February 7: “Community Based Treatment of Meth Addiction: New Approaches, New Accountability and New Outcomes”, Nicolas Taylor, Ph.D. (a researcher, treatment provider and current Chair of the Curriculum Committee of the National Drug Endangered Children Committee), Sponsored by the Iowa Judicial Branch, 9:00 a.m. to 4:00 p.m., Hotel Fort Des Moines, Des Moines, Registration Required (you must register before January 31st. To register, contact: Tina.Schweitzer@jb.state.ia.us

February 21: “Dental Health – What Services are Available?”, Polk County Model Court Training Academy; 12:15, Room 209A, Polk County Courthouse, Des Moines. Free CLEs and CEUs.

March 7-8: Iowa Foster & Adoptive Parents Association (IFAPA) 2008 Spring Conference, Airport Holiday Inn, Des Moines. For more details, go to http://www.ifapa.org/training/2008%20Conference%20Booklet.pdf

March 20: “Parents as Partners”, Polk County Model Court Training Academy; 12:15, Room 209A, Polk County Courthouse, Des Moines. Free CLEs and CEUs.

**Update on the S-Chip Extension Bill:** The U.S. House attempt to override President Bush's veto of a compromise, bipartisan bill that Congress passed to reauthorize the State Children's Health Insurance Program (S-Chip) has failed by 15 votes. This legislation would have reauthorized S-Chip for five years with enough funding to maintain current enrollment and provide health insurance to approximately 4 million additional children. Congress passed the bill last session, and the President vetoed it December 12th. Congress had passed an earlier five-year reauthorization bill, but it, too, was met with a presidential veto, which members were unable to override. S-Chip programs exist in every state and insure children whose families earn too much to qualify for Medicaid and those who are either not offered or cannot afford private coverage. Congress has passed (and the President signed into law) a bill extending S-Chip through March 31, 2009, with sufficient funding to maintain current enrollment and avoid shortfalls.

**Protests to Medicaid and S-Chip Limitations:** A number of congressional leaders have sent Health and Human Services Secretary Michael O. Leavitt a letter questioning the legality of a policy that will deny or severely limit access to health insurance to low-income children. "Despite repeated warnings about the legality of the Aug. 17, 2007, directive, and the absence of a formal rulemaking process, your administration has continued to pursue a policy that is contrary to federal law and that limits children's access to health care," the lawmakers wrote to Leavitt. "Federal law does not authorize CMS to effectively impose an income eligibility cap in [SCHIP] or Medicaid." The congressional leaders requested the Centers for Medicare and Medicaid Services (CMS) to reverse its decision immediately and, specifically, for a response to their demands by January 31.

Because states are very differently situated in terms of costs of living the federal government has long afforded states flexibility to tailor certain aspects of their State Children's Health Insurance Programs (S-Chips) and Medicaid programs, including the ability to set income eligibility limits. In a departure from that policy, the CMS has issued a policy directive in the form of letter to state health officials last August that makes it very difficult for state S-Chip programs that are already covering or desire to cover children in families who earn more than 250% of the federal poverty level (FPL) to do so (250% of FPL is $51,625 for a family of four). To cover children in families above 250% FPL through SCHIP, the directive, among other things, requires states to prove that individuals--in this case, children--have been uninsured for at least an entire year and to show they have enrolled at least 95% of their children below 200% FPL who are eligible for either S-Chip or Medicaid.
Another Lawsuit Against the Florida Child Welfare System: According to the Tampa Tribune, a Tallahassee, lawsuit has been filed on behalf of a 17-year-old foster boy and at least 2,400 other children against a Hillsborough Kids Inc. (a county foster care agency) and the State of Florida, accusing them of treating foster children like "hostages." The lawsuit asks the court to classify the local foster care system as unconstitutional, and to block the county agency from taking children into its care. The suit also requests the court to force the Florida Department of Children and Families (DCF) to hold the private agency accountable for not meeting performance standards, particularly the statewide goal set by Florida legislators that children are either reunited with their families or adopted within 12 months. About 1,892 children have remained in Hillsborough Kids' care longer than 12 months, with the average stay hovering at 18 months.

According to the lawsuit, of 2,400 children that are in temporary custody of the agency: seven of those have been in care for 15 years; 60 for more than 10 years; more than half have been in care for two years and longer.

Figures provided by the county agency and state officials show the county had about 2,600 children in state care: 1,166 in licensed foster homes; 86 in shelters; and 1,340 in relative and non-relative, unlicensed care. They also reported on 10 children who have been in care for 15 years or longer: Seven have an immune deficiency disorder and would lose their Medicaid waiver benefits if adopted; two are medically complex and caseworkers are actively searching for adoptive parents; and one is profoundly challenged and is living in a home operated by the Agency for Persons With Disabilities. According to state officials, thirty-eight children have been in state care for more than 10 years. Of those, 21 are involved in adoption efforts.

