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0356 Committee on Family Issues and Rights



COLORADO

LEGISLATIVE COUNCIL

Committee on

**Family Issues
and Rights**

Legislative Council
Research Publication No. 356

November 1990

**COLORADO LEGISLATIVE COUNCIL
RECOMMENDATIONS FOR 1991**

**COMMITTEE ON
FAMILY ISSUES AND RIGHTS**

**Legislative Council
Report to the
Colorado General Assembly**

**Research Publication No. 356
November 1990**

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To Members of the Fifty-Eighth Colorado General Assembly:

Submitted herewith is the final report for the Committee on Family Issues and Rights. The committee was created pursuant to H.J.R. 90-1033, 1990 legislative session. The committee was charged with studying several topics related to families and children and was asked to report its findings and recommendations to the First Regular Session of the Fifty-eighth General Assembly.

At its meeting on October 15, 1990, the Legislative Council approved four bills submitted by the committee. A motion to forward the bills, with favorable recommendation, to the First Session of the Fifty-eighth General Assembly was also approved by the Legislative Council.

Respectfully submitted,

/s/ Representative Chris Paulson
Chairman
Colorado Legislative Council

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COMMITTEE ON FAMILY ISSUES AND RIGHTS

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SUMMARY OF RECOMMENDATIONS

Committee Charge

House Joint Resolution 90-1033, 1990 session, created an interim committee on Family Issues and Rights that was charged with studying:

- The incidence and causes of the use of alcohol and drugs by women and children, including current research on the costs and impacts thereof;
- Programs or methods of prevention, intervention, and treatment which have shown promising results;
- Related issues, including but not limited to fetal alcohol syndrome, liability of service providers, and training of providers that is specific to women and children;
- Examination of the appropriate roles of social welfare agencies, law enforcement agencies, and the courts with respect to the enforcement of the laws protecting children, including intervention or removal of children from the home and available support services;
- Examination of whether the statutory definition of child abuse and the child abuse laws need to be revised;
- Consideration of the rights and role of the extended family in custody matters;
- Improvements in current methods of enforcing parental responsibilities to their children; and
- Evaluation of measures which the General Assembly might enact or encourage to preserve or protect healthy family relationships.

The Committee submits the following recommendations:

Maternal Substance Abuse Health Care Program. Bill 1 is aimed at high-risk pregnant women who are Medicaid eligible. Pregnant women who are at high-risk of giving birth to a child who may be affected by substance abuse during pregnancy will be identified and assessed. These women and children will become eligible for enhanced treatment and social services under Medicaid.

Reporting Incidents Involving Child Abuse and Neglect. Bill 2 concerns measures to improve various procedures of the child protection system in connection with reporting offenses against children.

Task Force on Family Issues. Bill 3 creates an eighteen month legislative task force to complete an in-depth study of the child protective services system, identify problems with such system, and to suggest potential solutions.

Family Preservation Pilot Program. Bill 4 allows the state to designate a pilot county that would contract with a private sector family preservation model. This model would be a program that reduces or avoids the need for residential care for children who are at imminent risk of out-of-home placement due to emotional or behavioral problems or due to abuse, neglect, or abandonment by parents.

Public and Private Sector Cooperation. Joint Resolution 1 encourages full participation of all public sector organizations and agencies that provide health, human, and social services to strive for full cooperation when providing services to the citizens of Colorado.

Coordination of Guidance and Prevention Services for Families. Joint Resolution 2 lists issues affecting the preservation of the family as the core of society, and urges various executive departments to identify solutions to these critical issues and provide guidance to the public and private sectors with the goal of maintaining family unity.

Reducing the Demand for Illegal Drugs. Joint Resolution 3 urges the President and the Congress of the United States to continue to explore demand-reduction strategies for illegal drugs.

COMMITTEE RECOMMENDATIONS

In an effort to better address the numerous study charges and effectively utilize the time of the committee, members agreed to establish three subcommittees to serve as the working groups of the committee. The three subcommittees were: Maternal Substance Abuse; Child Abuse and Neglect and the Judicial System; and Alternative Approaches to Financing Government Provided Services. Committee members, along with other interested legislators and individuals, were invited to serve on the subcommittees, which resulted in over 70 persons volunteering to participate.

The recommendations are a result of more than a dozen subcommittee and committee meetings, research, discussion, and the concerted efforts of various concerned parties. The committee's recommendations address: 1) Treatment of Maternal Substance Abuse; 2) Reporting Offenses Against Children; 3) Creation of a Task Force on Family Issues; and 4) a Family Preservation Act. In addition to the proposed legislation, the committee recommends three resolutions.

Maternal Substance Abuse

Problems related to maternal substance abuse were discussed by persons ranging from the medical and religious communities to the criminal justice, legal, and treatment/counseling communities. A wide scope of approaches to the problems was offered but almost all persons agreed that maternal substance abuse is not a singular problem. There are other issues involved when a woman abuses legal or illegal substances while she is pregnant. The committee focused its attention on mandatory reporting and treatment.

Mandatory reporting of drug use by pregnant women. Use of dangerous substances by a pregnant woman can be harmful to the fetus, although little data have been collected to determine the extent of damage when certain substances are abused. There is agreement within the medical community that the effects of different substances cause different degrees of damage to the child, when born, or may not cause any damage at all (Appendix A).

The issue of requiring the reporting of drug abuse by pregnant women raises difficult questions. Should such reporting be mandatory? Should a report be made to the criminal justice system or the medical community? Should a woman be threatened with jail or the loss of her children in order to make her seek help? Should a woman be allowed to voluntarily access the prenatal care and treatment communities?

The consensus of the committee was that mandatory reporting would be counterproductive and possibly unconstitutional. Mandatory reporting would, in effect, target a specific class of citizen for application of the law. Moreover, current law provides for

the reporting of an activity which is harmful to a child under child abuse reporting statutes. A question then arises whether a pregnant woman is abusing a fetus. Current law has been used in Colorado to bring child abuse charges against pregnant, drug-abusing women.

Medical and treatment/counseling personnel said their experience has been that mandatory reporting keeps pregnant women away from prenatal care and treatment because of the fear of being reported and the fear of having children removed from the home. Physicians and treatment counselors stated that when the cases in which women were charged with abuse under current statutes were publicized, failure to keep appointments for care and treatment increased.

Medical and treatment/counseling personnel also agreed that some women respond better to threats. Some women need to be forced into treatment and have their children taken away before they decide they need to change their behavior, but all women do not respond in the same way. There was discussion on how a statute could be structured which would recognize this difference, but the committee found it difficult to draft such a proposal.

The question of whether the criminal justice system or the medical community is most appropriate for intervention was also discussed. Most agreed that the medical community was most appropriate to treat what is a medical problem — addiction. One district attorney said that the criminal justice system should be the lead agency in working with the social services system. However, another district attorney said the majority of prosecutors across the state prefer to allow the medical and social services communities to provide intervention services. The criminal justice system is set up to prosecute criminals, not to provide care for women and children who have a wide range of medical and personal needs.

Treatment needs and the availability of treatment. In discussing treatment needs, several problems arise: the difficulty in treating an addiction when the underlying causes of the addiction are not and possibly cannot be addressed; the fragmented treatment system; and inherent barriers to treatment within that system.

Treatment providers say that a woman who abuses drugs often abuses more than one drug — a polydrug abuser. In addition, there are other problems which contribute to the abuse: a history of sexual or emotional abuse; lack of resources for food, clothing, shelter, or transportation; lack of medical care; lack of child care; and lack of family support systems. Because the problems are often numerous and sometimes involve issues which carry years of history, treatment for the addiction cannot be the only solution.

Complicating matters is the structure of treatment providers. There is no “one stop” treatment. Treatment services are fragmented, requiring a woman to access several different agencies in order to meet several different needs. As pointed out by

counselors and physicians, a woman who is trying to figure out where her next meal or her next “fix” is coming from is not going to put much effort in waiting two or three weeks for an appointment and then attempting to travel across town in order to talk with a counselor or to receive prenatal care, especially if she has to find care for her children. Treatment systems need to be structured in order to meet as many immediate needs as possible, as soon as possible, and without much travel from agency to agency. Other needs such as counseling and medical care can then be addressed.

A parallel complication is the inherent barriers to treatment for women. Most notable is the fact that treatment is geared towards men. A survey of drug treatment providers who contract with the State Alcohol and Drug Abuse Division shows that only two facilities have programs directed specifically towards pregnant women (Appendix B), although all programs do treat pregnant women. Likewise, all centers surveyed do treat pregnant women. Other barriers to treatment, from lack of affordable services to lack of sensitivity to the specific needs of women, are listed in Appendix C.

Bill 1 – Concerning the Creation of a Health Care and Treatment Program for Women and Their Children Who are at Risk of Poor Birth Outcomes Due to Substance Abuse, and Making an Appropriation in Connection Therewith

Bill 1 seeks ways to better utilize, manage, and coordinate care and services for high-risk pregnant women who are already Medicaid eligible. The committee recommends increased coverages under Medicaid as a means of providing comprehensive treatment services to women who are most at risk of giving birth to children who may be damaged due to substance abuse. Under the proposal, only pregnant women, now eligible for Medicaid, and who are assessed as high-risk, would be eligible for the expanded coverage. The bill serves a portion of the current Medicaid population (estimated to be 11 percent of the 11,000 pregnant women on Medicaid, or 1,210 high risk pregnant women) and does not make more women eligible for Medicaid.

The components of the proposal are as follows:

- an outreach model for health care providers to identify and refer high-risk pregnant women and children;
- a system to perform risk assessment and development of an individualized plan for treatment and support services through the first year of an infant's life;
- creation of public/private partnerships to maximize private dollars to fund services not reimbursed under Medicaid or Aid to Families With Dependent Children (AFDC) and to cover costs not covered by Medicaid or AFDC related to residential or outpatient treatment or care;

- expansion of Medicaid coverage to include drug and alcohol and drug treatment centers licensed by the state and school-based clinics;
- expansion of Medicaid coverage to include rehabilitative and preventative services for high-risk mothers and children;
- expansion of Medicaid coverage to require Early Periodic Screening, Diagnosis, and Treatment (EPSDT) outreach and case management for Medicaid-eligible infants regardless of the custody of the child;
- addition of a special needs allowance under (AFDC) to reflect individual child care needs; and
- creation of a data collection system for each pregnant woman or child served.

A Maternal Substance Abuse Commission, sponsored by the Colorado Chapter of the American Academy of Pediatrics, the Colorado Trust, and the Colorado Departments of Health and Social Services held meetings subsequent to the interim committee's work. The commission hopes to issue a policy paper for use by professionals in the area as well as by the General Assembly in formulating public policy. The paper is to be issued in late November or early December 1990.

Child Abuse and Neglect and the Judicial System

In 1961, Dr. C. Henry Kempe estimated that child abuse was a problem affecting 302 hospitalized "battered children" in the United States. Today, this number has increased to approximately 2.4 million reported cases of child abuse and neglect (over 900,000 of these cases are substantiated).¹ It is estimated that two to three percent of all children in the United States (1.2 to 1.8 million out of the total 60 million children in the nation) are abused each year. The American Public Welfare Association reported that as many abuse and neglect petitions were filed in Los Angeles County in 1987 as were filed in the whole country in 1962. According to the National Committee for the Prevention of Child Abuse, child abuse deaths in the U.S. rose from 1,171 in 1986 to 1,225 in 1988.

Although it has been suggested that the increasing number of abuse and neglect reports has resulted from increased awareness of the problem, many experts believe that these increasing numbers represent only a fraction of the actual cases of child abuse and neglect. The National District Attorneys Association reported that, between 1985

¹

Child Abuse and Neglect: Critical First Steps in Response to a National Emergency, The U.S. Advisory Board on Child Abuse and Neglect, June 1990.

and 1986, the number of child fatalities in the U.S. due to abuse and neglect increased 23 percent.

The Colorado Child Fatality Review Committee reported that in the first eight months of this year there were 21 deaths in Colorado from child abuse and neglect, representing a 20 percent increase over the first eight months of 1989. There were 23 child fatalities from abuse and neglect in Colorado in 1989. Although the primary cause for the increasing number of abuse and neglect reports is not known,

experts do know that the magnitude of the increase in reports is not the product of widespread vindictive, careless, or over-anxious reporting. While such errors in judgment do occur occasionally, the proportion of substantiated cases (nearly one-half of all reports) has varied little since mandated reporting laws were enacted in the late 1960's. Accordingly, the absolute number of substantiated cases has increased at a rate as shocking as the increase in the number of reported cases.²

A contributing factor to these increased numbers of reports and substantiated cases of abuse and neglect may be the economic and structural changes in the American family. Such changes have made it increasingly difficult to raise children and to sustain healthy family relationships. An increasing number of families are now headed by single parents (the median income in 1987 for a family headed by a single mother was \$9,838).

The proportion of children in married couple families decreased from 87.1 percent in 1970 to 72.7 percent in 1988, with the majority of African-American children now living with single parents. One-quarter of American children are living in poverty (nearly 40 percent of all Hispanic children and 45 percent of African-American children live in poverty). The annual number of divorces in the United States tripled between 1960 and 1980, with the majority of such divorces involving children. In addition, most of today's mothers with children under the age one year are working outside of the home, which puts increasing demands on child care.³

In addition to the changes in the American family, legislative changes over the past 25 years, expanded public and professional awareness of the prevalence of child abuse, media attention, educational programs for children, and other factors have contributed to the increased reporting and awareness of child abuse and neglect. In turn, these factors have resulted in changes in court procedures aimed at lessening the child

² Ibid.

