is available to low income parents of dependent children, so long as those parents are working and have some earned income. It has the potential to help facilitate the return of children home from foster care. While more limited, the credit is available to foster parents, as well as family caregivers. The credit is fully refundable, so it is available as a credit against taxes owed, and any remaining credit is refunded to the wage-earner. The credit, which may be paid out in advance over the course of the year in the working parent's paycheck, is phased out as income rises.

At the same time, Bill Clinton is moving aggressively to relax the tension between work and family. He's proud that the first piece of legislation he signed was the Family and Medical Leave Act, ~~twice vetoed by George Bush~~. And the administration is actively exploring other ways of making America's workplaces--including the federal government--much more family friendly.

Second, he is protecting the health of children and families, by ~~fully~~ <sup>fully</sup> funding the WIC program, by investing in childhood immunization.

Our immunization initiative recognizes the many barriers that parents and providers face in order to immunize children. The legislation we proposed puts together the many pieces necessary to address this problem in a comprehensive fashion: improved public health clinics, parental outreach and education, an efficient registry and tracking system, and a universal access plan. It will reduce the cost to parents and provide funds for additional clinic hours and staffing.

*Further, Pres. Clinton is*  
and by committing his administration to fundamental reform of our nation's health care system.

As you all know, we're working night and day to ensure that every American has access to quality health care at affordable prices. Next month, we're going to propose a comprehensive new health care plan. And ~~during this Congress~~ we're going to fulfill the dream of every Democratic president since Harry Truman and make health insurance a reality for all.

Within that plan we know of your need for critical  
Mental health services - help us educate the  
legislative body.

4) Third, the President is promoting the development of young children with the biggest expansion of Head Start ever. But the administration is not just going to make Head Start bigger; we're going to make it better. We're going to improve quality, increase flexibility, and better link the program to other child development efforts.

Fourth, the President is proposing fundamental change in public education. As governor, Bill Clinton helped draft the national education goals and bring them to the center of public debate. As president, he'll bring those goals to the center of education reform.

Bill Clinton is going to put an end to business as usual in American education. That means new initiatives with real incentives to states for systemic reform. It means a total reexamination of existing programs--such as Chapter 1--to ensure that every child has a fair chance to acquire high-level skills and make it in the economy of the 21st century. It means unprecedented emphasis on systematic, high-quality school-to-work programs. It means an expanded safe schools initiative because fearful kids can't possibly learn well. And yes, it means more choice for parents and students within our public school system.

Fifth, the President will deliver fundamental reform of our welfare system. He helped draft the Family Support Act of 1988, and he made it work in Arkansas. Now he has asked us to develop a plan to end welfare as we now know it. People don't want permanent dependency, they want the dignity of work, and we should give everyone the chance to have that kind of dignity. It's just common sense: more opportunity in exchange for more responsibility.

The President's responsibility agenda doesn't end there. He's going to get tough on child support enforcement. That means establishing paternity right at the start, in the hospital; setting up a national registry; and using the IRS to collect seriously delinquent child support payments.

The principle is simple: if you are biologically responsible for a child, then you are morally and financially responsible as well. And that's why we have to get the message to our youth in schools, in the media, in every way we can: it's just plain wrong for children to have children, because you are assuming a responsibility that you aren't ready to fulfill.

The President wants to put government squarely on the side of keeping families together whenever possible. He wants us to do more for families at risk, especially at risk of foster care placement. He knows that constant shifting from one short-term foster home placement to another is an emotional disaster for kids; that in all but the most extreme cases, it's better for kids to be with their parents.

That why, <sup>in March</sup> last-month he directed us to draft a new child welfare initiative combining family support and family preservation services--building on the work of Senator Rockefeller and Congressman Matsui and Congresswoman Schroeder and others.

5  
The child welfare system as a whole and foster care in particular have borne the brunt of a whole range of dangerous trends for families over the last decade including rising child and family poverty, homelessness, family stress and isolation, violence, AIDS, and substance abuse. In the past ten years, the number of children involved in abuse neglect reports has nearly doubled to 2.7 million. After declining in the early 1980s, foster care caseloads grew 50 percent, from 276,000 in 1985 to 429,000 in 1991.

Overwhelmed by these caseloads, our child welfare system often focused on responding to crises rather than prevent them. Narrow categorical funding of services had the effect of limiting flexible responses to child and family needs. And too often, workers are stretched far too thin over far too many cases and with too little training to reach families effectively.

While States and communities across the country have begun to experiment with a wide range of promising family based approaches to solving these problems - family support, family preservation, as well as the treatment foster care that you are here to talk about - the Federal government has played little or no role in the solution.

The Administration is committed to changing that. A key first step is the Administration initiative proposed as part of the Budget Reconciliation Package, the Family Preservation and Support Act.

7  
I applaud ~~the Commission~~ for recognizing that families don't operate in a vacuum, but in neighborhoods, in communities, and in a climate of culture and values. We must do whatever we can to assist parents in educating their kids and teaching them right from wrong.

As every parent knows, in modern America that effort <sup>often</sup> begins with the media. VIOLENCE

I've talked about what the President has done and what he wants to do. We've begun to shift course. But this is just the beginning. We must have the courage to change--to recognize mistakes, to abandon what doesn't work, to challenge ourselves to do better. In short, we adults have some growing up to do.

I know that many of you in this room are tired after the last twelve years. Without you, many of the programs that serve children and families would have been gutted. They weren't, and you've earned a rest.

But we're asking you to go another round. The President can't pass or fund his initiatives alone. He can't break the gridlock alone. He still needs your help, and so do America's children.

