

California Social Work Education Center

C A L S W E C

**LEGISLATIVE AND POLITICAL
ANALYSIS**

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CALSWEC PREFACE

The California Social Work Education Center (CalSWEC) is the nation's largest state coalition of social work educators and practitioners. It is a consortium of the state's 18 accredited schools of social work, the 58 county departments of social services and mental health, the California Department of Social Services, and the California Chapter of the National Association of Social Workers.

The primary purpose of CalSWEC is an educational one. Our central task is to provide specialized education and training for social workers who practice in the field of public child welfare. Our stated mission, in part, is "to facilitate the integration of education and practice." But this is not our ultimate goal. Our ultimate goal is to improve the lives of children and families who are the users and the purpose of the child welfare system. By educating others and ourselves, we intend a positive result for children: safety, a permanent home, and the opportunity to fulfill their developmental promise.

To achieve this challenging goal, the education and practice-related activities of CalSWEC are varied: recruitment of a diverse group of social workers, defining a continuum of education and training, engaging in research and evaluation of best practices, advocating for responsive social policy, and exploring other avenues to accomplish the CalSWEC mission. Education is a process, and necessarily an ongoing one involving interaction with a changing world. One who hopes to practice successfully in any field does not become "educated" and then cease to observe and learn.

To foster continuing learning and evidence-based practice within the child welfare field, CalSWEC funds a series of curriculum sections that employ varied

research methods to advance the knowledge of best practices in child welfare. These sections, on varied child welfare topics, are intended to enhance curriculum for Title IV-E graduate social work education programs and for continuing education of child welfare agency staff. To increase distribution and learning throughout the state, curriculum sections are made available through the CalSWEC Child Welfare Resource Library to all participating school and collaborating agencies.

The section that follows has been commissioned with your learning in mind. We at CalSWEC hope it serves you well.

PREFACE

This curriculum is intended for classroom instruction or for workshop facilitation on the topic of legislative, policy, and political analysis for child welfare issues. This document will help practitioners analyze the impact of funding sources on the child welfare service delivery system, examine the content of legislation, and analyze the policy decision-making process. Consequently, it can be used to develop plans for advocating for legislation that will help people who receive child welfare services. It can also be used to develop strategies for social action, lobbying, and political campaigning and to help the practitioner identify appropriate opportunities for intervention.

Currently, there are no other resource materials that combine material on Federal and state child welfare policies and funding mechanisms with such *practice-related* content as advocacy methods, models for policy analysis, and procedures that can be used to analyze policies, legislation, and the interest groups that can influence these policies. This document is unique in that it includes a list of sites on the World Wide Web that can be used to gather information on legislation, the policy-making process, and electoral campaigns. A complete list of Web sites and procedures used for successful Web browsing are contained in Appendix K.

It is expected that this curriculum module will fit best with policy and community organization course sequences. This curriculum guide contains 17 chapters on topics related to legislation, policy analysis, political processes,

and advocacy. Many chapters contain questions for class discussion and assignments that can be used to facilitate macro skill development. Most chapters can stand alone in terms of course content; however, Chapters X-XIII contain interrelated content on policy analysis and would work best if taught in sequence.

The material in this document has been used to teach policy analysis and community organization to 3rd- and 4th-year undergraduate students as well as 1st- and 2nd-year MSW students. Information presented here can be used to help undergraduate students understand the link between agency services and government policies and also can be used to develop advocacy plans to change agency and government policies. Master's students can use this material to understand how numerous policy actors (politicians, bureaucrats, interest group members, lobbyists, agency directors, and frontline workers) interact to both develop and implement policies. Graduate students can also use this material to analyze the policy-making process and examine how the content of policies will affect child welfare practice. They will also be able to examine how power and influence are used in the policy development process. Child welfare workers can use this material to identify those systems in which intervention will have the greatest impact on practice and produce beneficial changes for the people they serve.

This curriculum includes material on how child welfare services are funded; specific funding mechanisms including block grants; managed care and purchase of service contracting; the impact of financial arrangements on

client access to services; the role of social workers in influencing policy; a description of Federal and state policy affecting the delivery of child welfare services, policy content, process, and outcomes; policy decision making; power analysis; interest group analysis; advocacy methods; lobbying; legislative analysis; and political participation.

This information has been assembled with the assumption that intervention in macro systems provides social workers with an opportunity to foster social change in a manner that will help large numbers of people. Such intervention is inherently more efficient than micro-level work that focuses on helping one person at a time. However, micro-level skills such as communication, listening, relationship building, and negotiation are essentially for the successful use of macro interventions.

Donna Hardina
October 1997

COMPETENCIES

The California graduate schools of social work have been educating public child welfare workers using the *Competency-Based Child Welfare Curriculum* since 1992. The curriculum was modified in January 1996 based on input from all constituent CalSWEC members, including deans and directors of social work programs, directors and workers in county welfare agencies, professional organizations such as NASW, field consultants, classroom and field faculty, students, graduates, and community members throughout the state. Our coalition includes 12 graduate schools of social work and plans are underway for the graduate curriculum to articulate with the statewide training academy inservice curriculum for child welfare workers.

The competency-based approach is designed to encourage schools to infuse child welfare content into already existing resources, to develop new courses or a specialization in public child welfare, and to create guidelines for educational opportunities in public child welfare field placements. It is intended to allow for maximum decision-making opportunities on the part of the schools and agencies while still addressing the provision of a consistent experience for the preservice child welfare student.

This curriculum development module is 1 of 11, built on the competency-based public child welfare curriculum, which were funded by the CalSWEC Board Curriculum Committee. A request for proposals published Fall 1996 was based on what our stakeholders (child welfare and mental health practitioners,

colleagues from the legal profession, faculty, graduates, students, and administrators) had identified as gaps in the preparation of social workers for public child welfare service.

This curriculum module can be used in several different ways. The Curriculum Committee intended it for social work students in the classroom as well as for workers in the agency. Furthermore, this curriculum can be easily applied to an interdisciplinary training or classroom situation with social workers from different agencies and with other professionals:

- As curriculum materials which could stand on their own for use in individual classes within courses or training,
- To encourage the development of courses which cross-cut the traditional social work education categories (methods, human development, policy, research, and field) with public child welfare practice, and
- As discussion tools/assignments which can be used in already existing courses needing examples of child welfare legislation and policy.

We encourage the reader to use this material freely. We only ask that you cite us when you do.

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CHAPTER I

CHILD WELFARE FUNDING

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One of the most important things to know about any social welfare program is how it is funded (Gilbert & Specht, 1986). Funds for government programs may originate at the Federal, state, or local levels. Any state or local government or private organization that receives funds from another level of government must distribute those funds in a manner determined by the donor. Guidelines for benefit provision, eligibility criteria, and program implementation are called regulations. Some of these regulations are specified in the legislation that authorizes funds for these programs. Other regulations are established by the Federal and state departments who are responsible for enforcing the various provisions in the legislation. Child welfare services in the U.S. are provided by state and local governments; some services are also provided by private nonprofit and for-profit organizations. Child welfare workers must be knowledgeable about the guidelines that funders have established for program operation. In many instances, the manner in which services are funded and the regulations established for the use of these funds may shape the decisions they make about the provision of protective services, foster care placements, and adoptions. This chapter describes Federal and state funding arrangements that affect child welfare workers in California.

FEDERAL FUNDING

Total Federal expenditures for child welfare in 1995 were \$4.1 billion. The Federal government provides funds for child welfare services under provisions of the Social Security Act. Funds provided under Title IV-E can be used by states to provide food and shelter to foster children from families who have incomes low enough to qualify them for AFDC. When the states provide these services, the Federal government provides matching funds to state governments for all income-eligible children. Because the Federal government does not attempt to restrict the provision of services and will reimburse all such services provided by the states, Title IV-E is considered to be an open-ended *entitlement* (General Accounting Office [GAO], 1995). Funding is also provided under Title IV-E for payments to the adoptive parents of special needs children who have been in foster care. Special needs may include health problems or membership in an ethnic minority group.

Title IV-B provides funds to the states for providing child welfare services to abused and neglected children living at home or in foster care placements. Funding under Title IV-B is capped or set at a specific level by Congress in advance of distribution to state governments. In 1995, total Federal funding under Title IV-E was \$3.6 billion; total Title IV-B funding was \$453 million. These two programs provide 97% of all Federal funding for child welfare, protection, and foster care services. Nine additional programs provide a total of \$136 million in Federal funding for state governments to provide services to protect children (GAO, 1995).

Funds for some child welfare services are also provided under Title XX. Title XX (also known as the Social Services Block Grant) provides funding for social services that are not limited to those serving children (GAO, 1995). States have the discretion to determine how Title XX funds will be distributed to local governments and nonprofit organizations and also may set priorities for the distribution of funds for services to specific target populations (children, the elderly, people with disabilities, substance abuse services, battered women, or other populations in need).

Federal matching funds under Title-IV cover only about 50% of all foster children on state caseloads. State and local governments must pay the full cost of services for all foster care children who would not have qualified for AFDC. Consequently, state and local governments provide the majority of all funds for child welfare services. The majority of state governments are directly responsible for the administration of child welfare services. Almost one third of all states, including California, delegate the administration of these programs to county governments (GAO, 1995).

STATE FUNDING IN CALIFORNIA

The California Legislative Analyst's Office (1996a) estimates that approximately \$1 billion will have been spent on foster care and \$652 million on child welfare services in 1995-1996. Expenditures for both programs have increased by over 80% since 1988-89. The Legislative Analyst's Office attributes increased costs to a number of factors including:

- Increased caseloads (an average of 9% per year),

- Increased costs per case (inflation-adjusted salaries for workers and county administrative costs),
- Increases in the population of children,
- Increases in reports of abuse and neglect,
- Increased funding (from \$1 million in 1988-89 to \$45 million in 1995-96) for the family preservation program, and
- Increases in the monthly foster family home grant amount (from \$451 in 1988-89 to \$559 in 1995-96).

The Legislative Analyst's Office (1996a) has also estimated the costs per placement (adoption, foster care, in-home) for the average child who receives services. In 1995-96, the state will have paid approximately \$2,500 for AFDC and Food Stamp benefits for a child living at home with his/her parents (assuming a family of three members), \$5,300 for adoption assistance grants to families that adopt special needs children, \$6,700 for a foster home placement, and \$32,700 for a foster care group home.

ROLE OF COUNTY GOVERNMENTS AND PRIVATE ORGANIZATIONS

County governments must pay for any services that Federal and state funds do not cover. Consequently, county governments may pick up the costs of services for children and families not covered by Federal and state regulations. Presently, this includes foster care and prevention services for children who are not legal residents of the U.S. In addition, counties must also pay a percentage of the funds states are required to spend to qualify for federal *matching* funds for some categories of child welfare expenditures. County governments also may contract with nonprofit organizations and in some cases, for-profit

providers, for mental health and other services needed to keep families together or help children in foster care or adoption placements.

Some of the money transferred to these private organizations originates with the Federal and state governments; county governments set service priorities and decide how these funds may be distributed. Money is allocated to nonprofit and for-profit organizations using three primary mechanisms: grants (specific dollar amounts are allocated to the organization for operating a program), fee-for-service (the provider is reimbursed for the costs of providing the service to an individual), and purchase of service contracts (providers are paid a pre-determined amount for cases with successful outcomes). State governments have also begun to use managed care organizations to regulate the provision of health and mental health services. Under managed care, county governments will need to contract with specific managed care firms for the provision of health and mental health services for Medicaid-eligible clients.

SUMMARY

Although county governments are responsible for the delivery of child welfare services, Federal and state governments provide funds for specific services to members of eligible groups. Regulations are established at all levels of government for the use of these funds.

In many cases, funding arrangements themselves may determine who receives assistance and how it is delivered. The next three chapters describe three funding arrangements that affect the delivery of child welfare services: block grants, purchase of service contracts, and managed care.

CHAPTER II

BLOCK GRANTS

CHAPTER II BLOCK GRANTS

In 1996, Congress considered converting AFDC, child welfare funding, and Medicaid into block grant programs. Radical changes were made in the AFDC program. All Federal AFDC, job training, and emergency assistance funding were converted into block grants on July 1, 1997. Child welfare funding under Titles IV-E and IV-B were preserved and not converted into block grants for the states. As of Summer 1997, Congress had taken no action on Medicaid funding, although some provisions in the welfare reform legislation (H.R. 3734) are intended to protect Medicaid funds for children and women. Block grants *cap* funding at predetermined levels and effectively end the entitlement (right to benefits) status of low-income people who qualify for the service.

WHAT ARE BLOCK GRANTS?

Block grants are Federal funds transferred to state governments for some types of social services (Peterson, G., 1995). Previous block grant programs include the Social Services Block Grant and the Community Development Block Grant. Block grants are intended to provide states with flexibility to design and administer programs. Few regulations specify how services (and sometimes what services) should be delivered. States may establish their own eligibility guidelines for some programs within a limited number of Federal restrictions.

This differs from most Federal funding that is made available through grants for categorical programs. Categorical programs provide funds earmarked

for specific types of services to specific groups of people. Federal guidelines (regulations) must be used to determine eligibility. Regulations also specify the types of services delivered and how these services are provided.

For example, using a population-based distribution formula, Social Service Block grants are given to each state. The state develops a decision-making process to determine how the grant money will be distributed to state agencies and local governments. Local governments then determine what organizations will receive grants. These funds could be distributed to organizations that serve seniors, children, or other subpopulations. Money could be spent on daycare centers, programs for the elderly, substance abuse services, mental health, or other types of social services. Such decisions are made on a yearly basis.

The AFDC program, which was formerly a categorical program, will be converted to block grants beginning July 1, 1997. The new welfare legislation, the Personal Responsibility Act [PRA] of 1996 (H.R. 3734) allows state legislators to determine whether welfare benefits will be provided to some groups of people such as teen mothers and immigrants. No longer will everyone with income and assets below a certain level be allowed to participate. Block grants effectively remove Federal mandates for standardization of eligibility requirements and service delivery procedures.

Welfare benefit levels varied considerably by state¹ before the PRA was passed. In 1991, the maximum annual welfare benefit for a family of four ranged from \$11,898 in California to \$5,952 in Mississippi (Peterson, P., 1995). Consequently, one of the primary concerns about block grants for welfare reform is that states may compete to reduce benefits. It is commonly believed that recipients will move to states with high grant levels from states with low benefits. Without Federal restrictions on benefit levels, policy analysts believe that state shifts to lower benefit levels will result in a "race to the bottom" (Peterson, P.).

ENTITLEMENT STATUS OF FEDERAL PROGRAMS

Entitlement programs are those in which every eligible person is legally eligible to receive the service or benefit even in instances where the Federal government has attempted to reduce program funds (Peterson, G., 1995). The Federal government partially reimburses the state for every person who receives the service. People are usually eligible for participation in entitlement programs if their income falls below a certain level. For example, the Food Stamp Program was an entitlement program. Every income-eligible person for whom eligibility could be verified was entitled to receive assistance. Another food program, the Women's, Infants' and Children's Food Program (WIC) is not an entitlement program. Mothers and children 5 years old or under are eligible

¹ The Family Support Act passed in 1988 allowed states to request waivers from the Federal government for welfare demonstration projects. These projects allowed the states some flexibility in the design of welfare-to-work programs. One component of these programs in some states (including California) was reductions in welfare grants.

if they are low income and if the child has a verifiable medical condition. Less than 50% of all eligible families receive this service because the Federal allocation to each state is *capped* at a certain level (DiNitto, 1991).

POSSIBLE IMPACT OF CHILD WELFARE BLOCK GRANTS

If child welfare reimbursements had been converted into block grants, the amount of funds available to each state would have been capped at a certain level. States would have had the discretion (unless prohibited by Federal legislation) to deny services to specific groups of people or set up exclusionary eligibility requirements. The cap on funding would have effectively excluded some children and families from coverage if the state exhausted funds before the end of the fiscal year and did not choose to supplement Federal funds with monies from the state treasury. Consequently, county child welfare departments would not have been able to provide protective services, foster care, adoption, and social services to every child for whom a confirmed report of abuse or neglect had been made. States would be given the discretion to design their own child welfare programs. Federal standards for the delivery of child welfare services would be eliminated (Jones, R., 1995).

Congressional proposals for the child welfare block grant would have frozen the funding allocation for services at 1996 levels. The dollar amount allocated for each state would have varied substantially with large states losing millions of dollars. Under the proposed block grant funding formula, California would have lost \$705 million in Federal funds between the years 1996 and 2000 (Jones, R., 1995).

SUMMARY

Block grants provide funds to states for broad program areas. Categorical programs target funds for specific groups of people and programs. While block grants allow states discretion to determine how funds are allocated and services are delivered, Federal reimbursements for services delivered are capped as specific dollar amounts. Consequently, state governments will not be reimbursed for all eligible clients served. Recipients lose entitlements; state governments must reduce the number of people who receive the service or increase state allocations in order to meet demand for service. They can also implement procedures to make sure that local service providers are accountable for the funds they do spend. Sometimes these procedures are associated with specific types of funding arrangements; Chapter III discusses purchase of service contracts, and Chapter IV examines the impact of funding arrangements under managed care.

CHAPTER III
PURCHASE OF SERVICE CONTRACTING

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Purchase of service contracts have been used by government to finance the delivery of public services by private, nonprofit, and for-profit organizations. Until the mid-1970s, most government-funded social services were delivered by government agencies or nonprofit organizations (Salamon, 1995). Nonprofits were given yearly grants to provide specific types of services to low-income consumers. Concerns about holding down the cost of service and ensuring that government funds were used effectively resulted in the use of purchase of service contracting by federal, state, and local governments. Cuts in federal grant funding during the Reagan administration made purchase of service contracts an attractive source of new revenue for many nonprofit organizations (Fabricant & Burghardt, 1992).

The Independent Sector, an organization that advocates for the development and maintenance of the nonprofit sector, estimates that in 1990, total expenditures of U.S. nonprofit organizations were \$327 billion, just 14% of all federal, state, and local government expenditures. Among nonprofit organizations that provide health and human services, 40% of all income came from government contracts, grants, and fees-for-service (O'Connell, 1996).

PROVIDING FUNDS TO PRIVATE ORGANIZATIONS THROUGH PURCHASE OF SERVICE CONTRACTS

Purchase of service contracts are intended to hold organizations accountable for the services they provide. They are also intended to reduce the

cost of service delivery; government agencies will only reimburse the contractor when services have been effective. Purchase of service contracts typically reimburse social service organizations for services rendered using performance-based criteria. In performance-based contracting, the organization must provide evidence that it has produced certain measurable outcomes as specified in the contract (Kettner & Martin, 1995). Such outcomes in child welfare may include the placement of a child in foster care for adoption, attendance of a program participant in a parent or job training class, or the provision of certain types of mental health services (Gronbjerg, Chen, & Stagner, 1995).

One of the advantages of purchase of service contracts for government is that these contracts are generally awarded based using a competitive bidding process. This means that the *winning* contractor may be the one that provides services at the lowest cost. Most state agencies however, use additional criteria such as past experience and expertise in providing the service in determining what organization receives the contract. In order for yearly contracts to be renewed, the contractor must provide evidence that the outcomes specified in the previous contract have been achieved.

DIFFERENCES BETWEEN NONPROFIT AND FOR-PROFIT ORGANIZATION RESPONSE TO CONTRACTS

Government agencies often view nonprofit contractors more favorably than for-profit providers, assuming that these organizations are more trustworthy than for-profit businesses and have a greater commitment to the

delivery of quality services (Ferris, 1993). This is because nonprofits must verify that their mission will enhance the social welfare in order to qualify for tax exemption under federal statutes.

Nonprofits are believed to provide better quality services at lower cost than government agencies (Smith & Lipsky, 1993). These organizations are also thought to be more flexible, more likely to be innovative in the development of new services, and be able to alter the delivery of services to meet individual needs. Nonprofit organizations may also be more likely than government agencies to develop highly specialized services designed to assist people with specialized needs or members of specific cultural or religious groups who require culturally sensitive services. Nonprofit organizations are governed by independent boards of directors (generally neighborhood residents or local business, professional, or religious leaders) who have an interest in ensuring that services are provided to particular communities of subpopulations. Board members are legally required to be accountable to state and federal governments for the way in which organization funds are used; they are also expected to make sure that the organization is accountable to the community. Nonprofit organizations are expected to use all of their funds for the delivery of services. No board member or staff person can legally receive a portion of the organization's profits.

In some cases, government may contract with for-profit organizations (private businesses) to provide services. Some daycare centers, group homes, residential facilities, and private mental health practices may be for-profit

businesses (Gronbjerg et al., 1995). In contrast to the nonprofit organization, the owner(s) of a for-profit organization is not required to be accountable to the community, although they must pay federal, state, and local taxes on any revenues. The purpose of a for-profit organization is to make a profit; to do this they must only convince potential purchasers that their service is of good quality, low price, and preferable to other, similar services. Without government constraints to provide services to benefit public welfare, for-profit organizations have greater incentives to keep the cost of service low. Consequently, for-profit organizations may be at a competitive advantage to nonprofits for acquiring government contracts.

One of the main reasons government agencies contract for service delivery is that both nonprofit and for-profit organizations are viewed as able to deliver comparable services at competitive rates due to lower staff costs (Starr, 1989). Generally these organizations pay their workers less than government agencies. Workers in nonprofits tend to be non-unionized (most government workers belong to unions); some staff may be volunteers. For-profit organizations may use low-cost labor and cheaper methods of service delivery in order to maximize their profit margins (Fabricant & Burghardt, 1992).

IMPACTS ON ADMINISTRATORS

Purchase of service contracts are intended to help government contain the cost of delivering a service. Consequently, the rates at which organizations are reimbursed for services are often set below actual costs. Government payments may be delayed. Consequently, the organization may find itself in

financial trouble. As a result, the organization must find ways to cut costs. Even if reimbursements for services are made in a timely manner, purchase of service contracts may still have a negative financial impact on the organization. In performance-based contracting, the organization will only be reimbursed for producing successful outcomes. If, for example, a child is not placed in an appropriate foster care setting, the contractor will not be reimbursed for providing the service. The contractor then loses money and may not be able to recover expenses (Kramer & Grossman, 1987).

Because of these cost recovery problems, organization administrators of purchase of service contracts must find ways to cut the cost of providing the service (delivering less service, reducing expenditures for supplies and equipment, limiting the types of services provided). Staff may be laid off or skill requirements for workers may be downgraded so that less skilled and lower paid staff can be hired (Fabricant & Burghardt, 1992; Kramer & Grossman, 1987). Reimbursement only for successful outcomes creates an incentive for the organization not to help "difficult-to-serve" service consumers with complex needs. Some organizations may develop processes to screen out these service consumers (Hardina, 1990; Kramer & Grossman). Such a service delivery process is at odds with the social work value of *individualization*, the idea that services should be flexible enough to respond to individual needs (Smith & Lipsky, 1993).

The organization can also choose to cope with funding shortfalls by soliciting funds from other sources. A nonprofit organization can look for grants

from other government agencies or foundations, solicit individual donations, or hold fundraising events (Hardina, 1993). For-profit organizations can obtain additional contracts or sell its services to other government agencies, corporations, and individuals on a fee-for-service basis. One survival strategy used by contract administrators involves bidding on a number of contracts for the same or similar services. Although each funder may have different requirements for record keeping, fiscal management, and service provision, a small number of staff may be assigned to contract administration (Bernstein, 1991). Consequently, the organization saves the cost of hiring an administrator or financial officer for each contract.

Another problem facing the contract administrator is possible loss of autonomy. Most nonprofit organizations engage in lobbying government for funds or for better services for their client populations. Nonprofit organizations who are dependent on government for funds (and must be reassessed on a yearly basis for contract renewal) may choose not to lobby against government policies. Kramer (1981) has argued that the dependency of nonprofit organizations on government funding is mitigated by the diversity of income sources available to organizations, the low level of accountability expected by government funders, and their ability to lobby government. Smith & Lipsky (1993) and Gronbjerg (1993) have also suggested that the relationship between government and private contractors is often one of mutual dependence due to the limited availability of some types of specialized services

and the difficulties government agencies face in determining what organizations can best provide services.

According to a recent study by Gronbjerg et al. (1995), large, well-funded organizations (as well as organizations with expertise in a particular service area) have a competitive advantage in obtaining contracts. Many of these organizations use their political contacts to capture contract dollars. Consequently, smaller organizations may be at a competitive disadvantage, especially if they fear the consequences of lobbying on behalf of unpopular issues or client groups. These organizations may also experience difficulty in obtaining alternative sources of funds, particularly if they serve low-income communities, as few donations may be generated locally (Hardina, 1993).

IMPACT ON SOCIAL WORKERS

There are a number of consequences related to purchase of service contracting that may affect social workers in nonprofit organizations that deliver child welfare services. To comply with contract requirements, the organization must provide verification that it has met the goals specified in the contract. Consequently, social workers involved in the delivery of the service have additional paperwork to complete. The government agency that is monitoring contract compliance may focus more on the paperwork than actual task accomplishment (DeHoog, 1984).