³ Ibid.

victim's trauma in court; adoption of improved investigative procedures and protocols by police, prosecutors, and medical and child protective agency personnel; development of treatment programs for victims and offenders; and development of family preservation programs.

Child abuse and the related issues, such as having one's children removed from the home, are very personal and elicit strong emotional responses. The committee was exposed to many examples of how emotionally charged these issues are. However, every effort was made by the committee to conduct a balanced study of the issues related to child abuse and neglect and the current child protection system. A balance was sought between evaluating how the current system could be improved to better protect children, while trying to keep families together, and what possible improvements may be needed to lessen the possibility of persons being falsely accused of child abuse and neglect.

Much of the conflict associated with the current child protection system was found to stem from the difficulty people have in agreeing upon the precise definitions of physical, sexual, and emotional abuse. No one denies that the maltreatment of children exists in this country, but most also believe that parents should have the right to raise their children free from government intervention. At the same time, society mandates that government protect the nation's children from abuse and neglect.

Although considerable time was given to the study of various issues surrounding child abuse and neglect, the committee agreed that a much more detailed study of this problem was needed. The study would only be a start in addressing the many issues and potential solutions to this problem that many now are calling a national emergency. The committee makes two recommendations – Bills 2 and 3 – concerning child abuse and neglect.

Bill 2 – Concerning Measures to Improve Existing Procedures in Connection With Reporting Child Abuse

Bill 2 concerns measures to improve the procedures related to reports of child abuse and neglect. This recommendation is a result of suggestions originating from, and received by, the Department of Social Services, from county departments of social services, legislators, family rights organizations, and other interested parties. The provisions of the bill:

- define intrafamilial, institutional, and third party abuse and specify how such reports shall be investigated and who shall conduct such investigations;
- permit rather than require that an investigation of a report of child abuse and neglect include a home visit;
- mandate in sexual abuse cases that interviews be audiotaped, and if funds are available, require interviews to be videotaped;
- authorize the state and county departments of social services to access the child abuse registry for screening department employees, persons responsible for the care of a child through a contract with social services for out-of-home placements or private child care, or prospective adoptive parents;
- change the standard of proof for the child abuse registry to a preponderance of evidence rather than credible evidence;
- require the notification of perpetrators that their name has been listed on the central registry;
- establish a two-year period for persons to request expungement of their name from the registry;
- allow the registry director to expunge the record of a person listed for a first time, minor, non-sexual incident, if good cause exists two years after the incident date; and
- expand the group of persons or agencies required to pay a fee for central registry information.

Bill 3 – Concerning the Creation of a Task Force on Family Issues, and Making an Appropriation in Connection Therewith

The committee recommends Bill 3 to examine the issues and to address the many problems and potential solutions involving child abuse and the judicial system. An eighteen month legislative task force is created to study the child protection system. The study would address the following:

- establishment of common standards/guidelines to be used by county departments of social services for child abuse screening, investigations, training of workers, and other factors involving the child protection system;
- short- and long-term treatment programs or facilities for the treatment of child abusers and victims of child abuse, and the existence of research and evaluation to determine the effectiveness of such treatment;

- better coordination between the courts in regard to cases which appear in each of several courts, and methods by which this coordination may be carried out;
- improvement of the guardian ad litem process to improve its effectiveness and lessen its cost, and the need to lessen the cost of court proceedings to those involved;
- establishment of a pilot project involving alternative dispute resolution procedures and the use of the mediation approach to resolve child custody matters;
- establishment of a family court system;
- development of a definition of emotional abuse to be added to the definition of child abuse;
- development of an independent custody evaluation system;
- establishment of a system in which there is a presumption in favor of joint custody;
- establishment of a legislative oversight committee which would hear and investigate family grievances against the Department of Social Services and the judicial system in regard to matters of child custody;
- examination of a clearer definition of “reasonable effort” relating to Public Law 96-272 through Colorado rules and regulations;
- study of family preservation programs and family resource centers as to cost-effectiveness and benefits of such programs as alternatives to out-of-home placement and the funding of such programs by state and federal foster care moneys; and
- establishment of a college and university degree program in social work including field practice in such program.

Other Recommendations Concerning Child Abuse and Neglect

Judicial task force. Testimony was presented concerning perceived problems with domestic relations, child abuse and neglect cases, and the judicial system. In order to determine if problems exist involving the treatment of child abuse and neglect and domestic relations in any aspect of the judicial system, the committee strongly encourages the Chief Justice of the Colorado Supreme Court to establish a judicial task force to identify such problems and make recommendations (Appendix D). The study may include but would not be limited to evaluating the need for the following:

- improvement of the guardian ad litem process to increase its effectiveness and lessen its cost;
- coordination between various courts in regard to cases which appear in each of several courts, and methods by which this coordination may be carried out;
- establishment of a pilot project involving alternative dispute resolution procedures and the use of the mediation approach to resolve child custody matters;
- establishment of a family court system in the state;
- development of an independent child custody evaluation system to be carried out under the direction of the court system in domestic relations matters, or as an alternative, the development of a system whereby child custody evaluators are made available through the court system to parties in domestic relations matters at minimal cost to the parties; and
- establishment of a system in which there is a presumption in favor of joint custody in child custody disputes.

Religious beliefs and medical neglect. Committee members agreed that recent circumstances merited a reevaluation of the issue of religious beliefs and medical neglect. Although the committee did not consider a particular proposal on the subject, it recommended that a letter be sent to the appropriate child advocate organization stating the committee's support for revisiting questions of protecting Colorado's children from medical neglect (Appendix E).

Family Preservation and Alternative Approaches of Funding Government Provided Services

Legislators, many interested individuals, state agencies, and private foundations have expressed an interest in keeping families together to the greatest degree appropriate by minimizing the use of out-of-home placement. Footnote 102 of the 1990 Long Bill encourages the use of alternatives to out-of-home placement by the Department of Social Services. Further, a number of states are exploring home-based treat-

ment alternatives due to dramatic increases in abuse and neglect reports, growing parental drug abuse, shortages of foster family care homes, increasing costs of out-of-home placement, and recognition of the emotional and psychological damage to children unnecessarily removed from their families. Family preservation focuses on building the positive strengths of a family and identifying its weaknesses to help keep it intact.

Counties need incentives to fund early intervention services and to avoid expensive residential placements whenever possible. Colorado has already allocated a tremendous amount of money for out-of-home placements in residential child care facilities and for incarceration of youth. Out-of-home placements are expensive and are a disruptive method of providing services to troubled families. During 1990, over 3,000 children were in some kind of out-of-home placement (foster home, group home, residential care). The cost to the state was \$31.8 million, up 7 percent since 1988.

The private sector has been able to tailor specific family preservation programs to meet the needs of small segments of society. These programs are aimed at early intervention and have been shown to be less restrictive and more cost-effective than out-of-home placements. In addition, various private sector organizations have been able to fill part of the demand for services through more flexibility and in some instances by being more responsive in addressing the need for health and social services. Section 26-1-102, C.R.S., authorizes the Department of Social Services to cooperate with and utilize the available resources of the federal government and private individuals and organizations for child welfare services.

The committee agreed that one approach is to create a pilot program in a selected county or counties to examine the feasibility of using family preservation programs. The private sector is currently funding many of these programs. Statutory authority is needed to establish this pilot or demonstration project. Proposed legislation would require those selected counties to contract with the private sector in order to utilize the family preservation program. This type of legislation would ultimately allow the General Assembly to evaluate the effectiveness of using family preservation programs versus more expensive and restrictive residential child care facilities and to expand them if they prove successful.

Bill 4 – Concerning the Creation of a Family Preservation Pilot Program, and, in Connection Therewith, Creating the Family Preservation Fund and Making an Appropriation

Bill 4 directs the executive directors of the Departments of Social Services, Health, and Institutions, and the Commissioner of Education, to designate a pilot county or counties to contract with a private family preservation model. This model would be required to:

- be a program that reduces or avoids the need for residential care for children at imminent risk of out-of-home placement due to emotional or behavioral problems or due to abuse, neglect, or abandonment by parents; and
- use workers trained in family preservation techniques and who provide at least half of their direct services in the client's residence.

The bill also:

- creates a family preservation fund, comprised of moneys from private sources and moneys appropriated from the General Fund. Savings attributable to the use of the preservation model would be transferred and credited to the fund;
- requires moneys in the fund be kept separate and distinct from the moneys appropriated to the Department of Social Services for child welfare placement alternatives; and
- requires the General Assembly to make annual appropriations of the moneys in the family preservation fund to the Departments of Health, Education, Institutions, and Social Services for the direct and indirect costs incurred by the respective departments in administering this act.

Bill 4 requires a study of the effectiveness of the program, including the recoverability of funds in the family preservation model or models, as compared with the existing out-of-home placements, in order to identify the cost avoidance to the out-of-home placement line items of the Departments of Social Services and Institutions. These findings would be reported to the General Assembly by January 1, 1994.

Other Recommendations Concerning Family Preservation

Department of Social Services New Budget Initiative. The committee supports the Department of Social Services in its efforts to seek a new budget initiative aimed at the intensive orientation and training for child protective services workers. In addition to an understanding of statutory and operational issues, it is critical that Child Protective Services staff understand and embrace a theory of intervention that is family centered

and focuses on strengthening and revitalizing the family. Family preservation focuses on an effort to build on the positive strengths of a family, identifying its weaknesses, and encouraging it to remain intact. Thus, the new training would place an emphasis on what is needed to hold a family together. This intensive training will require extra resources, but will focus on capturing additional federal IV-E dollars and targeting this money for new worker training. The committee strongly endorses the department in this initiative and has transmitted letters to the Joint Budget Committee and the Governor (Appendix F).

Joint Resolution 1 – Public and Private Sector Cooperation

Resolution 1 encourages full participation of all public sector organizations and agencies that provide health, human, and social services to strive for full cooperation with providing these types of services to the citizens of Colorado. It also encourages creation of partnerships, both monetary and nonmonetary, between the public and private sectors; the sharing of opportunities and risks by the two sectors to reform the delivery of these services; and asks such partnerships to pursue measures that quantify performance, indicate effectiveness, and require the increased accountability of all recipients of these programs.

Joint Resolution 2 – Coordination of Guidance and Prevention Services for Families

This resolution lists issues affecting the preservation of the family as the core of society. It urges the executive directors of the Departments of Social Services, Education, Health, and Institutions and the judicial branch to identify solutions to these critical issues and provide guidance to the public and private sectors, with the goal of maintaining family unity.

Joint Resolution 3 – Reducing Demand for Illegal Drugs

Resolution 3 urges the President and the Congress of the United States to continue to explore demand-reduction strategies for illegal drugs.

Medical Implications of Drug Exposure before Birth

Sharon Langendoerfer, MD

The incidence of illicit drug use in pregnancy has recently been estimated at 1 in 10, with a maximum of 375,000 affected births per year. This is felt by many to be an overestimate, but the problem is definitely significant. While some infants demonstrate evidence of damage at birth, there is a legitimate concern that many others will manifest adverse effects later in life.

Although the problem of drug and excessive alcohol use during pregnancy is not a new one, the major reason for the current state of alarm is the recent dramatic increase in the use of the smokable cocaine derivative, "crack" by pregnant women.

Determining the effects of prenatal exposure to specific drugs is difficult because data are based on the mothers' very unreliable histories of drug use - types, amounts, and frequency - or on intermittent urine toxicology screens, which usually identify only those substances used in the previous 3-5 days. Nevertheless, some reliable evidence is available about the adverse effects of many of these agents used alone or, more often, in combination. (See Table on next page.)

For infants, addiction and Withdrawal Syndrome most often follow exposure to Central Nervous System depressants, especially narcotics, barbiturates, and tranquilizers. The baby is addicted if the mother is, and may die from withdrawal symptoms before birth, necessitating replacement therapy (Methadone or a legal source of the other drugs) until delivery, when his symptoms can be observed and treated. Symptoms of withdrawal (which are the same ones seen in infants with high levels of cocaine or speed) include jitteriness, inconsolable crying, abnormal sleep patterns, severe hunger with poor suck, vomiting, cramping, diarrhea, and seizures.

By contrast, the unborn baby will be just fine if his mother stops using the CNS stimulants and the less addictive CNS depressants immediately! While cocaine and amphetamines are extremely "addictive" to older persons, the unbearable craving reportedly is for the euphoria they produce; and the "withdrawal" is an extreme fatigue state occurring almost immediately after the last dose wears off, not several days later as in withdrawal from depressants.

While alcohol and narcotic use are also associated with increased risk of miscarriage and premature labor, cocaine and amphetamines are the drugs likely to produce catastrophic effects on the pregnant uterus and the fetus inside. Violent uterine contractions cause premature birth, with its attendant complications, or miscarriage, depending on the age of the fetus. Severe constriction of the blood vessels to the uterus produces fetal asphyxia. The placenta may suddenly separate from the wall of the uterus before birth, resulting in asphyxia of the baby and/or hemorrhage by the mother. In addition, the effects on the developing brain may include personality aberrations as well

as intellectual deficits. Irritability, feeding and digestion problems, abnormal muscle tone, inability to pay attention, and extreme intolerance to stimulation from the environment or caretakers may persist for days to months after birth. The same prolonged symptoms occur in infants exposed to other drugs or excessive alcohol.

