

We have had many children who actually wound up growing up in foster care because their parents were removed ask us, why didn't we help the family, why didn't we help their parents. Sadly, what has happened to many of these children, when they grow up, they continue the same cycle of going into depression, winding up in addiction.

Over the years, the National Foster Youth Institute in conjunction with the Congressional Caucus on Foster Youth have organized many different delegations and trips around the country looking at the different foster care systems. Our very first listening tour was in Los Angeles, and we visited a program called SHIELDS for Families.

SHIELDS for Families is a very large drug treatment program that has functioned for over 20 years by keeping the entire family together, and some of these families can remain in residential care for as long as a year. They have been able to reduce the number of children who were removed and go into the foster care system because they provide treatment for the family as a whole.

This bill would modify the award criteria for Health and Human Services to consider whether a partnership has a track record of selective collaboration among child welfare, substance abuse disorder treatment, and mental health agencies. Simply put, this bill is designed to keep families together.

I urge my colleagues to support H.R. 2834.

Mrs. NOEM. Mr. Speaker, I reserve the balance of my time.

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, over a decade of research shows the successes of helping families involved in the child welfare system who struggle with substance abuse. Through this research, we know that there are seven common ingredients that help improve families' outcomes: a system of identifying families, earlier access to assessment and treatment services, increased management of recovery services and compliance, increased judicial oversight, responses to participant behavior based on proven contingency management approaches, collaborative approaches across service systems and courts, and improved family-centered services and repair of parent-child relationships.

□ 1730

Again, Mr. Speaker, it has been a pleasure for my staff and I to have the opportunity to work with Mrs. NOEM and her staff in preparing this legislation.

And I might note that on Saturday of this past week, a group of us in Illinois took two busloads of children to a special program run by the Illinois Department of Corrections at the Sheridan Correctional Center to see their fathers, who were all involved in a special program established for individ-

uals who were incarcerated for crimes dealing with substance and who, themselves, were substance users. This experience was so exciting in terms of these individuals finding help, and their children being able to interact with them, even though they were incarcerated.

So someone asked me what was I going to do for Father's Day, and I told them after we returned that I have had my Father's Day experience. If we can help these individuals to rid themselves of the tremendous habits and difficulty that they have of substance use, then Father's Day would be good enough.

Mr. Speaker, I thank the gentlewoman from South Dakota (Mrs. NOEM), and I yield back the balance of my time.

Mrs. NOEM. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I, again, want to applaud Mr. DAVIS for all of his work on this issue. I know he is passionate and has a big heart for our children, especially those that are in difficult situations such as we are discussing today.

This bill will help us protect the fundamental element of our society, and that is the family. It will keep families together. It will empower courts and child welfare workers to coordinate for the good of children, and I am proud to support this bill.

I ask for the support of this legislation that is before us, Mr. Speaker, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. HOLLINGSWORTH). The question is on the motion offered by the gentlewoman from South Dakota (Mrs. NOEM) that the House suspend the rules and pass the bill, H.R. 2834, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

#### SUPPORTING FAMILIES IN SUBSTANCE ABUSE TREATMENT ACT

Mrs. NOEM. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2857) to support foster care maintenance payments for children with parents in a licensed residential family-based treatment facility for substance abuse, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2857

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

##### SECTION 1. SHORT TITLE.

This Act may be cited as the "Supporting Families in Substance Abuse Treatment Act".

##### SEC. 2. FOSTER CARE MAINTENANCE PAYMENTS FOR CHILDREN WITH PARENTS IN A LICENSED RESIDENTIAL FAMILY-BASED TREATMENT FACILITY FOR SUBSTANCE ABUSE.

(a) IN GENERAL.—Section 472 of the Social Security Act (42 U.S.C. 672) is amended—

(1) in subsection (a)(2)(C), by striking "or" and inserting " , with a parent residing in a

licensed residential family-based treatment facility, but only to the extent permitted under subsection (j), or in a"; and

(2) by adding at the end the following:

"(j) CHILDREN PLACED WITH A PARENT RESIDING IN A LICENSED RESIDENTIAL FAMILY-BASED TREATMENT FACILITY FOR SUBSTANCE ABUSE.—

"(1) IN GENERAL.—Notwithstanding the preceding provisions of this section, a child who is eligible for foster care maintenance payments under this section shall be eligible for the payments for a period of not more than 12 months during which the child is placed with a parent who is in a licensed residential family-based treatment facility for substance abuse, but only if—

"(A) the recommendation for the placement is specified in the child's case plan before the placement;

"(B) the treatment facility provides, as part of the treatment for substance abuse, parenting skills training, parent education, and individual and family counseling; and

"(C) the substance abuse treatment, parenting skills training, parent education, and individual and family counseling is provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address the consequences of trauma and facilitate healing.