A more serious problem is that social workers may lose the discretion to make eligibility decisions and refer service consumers out for supplemental services (Hardina, 1990; Smith & Lipsky, 1993). Social workers may find

themselves limited to providing certain concrete or mental health-related services (as specified in the contract). A systems-oriented intervention is not possible; environmental origins of problems are ignored. The amount of time designated for personal interaction with service consumers may be reduced. Consequently, the social worker may begin to feel alienated from the organization's mission and the needs of the service consumer (Fabricant & Burghardt, 1992).

One of the methods social workers typically use to counteract feelings of alienation is advocacy; social workers may advocate to help individuals obtain additional service resources or help groups of service consumers lobby for legislation to meet their needs. Purchase of service contracting may limit the ability of social workers, employed by contractors, to engage in advocacy efforts because the contract will not be reimbursed by the funder for such activities (Burghardt & Fabricant, 1987; Hardina, 1990).

Another issue of concern for social workers is evaluation of practice. Performance-based contracts call for clear measurable outcomes and an evaluation component is built into every contract. This can be very beneficial for both the social worker and employers. However, while most POS contracts call for the delivery of tangible services, social work has primarily been concerned with the delivery of *intangible* services such as mental health care or counseling. While the effectiveness of some mental health services can be measured through the use of standardized scales administered both prior to and after treatment, some types of outcomes (improvements in interpersonal

skills or increased mastery over one's environment) may not be measurable or cannot be standardized among a large group of service consumers. Without clear outcomes and an intervention designed to achieve these outcomes, performance contracting is unlikely to produce successful outcomes (Kettner & Martin, 1995).

IMPACT ON CHILD WELFARE SERVICES

In order to continue to receive purchase of service contracts, the contractor may alter its programs and services in order to qualify for funds. (For example, an agency providing job training for adolescents may initiate a foster care placement program in order to qualify for a purchase of service contract through the Department of Social Services). Consequently, the needs of the organization's primary target group are ignored. The organization can no longer accomplish its primary tasks or goals. This effect is often called *goal displacement* (Berg & Wright, 1981; Gronbjerg, 1993).

Parents, guardians, and child welfare workers may find that a child is ineligible to receive some services from some of the contractors even in instances where the government agency that funded the service has provided them with a referral (Hardina, 1990). It may be difficult for parents and child welfare workers to know what services are actually available from each contractor. In addition, the parent or child welfare worker will have difficulty obtaining all the services he or she needs from one contractor due to the emphasis on specific task accomplishment, outcome measures, and reimbursement only for predetermined tasks. Consequently, he or she may

need to seek services from a number of government-funded contractors. The service consumer may need the services of a case manager for help in obtaining a *market basket* of services suited to his or her needs.

SUMMARY

Purchase of service contracting has been used by government to reduce costs and incorporate criteria that promote accountability in the delivery of social services. However, purchase of service contracts with social service organizations may alter the way these organizations traditionally deliver services. Particularly in nonprofit organizations, efforts to make services *fit* the individual needs of service consumers may be compromised in order to produce prespecified outcomes. Both individual child welfare workers and organization administrators may find that their ability to advocate on behalf of client needs is adversely affected by purchase of service contracting. POS contracts typically reimburse organizations for a narrow range of prespecific tasks performed by staff. Some types of advocacy activities will be restricted by Federal regulations that limit the lobbying activities of nonprofit organizations that receive government contracts.

QUESTIONS FOR CLASS DISCUSSION

1. You are a California county CPS worker. One child that you have recently placed in foster care is in need of mental health services in order to cope with issues related to sexual abuse in her family of origin. You must decide what mental health provider is appropriate for service. There are two agencies in your county that provide sexual abuse services for children. One of these providers is a for-profit, private practice. The other is a nonprofit organization. What criteria would you use to select a service for your client? In what situations would the type of provider be an issue of concern?
2. You are a social worker in a nonprofit organization that provides therapy for children who have families participating in a CPS family preservation program. In order to help Juan remain with his family, you have provided a referral to a program for pregnant teens for his older sister and referred his mother to a job-training program. You have also called Juan's principal to advocate for his placement in a special program for children who are gifted in math. Your supervisor tells you that these referrals and advocacy efforts are not reimbursable under the terms of your purchase of service arrangement with DSS. What should you do? What is your responsibility as a social worker?
3. You are the director of a nonprofit organization that delivers child and family services in a low-income community. You expect to lose some of your government grants during the next fiscal year. If this happens, you will have a budget deficit of \$50,000. You may be able to obtain a purchase of service contract through the Department of Social Services to deliver specialized mental health services to children in foster care. What would be the possible benefits of such a contract? What would be some of the potential problems? What other options are available to your organization?
4. Although your county's DSS office will pay \$300 per child for each successful case, you find after the first 3 months of the contract that the cost of providing the service is actually \$350 and that only about 80% of the cases are *successful*. What steps can you take to make up the difference in costs?

CHAPTER IV

MANAGED CARE

CHAPTER IV MANAGED CARE

Managed care refers to healthcare delivery systems established as an alternative to traditional fee-for-service plans and health insurance policies (Keigher, 1995). Managed care plans offer physical and mental health coverage at reduced rates for individuals or employers who provide employee benefits. In order to control costs, coverage for certain types of problems are excluded from the plan or the amount of covered services may be limited. Child welfare social workers are likely to encounter managed care systems when they attempt to link children with physicians and mental health care providers.

Managed care has great implications for the provision of child welfare services. Physical and mental health care for AFDC-eligible children in the foster care system are funded through Medicaid. Section 140087.3 of the California Welfare and Institutions Code mandates that both state and county governments contract with managed care organizations for the provision of health, mental health, and dental services to Medi-Cal beneficiaries (see Appendix B). While the full impact of the shift from traditional fee-for-service medical services to managed care is not known, it is expected that benefits and services for some types of illnesses will be restricted under managed care. Responsibility for the provision of most mental health services is likely to be shifted from county mental health departments to private mental health

practices. As a result, child welfare workers may encounter difficulties in finding services for children and their families (Neff & Anderson, 1995).

HOW MANAGED CARE WORKS

The rationale for the development of managed care systems include: decreases in bureaucracy and red tape; eliminating political constraints; making healthcare delivery more responsive to consumer demands; increasing consumer choices; and making service delivery more innovative, of better quality, and more efficient (Shera, 1996).

Services are typically provided through Health Maintenance Organizations (HMOs) or Preferred Provider Organizations (PPOs). These delivery systems are designed to control costs. Service providers are paid a predetermined fixed fee for every individual enrolled. Consumer choice of physicians and the types of service provided are limited (Mechanic, Schlesinger, & McAlpine, 1995). The participating service providers agree to accept the fixed fee for each consumer they serve and agree that their service decisions be subject to a utilization review and quality control assessments. The organizations that administer these plans are called Managed Care Organizations. Usually most employer-purchased insurance plans allow the consumer a third choice of coverage. Point of service plans allow the service consumer to choose his or her own physician, but he or she faces higher co-payments and deductibles for physical or mental health services².

² In this chapter, the term *service consumer* describes the individual who receives services.

The predetermined provider fees paid by managed care organizations are called capitation rates (Mechanic et al., 1995; Neff & Anderson, 1995). Capitation rates are determined by assessing the typical (average) cost of care reimbursed by health insurance plans for specific demographic groups. Sometimes capitation rates are assessed for specific types of illnesses. Physicians or mental health providers who become affiliated with managed care plans can depend on a steady flow of income for every consumer they agree to serve. However, they also take on a risk: that the number of consumers who need a great deal of care (at a cost above that of the capitation rate) will exceed the number of consumers who will need little or no care.

Providers also decrease their profit margin when they refer consumers to specialists. Primary care physicians (for health services) are expected to act as gatekeepers, deciding whether to refer a service consumer to another provider for health care (Jellinek & Nurcombe, 1993). In some plans, the physician or mental health provider acts as a gatekeeper, deciding whether to refer the individual to a specialist. Since the provider will lose some of his profit as a consequence of such referrals, he or she may effectively limit access to specialized care for some consumers. Some physicians may refuse to provide services to consumers with acute or chronic illnesses that are likely to increase costs. Many physicians view Medicaid recipients as high cost and may refuse to participate in managed care plans that target services to this population (Watson, 1995).

ISSUES OF CONCERN IN MANAGED CARE

Shera (1996) identifies a number of issues of concern regarding the implementation of managed care systems including restrictions on choice of physicians and services, few provisions for consumer input into service planning in managed care plans operated by for-profit organizations, and pressures for additional cost reductions. A concern about managed care for mental health services has been the shift from nonprofit to for-profit providers. For-profit organizations held 67% of the managed care market in 1992 compared to 18% in 1982 (Keigher, 1995).

Under managed care, some mental health and substance abuse services are delivered by for-profit organizations. Until recently, these services typically were delivered by nonprofit organizations. As with purchase of service contracting, the services consumer does not have the reassurance offered by nonprofits that the organization will ensure quality services. Also, for-profit organizations are less likely to establish community advisory panels to gather feedback about the quality of care (Rose & Keigher, 1996; Shera, 1996). Consequently, the social worker who makes a referral may need to gather information about the type, quantity, and quality of the services to be provided.

For-profit organizations typically have a greater incentive than nonprofits to control costs. Consequently, for-profit providers are more likely to limit access to services or to exclude coverage for some types of illness. This is particularly an issue of concern because some state governments have begun to contract with MCOs for the provision of physical and mental health services

to Medicaid recipients. Medicaid recipients have less power to advocate for quality care or obtain information about service availability than other service consumers (Keigher, 1995). State governments may not effectively monitor these managed care firms to ensure service quality (Kemper, 1994).

When the state contracts with two or three competing firms to provide services, consumers may be given a choice of plans. Some firms will compete for enrollees. In some cases these firms may put pressure on Medicaid recipients to choose one plan over another (Keigher, 1995). Consequently, low-income families with children may find themselves covered by plans that limit access to services or denies them coverage for services they need. Physicians may refuse to deliver services for managed care plans that target Medicaid recipients because they perceive the chances of financial risk to be large for this population (Neff & Anderson, 1995).

Note, however, that the few empirical studies of managed care plans that provide health coverage for welfare recipients have found no statistically significant differences in terms of access to services or level of satisfaction between this group and those individuals covered by traditional Medicaid fee-for-service plans (Moscovice et al., 1993; Sisk et al., 1996). None of the studies have followed up to determine whether treatments provided were effective (Mechanic et al., 1995). There is some empirical evidence, however, that managed care seems to have decreased the use of in-patient mental health services. Jellinek and Nurcombe (1993) report that average in-patient days in psychiatric units declined from 20- to 40-day stays in 1986 to 10.6 days in 1990.

Other issues related to managed care have to do with the economic behavior of for-profit organizations. For-profit organizations, owned by wealthy individuals or investors, are often in a position to successfully lobby state governments in order to obtain state managed care contracts (Kemper, 1994). Alliances between government and these investors may prove detrimental to service quality. For-profit businesses may also take action to limit competition by competing firms. One such strategy involves mergers. For-profit managed care organizations often merge with other MCOs; some for-profits will actively seek to acquire their smaller competitors. This leads to a situation called an oligopoly in which a few large firms dominate the market. Rose & Keigher (1996) report that the four largest behavioral services (mental health and substance abuse) MCOs provide services to 51 million people and have a combined annual revenue of \$2.1 billion. One of the consequences of mergers can be disruptions in coverage for individuals and families who receive services under the plan (Correa, 1996).

As a result of this concentration of ownership, the choice of managed care organizations is limited. Since there is little competition among firms that serve the same market, it is unlikely that these organizations will lower their prices to attract consumers. In fact a number of studies have indicated that managed care does not significantly reduce the cost of physical or mental health care services (Newacheck et al., 1996; Sisk et al., 1996).

IMPLICATIONS OF MANAGED CARE PLANS FOR CHILDREN'S MENTAL HEALTH SERVICES

County mental health programs have begun to use managed care plans to deliver services. Service consumers covered by these plans will receive reimbursable services from private providers. This may include associations of mental health practitioners, nonprofit organizations, for-profit services (such as residential or group homes), and individual practitioners in private practices. Providers who affiliate with these plans will have the advantage of a regular source of income from the managed care organization, but will find themselves at financial risk if they encounter a large number of service consumers with complex or difficult to treat problems (Mordock, 1996; Neff & Anderson, 1995). Cost-containment policies can be problematic in that managed care plans often limit the amount of service provided. For example, mental health coverage may be limited to 10 outpatient visits per year. Children with serious mental health problems may not receive all the services they need. The services available for specific types of problems may be limited to one or two providers who are affiliated with the HMO or PPO.

Most managed care plans are oriented toward limiting unnecessary care. Mental health providers are strongly encouraged to select the most cost-efficient treatment. Although managed care organizations may examine the research evidence as to the effectiveness of various therapies, there is little data to support a comparative analysis of treatments. Where the research evidence is clear, MCOs may develop standardized practice guidelines for

mental health providers (Mordock, 1996). As with treatment settings, the emphasis on cost effectiveness may lead the MCOs to recommend the least costly treatment or exclude coverage of serious illnesses or those illnesses that are regarded as especially resistant to treatment. Some critics of managed care believe that these plans are oriented toward behavioral outcome measures rather than more difficult to measure psychodynamic approaches to treatment (Alperin, 1994).

For mental health services, MCOs typically use practice protocols that specify treatment guidelines for typical service consumers with specific diagnoses. According to Gray and Glazer (1995), providers must determine whether a specific service is efficient. Criteria determining efficiency are related to providing treatment in the least restrictive setting and the most cost-effective manner. Treatment settings can include:

"inpatient, holding bed, residential treatment center, partial hospital, intensive outpatient, mobile crisis, outpatient, etc. It also refers to such outpatient categories as: psychiatric evaluation, brief counseling, psychotherapy, chemical dependency counseling, group therapy, etc" (p. 29).

Since most forms of outpatient care are substantially cheaper than inpatient care, the financial incentives inherent in managed care plans would contribute to the selection by mental health professionals of low-cost treatment settings. In order to standardize assessments, 90% of the behavioral care plans require a diagnosis based on the DSM-IV. Services are generally subject to concurrent

review by a panel of MCO-chosen providers to eliminate unnecessary or inefficient (costs outweigh benefits) care (Jellinek & Nurcombe, 1993; Rose & Keigher, 1996).

Some MCOs may analyze treatment and referral patterns of providers before contracting with them to provide services. Providers are evaluated or certified prior to joining a plan; MCOs may select providers known to prefer low cost therapies or who typically refer few service consumers to mental health providers who specialize in field of care and more expensive care. Managed care plans also frequently exclude long-term care (expecting that state institutions and community mental health programs provide such services) and certain types of chronic mental health conditions: "organic brain syndrome, psychiatric disability, mental retardation, learning disabilities, involuntary commitments, and court-related situations" (Bradman, 1996, p. 3).

IMPACT OF MANAGED CARE ON LOW-INCOME CHILDREN

A major issue of concern for children is that a small number of them have chronic or serious illnesses, yet this group is the source of most children's physical and mental health care costs. According to Neff & Anderson (1995), 70% of all children have no serious health problems and account for less than 10% of health care costs. An additional 20% of children have minor chronic conditions such as allergies or asthma and account for 30% of all expenditures. The remaining 10% of children have serious chronic conditions; 60% of all children's health care expenditures are for this population. Consequently, managed care organizations may refuse to cover certain pre-existing

conditions or fail to affiliate themselves with physicians or other providers who specialize in treating children with these physical or mental health problems (Neff & Anderson, 1995).

A recent study conducted in the state of Washington examined the utilization of health and mental health services among low-income children (Takayama, Bergman, & Connell, 1994). Children in foster care were compared to children in AFDC households. Foster care children were more likely than children on AFDC to need specialized services for chronic illnesses. The rates of mental health utilization among foster care children were 8 times higher than among the AFDC children; average yearly health care costs among the foster care children were \$3,075 compared to \$543 for the AFDC children. Given these cost figures, managed care plans have a great incentive to limit enrollment for children with serious conditions; service providers also have incentives for refusing to provide care.

One of the proposed solutions to the exclusion of children with high cost medical or mental health problems is *carve outs* (Neff & Anderson, 1995). The cost of care for children without serious problems is estimated. Providers are paid at this rate. A separate estimate is made for the cost of care for children with more serious conditions. Providers who specialize in care for this population are paid at this higher rate. One of the consequences of this approach is that the managed care organization may only contract with a handful of providers who specialize in treating these conditions.

IMPLICATIONS FOR SOCIAL WORKERS

As with purchase of service contracting, social workers have their decision-making choices (discretion) limited under managed care. The pressures for using low-cost treatments, standardized treatment protocol, and the use of the DSM-IV for diagnostic purposes all limit the social worker's ability to make decisions about the best intervention for the service consumer (Alperin, 1994; Schlesinger, Dorwart, & Epstein, 1996; Shapiro, 1995).

The use of the DSM-IV (primarily Axis I) excludes consideration of environmental and cultural factors when making assessments (Rose & Keigher, 1996)³. Despite the fact that mental health issues among children originate in their families of origin, there are very few references to family-based interventions in the managed care literature on mental health practice (Layne, 1994). Other types of social work interventions (advocacy, prevention services, community-based practice) that may be required to address individual problems are not reimbursable (Mordock, 1996; Rose & Keigher, 1996). As discussed previously, provider organizations may actually be penalized financially for referring service consumers to specialists in the managed care network. Also some managed care plans contractually prohibit providers from discussing how restrictions on reimbursable services could adversely impact the service consumer's health (Ganske, 1996)⁴.

³ Some managed care plans refuse to reimburse providers for treatment of Axis 2 (character disorders) on the grounds that most therapies are long-term and have limited effectiveness.

⁴ In 1996, Congress passed legislation that would prohibit such restrictions.

Confidentiality may also be an issue of concern for social workers since some managed care plans call for precertification (approval of services before they are delivered) or concurrent review of services. Sensitive information about the service consumer and his or her problem will be released to both the managed care organization and the peer review panel (Shapiro, 1995).

There are a number of potential benefits associated with managed care. Social workers employed by private organizations that deliver services on contract with managed care organizations will need to adopt methods for the evaluation of practice in order to convince the MCOs that treatment has been effective (Mordock, 1996). Also reductions in the use of in-patient services may be beneficial for many children if it does not reduce access to such care for those who need such services.

Managed care plans may be beneficial to social workers in another way. Managed care organizations often attempt to reduce the cost of mental health services by limiting consumer access to high-cost mental health care services (psychiatrists) and increasing the quantity of services provided by psychologists and social workers (Layne, 1994; Mordock, 1996). Therefore, managed care may actually expand employment opportunities for social workers and provide an additional source of funds to private organizations that employ them.⁵

⁵ The use of managed care to deliver mental health services to Medicaid-eligible clients may also reduce jobs in the public sector. Mordock (1996) argues that private organizations that contract to deliver managed care services may use nonprofessional staff or volunteers to deliver services (and lower costs) in instances when care is not jeopardized and when contracts do not specify provider credentials.

Social workers will need to search for information about the services available through the various managed care plans available to their Medicaid recipients (and those programs that will be available to serve the non-Medicaid-eligible children in care). Social workers will need to advocate in order to ensure that service consumers receive a comprehensive package of quality services to meet their needs. Social workers will also need to gather information about possible access barriers which may limit medical and mental health care for low-income children and consequently may contribute to incidences of neglect and abuse. This is critical during a period when the number of low-income children who are eligible to receive medical services is limited by cuts in the AFDC population (see Chapter II).

SUMMARY

The shift to managed care for Medicaid-eligible individuals in most states will result in the rationing of physical and mental health care services. Since all children in foster care are eligible for Medicaid-funded services, referral sources for children who need assistance will often be providers affiliated with managed care plans. Some of these plans will limit coverage for certain types of services; restrict access to high-cost care (residential facilities), or exclude children with certain types of chronic or acute physical and mental health problems from the service delivery system. Managed care for mental health services will also result in restrictions on the discretion of social workers and other service providers in making assessments and selecting treatments. Chapter V discusses problems associated with restrictions on access to

services and Chapter VI examines the use of discretion by social workers and its role in policy setting and the delivery of services to clients.

QUESTIONS FOR DISCUSSION

1. Managed care reduces the cost of service delivery by limiting the quantity of care and restricting access to services. What impact do you think managed care will have on children and families in the child welfare system?
2. What impact do you think managed care will have on your practice as a child welfare worker?
3. What types of information would you need to make appropriate referrals of children and families to mental health services provided by nonprofit organizations or for-profit providers?
4. How do the basic principles inherent in managed care complement or conflict with basic social work values such as client self-determination and equality of access to services?
5. What are the social worker's responsibilities to advocate for greater access to services under managed care? Do the social worker's responsibilities differ in different work settings (CPS, nonprofit or for-profit firm that contracts to provide managed care services, employee of a managed care firm)?

CHAPTER V

**IMPACT OF FUNDING ARRANGEMENTS
ON ACCESS TO SERVICES**

CHAPTER V

IMPACT OF FUNDING ARRANGEMENTS ON ACCESS TO SERVICES

Access to services refers to the degree of difficulty experienced by people who wish to obtain assistance from public or private health and social welfare programs. Government agencies and private organizations may establish eligibility requirements and service delivery procedures which discourage people from applying for assistance or increase the "cost" of applying for free services (Prottas, 1979). Changes in funding mechanisms and regulations (as discussed in Chapters II-IV) that are designed to limit the amount of service or the expenditures associated with service delivery will also affect the client's ability to actually obtain the service. For example, access to service will be by managed care firms that limit the number of mental health sessions for Medicaid patients or government policies which prohibit the delivery of services to immigrants.

REDUCING ACCESS TO SERVICES

Rein (1983) has argued that in social welfare organizations, tensions exist between bureaucratic efforts to minimize cost and maximize benefits. Organizations that provide government-funded services such as income assistance, medical coverage, or child welfare services face pressure from taxpayers and politicians to limit expenditures and serve only those people most in need such as the very poor or people who are not expected to care for themselves (children, the elderly, or people with health problems). At the same time, these organizations face heavy demand for services from their clients.

Nonprofit organizations face similar pressures because they must raise funds to operate their programs from government agencies, foundations, or individual donors (Hardina, 1993). Monies raised must cover the cost of providing the service. Most nonprofit and government programs do not charge clients a fee for the services they receive. In for-profit organizations; fees usually cover costs. Very high fees keep demand for services low. Nonprofit and government-operated social welfare organizations must therefore find other alternatives to reduce demand for services and costs (Lipsky, 1980).

According to Smith & Lipsky (1993), organizations structure service delivery to control the flow of resources to clients and from the organization. These resources include goods and services, income assistance, worker time, and the actual costs of delivering the service. One method to reduce demand is the use of a means (or income) test to determine who will receive services. Only those people with incomes below a certain level are eligible to receive the service. Often the process of reducing access to services or limiting the amount of service provided to individuals and families is called rationing (Lipsky, 1980).

The amount of service delivered can also be controlled by reducing the supply of service. This can be done by simply funding programs at levels that make it impossible to serve everyone in need. WIC, for example, is an entitlement program for which funding is capped at a certain level. However, the amount of funds made available to state governments for these services is seldom sufficient to allow services to be delivered to more than 50% of the eligible clients (DiNitto, 1991).

Government agencies may also standardize the amount of service, ensuring that everyone receives an equal amount. While standardization may be a fair way to deliver the service, it also can lead to some people getting more service than they need and others getting less. Standardization also may result in services that are not suitable to meet the unique needs of clients in special circumstances or complex problems (Smith & Lipsky, 1993).

Demand can be reduced by setting eligibility requirements that exclude some groups of people from the service or making the application process so difficult and cumbersome that some people become discouraged and withdraw or fail to make application (Benedick, 1980). One method used to control eligibility is income or means testing.

ACCESS BARRIERS

Income testing is typically used by government agencies such as the Department of Social Services to ensure that only people with incomes below a certain prespecified level receive services. In order to qualify for assistance, applicants must present verification that confirms that they have very little income (usually below the poverty line) and few assets (Smith & Lipsky, 1993). In addition, some applicants are also required to verify expenses. Proof of income and expenses generally required for welfare applications include: pay stubs, unemployment records, bank books, rent receipts, and utility bills. Organizations may also alter intake procedures or impose additional requirements to further discourage applicants. Staff members may be

sanctioned for letting "too many client slip through the system" or providing too many benefits. Lipsky (1984) has called this process *bureaucratic entitlement*.

In contrast, many nonprofit organizations have traditionally targeted their services to specific population groups such as women, children, people with disabilities, or the elderly in order to ensure that people most in need will receive services. Application processes in these organizations are much less complex than in organizations that use income criteria to determine eligibility; some of these organizations rely on client self-report of need to determine eligibility. Those people who are not members of the organization's target groups are turned away or referred elsewhere when they apply for service. Often needs-based criteria have been abandoned by many nonprofit organizations as they accept government contracts for service delivery. Such contracts usually specify that the government's own income-based criteria be used to determine eligibility (Smith & Lipsky, 1993).