EFFECTS OF PRENATAL DRUG EXPOSURE

	MISCARRIAGE	PREMATURE LABOR & DELIVERY	PLACENTAL ABRUPTION	FETAL DISTRESS IN LABOR	ASPHYXIA/STROKES (BRAIN DAMAGE)	OTHER PRENATAL COMPLICATIONS	POOR BODY GROWTH (S.G.A.)	POOR BRAIN GROWTH	WITHDRAWAL SYNDROME	STIMULANT SYMPTOMS	CHRONIC FEEDING PROBS & IRRITABILITY	ABNORMAL NEURO-BEHAVIORAL RESPONSES	ABNORMAL PARENT-INFANT INTERACTION	↑ BIRTH DEFECTS	DYSMORPHIC FACIAL FEATURES	DEVELOPMENTAL DELAYS	LOWER I.Q.	BEHAVIOR PROBLEMS ATTENTION DEFICIT	LEARNING DISABILITIES	CEREBRAL PALSY	DRUG EXPOSURE AFTER BIRTH	↑ SIDS RISK	
CNS DEPRESSANTS:																							
*ALCOHOL	+					+	+	++	+		+	+	+	+	+	+	+	+	+				
NARCOTICS	+	+		+		+	+	++	+		+	+	+	+		+	+	+	+				+
BARBITURATES									+		+	+	+			+	+	+	+				
TRANQUILIZERS									+		+	+	+										
MARIJUANA				+			+	+			+	+	+		+							+	
*TOLUENE (glue paint)							+	+			+	+	+	+	+	+	+	+	+			+	
CNS STIMULANTS:																							
*COCAINE (CRACK) & AMPHETAMINES	++	++	++	++	++	+	++	++		+	+	+	+	+		+	+	+	+	+	+	+	+
CIGARETTE SMOKING	++	++	++	+		+	+																+

- + Associated & Related
- ++ Can be very severe
- * Severe

Long term effects of prenatal drug exposure on behavior, attachment and other personality traits, and learning ability are sometimes difficult to identify in the presence of many environmental risk factors for problems in these areas. Being an irritable, uncuddly baby, cared for by a mother with addiction and other emotional problems places one at high risk for poor attachment and exaggerates behavior problems. And all of these difficulties contribute to school failure. However, speech/language problems and increased muscle tone appear to be particularly common among drug exposed children. More research is needed to determine how to treat these fragile infants and their families, as well as to understand the underlying causes of their problems.

Fetal Alcohol Syndrome is defined as the presence of poor growth before and/or after birth, typical facial features, and developmental delays. This syndrome occurs in 30-50% of babies exposed to > 2 oz of alcohol per day. The effects of somewhat smaller amounts or binge drinking, especially in combination with other bad health habits, are less clear but also dangerous to the baby.

The problem of the substance abusing pregnant woman and the potential harm to her fetus raises a variety of legal and ethical issues. These include: 1) the use of excessive amounts of legal substances (i.e. alcohol) vs any amount of illegal substances; 2) many questions about maternal vs fetal rights, including the mother's right to terminate a pregnancy; 3) the appropriate application of child abuse laws to the newly born infant exposed to drugs before birth; 4) the confidentiality of information (history and drug testing) obtained for medical purposes; 5) racial and social justice issues about inequitable screening, reporting, and response of the child protection and/or legal systems; and 6) the legal responsibilities of medical care providers with regard to screening, reporting and facilitating treatment (under various laws).

Because the possibility of a woman harming her unborn baby evokes such strong emotional responses, the legal and legislative systems have felt some urgency to respond. The results have been, for the most part, counterproductive: the most obvious effect of the punitive approach is to deter pregnant substance abusers from seeking care for fear of criminal prosecution. At best, some systems have simply ordered women into drug treatment when, in fact, none is available.

Nursery care costs for 114 drug-exposed newborns, DGH, 1988:

2 died after 2-3 days in Intensive Care at a cost of \$1,000-1,500/day.

89 - 2-3 days	\$703/stay	\$62,600
17 - 4-7 days	\$2,201/stay	37,400
4 - 7-30 days	\$8,491/stay	34,000
2 - > 30 days	\$47,903/stay	96,000
23 - ≥ 4 days		\$167,000
23 - 2-3 days		\$16,000

OBJECTIVES

1. To PREVENT drug use and addiction among women of child-bearing age.
2. To STOP drug use (or substitute Methadone, etc.) AS EARLY AS POSSIBLE IN PREGNANCY
 - a. Early prenatal care.
 - b. Educate casual users about risk → stop use.
 - c. Treat addicted users.
3. To help new mothers remain drug free and provide proper care for their children.

NDATUS TRAILER RESPONSE

10/1/88 - 9/30/89

Center	Known Pregnancy of clients during 10/1/88-9/30/89	Does facility have program for pregnant females	Does program have facility for females 19 & older
ARAPAHOE HOUSE			
Detox	0	No	No
CIRT	7	No	Yes
Otpt. - Lehigh	2	No	Yes
Chambers	3	No	Yes
W. Littleton	4	No	Yes
W. 38th	3	No	Yes
Adoles. & Fam.	3	No	No
ARTS Outpatient	8	No	No
BOULDER M.H.Ctr.			
Longmont	3	yes (otpt)	No
Iris	5	yes (otpt)	No
BOULDER HEALTH	no information	yes	No
CADREC	no info	No	No
CENTENNIAL M.H.			
Limon	2	No	No
Ft. Morgan	?	No	No
Burlington	0		
Elizabeth	1	No	No
Sterling	0	No	No
Holyoke	0	No	No
Wray	0	No	No
Yuma	0	No	No
Julesburg	0	No	No
Akron	0	No	No
DAYS	8	No	No
DENVER CARES (York ST.)	5	No	No
Toxic Vapor	5	No	No
STS	10	No	No

APPENDIX B

Center	Known Pregnancy of clients during 10/1/88-9/30/89	Does facility have program for pregnant females	Does program have facility for females 19 & older
DRUG & ALCOHOL INC.			
Salida	0	No	No
Canon City	20	No	No
Men's Program	0	No	No
Women's Program	0	No	No.
DURANGO ARU - otpt.			
Cortez ARU	1	No	Yes
Pagosa Springs	2	No	Yes
EL PASO HEALTH DEPT.			
S. Tejon St.	no info	No	No
N. Spruce St.	0	No	No
ISLAND GROVE			
Otpt. Ft. Lupton	5	No	Yes
Detox	0	No	No
HWH	0	No	No
Otpt. -Greeley	5	No	No
MIDWEST M.H.			
Delta	0	No	No
Montrose	2	No	No
PUEBLO T.S.			
HWH	0	No	No
Al. Otpt.	6	No	Yes
CIRT Otpt.	1	No	No
Drug Free Otpt.	5	No	Yes
RESADA			
residential	2	No	No
detox	1	No	No
SALVATION ARMY	NA	No	No

Center Known Pregnancy of clients during 10/1/88-9/30/89 Does facility have program for pregnant females Does program have facility for females 19 & older

SAN LUIS VALLEY M.H.C.				
Center	0	No	No	No
LaJara Ctpt.	0	No	No	No
Monte Vista	0	No	No	No
San Luis	0	No	No	No
Alamosa	0	No	No	No
Detox-Alamosa	3	No	Yes (14 detox)	Yes (14 detox)
SOBRIETY HOUSE	NA	No	No	No
STEPPING STONE	3	No	Yes 14 residential	Yes 14 residential
WASHINGTON HOUSE	0	No	No	No

JEFFERSON CITY DETOX 6 Detox 4 Outpatient No (yes (inpatient))

**TASK FORCE MEETING ON WOMEN'S SERVICES IN
SUBSTANCE ABUSE TREATMENT
August 9, 1990**

Barriers to Treatment

Perception of woman as perpetrator
Lack of finances, child care, transportation
Fear of Social Services -- losing children
Stigma of being an addict
Dependency on men
Bias about women -- in general and by some treatment providers
Homophobia
Lack of family treatment
Lack of specialized care for children of women in treatment
Lack of support services with children
Multi problems of women for treatment providers
Lack of identification with addiction as eating disorder
Need to keep women sick, dysfunctional
Lack of information regarding services and how to access
Lack of outreach to women
Lack of culturally sensitive providers
Denial -- self, family, spouse, courts, and physicians
Lack of knowledge of human service providers regarding addiction
Sanctions
Need to be perfect? Whore/madonna split
Shame -- morality of addiction
Lack of "empowering" treatment
Labeling by diagnostic system (male and female treatment providers)
Paperwork -- waiting -- setting appointments

Being the service/nurturer/provider of others, don't put self first

Illiteracy -- lack of education/training vocational skills -- employment experience

Treatment is male oriented -- lack of sensitivity to women's needs

Lack of case management approach to women

Politics of growing up in white male society

Probation/parole status of woman

Lack of commitment by resident treatment providers to hold female beds

Lack of healthy support system following treatment (during treatment)

Lack of visibility of women needing treatment

Lack of women as decision makers/power brokers in treatment, in health care financing

Lack of affordable services

Lack of control woman have over what happens to their bodies

COLORADO GENERAL ASSEMBLY



LEGISLATIVE COUNCIL

ROOM 029 STATE CAPITOL
DENVER, COLORADO 80203-1784
(303) 866-3521

November 2, 1990

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Rep. Carol Taylor-Little
Rep. Ruth Wright

Chief Justice Luis Rovira
Supreme Court of Colorado
State Judicial Building
2 East 14th Avenue
Denver, Colorado 80203

Dear Chief Justice Rovira:

The Interim Committee on Family Issues and Rights (established pursuant to House Joint Resolution 90-1033) was charged with studying a wide variety of issues including the appropriate role of the courts with respect to the enforcement of the laws protecting children, consideration of the rights and role of the extended family in custody matters, and improvements in current methods of enforcing parental responsibilities to their children. Testimony revealed many perceived problems concerning domestic relations, child abuse and neglect cases, and the judicial system. The committee found, however, that due to time constraints and the scope of its study charge that a five month study could not adequately address all of the important issues surrounding such emotional and complicated subjects.

As a result, one of the committee's recommendations is to establish an eighteen month legislative task force on child abuse and neglect to more adequately study the wide range of issues involved. In addition, it was the belief of the committee that it would be constructive for the judicial system to conduct its own more specialized study on child abuse and neglect and the judicial system to supplement and expand upon the legislative study.

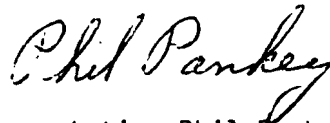
Therefore, the Committee on Family Issues and Rights strongly encourages you to establish a judicial task force to determine if problems exist in any aspect of the judicial system involving the treatment of child abuse and neglect cases and domestic relations and whether there is uniform treatment throughout the state of such cases by the judicial system. The judicial task force will not only give persons working within the judicial system an opportunity to identify problems and suggest possible improvements, but would also provide interested persons an opportunity to be heard who perceive that problems exist in the system.

The study may include but would not be limited to evaluating the need for the:

- o improvement of the guardian ad litem process to improve its effectiveness and lessen its cost, and the need to lessen the cost of court proceedings of those involved;
- o coordination between various courts in regard to family related cases which appear in each of several courts, and methods by which this coordination may be carried out;
- o establishment of a pilot project involving alternative dispute resolution procedures and the use of the mediation approach to resolve child custody matters;
- o establishment of a family court system in the state;
- o development of an independent child custody evaluation system to be carried out under the direction of the court system in domestic relations matters, or in the alternative, the development of a system whereby child custody evaluators are made available through the court system to parties in domestic relations matters at minimal cost to the parties; and
- o establishment of a system in which there is a presumption in favor of joint custody in child custody disputes.

Thank you in advance for your serious consideration of this very important issue to Colorado and its citizens.

Sincerely,



Representative Phil Pankey,
Chairman, Committee on Family
Issues and Rights

PP/sw

COLORADO GENERAL ASSEMBLY



LEGISLATIVE COUNCIL

ROOM 029 STATE CAPITOL
DENVER, COLORADO 80203-1784
(303) 866-3521

November 2, 1990

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Rep. Carl "Bev" Bledsoe
Rep. Matt Jones
Rep. Paul Schauer
Rep. Carol Taylor-Little
Rep. Ruth Wright

Martin Tobias, CHILD
Children's Health Care
is a Legal Duty
P.O. Box 386
Lafayette, CO. 80026

Dear Mr. Tobias:

As you know, during the 1989 legislative session, Senate Bill 29 concerning medical neglect and religious beliefs was enacted into law. As you pointed out during testimony to the Interim Committee on Family Issues and Rights, there are still cases of medical neglect despite the enactment of the new law. It has even been suggested that the new law may have contributed to such cases of medical neglect by certain religious groups. As a result of such testimony and information that was brought before the committee, there is support among many committee members that the issue of medical neglect and religious beliefs needs to be revisited during the 1991 legislative session. The purpose of this letter is to lend support in your pursuit of reexamining this important issue involving the well being of Colorado's children.