"(2) PAYMENT AMOUNT.—The amount the State may receive under section 474(a)(1) for a child placed with a parent who is in a licensed residential family-based treatment facility for substance abuse shall not exceed the amount the State would otherwise be eligible to receive under such section based on where the child would be appropriately placed in a setting described in section 472(a)(2)(C) if such treatment setting were not available.

"(3) APPLICATION.—With respect to children for whom foster care maintenance payments are made under paragraph (1), only the children who satisfy the requirements of paragraphs (1)(B) and (3) of subsection (a) shall be considered to be children with respect to whom foster care maintenance payments are made under this section for purposes of subsection (h) or section 473(b)(3)(B)."

(b) CONFORMING AMENDMENT.—Section 474(a)(1) of such Act (42 U.S.C. 674(a)(1)) is amended by inserting "subject to section 472(j)," before "an amount equal to the Federal" the first place it appears.

##### SEC. 3. EFFECTIVE DATE.

(a) EFFECTIVE DATES.—Subject to subsection (b), the amendments made by this Act shall take effect on October 1, 2017.

(b) TRANSITION RULE.—

(1) IN GENERAL.—In the case of a State plan under part E of title IV of the Social Security Act which the Secretary of Health and Human Services determines requires State legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirements imposed by the amendments made by this Act, the State plan shall not be regarded as failing to comply with the requirements of such part solely on the basis of the failure of the plan to meet such additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of the session shall be deemed to be a separate regular session of the State legislature.

(2) APPLICATION TO PROGRAMS OPERATED BY INDIAN TRIBAL ORGANIZATIONS.—In the case of an Indian tribe, tribal organization, or tribal consortium which the Secretary of Health and Human Services determines requires time to take action necessary to comply with the additional requirements imposed by the amendments made by this Act (whether the tribe, organization, or tribal consortium has a plan under section 479B of the Social Security Act or a cooperative agreement or contract entered into with a State), the Secretary shall provide the tribe, organization, or tribal consortium with such additional time as the Secretary determines is necessary for the tribe, organization, or tribal consortium to take the action to comply with the additional requirements before being regarded as failing to comply with the requirements.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from South Dakota (Mrs. NOEM) and the gentleman from Illinois (Mr. DANNY K. DAVIS) each will control 20 minutes.

The Chair recognizes the gentlewoman from South Dakota.

#### GENERAL LEAVE

Mrs. NOEM. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 2857, currently under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from South Dakota?

There was no objection.

Mrs. NOEM. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of my bill, the Supporting Families in Substance Abuse Treatment Act, which I have cosponsored with my colleague, Ms. JUDY CHU from California.

Across the country, opioid abuse has reached epidemic proportions. In my home State of South Dakota, drug use tears families apart. It results in gang activity, domestic abuse, and other kinds of violence, including many of our Native American communities throughout the State.

Congress has worked to provide first responders and healthcare providers with tools they need to address this crisis, but we need to do more. We need to do more to ensure the stability of families affected by these terrible drugs.

The Supporting Families in Substance Abuse Treatment Act provides much-needed support to families fighting to endure through substance abuse. The bill permits Federal foster care payments for children in foster care who are placed with a parent in a licensed residential family-based treatment facility for a period of up to 12 months.

Programs that address parental substance abuse by housing families together have been found to be highly effective in supporting parent-child bonding and reducing substance abuse relapses. Unfortunately, these programs aren't utilized to their fullest extent.

This bill ensures that States incur little to no additional cost if a child is

safely placed with a parent in a family substance abuse treatment program, rather than separating the child from their parent and placing the parent in an individual program.

I would remind my colleagues that provisions in this bill were included in the Family First Prevention Services Act of 2016, which passed the House by voice vote and received support from over 500 different State and local groups representing a wide range of practitioners and advocacy organizations. I urge my colleagues to support this bill.

Mr. Speaker, I reserve the balance of my time.

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I strongly support H.R. 2857, the Supporting Families in Substance Abuse Treatment Act.

Substance abuse has had a devastating impact on families in the U.S. Between 60 to 80 percent of substantiated child abuse and neglect cases involve substance use by a custodial parent or guardian.