There are other access barriers to discourage people from seeking help (Hardina, 1993). Such barriers may include income eligibility determinations, long wait times for service, and complex or lengthy applications. The costs involved in traveling to and from service delivery sites will also limit access. Low-income people often do not have automobiles and must travel by bus. Social service offices that are only accessible by automobile may not be accessible to some groups of clients. The availability of parking is also a factor in whether people will seek services. Services located in rural areas or those

that are inaccessible by bus or located outside communities in need also limit access to services (Benedick, 1980; Stagner & Richman, 1986).

Other very tangible costs involved in obtaining services include the monetary costs of obtaining documentation (birth certificates, rent receipts, pay stubs) needed to apply for some government services such as welfare. If the service is designed for adults only, the cost and availability of daycare is also a factor. If the service is only provided between 9 a.m. – 5 p.m. during weekdays, clients will also lose money when they miss work. In addition, mandatory work or job training requirements associated with welfare also raise the price of participation and act as procedural barriers to work (Hardina, 1994).

SOCIAL AND CULTURAL BARRIERS TO ACCESS

Smith & Lipsky (1993) have argued that in social welfare organizations eligibility determinations are based on whether an individual is morally *worthy of assistance*. Historically, the *able-bodied poor* have been denied assistance based on the idea that unemployment was an indicator of immorality (Handler & Hasenfeld, 1991). Certain segments of the population have been traditionally considered *worthy* of assistance (children, the elderly, the disabled). Recently, the definition of *unworthy* has been expanded to include single mothers (Hardina, 1994). In addition, certain ethnic groups (Mexican Americans, African Americans, and Southeast Asians) have been portrayed by the media as unworthy of assistance (Glazer, 1995; Rank, 1994). These popular perceptions or stereotypes about who should receive assistance are incorporated into the eligibility decision (Lipsky, 1980). Stigma and societal perceptions about worthy

applicants are made explicit through complex application processes, income documentation requirements, and interaction with casework staff. In some instances, applicants may feel that the organization's staff has subjected them to rude or humiliating treatment (Prottas, 1979).

Cultural barriers may also be factors that limit access to services for some ethnic groups (Iglehart & Becerra, 1995). Social welfare organizations may incorporate popular stereotypes about ethnic minorities into their assessments of client problems and provide interventions that may not be appropriate for some cultural groups. (For example, child welfare organizations may try to place African American children with unrelated nuclear families for foster care rather than attempt to place the child within his or her own extended family.) In some cases, ethnic minorities may be excluded from the service delivery system because of language barriers and lack of staff from among the client's ethnic group (National Commission for Employment Policy, 1990).

Immigration status may also determine whether some seek or receive assistance from nonprofit organizations. Undocumented immigrants may fear deportation if they apply for help from government or nonprofit organizations (Drachman, 1995). Recent changes in Federal welfare laws will reduce access to services for both legal and illegal immigrants (Valenzuela, 1995).

IMPACT OF ACCESS BARRIERS ON SOCIAL WORKERS

Individual social workers may be affected by access barriers in a number of ways. Employers may encourage social workers to interpret eligibility guidelines narrowly in order to discourage as many applicants as possible.

They may also encourage social workers to limit the amount of benefits that are allocated to individual clients or families. In order to comply with agency expectations, social workers may withhold or fail to provide information about the availability of certain benefits (such as childcare for welfare recipients who work). Social workers faced with implicit sanctions against benefit provision will also be less likely to advocate for clients who need services, but who are not eligible under current policy (Lipsky, 1980).

Social workers will also encounter problems related to access in a number of other ways. As described in previous chapters on funding, financial incentives may force organizations to limit the supply of services available for children. A social worker may have difficulty finding a qualified mental health provider for a child with special needs under managed care or may have difficulty finding information that will help her choose the most appropriate service provider. Organizations that provide social services on contract to county CPS offices may refuse to accept children with serious or complex problems in order to increase both the number of successful cases and the amount of money they receive in reimbursement for the services provided.

Many organizations as well as networks of organizations that coordinate their service delivery to specific target groups or communities may establish gatekeepers to determine client eligibility, exclude those people the organizations do not wish to serve, and decide what services individuals should receive. In managed care health plans, for example, primary physicians play the role of the gatekeeper. In some organizations, a social worker may be

assigned to the gatekeeper role. He or she will need to incorporate social work values in making these client eligibility determinations. In many circumstances, other social workers may need to advocate on behalf of individual clients who are denied services by the gatekeeper (Rose & Keigher, 1996).

SUMMARY

Social welfare organizations use a variety of methods to ration, limit, or decrease demand for services available to clients. Some of these techniques include income testing, complex applications, or long waits for service that may discourage applications. Social workers may be faced with reductions in supply of services for children, have difficulty finding information about service availability, or may be placed in a gatekeeper role by his or her agency. Social workers also need to know how their own decision making on eligibility and service allocations affects client access (see Chapter VI).

QUESTIONS FOR CLASS DISCUSSION

1. Why do you think it is necessary for public welfare organizations to set eligibility criteria and use other procedures to limit access to services?
2. Do social workers typically make decisions that prevent some clients from receiving the services they need?
3. What criteria should a social worker use to determine who shall receive services?
4. What is the social worker's ethical responsibility in terms of helping clients obtain services that government or organizational policies say that they may not receive?

WRITTEN ASSIGNMENT

1. Choose a public or nonprofit organization that delivers welfare, child welfare, health, or social services. The organization you choose can be your field placement or employer.
2. Briefly describe the agency and the population it serves.
3. Identify service delivery problems that prevent the organization from meeting the needs of its clientele. You may need to talk to line workers and clients in order to identify problems.
4. Describe the manner in which the service delivery problem affects agency clientele. You can select problems from the following list (or you may identify other service delivery issues):
 - Wait time for services
 - Condition of waiting room
 - Number of clients served versus those turned away or referred elsewhere
 - Intake procedures or application process
 - Eligibility requirements
 - Treatment of those people filing applications by intake staff
 - Information provided to applicants about available services
 - Possible stigmatization of applicants or clients
 - Other procedures used to ration services or limit supply
 - Hours of operation
 - Location
 - Adequacy of public transportation and parking
 - Funding shortfalls that affect service delivery or limit access
 - Policies that limit or impede service delivery

CHAPTER VI

**SOCIAL WORKERS AS POLICY MAKERS:
THE ROLE OF DISCRETION IN POLICY IMPLEMENTATION**

CHAPTER VI SOCIAL WORKERS AS POLICY MAKERS: THE ROLE OF DISCRETION IN POLICY IMPLEMENTATION

Social work is considered to be a profession. Individuals with degrees in social work have public recognition of their knowledge and expertise in this field of practice. In employment settings, by virtue of professional status, social workers have traditionally had autonomy to make practice decisions regarding the services delivered to clients.

However, public concerns about accountability for funds used to deliver services to the poor have led to the development of funding mechanisms, such as purchase of service contracts and managed care, which can limit autonomy. Government and organizational policies also establish guidelines that must be followed by social workers who practice in child welfare settings.

There are six sources of constraints on social workers' decision-making ability:

1. Federal legislation
2. State and county legislation
3. State requirements for Licensed Clinical Social Workers (LCSWs)
4. NASW Code of Ethics
5. Organizational policies
6. Personal values of the social worker

FEDERAL LEGISLATION

As discussed in prior chapters, the receipt of Federal funding by state governments requires that Federal guidelines or regulations be adopted for the delivery of services. Because government decision making generally involves

bargaining among a variety of interest groups, the resulting legislation is often broad and ambiguous (this makes it easier to come to an agreement) and may contain conflicting goals. For example, most welfare reform legislation has been oriented toward reducing costs even though greater numbers of adult recipients have been required to participate in mandatory job training (Hardina, 1993). Federal and state agencies (Federal Department of Health and Human Services, California Department of Social Services) are required to publish specific guidelines or regulations needed to implement this legislation. Some Federal legislative provisions impose sanctions on state governments for failure to carry out specific provisions. The Federal government may also impose *unfunded mandates* on state governments, requiring that states carry out legislative provisions that may be expensive to implement, while authorizing no additional federal funds to carry out these mandates.

STATE LEGISLATION AND REGULATIONS

State governments also develop their own legislation for the delivery of public welfare services. County governments must adopt Federal and state policies if they wish to be reimbursed for the child welfare services they deliver. Once adopted these policies become part of the state legal code. County child welfare department adopt their own service delivery policies. Most county-specific policies are recommended by staff and are approved by each county's Board of Supervisors. Each Board of Supervisors member is elected by voters. Regional differences and local customs often contribute to differences in the

creation of county-specific policies and practices and the implementation of Federal and state policies.

STATE REQUIREMENTS FOR LICENSED CLINICAL SOCIAL WORKERS

Section 4996 of the California Business and Professions Code specifies that only individuals licensed by the State of California may call themselves, for professional purposes, *Licensed Clinical Social Workers*. In order to become a LCSW, a social worker must pass an exam. Section 4996.2 of the Business and Professions Code specifies that a LCSW candidate:

- Is at least 21 years of age,
- Has received a master's degree from an accredited school of social work,
- Has had two years of supervised post-masters degree experience,
- Has not committed any crimes or acts constituting grounds for denial of licensure,
- Has completed adequate instruction and training in the subject of alcoholism and other chemical substance dependency. (This requirement applies only to applicants who graduate from an MSW program after January 1, 1986), and
- Has completed instruction and training in spousal or partner abuse assessment, detection, and intervention (if the applicant started graduate training after January 1, 1995).

Legislation approved by the California Legislature in 1996 (Section 4996.22 of the Business and Professions Code; Appendix C) also requires LCSWs to complete 36 hours of continuing education every 2 years. The 2-year period for social workers renewing their licenses in 1999 begins in 1997. Providers of continuing education courses must be schools of social work, professional social work or mental health associations, or other entities approved by the Board of Behavioral Examiners.

ORGANIZATIONAL POLICIES

County governments often contract with nonprofit organizations for mental health and other types of services for children and their families. With the introduction of managed care plans, individuals in private practice and for-profit firms will have an increased role in the provision of health care, mental health, group home, and other social services for children in foster care and households that receive family preservation services. Organizations that contract with state or county governments must comply with Federal and state regulations governing the provision of child welfare services. Organizations that are reimbursed on a fee-for-service basis must follow guidelines established by the state in order to recover the cost of providing the service.

Although organizations must follow these guidelines, they may adopt procedures that allow them some flexibility in providing the services. Each organization will adopt policies that govern its interaction with clientele and the surrounding community. Because each organization has a unique culture of its own and may have clientele with unique needs, service delivery can be expected to vary among organizations. Some organizations will find that Federal or state guidelines limit responsiveness to community needs. Powerful organizations (those with substantial financial resources or influential supporters) may be in a better position to bargain with government in order to retain flexibility in the manner in which services are delivered (Hardina, 1993).

Nongovernment organizations also need to adopt policies for management of staff or activities that are not funded by Federal or state

government. For example, they must establish guidelines for employee absences or dress. In nonprofit organizations, elected or appointed board members establish policies for their organizations (Pierce, 1984). Often these policies are recommended by the executive director or other members of the management staff. Once a policy has been adopted by the board, the executive director is responsible for implementing it. In for-profit organizations, members of the board of directors, shareholders (people who hold stock in the corporation), or the company owners may set service delivery policies.

SOCIAL WORKER DISCRETION: ROLE OF CODE OF ETHICS AND PERSONAL VALUES

While it may sound as if social workers don't have much input into policy setting, they do have a great deal of power to determine who gets service and how it is delivered (Flynn, 1992; Pierce, 1984). Often social workers must rely on their own values or the values expressed in the *NASW Code of Ethics* to make service decisions. Social workers must do this because government regulations for policy implementation are not clear. Such guidelines are either:

- 1) Broad or ambiguous: Few guidelines are established for the delivery of services. The meaning of the guideline or directive is open to interpretation.
- 2) Specific or complex: They often contradict other policies established for similar situations (Lipsky, 1980; Prottas, 1979).

Lipsky has argued that such decision making by frontline workers actually creates policies. He has called workers in public welfare agencies *street-level bureaucrats* due to their role in interpreting and implementing government guidelines that are difficult to follow.

One reason that social workers have power is that social work is considered to be a profession. Members of professions (e.g., doctors, lawyers, and teachers) are recognized by the public as having special expertise to make technical decisions about the services and care people should receive (Freidson, 1986). In the case of professions such as doctors and social workers, state governments enforce education and other requirements before granting licenses to practice. By virtue of professional knowledge and status, professionals who work within government or nonprofit organizations also have autonomy to make certain types of service decisions, with limited amounts of direct supervision or supervisory controls. Social workers who provide child welfare services often have a great deal of autonomy to conduct activities such as abuse investigations, adoption and foster care placements, or the provision of family preservation services. The ability to make such decisions autonomously is called *discretion*. Social workers have discretion to interpret and enforce ambiguous government and organization policies.

NASW Code of Ethics

If the social worker's employer does not provide clear guidelines for service-related decision making, the social worker must develop his or her own framework or process for making these decisions. One reference source for the social worker is the NASW Code of Social Work Ethics. The Code provides a clear statement about how a social worker should act in many situations. For example, Section II (3) states that:

the social worker should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, color, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical handicap, or any other preference or personal characteristic, condition, or status.

Personal Values

Social workers may also use their personal values when making service-related decisions. Often our cultural background, religion, education, and experience may affect how we make decisions (Pierce, 1984). Some issues affecting social workers are quite controversial, especially those which center on which groups in society are worthy to receive services. While many of our ideas on social welfare in the U.S. are based on the idea that people most in need should receive service (children, the elderly, people with disabilities) and that people who are able-bodied should work to get what they need, public perceptions about the worthy poor change over time.

Historically, single mothers on welfare have always been among the worthy poor. During the last 10 years, however, single mothers have been expected to leave welfare and enter the work force (Hardina, 1993; Handler & Hasenfeld, 1991). Also, members of some ethnic groups are often stigmatized or denied service simply because the public has accepted negative stereotypes about these groups and their willingness to accept work rather than welfare. For example, negative public perceptions about the role of immigrants in U.S. society contributed to the provisions in the 1996 Personal Responsibility Act

which deny welfare and other public benefits to legal as well as illegal immigrants. Such personal attitudes often contradict the social work values expressed in the Code of Ethics. Social workers must be prepared to advocate for clients when their needs are not met through existing organization or government policies. Social workers must also know how to influence policy development and policy change.

SUMMARY

A central component of social work practice is knowledge of and adherence to the *Code of Ethics* when making eligibility and policy-related decisions. However, social workers need to be able reconcile professional and personal values with goals and values incorporated into government and organizational policies. Child welfare social workers must be able to engage in certain policy-related skills as a component of their practice. They must be able to analyze the content of policies, and understand how policies are developed and how to influence the policy development process. Social workers must develop specific skills for influencing the process of policy change including advocacy, lobbying for legislation, and participation in electoral politics.

Chapters VII-IX describe the content of Federal and state policies that affect child welfare workers. Chapter X describes methods for analyzing policy content. Chapters XI-XIII describe methods for examining how policies are developed. Chapters XIV-XVII look at specific skills that can be used by the social worker to influence the policy process.

CHAPTER VII

FEDERAL CHILD WELFARE LEGISLATION

CHAPTER VII FEDERAL CHILD WELFARE LEGISLATION

Prior to 1974, the Federal government limited its role in child welfare to the provision of income assistance, foster care, and medical services for AFDC-eligible children. During the last 20 years, however, Congress has acted to intervene in child abuse reporting, foster care, and adoption planning. Consequently, Federal regulation of child welfare decisions has become much more prevalent. This chapter will focus on four primary legislative initiatives: child abuse reporting, permanency planning, the Indian Child Welfare Act, and recent legislation related to adoptions and foster care placements.

Legislation that affects the delivery of child welfare services includes: Title IV of the Social Security Act (1935), Title XIX of the Social Security Act (1965), the Child Abuse and Treatment Act of 1974, the Indian Child Welfare Act of 1978, the Adoption Assistance and Child Welfare Act of 1980, Independent Living Initiative of 1986, the Family Support Act of 1988, and the Indian Child Protection and Family Violence Prevention Act of 1992. Recent child welfare legislation includes the family preservation sections of the Omnibus Budget Reconciliation Act of 1993, the Multiethnic Placement Act of 1994, and the Personal Responsibility Act of 1996 (See Table 1).

Additional funding for children's services has been provided in the Juvenile and Delinquency Prevention Act of 1974 (PL 94-142), Education of All Handicapped Children Act of 1975 (PL 94-142), Education of the Handicapped

Act Amendments of 1986 (PL 99-457), Title I Handicapped Programs Technical Amendment Act of 1988 (PL 100-630), and the Education of the Handicapped Act Amendments of 1990 (PL 101-476). For a more detailed discussion of this legislation see Pecora, Whittaker, and Maluccio (1992).

Table 1: Federal Child Welfare Legislation⁶

<p>Title IV of the Social Security Act of 1935 Establishes the AFDC program.</p>
<p>Title XIX of the Social Security Act of 1965 Establishes the Medicaid program to provide medical services to low-income families.</p>
<p>Child Abuse Prevention and Treatment Act of 1974 Mandates that states set up systems for the reporting of known and suspected cases of abuse and neglect</p>
<p>Indian Child Welfare Act of 1978 Regulates the placement of Native American children with non-Native American families. Gives Tribal governments a role in placement decisions affecting Native American children. Provides a means for Tribal governments to establish their own child welfare services.</p>
<p>Adoption Assistance and Child Welfare Act of 1980 Provides financial incentives for states and mandates that states provide services that will limit foster care placements and increase adoptions through a process called "permanency planning."</p>
<p>Independent Living Initiative of 1986 Authorizes funding for services to prepare teenagers in care to move into adult roles and live independently.</p>
<p>Family Support Act of 1988 Requires that state governments establish mandatory work programs for parents in AFDC households. Provides funds for childcare and transportation expenses for parents who participate in work programs. Requires that mothers cooperate with efforts to establish paternity, locate birth fathers, and obtain child support payments.</p>

⁶ Portions adapted from Pecora, Whittaker, and Maluccio (1992)

Table 1: Federal Child Welfare Legislation (cont'd)

Indian Child Protection and Violence Prevention Act of 1992

Establishes a mandatory reporting law for child abuse on reservations. Provides funding for a 3-year period (1992-1995) for the creation of child sexual abuse treatment programs.

Omnibus Budget Reconciliation Act of 1993, Subpart 2

Provides a source of funding to state governments for Family Preservation Services demonstration projects.

Multiethnic Placement Act of 1994

Requires that ethnicity not be used as the sole factor in decisions related to adoption and foster care.

Adoptions, Promotion, and Stability Act of 1996

Provides a tax credit for families who adopt children. Amends the Indian Child Welfare Act in order to limit tribal intervention in cases that involve birth parents who have had limited contact with their tribes. Prohibits adoption placement decisions based on race or ethnicity.

Personal Responsibility Act of 1996

Eliminates the entitlement status of the AFDC program. Limits the amount of time adults may receive benefits to 5 years. Eliminates AFDC, SSI, and Food Stamp benefits for legal immigrants.

CHILD ABUSE REPORTING

With the passage of the Child Abuse Prevention and Treatment Act of 1974, the Federal government began to provide funding for abuse prevention services (Pecora et al., 1992). The primary focus of the Act was to provide funds for state demonstration projects to address both child abuse and neglect. This legislation also established the National Center on Child Abuse and Neglect. Both of these provisions were in response to public recognition of child abuse as a serious social problem. Although state child welfare programs benefited from the funds provided under the Act, specific provisions of this

legislation were to have a long-term impact on the workloads of CPS workers. The Child Abuse Prevention and Treatment Act is the legislation that requires state government to establish requirements for mandatory reporting of suspected abuse and neglect cases by teachers, physicians, social workers, and other professionals who have regular contact with children.

This requirement proved to be problematic on a number of levels. The Act did not provide an adequate definition of abuse and neglect. Despite the fact that the volume of cases reported to child welfare authorities increased substantially under the Act, insufficient funds were provided for abuse investigation, prevention services, or treatment (Lindsey, 1994; McDevitt, 1996; Pecora et al., 1992). Almost 2 million reports of abuse and neglect were received by state child welfare departments in 1992; mandated reporters made 52% of these reports. However, only 46% of these reports were substantiated. Deisz, Doueck, & George (1996) argue that this discrepancy is due to ambiguous definitions of maltreatment that varies by state and differences in education training among various professional groups. For example, a therapist may make a report based on "reasonable cause to suspect" triggered by a number of behavioral indicators or patterns of intra-family interaction, while CPS workers look for more tangible evidence of abuse such as bruises.

Both Pelton (1989) and Lindsey (1994) argue that mandatory reporting has not been successful in reducing abuse. Instead, it shifted the focus of child welfare work from helping low-income families cope with the harmful affects of poverty to an investigatory role that deemphasized child protection and

fostered adversarial relationships with parents. The time and money used for investigations reduced expenditures for family reunification and other services.

INDIAN CHILD WELFARE ACT

The Indian Child Welfare Act of 1978 was designed to address problems associated with removal of Native American children from their families and their subsequent placement in residential schools, foster care homes, and the adoptive homes of non-Native American families. Between 1969 and 1974, 35% of Native American children were placed in foster care or institutions; in some states over 85% of Native American children were placed with non-Native American families (Jones, B. J., 1995; Matheson, 1996). The practice of outplacement of Native American children was intended to promote the assimilation of Native American children into the dominate culture (Mannes, 1995). Tribal representatives were concerned about the loss of cultural identity and traditional languages among Native American children (Nicoll, 1996). Other social problems experienced by Native American adolescents were also attributed to the loss of cultural identity: depression, suicide, anti-social behavior, and family dysfunction (Mannes, Matheson).

Tribal leaders also believed that the lack of cultural knowledge about Native Americans among White child welfare workers contributed to the high removal and outplacement rates for Native American children. Although some tribal governments had begun to deliver social services, few states or local governments recognized tribal rights to intervene in child welfare cases or the jurisdiction of tribal courts in placement decisions (Mannes, 1995). Some states

refused to license child welfare agencies or foster care homes located on reservations.

The Indian Child Welfare Act of 1978 was designed to limit the out-placement of Indian children, establish the jurisdiction of tribal courts in cases involving Native American children, and provide a funding mechanism (Title IV-B of the Social Security Act) through which tribal governments and Native American organizations off-reservation could establish child welfare agencies. The ICWA establishes specific procedures that pertain to foster care placements, termination of parental rights, and adoption services for Native American children. The same Federal regulations (the Adoption Assistance and Child Welfare Act of 1980) that govern the services provided by state child welfare departments also apply to organizations covered by the ICWA (Plantz, Hubbell, Barrett, & Dobrec, 1989). The Act also specified that child welfare organizations were to give preference to members of the child's extended family, tribe, or other Native Americans in making placement decisions

The primary difficulty in implementing the Act has involved determining whether the child is in fact an Indian. Tribal governments have a variety of methods for making such a determination including family relationships and residence on the reservation (Jones, B. J., 1995). Any custody case in which the child is determined to be an Indian must be transferred to tribal courts unless a "good cause" determination has been made by one of the parties to the court decision. Good cause can include such factors as a history of limited contact between the child and the tribe, absence of a tribal court for the

specific tribe in which the child is a member, an objection to the transfer by the child if he or she is over 12, and evidence that the transfer would impose a hardship on the parties involved because of travel distance to the tribal court.

The research evidence suggests that the ICWA was never fully implemented and has not been successful in reducing foster care and adoption rates. A study conducted in 1989 indicated that Native American children were in substitute care 3.6 times the rate for non-Native American children (Plantz, et al., 1989). The number of Native American children in care increased by 25% from 1980 to 1986, while rates among children in other ethnic groups decreased. The rate of placement increase was greatest in Native American-operated child welfare programs. Placement rates for Native American children in public programs actually decreased by 15% during this time period. Plantz et al. did find, however, that public agencies did increase efforts to notify both parents and tribal governments prior to removing children from their homes.

Federal records indicate that tribal governments have received very little funding for child welfare services from the U.S. Department of Health and Human Services. HHS has taken only limited action to review the services provided to children by tribal governments, and no action to ensure that state governments comply with ICWA provisions (U.S. Department of Health and Human Services, 1994).

PERMANENCY PLANNING

The rapid growth in the number of children in foster care subsequent to the implementation of the Child Abuse Prevention and Treatment Act resulted

in additional Federal funding for child welfare services and additional regulation of prevention services and foster care. In 1980, Congress passed the Adoption Assistance and Child Welfare Act (PL 96-272). This legislation amended Title IV of the Social Security Act and added Title IV-E to its provisions (Pecora et al., 1992). As described in Chapter I, the Act created a two-tier funding system for child welfare services. Title IV-E provided funds for states to provide food and shelter for foster children from families who have incomes low enough to qualify them for AFDC. No Federal funding was provided, however, for children removed from homes that did not qualify for AFDC benefits. Title IV-B provided funds to the states for providing child welfare services to abused and neglected children living at home or in foster care placements.