Sincerely,

Representative Phil Pankey,
Chairman, Interim Committee on Family
Issues and Rights

PP/sw

COLORADO GENERAL ASSEMBLY



LEGISLATIVE COUNCIL

ROOM 029 STATE CAPITOL
DENVER, COLORADO 80203-1784
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Deputy Director
Stan Elofson
Assistant Director

October 5, 1990

Members of the Joint Budget Committee
Legislative Services Building
200 East 14th Avenue
Denver, CO 80203

Dear Members:

The Legislative Interim Committee on Family Issues and Rights recently concluded its study on the appropriate roles of social services agencies, maternal substance abuse, child abuse and neglect, parental responsibility, and preservation of healthy family relationships. Testimony revealed a crucial need for the training of child protective services workers in family preservation. Family preservation focuses on building the positive strengths of a family and identifying its weaknesses in order to keep them intact.

In addition to an understanding of statutory and operational issues, it is critical that child protective services staff understand and embrace a theory of intervention that is family centered and focuses on strengthening and revitalizing the family. The committee, many interested individuals, and representatives of state agencies and private foundations stressed the importance of keeping families together to the greatest degree possible by minimizing out-of-home placement. As you are aware, Colorado already allocates a significant amount of money for out-of-home placements in residential child care facilities and for incarceration of youth. These alternatives often are a very expensive and disruptive method of providing services to troubled families.

As a response to these issues, the Department of Social Services is seeking an additional budget initiative aimed at the intensive orientation and training for child protective services workers. This new worker training would put an emphasis on what is needed to hold a family together. However, this intensive training will require extra resources, but will focus on capturing additional federal IV-E dollars and targeting it for new worker training. Due to the time constraints of the budgetary process, this initiative could not be included in the department's 1991-92 budget request that was submitted to the Office of State Planning and Budgeting. Therefore it is a supplemental budgetary

initiative resulting from the issues identified by the interim committee.

Members of the Interim Committee on Family Issues and Rights strongly endorse the department in this initiative and urge the Joint Budget Committee to favorably act on funding the Department of Social Service's request for increased federal spending authority by targeting funds for caseworker family preservation training.

Sincerely,

Rep. Phil Pankey, Chairman

Sen. Dottie Wham, Vice Chairman

Sen. Bonnie Allison

Rep. Norma Anderson

Sen. Jana Mendez

Rep. Betty Neale

Rep. John Ulvang

Rep. Pat Killian

Rep. Jim Dyer

cc: Irene Ibarra, Executive Director, Department of Social Services
Eugene Petrone, Executive Director, Office of State Planning and
Budgeting

BILL 1

A BILL FOR AN ACT

1 CONCERNING THE CREATION OF A HEALTH CARE AND TREATMENT PROGRAM
2 FOR WOMEN AND THEIR CHILDREN WHO ARE AT RISK OF POOR
3 BIRTH OUTCOMES DUE TO SUBSTANCE ABUSE, AND MAKING AN
4 APPROPRIATION IN CONNECTION THEREWITH.

Bill Summary

(Note: This summary applies to this bill as introduced and does not necessarily reflect any amendments which may be subsequently adopted.)

Creates a treatment program for high-risk women and children. Encourages the health care provider for any pregnant woman who is eligible for the Medicaid baby care program or AFDC to make a determination as to whether such woman is at risk of a poor birth outcome due to substance abuse in the prenatal period. Encourages any health care provider making such a determination to refer the woman so identified to an entity certified by the department of health for a risk assessment based upon certain stated risk factors. Permits any eligible pregnant woman to refer herself for such risk assessment. States that, if the department of health identifies a pregnant woman as a high-risk woman, such woman and her children under six years of age shall be eligible for certain delineated services under the Medical Assistance Act. Expands EPSDT services for children of high-risk women. Requires the department of social services to cooperate with private entities in the provision of services not covered by Medicaid or AFDC to high-risk women and children. Requires the department of social services to cooperate with the

department of health to collect data on the program. Authorizes the department of social services to provide child care for persons receiving services pursuant to the treatment program.

Makes appropriations to the department of social services and the department of health to implement the act.

1 Be it enacted by the General Assembly of the State of Colorado:

2 SECTION 1. Article 4 of title 26, Colorado Revised
3 Statutes, 1989 Repl. Vol., as amended, is amended BY THE
4 ADDITION OF THE FOLLOWING NEW SECTIONS to read:

5 26-4-102.7. Legislative declaration - treatment program
6 for high-risk women and children - creation. (1) The general
7 assembly hereby finds and declares that the health and
8 well-being of the women and children of Colorado is at risk;
9 that such women and children are at risk of poor birth
10 outcomes or physical and other disabilities due to substance
11 abuse, which is the abuse of alcohol and drugs, during the
12 prenatal period; that early identification of such high-risk
13 women and children and substance abuse treatment greatly
14 reduce the occurrence of poor birth outcomes; and that the
15 citizens of Colorado will greatly benefit from a comprehensive
16 program to reduce poor birth outcomes and subsequent problems
17 resulting from such poor birth outcomes in cases involving
18 high-risk women and children through the cost savings
19 envisioned by the prevention and early treatment of such
20 problems.

21 (2) In recognition of such problems, there is hereby
22 created a treatment program for high-risk women and children.

1 26-4-102.9. Pregnant women - risk assessment - referral
2 to treatment program. (1) The health care provider for each
3 pregnant woman who is eligible for services pursuant to
4 section 26-4-103 (2) (e) or part 1 of article 2 of this title
5 shall be encouraged to identify as soon as possible after such
6 woman is determined to be pregnant whether such woman is at
7 risk of a poor birth outcome due to substance abuse during the
8 prenatal period and in need of special assistance in order to
9 reduce such risk. In making such determination, the health
10 care provider shall take into account the existence of factors
11 which include, but shall not be limited to, substance abuse
12 during the prenatal period, the existence of a history of
13 sexual or physical abuse of the pregnant woman, the existence
14 of a history of mental health problems concerning the pregnant
15 woman, the existence of a history of child abuse or neglect of
16 a prior child of the pregnant woman, and the existence of
17 other risk factors identified by the health care provider when
18 making such determination. If the health care provider makes
19 such a determination regarding any pregnant woman, the health
20 care provider shall be encouraged to refer such woman to any
21 entity certified by the department of health pursuant to
22 subsection (2) of this section for the performance of a risk
23 assessment pursuant to subsection (2) of this section. Any
24 pregnant woman who is eligible for services pursuant to
25 section 26-4-103 (2) (e) or part 1 of article 2 of this title
26 may refer herself for such risk assessment.

1 (2) The department of health shall certify such entities
2 as are necessary to perform risk assessments upon any women
3 identified and referred pursuant to subsection (1) of this
4 section. The department of health shall cooperate with the
5 department of social services in developing a risk assessment
6 procedure. The purpose of such risk assessment shall be to
7 determine whether such woman or any child to be born to such
8 woman is at risk of having a poor birth outcome due to
9 substance abuse during the prenatal period.

10 (3) After the performance of the risk assessment
11 described in subsection (2) of this section, if the department
12 of health, upon recommendation of the entity certified by the
13 department of health to perform a risk assessment, determines
14 that the pregnant woman is at risk of having a poor birth
15 outcome due to substance abuse during the prenatal period,
16 such pregnant woman shall be determined to be a high-risk
17 woman and referred to the department of social services for a
18 treatment program for high-risk women and children.

19 SECTION 2. 26-4-103 (2), Colorado Revised Statutes, 1989
20 Repl. Vol., as amended, is amended BY THE ADDITION OF A NEW
21 PARAGRAPH to read:

22 26-4-103. Definitions. (2) (e.5) Individuals who are
23 high-risk women and children as defined in subsection (3.2) of
24 this section. However, for purposes of this paragraph (e.5),
25 a high-risk woman and any child shall be defined as
26 categorically needy only during the period of the pregnancy of

1 a high-risk woman and extending through the period of one year
2 after the birth of such child to such woman. Any child of a
3 high-risk woman shall continue to be defined as categorically
4 needy pursuant to this paragraph (e.5) regardless of whether
5 the child is in the care of a natural parent, a foster parent,
6 or other caregiver.

7 SECTION 3. 26-4-103, Colorado Revised Statutes, 1989
8 Repl. Vol., as amended, is amended BY THE ADDITION OF A NEW
9 SUBSECTION to read:

10 26-4-103. Definitions. (3.1) "Health care services"
11 means the following categories of patient support services,
12 including, where applicable, salaries, payroll taxes, workers'
13 compensation payments, training, and other employee benefits:

14 (a) Registered nurses, licensed practical nurses, aides,
15 medical records librarians, social workers, and activity
16 directors;

17 (b) Nonprescription drugs ordered by a physician;

18 (c) Consultant fees for nursing, medical records,
19 patient activities, social workers, pharmacies, physicians,
20 and therapies;

21 (d) Repair expenses, equipment rentals, minor equipment
22 expenses, and supplies for nursing, medical records, social
23 workers, activity directors, and recreational therapy;

24 (e) Medical director fees;

25 (f) Therapies and services, including:

26 (I) Utilization review;

- 1 (II) Dental care, when required by federal law;
- 2 (III) Audiology;
- 3 (IV) Psychology;
- 4 (V) Physical therapy;
- 5 (VI) Recreational therapy; and
- 6 (VII) Occupational therapy;
- 7 (g) Other patient support services determined and
- 8 defined by the state board pursuant to rule and regulation.

9 SECTION 4. 26-4-103 (3.2), Colorado Revised Statutes,
10 1989 Repl. Vol., as amended, is REPEALED AND REENACTED, WITH
11 AMENDMENTS, to read:

12 26-4-103. Definitions. (3.2) "High-risk women and
13 children" refers to any woman who has undergone the risk
14 assessment performed pursuant to section 26-4-102.9 (2) and
15 who has been determined by such risk assessment to be at risk
16 of a poor birth outcome due to substance abuse in the prenatal
17 period and in need of special assistance to reduce the risk of
18 such poor birth outcome, and refers to any child of such woman
19 under six years of age.

20 SECTION 5. 26-4-103 (2.5), Colorado Revised Statutes,
21 1989 Repl. Vol., is amended BY THE ADDITION OF THE FOLLOWING
22 NEW PARAGRAPHS to read:

23 26-4-103. Definitions. (2.5) (g) "Clinic services" also
24 means preventative, diagnostic, therapeutic, rehabilitative,
25 or palliative items or services that are furnished to
26 high-risk women and children in a facility which is not a part

1 of a hospital but is organized and operated as a freestanding
2 alcohol or drug treatment program certified by the division of
3 alcohol and drug abuse of the department of health pursuant to
4 section 25-1-207 (1) (c), C.R.S. The department of health and
5 the department of institutions shall cooperate in the
6 development and provision of alcohol and drug treatment
7 services pursuant to this paragraph (g).

8 (h) "Clinic services" also means preventative,
9 diagnostic, therapeutic, rehabilitative, or palliative items
10 or services that are furnished to high-risk women and children
11 in a facility which is not a part of a hospital but is
12 organized and operated as a school-based clinic.

13 SECTION 6. 26-4-103, Colorado Revised Statutes, 1989
14 Repl. Vol., as amended, is amended BY THE ADDITION OF A NEW
15 SUBSECTION to read:

16 26-4-103. Definitions. (4.2) "Patient personal needs
17 trust fund" means any fund or account established by the
18 nursing care facility or intermediate care facility or its
19 agents, employees, or designees to manage the personal needs
20 funds of the facility's patients.

21 SECTION 7. 26-4-103 (4.3) and (4.4), Colorado Revised
22 Statutes, 1989 Repl. Vol., are REPEALED AND REENACTED, WITH
23 AMENDMENTS, to read:

24 26-4-103. Definitions. (4.3) "Personal needs funds"
25 means moneys received by any person admitted to a nursing care
26 facility or intermediate care facility, which moneys are

1 received by said person to purchase necessary clothing,
2 incidentals or other personal needs items which are not
3 reimbursed by any federal or state program, or items of value,
4 which moneys or items of value are in any way surrendered to
5 the management or control of said facility, its agents,
6 employees, or designees.

7 (4.4) "Preventative services" means services provided by
8 a physician or other licensed practitioner of the healing arts
9 within the scope of his practice under state law to prevent
10 disease, disability, and other health conditions or the
11 progression of such conditions, and to promote physical and
12 mental health and efficiency. Such services may be provided
13 to high-risk women and children in any licensed clinic setting
14 as well as at any residential or congregate living environment
15 or community-based organization.

16 SECTION 8. 26-4-103 (5.7), Colorado Revised Statutes,
17 1989 Repl. Vol., as amended, is amended to read:

18 26-4-103. Definitions. (5.7) "Rehabilitative services"
19 means any medical or remedial services recommended by a
20 physician which may reduce physical or mental disability and
21 which may improve functional level. SUCH SERVICES MAY BE
22 PROVIDED TO HIGH-RISK WOMEN AND CHILDREN IN ANY LICENSED
23 CLINIC SETTING AS WELL AS AT ANY RESIDENTIAL OR CONGREGATE
24 LIVING ENVIRONMENT OR COMMUNITY-BASED ORGANIZATION.

