

# Adoption Policies & Programs

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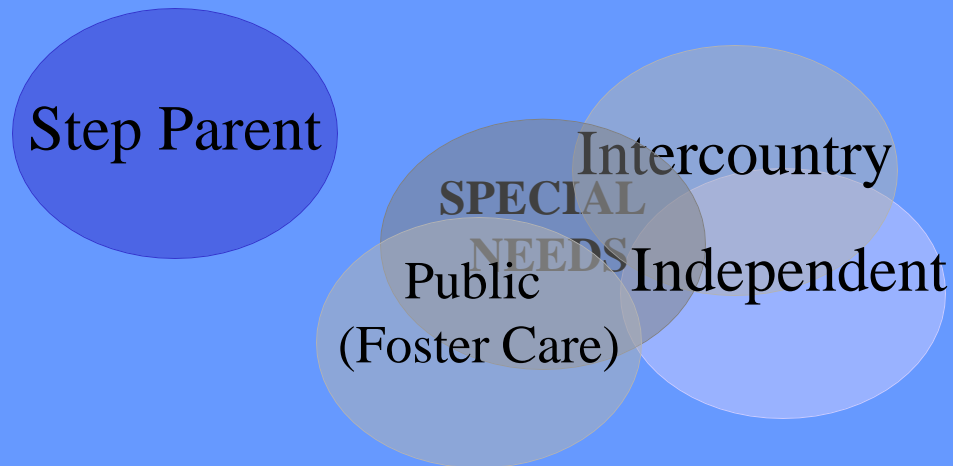
# What Characterizes Adoption?

# Types of Adoptions

- *Step-parent*
- *Independent* of agencies--primarily independent (AKA, mediated adoptions)
- *Agency* (AKA, relinquishment adoptions)
- *Intercountry* (independent and agency)
- *Special Needs* (AKA, public agency adoptions or older child adoptions—ASFA and MEPA applies here)

# Should There Be A Single National Adoption Policy for All Children and Families?

**ARE THEIR OVERLAPPING NEEDS?**



# Federal Adoption Policy is Very Active!

- AACWA
- MEPA
- IEPA
- ASFA
- FCS & IAA
- Affordable Care Act

# ASFA Involved Incremental Changes

- The Adoption and Safe Families Act (ASFA: PL 105-89) is a natural extension of what began 17 years earlier with the Adoption Assistance and Child Welfare Act (AACWA: PL 96-272)
- **BUT MUCH OF IT IS STILL NOT IMPLEMENTED!**

# New Adoption Provisions in ASFA

- Formalized Adoption Incentive Payments  
(Moved from a discretionary DHHS expenditure to Congressional authorization)
- Adoptions Across Jurisdictions
- Health Insurance
- Continuation of Adoption Assistance

# Adoption Incentive Payments

- Congress authorized \$20M for FY1999-2003, now up to \$50M
- States originally received \$4000 for each foster child adopted above the base year number - plus \$2000 for each child with special needs
- States can fund services available under title IV-B or title IV-E
- States must comply with certain data requirements
- FY2002, provide health insurance for adoption assistance recipients

# Adoptions Across Jurisdictions

- A State cannot deny or delay the placement of a child for adoption when an approved family is available outside of the county or State.
- States must assure the development of plans for using cross-jurisdictional resources to help put waiting children in permanent placements.

# Adoptions Across Jurisdiction

## (cont.)

- A State must also grant a fair hearing to an individual who claims that the State has denied or delayed a placement.
- A State that does not comply will be ineligible for Federal payments under title IV-B or title IV-E.

# Health Insurance for Special Needs Children

- States must provide health insurance coverage for special needs children with an effective (non title IV-E) adoption assistance agreement who they determine cannot be placed without health insurance.
- States can provide such health insurance through Medicaid or any other comparable State health insurance program.
- States may make cost sharing arrangements with adoptive parents for coverage - according to needs of the child and circumstances of the adoptive parent.

# Continuation of Adoption Assistance

- Children adopted on or after October 1, 1997 who were/are determined eligible for title IV-E adoption assistance will continue to be eligible if the adoption dissolves or the adoptive parents die, regardless of the financial circumstances of the adoptive parents.