In return for this funding, states were to comply with Federal guidelines for providing child welfare services including standards for care, preparation of case plans, periodic case reviews, preplacement prevention services, and creation of a state inventory of children in care. Two provisions of the Act were specifically oriented to *permanency planning* (the reunification of children with parents or adoption rather than temporary foster care; Pecora et al., 1992). The first provision required states to deliver specific services that would encourage reunification or adoption (e.g., daycare, homemaker, parent education, and family counseling). The second provision required states to provide adoption subsidies for children with special needs. The legislation specified special needs to include such factors as disability, age (over 12), membership in a minority group, and placement of a child in the same setting as his or her

siblings. Although *special needs* children were required to be AFDC- or SSI-eligible, subsidies were to be given to parents regardless of income.

While this legislation attempted to create national standards for child welfare services provision, it was never funded at levels adequate enough to ensure that the Act's primary goal, reducing foster care, was achieved. According to Lindsey (1994), the legislation within the first 2 years of implementation reduced state foster care rolls from a high of over 500,000 in 1977 to 262,000 in 1982. However, in the early 1980s the Reagan administration began to make substantial funding cuts in most social welfare programs and shifted a number of Federal responsibilities to state governments. Consequently, the provisions in the Adoption Assistance and Child Welfare Act are essentially an unfunded Federal mandate with much of the service costs and procedures for program monitoring assumed by state and local governments (Samantrai, 1993). As a result of the restrictions imposed by inadequate funding, states never really implemented the guidelines specified in the Act or developed comprehensive prevention services. The number of children in foster care was expected to again reach 500,000 by 1995 (Lindsey, 1994). Pelton (1989) has argued, however, that Federal funds for foster care actually increased as a proportion of all child welfare funding, effectively sabotaging the primary purpose of the Act, reducing the number of children placed in out-of-home-care.

The Reagan administration also implemented cuts in funding for Title XX social services. Funding under Title XX of the Social Security Act was

converted from a grant designed to provide a variety of services (including prevention services) to low-income families to a block grant. The block grant allowed states the discretion to allocate this funding for the delivery of a wide variety of social services. These services were not specifically intended to be limited to low-income- or AFDC-eligible populations. Consequently, changes in this funding stream also reduced funds available for child welfare services (Pecora et al., 1992; Samantrai, 1993).

FAMILY PRESERVATION SERVICES

In response to the large number of children in foster care and the availability of Federal funding from the Adoption Assistance and Child Welfare Act of 1980, a number of state governments and private organizations began to develop programs designed to help children at risk of abuse remain with their families. These programs, developed in the mid to late 1980s, were designed to reduce the number of children who entered foster care. In many of the Family Preservation programs a caseworker or therapist intervenes with the family on a short-term basis to teach parenting, communication, and coping skills. Some of the first FP programs, such as Homebuilders in Washington State produced promising results. However, Bath and Haapala (1994) have argued that much of the program effectiveness research has been inconclusive and has not adequately controlled for factors that could bias results.

Despite the lack of scientific proof of effectiveness these programs remain highly popular. In 1993, Congress approved funding in the Omnibus Reconciliation Act of 1993 (HR 2264) for state governments to provide both

family preservation services (Omnibus Reconciliation Act, 1993). Family preservation services are defined as services designed to:

- Return children to families from which they have been removed,
- Place children for adoption or some other permanent placement,
- Help children at risk of placement in foster care to stay with their families,
- Provide follow-up care to children reunited with their families after leaving foster care,
- Provide respite care for children in order to relieve caregivers, and
- Provide parenting skills training.

To receive these funds, states must develop a plan for service delivery and submit annual performance reviews to the Federal government. States are responsible for paying 25% of the service cost with the Federal government providing the remaining 75%. The legislation also calls for an evaluation of program effectiveness to be conducted by the Secretary of Health and Human Services (HHS).

FEDERAL ADOPTION LEGISLATION

During the late 1980s, incidences in which Native American birth parents had signed over the right to their children but adoptions were held up by the tribe were given a high profile by the press (Cariappa, 1988); also publicized were the difficulties experienced by White foster families who had tried to adopt African American babies (Brophy, 1989). Interracial adoption is opposed by the National Association of Black Social Workers for reasons similar to those raised by Native American tribal governments (Tyson, 1996). Loss of ethnic identity has a negative impact on children, adolescents, and young adults

raised in adopted homes in which parents have difficulty fostering ethnic pride and cultural values among ethnically different children. This is a particular issue of concern among Native Americans because language and customs may not be passed on to successive generations (Matheson, 1996).

Cultural identity issues were given little validity by the popular media. As portrayed in the press, the limited number of children available for adoption was a consequence of permanency planning, placement of children with relatives, and family preservation services (Harris, 1988). Another reason given for this legislation is that minority children make up almost 50% of the 500,000 children in foster care. These children remain in the system more than twice as long as White children (Tyson, 1996). Consequently, in 1994, Congress passed the Multiethnic Placement Act (PL 4181; Appendix D) which mandates that child welfare workers and agencies not use ethnicity as the sole factor in selecting adoptive parents or making foster care placement decisions.

In 1996, Congress approved the Adoption Promotion and Stability Act which provides a tax credit of up to \$5,000 for adoptive parents and makes the Indian Child Welfare Act inapplicable in child custody cases in which the child does not live on the reservation and at least one of the child's birth parents has not maintained "significant social, cultural, or political" affiliations with the tribe. The Act also prohibits state governments from making adoption or foster placement decisions based on race or ethnicity and places financial sanctions of up to 10% of the state's child welfare funding for noncompliance.

SUMMARY

The Federal government provides funding for child welfare services, child abuse prevention, protective services, foster care, and adoption. In order to receive funding, state governments must comply with guidelines established legislatively for the use of these funds. These guidelines or regulations establish parameters for the use of funds, development of services, and the placement decisions made by individual child welfare workers. (For an example of how new guidelines will affect poor children and their families see Chapter VIII.) Legislation passed by state governments also determines how child welfare services are delivered (see Chapter IX).

QUESTIONS FOR CLASS DISCUSSION

1. Do you think that Federal funding for child welfare services has improved the lives of children in the child welfare system?
2. How do you think state governments would fund and deliver these services without Federal assistance?
3. In your opinion, are there specific ways in which Federal child welfare and adoption regulations help a CPS worker do his or her job?
4. In your opinion, are there specific ways in which Federal child welfare and adoption regulations restrict what a CPS worker can do on the job?

CHAPTER VIII

CONVERSION OF A CATEGORICAL PROGRAM TO BLOCK GRANTS: THE CASE OF THE PERSONAL RESPONSIBILITY ACT

CHAPTER VIII

CONVERSION OF A CATEGORICAL PROGRAM TO BLOCK GRANTS: THE CASE OF THE PERSONAL RESPONSIBILITY ACT

The new welfare legislation (HR 3734—Personal Responsibility Act [PRA]) passed in July, 1996, represents a radical change from previous welfare reform legislation. The Family Support Act of 1988 required state governments to implement employment and training programs that were to assist AFDC recipients in moving from welfare to work. The Personal Responsibility Act of 1996 ends the entitlement status of AFDC. There will no longer be a guarantee that each eligible applicant will receive benefits. This legislation also ends the AFDC program and converts federal welfare dollars into block grants for the states. The new program is called Temporary Assistance for Needy Families (TANF). PRA also increases state discretion in determining who is eligible and allows states to cut benefits to both legal and illegal immigrants. It is expected that the new *welfare reform* will have a significant impact on the child welfare system (Children's Defense Fund, 1996; Hendrix, 1996).

REASONS FOR THE NEW WELFARE REFORM

There are a number of reasons that the new reform legislation was passed in 1996. Politicians (beginning with President Reagan during the early 1980s) and the media have often portrayed welfare recipients as lazy or immoral people who simply refused to work. These ideas were widely accepted by the public, but have little basis in fact. While welfare recipients are thought of as inner-city, single mothers (primarily African Americans or Mexican American

immigrants) with large families, only 2-3% of all Americans fit this profile (Glazer, 1995). Welfare is portrayed as intergenerational with families remaining on the system for two to three generations.

In fact, almost 70% of all welfare recipients (including those that receive Food Stamps and Federal welfare benefits for the elderly and disabled are White (Rank, 1994)⁷. Twenty-five percent of all U.S. citizens are on welfare for at least a short time within a 10-year period; two thirds of welfare recipients go off welfare in less than 3 years. Only 2% of all Americans receive at least half their income from welfare for 8 years or more (Funicello, 1993). In addition, it is important to note that two thirds (over 9 million) of the individuals who receive AFDC benefits are children under the age of 18 (Dickinson, 1995). Numerous studies indicate that adults from families that received welfare when they were children are no more likely to become welfare recipients themselves than adults from non-welfare families (Corcoran, Duncan, Gurin, & Gurin, 1985; Downey & Moen, 1987; Duncan & Hoffman, 1988; Kimenyi, 1991).

Another *welfare myth* is that the cause of the federal deficit is government expenditures for the poor. In fact, AFDC constitutes less than 1% of all Federal spending (Piven, 1995). A third myth that has guided the new reform is that mandatory work and job training programs have been effective in helping people find jobs and leave the welfare system. Again this idea has little

⁷ The Federal government provides Supplemental Security Income (SSI) benefits to the elderly and disabled children and adults who have not contributed the earned income necessary to qualify for Social Security benefits. Republican welfare reform proposals in 1995 included a provision to eliminate SSI benefits in the future for most disabled children.

basis in fact. Almost all state demonstration projects involving mandatory work/job training or increased financial incentives for work produced less than \$1,000 per recipient in increased earnings (Friedlander & Burtless, 1995; Gueron & Pauly, 1991;). For many recipients, this additional income was not sufficient to help them leave the welfare system permanently.

One of the primary issues of concern with the new legislation is that there will not be sufficient jobs for those individuals who will lose welfare benefits when time limits or prohibitions on benefits for immigrants take effect. A number of economists (Blank, 1995; Burtless, 1995; Danzinger & Lehman, 1996) have estimated that the number of jobs for women without high school diplomas is limited; few single mothers are likely to find work. Another concern is the availability of childcare. Federal legislation does not contain sufficient funding for childcare expenses for women with young children (Children's Defense Fund, 1996; Clark & Long, 1995; Hagan & Lurie, 1993).

MAJOR PROVISIONS IN THE PERSONAL RESPONSIBILITY ACT

The legislation contains the following major provisions related to cash assistance, work requirements, Food Stamps, Social Security Income (SSI), immigrants, and child welfare:

- Cash assistance

The block grant will be implemented by July 1, 1997 (combines funds for AFDC, job training, emergency assistance). The total block grant is fixed or *capped* at \$16.4 billion annually. No increases in this amount will be made. The amount is based on state's highest annual expenditures between 1992 and 1995. Some monetary incentives are provided (e.g., for decreasing teen births) as well as a contingency fund (for periods of high unemployment and/or Food Stamp utilization) and a loan fund.

State governments can choose to reduce grants and cap funds available for benefits. Eligibility can be denied when funds are exhausted.

A 5-year time limit (lifetime) for cash assistance is imposed. (The time limit does not apply to children who receive AFDC benefits.)

Adult recipients must work or participate in job training or lose assistance after 2 years.

States can exempt 20% of their caseload from the 5-year time limit and choose to exempt families with children under age 1 from work activities.

States have discretion to deny aid to three groups of people:

- Noncitizens (including legal residents)
- Minor parents unless they are attending school and living in an adult-supervised setting
- Children born while the parent is on aid.

Benefits can be reduced for persons who move from another state.

Grants can be reduced by 25% if the mother does not cooperate in establishing her child(ren)'s paternity.

- Work requirements

25% of the caseload must participate in work activities in 1997; 50% must participate in 2002.

75% of two-parent families must participate in work activities in 1997; 90% must participate in 1999.

Single-parent families must work 20 hours/week in 1997-98 and 30 hours/week by the year 2000. Two-parent families must work 35 hours/week.

Work activities include employment, on-the-job training, job search, community service, and vocational education. Only recipients who engage in these activities will be eligible for education or skills training programs.

States must reduce grants to recipients who refuse to participate in work activities.

States could lose up to 5% of their block grant for failure to meet work requirements; this can increase by 2% per year with a limit of 21%.

- Food Stamps

\$23 billion is cut from the Food Stamp Program over 6 years and the maximum Food Stamp benefit is reduced by 3%.

Able-bodied adults (18-50) without children can only receive benefits for 3 months during a 3-year period unless they work at least 20 hours/week.

Children 21 or under who are married or have their own children may no longer be treated as a separate Food Stamp household. (This reduces benefits for the combined household living under one roof.)

- Social Security Income (SSI)

States are required to identify inmates receiving SSI so that they can be cut off.

The use of a more stringent medical eligibility assessment for children is required. (The use of the Individual Functional Assessment tool to evaluate the child's functioning is discontinued and references to maladapted behavior in the assessment process are eliminated.)

- Immigrants

Eligibility for AFDC, Food Stamps, and SSI for non-citizens (both legal and illegal residents) are terminated.

States can deny Social Services and non-emergency Medicaid benefits to non-citizens.

States can choose to eliminate prenatal benefits for immigrants. States can deny nutrition services (other than school lunch and breakfast programs) to non-citizens.

New legal immigrants will be ineligible for all federal benefits for 5 years (other than public education and school meal programs).

Illegal non-citizens are ineligible for benefits except for school meals and emergency Medicaid, immunizations, public health, some housing programs, and non-means-tested in-kind services such as soup kitchens.

The government can recoup benefits from sponsors; period of time for deeming sponsor's income until non-citizen has worked 40 quarters or becomes a citizen.

Exceptions to the provisions pertaining to immigrants include refugees in their first 5 years of residency in the U.S. and U.S. veterans.

- Child Welfare

States are permitted to shift up to 10% of the TANF block grant to the Social Service Block.

PRA prevents women and children from losing Medicaid (Medi-Cal) coverage when a state converts AFDC to a block grant, but states may deny Medicaid to families who refuse to cooperate with work requirements.

The Federal guarantee of foster care and adoption assistance, and Medicaid for children in foster care and adopted children is maintained. Child's eligibility for federal foster care and adoption assistance will be based on the eligibility of the child's family for AFDC according to rules in effect on June 1, 1995.

Funds for other services (independent living, family preservation, child abuse prevention) are maintained.

Child welfare workers are required to give preference to a child's adult relatives in foster care placements.

For-profit as well as nonprofit group homes become eligible for foster care reimbursement funds.

More funding is provided for states to develop foster care, adoption, and child welfare tracking systems.

The legislation calls for the creation of a central tracking system that can be used to enforce child support orders.

IMPLICATIONS OF THIS LEGISLATION

The California Legislative Analyst's Office (1996b) estimates that the state will lose \$51 million in Federal dollars during 1996-97 and \$6.8 billion over the first 6 years (depending on state decisions on coverage for some groups of

people [immigrants, additional children on grant]). Most of the reduction in funds will be associated with the loss of benefits for non-citizens (SSI, Food Stamps, and Medicaid). While the federal government will still provide reimbursements for children in foster care and adoption placements, cuts in programs for immigrants and welfare time limits and work requirements will have a potentially devastating impact on children.

The President's Office of Management and Budget (OMB) estimates that 1.5 million children could fall into poverty as a result of this legislation. However, the Center on Budget and Policy Priorities (1995) estimates that over 5 million children could lose welfare benefits and fall into poverty. We can anticipate that greater numbers of children will be abused or neglected as a direct result of parental loss of benefits. Cuts of \$500 in Food Stamp benefits for AFDC households (or actual loss of benefits for legal immigrants) can be anticipated to increase hunger and malnutrition among low-income children (Children's Defense Fund, 1996; Center on Budget and Policy Priorities, 1996a).

The potential loss of Medicaid benefits for non-citizens can increase physical and mental health problems, exacerbate the spread of communicable diseases, and increase child mortality rates in many low-income communities (Newacheck et al., 1996). Changes in assessment procedures could result in the loss of SSI and Medicaid to more than 300,000 people with disabilities such as autism, tuberculosis, mental retardation, and head injuries (Loprest, 1995).

While the PRA preserves most categorical funding for child welfare services, the potential shift, at state discretion, of up to 10% of the TANF block

grant to the Social Service block grant could have a direct effect on child welfare services. States may allocate the Social Service block grant among a number of population groups (children, the elderly, and adults) and different types of programs (mental health, substance abuse, services for the homeless, etc.). The Center on Budget and Policy Priorities (1996b) believes that, in some states, funds shifted from TANF will be used to fund services for the elderly rather than reserved for services that will benefit low-income children.

SUMMARY

Termination of the entitlement status of the AFDC program is likely to have a devastating effect on low-income children. Many children will experience poverty and be denied access to medical care simply because their parents are not citizens. Other children will be affected by time limits reducing parental eligibility for welfare, cuts in Food Stamp benefits, and changes in eligibility criteria for SSI benefits. This massive loss of benefits is expected to result in large increases in the number of abuse and neglect reports in most states.

QUESTIONS FOR CLASS DISCUSSION

1. How do you think the job of the average child welfare worker will be affected by the Personal Responsibility Act?
2. How do you personally feel about some of the major provisions of the Act:
 - Time limits?
 - Mandatory work requirements?
 - Changes in eligibility criteria for SSI?
 - Restrictions on benefits to immigrants?

Do you think these changes are appropriate? Why? Why not?

3. Do the values (personal responsibility; individualism) represented in the provisions of the Act support or conflict with the values inherent in the NASW Code of Ethics?
4. What interest groups are likely to benefit as a result of changes in the welfare system?

ASSIGNMENT: ANALYSIS OF THE PERSONAL RESPONSIBILITY ACT

1. Find the Personal Responsibility Act using the Federal government information in the Word Wide Web [<http://thomas.loc.gov/>].
2. Download at least one section of the Act (provisions on AFDC, SSI, Food Stamps, child welfare, immigrants, etc.).
3. Describe how you think people will be affected by these provisions in terms of income security or finding the social services they need for themselves or their families. Are some provisions more or less fair than others?
4. Identify those policy-related values inherent in these provisions.

CHAPTER IX

STATE LEGISLATION

CHAPTER IX STATE LEGISLATION

In addition to Federal legislation, child welfare workers also must comply with regulations established by state government. States implement legislation in order to comply with Federal requirements. They also develop legislation to respond to the concerns of voters and interest groups within the state. This chapter examines the relationship between Federal, state, and local governments, describes the content of various sections of the state legal code pertaining to child welfare and social work practice, and identifies sources of information about state legislation.

THE RELATIONSHIP BETWEEN FEDERAL, STATE, AND LOCAL GOVERNMENT

The Federal government cannot directly order states to implement social welfare legislation. It can, however, provide funding for specific services and tell state governments that they must comply with regulations and standards in order to receive these funds (Samantrai, 1993). Consequently, much of California's child welfare code was drafted so that the state would be in compliance with Federal requirements and could receive Federal funds.

This is also the reason that state governments lack uniformity in laws that require professionals to be mandatory reporters and in legislative definitions of abuse and neglect and appropriate prevention services. Since each state passes its own version of legislation to allow implementation of Federal laws, these bills may vary substantially by state. Differences may be

attributable to regional differences in attitudes and opinions, differences in values and policy preferences among state lawmakers, the various interest groups involved in shaping state child welfare legislation (as well as the power resources of these groups), and the amount of state money available for enforcement of a bill's provisions (Samantrai, 1993). Since much of Federal legislation involves either unfunded or underfunded mandates, state allocation of funds is needed in order to fulfill obligations to the Federal government associated with specific categorical programs. If this funding is not forthcoming, either the mandate will not be implemented or resources will be taken from other child welfare-related activities (Lindsey, 1994; Pecora et al., 1992).

California has a decentralized system for the administration of child and other public welfare services. What this means is that county governments have the responsibility for providing public welfare services and that, at least, theoretically, they have a high degree of discretion in deciding how they will deliver these services. Administrative decision making in each county lies with the Board of Supervisors. Each county must implement state legislation if it wishes to be reimbursed for the services it delivers; however, no new state legislation can contain unfunded mandates. The California Constitution requires that the state must reimburse local agencies and school districts for the costs associated with the implementation of any new legislation.

STATE LEGISLATION

Much of the state's child welfare legislation is simply used to implement Federal regulations. Guidelines provided in state legislation are quite specific

and must be used by child welfare workers to make practice decisions related to child abuse reports, case plans, placement priorities for adoption and foster care, and the types of services to be provided to children and families. Because of the specificity of this legislation, child welfare discretion, in many instances, is limited. New legislation is introduced in order to keep state laws consistent with Federal regulations and revise sections of the existing California Legal Code (1996) in response to the preferences of state legislators, state DSS officials, CPS workers, and the public. For example, Bill AB 2329 (see Appendix E), amended the state Legal Code to require that parents be notified immediately when a minor is taken into state custody due to abuse or neglect. The new legislation also specified that the location of the child (placement facility) and a phone number that could be used to reach the child should be given to the parents. Previous provisions in the Code had specified that the juvenile court could authorize peace officers or social workers to withhold information from the parents about where the child was being held.

Child welfare-related legislation that has been passed by the state legislature and signed by the Governor is contained in the state Legal Code. Specific sections of the code contain provisions related to child welfare and social work practice: the Welfare and Institutions Code, the Family Code, and the Penal Code.

The Welfare and Institutions Code is where specific guidelines for child welfare service provisions are contained. For example, the Code was amended in 1993 to include provisions on the delivery of family preservation services.

This addition was required in order that California be eligible for Federal funds under Public Law 103-66; the 1993 Omnibus Budget Reconciliation Act of 1993. PL 103-66 authorizes funds for the implementation of amendments to the Social Security Act, Section 431, which sets forth definitions of the types of family preservation services that states are required to deliver.

The state legislation to implement these provisions is contained in the Welfare and Institutions Code, Section 16500. This section specifies how Federal and state funds are to be allocated to each county and defines those services that may be delivered with these funds as "counseling, mental health treatment and substance abuse treatment services, parenting, respite, day treatment, transportation, homemaking, and family support services." Specific criteria for evaluating the success of these services are also identified in the code. Other sections of the Code define *child welfare services* (Section 16501), require that counties provide emergency response teams when child abuse reports are filed (Section 16501f), and specify that a case plan be prepared for every child who receives services from CPS (16501.1). The Code also establishes guidelines for mandatory reporters, filing child abuse complaints, the investigation of complaints, and priorities for making placement decisions (Crime Prevention Center, 1993).

All child welfare legislation that specifies criminal penalties associated with certain types of behavior are contained in the California Penal Code. Specific provisions are related to legal definitions of neglect as well as sexual, physical, and emotional abuse. Requirements for mandatory reporters are also

contained in the Code. Section 11166.5c contains a provision that states that fail to report a suspected incidence of abuse or neglect by a mandatory reporter is punishable by 6 months in jail, a fine of \$1,000, or both.

The California Family Code (see Appendix F) establishes procedures for adoption. Other legislation related to social work practice is contained in California Business and Professions Code, which contains provisions related to state requirements for becoming a Licensed Clinical Social Worker. The requirements for LCSWs are enforced by the California Board of Behavioral Examiners which publishes regular updates in changes in the Code that affect social workers (see Chapter VI).

ADDITIONAL SOURCES OF INFORMATION ABOUT STATE CHILD WELFARE LEGISLATION

The California Office of the Legislative Analyst is an independent body associated with the state legislature. The Legislative Analyst conducts research and publishes reports on topics related to the impact of state legislation. Some of this information pertains to child welfare. In addition, independent advocacy organizations such as California chapters of NASW and the League of Women Voters also conduct independent analyses of the impact of legislation. Their reports are available to the public and are also published on the internet.

SUMMARY

State child welfare legislation is contained in the California Legal Code. Most state legislation is adopted to meet Federal requirements so that the state can be reimbursed for the child welfare services it provides. Provisions in state

legislation are extremely detailed, giving child welfare workers a limited amount of discretion in investigating child abuse complaints or making placement decisions.

QUESTIONS FOR CLASS DISCUSSION

1. What specific state or Federal guidelines affect your practice as a child welfare worker?
2. How do changes in state Codes affect your practice?
3. What type of state legislation would you design to help you in your practice?

CHAPTER X

EXAMINING WHAT'S IN A POLICY: CONTENT, PROCESS, AND OUTCOMES

CHAPTER X EXAMINING WHAT'S IN A POLICY: CONTENT, PROCESS, AND OUTCOMES

Social welfare policies can be analyzed in terms of *content*, *process*, and *outcomes*. A content analysis examines the potential effects that policies may have on people and institutions. Policy can also be examined in terms of process—the process of implementing a policy or the decision-making process that created the policy. We examine outcomes when we want to know if the policy has produced its desired effects. This chapter looks at methods for examining content, policy implementation, and policy evaluation.