25 SECTION 9. 26-4-105 (1), Colorado Revised Statutes, 1989
26 Repl. Vol., as amended, is amended BY THE ADDITION OF A NEW

1 PARAGRAPH to read:

2 26-4-105. Basic services for the categorically needy.

3 (1) (u) For high-risk women and children, the following
4 services:

5 (I) Health care provider education and outreach to
6 encourage the identification and referral of high-risk women
7 and children to the treatment program for high-risk women and
8 children;

9 (II) Outreach to identify women and children who are
10 eligible for services pursuant to section 26-4-103 (2) (e) or
11 part 1 of article 2 of this title who qualify as high-risk
12 women and children;

13 (III) Initial risk assessment pursuant to section
14 26-4-102.9 and any subsequent reassessments of high-risk women
15 and children;

16 (IV) Preventative services;

17 (V) Rehabilitative services;

18 (VI) Care coordination, including the development of an
19 individual plan of care, referral to appropriate services, and
20 monitoring;

21 (VII) Nutrition assessment;

22 (VIII) Psychosocial counseling, including individual and
23 group counseling and therapy by licensed mental health
24 professionals;

25 (IX) Intensive health education including, but not
26 limited to, parenting education and education risk factors and

1 appropriate health behaviors;

2 (X) Home visits for purposes of needs assessment, health
3 and parenting education, and social support;

4 (XI) Transportation services, including brokering as
5 well as direct service;

6 (XII) Alcohol and drug counseling and treatment,
7 including outpatient and residential care, but not including
8 room and board while receiving residential care;

9 (XIII) Family-centered counseling and treatment for
10 alcohol and drug abuse.

11 SECTION 10. 26-4-105, Colorado Revised Statutes, 1989
12 Repl. Vol., as amended, is amended BY THE ADDITION OF A NEW
13 SUBSECTION to read:

14 26-4-105. Basic services for the categorically needy.

15 (5) (a) Early periodic screening and diagnosis and treatment
16 described in paragraph (k) of subsection (1) of this section
17 shall include the following services for any eligible child of
18 a high-risk woman:

19 (I) Postnatal risk assessment;

20 (II) The development and implementation of a plan of
21 care;

22 (III) Arrangement of specific screening and follow-up
23 care or treatment;

24 (IV) Home visitation for purposes of needs assessment,
25 health and parenting education, social support, and monitoring
26 of the implementation of the plan of care;

1 (V) Coordination of such child's care with the primary
2 care physician;

3 (VI) Intensive health education for the child's parents
4 or other caregivers.

5 (b) The services provided to any child of a high-risk
6 woman pursuant to paragraph (a) of this subsection (5) shall
7 be provided to such child regardless of whether the child is
8 in the care of the natural parent, a foster parent, or some
9 other caregiver.

10 SECTION 11. Article 4 of title 26, Colorado Revised
11 Statutes, 1989 Repl. Vol., as amended, is amended BY THE
12 ADDITION OF THE FOLLOWING NEW SECTIONS to read:

13 26-4-124. Treatment program for high-risk women and
14 children - cooperation with private entities. The department
15 of social services shall cooperate with any private entities
16 which desire to assist the department in the provision of
17 services connected with the treatment program for high-risk
18 women and children. Private entities may provide services
19 which are not provided to persons pursuant to this article or
20 article 2 of this title which may include, but shall not be
21 limited to, transportation, development of provider training,
22 child care, and other necessary components of residential or
23 outpatient treatment or care.

24 26-4-125. Treatment program for high-risk women and
25 children - data collection. The department of social services,
26 in cooperation with the department of health, shall create a

1 data collection mechanism regarding persons receiving services
2 pursuant to the treatment program for high-risk women and
3 children which shall include the collection of such data as
4 such departments deem appropriate.

5 SECTION 12. Department of social services -
6 authorization to provide child care. The department of social
7 services is hereby authorized and directed to provide such
8 child care services as the department is permitted to provide
9 pursuant to law to persons receiving services pursuant to the
10 treatment program for high-risk women and children created in
11 section 26-4-102.7, Colorado Revised Statutes.

12 SECTION 13. Appropriation. (1) In addition to any other
13 appropriation, there is hereby appropriated, out of any moneys
14 in the general fund not otherwise appropriated, to the
15 department of social services, for the fiscal year beginning
16 July 1, 1991, the sum of _____ dollars (\$ _____), or
17 so much thereof as may be necessary, for the implementation of
18 this act.

19 (2) In addition to any other appropriation, there is
20 hereby appropriated, out of any moneys in the general fund not
21 otherwise appropriated, to the department of health, for the
22 fiscal year beginning July 1, 1991, the sum of
23 _____ dollars (\$ _____), or so much thereof as
24 may be necessary, for the implementation of this act.

25 SECTION 14. Effective date. This act shall take effect
26 July 1, 1991.

1 SECTION 15. Safety clause. The general assembly hereby
2 finds, determines, and declares that this act is necessary
3 for the immediate preservation of the public peace, health,
4 and safety.

BILL 2

A BILL FOR AN ACT
CONCERNING MEASURES TO IMPROVE EXISTING PROCEDURES IN
CONNECTION WITH REPORTING CHILD ABUSE.

Bill Summary

(Note: This summary applies to this bill as introduced and does not necessarily reflect any amendments which may be subsequently adopted.)

Authorizes the state and county departments of social services to access child abuse and neglect records for screening the respective departments' own employees, persons who are responsible for the care of a child pursuant to a contract with the county department for out-of-home placements or private child care, and prospective adoptive parents. Authorizes private adoption agencies to access such records for screening prospective adoptive parents. Authorizes access to persons engaged in bona fide research or audits.

Defines intrafamilial, institutional, and third-party abuse and specifies by whom and how reports of each type of abuse shall be investigated. Permits, rather than requires, that an investigation of a report of child abuse and neglect include a home visit. Expresses the general assembly's intent that agencies responsible for investigating child abuse and neglect reports develop cooperative agreements. Permits an interview of a child based on a report involving sexual abuse to be audiotaped or, if funds are available, to be videotaped. Specifies that, if an allegation of sexual abuse arises during the course of a nontaped interview with a child, such interview may proceed with questions concerning the sexual abuse without being taped. Requires the agency conducting a taped interview to maintain the audiotape or videotape.

Revises the standard for placing a subject on the state

child abuse central registry from some credible evidence to a preponderance of the evidence. Requires the director of the registry to provide notice to a subject placed on the central registry. Specifies what information shall be included in such notice. Specifies the time in which a subject may request that a record concerning such subject be amended, expunged, or sealed. Specifies that reports of sexual abuse shall not automatically be sealed ten years after the child victim reaches age eighteen. Provides for the expungement of records concerning minor offenses of child abuse or neglect after two years upon a finding of good cause by the registry director. Requires the state department to define minor offense and good cause, but specifies that minor offense shall not include sexual abuse.

Requires a subject who seeks a report of central registry information to provide a written notarized request or to make a personal request with proof of identification. Allows any person to obtain from the registry, upon written notarized request or personal request with proof of identification, a verification that such person is not included on the central registry. Places the burden of proof on the state department of social services, rather than the county department, at hearings to amend, seal, or expunge central registry records. Expands the group of persons or agencies required to pay a fee for central registry information.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. 19-1-120 (2), Colorado Revised Statutes, 1986 Repl. Vol., as amended, is amended BY THE ADDITION OF THE FOLLOWING NEW PARAGRAPHS to read:

19-1-120. Confidentiality of records - dependency and neglect. (2) (m) The state and county departments of social services, for the following purposes:

(I) Screening any person who seeks employment with, is currently employed by, or who volunteers for service with the respective departments, if such person's responsibilities include direct contact with children;

(II) Conducting custody evaluations;

(III) Screening any person who will be responsible to provide child care pursuant to a contract with a county department for placements out of the home or private child care;

(IV) Screening prospective adoptive parents.

(n) Private adoption agencies, for the purpose of screening prospective adoptive parents;

(o) A person, agency, or organization engaged in a bona fide research or evaluation project or audit, but without information identifying individuals named in a report, unless having said identifying information open for review is essential to the research and evaluation, in which case the executive director of the state department of social services shall give prior written approval and the child through a legal representative shall give permission to release the identifying information.

SECTION 2. 19-1-120, Colorado Revised Statutes, 1986 Repl. Vol., as amended, is amended BY THE ADDITION OF A NEW SUBSECTION to read:

19-1-120. Confidentiality of records - dependency and neglect. (2.5) Any person or agency provided information from the state central registry pursuant to paragraphs (d), (e), (i), and (k) to (o) of subsection (2) of this section shall be assessed a fee which shall be established and collected pursuant to section 19-3-313 (14).

SECTION 3. 19-3-303 (2.5) and (10), Colorado Revised

Statutes, 1986 Repl. Vol., as amended, are amended, and the said 19-3-303 is further amended BY THE ADDITION OF THE FOLLOWING NEW SUBSECTIONS, to read:

19-3-303. Definitions. (2.5) "Confirmed" means ~~that credible--evidence--exists--to--support--that--child--abuse--or neglect--did--occur~~ ANY REPORT MADE PURSUANT TO THIS ARTICLE THAT IS SUPPORTED BY A PREPONDERANCE OF THE EVIDENCE.

(4.5) "Institutional abuse" means any case of abuse, as defined in subsection (1) of this section, that occurs in any public or private facility in the state that provides child care out of the home, supervision, or maintenance. "Facility" includes, but is not limited to, any facility subject to the Colorado "Child Care Act" and which is defined in section 26-6-102, C.R.S. Institutional abuse shall not include abuse that occurs in any public, private, or parochial school system, including any preschool operated in connection with said system; except that, to the extent the school system provides extended day services, abuse that occurs while such services are provided shall be institutional abuse.

(4.7) "Intrafamilial abuse" means any case of abuse, as defined in subsection (1) of this section, that occurs within a family context by a child's parent, stepparent, guardian, legal custodian, or ~~relative~~, by a spousal equivalent, as defined in section 19-1-103 (25), or by any other person who resides in the child's home or who is regularly in the child's home for the purpose of exercising authority over or care for

the child.

(9.5) "Third-party abuse" means a case in which a child is subjected to abuse, as defined in subsection (1) of this section, by any person who is not a parent, stepparent, guardian, legal custodian, spousal equivalent, as defined in section 19-1-103 (25), or any other person included in the definition of intrafamilial abuse, as defined in subsection (4.7) of this section.

(10) "Unfounded report" means any report made pursuant to this article which is not supported by credible A PREPONDERANCE OF THE evidence.

SECTION 4. 19-3-308 (1), (3) (a), (4), (5), and (5.5), Colorado Revised Statutes, 1986 Repl. Vol., as amended, are amended, and the said 19-3-308 is further amended BY THE ADDITION OF THE FOLLOWING NEW SUBSECTIONS, to read:

19-3-308. Action upon report of intrafamilial, institutional, or third-party abuse - child protection team.

(1) The county department shall make a---thorough AN APPROPRIATE investigation immediately upon receipt of any report of a known or suspected incident of child INTRAFAMILIAL abuse or neglect. The immediate concern of such investigation shall be the protection of the child.

(3) (a) The investigation shall ~~at-a-minimum,~~ include AN INTERVIEW WITH OR OBSERVANCE OF THE CHILD WHO IS THE SUBJECT OF A REPORT OF ABUSE OR NEGLECT. THE INVESTIGATION MAY INCLUDE a visit to the child's place of residence or place of

custody and an interview with or observance of the child reportedly having been abused or neglected OR WHEREVER THE CHILD MAY BE LOCATED, AS INDICATED BY THE REPORT. IN ADDITION, IN CONNECTION WITH ANY INVESTIGATION, THE ALLEGED PERPETRATOR SHALL BE ADVISED AS TO THE ALLEGATION OF ABUSE AND NEGLECT AND THE CIRCUMSTANCES SURROUNDING SUCH ALLEGATION AND SHALL BE AFFORDED AN OPPORTUNITY TO RESPOND.

(4) (a) The county department, except as provided in subsection SUBSECTIONS (5) AND (5.3) of this section, shall be the agency responsible for the coordination of all investigations of all reports of known or suspected incidents of child INTRAFAMILIAL abuse or neglect. The county department shall arrange for such investigations to be conducted by persons trained to conduct either the complete investigation or such parts thereof as may be assigned. The county department shall conduct the investigation in conjunction with the local law enforcement agency, to the extent a joint investigation is possible and deemed appropriate, and any other appropriate agency. When the investigation involves a suspected perpetrator who was acting in his official capacity as an employee of a school district, the county department shall coordinate such investigation with any concurrent abuse investigation being conducted by the department of education or the school district to the extent such coordination is possible and deemed appropriate. The county department may arrange for the initial investigation to

be conducted by another agency with personnel having appropriate training and skill. The county department shall provide for persons to be continuously available to respond to such reports. Contiguous counties may cooperate to fulfill the requirements of this subsection (4). As used in this subsection (4), "continuously available" means the assignment of a person to be near an operable telephone not necessarily located in the premises ordinarily used for business by the county department or to have such arrangements made through agreements with local law enforcement agencies. The county department or other agency authorized to conduct the investigation pursuant to this subsection (4), for the purpose of such investigation, shall have access to the state central registry of child protection for information under the name of the child or the suspected perpetrator.