# Fostering Connections to Success and Increasing Adoptions Act (2008)

- De-link of Title IV-E Adoption Assistance eligibility from 1995 AFDC standards
  - Phase in eligibility for Title IV-E adoption assistance for all children by October 2017
  - Requires reinvestment of state savings
- Adoption Incentive Awards: Revised baseline number and doubling of per child award dollars
- Kinship Care becomes Title IV-E eligible

# Adoption Incentive for Families

- Adoption Tax Credit for Special Needs Adoption from Foster Care (up to \$13,370/child
  - Families do not need document expenses (2003)
  - Tax credit fully refundable for families who adopted between 2005-2010 and carry forward the credit (2010)

# 2011 A Perfect Storm of Incentives

- Children born before October 1, 2000 (children over 11) or have been in care 60 consecutive months and their siblings are Title IV-E eligible
- Refundable Adoption Tax **Credit** only applies to adoptions finalized by December 31, 2011

# Federal Funding Streams 2012

- Title IV-B \$ 323 million
- Title IV-B, part 2 \$ 388 million
- Adoption Incentive Awards \$ 50 million
- Title IV-E Foster Care \$4.5 billion
- Title IV-E Adoption Assistance \$2.5 billion
- Title IV-E Chafee \$ 140 million
  
- Adoption Tax Credit to families \$1-2 Billion <sup>16</sup>

# FCA Impact of De-linking AFDC from Title IV-E AAP eligibility

- By October 1, 2017, the FCS & IAA ensures that no child is excluded from federal adoption assistance due to the income of the child's birth parents (additional \$600-900 million in federal reimbursements).

# Adoption Tax Credit

- The FCS & IAA requires states to inform current and prospective adopters about the credit
- The tax credit enables families who adopt from foster care to claim a federal adoption tax credit without documenting expenses. If the adopted child has special needs and therefore receives adoption assistance, the adopting family is eligible as long as their income isn't above \$222,180

# 2010 Amendments to the Tax Credit

- The Patient Protection and Affordable Care Act, extended the tax credit through December 31, 2011.
- For tax year 2010, the amount of the credit was increased to \$13,170.
- The credit was made refundable for all types of adoption for tax years 2010 and 2011.

# Implications of Refundable Tax Credit

- Because the adoption tax credit will be refundable, families who have smaller tax liability will now be able to benefit for adoptions finalized in 2010 and 2011.
- It may create an incentive to adopt older youth, because the credit can offset other lost benefits.
- Families adopting siblings groups could receive large credit.

# QUESTIONS?

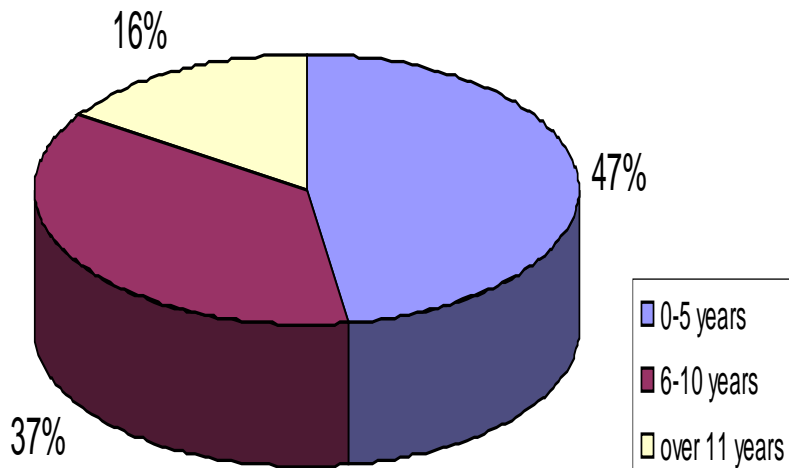
- Can there be too many incentives to adopt?
- What should adoptive families do to justify the incentives of adoption tax credits and tax free adoption subsidies?
- Should there be other incentives for states in addition to Adoption Bonuses?