CONTENT ANALYSIS

Content analysis is conducted before a policy is actually implemented. The goals of a particular policy and the impact the policy may have on beneficiaries or other groups affected by that policy are examined. Most policy analysis is conducted based on the assumption that policies are made rationally. Policy-makers identify the problem, conduct an assessment, identify policy goals, select the most appropriate goals, implement an intervention, and then evaluate the effectiveness of the intervention (Haynes & Mickelson, 1991; Stokey & Zeckhauser, 1982). Policy makers call this approach a *rational model*. In social work, we call this the *problem-solving model*.

Rational decision making requires that a small group of experts make policy recommendations based on a thorough study of the issue and a review of all policy options (DiNitto, 1991). The values of the policymaker are thought

to be irrelevant. Policy recommendations are to be made *objectively* based on the information available and without bias; however, few policies are actually based on rational choices. It is more likely that policies will be made through the political process. Seldom is there sufficient time or resources to review all options. Decision makers are influenced by their values and vested interests in the issue (Parris & Reynolds, 1983).

Policy values differ by political ideology (Dunn, 1981). Liberals typically use such values as equality or adequacy to evaluate policies. Conservatives typically favor values such as efficiency or personal responsibility. As most policies are developed as a result of compromises among a number of interest groups in society, a number of conflicting values may be expressed in any one piece of legislation or policy (Lipsky, 1980).

Policy analysts typically construct models to examine the content of policies. The development of the model requires the selection of four to five attributes or values by the policy analyst. The policy is then examined in terms of whether it upholds these values. Values typically selected to examine policy content include: equality, equity, adequacy, and efficiency (Flynn, 1992; Gilbert & Specht, 1986). Social workers typically use policy values expressed in the NASW Code of ethics to evaluate policies: client self-determination, individualization, identity, confidentiality, and social justice. Flynn uses all of these values to analyze policies developed in social service organizations.

Social justice is a value related to the distributional effects of a policy. As specified in the Code of Ethics, Section VI "the social worker should ensure

that all persons have access to resources, services and opportunities which they require" and "social workers should act to expand choice and opportunity for all persons, with special regard for disadvantaged or oppressed groups and persons" (NASW, 1980). Therefore a social worker would prefer a policy that helps, rather than harms, members of oppressed groups.

We determine if a policy supports social justice by looking at its distributional effects: Which social groups will benefit as a consequence of the policy and which will lose resources or status (Gilbert & Specht, 1986; Stokey & Zeckhauser, 1982). Few policies provide new benefits, money, tax relief, or increased social status to one social group without taking these resources from other groups (Pampel, 1994). These groups typically include: clients, social workers or other staff who are likely to implement the policy, and taxpayers.

Even if there are no real winners or losers as a policy consequence, it can have differing effects on population segments (children, the elderly, people with disabilities) or ethnic groups. For example, we know that African American children remain in foster care for longer periods of time than children from other ethnic groups (Courtney et al., 1996). Characteristics of the population, therefore, interact with policy in a manner that creates unique effects.

Policy models may also be constructed to examine service delivery. Gilbert and Specht (1986) use a model to examine four aspects of policy implementation: allocation, provision, delivery, and finance. Differences among programs in terms of these characteristics tell us whether program planners have incorporated values related to individualism (or personal

responsibility) or collectivism (society is responsible for helping the disadvantaged) into the design of the program. For example, a policy in which local governments are expected to pay for and make most of the decisions for the delivery of services incorporates the value of individualism; a program in which Federal or state government assumes responsibility for most of the costs and establishes most of the policies has a collectivist orientation.

To analyze the content of a policy, you must choose a policy model. You can use a model developed by another policy analyst or construct your own, using values that are important to you. The next step in a content analysis requires that you apply this model to the policy that you wish to examine. The framework for doing such an assessment is the rational or problem-solving model described above. You identify the policy problem, assess factors that contribute to the policy problem, examine the rationale for existing policy, identify alternatives to existing policy, use your policy model to compare the effects of the current policy and the anticipated effects of the alternatives, and choose the most appropriate policy approach based on the criteria in your model (DiNitto, 1991). You also should try to identify any barriers to implementation, unintended consequences associated with adopting the policy, and criteria with which to evaluate the policy (Dunn, 1981).

PROCESS ANALYSIS

Generally, studies that examine differentials in policy impacts among groups also look for explanations as to why these effects occur. Policies may also be examined in terms of process. We may look at the manner in which a

policy is implemented within an organization. Do different groups experience the benefits of the policy differently? What aspects of the policy have been beneficial? Have resources been used appropriately to implement the policy?

Two primary types of process analysis are used to look at how policies are adopted by organizations: program monitoring and implementation analysis. In program monitoring, questions about resources and intended beneficiaries are addressed on an on-going basis as the policy is put into operation. Types of information examined include budgets, resource utilization, staff qualifications, recruitment of clients, the number of eligible clients served, the number of ineligible clients served, program drop-outs, and appropriate application of laws and other legal requirements (Rossi & Freeman, 1982). Much of this information will be found in the organization's files; some social service organizations establish computerized information systems so that the information can be easily examined. If in the evaluator's opinion, the program is not functioning appropriately, the program may be altered to meet policy goals.

In implementation analysis, the evaluator examines whether the policy has actually been implemented in the manner intended. Such analyses are generally conducted after the policy has been in operation for a number of years. Qualitative research is often used to assess implementation. Data collection methods include interviews with decision makers, administrators, frontline staff, and/or clients. Observation can be used to examine interaction among staff members or interaction between frontline staff and clients.

Implementation studies often focus on the congruence between the goals of state policy makers and the goals of local administrators (Handler & Sosin, 1983; Hardina, 1990) or discretionary decision making by frontline workers in public bureaucracies (Hagan & Wang, 1994; Solomon, 1994).

Focus group interviews also provide a rich source of data about program implementation (Lengua et al., 1992). Focus groups involve 6-8 respondents who are asked a small number of questions about the policy's effects. "Interactions among and between group members stimulate discussions in which one group member reacts to comments made by another" (Berg, 1995, p. 95). Such techniques can provide information about service gaps and generate ideas for improvement in program performance.

Implementation analysis can also involve analysis of how institutions work with one another to develop policies. Existing institutional structures (decision making, administrative procedures, and paperwork) may impede full implementation of the policy or shape it in ways not intended by the decision maker. For example, DeHoog (1984), in a study of job training programs, found that among the organizations that provided these services, completing the paperwork became more important than placing people in jobs. Policy analysts who use such an approach are using an institutional model (Pierce, 1984; Haynes & Mickelson, 1991). Policy analysts can also use a systems model in which policy is examined in terms of *inputs*, *throughputs*, and *outputs* of organizations, institutions, and systems (Flynn, 1992).

OUTCOME ANALYSIS

Policies may also be examined using traditional quantitative methods such as experimental designs to look at the overall impact of the policy. We use experimental or quasi-experimental designs to find out if the program created to implement the policy has produced the intended effect (DiNitto, 1991). However, some policy interventions are *full-coverage* programs; all members of society or members of all social groups are affected by the policy. A state policy that requires all drivers to use a seat belt is an example of a full coverage program. Since traffic experts are sure that seat belts save lives, it would be unethical to require some drivers to use seat belts while others do not. We would need to impose such a requirement in order to create a research design with an experimental and control group. With full coverage programs, we may conduct time series or trend analysis to examine whether rates or incidence of problems addressed by the problem change over time. We could also compare problem occurrence to previous rates or use the judgments of experts to document how the problem has changed (Rossi & Freeman, 1982). Some researchers, however, do not feel that scientific evidence of program effectiveness has been obtained unless an experimental design is used to conduct the study (Rubin & Babbie, 1991). Random assignment of participants to experimental and control groups is believed to be the best method for controlling for all possible extraneous factors that may produce a change in the dependent variable. It may be difficult, however, to withhold the intervention from some groups of people. Thus, obtaining such evidence may be difficult.

Problems in generating scientific data may be one of the many reasons that values and ideology rather than hard data have more influence on the policy development process (Hardina, 1997).

Cost-benefit analysis may also be used to assess the impact of government-funded services (Stokey & Zeckhauser, 1978). Cost-benefit analysis may be conducted after program impact has been assessed using conventional research methods or prior to adoption of a policy. If a cost-benefit analysis is conducted prior to the adoption of a policy, the analyst will use this method to make a recommendation among a number of policy alternatives.

The primary question addressed in cost-benefit analysis is whether the financial benefits created by the policy are sufficient to outweigh the financial costs of the policy. There are a number of problems associated with the use of cost-benefit analysis, however. In social work, we seldom can measure the benefits of an intervention in dollar amounts. For example, it might be difficult to assess the financial benefits of improvement of self-esteem as a consequence of social work intervention. Cost-benefit analysis requires that all benefits and costs (including the financial costs of lost opportunities if the money was used for other purposes) be included in the analysis. Cost-benefit analysis also fails to take into account the distributional effects of the policy or differences in impact among different social groups. Some programs may also produce unintended consequences or spillover effects that might increase the costs of an intervention. For example, a new job training program may actually increase the unemployment rate in a community if the trainees cannot find

jobs. In addition, some program benefits such as the quality of life or the beauty of a recreational area are difficult to measure (Rossi & Freeman, 1982).

SUMMARY

Social workers can use a number of methods to analyze a policy. We can look at content or the anticipated effects of a policy. In a content analysis, a policy model or framework will be used to help the analyst choose among a number of different policies or develop an argument about which of these policies is the best. Process analysis and outcome evaluation are used once a policy is adopted in order to examine how the policy was implemented and its effectiveness. The next three chapters describe methods and models for the analysis of policy *decision-making* processes.

QUESTIONS FOR CLASS DISCUSSION

- 1 What policy values would you incorporate into your own personal policy model?
- 2 Are there additional values in the NASW Code of Ethics that should be incorporated into a policy model?
- 3 How would you apply your policy model to the Personal Responsibility Act (PRA)?
- 4 What are the likely distributional effects of the PRA? How will it affect different age groups (e.g., children, adults, the elderly), ethnic groups, or social classes?

ASSIGNMENT: CONTENT ANALYSIS OF A POLICY

Use the following outline to analyze the content of a Federal, state, county, or organizational policy.

1. Identify the social problem addressed by the policy.
2. Describe the source and background of the policy problem.
3. Describe prior efforts to resolve the policy problem.
4. Assess the performance of policies that have been used in the past to address this problem.
5. Describe your approach to policy analysis or your policy model.
6. Describe the individuals or groups most likely to be affected by the policy.
7. Describe the goals and objectives of the current policy.
8. Describe any measures of effectiveness used to assess this policy or use your policy model to assess effectiveness.
9. Describe any unintended consequences of the current policy.
10. Describe alternatives to this policy.
11. Compare the alternatives using your policy model.
12. Make a recommendation among the alternatives you have discussed.
13. Describe how this policy fits the criteria you have identified in your policy model.
14. Discuss whether this alternative is feasible in terms of political realities and financial resources.
15. Describe how you think this policy should be evaluated.
16. Describe any limitations or consequences of adopting this policy.

CHAPTER XI

PROCESS ANALYSIS OF POLICY DECISION MAKING

CHAPTER XI PROCESS ANALYSIS OF POLICY DECISION MAKING

Process analysis examines how policy is adopted and is generally considered a type of case study. Most policy analysis is concerned with the structures established by government for policy decision making and how the structures are used by individuals and groups who have an interest in the outcome of the policy process. Much information about policy decision making is available from public documents, newspapers, periodicals, and publications or policy bulletins distributed by interest groups. This chapter describes process analysis for policy decision making and analysis information sources.

APPROACHES TO PROCESS ANALYSIS

Process analysis is often conducted in terms of either a historical study (who did what and how the decision was influenced) or a present-day study of interaction among interest groups or the institutional processes involved in the decision-making process. When we examine groups involved in the decision-making process we are primarily concerned with how they used their power and influence to gain the policy changes they want (Flynn, 1992; Heffernan, 1979). When we examine institutional structures, we are primarily concerned with the *rules of the game* or procedures established by government that can be used by interest groups to bargain, negotiate, or contest changes in policy (Brooks, 1989; Warren, 1971). Such rules include those established for political campaigns or the introduction, amendment, and approval of bills as they move

through the legislature. An institutional analysis could also examine how the division of responsibilities among state and county governments for implementing policies has affected child welfare services (Haynes & Mickelson, 1991). Many studies of policy processes include both an assessment of institutional procedures and interest group influence.

THE ENVIRONMENTAL CONTEXT OF POLICY MAKING

In addition to interest group influence and institutional structures, social workers must examine how a particular issue has received public recognition as a problem that must be addressed through political decision making. Kingdon (1984) has described this process as agenda setting. The President or Governor may set a specific agenda or goals that it wants to accomplish. The opposition party may also articulate a specific goal or purpose. One recent example of this was the Republican Party's "Contract with America" which listed specific goals that House Speaker Newt Gingrich wanted to accomplish during the 104th Congress. In addition, the media can focus on a specific social problem, such as hunger or the large number of children in foster care, in order to stimulate public awareness, political debate, and legislative remedies.

Interest groups may form alliances or coalitions in order to educate the public about certain issues and influence the political debate. Coalition groups may have a national following and thus become social movements or organized campaigns to improve the status of disadvantaged groups in society or change laws and policies for issues in which people have an altruistic

interest, such as the environmental movement or the animal rights movement (Jasper & Poulsen, 1995; Rothman & Tropman, 1995).

We must also be aware of how interest groups use strategies and tactics to increase their power to influence social change. Strategies are long-term action plans used to achieve a specific goal. Warren (1971) has identified three primary strategies or orientations to change: collaboration, campaign, and contest. Collaborative strategies are used when groups can agree on joint actions. Campaign strategies are used to persuade opponents to come to the bargaining table. Contest or conflict is used to pressure decision makers to adopt policies or taken actions supported by opposition groups.

Tactics are short-term activities undertaken as part of a change-oriented strategy. Tactics can include: cooperation, negotiation, public education, persuasion, media influence, lobbying, public appeals, demonstrations, boycotts, strikes, and civil disobedience (Warren, 1971). Tactics typically used in political or legislative campaigns often involve cutting off or limiting debate, portrayal of opponents in a negative light (mudslinging), and excluding opponents from participation in certain decisions.

Another important factor to examine in a process analysis is the environmental context in which the decision will take place. Social workers should understand how the policy issue or problem has been handled in its historical context. Has the public's understanding of the problem changed over time? For example, the public perception that Federal and state funds have been allocated inappropriately to single mothers on welfare is a relatively

recent phenomena. During the early 1970s, Ronald Reagan, while Governor of California, successfully persuaded the public that government expenditures for welfare recipients were the primary reason for the Federal budget deficit (Hardina, 1994).

We also need to know how the public currently views the problem or policy and the values and preferences that will guide the final policy decision. Is the public concerned about adopting policies that will reinforce personal responsibility for dealing with problems or will they support policies intended to protect vulnerable members of society such as proposed Federal regulations to prevent children from smoking? We also need to know the potential fiscal implications of a policy as well as the public's perception of the fiscal impact (e.g., are taxpayers more concerned about reducing the Federal budget deficit or would they pay more taxes to reduce class sizes in elementary schools?)

QUESTIONS USED TO CONDUCT A PROCESS ANALYSIS

A thorough process analysis will address most, if not all, of the following factors:

- How did the public become aware of the problem or issue addressed by the policy?
- What institutional processes or rules are used to facilitate the policy-making process?
- Who sponsored the piece of legislation or proposed a policy?
- Who are the individuals or interest groups who support this legislation or policy change? Who are their allies and what power do these groups have to influence the policy change?

- Who opposes the policy? What power do they have to keep the policy from being adopted?
- Who provides funds to the individuals or groups who support or oppose the policies?
- What are the values and ideologies of the groups involved in the policy process?
- How do these values influence each group's position on the issue and their ability to negotiate or bargain with opposing individuals or groups?
- What strategies or tactics are used by the various groups to influence the decision-making process?
- What environmental factors have influenced the decision making (economic, social, cultural, and media influences)?
- Who makes the final decision? Is it made by a small group with decision-making authority or through bargaining and negotiation among a variety of individuals and interest groups?
- How are the final decisions made? Are they made through cooperation or conflict?
- Who are the winners and losers in the policy process? Who benefits most from the new policy? Who stands to lose status or resources as a consequence of the new policy?

INFORMATION GATHERING FOR PROCESS ANALYSIS

Techniques used for such a study may include interviews with participants in the process, secondary accounts or descriptions of the process written by historians or analysts, and primary documents such as newspapers, descriptions of legislative processes, videotapes of TV news programs or legislative hearings, legislative hearing or debate transcripts, legislative documentation of legislative votes (roll call), and personal notes or diaries about the proceedings written by the participants.

Newspaper accounts are a great source of information about day-to-day events that influence the decision. Also becoming important is the information posted on the internet by legislators and by the various interest groups that are advocating for policy change. Legislators often use their web pages to identify their position on the issue. Such descriptions use value-laden terms to describe why that legislator has taken such a position. For example, during the summer of 1996, Senator Barbara Boxer's (D-California) web site described her position on welfare reform legislation (see Appendix G). Interest groups such as the Children's Defense Fund or the Center on Budget and Policy Priorities will often post analyses of various pieces of legislation or specific provisions of legislation on their web sites (see Appendix H). Some of these postings will coincide with debates in Congress or negotiations between legislators in the House and Senate or between Congress and the White House as they attempt to find a compromise on the final wording of a bill. Often, interest group web sites give specific instructions for individuals wishing to lobby for and against the legislation as it is developed (e-mail President Clinton, write your local Congressman, fax the House Majority leader, etc.).

SUMMARY

Process analysis examines how legislation is developed. Social Workers interested in conducting such a policy analysis must understand how a specific issue is recognized as a policy *problem* and the specific structure established by government for policy or legislative decision making. They must also be able to identify the specific individuals and interest groups involved in policy

decisions and the power each of these policy actors have to influence the final decision.

Chapter XIII describes the power resources of the various participants in the policy process, and Chapter XIV examines methods used by policy analysts to study interest group interaction.

QUESTIONS FOR CLASS DISCUSSION

1. Identify a policy of interest to child welfare workers. What interest groups can be expected to be involved in the policy process?
2. How much power do you think social workers have to influence the policy process? Why?

ASSIGNMENT

POLICY POSITIONS

Find a web site for one of your local, state, or Federal legislators. From this web site, identify a policy or piece of legislation in which the legislator has taken an interest. Write a one-page paper that addresses the following points.

1. What issue has the legislator identified?
2. What is the legislator's position on the issue?
3. Who is likely to be affected by this legislation?
4. What information is provided about the legislator's values?
5. Are these values congruent or do they conflict with social work values as expressed in the Code of Ethics? Why?

CHAPTER XII

POWER

CHAPTER XII POWER

All political decision making takes place in a context in which the possession of certain power resources by both the decision maker and people who wish to influence those decisions is essential. Winkle (1991) defines power as:

the capacity to do for oneself and the capacity to mobilize others in one's interest. It includes access to capital, economic resources, entrepreneurial skills, social status and political skills. Group consciousness among people with similar interests is a form of power that enhances the capacity to take collective action (p. 314).

Other sources of power include: votes, ability to influence the media, authority, knowledge, information, professional status, and such personal characteristics as gender, social class, income, and race (Haynes & Mickelson, 1991). According to Meenaghan, Washington, and Ryan (1982), power can be *actual* (used to influence social change) or *potential* (not used, but available to the power holders). It can also be *positive* (used to persuade a decision maker to take action) or *negative* (used to prevent someone from taking action). This chapter describes the role of power in the political decision-making process, and examines power resources (such as organizing people to take action) and the use of monetary resources.

ROLE OF POWER IN THE POLITICAL PROCESS

Power is an important component of the political process. It is the one of the few ways (other than negotiation or persuasion) we have to influence others to change their decisions or behaviors. According to power dependency theory (Blau, 1964), a person who supplies money, services, goods, or other resources to others on demand obligates them to reciprocate. If the recipient can't reciprocate, the donor accumulates obligations and can require compliance to his or her wishes. Consequently, the donor gains power. The recipients remain dependent on the donor for continued support unless he or she can:

- Gain the service or good elsewhere.
- Supply the donor with a service or good of equal value.
- Coerce the donor to provide the service or good.
- Learn to live without the service or good (pp. 118-119).

Individuals working alone seldom have sufficient power to influence political decision making (Kahn, 1991). Consequently, individuals join *interest groups* in order to influence political decision making. Interest groups often form formal organizations such as business, professional, or trade associations, unions, and advocacy or social movement organizations. For example, the National Association of Social Workers is a professional organization that lobbies for legislation that will improve workplace conditions and salaries for social workers while expanding services to people who need assistance. Interest groups try to influence the development of legislation that

will be beneficial (or alternatively that will do them minimal harm) to them by using a variety of power resources such as money, media, and promising to organize voters on behalf of a candidate who supports their position.

ORGANIZING TO INFLUENCE SOCIAL CHANGE

Interest groups are powerful because of the number of members they can mobilize to contact legislators on particular issues and because they have been successful in raising a substantial amount of funds. In addition to dues payments from members, some interest groups receive donations from wealthy contributors. Some of the better funded advocacy organizations are: the American Association of Retired People (AARP), the Children's Defense Fund, and Greenpeace. These organizations are generally considered to be advocacy organizations. Advocacy organizations have had to lobby for years to gain recognition for such social problems as domestic violence, elder abuse, and homelessness, problems not traditionally addressed by government.

Organizations that do not have access to money must develop other power resources which may include (but are not limited to): goods, services, votes, public support, authority, professional status, knowledge, information, ability to influence the media, and links to other powerful people (Haynes & Mickelson, 1991; Meenaghan et al., 1982). The power associated with authority comes by virtue of being able to make or influence a decision (as an elected official, executive director of an organization, a religious figure, or an expert in a particular field). Social workers acquire a number of power resources by virtue

of having a BSW or MSW including: professional status, knowledge, and information about policy impacts, service delivery systems, and client need.

One method for developing a source of power involves tactics commonly used in community organization practice: bring together large numbers of people to meet with, call, or write to public officials (Haynes & Mickelson, 1991). Organizing protests, particularly the type of activities that will draw media attention, additional participants, and sympathy for the cause is a typical method for developing power among interest groups that have limited money or political and media connections (Biklen, 1983; Mondros & Wilson, 1994).

Interest groups may also form coalitions or partnerships with other groups in order to increase their power to advocate for or against specific legislation. Members of interest groups generally have *vested interests* in particular legislation or issues. A vested interest is generally considered to be personal motivation or a rationale for participating in a group or supporting a cause. People with vested interests may gain personal benefits or may be harmed as a consequence of political decision making. For example, a county welfare worker may lose his or her job if Federal funding for child welfare services is cut. A social worker in private practice may have a vested interest in supporting conversion of Medicaid funding for mental health services to managed care plans; she may see an increase in mental health patients if she becomes a preferred provider with a managed care plan.

Coalitions of interest groups concerned about obtaining rights for disadvantaged groups come together to form social movements (Mizrahi &

Rosenthal, 1993). Civil rights, women's rights, disability rights, gay and lesbian rights, and welfare rights have been facilitated by local, regional, and national organizations (Hyde, 1994; Rothman & Tropman, 1995). The majority of the members of these organizations join to advance their own interest by acquiring economic, political, or social benefits. In some cases, social movement organizations have been established by altruistic individuals who are interested in reforming some aspect of society. The environmental rights movement, the anti-drunken driving movement, and the animal rights movement are examples of groups formed for altruistic purposes (Jasper & Poulsen, 1995; Wolfson, 1995).

ROLE OF MONETARY RESOURCES IN SOCIAL CHANGE

Piven & Cloward (1979) have argued that it is almost impossible for an organization representing the poor to acquire sufficient resources to sustain the type of organization that can be effective in lobbying the government and gaining public support for social change without the support of some members of the elite. Donations from wealthy (either individuals or grants from private family-founded foundations) are necessary for the success of these organizations. Therefore, the organizations may become less radical, and more likely to accept compromise than without such monetary support.

This monetary support is possible because not all members of the elite have the same vested interest (Panitch, 1977); coalitions between the more progressive members of the elite and social movement organizations representing the poor may shift and change in relation to the issues. One

example of such an alliance involves the group Farm Aid. Supported by members of the music industry, Farm Aid funds lobbying efforts on behalf of small family farmers and provides operating support for emergency food programs in rural areas. Funds for Farm Aid are raised through annual rock and country music concerts organized by prominent musicians such as Neil Young and Willie Nelson. (see <http://www.farmaid96.com/index.html>). Similarly, if you look through the list of donors to 1996 Congressional campaigns, you will see that many of the big donors are wealthy women from both parties who support abortion rights (see <http://www.mojones.com/coinopcongress/>).