Early access to substance use treatment improves parental, family, and child-focused outcomes. However, treatment access can come at the cost of removing a child from their parents' care. This separation disrupts opportunities for mothers and children to develop emotional bonds, increasing the likelihood of childhood emotional and behavior problems.

Although research shows that keeping children in a parent's care while they seek treatment has benefits to the parent and the child, access to parent-child treatment centers have been limited. To address this concern, a significant number of programs in Illinois and nationally have led the way in family substance abuse treatment.

One example in my congressional district is the Haymarket Center, with a 16-bed pregnant and postpartum program that allows patients to bring up to two children with them. Using evidence-based practices for trauma, family reunification and children's development, the Haymarket Center has demonstrated significant positive outcomes through an independent evaluation.

For example, women experienced significant declines in substance use at both 3- and 6-month follow-ups; improvements in mental and physical health; less victimization, homelessness and criminal activity; increased safe and healthy pregnancies, and improved birth outcomes.

In addition, the Haymarket Center has expanded its residential treatment center services to include a responsible fatherhood program, which they document as playing a crucial part in achieving strong outcomes.

Another example is on what we in Chicago call the South Side of Chicago and the West Side of Chicago and the North Side of Chicago and the East Side of Chicago, but on the South Side

of Chicago, the Harriet Tubman Program, which is a 16-bed facility that can accommodate up to 10 children under the age of 5. Women who participate in these programs remain in the program longer and have lower rates of recidivism.

There is also The Women's Treatment Center on the West Side. This center has a pregnant and postpartum women's program for up to 12 women and up to 12 children, as well as a residential rehab for up to 14 women and up to 23 children. All of these programs provide real assistance to strengthen real families.

H.R. 2857 is common sense. These family-based treatment programs have demonstrated success, lower relapse rates, decreased attachment trauma for children, and they build families and health.

Mr. Speaker, I urge my colleagues to support the passage of this bill, and I reserve the balance of my time.

Mrs. NOEM. Mr. Speaker, having no other speakers, I reserve the balance of my time.

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, I am pleased to yield 4 minutes to the gentlewoman from California (Ms. JUDY CHU), who is a sponsor of this legislation.

Ms. JUDY CHU of California. Mr. Speaker, I rise today to urge my colleagues to support H.R. 2857, the Supporting Families in Substance Abuse Treatment Act. I am pleased to cosponsor this bipartisan bill with Congresswoman KRISTI NOEM. This important legislation would encourage States to prioritize keeping families together when a parent is receiving substance abuse treatment.

Under current law, States cannot receive Federal reimbursement if they choose to place both a parent and child in a family substance abuse treatment program. However, if that child is separated from their parent and placed with a foster family, the State can receive a match in Federal funding of 50 percent or more. This discrepancy effectively creates an incentive to separate children from their parents when one is receiving substance abuse treatment.

However, studies have shown that keeping children in the care of their parents while they seek treatment can increase family bonding, child attachment, and family functioning, all while minimizing the trauma of separation for children.

Today, solutions to parental drug abuse that prioritize the family are increasingly necessary as the opioid epidemic continues to place unprecedented strains on our communities. According to one estimate, drug overdoses may now be the leading cause of death among Americans under the age of 50. And as more parents require substance abuse treatment, more children are placed into foster care. In fact, studies found that between one-third and two-thirds of children enter foster care at least partly because of parental substance abuse.

Now, we know that foster care does wonders for many children every day, but it may not be the best match for every child, and the decision should not come down to cost.

In my district of Los Angeles, for instance, we have a program called the Exodus program, where formerly homeless families live in an on-site apartment complex and receive comprehensive services, including substance abuse treatment, counseling, child development, and family reunification services. Over the last 7 years, more than 80 percent of enrolled families have completed the program, and 95 percent have been able to keep their families together.

Even though we know that parent-child substance abuse models like Exodus have shown promising results, current law does not financially incentivize States to utilize these programs where they are available.

The Supporting Families in Substance Abuse Treatment Act would address this problem by ensuring that if parents and children are placed in these programs and stay together, the State can receive the full Federal match for the child's living costs. States would retain full authority to decide which placement is best, but that consideration will now be based on what is best for the child, not what is most affordable for the State.

States should be given the option to use family-based treatment options without risking the loss of Federal foster care reimbursement. I urge my colleagues to consider our Nation's families and how this legislation may impact those with heads of household who are struggling with addiction. We can heal them without creating new trauma or pain for their children.