(b) Upon the receipt of a report, if the county department reasonably believes that an incident of INTRAFAMILIAL abuse or neglect has occurred, it shall immediately offer social services to the child who is the subject of the report and his family and may file a petition in the juvenile court or the district court with juvenile jurisdiction on behalf of such child. If, before the investigation is completed, the opinion of the investigators is that assistance of the local law enforcement agency is necessary for the protection of the child or other children under the same care, the local law enforcement agency shall be

notified. If immediate removal is necessary to protect the child or other children under the same care from further abuse, the child or children may be placed in protective custody in accordance with sections 19-3-204 and 19-3-401 (1) (a).

(4.5) (a) The state department shall adopt rules setting forth procedures for the investigation of reports of institutional abuse. Such rules may provide for investigations to be conducted by a state team of investigators, an agency that contracts with the state and has staff trained to conduct investigations, the county departments, or any other entity the state department deems appropriate. The procedures may include the use of a review team responsible to make recommendations to the state department concerning the procedures for investigating institutional abuse.

(b) If, as a result of an investigation conducted pursuant to rules adopted in accordance with this subsection (4.5), institutional abuse is found to have occurred, the entity that conducted such investigation may:

(I) If the institutional abuse is the result of a single act or occurrence at the facility, request that the owner, operator, or administrator of the facility formulate a plan of remedial action. Such request shall be made within a period established by the state department. Within thirty days of the agency's request, the owner, operator, or administrator of

the facility shall notify the agency, in writing, of a plan for remedial action. Within ninety days of the request, the owner, operator, or administrator shall complete the plan for remedial action.

(II) If the institutional abuse is one of several similar incidents that have occurred at the facility, request that the owner, operator, or administrator of the facility make administrative, personnel, or structural changes at the facility. Such request shall be made within a period established by the state department. Within thirty days of such request, the owner, operator, or administrator of the facility shall notify the agency of the progress in complying with the request. The agency and the owner, operator, or administrator shall establish the period in which the requested changes shall be completed.

(III) If an owner, operator, or administrator of a facility does not formulate or implement a plan for remedial action in accordance with subparagraph (I) of this paragraph (b) or make requested changes in accordance with subparagraph (II) of this paragraph (b), recommend to the entity that licenses, oversees, certifies, or authorizes the operation of the facility that appropriate sanctions or actions be imposed against the facility.

(c) A teacher, employee, volunteer, or staff person of an institution who is alleged to have committed an act of child abuse shall be temporarily suspended from his position

at the institution with pay, or reassigned to other duties which would remove the risk of harm to the child victim or other children under such person's custody or control, if there is reasonable cause to believe that the life or health of the victim or other children at the institution is in imminent danger due to continued contact between the alleged perpetrator and a child at the institution. A public employee suspended pursuant to this paragraph (c) shall be accorded and may exercise due process rights, including notice of the proposed suspension and an opportunity to be heard, and any other due process rights provided under the laws of this state governing public employment and under any applicable individual or group contractual agreement. A private employee suspended pursuant to this subsection shall be accorded and may exercise due process rights provided for under the laws of this state governing private employment and under any applicable individual or group employee contractual agreement.

(d) Nothing in this subsection (4.5) shall be construed to abrogate or limit any other enforcement action provided by law.

(5) If a local law enforcement agency receives a report of a known or suspected incident of child INTRAFAMILIAL abuse or neglect, it shall forthwith attempt to contact the county department in order to refer the case for investigation. If the local law enforcement agency is unable to contact the county department, it shall forthwith make a complete

investigation and may institute appropriate legal proceedings on behalf of the subject child or other children under the same care. As a part of an investigation pursuant to this subsection (5), the local law enforcement agency shall have access to the state central registry of child protection for information under the name of the child or the suspected perpetrator. The local law enforcement agency, upon the receipt of a report and upon completion of any investigation it may undertake, shall forthwith forward a summary of the investigatory data plus all relevant documents to the county department.

(5.3) (a) Local law enforcement agencies shall have the responsibility for the coordination and investigation of all reports of third-party abuse or neglect by persons ten years of age or older. Upon receipt of a report, if the local law enforcement agency reasonably believes that the protection and safety of a child is at risk due to an act or omission on the part of persons responsible for the child's care, such agency shall notify the county department of social services for an assessment regarding neglect and dependency. In addition, the local law enforcement agency shall refer to the county department of social services any report of third-party abuse or neglect in which the person allegedly responsible for such abuse or neglect is under age ten. Upon the completion of an investigation, the local law enforcement agency shall forward a copy of its investigative report to the county department of

social services.

(b) If, before an investigation is completed, the local law enforcement agency determines that social services are necessary for the child and, if applicable, the child's family, or that assistance from the county department of social services is otherwise required, the agency may request said services or assistance from the county department. The county department shall immediately respond to a law enforcement agency's request for services or assistance in a manner deemed appropriate by the county department.

(c) When the investigation involves a suspected perpetrator who was acting in his official capacity as an employee of a school district, the local law enforcement agency shall coordinate such investigation with any concurrent abuse investigation being conducted by the department of education or the school district to the extent such coordination is possible and deemed appropriate.

(5.5) Upon the receipt of a report, if the county department reasonably believes that an incident of abuse or neglect has occurred, it shall immediately notify the local law enforcement agency responsible for investigation of violations of criminal child abuse laws. The local law enforcement agency may conduct an investigation to determine if a violation of any criminal child abuse law has occurred. IT IS THE GENERAL ASSEMBLY'S INTENT THAT, IN EACH COUNTY OF THE STATE, LAW ENFORCEMENT AGENCIES AND THE RESPECTIVE COUNTY

DEPARTMENTS OF SOCIAL SERVICES SHALL DEVELOP AND IMPLEMENT COOPERATIVE AGREEMENTS TO COORDINATE DUTIES OF BOTH AGENCIES IN CONNECTION WITH THE INVESTIGATION OF ALL CHILD ABUSE OR NEGLECT CASES AND THAT THE FOCUS OF SUCH AGREEMENTS SHALL BE TO ENSURE THE BEST PROTECTION FOR THE CHILD. THE SAID AGREEMENTS SHALL PROVIDE FOR SPECIAL REQUESTS BY ONE AGENCY FOR ASSISTANCE FROM THE OTHER AGENCY AND FOR JOINT INVESTIGATIONS BY BOTH AGENCIES.

SECTION 5. Part 3 of article 3 of title 19, Colorado Revised Statutes, 1986 Repl. Vol., as amended, is amended BY THE ADDITION OF A NEW SECTION to read:

19-3-308.5. Recorded interviews of child.

(1) (a) Except as otherwise provided in paragraph (b) of this subsection (1), any interview of a child conducted pursuant to section 19-3-308, concerning a report of sexual abuse, may be audiotaped; or, if funds are available, such interviews may be videotaped. Such recordings shall be preserved as evidence by the agency conducting the interview in the manner and for a period provided by law for maintaining such evidence. In addition, access to such recordings shall be subject to the rules of discovery under the Colorado rules of criminal and civil procedure.

(b) If an allegation of sexual abuse arises during the course of a nontaped interview with a child, such interview may proceed with questions concerning sexual abuse without being taped.

SECTION 6. 19-3-313 (4), (5), (6), and (7), Colorado Revised Statutes, 1986 Repl. Vol., as amended, are amended, and the said 19-3-313 is further amended BY THE ADDITION OF A NEW SUBSECTION, to read:

19-3-313. Central registry. (4) Unless an investigation of a report conducted pursuant to this part 3 determines there is ~~some--credible~~ A PREPONDERANCE OF evidence ~~of--alleged~~ TO SUPPORT A FINDING OF abuse OR NEGLECT, all information identifying the subject of the report shall be expunged from the central registry forthwith. The decision to expunge the record shall be made by the director of the central registry based upon the investigation made by the county department or the local law enforcement agency.

(5) (a) In all other cases, EXCEPT AS OTHERWISE PROVIDED IN PARAGRAPH (b) OF THIS SUBSECTION (5) , the record of the reports to the central registry shall be sealed no later than ten years after the child's eighteenth birthday. Once sealed, the record shall not otherwise be available unless the director of the central registry, pursuant to rules promulgated by the state board and upon notice to the subject of the report, gives his personal approval for an appropriate reason. In any case and at any time, EXCEPT AS OTHERWISE PROVIDED IN PARAGRAPH (b) OF THIS SUBSECTION (5) AND PARAGRAPH (b) OF SUBSECTION (7) OF THIS SECTION, the director may amend, seal, or expunge any record upon good cause shown and notice to the subject of the report.

(b) NO RECORD OF A REPORT OF SEXUAL ABUSE SHALL BE SEALED PURSUANT TO PARAGRAPH (a) OF THIS SUBSECTION (5). SUCH RECORD, HOWEVER, MAY BE SEALED, EXPUNGED, OR AMENDED PURSUANT TO PARAGRAPH (a) OF SUBSECTION (7) OF THIS SECTION.

(6) (a) THE DIRECTOR OF THE CENTRAL REGISTRY SHALL SEND A WRITTEN NOTICE TO EACH SUBJECT PLACED ON THE CENTRAL REGISTRY THAT SUCH SUBJECT HAS BEEN LISTED ON THE REGISTRY AS RESPONSIBLE FOR CHILD ABUSE OR NEGLECT. SUCH NOTICE SHALL INCLUDE THE NAME OF THE CHILD, TYPE OF ABUSE, DATE OF THE INCIDENT, COUNTY DEPARTMENT THAT FILED A REPORT WITH THE REGISTRY, INFORMATION AS TO PERSONS OR AGENCIES THAT HAVE ACCESS TO THE REPORT, AND INFORMATION CONCERNING THE SUBJECT'S RIGHTS AND RESPONSIBILITIES IN REGARD TO AMENDING, SEALING, OR EXPUNGING THE REPORT.

(b) At any time the subject of a report may receive, upon A WRITTEN NOTARIZED request OR UPON PERSONAL REQUEST WITH PROOF OF IDENTIFICATION, a report of all information pertinent to the subject's case contained in the central registry, but the director of the central registry is authorized to prohibit the release of data that would identify the person who made the report or who cooperated in a subsequent investigation and that he reasonably finds to be detrimental to the safety or interests of such person. A PERSON REQUESTING REGISTRY INFORMATION PURSUANT TO THIS PARAGRAPH (b) SHALL BE ASSESSED A FEE WHICH SHALL BE ESTABLISHED AND COLLECTED IN ACCORDANCE WITH SUBSECTION (14) OF THIS SECTION.

(c) AT ANY TIME, ANY PERSON MAY OBTAIN, UPON WRITTEN NOTARIZED REQUEST OR UPON PERSONAL REQUEST WITH PROOF OF IDENTIFICATION, A VERIFICATION FROM THE STATE REGISTRY THAT SUCH PERSON IS NOT LISTED ON THE REGISTRY. A PERSON REQUESTING SUCH VERIFICATION SHALL BE ASSESSED A FEE WHICH SHALL BE ESTABLISHED AND COLLECTED IN ACCORDANCE WITH SUBSECTION (14) OF THIS SECTION.

~~(7) (a) Within a reasonable time after a report of confirmed child abuse or neglect is submitted to the central registry,~~ EXCEPT AS OTHERWISE PROVIDED IN PARAGRAPH (b) OF THIS SUBSECTION (7), THE subject of the report may request the director to amend, seal, or expunge the record of the report. A REQUEST SHALL BE WRITTEN AND SHALL BE MADE WITHIN TWO YEARS AFTER THE DATE OF THE MAILING OF THE NOTICE SENT TO THE SUBJECT IN ACCORDANCE WITH PARAGRAPH (a) OF SUBSECTION (6) OF THIS SECTION. The decision to expunge the record shall be made by the director of the central registry based on the investigation made by the county department or the local law enforcement agency. If the director refuses or does not act within a reasonable time, but in no event later than thirty days after such request, the subject shall have the right to a fair hearing as provided under the "State Administrative Procedure Act" to determine whether the record of the report in the central registry should be amended, sealed, or expunged on the grounds that it is inaccurate or it is being maintained in a manner inconsistent with this part 3. The appropriate

county department shall be given notice of the hearing. The burden of proof in such a hearing shall be on the county STATE department. In AT such hearings, the fact that ~~there was such a finding~~ A COUNTY DEPARTMENT, LAW ENFORCEMENT AGENCY, OR ENTITY AUTHORIZED TO INVESTIGATE INSTITUTIONAL ABUSE MADE A FINDING of confirmed child abuse or neglect shall be presumptive evidence that the report was substantiated ACCURATE.