Another way to examine interest group power and influence is to compare the amount of donations made to support or oppose an issue and the demographic characteristics (gender, ethnicity, occupation) of those who made the donation. These personal characteristics are important in determining vested interest. For example, an analysis of the donations made to the "Yes on Proposition 209" (the California Civil Rights Initiative) campaign during the 1996 elections were made almost exclusively by White males who were retired, business executives, or professionals such as lawyers and doctors (Ness, 1996). Most of these donations came directly from individuals rather than interest groups. Donations to the "No on 209" campaign were made primarily by White women. Interest group donations came from the Feminist Majority, the California Teachers Association, the NAACP Legal Defense and Education Fund, and the Hollywood Woman's Political Committee. Attorneys as well as entertainers (Bonnie Raitt, Jane Fonda, and Bruce Springsteen) made

monetary or in-kind contributions (such as radio advertisements) to the "No on 209" campaign.

UNDERSTANDING THE PROCESS OF POLITICAL DECISION MAKING

An essential component of understanding legislative process is to understand who has the power to influence decisions. You also need to know the decision maker's source of power or power resources (money, votes, authority, professional status, information, knowledge, gender, race, media, numbers of people, etc.). If there are different groups that oppose or support an issue, understanding the power resources of each group, the vested interests of group members, and how these groups use power will not only help you understand the process, but will help you predict the likely outcome of the legislative decision-making process. To summarize, in order to be an effective analyst of the decision-making process a social worker must:

- Understand who will make the decision.
- Identify the other individuals and groups that will try to influence the decision.
- Analyze the decision-making process in terms of the power resources of the individuals and groups likely to engage in this process. The analysis must include both opponents and supporters of the issues in question.
- Understand how the interaction of these groups is likely to influence the decision-making process.
- In conjunction with other individuals and groups, develop his or her own power resources and a plan that can be used to influence the decision-making process.

SUMMARY

In order to facilitate social change, social workers must use power resources such as professional status, knowledge, and information to influence decision makers. Strength in numbers is also a key to influencing political change. Social workers may join interest groups in order to support or oppose key pieces of legislation or issues. Social workers can also understand how political and legislative processes function by understanding how power is used. Chapter XIV examines process models used to understand how interest groups interact in the political process and describes methods that can be used to analyze interest group interaction, power resources, and vested interests.

QUESTIONS FOR CLASS DISCUSSION

1. Why would social workers involve themselves in coalitions and social movements?
2. In what current movements do social workers participate?
3. What activities have state and national NASW organizations pursued to facilitate social change?
4. Are these activities consistent with social work values as expressed in the Code of Ethics? Why or why not?

CHAPTER XIII

INTEREST GROUP ANALYSIS

CHAPTER XIII INTEREST GROUP ANALYSIS

Decision making in U.S. society is thought to be a function of the interaction among powerful interest groups. Interest groups come together as a result of recognition of common needs or goals. The motivation to participate in an interest group is often referred to as *vested interest*. For example, the CEO (chief executive officer) of a corporation that manufactures cigarettes may have a vested interest in efforts to prevent the government from labeling tobacco as an addictive substance. A person with a disability is likely to have a vested interest in ensuring that Federal laws (such as the Americans with Disabilities Act) that ensure physical access to public facilities and equity in employment opportunities are enforced.

Interest groups can be understood as mechanisms through which interest groups pool their power resources. Political scientists have developed four primary models of interest group participation: elitist, pluralist, public choice, and neo-elitist (Heffernan, 1979). This chapter describes all four models and examines methods for analyzing interest group interaction.

ELITIST MODEL

Mills (1971) developed the term *elitist model* to examine the decision-making process in which only a small number of people (the *elite*) make decisions. He described the elite as "the members of a top social stratum, as a set of groups whose members know one another, see one another socially and

at business and so, in making decisions, take one another into account" (p. 11). Members of the elite may attend the same university, serve on boards of directors, or intermarry. As a result they have similar views on political issues.

The basic assumption inherent in the elitist model is that members of the elite control all decision making (Heffernan, 1979). This group has no communication with the great majority of people in society (the masses). The elite therefore make decisions to benefit their own interests and communicates with the masses through a group of intermediaries called minions. Minions are government bureaucrats or other people who represent the interests of the elite. Some policy analysts who use this model to view the political process believe social workers to be intermediaries that help the elite implement laws and policies needed to control the masses (Burghardt & Fabricant, 1987). The welfare system is viewed as a process established by the elite to control political dissent and regulate the work behavior of low-income people (Piven & Cloward, 1988).

PLURALIST MODEL

A pluralist policy model assumes that the policy process is characterized by conflicts among interest groups (Heffernan, 1979). These groups act to increase the likelihood that their preferred policy options will be selected in the political process. Each of these groups has varying interests, values, and goals. They may form coalitions with other interest groups in order to increase their power resources. However, these coalitions are often temporary. Once a goal has been abandoned or achieved, the interest group is likely to pursue a

different goal that will benefit its members. This may require the interest group to join together with an entirely different set of allies. For example, the Children's Defense Fund allied itself with the Clinton administration in 1992 to support an expansion of programs that would benefit children. However, in 1996 the Children's Defense Fund aggressively lobbied against the welfare reform bill signed by President Clinton, arguing that the bill would force over a million children into poverty (Children's Defense Fund, 1996).

The pluralist model assumes that policies are generated through the competition among these various interest groups. Government facilitates compromise between the groups. Compromise results in policy decisions that are incremental in nature, small changes in previous policies. This is known as incremental decision making (Lindblom, 1959).

Incremental decision making occurs because it is almost impossible for a large number of interest groups to agree on large-scale changes (e.g., the Clinton administration's attempt at healthcare reform). Interest groups attempt to attain a certain level of satisfaction with a particular policy. Lindblom has called this process *satisficing*. Therefore one interest group may be satisfied with one aspect of a piece of legislation and dissatisfied with other aspects. Another group may have other aspects of the legislation that they can support.

This model also assumes that some groups will possess more resources and have more power to influence decisions than others. Interest groups gain political power by trading votes and campaign donations with elected officials in return for their support on specific issues.

Due to government's role as a mediator in this process, it is assumed that the pluralism results in government policies that benefit the national interest.

PUBLIC CHOICE MODEL

The public choice model combines aspects of the elitist and pluralist models of policy making (Brooks, 1989). It assumes that individuals and groups do use monetary resources, media influence, and votes to purchase favorable political decisions. It also assumes that this is an appropriate and efficient mechanism for the allocation of resources in society. Adherents of this model are influenced by classical economic theory, the idea that in capitalist societies the most appropriate distribution of goods and services is through the *free-hand of the market*, or non-regulation of economic activity. The basic assumption of this model is that those with the most resources and willingness to invest in favorable political decisions should be free to influence political decision making. As with classical economics, however, the public choice model does not describe the actions or behaviors of those people (such as the poor) who are excluded from participation in the market.

NEO-ELITIST MODEL

The neo-elitist policy model assumes that all interest groups have access to government. Some groups are effectively excluded from the political process; however, this exclusion is not due to some deliberate conspiracy on the part of the elite. Instead institutional barriers to participation have been created. In addition, some issues are excluded from policy discussion simply

because they have not traditionally been handled by government or government has chosen to ignore them (Heffernan, 1979).

An example of an institutional barrier is voter registration. Poor people register to vote at lower rates than middle- or upper-class Americans due to difficulties inherent in voter registration. Until the early 1980s in most states, you had to travel to city hall or the county clerk's office to register to vote. You were required to present identification such as a driver's license or birth certificate. You would need to re-register every time you moved or changed your name due to marriage or divorce. Since the poor are more likely to move and less likely to obtain formal identification documents, this became an institutional barrier to voting. Piven and Cloward (1988) contrast such procedures with other countries. In Canada, government hires registrars to go door-to-door looking for new voters prior to every election. In Belgium and Australia, people can face criminal charges for not voting.

ANALYSIS OF INTEREST INTERACTION AND PREFERENCES

Social workers need to examine how interest groups interact with one another in order to plan lobbying campaigns and social action plans to influence the policy-making process. Interest group interaction may be examined using the following criteria:

- Look at those organizations with whom the interest group typically works on a variety of issues. Also examine the groups that it typically opposes on an issue. Does membership in alliances shift or remain constant as the issues change? (Meenaghan, et al., 1982).
- Examine the demographic profile of interest group members. Look at gender, ethnicity, professional affiliations, social class, religion, and

political party affiliations. Are participants members of disadvantaged groups or members of the political, economic, or social elite?

- Are decisions made by a small number of individuals and groups or by a variety of organizations that represent diverse interests?
- Is the final decision on a piece of legislation made as a result of conflict? Are there clear winners and losers on the issue in question?
- Are decisions made through negotiation and bargaining? Are the preferences of different groups expressed in the legislation?

In order to fully describe interest group interaction, we must also identify alliances among interest groups or between politicians and interest groups.

There are a number of ways to conduct research on these alliances. We can:

- Look at the values and preferences expressed by the interest group in publications and press releases. Are values and preferences similar to those of a particular political party?
- Look at the source of money that the interest group receives to operate its organization.
- Look at which politicians receive campaign donations from the interest group.

SOURCES OF INFORMATION ABOUT INTEREST GROUPS

Many interest groups are represented by advocacy organizations incorporated under Section 504 of the tax code. Unlike 501(c)(3) organizations, donations to these organizations are not tax deductible. However, advocacy organizations are considered to be nonprofit organizations, do not pay taxes on their revenues, and may not distribute their profits. These organizations must file annual reports with the government that describe how their funds are used.

Any interest group not incorporated as a nonprofit organization may also donate funds to individual candidates and political parties. Although Federal law prohibits donations by individuals and corporations of more than \$1,000 to one candidate for President or Congress, there are no restrictions on donations made to political parties. This practice is often referred to as soft money (Frontline, 1996). For example, a number of large corporations provided funding for both the 1996 Republican and Democratic National Conventions, including cigarette manufacturer Philip Morris (Isikoff & Alter, 1996).

Federal law also allows the formation of interest group Political Action Committees (Haynes & Mickelson, 1991). Originally intended to help small donors pool monetary donations for individual candidates, some PACs have been formed by large organizations and wealthy donors. Democratic Party officials often make an issue of the use of PACs by wealthy businessmen; Republicans feel that the use of PACs by members of large unions gives labor an unfair advantage politically. All PACs are required to report contributions to the Federal Election Commission. Information on individual donors (usually name, date, and amount) are available for public inspection; however, these records do not indicate how much in total dollars has been contributed from each PAC (Frontline, 1996). Information on contributions is available from the

FEC as well as a number of private organizations that analyze campaign contributions (Project Vote Smart, 1996)⁸.

SUMMARY

There are four primary models for examining interest group interaction: elitist, pluralist, public choice, and neo-elitist. Examination of the interaction among groups helps us understand how the political process has shaped legislation and the variety of values and preferences that may be incorporated into various pieces of legislation. Some policies may incorporate a number of different values and goals as a consequence of bargaining and negotiation among interest groups. Some groups, especially those with limited amounts of financial or political power, may be excluded from the decision-making process.

Chapters XV-XVII describe skills social workers need to acquire in order to develop political power themselves.

QUESTIONS FOR CLASS DISCUSSION

1. The CEO (chief executive officer) of a corporation that manufactures cigarettes may have a vested interest in efforts to prevent the government from labeling tobacco as an addictive substance. How would such legislation personally affect the CEO? What activities might he or she engage in to prevent the Federal government from taking such action?
2. According to the online publication *Conspiracy Nation* (1996), an organization called Voice for Teachers for Education is one of the top 10 career patrons of President Bill Clinton. How could this relationship affect his decision making on education-related issues?

⁸ Information about campaign contributions for candidates in state elections is available from the California Secretary of State's office, for candidates in county elections from the county clerk's office, and for candidates for city elections from the city clerk.

ASSIGNMENT
ANALYZING INTEREST GROUPS' IMPACT ON DECISION MAKING

Analyze a current social, economic, or political issue (policy or legislation). Describe the issue and the positions of proponents OR opponents.

For either option:

- Describe the issue (policy, plan, or legislation) under discussion.
- Identify the decision makers and interest groups that will influence the decision.
- For each decision maker or interest group you identify, assess the person's or group's:
 - Position on the issue,
 - Source of decision-making power, and
 - Vested interest or motivation.
- Identify environmental influences (economic, political, cultural, or media).
- Identify alliances or coalitions among the decision makers and interest groups.
- Describe strategies used by at least one interest group to influence decision makers or the public.
- Examine how the decision was made (through cooperation or conflict; negotiation among interest groups or by political elites; or radical change from previous policy or incremental changes).

Sources of data for your analysis may include newspapers, magazines, televised city council hearings, interviews with key informants, and reports prepared by interest groups or government agencies.

CHAPTER XIV

ADVOCACY

CHAPTER XIV ADVOCACY

The NASW Code of Ethics (1980) states that social workers "should advocate changes in policy and legislation to improve social conditions and promote social justice" (Subsection 6). Advocacy can be defined as "when a person speaks for somebody else or for a group of people" (Kahn, 1991, p. 51). This chapter describes the role of advocacy in social work practice, defines types of advocacy activities, and identifies barriers to advocacy practice.

ADVOCACY IN SOCIAL WORK PRACTICE

Social workers often disagree about the importance of advocacy as a component of social work practice. Fischer (1978) has stated that although advocacy is an important component of social work, it is not in itself "a sufficient role for professional casework practice" (p. 24). Consequently, advocacy is looked upon as an activity primarily associated with macro practice. Community organizers promote social change; social service administrators lobby for funds for their organizations (Ezell, 1991; Reeser & Epstein, 1990).

Burghardt and Fabricant (1987) have argued, however, that social workers in direct practice have a responsibility to change those social conditions that promote classism, racism, and sexism. They recommend that social workers develop new interventions and services to better meet the needs of the individuals they serve, become involved in labor unions in order to improve workplace conditions, engage in social action-related activities, and

participate in coalitions and social movement organizations. Consequently, there are a great number of advocacy activities that can be integrated into both macro and micro practice.

ADVOCACY ACTIVITIES

Social workers may be involved on a day-to-day basis helping individual clients obtain resources from the workers' own agencies or external sources (government or community agencies). *Case advocacy* is, however, limited to action on individual cases and seldom results in changes in agency or government policies (Hardina & Holosko, 1991). Social service organizations may discourage workers from undertaking such activities in order to preserve worker time and resources (Lipsky, 1980). Efforts by professional social workers to collect information about service policies and eligibility procedures in order to advocate may result in limited distribution of such information to clients and their continued dependence on the social worker to help sort out bureaucratic red tape and obtain needed services (Hardina, 1990; Gilbert & Specht, 1986).

Self-help advocacy training, on the other hand, is a strategy that empowers service consumers by distributing information about the service system and government policies directly to service consumers. This type of intervention requires that social workers help consumers learn the skills necessary to obtain benefits from community agencies and public bureaucracies. Self-help advocacy has been associated with efforts to increase access to services for the physically or mentally disabled (Gould & Ardinger, 1988; Rose & Black, 1985). It can also be used as a strategy to help members

of powerless groups obtain service such as emergency food, shelter, or welfare benefits (Hardina & Holosko, 1991).

Social workers may also be involved in *class* and *legislative advocacy*. Class advocacy refers to practice activities in which a social worker intervenes to benefit the interests of many disadvantaged individuals and groups. Class advocacy may be more efficient than case advocacy in that it leads to the resolution of a large number of cases rather than a single case, saving time and resources (Epstein, 1981; Paul, 1977). In legislative advocacy, social workers try to change government policies which may adversely affect clientele (e.g., welfare regulations, funding allocations for services) or the conditions under which social workers are employed (regulation of social work practice) by influencing the outcome of legislative initiatives (Patti & Dear, 1975).

Mahaffey and Hanks (1982) and Haynes and Mickelson (1991) argue that social workers should engage in electoral politics in order to increase the profession's power to influence government policy making and thus control the conditions under which they work. *Political advocacy* is restricted by legislation prohibiting political involvement by government employees (Pawlak & Flynn, 1990).

Social action is a term that encompasses three types of advocacy: class, legislative, and political. Social action activities can include: protests, strikes, civil disobedience, and participation in social movement organizations (Reeser & Epstein, 1990). Consequently, some types of social action are sanctioned by social welfare organizations as appropriate practice activities for social

workers. Other types of social action (political advocacy; involvement in protests) are not considered appropriate on-the-job activities. In some instances such activities can run counter to the interests of the social worker's employer, especially if such actions are directed at changing policies within the organization or would jeopardize the organization's ability to obtain grants and contracts from government agencies and foundations.

BARRIERS TO ADVOCACY PRACTICE

Reisch (1986) has identified a number of barriers to advocacy practice including: a limited number of well organized groups to lobby for legislation, the unpopularity of state intervention in social problems, the emphasis of policy makers on cost efficiency over effectiveness, public support for the values inherent in an individualistic approach to social welfare policy, and institutional racism and sexism. Reisch agrees with Reeser & Epstein (1990) and Specht & Courtney (1994) that *professionalization* or the push by social workers for public recognition of their professional status negatively affects advocacy on behalf of oppressed groups. Issues of importance to social workers (such as licensure, or reimbursement for professional services through Medicaid/Medical) may limit the amount of resources and personal efforts social workers devote to advocacy on behalf of members of disadvantaged groups.

As discussed in earlier chapters, funding mechanisms for social services, health, and mental health services that do not provide for reimbursement for advocacy activities by social workers and pre-determined practice guidelines also limit the likelihood that social workers will advocate for clients. Another

concern for social workers is that the call for advocacy is explicit in the NASW Code of Ethics. The Code also contains a provision that states that social workers "should adhere to commitments made to the employing organization." While social workers who feel that an employer who has engaged in unethical activities may report the organization to NASW for sanctions, no other actions are specified in the Code (Bull, 1989). Consequently, social workers may be torn between loyalty to clients and loyalty to employers.

SUMMARY

Advocacy is a social work activity that can be undertaken by both micro and macro practitioners. Advocacy may be conceptualized as a continuum in which actions can be undertaken on behalf of individual clients (case advocacy) or on behalf of large numbers of people (class, legislative, and political advocacy). Macro interventions that produce social and economic changes improve the resources available to disadvantaged groups or increase their rights are more efficient than other types of advocacy. Social workers need to develop skills necessary to undertake legislative and political advocacy.

Chapters XV-XVII describe three advocacy-related skills: lobbying, legislative analysis, and participation in electoral politics.

QUESTIONS FOR CLASS DISCUSSION

1. When should a social worker advocate?
2. Does advocacy impose risks for social workers?
3. In what situations do benefits outweigh risks?
4. Does advocacy conflict with obligations to one's employer?
5. Do you agree with Specht and Courtney (1994) that private practice is in conflict with a social worker's obligation to help people obtain resources and cut through bureaucratic red tape?
6. What practice skills are necessary for a social worker/lobbyist?

CHAPTER XV

LOBBYING

CHAPTER XV LOBBYING

Lobbying is the process through which individuals and interest groups attempt to persuade elected officials and other policy makers to adopt the group's or individual's position on an issue. Social workers may lobby as part of their duties as frontline or supervisory workers in an agency, as executive directors or other management staff, as staff members in advocacy organizations or interest groups, or as volunteers in social movement organizations. This chapter describes types of lobbying activities and the resources available to social workers who wish to contact legislators, analyze the impact of legislation, provide input on legislation as it is developed, or draft legislation themselves.

LOBBYING ACTIVITIES

Social workers may wish to contact legislators or staff responsible for implementing legislation to oppose or support specific pieces of legislation. Social workers may also contact legislators to maintain or increase fiscal resources for specific programs that can benefit client groups or the agency in which the social worker is employed. Methods for influencing legislators include letters, phone calls, or personal visits to the legislator's office. Lobbyists have also begun to use fax machines or e-mail to contact legislators. Interest groups may ask members to fax their legislators, make phone calls, or send e-mail on specific days in order that legislative staff will record or otherwise take note of

the high volume of messages on the specific issue of concern. Many groups ask members to fill in personal information on preprinted postcards or letters. Legislators are aware that such campaigns make it very easy to lobby and are not as impressed with such cards as they would be with personal letters.

Individual social workers and interest groups may also set up meetings with legislators at local constituency offices or in state capitols. Some lobbyists also go to Washington, DC, to meet with Congressional legislators. In most cases, these meetings must be set up in advance. Unless the lobbyist has established a good working relationship with a legislator, the meeting may be brief due to the legislator's time constraints. Addresses, phone numbers, and e-mail addresses for many state and Federal legislators are published on the internet. Some legislators also have their own web sites which offer information about that legislator and specific pieces of legislation he or she supports.

Lobbyists may also provide testimony in support or opposition to certain pieces of legislation or specific provisions within legislation. Most testimony is provided to legislative committees. Legislative committees are where most legislation is discussed and amended before specific bills are sent to the floor for a vote. Other procedures for influencing legislation include publishing detailed analysis of the impact of a bill on its target population (a tactic generally used by interest groups) and releasing information to the media about the impact of a bill. Each of these tactics can result in additional lobbying by interested individuals and increased pressure on legislators. A number of interest and advocacy groups such as NASW (California Chapter), the

Children's Defense Fund, and the Child Welfare League of America have web sites that publish regular updates about the status of legislation as it moves through Congress. Some of these web sites also advise the public about specific lobbying activities to influence the outcome of legislative processes.

DEVELOPING RELATIONSHIPS WITH LEGISLATORS

Regular contact with your local legislator increases your ability to influence legislation. You may also want to maintain contacts with legislators that have a special interest in social service-related issues. It will also be important to try to influence legislators who are opposed or neutral in reference to an issue you support. It is these politicians who will be essential to the success of a specific piece of legislation. A good lobbyist will be able to influence members of the opposition to change their opinions on key votes. Knowledge about a legislator's past voting patterns, current interests, political allies and opponents, and vested interest in an issue is essential to developing a strategy that can influence a legislator to change his or her vote. Although it may be difficult to have regular chats with a legislator, staff members are often helpful and can pass on information. Sometimes you will be able to volunteer to provide testimony for bills in which the legislator has a specific interest or little knowledge. Sometimes a legislator may contact you or others with expertise on a certain issue for help in drafting a bill or generating support. Lobbying is often viewed as a reciprocal activity in which the legislator will go out of his or her way to help individuals or groups who have provided support (votes, endorsements, or support for bills) in the past.

RESTRICTIONS ON LOBBYING

Nonprofit organizations are subject to restrictions on the funds they spend for lobbying activities. Currently, any organization that has received 501(1)(c)(3) status from the IRS is restricted to spending up to 20% of any funds raised on lobbying activities (Chisolm, 1987). An additional 25% of the permitted lobbying amount may be spent on grassroots lobbying (communications oriented toward voter education that make recommendations among candidates). During the early 1980s, President Reagan issued an executive order that prevents nonprofits that receive funds from the federal government to use those funds for lobbying purposes (Independent Sector, 1984).

SUMMARY

Lobbying is used to influence the votes of legislators on specific policy issues. Lobbying requires that social workers use their professional skills to influence constituency groups, decision makers, and the media. The social worker must be able to gather information about the decision makers, bill contents, and appropriate points in the legislative process at which to intervene. Chapter XVI examines tools for conducting a legislative analysis.

ASSIGNMENTS

1. Draft a letter to the President, a Congressman/woman, a U.S. senator, or a State Assemblyman/woman or Senator. Send the letter via e-mail.
2. Participate in a campaign to influence a legislator's vote on a piece of legislation of interest to you. Write a two- to five-page paper describing the lobbying campaign and the tactics used to influence the legislator. Identify, if possible, the legislator's personal interest in the issue. Do you think this campaign will be effective? Why or why not?

CHAPTER XVI

LEGISLATIVE ANALYSIS

CHAPTER XVI LEGISLATIVE ANALYSIS

In order to influence the development of legislation, we must know the content of the legislation, specific procedures established for legislative decision making, the current status of the bill, and the power resources and vested interests of individual legislators and interest groups that will try to influence the final contents of the legislation. Knowing the status of the bill and the vested interests of decision makers helps a lobbyist identify the best places to intervene in the legislative process. This chapter describes tools for conducting a legislative analysis.

INFORMATION NEEDED FOR LEGISLATIVE ANALYSIS

The following information is important for determining how to influence decision making related to specific pieces of legislation:

- Legislative procedures that guide the decision-making process.
- Stage of the legislative process which the bill has reached.
- Sponsor of the bill.
- Co-sponsors and other legislative supporters.
- Legislative committees that will discuss the bill; chairpersons of these committees.
- Legislators opposed to the legislation.
- How legislators have voted in the past on similar issues.
- Interest groups that support the bill as well as interest groups opposed to the bill.
- The vested interest of those interest groups who are likely to influence the legislative process.
- Alliances between legislators and members of the interest groups.