# Which Children are Waiting?

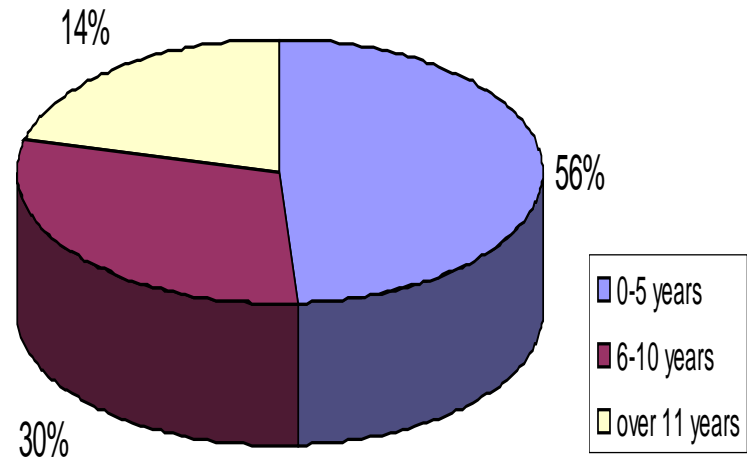
- What is the correct number of waiting children?
- Largest group is still very young children
- Growth group is 6 to 10 year old
  - Growth group may also be 6-10 year olds