For the first time in a long time, your efforts will be supported--not rebuffed--by the executive branch of this government. ~~The details remain to be worked out, but for sure,~~ there will be an ongoing, high-level focus on children and families, cutting across agency, departmental, and programmatic lines, coordinated by the White House, responsible not to any single constituency but to the national interest and directly to the President of the United States.

Concern for our children must start at the top--but it can't end there. We must empower parents, neighborhoods, communities and voluntary organizations across this great nation to do what our children need. The President can take the lead--but only you can complete the task.

*Advocates - Each one teach one - Ev. time - These children,*  
At last, a new day is dawning for America's children and their families. We will work together with you. We won't always succeed, and we won't always be able to do everything that you-- *family & our need* and we--would want.

But I can promise you this: we will never relent in our effort to give every child a chance to develop--fully. Because at the end of Bill Clinton's second term, at the dawn of the third millenium, I want to be able to say to Hamp Rasco and Mary Margaret Rasco and to all the children of America, with a clear conscience and a full heart: We did our best. And I want all of you at this <sup>summit</sup> to join me in being able to look at one another and say: We did our best.

Thank you very much.

August 5, 1993

MEMORANDUM FOR Carol Rasco

FROM: Christine Heenan

SUBJECT: Foster care Children, Medicaid and Health reform

---

I'm sorry I won't be able to join your meeting with the FFTA this afternoon, a meeting was scheduled with Senator Wofford that I wasn't aware of.

I have a call in to Diane Roland, but let me explain what I know about this population and the issues relating to their Medicaid coverage under reform.

1. Foster care children on Medicaid

There are basically two categories of children who are both in foster care and on Medicaid-- 1) children served by AFDC who've been removed from their parent's home, 2) children with chronic illness who are in foster care. Medicaid coverage also continues for chronically ill children who are adopted, so that exorbitant medical expenses does not become a disincentive for adoption.

It seems from reading the material Roz sent over that this group is most concerned about children in the latter category, particularly children with mental illness and/or behavioral disorders.

This population will be most affected by two areas of health reform policy:

- 1) supplemental Medicaid benefits policy
- 2) mental health coverage in the benefits package

1. Supplemental Medicaid benefits policy

Since the long range intention is to fold the non-elderly Medicaid population into the mainstream, health alliance system and guarantee them the same benefits, we need to address what happens to the benefits that Medicaid recipients currently receive that will not be covered in the package. It seems that the issue is not so much benefits like eyeglasses or adult dental care, it is more the ongoing comprehensive coverage of rehabilitation and treatment services for the chronically ill or impaired.

As I'm sure Ray Scheppach has told you, the Governors are very much opposed to

a residual Medicaid program-- they believe it means maintaining a Medicaid eligibility structure, a separate payment schedule...a whole separate health care program for a subcategory of people. What the Governors want most out of reform is for Medicaid to "go away", and they feel the presence of a supplemental program only Medicaid recipients are eligible for doesn't deliver that.

On the other hand, the rehabilitation and chronic mental health benefits are limited in the benefits package, and the need for ongoing rehabilitative and personal care will not go away. In our last meeting with the NGA people, we explored the possibility of figuring out exactly what categories of people would be most effected (I think its mostly disabled adults and chronic care kids), and maintaining a separate Medicaid program just for those populations. They are going to make a policy suggestion to us before Tulsa. In the meantime, the policy we've written up and HHS agrees with involves maintaining a residual program for supplemental services.

**In short, we do not have firm policy on this front, and what we decide will have direct impact on the population you are addressing.**

## 2. Mental health policy

As you know, the mental health benefit, while more comprehensive than most private plans today, falls short of what mental health advocates had hoped for. It contains day limits for both inpatient and outpatient treatment, and higher co-pays for some mental health services than are charged for treatments of physical illness. However, the intention is to increase the mental health benefit over time to one that is more comprehensive. I have attached a memo on this subject.

There may also be overlapping/jurisdictional issues with the Education Department on school-based care and services for these children. (This issue was raised with you by Sara R., who scheduled a meeting with you and the Dept. of Ed. representative on health care, but we ended up postponing the meeting). At issue is who pays for assistive devices of special ed. kids who do not suffer from three or more ADLs (the cut-off for the new federal long-term care program) but who need care. Those devices are currently paid for out of special ed. funds, Education would like that taken over by HHS as a result of health reform. You might want to raise that with the HHS folks at your meeting.

I will call you later this afternoon to find out how the meeting went and whether there's more we need to clarify before your Monday speech.

July 27, 1993

MEMORANDUM FOR Melanne Verveer

FROM: Christine Heenan

SUBJECT: Mental Health Coverage

- 
- We believe mental illness can and should be treated like other illnesses, and health reform will set a course in that direction. Like other illnesses, it is diagnosable and treatable; and, as with other types of illness, a new focus on prevention will save the health care system billions in the long run.
  - The comprehensive benefits package includes coverage of mental health and substance abuse, with some limitations. While cost concerns keep us from going as far as we might like in this area initially, the legislation will reflect a commitment to moving in a more comprehensive direction over time.

Initially, the mental health benefit will be similar to the mental health coverage offered under most private plans today, including day limits on inpatient hospital stays and limits on the number of covered outpatient visits per year. There will be some areas that are slightly more generous than typical plans currently on the market.

Over time, as we gain more experience with treating these illnesses and as we begin to realize savings in the system, the benefit will be enhanced, and better integrated with the public sector mental health care programs.

- From the point of view of those concerned with coverage of mental illness, the benefits package does a number of very good things: it eliminates exclusion for pre-existing conditions; it covers intensive, non-residential treatment, like day treatment; it covers substance abuse outpatient counseling; provides acute inpatient care for most needs; removes the lifetime limit clauses many policies use today; and it provides a clear direction toward more comprehensive, flexible coverage.