

THE DONALDSON ADOPTION INSTITUTE

DONALDSON ADOPTION INSTITUTE COMMENTS RE: HOUSE COMMITTEE ON WAYS AND MEANS' ADOPTION INCENTIVES REAUTHORIZATION PROPOSAL

[The Donaldson Adoption Institute](#) respectfully submits these comments on the Ways and Means Committee's draft legislation "to extend and improve the Adoption Incentives program." The Adoption Institute is an independent, nonpartisan, research, policy and education nonprofit seeking to improve adoption-related laws, policies and practices. One of the Adoption Institute's primary objectives is to make certain that children and youth in temporary care who are legally free for adoption move from foster care into permanent, loving, successful families. Our nationwide "[Keeping the Promise](#)" initiative, for instance, aims to expand an essential tool for achieving this goal: adoption support and preservation services, which not only can encourage adoptions, but also help to sustain them.

The Adoption Institute appreciates the Committee's bipartisan efforts, solicitation of expert testimony earlier this year, and opportunity to comment on its proposal to increase and sustain adoptions and guardianships of children waiting in foster care for permanent families. The Institute supports the Committee's recommendations to reauthorize the Adoption Incentives program; include an award for guardianships; adjust state payments to reward adoption and guardianship rate improvements; and mandate that states report on adoption assistance/AFDC eligibility delink savings methodology, amounts, and spending on child welfare and adoption, as well as allocate 20 percent of the savings for post-adoption services. This last provision will ensure that states make a dedicated investment in preserving adoptive families; it is a commitment for which the Adoption Institute is grateful to the Committee.

In addition to the comments below, the Adoption Institute also endorses those provided by Voice for Adoption (VFA), particularly the recommendations to implement the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351) mandate for states to reinvest state savings as a result of increased federal investment in Title IV-E adoption

assistance: requirements that HHS develop a savings formula and states exclude other federal child welfare funding from spending calculations. The Adoption Institute also is in favor of VFA's suggestion to include a definition of post-adoption services and a provision on non-supplanting, tracking, and reporting language for adoption incentive funds that states earn.

While HHS [AFCARS FY2012 data](#) illustrate federal and state progress for some of the most vulnerable American children -- including the decline in those waiting in foster care to be adopted and the increased adoption rate -- over 100,000 children are still waiting for families. These girls and boys are a mean of 7 years old and have been in temporary care for a mean of over two years. Additionally, more than 23,000 youth were "emancipated" from foster care, without any family support, in 2012. These statistics represent the hopes and dreams of children and youth who deserve the benefits, safety and security of forever families. The numbers remind us of the work that remains to be done to fulfill our obligations to these children; the Committee's proposal offers promising policies to do so.

As the Adoption Institute demonstrated in previous testimony and correspondence to the Human Resources Subcommittee this year, post-adoption support services are critical to increase and sustain adoptions, which recent research has affirmed by showing the need for enhanced assistance to practitioners to place children with special needs, and for parents to care for them. For instance, HHS' [Child Welfare Outcomes 2008–2011: Report to Congress](#) (Aug. 2013) reported that "States tend to be substantially more successful in finding permanent homes [reunification, adoption or legal guardianship] for the general foster care population (87.3 percent) than for children with a diagnosed disability (78.0 percent) and children who entered foster care when they were older than age 12 (66.0 percent)." An August HHS research brief, [National Survey of Child and Adolescent Well-Being \(NSCAW\), No. 20: Adverse Child Experiences in NSCAW](#), analyzing the prevalence of 10 adverse childhood experiences (e.g., physical abuse, emotional abuse, sexual abuse, physical neglect, emotional neglect) among children involved with the foster care system, found "extremely high" levels of adverse events: half (51%) of the children had experienced four or more adverse experiences, as did two-thirds (68%) of youth aged 11-17. According to the July Dave Thomas Foundation for Adoption 2013 [National Foster Care Adoption Attitudes Survey](#), "[t]hose who have considered foster care adoption, and those who have not, see financial-support-related steps as making the biggest difference in the decision to adopt." Of those who have considered it, from two-thirds (66%) to

nearly 85 percent (83%) said that various post-adoption services and supports were “difference-makers” for foster care adoption.