# Age at Adoption from Foster Care in US: 1998 & 2006 (AFCARS)

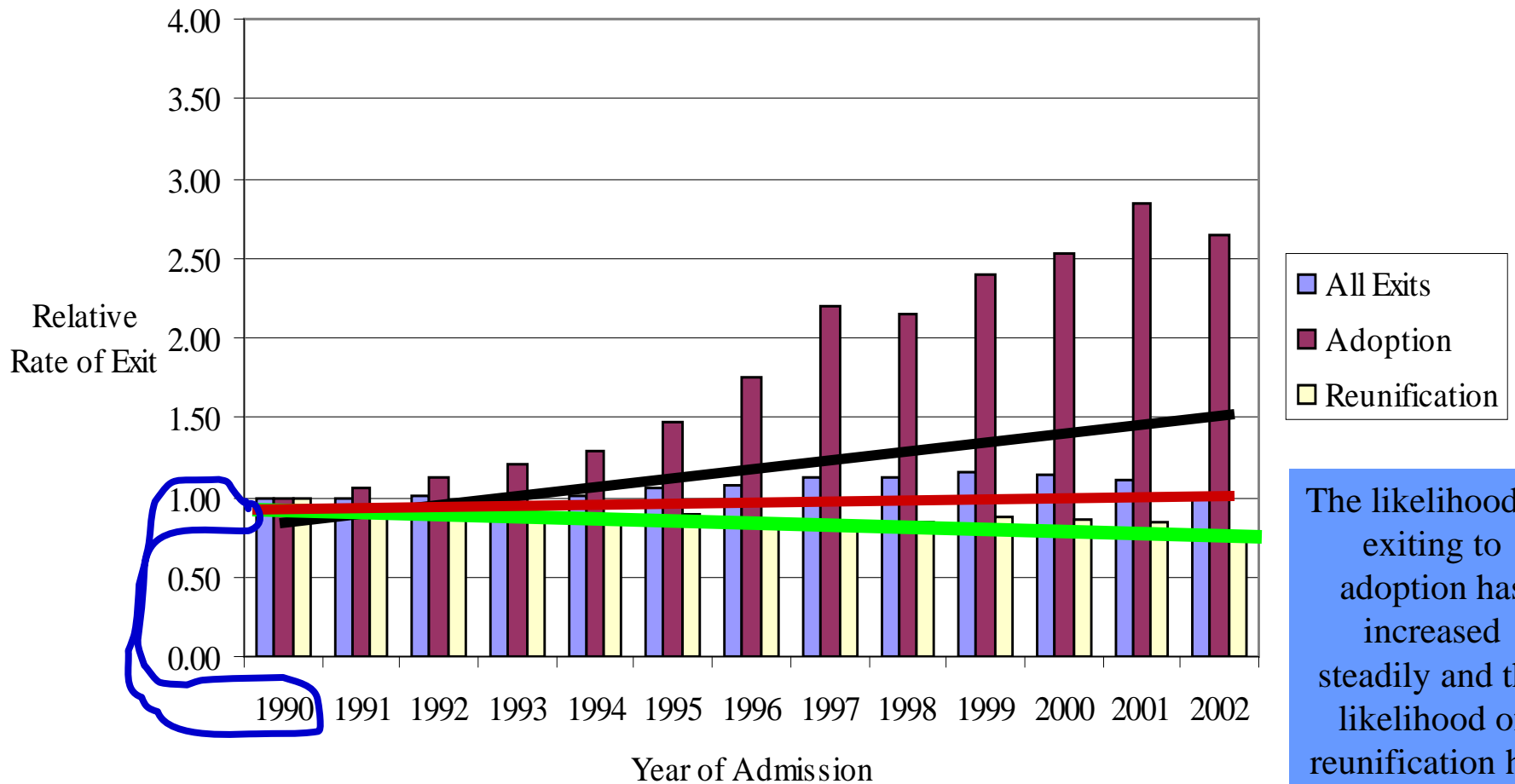
1998



2006

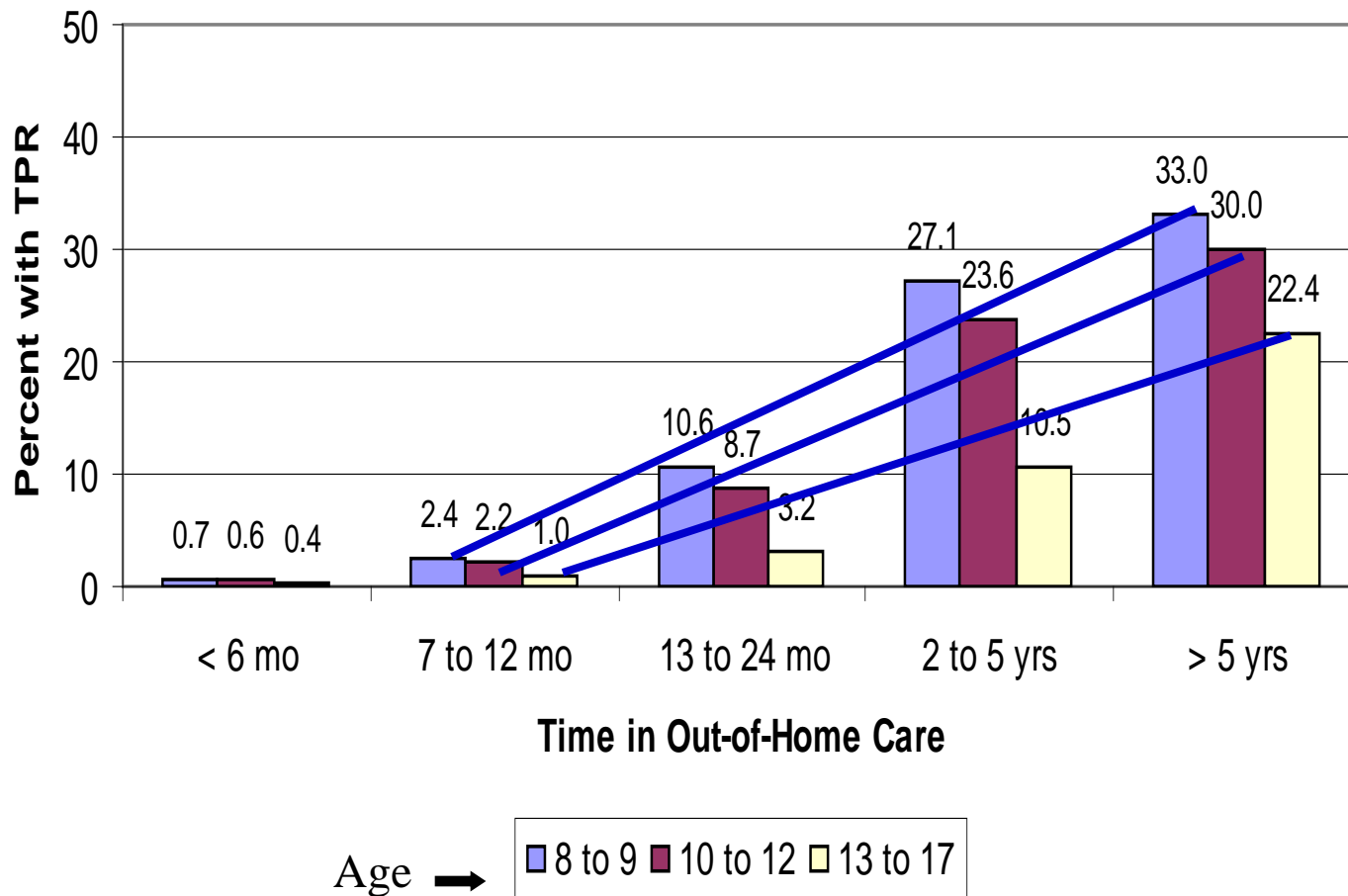