Mr. Speaker, I urge my colleagues to support H.R. 2857.

Mrs. NOEM. Mr. Speaker, having no other speakers, I reserve the balance of my time.

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Ms. BASS).

Ms. BASS. Mr. Speaker, I rise today in support of H.R. 2857, to support foster care maintenance payments for children with parents in a licensed residential facility.

Last month, when the National Foster Youth Institute sponsored Foster Youth Shadow Day, several of the youth, in a townhall meeting that we had, described their parents' challenges with substance abuse. One young lady said that both of her parents were addicted to heroin, and that she was taken into court and, in front of her, the judge said to her parents: "If you don't clean up, we're going to take your children away."

□ 1745

After she left court, she was taken away. She was removed from her parents. Ultimately, her parents continued to use, and, sadly, both of them died. This young woman grew up feel-

ing guilty and feeling that part of the reason why her parents passed away was because she was used as leverage, and that if her parents had been kept together in drug treatment along with her maybe she wouldn't be an orphan today and her parents would have lived and she wouldn't have had to grow up in foster care. H.R. 2857 will allow programs like SHIELDS for Families that does address parental substance abuse and keeps families together to have the resources to expand their programs.

Today, we heard five bills that addressed challenges in the child welfare system. We know that there is a lot more that needs to be done, but today we passed bills addressing substance abuse, relative caregivers, we identified and addressed barriers to placement, and I am hoping that one next step we could take would be to extend the kinship navigator programs so that organizations like Community Coalition can continue to provide support to relatives and expand their Kinship in Action program.

As we improve various parts of the system, at some point we need to address the structural problem with how the system is financed. Right now, we have to remove a child and break up a family in order to have the resources to help the child. We know much more now. We know what leads a parent to neglect the child: substance abuse, mental health issues, poverty. We need to continue to reform the system and provide the resources to prevent a crisis. When problems are identified, why should we wait for the neglect to occur?

Once again, I want to thank Chairman BRADY, Ranking Member NEAL, and all of the sponsors of the legislation today, and I urge my colleagues to support H.R. 2857.

Mrs. NOEM. Mr. Speaker, I reserve the balance of my time.

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, I yield myself the balance of my time.

I want to commend Representative NOEM and all of the cosponsors of this important bill. These are programs that have been proven to work. They are what are called evidence based, where the research demonstrates that, with them, individuals have been able to improve the quality of not only their lives, but certainly the lives of their children and the lives of everyone with whom they come into contact.

I agree that today has been a tremendous day for the Ways and Means Committee and also a tremendous day for the people of the United States of America, where we have come together with five bills that will be passed at the end of the day dealing with the needs, hopes, and aspirations of our vulnerable population of children. You really can't have a better day than that.

And so again, I commend Chairman BRADY, Ranking Member NEAL, and all of the Members for their participation, engagement, and involvement.

Mr. Speaker, I urge passage of the bill, and I yield back the balance of my time.

Mrs. NOEM. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, today I want to thank all of my colleagues for working with me on this legislation and collaborating on the Supporting Families in Substance Abuse Treatment Act that is before us today.

This is a critical step in addressing the needs that we have in our communities with the urgent opioid and methamphetamine crisis in our country while protecting the foundation of our society, which is the family.

Mr. Speaker, I urge the support of this legislation that is before us today, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from South Dakota (Mrs. NOEM) that the House suspend the rules and pass the bill, H.R. 2857, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

#### WOMEN, PEACE, AND SECURITY ACT OF 2017

Mr. ROYCE of California. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2484) to ensure that the United States promotes the meaningful participation of women in mediation and negotiation processes seeking to prevent, mitigate, or resolve violent conflict.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2484

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

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Women, Peace, and Security Act of 2017".

#### SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Around the world, women remain underrepresented in conflict prevention, conflict resolution, and post-conflict peace building efforts.

(2) Women in conflict-affected regions have achieved significant success in—

(A) moderating violent extremism;

(B) countering terrorism;

(C) resolving disputes through nonviolent mediation and negotiation; and

(D) stabilizing societies by enhancing the effectiveness of security services, peacekeeping efforts, institutions, and decision-making processes.

(3) Research suggests that peace negotiations are more likely to succeed and to result in durable peace agreements when women participate in the peace process.

#### SEC. 3. SENSE OF CONGRESS.

It is the sense of Congress that—

(1) the meaningful participation of women in conflict prevention and conflict resolution processes helps to promote more inclusive and democratic societies and is critical to