(b) A RECORD RELATED TO A FIRST-TIME LISTING OF A SUBJECT ON THE REGISTRY AND WHICH IS BASED ON A MINOR OFFENSE MAY BE EXPUNGED BY THE REGISTRY DIRECTOR TWO YEARS AFTER THE DATE OF THE REPORTED INCIDENT UPON A DETERMINATION BY THE DIRECTOR THAT GOOD CAUSE EXISTS FOR EXPUNGING SUCH RECORD. THE STATE DEPARTMENT, THROUGH RULE-MAKING, SHALL DEFINE MINOR OFFENSE AND GOOD CAUSE; EXCEPT THAT MINOR OFFENSE SHALL NOT INCLUDE ANY INCIDENT INVOLVING SEXUAL ABUSE. EACH SUBJECT PROVIDED A NOTICE IN ACCORDANCE WITH PARAGRAPH (a) OF SUBSECTION (6) OF THIS SECTION SHALL BE INFORMED ABOUT EXPUNGEMENT PURSUANT TO THIS PARAGRAPH (b). IN ADDITION, EACH SUBJECT SHALL BE NOTIFIED OF THE DIRECTOR'S DECISION CONCERNING EXPUNGEMENT PURSUANT TO THIS PARAGRAPH (b) NO LATER THAN NINETY DAYS AFTER THE EXPIRATION OF THE TWO YEARS. A SUBJECT DENIED EXPUNGEMENT PURSUANT TO THIS PARAGRAPH (b) MAY SEEK TO AMEND, EXPUNGE, OR SEAL A RECORD PURSUANT TO PARAGRAPH (a) OF THIS SUBSECTION (7). SUCH APPEAL SHALL BE MADE NO LATER THAN NINETY DAYS AFTER THE DATE OF THE MAILING TO THE

SUBJECT OF THE NOTICE OF DENIAL.

(14) Any person or agency provided central registry information in accordance with this section or section 19-1-120 (2) (d), (2) (e), (2) (i), and (2) (k) to (2) (o) shall be assessed a fee which shall not exceed the direct and indirect costs of administering such sections. All fees collected in accordance with this subsection (14) shall be transmitted to the state treasurer who shall credit the same to the central registry fund which is hereby created. The moneys in the fund shall be subject to annual appropriation by the general assembly for the direct and indirect costs of administering the statutory provisions cited in this subsection (14).

SECTION 7. Repeal. 19-1-120 (2) (k) (II), Colorado Revised Statutes, 1986 Repl. Vol., as amended, is repealed.

SECTION 8. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

BILL 3

A BILL FOR AN ACT

1 CONCERNING THE CREATION OF A TASK FORCE ON FAMILY ISSUES, AND
2 MAKING AN APPROPRIATION IN CONNECTION THEREWITH.

Bill Summary

(Note: This summary applies to this bill as introduced and does not necessarily reflect any amendments which may be subsequently adopted.)

Creates a task force on family issues and defines the membership of such task force. Requires the task force to meet and study issues affecting families and report to the general assembly regarding suggested legislation by a certain date.

3 Be it enacted by the General Assembly of the State of Colorado:

4 SECTION 1. Title 26, Colorado Revised Statutes, 1989
5 Repl. Vol., as amended, is amended BY THE ADDITION OF A NEW
6 ARTICLE to read:

7 ARTICLE 7.6

8 Task Force on Family Issues

9 26-7.6-101. Legislative declaration. The general

1 assembly declares that the family is the basic structural unit
2 of society and that issues affecting the family are extremely
3 important to the future of the United States and the state of
4 Colorado. The general assembly recognizes that issues
5 affecting the family are complex and varied and, therefore,
6 there is a great need to study and research such issues
7 carefully in order to develop rational legislative and
8 executive responses to issues affecting the family.
9 Therefore, it is the intent of the general assembly that the
10 task force appointed pursuant to this article shall
11 comprehensively study and research the family issues
12 enumerated in this article and develop recommendations for
13 legislation which will improve and strengthen families within
14 this state.

15 26-7.6-102. Task force on family issues - creation -
16 membership. (1) In order to provide a legislative overview
17 of and a study of issues affecting families in this state and
18 to develop recommendations for legislation to improve and
19 strengthen families in this state, there is hereby created a
20 task force on family issues. The membership of the task force
21 shall consist of nineteen members, as follows:

22 (a) Three members of the senate appointed by the
23 president of the senate, two of whom shall be members of the
24 majority party, and one of whom shall be a member of the
25 minority party;

26 (b) Three members of the house of representatives

1 appointed by the speaker of the house of representatives, two
2 of whom shall be members of the majority party, and one of
3 whom shall be a member of the minority party;

4 (c) Three members who shall be appointed by the
5 president of the senate from among persons in the
6 public-at-large who are knowledgeable in the subjects of the
7 delivery of social services, child care, child abuse, family
8 counseling, legal matters concerning families and children,
9 domestic violence, and other family-related subjects;

10 (d) Three members who shall be appointed by the speaker
11 of the house of representatives from among persons in the
12 public-at-large who are knowledgeable in the subjects of the
13 delivery of social services, child care, child abuse, family
14 counseling, legal matters concerning families and children,
15 domestic violence, and other family-related subjects;

16 (e) The executive directors of the departments of
17 health, social services, higher education, public safety, and
18 institutions and the commissioner of education or the
19 designees of such executive directors and commissioner; and

20 (f) One member appointed by the chief justice of the
21 supreme court of the state of Colorado.

22 (2) The president of the senate and the speaker of the
23 house of representatives shall jointly appoint one of the
24 members of the task force as chairman and one of the members
25 of the task force as vice-chairman. The chairman and
26 vice-chairman of the task force shall be members of the

1 general assembly, and one shall be a member of the senate and
2 one shall be a member of the house of representatives.

3 (3) Members of the task force shall be entitled to
4 reimbursement for reasonable expenses incurred in connection
5 with the performance of their official duties on the task
6 force. Legislative members of the task force shall receive a
7 per diem established by the general assembly for service on
8 the task force.

9 26-7.6-103. Task force on family issues - duties -
10 report to general assembly. (1) The task force on family
11 issues shall carry out the following duties:

12 (a) The task force shall meet when necessary and shall
13 study and address the following issues:

14 (I) The establishment of common standards or guidelines
15 to be used by county departments of social services for child
16 abuse screening, investigations, training of workers,
17 notification to affected parties of such parties' rights, and
18 other relevant factors regarding the child protection system;

19 (II) The existence of short-term and long-term programs
20 or facilities for the treatment of child abusers and victims
21 of child abuse, and the existence of research and evaluation
22 to determine the effectiveness of such treatment;

23 (III) The need for improvements to the guardian ad litem
24 process to improve its effectiveness and lessen its cost, and
25 the need to lessen the cost of court proceedings to those
26 involved;

- 1 (IV) The need for coordination between various courts in
2 regard to cases which appear in each of several courts, and
3 methods by which this coordination may be carried out;
- 4 (V) The establishment of a pilot project involving
5 alternative dispute resolution procedures and the use of the
6 mediation approach to resolve child custody matters;
- 7 (VI) The need for the establishment of a family court
8 system in the state;
- 9 (VII) The need for the establishment of a division of
10 children within the state government;
- 11 (VIII) The need for adding a definition of emotional
12 abuse to the definition of child abuse;
- 13 (IX) The need for the development of an independent
14 child custody evaluation system to be carried out under the
15 direction of the court system in domestic relations matters
16 or, in the alternative, the development of a system whereby
17 child custody evaluators are made available through the court
18 system to parties in domestic relations matters at minimal
19 cost to the parties;
- 20 (X) The need for greater oversight of cases in which
21 supervised visitation rights are ordered;
- 22 (XI) The need for the establishment of a system in which
23 there is a presumption in favor of joint custody in child
24 custody disputes;
- 25 (XII) The need for the establishment of a legislative
26 oversight committee which has the power to hear and

1 investigate family grievances against the department of social
2 services and the judicial system in regard to matters of child
3 custody;

4 (XIII) A study of family preservation programs and
5 family resource centers as to cost-effectiveness and benefits
6 of such programs as alternatives to out-of-home placement and
7 the funding of such programs by state and federal foster care
8 moneys;

9 (XIV) The need for a college and university degree
10 program in social work including field practice in such
11 program; and

12 (XV) The need for the development of a clearer
13 definition of "reasonable effort" by the state board of social
14 services as it relates to the federal "Child Welfare Act of
15 1980".

16 (b) (I) For the purposes of this section, "family
17 preservation program" refers to those programs which are used
18 as alternatives to foster care or other out-of-home placement.

19 (II) For the purposes of this section, "family resource
20 center" refers to any program which brings about local
21 coordination through an organization which focuses on early
22 intervention to prevent and alleviate problems before
23 out-of-home placement is considered.

24 (c) The task force on family issues shall make a written
25 report to the general assembly regarding the implementation of
26 recommendations made by the policy academy on children and

1 families and the Colorado commission on families and children
2 established by executive order on October 4, 1990, and such
3 report shall be made on or before July 1, 1992.

4 (d) The task force on family issues shall make a written
5 report to the general assembly on or before January 1, 1993,
6 regarding its recommendations for legislation concerning
7 matters which affect families.

8 (2) In order to carry out its duties, the task force on
9 family issues may create such subcommittees as it deems
10 necessary.

11 26-7.6-104. Private sources of funding. The task force
12 on family issues is authorized to receive contributions,
13 grants, services, and in-kind donations from private sources
14 and may use such donations to pay for the direct and indirect
15 costs of research and to compensate nonprofit agencies and
16 private groups which assist the task force by supplying staff
17 support.

18 26-7.6-105. Repeal of article. This article is repealed,
19 effective July 1, 1993.

20 SECTION 2. Appropriation. In addition to any other
21 appropriation, there is hereby appropriated, out of any moneys
22 in the general fund not otherwise appropriated, to the
23 legislative department, for the fiscal year beginning July 1,
24 1991, the sum of _____ dollars (\$ _____), or so
25 much thereof as may be necessary, for the implementation of
26 this act.

1 SECTION 3. Safety clause. The general assembly hereby
2 finds, determines, and declares that this act is necessary
3 for the immediate preservation of the public peace, health,
4 and safety.

BILL 4

A BILL FOR AN ACT

1 CONCERNING THE CREATION OF A FAMILY PRESERVATION PILOT
2 PROGRAM, AND, IN CONNECTION THEREWITH, CREATING THE
3 FAMILY PRESERVATION FUND AND MAKING AN APPROPRIATION.

Bill Summary

(Note: This summary applies to this bill as introduced and does not necessarily reflect any amendments which may be subsequently adopted.)

Enacts the "Colorado Family Preservation Act" and provides for the executive directors of the departments of social services, health, and institutions and the commissioner of education, after consulting with care providers in the private sector and members of the commission on families and children, to designate a pilot county or counties to contract with family preservation models. Requires that said models be programs that reduce or avoid the need for residential care for children at imminent risk of out-of-home placement due to emotional or behavioral problems or abuse, neglect, or abandonment by or estrangement from parents by parent-child conflict and which use workers trained in family preservation techniques and who provide at least half of their direct services in the client's residence. Requires the executive directors to promulgate rules and regulations to carry out the requirements of the program, and to conduct or cause to be conducted a study of the effectiveness of the program, including the feasibility, cost-effectiveness, and recoverability of funds in the family preservation model or models as compared with the existing out-of-home placements, to identify the cost avoidance to the out-of-home placement

line items of the departments of social services and institutions in the general appropriation bill, the impact to clients under the family preservation model, the delivery administrative structure, and financing implications of the models, and to report such findings to the general assembly by January 1, 1994.

Creates the family preservation fund, comprised of moneys from private sources and moneys appropriated from the general fund. Provides that all savings attributable to the use of the preservation model be transferred and credited to the fund. Allows the departments to accept and expend federal funds. Requires the general assembly to make annual appropriations of the moneys in the fund to the departments of health, education, institutions, and social services for the direct and indirect costs incurred by the respective departments in administering this act. Requires that moneys in the fund be kept separate and distinct from the moneys appropriated to the department of social services for child welfare placement alternatives. Makes appropriations out of the family preservation fund to implement this act.

1 Be it enacted by the General Assembly of the State of Colorado:

2 SECTION 1. Title 26, Colorado Revised Statutes, 1989
3 Repl. Vol., as amended, is amended BY THE ADDITION OF A NEW
4 ARTICLE to read:

5 ARTICLE 5.5

6 Family Preservation Act

7 26-5.5-101. Short title. This article shall be known and
8 may be cited as the "Colorado Family Preservation Act".

9 26-5.5-102. Legislative declaration. (1) The general
10 assembly finds and declares that:

11 (a) Keeping families together to the greatest degree
12 possible is one of the fundamental guidelines that all state
13 agencies must observe;

14 (b) Out-of-home placement is often the most expensive
15 and disruptive method of providing services to troubled

1 families;

2 (c) There are various agencies in the private sector
3 that have been able to tailor specific family programs to meet
4 the needs of many different segments of society;

5 (d) It is the intent of the general assembly to ensure
6 that the state agencies utilize placement alternatives to
7 out-of-home placements to the greatest extent possible,
8 without jeopardizing the current program funding.

9 26-5.5-103. Family preservation system - creation -
10 pilot project. (1) For the purposes of this section, "family
11 preservation model" means those programs of in-home supportive
12 and educational services for families that reduce or avoid the
13 need for residential care for children at imminent risk of
14 out-of-home placement due to emotional or behavioral problems
15 or abuse, neglect, or abandonment by or estrangement from
16 parents by parent-child conflict. Such programs may include
17 preventative and early intervention services for families with
18 a high potential for the occurrence of child abuse or neglect
19 and intensive in-home family crisis intervention services as
20 an alternative to out-of-home residential treatment for
21 children. Programs shall employ workers trained in family
22 preservation techniques and who provide at least half of their
23 direct services in the client's residence, work with a limited
24 number of families at any given time, provide services for up
25 to thirty days with a possible extension for cause to a total
26 of sixty days, and who are available twenty-four hours a day.