# Relative Rate of Exit by Type and Year of Admission



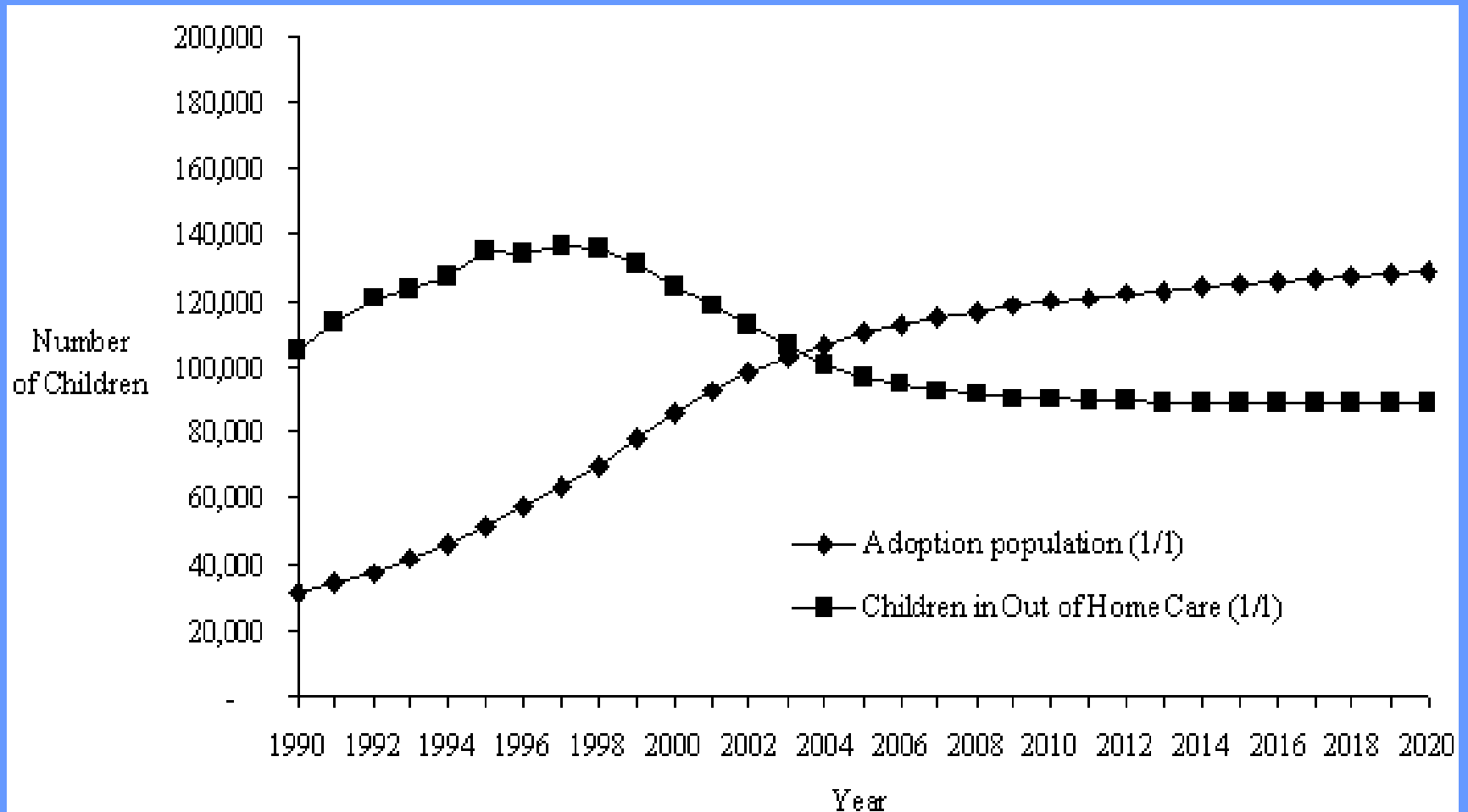
The likelihood of exiting to adoption has increased steadily and the likelihood of reunification has declined