Accordingly, in addition to the Committee’s proposed improvements and VFA’s suggestions, the Adoption Institute offers the following recommendations and justifications:

- Maintain incentives for “Special Needs under Age 9 Adoptions,” which are included in current law, but not in the reauthorization proposal. The Adoption Institute strongly urges the Committee to reinstate that category, as children under age 9 still represent 61 percent of those waiting to be adopted and a substantial majority are classified as “special needs.”
- Replace the term “post-adoption” with “post-adoption/guardianship” in Section 5, to reflect the Committee’s recognition of the importance of guardianship as a permanency option. Of adoptions from care in FY12, nearly one-third (30%) of the children were adopted by relatives, the category of parents likely to consider guardianship.
- Increase authorized appropriations from \$43 million to a minimum amount that is sufficient to reward states for all projected rate improvements (at the increased amounts per child), so that states continue to be incentivized to diligently recruit parents/guardians and place children. The current authorization level is the same amount it has been since 2004, and the FY12 authorization was inadequate (and would have been even if appropriations had been equal to the authorized amount) to award all states for all increases that year.
- Require state/county child welfare administrators to inform prospective adoptive parents about adoption subsidies and post-adoption services, much as the Fostering Connections to Success and Increasing Adoptions Act of 2008 requires states to inform prospective parents of the federal adoption tax credit. Lack of information about available services is a major barrier to families receiving needed help.¹ Parents report the most common reason for being unable to obtain a needed service was that provision was not stipulated in the subsidy agreement.² Neither the Adoption Assistance and Child Welfare Act of 1980 (including subsequent amendments) nor its implementing regulations (45 CFR § 1356.40(f)) require states to inform prospective parents about adoption assistance subsidies or other support services. HHS ACF Child Welfare Policy Manual (§8.2E) policy guidance only provides that states are “responsible” for notifying parents of subsidies.
- Design demonstration grants that would allow expert researchers, academics and non-profit organizations to collaborate in the development of adoption-competent mental health intervention models as well as adoption-competent, trauma-informed training programs for mental health professionals. In order to effectively serve the families with children adopted

from foster care, it is critically important for service providers to understand the unique aspects of adoption and the developmental impact of inadequate early care and trauma. Adoptive parents often report that counselors in mental health and family services agencies do not adequately understand adoption, trauma and other challenges affecting their children, and that it is hard to find specialized services.³ Moreover, there is evidence that foster youth receiving mental health services from community providers generally do not show significant gains, and experts recommend the use of “adoption or permanency-competent” providers who can address their specialized needs throughout their youth.⁴

- Recommend to relevant Committees that they:
 - ✓ Designate some Adoption Opportunity grants for demonstration and evaluation of post-adoption therapeutic intervention practice models in order to identify the most effective interventions with the best outcomes, and create practitioner curricula and trainings to disseminate best practices for services to adoptive families. Research on the efficacy of post-adoption services is in an early stage and few, if any, studies rise to the level of rigor needed to substantiate empirically based effectiveness.⁵
 - ✓ Increase Medicaid funding rates for mental health services so that more specialized providers will accept Medicaid. About one-fifth of parents of children who have ever used Medicaid for mental health services found it difficult to use for this purpose.⁶

Thank you for addressing the best interests of these underserved children and families – and thereby the nation – whose needs are all too often overlooked.

Respectfully submitted,

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¹ Fuller, T. L., Bruhn, C., Cohen, L., Lis, M., Rolock, N., & Sheridan, K. (2006). Supporting adoptions and guardianships in Illinois: An analysis of subsidies, services and spending. Urbana-Champaign: University of Illinois; Festinger, 2006.

² Fuller, 2006.

³ Selwyn, J., Sturgess, W., Quinton, D., & Baxter, C. (2006). Costs and outcomes of non-infant adoptions. London: British Association for Adoption and Fostering; Festinger, 2006; Smith, S. (2010). Keeping The Promise: The Critical Need for Post-Adoption Services to Enable Children and Families to Succeed, available at http://www.adoptioninstitute.org/research/2010_10_promises.php.

⁴ Bellamy, J.L., Gopalan, G., & Traube, D.E. (2010). A national study of the impact of outpatient mental health services for children in long-term foster care. *Clinical Child Psychology and Psychiatry*, 15 (4), 467-479; Ornelas, L. A., Silverstein, D. N., & Tan, S. (2007). Effectively addressing mental health issues in permanency-focused child welfare practice. *Child Welfare*, 86 (5), 93-112; Love, S., Koob, J. & Hill, L. (2008). The effects of using community mental health practitioners to treat foster children: Implications for child welfare planners. *Scientific Review of Mental Health Practice*, 6(1), 31-39.

⁵ Barth, R. P., & Miller, J. M. (2000). Building effective post-adoption services: What is the empirical foundation? *Family Relations*, 49 (4), 447-455; Smith, 2010.

⁶ U.S. Dept. of Health and Human Serv. (2011). Children Adopted from Foster Care: Adoption Agreements, Adoption Subsidies, and Other Post-Adoption Supports, available at <http://aspe.hhs.gov/hsp/09/nsap/brief2/rb.shtml>.