UNDERSTANDING LEGISLATIVE PROCEDURES

If social workers know where a bill stands in the legislative process, they can decide where to place pressure on the decision makers in order to influence the bill's content. If a legislator is thinking about introducing legislation that will affect social workers, for example, the lobbyist can schedule a meeting with that legislator or offer to help draft the bill. If the bill is being reviewed by a committee in the state assembly, the lobbyist can try to be placed on the committee's agenda in order to provide public testimony on that legislation.

Bills at the state level originate in committee in one house (Assembly or Senate). If the bill is introduced in the Assembly, the prefix before the bill number is AB; for the Senate, the prefix is SB. Information given on written or internet copies of legislation includes the name of the bill sponsor and the last place in the legislative process that action was taken on the bill: amended, passed, approved by the governor, or filed by the Secretary of State. Bills that have been passed by the assembly and senate, been signed by the Governor, and entered into the state legal code are *chaptered* (see Appendix E).

Bills generally are given first and second readings in committee and may be approved, amended, reported out of committee unfavorably, sent to another committee for review, tabled, or removed from the committee's agenda (Haynes & Mickelson, 1991). Once the bill is approved in a floor vote it is sent to the second house for a vote. If different versions of the bill are approved by the Assembly and Senate, negotiations take place to ensure agreement on the

final version of the bill. For the bill to enter the state legal code, the Governor must sign the completed bill.

The same procedures guide the Federal legislative process. Negotiations on the content of the bill take place in Conference committee (members include representatives from both the House and Senate) and between Congress and the President. Once there is agreement on the final contents of the bill, monies must be allocated for implementation of the provisions in the bill. Funds are allocated as part of yearly budget or "Omnibus" bills. All budget bills most originate in the Senate. After a bill is approved by both houses, the President must either sign or veto it. A two-thirds vote in both the House and Senate is required to override the President's veto.

FINDING INFORMATION ABOUT FEDERAL LEGISLATION

Legislation that has been passed by Congress and signed by the President can be found in the U.S. Legal Code. Access to the U.S. Code is also available on the internet through a number of sources (see Appendix K). Legislation that is moving through Congress is also available on the internet (at <http://thomas.loc.gov>). Search procedures on the internet allow you to hunt for a bill using the bill number, session of Congress in which the bill was introduced, bill sponsor, and topic area.

Regulations developed by Federal departments are needed to implement legislation that is broad and ambiguous. Federal regulations are published in the Federal Register. Federal law requires that proposed regulations be published in the Federal Register for public comments. Written comments must

be received within specific time periods. Final regulations are also published in the *Federal Register*, which can be accessed on the internet.

The *Congressional Record* is a written recording of all floor debates that take place on legislative issues. The *Congressional Record* organizes these debates by bill number and topic area (see Appendixes I and J). The *Congressional Quarterly* publishes analysis of issues under debate in Congress. *Roll Call Magazine* publishes information about how Federal legislators vote on specific bills. Testimony provided at committee hearings is available in many public and most academic libraries. All of this information, with the exception of testimony provided at Congressional committee hearings, is available on the internet. Researchers will find reports issued by the various House and Senate committees on the internet.

Many interest groups such as the Children's Defense Fund and the Child Welfare League of America publish regular updates about the status of pending legislation and the effects of the various provisions of specific pieces of legislation. Two web sites provide links to a number of policy institutes and advocacy organizations that publish regular analyses of Federal legislation: The Electronic Policy Network (EPN) and HANDSNET2. EPN contains links to a number of research and policy institutes including the Center for Budget and Policy Priorities and the Center for Law and Social Policy. HANDSNET was founded by the Apple Computer Corporation to assist anti-hunger organizations with networking, resource sharing, and lobbying activities. HANDSNET2 includes links to a number of welfare and child advocacy

groups including the Child Welfare League of America (CWLA) and the Children's Defense Fund. As the Personal Responsibility Act moved through Congress during the summer of 1996, HANDSNET2 included a "Welfare Watch" in which a number of organizations provided detailed analyses of the bill's impact. Welfare Watch also included suggestions for lobbying Congress and the President on various aspects of the legislation.

INFORMATION ABOUT STATE LEGISLATION

All state legislation on child welfare is published as part of the state legal code. New legislation is available through the internet (at <http://www.ca.gov/>). Each bill includes a detailed account of the bill's current status and identifies the bill's sponsor.

The Legislative Analyst's Office (LAO) also provides an analysis of specific pieces of legislation and publishes regular reports on specific state programs including child welfare services. Recently, the LAO also published a detailed analysis of the financial impact of the Personal Responsibility Act on the state budget (<http://www.lao.ca.gov/>).

Interest groups such as the California chapter of NASW and the League of Women Voters also influence legislation and issue regular reports about the status of legislation. NASW posts a list of legislation of concern to social workers on the internet, a description of the contents of this legislation, and the status of these bills in the state legislature.

SUMMARY

Legislative analysis requires that lobbyists gather a great deal of detailed information on bill contents, sponsors, and interest groups that will influence the decision process. Much of this information is available to the public on the internet. Consequently, knowledge of and use of the internet is essential for tracking legislation as it moves through the legislative process.

ASSIGNMENT

Find a piece of pending legislation (state or Federal) on the internet. Identify the bill's sponsor, the bill number, and any background material (floor debates, government reports, committee reports, or analysis by advocacy groups) on this legislation.

Identify:

- Values inherent in the legislation,
- Interest groups that have an interest in this issue and their power resources,
- Attempts by interest groups to influence the legislation and the specific tactics used by the group, and
- Proposed amendments to the existing legislation.

Assess:

- Will the bill pass, be amended, or tabled?

CHAPTER XVII

PARTICIPATION IN ELECTORAL POLITICS

CHAPTER XVII PARTICIPATION IN ELECTORAL POLITICS

A social worker can engage in politics in a number of ways—vote, donate money to a candidate/political party, help register new voters, attend candidate forums, become active in a political party (e.g., running as a delegate to the party's national convention), join a non-partisan organization (e.g., the League of Women Voters which provides the public with educational information on candidates and issues, volunteer on a political campaign, take a paid staff position in a campaign, or run for office (Reeser & Epstein, 1990). Involvement in an election campaign is an important way to ensure that elected officials will represent social work values. Two national politicians who are social workers are Congressman Ron Dellums (D-California) and Senator Barbara Mikulski (D-Maryland).

Beyond voting and voter education, many activities involved in running a political campaign are similar to those required for community organization. To run an effective campaign, you need money, volunteers, office supplies, membership or voter lists, media attention, and paid staff. And of course you also need to recruit voters. Types of campaign activities include public education and paid staff positions or volunteer work in election campaigns.

PUBLIC EDUCATION ACTIVITIES

- Voter education as a member of a non-partisan organization such as the League of Women Voters or the National Women's Political Caucus.

- Voter education on issues identified by interest groups. Abortion Rights, Pro-life, Business, Environmental, or groups that advocate to improve the social or economic status of ethnic minorities such as the Mexican American Political Association or the NAACP.

CAMPAIGN POSITIONS

You can also become directly involved in a political campaign. The types of tasks you might encounter as a campaign volunteer or paid staffer are:

Entry-Level Campaign Tasks

- Register voters.⁹
- Secure signatures on nominating petitions for your candidate.
- Volunteer in the office (typing, licking envelopes, answering phones).
- Become a precinct worker. Canvass your neighborhood to find out if your neighbors will support the candidate.
- Raise funds. Organize events. Write fundraising solicitation letters. Solicit campaign contributions.
- Volunteer for the phone bank. Call voters for contributions, votes, and to recruit new volunteers.
- Watch the polls for your candidate on Election Day.
- Hold a "coffee" so that your neighbors have a chance to meet the candidate.
- Design and/or distribute campaign literature and posters.
- Solicit in-kind donations (office equipment and supplies, food for the fundraising event) from individuals and businesses.

Tasks for "Middle Management" Volunteers or Paid Staff

- Organize a mail campaign to solicit donations for a campaign.
- Manage the campaign's phone bank.
- Organize fundraising benefits.
- Contact the media regarding your candidate/send out press releases.

⁹ In California, political parties and community groups may conduct voter registration campaigns prior to elections. County clerks provide voter registration training.

- Schedule campaign appearances for the candidate.
- Plan campaign strategy as a member of the candidate's steering committee.
- Become an election judge (by contacting your local political party).
- Take election results phoned into the campaign office on election night by poll watchers.
- Organize the election night party for campaign volunteers.

Management Tasks

- Work as a paid office coordinator or other frontline staff person.
- Work as the campaign manager.
- Run for office as the Candidate¹⁰.

RESTRICTIONS ON POLITICAL ACTIVITIES

Federal and state legislation places a few restrictions on political activity. When on the job, Federal and state government employees are prohibited by the Hatch Act from engaging in electioneering. The Hatch Act was passed during the late 19th century to keep elected officials from pressuring government civil service workers for help with election campaigns. This legislation has been interpreted to prohibit such on-the-job activities as wearing campaign buttons, canvassing voters, selling tickets to a candidate's fundraiser, or running for office. A government employee is generally required to quit or take a leave of absence from his or her job when running for office (Pawlak & Flynn, 1990).

¹⁰ This is an unpaid position. Candidates must maintain their "day jobs" or use personal savings to support themselves as they run for office.

RESEARCH ON CANDIDATES AND CAMPAIGN ISSUES

There are a number of methods that a political researcher can use to analyze campaigns. We may be interested in conducting an analysis of:

- The issues identified by the candidates,
- The content of commercials, the values expressed in campaign materials (letters to potential donors, pamphlet, flyers, and policy briefs as well as commercial), and
- Strategies used by candidates to influence voters.

Any number of newspapers, magazines, and television programs present in-depth coverage of candidates and campaign issues several months prior to an election. Some of this analysis is non-partisan (the media is ideally neutral), but most analysis incorporates some value biases in terms of the issues that the candidates support. Some of the analysis (newspaper columns, television commentaries) is intentionally biased; the commentator will outline his or her value assumptions and describe how the candidate supports or opposes the value assumptions inherent in a discussion of the issue. You may want to do your own in-depth analysis, looking at a variety of media resources.

Newspapers, especially those serving large metropolitan areas, generally provide in-depth coverage during and just subsequent to campaigns. Some journals that offer in-depth coverage of issues (e.g., *CQ Voter*, *Atlantic Monthly*, and *Newsweek*) also have web sites that provide coverage. There are a number of web sites that contain a variety of links to resources for campaign analysis. California NASW has a web site with analyses of and linkages to other web sites on specific political issues (for example, Proposition 209 during

the 1996 campaign). The League of Women Voters, California Chapter, has its own web page. While the League does not endorse candidates it does engage in voter education and publishes its own analysis of California propositions. Both the League of Women Voters and NASW national offices have similar web pages. The various political parties have web sites. Some candidates also have their own web pages.

RESEARCH ON CAMPAIGN DONATIONS

Another important area of research in campaigns involves analysis of the individuals and interest groups who have donated money to the campaign. Since Federal law prohibits donations of more than \$1,000 by individuals or corporations, many corporations have their top executives make individual donations. In some cases, the spouses of these executives may also make donations to the same candidates. (This is legal.) An analysis of top campaign donors can tell you what interest groups or industries are trying to influence or did influence the outcome of the election. For an example, an analysis of the top 400 donors to 1996 Congressional races by Mother Jones Magazine (1996) shows that top California donors to Democratic candidates were members of the entertainment industry (Barbra Streisand and Steven Spielberg) and executives from a number of Silicon Valley computer software manufacturing companies. Knowing who donated to a campaign can tell you what types of decisions the President or members of Congress may make on important policy issues. For example, Democrats in Congress can be expected to support laws that will benefit the software industry and will probably not support or be

neutral on issue related to regulating the content of movie or television programs.

Media coverage is a good primary source of information about donations. Campaigns are required to release regular reports on donations. In California, the Secretary of State's Office is preparing to put information about campaign donations on the internet. A number of research organizations also complete analyses of donations and release this information to the media and the public. During the 1996 campaign, a number of organizations that analyze campaign donations and strategies opened web pages. A list of these sites is provided in Appendix K. However, it is expected that some of these web sites will close and others will open prior to the 1998 Congressional races.

RESEARCH ON VOTERS

It is also important to know who voted. Most analysts believe that older, White men and women vote at higher rates than younger people and people of color (Piven & Cloward, 1988). Yet increases in minority voting can significantly change the outcome of elections. In California, the increase in voting among Latinos was believed to be a factor in the election of 12 Latinos to the California Assembly and the selection of Cruz Bustamante as Speaker (Ayres, 1996).

While we do not know the names or backgrounds of everyone who voted we have two key sources of information about voting patterns: exit interviews and demographic analysis by region. Many media sources and research institutes will conduct exit interviews with voters as they leave the polling place on Election Day. Questions typically asked in exit interviews deal with the

candidates selected by the voter, reasons for selection, and the personal characteristics of the voter. For example, an analysis of California voters conducted by the Voter News Service in November, 1996, found that almost 60% of White women voted for Proposition 209, a measure that if implemented would end affirmative action in state hiring, state contracts, and university admissions (Associated Press, 1996).

In addition, political campaigns generally examine voting within certain areas (precincts or city, state assembly, state senate, and congressional districts) to determine how much voting strength a candidate has had in that district. Since data on the demographic characteristics is available from the Census Bureau and other sources, campaign analysts can determine what candidates have support from voters in that district and the probable characteristics of the voters who have selected that candidate (Haynes & Mickelson, 1991).

The identification of areas with likely voters helps election campaigns to target their resources; areas with high concentrations of likely voters will receive a great deal of attention from the candidate while areas with low concentrations of likely voters will receive little attention.

SUMMARY

Electoral politics is a significant way for social workers to have an impact on the political process. Electing people to office who support issues and values in keeping with social work ethics produces policies that are helpful to both social workers and members of disadvantaged groups and are more

likely to be implemented. There are a number of campaign activities that can be undertaken by social workers that range from voting, volunteering to help a candidate, staffing a campaign, planning electoral strategies, analysis of campaign outcomes, and actually running for office.

QUESTIONS FOR CLASS DISCUSSION

1. Do you think social workers should work in political campaigns or run for office? Why or why not?
2. Are the values of politicians consistent with those of social workers? Why or why not?
3. How would you expect political campaigns to differ from day-to-day activities encountered in community organization practice?
4. How can social work skills such as relationship building and problem solving be used in a campaign?
5. What issues do you think social workers in public office should address?

ASSIGNMENTS

Write a brief paper (1-5 pages) on ONE of the following topics.

1. Interview a candidate for public office. Ask him or her to describe his or her position on issues of concern to social workers and members of disadvantaged groups. Describe how well you think this candidate will represent social work values once he or she is elected to office.
2. Visit a campaign office either as a volunteer or an observer. Write a paper describing your observations. How does the interaction among staff and volunteers differ from the interaction you typically see in a social service setting?
3. Subsequent to an election, use primary and secondary sources to analyze the outcome of the election. Were the results similar to those predicted by the media? Why or why not? What environmental factors (social, economic, or cultural) affected decision making? Who voted? Did one demographic group vote more than others? If so, why do you think this happened?
4. Spend at least 4 hours registering voters or going door-to-door to canvass prospective voters prior to an election. What attitudes do people express toward voting? Do you think that these people will actually vote? Why or why not?

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APPENDIXES

GLOSSARY OF TERMS

<i>Access to Service</i>	The degree to which program structure allows potential applicants to obtain services from an organization. Transportation (to and from the agency), hours of operation, lengthy or complex applications, means testing for eligibility, and lengthy wait times for service may be factors that affect access. In some instances, those individuals who have difficulty in obtaining access may be discouraged from obtaining the service.
<i>Block Grants</i>	Federal funds transferred to state governments for social, health, and income maintenance services. Block grants are intended to provide states with flexibility to design and administer programs. Few regulations specify how services (and sometimes what services) should be delivered. States may establish their own eligibility guidelines for some programs (within a limited number of Federal restrictions).
<i>Capitation Rate</i>	Reimbursement rate per individual member of a health care plan. Capitation rates are generally calculated by the MCO based on demographic analysis of the target population and previous healthcare utilization rates.
<i>Carve Out</i>	Members of a healthcare plan who need specialized services are <i>carved out</i> of the healthcare plan. This is done for two reasons: a) The delivery of intensive or ongoing services for chronic physical or mental illness drives up the capitation rate for members who do not have such needs; carving out the high cost group ensures that the MCO's capitation rate reflects the estimated cost of care for the average healthcare plan member, b) Carve outs ensure that high-cost services continue to be provided to people who need them at capitation rates that reflect the estimated cost of care for these specialized services.
<i>Categorical Grants</i>	Federal funds are earmarked for providing specific types of services to specific groups of people. Federal guidelines (regulations) must be used to determine eligibility and the types of services to be delivered.

<i>Entitlement Programs</i>	Entitlement programs are those in which every eligible person is legally eligible to receive the service or benefit even in instances where the Federal government has attempted to reduce program funds. The Federal government partially reimburses the state for every person who receives the service. People are usually eligible for participation in entitlement programs if their income falls below a certain level.
<i>Fee for Service</i>	Traditional means of payment for healthcare and some social services. Recipient or recipient's insurance company pays the medical or mental health provider for the service. The provider sets the cost of care.
<i>For-Profit Organization</i>	A for-profit organization is owned by one or more individuals. Ownership may also be in the hands of numerous shareholders who hold stock in the business or corporation. The organization's main purpose is to make a profit (revenue exceeds expenses) by selling its services or products. For-profit organizations must pay federal, state, and local taxes.
HMO	Health Maintenance Organization. Most HMOs are managed care organizations.
<i>Managed Care</i>	Payment system whereby health or mental health care provider is prepaid a fixed amount for delivering services to individual members of a healthcare plan. Coverage may be limited to providers who are affiliated with the managed care plan; only certain types and quantities of services are covered.
<i>MCO</i>	Managed Care Organization. An organization that administers a managed care plan; does not provide direct health care or mental health services.
<i>Means Testing</i>	Also called income testing. Process of determining whether an individual's or family's income is below the level that would make them eligible for service. Applicants are usually required to submit proof of income and expenses.

<i>Nonprofit Organization</i>	Nonprofit organizations must apply for incorporation under 501(c)(3) of the U.S. tax code. Any organization incorporated as a 501(c)(3) organization is not subject to Federal (and most state or local) taxes on revenues. Any revenues earned by the organization must be used for additional service delivery; members of the organization board are prohibited from taking a share of the profits. Donations to a 501(c)(3) organization are tax deductible for the donor.
<i>Point of Service Plan</i>	Managed care plans in which the consumer can choose his or her own healthcare provider without restrictions, but will face higher out-of-pocket costs (co-payments and deductibles) than a with a managed care plan.
<i>Purchase of Service</i>	Process through which federal, state, or local governments contract to reimburse both nonprofit and for-profit organizations for providing those services formerly provided by government. Most POS contracts are performance based and contractors are only reimbursed for producing successful outcomes.
<i>Rationing</i>	Procedures used to decrease utilization of services. Rationing procedures may be explicit (limiting services to specific groups of consumers, limiting the quantity of service provided) or implicit (tightening eligibility requirements).
<i>Regulations</i>	Guidelines that accompany most government funding. Federal regulations for government programs are published in the Federal Register. Regulations usually specify eligibility requirements, specific services to be delivered, and outcomes to be produced. Government may monitor the recipient organizations to ensure that the regulations are followed. For some programs, failure to comply with regulations on eligibility or service delivery could result in sanctions (some loss of future funding).
<i>Unfunded Mandate</i>	Situation in which the federal government has imposed additional regulations on state governments for the implementation of policies, but has not authorized additional funds for policy implementation.

**CALIFORNIA CODES
WELFARE AND INSTITUTIONS CODE
SECTION 14087.3-14087.10**

14087.3. (a) The director may contract, on a bid or nonbid basis, with any qualified individual, organization, or entity to provide services to, arrange for or case manage the care of Medi-Cal beneficiaries. At the director's discretion, the contract may be exclusive or nonexclusive, statewide or on a more limited geographic basis, and include provisions to do the following:

- (1) Perform targeted case management of selected services or beneficiary populations where it is expected that case management will reduce program expenditures.
- (2) Provide for delivery of services in a manner consistent with managed care principles, techniques, and practices directed at ensuring the most cost-effective and appropriate scope, duration, and level of care.
- (3) Provide for alternate methods of payment, including, but not limited to, a prospectively negotiated reimbursement rate, fee-for-service, retainer, capitation, shared savings, volume discounts, lowest bid price, negotiated price, rebates, or other basis.
- (4) Secure services directed at any or all of the following:
 - (A) Recruiting and organizing providers to care for Medi-Cal beneficiaries.
 - (B) Designing and implementing fiscal or other incentives for providers to participate in the Medi-Cal program in cost-effective ways.
 - (C) Linking beneficiaries with cost-effective providers.
- (5) Provide for:
 - (A) Medi-Cal managed care plans contracting under this chapter or Chapter 8 (commencing with Section 14200) to share in the efficiencies and economies realized by those contracts.
 - (B) Effective coordination between contractors operating under this article and Medi-Cal managed care plans in the management of health care provided to Medi-Cal beneficiaries.

(6) Permit individual physicians, groups of physicians, or other providers to participate in a manner that supports the organized system mode of operation.

(7) Encourage group practices with relationships with hospitals having low unit costs.

(b) The director may require individual physicians, groups of physicians, or other providers as a condition of participation under the Medi-Cal program, to enter into capitated contracts pursuant to this section in order to correct or prevent irregular or abusive billing practices. No physician, groups of physicians, or other providers shall be reimbursed for services rendered to Medi-Cal beneficiaries if the physician, group of physicians, or other providers has declined to enter into a contract required by the director pursuant to this section.

(c) The department shall seek federal waivers necessary to allow for federal financial participation under this section.

State Legislation: SB 880 – Social Workers: Continuing Education

An act to add Section 4996.22 to the Business and Professions Code, relating to social workers, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

SB 880, as introduced, Killea. Social workers: continuing education.

(1) Existing law prescribes the qualifications for licensure as a clinical social worker and requires the Board of Behavioral Science Examiners to administer these licensure provisions.

This bill would, on and after January 1, 1999, prohibit the board from renewing a clinical social worker license unless the applicant certifies to the board that he or she has completed not less than 36 hours of approved continuing education, as prescribed, in the preceding 2 years. It would authorize the board to waive the requirement for certain reasons. It would require the applicant to maintain records of completion of required continuing education coursework for a minimum of 2 years, and would authorize the board to audit the records of any applicant to verify completion of the requirement. It would also require the board to establish a procedure for approving providers of continuing education courses for clinical social workers and would require, on and after January 1, 1997, the board to assess continuing provider education and course approval fees. It would require the board to submit a report to the Legislature no later than January 1, 2001, evaluating the progress of continuing education for clinical social workers and making recommendations thereof

(2) Existing law establishes the Behavioral Science Examiners Fund which is continuously appropriated to the board for purposes of carrying out and enforcing the licensure provisions relating to clinical social workers.

By imposing additional duties upon the board and by authorizing the increase of moneys deposited into a continuously appropriated fund, this bill would make appropriations.

Vote: majority. Appropriation: yes. Fiscal committee: yes. State-mandated local program: no.

SECTION 1. The Legislature finds and declares all of the following:

- (a) The practices of social work are affected by rapidly changing social conditions.
- (b) The public health and safety would be served by requiring all persons granted a license to engage in the practices of social work to remain current in their fields through continuing education after receiving their initial license.
- (c) In the past several years, the Board of Behavioral Science Examiners has been

directed to require specific continuing education courses, including child abuse and neglect reporting, human sexuality, and substance abuse.

(d) The Board of Behavioral Science Examiners and members of the profession are the most appropriate parties to establish comprehensive standards for continuing education.

(e) There is a need to have a system in place that will address the latest issues of social and clinical concern that may affect the provision of professional social work services to the public.

(f) A comprehensive program of continuing education will provide consistency, quality control, and a structure within which important social issues and problems, and clinical advances can be brought to the attention of licensed clinical social workers.

SEC. 2. Section 4996.22 is added to the Business and Professions Code, to read:

4996.22. (a) Except as provided in subdivision (d), on and after January 1, 1999, the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that he or she has completed not less than 36 hours of approved continuing education in or relevant to the field of social work in the preceding two years, as determined by the board.

(b) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(c) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

(d) The board may establish exceptions from the continuing education requirement of this section for reasons of health, military service, or other good cause.

(e) The continuing education shall be obtained from one of the following sources:

(1) An accredited school of social work, as defined in Section 4990.4, or a school or department of social work that is a candidate for accreditation by the Commission on Accreditation of the Council on Social Work Education.

(2) A course sponsored or offered by a professional social work, or marriage, family, and child counselor association recognized by the board. These courses shall meet the guidelines for continuing education established by the board.

(3) Other continuing education providers, including, but not limited to, a licensed health facility, governmental entity, and a national mental health professional association, approved by the board.