# AFCARS Analysis: TPR by Ages of Children in OOH-Care



Children who remain in care longer have a greater likelihood of having a TPR, this is equally true across age groups

# Projected Post-Permanency Caseloads: Adoption and In Care Populations (IL, MI, MO, NJ, NY)



# Outcomes of Adoption



# Adoption Outcomes

- a. Continuing without clinical intervention
- b. Continuing with clinical intervention
- c. Disruption prior to finalization/legalization [never leaves foster care]  
*About 11% over 3-5 years*
- d. Dissolution/set aside after finalization/legalization [returns to CWA custody]  
*About 5% over 3-5 years*
- e. Displacement [moves to another setting but does not return to custody of CWA]
- f. Other adverse outcomes (run away, move to other kind of custody [juvenile services or mental health])
- g. Disruption/Dissolution/Displacement/Other (c through f, called “disruption” for short)  
*About 20% over 10 years (my guess)*
- h. Adverse Adoption Outcomes (b through f)

# Adoption Disruptions and CW Reform

- After the passage of PL 96-272, adoption disruptions in IL went down from about 21.1% to 9.9% with the passage of the Adoption Assistance and Child Welfare Act in 1980 (Goerge et al., 1996).
- Adoption disruptions, in IL, have not gone up since ASFA
- Still, many adoptive families report substantial difficulties

# Implications for Services

- More, longer, services for most troubled children and parents
  - shared family care
  - post-adoption services to age 21
- Greater respect for what we are asking of biological, foster, and adoptive parents
  - large family size is very difficult
  - Short-term residential and treatment boarding school services need to be normalized

# Child and Family Risk Factors for Adoption Disruption

- Older age at time of placement
- Placement of one child into homes with other biological children
- Partial disclosure of information regarding child's problems (strengths-based assessments are not enough)
- Threatens people, trouble at school, and cruelty to others are indicators of concern
- More educated, Asian, and younger mothers more likely to experience disruptions

# Child and Family Risk Factors for Adoption Disruption: Reduced

- Placement of two siblings into home with no biological children reduces risk
- Not receiving subsidy reduces risk
- Children with physical handicaps have reduced risk
- Transracial placements not associated with disruption

# Pathways to Problems

- **Poor information**
- **Inadequate pre-adoption preparation**
- **Family is unable to obtain needed educational support**
- **Difficulty with child does not decrease with time**
- **Family pursues help that is too late or focuses only on child treatment**

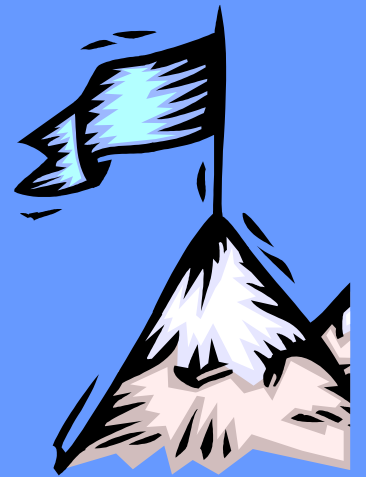
# Service Characteristics Associated with Reduced Risk of Disruption

- Comprehensive and realistic information about the child
- Parents participate in group “home study” process
- Family receives educational support
- Family pursues timely adoption preservation services that are flexible and long-lasting

# Predict Success

- IF YOU NEEDED TO MAKE A PREDICTION ABOUT HOW ANY ADOPTION WOULD TURN OUT, THE BEST PREDICTION WOULD BE

SUCCESSFULLY



# Key Adoption And Guardianship Stability Rate Studies



and a few guardianship studies

# Key Adoption Disruption Studies

- 1980s: 3 Federally-funded Studies  
10-12% within 3-5 years (Various)
- 1980s Goerge et al. (1976-1987)  
21 before AACWA (1976-1980)  
14% Disruption minimum 10 years in IL  
7% Dissolution minimum 10 years in IL  
UPDATED IN AUGUST OF 2008
- 2002 Trudy Festinger  
3 to 5% displacement in NY  
2% dissolution rate
- 2006 Smith et al.  
11% after 1997 in IL  
Disruption rates declined after ASFA