1 (2) The executive directors of the departments of social
2 services, health, and institutions and the commissioner of
3 education, after consultation with care providers in the
4 private sector and members of the commission on families and
5 children, as established by an executive order of the
6 governor, shall:

7 (a) Designate a county or counties to be the pilot
8 county or counties;

9 (b) Require that said county or counties contract with
10 the private sector for start-up costs of family preservation
11 models which are:

12 (I) Based upon early intervention programs that have
13 been successful, innovative, and less restrictive; and

14 (II) Allowed to receive contributions and grants from
15 federal and private sources.

16 (c) Promulgate such rules and regulations as are
17 necessary to carry out the requirements of this article;

18 (d) Conduct or cause to be conducted a study of the
19 effectiveness of the family preservation model.

20 (3) The study required in subsection (2) (d) of this
21 section shall include, at a minimum, an evaluation of the
22 following:

23 (a) The feasibility, cost-effectiveness, and
24 recoverability of funds of the family preservation model
25 compared with existing out-of-home placement costs;

26 (b) The identification of the cost avoidance to

1 out-of-home placement line items of the departments of social
2 services and institutions in the general appropriation bill;

3 (c) The client impact under the family preservation
4 model; and

5 (d) The delivery, administrative structure, and
6 financing implications of the family preservation model.

7 (4) The executive director of the state department of
8 social services may allocate to the pilot county or counties
9 designated under section 26-5.5-103 (2) (a) moneys
10 appropriated to the department for child welfare placement
11 alternatives to support successful programs developed under
12 the provisions of this article.

13 (5) The departments of social services, institutions,
14 health, and education shall develop a plan to incorporate
15 successful programs developed under the provisions of this
16 section into their ongoing budgets rather than more costly
17 alternatives.

18 (6) The executive directors shall report the results of
19 the study to the general assembly no later than January 1,
20 1994.

21 26-5.5-104. Family preservation fund - creation.

22 (1) There is hereby created in the state treasury a fund to
23 be known as the family preservation fund, which shall be
24 administered by the executive directors of the departments of
25 social services, health, and institutions and the commissioner
26 of education in consultation with care providers in the

1 private sector and members of the commission on families and
2 children.

3 (2) (a) All moneys received from any private sources for
4 family preservation shall be placed in the fund.

5 (b) All savings of general fund expenditures directly
6 attributable to the use of the family preservation model as an
7 alternative placement shall be transferred and credited to the
8 fund. Such savings shall be determined by the executive
9 directors of the departments of social services, health, and
10 institutions and the commissioner of education.

11 (c) The departments of education, health, institutions,
12 and social services shall prepare jointly an annual budget
13 request for public sector financing of the family preservation
14 fund. In developing the request, preference shall be given to
15 earmarking expected increases in federal revenues and
16 redeploying current state funding streams.

17 (d) The state departments are authorized to accept and
18 expend federal funds above the appropriated amount in
19 administering the provisions of this article.

20 (3) The general assembly shall make annual
21 appropriations out of the moneys in the fund to the
22 departments of education, health, institutions, and social
23 services for the direct and indirect costs incurred in
24 administering the provisions of this article.

25 (4) Any moneys in the fund not appropriated shall remain
26 in the fund and shall not be transferred or revert to the

1 general fund of the state at the end of any fiscal year, and
2 any interest generated or earned shall be credited to the
3 fund.

4 (5) The general assembly may from time to time make
5 appropriations from the general fund for use in carrying out
6 the purposes of this article.

7 26-5.5-105. Funding separation. No moneys from the
8 family preservation fund shall be used to fund county staffs.
9 In addition, said moneys shall be kept separate and distinct
10 from the moneys appropriated in the general appropriation bill
11 to the department of social services for child welfare
12 placement alternatives.

13 26-5.5-106. Repeal of article. This article is repealed,
14 effective July 1, 1994.

15 SECTION 2. Appropriation. (1) In addition to any other
16 appropriation, there is hereby appropriated, for the fiscal
17 year beginning July 1, 1991, out of any moneys in the family
18 preservation fund not otherwise appropriated, to the
19 department of social services, the sum of _____ dollars
20 (\$), or so much thereof as may be necessary, for
21 implementation of the family preservation model as provided in
22 this act.

23 (2) In addition to any other appropriation, there is
24 hereby appropriated, for the fiscal year beginning July 1,
25 1991, out of any moneys in the family preservation fund not
26 otherwise appropriated, to the department of institutions, the

JOINT RESOLUTION 1

1 CONCERNING THE ENCOURAGEMENT OF PUBLIC AND PRIVATE
2 PARTNERSHIPS TO PROVIDE HEALTH, HUMAN, AND SOCIAL
3 SERVICES.

4 WHEREAS, The demand for health, human, and social
5 services in the state of Colorado has been ever increasing;
6 and

7 WHEREAS, The cost of providing these services has been
8 steadily increasing; and

9 WHEREAS, The philanthropic component of the private
10 sector is infrequently consulted for input on the development
11 and implementation of public policy; and

12 WHEREAS, Various organizations in the private sector have
13 been able to fill a part of the demand for services through
14 more flexibility and in some instances by being more
15 responsive in addressing the need for health, human, and
16 social services; and

17 WHEREAS, The private sector has access to resources that
18 are not available to governmental agencies and can increase
19 public benefit by being a partner with governmental agencies;
20 and

21 WHEREAS, The private sector has been able to tailor
22 specific programs to meet the needs of different segments of
23 society; and

24 WHEREAS, The preference of many people in need of health,
25 human, and social services is to seek support or help from
26 nongovernmental or community-based agencies; now, therefore,

1 Be It Resolved by the Senate of the Fifty-eighth General
2 Assembly of the State of Colorado, the House of
3 Representatives concurring herein:

4 That the Colorado General Assembly actively encourage:

5 (1) The full participation of all organizations and
6 agencies in the public sector that provide health, human, and
7 social services to strive for full cooperation between the
8 executive departments and the public and private sectors in
9 providing health, human, and social services to all the
10 citizens of the state of Colorado;

11 (2) The creation of partnerships, both monetary and
12 nonmonetary, between the public and private sectors where
13 appropriate and advantageous;

14 (3) The sharing of opportunities and risks by the public
15 and private sectors to change, reform, and innovate our
16 delivery of health, human, and social services; and

17 (4) The full cooperation of all organizations and
18 agencies in both the public and private sectors that provide
19 health, human, and social services to pursue measures that
20 quantify performance, indicate effectiveness, and require the
21 increased accountability of all recipients, including both
22 custodial and noncustodial parents, of such programs.

23 Be It Further Resolved, That copies of this Resolution be
24 transmitted to:

25 (1) The office of the Governor, the executive directors
26 of the departments of social services, health, and
27 institutions, and the commissioner of education;

28 (2) The following organizations: Mile High United Way;
29 Colorado Trust Foundation; Hunt Alternatives Fund; The Piton
30 Foundation; Central Banks; and

31 (3) Any state agency interested in social welfare.

JOINT RESOLUTION 2

WHEREAS, The family is the core of society and therein lies the root of both social problems and solutions; and

WHEREAS, Economics are having a dramatic effect on families who need two incomes to maintain an average or even substandard lifestyle; and

WHEREAS, There are special needs associated with the increasing minority population, especially those who are monolingual; and

WHEREAS, The high rate of family mobility leaves children with fewer extended family members from whom they might receive support; and

WHEREAS, The number of teenage mothers has more than tripled from what it was 25 years ago, and in 1987, 10.6 percent of the total births in Colorado were to teen mothers; and

WHEREAS, Child abuse and neglect have risen significantly and incidents of violence and neglect toward children in Colorado do not seem to be on the decline: In 1988, fourteen deaths were attributed to abuse and neglect, twelve of such deaths were reported in 1989, and by May, 1990, eight such deaths were reported; and

WHEREAS, Nearly one million children drop out of school each year and over 64 percent of such dropouts have jobs that pay only the minimum wage and 60 percent of prison inmates are dropouts; and

WHEREAS, In 1988, Colorado experienced a drop-out rate of 23.5 percent; and

WHEREAS, Approximately 37 million Americans used an illegal drug last year and almost one in every ten Americans

1 illegal drug last year and almost one in every ten Americans
2 uses an illegal drug in an average month; more than \$200
3 billion is lost annually in the United States stemming from
4 the economic and social drain from substance abuse which is
5 reflected in unemployment, lost productivity, chronic illness,
6 crime, family abuse, and deaths; and

7 WHEREAS, Between 3,600 and 10,000 babies are born each
8 year with fetal alcohol syndrome and it is estimated that
9 nearly 375,000 newborns each year have been exposed to illegal
10 drugs, including on a frequent basis, cocaine; and

11 WHEREAS, Each day in the United States approximately
12 1,000 adolescents attempt and 18 commit suicide and suicide is
13 the third leading cause of death among teens, with family
14 conflict and abuse among common factors leading to suicide;
15 and

16 WHEREAS, In 1988, Colorado's suicide rate for the
17 population between fifteen and nineteen years of age was 17.8
18 percent; and

19 WHEREAS, Mental illness represented the third most costly
20 class of health care expenditures in the United States in
21 1980, not including indirect costs of lost productivity and
22 related factors; and

23 WHEREAS, AIDS is rapidly emerging as a major health
24 threat to infants and children; and

25 WHEREAS, Many Americans have inadequate health insurance
26 and an estimated 36.8 million Americans have no health
27 insurance and a greater proportion of the uninsured live in
28 the western and southern United States; and

29 WHEREAS, Many uninsured persons are under age 65, which
30 include the employed uninsured, the unemployed uninsured, the
31 underinsured, and the uninsurable or "high risk" population;
32 and

33 WHEREAS, Medical indigency is the number one health issue
34 on states' legislative agendas because uninsured persons are
35 less likely to seek needed medical care and the lack of such
36 primary and preventive care often leads to more costly care in
37 the future; in fact, in 1987 the cost to states for
38 uncompensated care was almost \$12 billion; and

39 WHEREAS, Quality, affordable child care is often lacking
40 for working parents, leaving "latch-key" children alone at
41 home or to fend for themselves when such school-age children
42 need acceptable child care before and after school; and

43 WHEREAS, There is an increasing number of families in the

1 program providing aid to families with dependent children
2 (AFDC) causing a heavier caseload for already understaffed and
3 inadequately trained caseworkers; and

4 WHEREAS, There is a need for increased accountability in
5 and restructuring of the AFDC Program; and

6 WHEREAS, There is a growing need for early child
7 education, including early intervention strategies; now,
8 therefore,

9 Be It Resolved by the House of Representatives of the
10 Fifty-eighth General Assembly of the State of Colorado, the
11 Senate concurring herein:

12 That the Executive Directors of the Departments of Social
13 Services and Institutions, the Chief Justice of the Supreme
14 Court, and the Commissioner of Education cooperate fully in
15 order to create solutions to these critical issues, to provide
16 guidance to the public and private sectors, with the goal to
17 maintain family unity, to restore the dignity of the family,
18 and to develop responsible citizens for America; and

19 Be It Further Resolved, That copies of this Resolution be
20 transmitted to the current Chairperson and members of the
21 Health and Education Committee of the Western Legislative
22 Conference of the Council of State Governments, the Executive
23 Directors of the Colorado Departments of Social Services and
24 Institutions, the Chief Justice of the Supreme Court, the
25 Commissioner of Education, the Governor, the Chairperson and
26 members of the Task Force on Health and Welfare of the
27 American Legislative Exchange Council, and the Chairperson and
28 members of the Health Committee of the National Conference of
29 State Legislatures.

JOINT RESOLUTION 3

1 WHEREAS, Illegal drug abuse continues to be identified by
2 the American people as a serious social problem; and

3 WHEREAS, Abuse of illegal drugs costs billions of dollars
4 to the public through increased health care costs, higher
5 crime rates, workers' lost productivity, environmental damage,
6 and medical trauma; and

7 WHEREAS, Inadequate financial resources are available for
8 public education programs or treatment of the victims of
9 illegal drug abuse; and

10 WHEREAS, Eliminating drugs from the workplace may be one
11 of the more effective strategies states can pursue; and

12 WHEREAS, Reducing the demand for illegal drugs has great
13 potential for addressing this social problem; and

14 WHEREAS, The President of the United States and Congress
15 are negotiating passage of a package of demand-reduction
16 strategies in our nation's "war against illegal drugs"; now,
17 therefore,

18 Be It Resolved by the House of Representatives of the
19 Fifty-eighth General Assembly of the State of Colorado, the
20 Senate concurring herein:

21 (1) That the President and the Congress of the United
22 States be urged to continue to explore demand-reduction
23 strategies; and

24 (2) That the state continue to identify its needs for
25 additional demand-reduction strategies, and those activities
26 that work best within the state, especially illegal drug-abuse
27 prevention programs in K-12 school classrooms and the
28 workplace.

1 Be It Further Resolved, That copies of this Resolution be
2 transmitted to the President of the Senate and the Speaker of
3 the House of Representatives of the Congress of the United
4 States, to each member of Congress from the State of Colorado,
5 to President Bush and to Governor Roy Romer.