(f) The board shall establish a procedure for approving providers of continuing education courses pursuant to paragraph (3) of subdivision (e). The board shall provide for approval of training, education, or coursework that is provided by adequately trained persons, in any of the following areas:

(1) Aspects of the discipline that are fundamental to the understanding, or the practice, of social work.

(2) Aspects of the social work discipline in which significant recent developments have occurred.

(3) Aspects of other related disciplines that enhance the understanding, or the practice, of social work.

(g) A system of continuing education for licensed clinical social workers shall include courses directly related to the psychosocial diagnosis, assessment, and treatment of the client population being served.

(h) The board may adopt regulations as necessary to implement this section.

(i) The board shall submit a report to the Legislature no later than January 1, 2001, evaluating the progress of continuing education required by this section, and making recommendations thereof.

(j) On and after January 1, 1997, the board shall, by regulation, fund the administration of this section through continuing education, provider, and course approval fees to be deposited in the Behavioral Science Examiners Fund. The fees related to the administration of this section shall be sufficient to meet but shall not exceed the costs of administering the corresponding provisions of this section.

Retrieved August 19, 1996, from [http://www.sen.ca.gov/htbin/ca-html?GOPHE...FROM0800.SB0880\]INTROVER.TXT;1/bill/SB880](http://www.sen.ca.gov/htbin/ca-html?GOPHE...FROM0800.SB0880]INTROVER.TXT;1/bill/SB880)

MULTIETHNIC PLACEMENT ACT OF 1994

103d CONGRESS

2d Session

H.R. 4181

To prohibit an agency, or entity, that receives Federal assistance and is involved in adoption or foster care programs from delaying or denying the placement of a child based on the race, color, or national origin of the child or adoptive or foster parent or parents involved, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

April 12, 1994

Mr. WHEAT introduced the following bill; which was referred to the Committee on Ways and Means

A BILL

To prohibit an agency, or entity, that receives Federal assistance and is involved in adoption or foster care programs from delaying or denying the placement of a child based on the race, color, or national origin of the child or adoptive or foster parent or parents involved, and for other purposes.

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

SECTION 1. SHORT TITLE.

This Act may be cited as the 'Multiethnic Placement Act of 1994'.

SEC. 2. FINDINGS AND PURPOSE.

(a) FINDINGS- Congress finds that--

- (1) nearly 500,000 children are in foster care in the United States;
- (2) tens of thousands of children in foster care are waiting for adoption;
- (3) 2 years and 8 months is the median length of time that children wait to be adopted;
- (4) child welfare agencies should work to eliminate racial, ethnic, and national origin discrimination and bias in adoption and foster care recruitment, selection, and placement procedures; and

(5) active, creative, and diligent efforts are needed to recruit parents, from every race and culture, for children needing foster care or adoptive parents.

(b) PURPOSE- It is the purpose of this Act to decrease the length of time that children wait to be adopted and to prevent discrimination in the placement of children on the basis of race, color, or national origin.

SEC. 3. MULTIETHNIC PLACEMENTS.

(a) ACTIVITIES-

(1) PROHIBITION- An agency, or entity, that receives Federal assistance and is involved in adoption or foster care placements may not--

(A) categorically deny to any person the opportunity to become an adoptive or a foster parent, solely on the basis of the race, color, or national origin of the adoptive or foster parent, or the child, involved; or

(B) delay or deny the placement of a child for adoption or into foster care, or otherwise discriminate in making a placement decision, solely on the basis of the race, color, or national origin of the adoptive or foster parent, or the child, involved.

(2) PERMISSIBLE CONSIDERATION- An agency or entity to which paragraph (1) applies may consider the race, color, or national origin of a child as a factor in making a placement decision if such factor is relevant to the best interests of the child involved and is considered in conjunction with other factors.

(3) DEFINITION- As used in this subsection, the term 'placement decision' means the decision to place, or to delay or deny the placement of, a child in a foster care or an adoptive home, and includes the decision of the agency or entity involved to seek the termination of birth parent rights or otherwise make a child legally available for adoptive placement.

(b) LIMITATION- The Secretary of Health and Human Services shall not provide placement and administrative funds under section 474(a)(3) of the Social Security Act (42 U.S.C. 674(a)(3)) to an agency or entity described in subsection (a) that is not in compliance with subsection (a).

(c) EQUITABLE RELIEF- Any individual who is aggrieved by an action in violation of subsection (a), taken by an agency or entity described in subsection (a) shall have the right to bring an action seeking relief in a United States district court of appropriate jurisdiction.

(d) CONSTRUCTION- Nothing in this section shall be construed to affect the application of the Indian Child Welfare Act of 1978 (25 U.S.C. 1901 et seq.).

Retrieved July 24, 1996, from <http://www.webcom.com/~kmc/adoption/law/us/pending/hr4181.html>

AB 2329 DEPENDENT CHILDREN.

BILL NUMBER: AB 2329 CHAPTERED 07/25/96

CHAPTER 275

FILED WITH SECRETARY OF STATE JULY 25, 1996

APPROVED BY GOVERNOR JULY 24, 1996

PASSED THE ASSEMBLY JULY 11, 1996

PASSED THE SENATE JUNE 27, 1996

AMENDED IN SENATE JUNE 24, 1996

AMENDED IN ASSEMBLY APRIL 29, 1996

AMENDED IN ASSEMBLY MARCH 21, 1996

INTRODUCED BY Assembly Member Goldsmith

FEBRUARY 15, 1996

An act to amend Section 308 of the Welfare and Institutions Code, relating to juveniles.

LEGISLATIVE COUNSEL'S DIGEST

AB 2329, Goldsmith. Dependent children.

Under existing law, when a peace officer or social worker takes a minor into custody on the basis of specified abuse or neglect, he or she is required to take immediate steps to notify the minor's parent, guardian, or a responsible relative that the minor is in custody and the place where the minor is being held. Existing law requires the juvenile court to order that the parent or guardian shall not be notified of the exact whereabouts of the minor under certain circumstances, and also authorizes the peace officer or social worker to refuse to disclose the place where the minor is being held under certain circumstances.

This bill would revise these provisions to specify that the peace officer or social worker is required to take immediate steps to notify the minor's parent, guardian, or a responsible relative that the minor is in custody and that the child has been placed in a facility authorized by law to care for the child. The bill would also require the peace officer or social worker to provide a telephone number where the minor may be contacted, rather than the location where the minor is being held. The bill would require that the address of any licensed foster family home in which the child has been placed be kept confidential until the dispositional hearing, except as specified.

SECTION 1. Section 308 of the Welfare and Institutions Code is amended to read:

308. (a) When a peace officer or social worker takes a minor into custody pursuant to this article, he or she shall take immediate steps to notify the minor's parent, guardian, or a responsible relative that the minor is in custody and that the child has been placed

in a facility authorized by law to care for the child, and shall provide a telephone number at which the minor may be contacted. The confidentiality of the address of any licensed foster family home in which the child has been placed shall be maintained until the dispositional hearing, at which time the judge may authorize, upon a finding of good cause, the disclosure of the address. However, the court may order the release of the address of the licensed foster family home to the minor's parent, guardian, or responsible relative upon notification of the licensed foster family home in cases where a petition to challenge jurisdiction or other motion to delay the dispositional hearing beyond 60 days after the hearing at which the minor was ordered removed or detained, pursuant to subdivision (b) of Section 352, is granted. Moreover, a foster parent may authorize the release of the address of the foster family home at any time during the placement. The county welfare department shall make a diligent and reasonable effort to ensure regular telephone contact between the parent and a child of any age, prior to the detention hearing, unless that contact would be detrimental to the child. The initial telephone contact shall take place as soon as practicable, but no later than five hours after the child is taken into custody.

(b) Immediately after being taken to a place of confinement pursuant to this article and, except where physically impossible, no later than one hour after he or she has been taken into custody, a minor 10 years of age or older shall be advised that he or she has the right to make at least two telephone calls from the place where he or she is being held, one call completed to his or her parent, guardian, or a responsible relative, and another call completed to an attorney.

The calls shall be at public expense, if the calls are completed to telephone numbers within the local calling area, and in the presence of a public officer or employee. Any public officer or employee who willfully deprives a minor taken into custody of his or her right to make these telephone calls is guilty of a misdemeanor.

Retrieved August 21, 1996, from [http://www.sen.ca.gov/htbin/ca-html?GOPHE...FR0M2300.AB2329\]CURRVER.TXT;1/bill/AB2329](http://www.sen.ca.gov/htbin/ca-html?GOPHE...FR0M2300.AB2329]CURRVER.TXT;1/bill/AB2329)

**California State Family Code
-- Adoption --**

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WHILE SUPPORTING WELFARE REFORM, BOXER VOTES AGAINST SENATE BILL THAT IS TOO TOUGH ON CALIFORNIA
AND CHILDREN

July 24, 1996

U.S. Senator Barbara Boxer (D-CA) today voted against the current Senate Welfare Reform Bill.

"I have voted for welfare reform in the past and very much want to vote for welfare reform again because the status quo is unacceptable," said Sen. Boxer, **"but I cannot support this bill which will cost California taxpayers billions of dollars."**

It is estimated that the loss of federal funds in the current bill would cost California \$9 billion over six years. Under California law, California's counties would become legally responsible for shouldering that loss. **"Senator Feinstein and I, after careful study, believe this bill unfairly targets the state of California,"** Boxer explained.

The bill called for the elimination of most benefits to legal immigrants. **"Forty percent of the savings from the bill's immigration provisions come straight out of the California economy. California has a disproportionate share of the nation's legal immigrants and refugees,"** Boxer noted. **"Their ranks consist of working men and women who have played by the rules but have temporarily fallen on hard times. They consist of children and disabled people and political refugees who have no other form of support. To deny basic services to them would be devastating and would greatly injure the economics of many California counties."**

In an attempt to construct welfare reform legislation that was fair and effective. Sen. Boxer co-sponsored an amendment with Sen. Dianne Feinstein which would have allowed for a reduction in benefits to future legal immigrants but reductions would not have applied to our current legal immigrants. Today the Senate failed to pass the Feinstein/Boxer Amendment, although it received 46 votes.

Sen. Boxer expressed hope about making effective changes to the bill. **"It is my hope that the conferees will realize that many legal immigrants on welfare are children or refugees who do not have sponsors. Cutting them off would be inhumane and terribly costly to California counties,"** said Boxer. She pointed out that it is estimated that more than 60% of the legal immigrants that are on Aid to Families with Dependent Children in California are refugees.

Action alert!



Reasons to Oppose the Welfare Conference Report

The Welfare Reform Conference Report, scheduled to be voted on in the House today and the Senate tomorrow, cuts nutrition programs dramatically and contains a number of extreme provisions in the nutrition area. In many areas, the conference report is far more draconian than the Senate report.

The Conference Report:

- Cuts the Food Stamp Program by over \$23 billion over 6 years, not including immigrant cuts.
- Limits able-bodied food stamp recipients between the ages of 18 and 50 to 3 months of food stamps in every 36 month period. This provision is far more harsh than the original Senate provision which would have limited such individuals to 6 months food stamp receipt each year. The Senate bill also contained hardship exemptions for up to 20% of the affected caseload. The conference report contains no such hardship exemptions. CBO estimates that in an average month, one million poor unemployed individuals who are willing to work and would take a workfare slot if one were available would be denied food stamps under this punitive provision.
- Freezes the cap on the shelter deduction at \$247 for FY97, \$250 for FY98, \$275 through FY 2000 and \$300 thereafter. Current law would have removed the cap on the shelter deduction completely after this year, thereby protecting poor families from having to choose between paying rent and feeding their children. The Senate bill froze the cap at the significantly higher level of \$342. States with high shelter costs will be disproportionately impacted by this provision.
- Dramatically cuts Summer Food Program lunch reimbursement rates from the current level of \$2.16 to \$1.97. The Senate bill would have retained current law. The rates in the conference report will likely force a significant number of program sponsors serving hundreds of thousands of poor children to drop out of the program.
- Sets CACFP Tier II Rates at \$0.95 for lunch, \$0.27 for breakfast, and \$0.13 for snack. The Senate bill would have set slightly higher rates for all three. The rates in the conference report will likely also force a significant number of CACFP sponsors serving hundreds of thousands of poor children to drop out of the program.
- Allows Governors to opt to enforce immigration restrictions for participants in all child nutrition programs other than school lunch and breakfast (including WIC, CACFP and Summer Food Programs.) Thus, WIC clinics, summer food sites, and family day care homes could be forced to check the

immigration status of all program participants and turn away undocumented persons. (School lunch and school breakfast will be available to undocumented children in states where such children are entitled to public education).

- Bars most legal immigrants from food stamps, SSI and cash assistance (AFDC) receipt.
- Although the conference report contains no block grant of any nutrition program, it eliminates the AFDC entitlement and provides no new funding or other protection for children after their cash assistance time limit expires.

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[Congressional Record: July 16, 1996 (Extensions)]
[Page E1289-E1290]
From the Congressional Record Online via GPO Access [wais.access.gpo.gov]
[DOCID:cr16jy96-10]

INDIAN CHILD WELFARE ACT AMENDMENTS

[Page: E1289]

HON. DON YOUNG
of Alaska
in the House of Representatives

Tuesday, July 16, 1996

Mr. YOUNG of Alaska. Mr. Speaker, I am pleased to offer alternative legislation with the ranking minority member of the Resources Committee, Mr. George Miller, and Mr. Bill Richardson of New Mexico, to the Indian Child Welfare Act [ICWA]. In May of this year, the House narrowly passed H.R. 3286, which contained amendments to the ICWA. Tribal representatives opposed title III of that bill and have worked with Congresswoman Pryce to reach an agreement on alternative legislation to ICWA. I want to thank Congresswoman Pryce for her efforts to reach a compromise on ICWA. I want to also thank all the tribes for their efforts and important input on legislation which has an affect on Indian families and Alaska Native and American Indian children.

After the May vote, tribal representatives met in Tulsa, OK, to reach a consensus to address the concerns expressed by the authors of title III of H.R. 3286. This legislation provides for notice to tribes for voluntary adoptions, terminations of parental rights, and foster care proceedings. It provides for time lines for tribal intervention in voluntary cases and provides criminal sanctions to discourage fraudulent practices in Indian adoptions. Additionally, it clarifies the limits on withdrawal of parental consent to adoptions. The proposal provides for open adoptions in States where State law prohibits them and clarifies tribal court's authority to declare children wards of the tribal court. In addition, it states that attorneys and public and private agencies have a duty to inform Indian parents of their rights under ICWA, and provides for tribal membership certification in adoptions. These reforms resolve the ambiguities in current law which resulted in needless litigation, and have disrupted Indian adoption placements without reducing this country's commitment to protect native American families and promote the best interest of native children.

Mr. Speaker, all of the provisions contained in this bill have been tentatively embraced by the Department of Justice, the Department of the Interior, Jane Gorman, the attorney for the Rost family, and the American Academy of Adoption Attorneys, the proponents of title III of H.R. 3286. I know that they and others are sincere in their concern about litigation which has delayed a few adoptions. But ICWA is not the problem. The Rost case is a sad and tragic case. But it was caused by an attorney who tried to cover up the natural parent's tribal membership and purposefully avoided checking with the grandparents and extended family of the children to see if the family was available to adopt these children. The sad part is that this attorney did not violate the law, but he inflicted untold sorrow on the Rosts, the grandparents of the children, and ultimately on the children themselves. This proposed legislation will impose criminal sanctions on attorneys who violate ICWA requirements in the adoption of a native child. In closing, I believe we have acceptable legislation which will protect the interests of adoptive parents, native extended families, and most importantly, Alaska Native and American Indian children. [Page E1290]

[Congressional Record: May 7, 1996 (House)]
[Page H4433]

From the Congressional Record Online via GPO Access [wais.access.gpo.gov]
[DOCID:cr07my96-60]

SUPPORT THE ADOPTION PROMOTION AND STABILITY ACT
May 07, 1996
[Page H4433]

The SPEAKER pro tempore. Under the Speaker's announced policy of May 12, 1995, the gentleman from Florida [Mr. Canady] is recognized during morning business for 5 minutes.

Mr. CANADY of Florida. Mr. Speaker, I rise to address an issue of great importance to everyone who cares about children. Today, there are hundreds of thousands of children who should be thriving in the love and care of adoptive parents. Tragically, they are not. Instead they are shuttling from foster family to foster family. In fact, this year a mere 10 percent of the 500,000 children in State foster care programs will move into permanent adoptive homes. This is not something out of Charles Dickens. It is happening today--in the United States of America.

We have come to this sorry state of affairs for many reasons, but two are paramount. First, the cost of adoption for many moderate-income families is prohibitive. Second, liberal social welfare policy has made interethnic adoption nearly impossible.

According to the National Council for Adoption, as many as 2 million families could be waiting for a child to adopt. But barriers like cost get in the way. Adoption expenses can total up to \$20,000. This financial burden is a major disincentive for moderate-income families wishing to adopt children.

A second barrier to adoption is the Federal law that permits States to use race in the placement of children in foster care and adoption. This law has clearly backfired. The use of race-matching has delayed the adoption of minority children, who remain in foster care at least twice as long as nonminority children. Today, 49 percent of children in foster care are minorities. A third of foster children are black.

I ask my colleagues: Is it fair to these innocent children to trap them in the foster care system simply because of the color of their skin? The love of a family knows no race. It is unconscionable that any child needing the love and care of a family he can call his own would be denied that love and care simply because the prospective adoptive family is of a different race. That is

a grave injustice to the child who needs a home and to the family who waits with open arms.

Mr. Speaker, the Congress can help remove these barriers to adoption through swift passage of H.R. 3236, the Adoption Promotion and Stability Act. This bill makes two important reforms.

First, the bill revises the Tax Code to make adoption more affordable for families. H.R. 3236 provides a \$5,000 tax credit for adoption expenses. The bill also provides a \$5,000 per child tax exclusion for employer-paid adoption assistance. I believe this provision will encourage more moderate-income families to adopt children.

Second, the bill removes barriers to interracial adoption. Currently, the law allows placement agencies to use the racial background of the child as a criterion in making placement decisions. This bill prohibits the use of race to delay or deny placement of a child into a foster or adoptive home. I believe this provision will go a long way to end the intolerable delay associated with race-matching. It will ensure that placement agencies make the best interests of children their top priority.

In addition, I must note that many American Indian children are suffering in the current foster care and adoption system. Currently, tribes can delay the adoption of a child of American Indian descent because of the Indian Child Welfare Act. This law was intended to protect the integrity and heritage of American Indian tribes. Yet the law allows tribes to interfere with adoption decisions due to its ambiguity and broad application. As a result, litigations out of control, and Indian children are not being adopted. A provision of H.R. 3286, which was stripped from the bill in committee, would have established safeguards against the arbitrary, retroactive designation of children as members of a tribe. This would prevent a tribe from invoking the Indian Child Welfare Act to interfere with legitimate, voluntary adoptions. Should an amendment be offered to restore this provision of the bill, I urge my colleagues to support it.

Children must be afforded every opportunity to live in a happy, safe, secure, and-perhaps most important--permanent family environment. The provisions of this bill help to achieve this goal. I want to thank Ms. Molinari and Mr. Archer for their leadership on this issue. I also commend Mr. Bunning, Ms. Pryce, Mr. Solomon, Mr. Tiahrt, and Mr. Shaw for their strong support of this legislation.

Mr. Speaker, we cannot take the hundreds of thousands of children languishing in foster care and match them with loving parents overnight. But with passage of the Adoption Promotion and Stability Act, we are taking an important step. I urge my colleagues to meet the needs of foster children across the country. I urge you to support this bill.

WEBSITES FOR LEGISLATIVE AND POLITICAL ANALYSIS

USING THE WEB

Listed below are a number of Internet Resources for Legislative and Political Analysis. Internet addresses for individuals and organizations are listed by name and internet address. These sites were located using World Wide Web on the Internet with a NETSCAPE browser or software. The specific directory used on the Web to locate these resources was YAHOO.

These resources can be found by typing in the address. For IBM-compatible computers using WINDOWS format, pull down "Open Location" from the FILE menu. Type in address and click on "OPEN." Most WEB addresses start with "http://www"

Web sites can also be found using the SEARCH command found at the top of the NETSCAPE screen. Select "SEARCH", type in the name of the organization or topic and click on "SEARCH."

Web sites open and close constantly. It is expected that the addresses of some of the non-government organizations may change over time or that these sites will be shut down. If you cannot gain access to the Web sites listed, first check the address. If correcting the address does not help, readers are advised to use the SEARCH command to find the organization.

It should also be noted that heavy traffic on the Web can often block access to specific sites especially during business hours. You may wait a few minutes or a few hours to gain access to the site you wish to visit.

Most Web sites contain "LINKS" to other sites. You may wish to gain access to a site by using such a link. For example, the Web page belonging to the California NASW chapter contains links to Web sites for both Federal and State legislation.

You can do a number of things to help you organize data you find on the Web. Use "BOOKMARKS" to quickly find Web sites that you use often. You can also download information found on Web pages on floppy disks by moving your cursor to the information file (those file names underlined on the Web page) of interest to you, holding down the shift key on the left side of your keyboard, and clicking the file name twice.

EXECUTIVE AND LEGISLATIVE BRANCHES OF THE FEDERAL GOVERNMENT

White House	http://www.whitehouse.gov
Senate	
CA (D) Boxer, Barbara	http://www.senate.gov/~boxer
CA (D) Feinstein, Dianne	http://www.senate.gov/~feinstein
Senate Committees	http://www.senate.gov
House: Access to updated email addresses and WEB sites for members of the House and Senate	http://www.lib.umich.edu/libhome/Documents.center/federal.html Also try: http://www.house.gov
House Committees	http://www.house.gov

OTHER FEDERAL GOVERNMENT INFORMATION SOURCES

Federal Government Agencies

<http://winslo.ohio.gov/fdgvtop.html>

Legislative Information on the Internet (Includes access to the Federal Register the Congressional Record, and the Library of Congress)

<http://thomas.loc.gov>

The Federal Web Locator

<http://www.law.villedu/Fed-Agency/fedwebloc.html>

U.S. Legal Code

<http://www.law.cornell.edu/uscode>

INFORMATION ON CALIFORNIA LEGISLATORS AND LEGISLATION

California State Senate Website

<http://www.sen.ca.gov>

California State Assembly Website

<http://www.assembly.ca.gov>

State of California Government Resources (Includes links to state agencies)

<http://www.ca.gov>

Legislative Information (Locate bills using keyword search, review current bill drafts, register to be notified by e-mail of changes or additions to a bill of interest)

<http://www.ca.gov>

The California Legislative Analyst's Office (Includes analysis of pending legislation)

<http://www.lao.ca.gov>

ADDITIONAL SOURCES FOR ANALYZING LEGISLATIVE ACTIVITY

The Electronic Activist (email addresses for some congresspersons, state legislators, and media outlets)

<http://www.berkshire.net/~ifas//activist>

Congressional Quarterly

<http://www.pathfinder.com/CQ>

Roll Call Magazine

<http://www.rollcall.com>

POLITICAL PARTY AND CAMPAIGN INFORMATION

Political issues and political party websites

<http://policy.net>

<http://congress.org>

Information on Congressional Campaign Contributions (Information on the top 400 contributors to the 1996 Congressional campaigns)

http://www.mojones.com/coinop_congress/mojo~499/search.html

Electronic Democracy Information Network

<http://garnet.berkeley.edu:3333>

Emily's List (Foundation that Supports Women Candidates)

<http://www.emilyslist.org/home.htm>

Project Vote Smart

<http://www.vote-smart.org>

The USA section of Worldwide Political Resources (Detailed information about state politics)

<http://www.politicalindex.com/sect9.htm>

WEB SITES FOR CHILD WELFARE INFORMATION

U.S. Department of Health and Human Services, Administration for Children and Families

<http://www.acf.dhhs.gov>

Children's Defense Fund

<http://www.childrendefense.org>

Child Welfare League of America

<http://cwla.org>

Adoption Policy Resource Center

<http://www.fpsol.com/adoption>

Child Abuse: Statistics, Research, & Resources

<http://www.jimhopper.com/labstats>

WEBSITES FOR INFORMATION ON CHILD WELFARE, POVERTY, WELFARE REFORM, MEDICAID, AND EMPLOYMENT POLICIES

Electronic Policy Network (Includes links to: Center for Policy and Budget Priorities, Cato Institute, Center for Law and Social Policy, Economic Policy Institute, Families U.S.A., and the Russell Sage Foundation)
<http://epn.org/>

Handsnet (Information on hunger and poverty)
<http://www.handsnet.org/>

Urban Institute (Research institute publishes reports on welfare reform, child care, and other social service related issues)
<http://www.urban.org/>

National NASW
<http://naswdc.org>

OTHER INFORMATION SOURCES

U.S. Census Bureau
<http://www.census.gov>

National Center on Child Abuse and Neglect
<http://www.calib.com/nccanch/>

National Center on Health Statistics
<http://www.cdc.gov/scientific.htm>