# Examining Types of Disruptions

- Is adoption disruption a permanent family breakdown or a transitional crisis with hope for future reunification?
  - “Productive Disruption” (55%) (Working toward reunification) [broken adoption]
  - “Rejecting Disruption” (27%) (Unattainable reunification, even if no legal dissolution)
  - “Abandoning Disruption” (Dissolution or entry into foster care or group care and no pick up) (18%)
  - WHAT EFFORTS DOES YOUR COUNTY MAKE TO MAXIMIZE THE CONTINUED ADOPTION CONNECTION?

# Guardianship Stability

- University and State of Illinois (Testa)
- University and State of Maryland (Harrington)
- University and State of California (Simmons)

# Guardianship Stability (IL)

- Testa (2008) study found:
  - 9.5% (29 of the children from the sample of 307) had experienced at least one displacement
    - 6 occurred as a result of death of caregiver
    - 9 due to illness or incapacity of caregiver
    - 14 from behavioral difficulties with the child or problems with the caregiver
  - Relative risk of displacement among the subsidized guardianship cases is lower (RR =.86) than the displacement rate among the matched comparison group cases

# Guardianship Stability is Good

- Importance of matching in Testa (2008):
  - With a general comparison it appears that guardianships are **1.81** times more likely to displace than adoptions
  - However, **the relative risk of displacement shrinks from 1.81 to 1.16** after controlling for differences between adoptions and guardianship
  - After correction, children in guardianships are **no more prone to displacement as a group** than if they had remained in foster care or had become adopted.

# Guardianship Practice (CA)

- Simmons did not address disruption rate but did have practice suggestions:
  - Require prospective guardians to experience an orientation and home study process similar to that which adoptive applicants undertake
  - CWWs should provide prospective adoptive parents with a full disclosure of the child's health (including mental health) and other relevant historical data
  - Requiring the family to seek assistance, and accept services, before accepting a child back into care should be a fundamental element of the guardianship program

# Risks Associated with Adoption Disruption



# Child and Family Risk Factors for Adoption Disruption

- Older age at time of placement
- Placement of one child into homes with other biological children
- Partial disclosure of information regarding child's problems (strengths-based assessments are not enough)
- Threatens people, trouble at school, and cruelty to others are indicators of concern
- More educated and younger mothers may be more likely to experience disruptions

# Child and Family Protective Factors for Adoption Stability

- Younger children
- Placement of two siblings into home with no biological children reduces risk
- Not receiving subsidy reduces risk
- Children with physical handicaps have reduced risk



# Service Characteristics Associated with Reduced Risk of Disruption

- Comprehensive and realistic information about the child
- Parents participate in group “home study” (peer-to-peer) process
- Family receives educational support
- Family pursues timely adoption preservation services that are flexible and long-lasting

# Post-Adoption Services



# Post-Adoption Services: Types and Effectiveness

- Intensive Adoption Preservation Services
- General Adoption Preservation
  - Illinois Model
  - Maine
  - Missouri
- Self-help groups
- Warm-lines
  
- Need to integrate evidence based practices and adoption-informed efforts

# Illinois (Smith & Howard)

- Intensive family preservation services was the wrong model
- More enduring (up to one year) services were more in keeping with what families want
  - Education advocates/guides highly valued
  - Assessments were most common and least valuable service

# Maine Adoption Guides (MAGS)

- MAGS is a preventive, family-focused and family-drive, well-resourced, flexible ongoing counseling
- Repeated measures analysis found a statistically significant improvement on Total Problems measure for the MAGS children (at 2 years)
- No differences in dissolutions or child's attachment to family
- No difference in parent satisfaction with adoption; parent physical or social functioning or energy/fatigue; or parent's positive caregiving

# Missouri (Berry)

- Slightly extended IFPS model (6 to 26 weeks)
  - 9% disrupted before services began
  - 83% of the remaining adoptive families were intact six months earlier
    - 76% were intact at 6-months
  - Longer services were associated with better outcomes at 1-year

# What Types of Post-Adoption Activities Parents Report

(All Types of Adoptions: CLAS, 8 Years)