While all children involved in juvenile proceedings in Iowa have a guardian ad litem, in Florida, only about 80 percent of the children in care have a guardian ad litem appointed to represent them in court proceeding.

Bills of Interest in the Iowa Legislature: The following bills of interest have been submitted in the Iowa legislature so far:

SSB 3013 & HSB 581 JUVENILE MATTERS – RECORDS, CONSENT DECREES, AND COURT ATTENDANCE: This bill allows a foster care child who remains so until reaching the age of majority to receive health and education records prior to discharge by the juvenile court. The bill also makes a consent decree in juvenile court good for one year, unless discharged by the court. Requires that a court determine if a child's failure to appear during a child in need of assistance (CINA) proceeding is due to a failure to notify the child, if appropriate.
**HF 2055 CHILD EYE EXAMS:** This bill requires a child to have an eye exam before enrolling in kindergarten, but does not allow a school to refuse a child if the parent fails to have the exam done. It also requires the parent to be informed of an eye exam requirement, and requires the Department of Education to develop rules for the program. The bill requires the Department of Public Health to report to the Legislature on the program and to assess whether a financial aid program will improve compliance.

**HF 2058 SHAKEN BABY PREVENTION:** This bill requires the DPH to contract for a statewide Shaken Baby Prevention program. The bill requires the Department of Public Health to develop materials for distribution at birth centers, hospitals, and child care providers, and family support, and to work with a collaborative agency or local board of health for the distribution.

**HF 2062 SEX OFFENDERS AT SCHOOLS:** This bill makes it an aggravated misdemeanor for a registered sex offender to be on school grounds or at a child care facility. The bill does make exceptions for an offender who is taking a child to the school or child care center, who is attending a conference concerning the child, for voting, or who has written permission from the administrator of the facility. The bill appropriates $2 million to the Department of Public Safety to establish a sex offender compliance grant program so that local law enforcement agencies can determine if sex offenders are complying with residency restrictions.

**HSB 568 SUBSTANCE ABUSE STUDY:** This bill requires the Department of Public Health (DPH) and the Department of Human Services (DHS) to study and develop a protocol to deal with the relationship between substance abuse by a parent or guardian. The bill also requires DPH and DHS to develop data identifying the prevalence of the presence of children in households with adults with substance abuse problems.

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**January Statistical Summary:** During the month of January, the Iowa Supreme Court rendered no decisions in juvenile cases. During the month of January, the Iowa Court of Appeals rendered 15 opinions in juvenile cases. Of those 15 cases, 13 were Termination of Parental Rights (TPR) cases and two were delinquency cases. Here is a summary of what happened on those cases:
**TPR Cases:** In all 13 of the TPR cases, the parent(s) appealed the trial court’s order terminating parental rights, and the Court of Appeals affirmed the termination of parental rights.

**Delinquency Cases:** In 1 of the delinquency cases, the Court of Appeals affirmed the trial court’s order adjudicating the child to be a delinquent. In one delinquency case, the Court of Appeals dismissed the appeal of a trial court’s order placing the child on a waiting list with DHS for residential treatment.

**Reasonable Efforts Requirement in Custody:** *In the Interest of A.S.W. (Iowa Court of Appeals, January 16, 2007)*: In this appeal of a termination of parental rights order, the Court of Appeals made clear that raising the issue of reasonable efforts at a permanency hearing or a termination of parental rights hearing is too late to preserve the issue:

While DHS has an obligation to make reasonable efforts toward reunification, a parent has an equal obligation to demand other, different, or additional services prior to a permanency or termination hearing or the issue is considered waived for further consideration on appeal.

**Insurance Coverage:** Stateline.org (a project of the Pew Research Center) has recently released the newest of its annual *State of the States* Report for 2008. In that report, one of the charts provided showed the health insurance coverage of Americans broken down by income. Here is what the report showed:

- For Americans below the poverty level: 21% have private insurance, 43% have public health care, and 37% have no insurance.

- For Americans between 100% and 200% of poverty: 43% have private insurance, 26% have public health care, and 30% have no insurance.

- For Americans between 200% and 300% of poverty: 70% have private insurance, 11% have public health care, and 18% have no insurance.
• For Americans between 300% and 400% of poverty: 83% have private insurance, 6% have public health care, and 11% have no insurance.

• For Americans with incomes exceeding four times the poverty level: 91% have private insurance, 3% have public health care, and 5% have no insurance.

“If you walked by a street and you was walking on concrete
And you saw a rose growing from concrete,
even if it had messed up petals and it was a little to the side
you would marvel at just seeing a rose grow through concrete.
So why is it that when you see some ghetto kid grow out of the
dirtiest circumstances
and he can talk and he can sit across the room
and make you cry, make you laugh,
all you can talk about is my dirty rose, my dirty stems
and how I am leaning crooked to the side,
you can't even see that I've come up from out of that.”
– Tupac Shakur (2PAC)