Read books or articles on adoption	82%
Attended lectures/seminars on adoption	43%
Support group for adoptive parents	27%
Child counseling	22%
Marital or individual counseling	18%
Family therapy	15%
Support group for adopted children	10%
Intensive crisis counseling	5%

# CFS: Most Commonly Identified Family Needs

- Relationship issues (47%)
- Child – self-image (44%)
- Birth family grief/loss (42%)
- Child-peer/adult relationship (41%)
- Child behavior at home (37%)
- Prevention--education/info/support (35%)
- School related (35%)

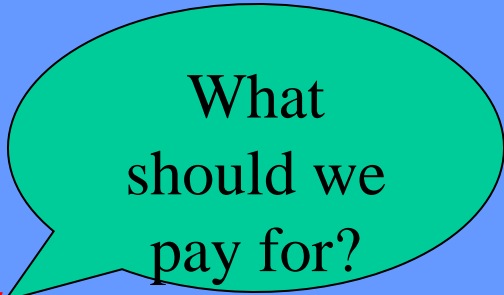


# Summary: Do Post-Adoption Services Reduce Disruption?

- No affirmative clinical trials showing changes in interim benefits or disruption reduction
- Yet, there is substantial need for PAS because of:
  - Behavior problems of adopted children
  - Inadequacies of Medicaid funded services
  - Dangerous and extreme methods in use (e.g., holding therapy)

# Common Types of Post-Adoption Interventions

- Educational Interventions (Top Concern of Parents)
- Individual Child Therapy
  - Postlegal Adoption Services (Kentucky)
- Family Therapy
  - Post Adoption Family Therapy (Oregon)
  - Adoption Preservation Project (Illinois)
- Intensive Family Services
  - HOMEBUILDERS/Medina Children's Services (WA)
  - Project IMPACT (Massachusetts)
- Community-based or Self- Help Services
  - Post-legal Adoption Services (Kentucky)
- Residential Treatment
- **Attachment and bonding focused therapy**



What  
should we  
pay for?

# Building on Empirically Based Interventions

- Develop empirically-based post-adoption services approaches based on other successful treatments for youth
  - John Weisz’s cognitive behavioral treatment manual
  - David Kolko’s interventions in primary care settings for children with depression.
  - Scott Henggeler’s MST-randomized at admission to inpatient hospitals
  - Cohen and Mannarino’s Trauma Focused CBT
  - Chorpita’s Common Elements Approach
- Add *adoption sensitivity* to improve the acceptability of these interventions to adoptive parents.



Adoption Competence

ESIs

Common Elements

Common  
Factors

# Financing of PAS: A State Issue

- **Basic subsidy rates**—but most are lower than USDA estimates for low-income family, leaving few extra resources to purchase services
- **Difficulty of Care Rates** are available in all states to help pay for additional services
- **State funded PAS programs** (through IVB or state funded programs)
- **Non-recurring adoption expenses** (up to 2K a year)
- **Pays for short-term residential care** (14 states)
- **Payment for respite care** (32 states)
- **Subsidy for children over 18** (40 states)

# Funding for Post-Adoption Services

- State allocation to adoption workers for their time
- Federal bonuses from Adoption 2002
- Special state demonstration projects
- Safe and Stable Families Act, “significant proportion”
- Fee for Service
- Other agencies provide
- IV-E for Group Care for Adopted Children?

# In-Class Assignment

- Group care for adopted children
  1. Should it be funded?
  2. If so, how?

# In-Class Assignment

- Post-adoption services
  - How should they be funded?
    - Source of funds?
    - Allocation method?

# Issues in Rights, Responsibilities and Adoption Policy

- Are adoptive families responsible for the behavior of their children?
- Are adoptive families responsible to remain engaged and provide caring and authoritative parenting?
- In what ways does the public remain responsible to assist families who agree to take legal responsibility for children who would otherwise be “dependent” on the state?
- Who is the public responsible for?
  - Infant adoptions, intercountry adoptions, step-parent adoptions
  - Should IVB funding be used for post adoption services to intercountry adoptions?
- Should adoptive parents have rights that are not afforded to biological parents (e.g., payed group care when their adolescents have mental health problems)?

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**Thank you very much**

