

Testimony of
The North American Council on Adoptable Children
to the
U.S. House of Representatives Committee on Ways and Means
Subcommittee on Income Security and Family Support
on
Youth Aging Out of the Foster Care System

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North American Council on Adoptable Children
970 Raymond Avenue, Suite 106
St. Paul, MN 55114
651.644.3036 • fax: 651-644-9848
www.nacac.org

As chairman McDermott stated in an announcement of today's hearing, "When most children reach the age of 18, their parents continue to support and help them during their transition into adulthood. As the de-facto parents of foster children, we should do no less. We need to evaluate whether we are meeting that obligation, or whether we are simply showing these kids the door without sufficient support, resources and skills to succeed."

We absolutely have an obligation to support youth who age out of foster care. But first and foremost, we have a responsibility to ensure that they have a permanent family who will be there to help them with their transitions and with the joys and challenges of their young adult and adult lives. If we are able to ensure that more children can leave foster care quickly and safely to join permanent, loving families—or to provide preventive supports and services that can keep families together and prevent children from entering foster care in the first place—then we will have fewer young people who age out of foster care on their own.

Youth who age out of care face enormous challenges. Pennsylvania resident Jessica has a sadly typical story. Jessica's mom was a drug addict and prostitute whose boyfriends abused Jessica. As a young teen she entered foster care and was placed in a group home. "No one ever talked about adoption," Jessica remembers. "I wanted a family and I would have considered adoption, but no one ever asked."

"The scary part was when I turned 18," explains Jessica. "I had nowhere to go. They told me, 'When you turn 18, basically, you're done.'" Jessica adds, "When I left, I was unprepared to be on my own. I didn't know anything about finances. I had gone to independent living classes, but I couldn't remember anything." Jessica spent several years working and drinking, and soon became pregnant. It wasn't until Jessica's daughter's paternal grandparents took her under their care as a young adult that she finally had the family she needed and deserved.

We at the North American Council on Adoptable Children (NACAC) believe that, of the many barriers that keep children and youth from achieving permanence, the following are some of the most significant. First and foremost, the federal child welfare financing system relies too heavily on funding and placing children in foster care rather than investing in preserving and rebuilding families or better supporting new permanent families for children who cannot return safely home. Below we detail four ways to invest in families to prevent youth from aging out of care: (1) implement federally supported guardianship; (2) provide support to birth families; (3) increase access to adoption assistance; and (4) fund post-permanency support.

Over the past three years, NACAC has worked with youth from across the country to tell their stories about experiences with the foster care system. The stories about what these youth have endured have guided our thinking and understanding about the federal solutions that would work best to ensure that no youth leaves care without the connections that they say make a difference in their lives and their futures. In general, the system at every level—local, state and federal—should do a better job of listening to and respecting the voices of youth and their ideas about ways to improve their individual

and collective situations. We've had the privilege of working with some of the most resilient youth imaginable, yet we know that there are countless others who have no voice and no future. The following four recommendations would go a long way to change the trajectory of bad outcomes of youth aging out of care.

Implement Federally Supported Subsidized Guardianship

About one-quarter of foster children are cared for by grandparents or other relatives.¹ Right now, almost 20,000 of these children cannot return to their birth families and have been with their relatives for at least a year.² These stable, loving kin families could provide a perfect permanent family for many foster children, but the children remain stuck in foster care simply because adoption is not the right choice for their family. These youth will age out of foster care unless we offer them a better permanency option.

Illinois resident Rob knows firsthand the value of guardianship. Placed in foster care due to his mother's mental health, he and his two sisters eventually ended up in a subsidized guardianship placement with his aunt. One of the first children served through Illinois' guardianship waiver, Rob found safety, stability, and love with his aunt while maintaining ties to the mother he loves. For Rob, guardianship was a lifesaver that should be available to more children and youth. He explains, "I was able to find my miracle through subsidized guardianship, but other foster children are not so lucky. The federal government should provide funding to states for children who leave foster care to live permanently with grandparents, aunts, uncles, or other guardians. In many cases, if relatives choose to become legal guardians rather than foster parents, they lose federal foster care assistance, which pays for things like food and clothing. That just isn't right."

California resident Anne is raising her two teenaged grandsons, who will soon age out of care. She would love to become their legal guardian, but relies on the support she gets in foster care. One of the boys has moderate hearing loss, sensory motor integration problems, difficulty in school, and Asperger's syndrome. The other was sexually abused and remains angry and traumatized today. Although she is committed to caring for the boys forever, Anne doesn't want to adopt them because they are—and will always be—her grandsons. Guardianship under California's KinGAP program wasn't a good option because the boys would lose the extra supports and services that meet their special needs. So, they remain in foster care, and the family contends with ongoing court visits and caseworker oversight. "I would have loved to have taken the boys out of foster care and become their guardian," explains Anne. "But I could only have done that if the boys would have been able to continue to receive support for their special needs. I couldn't have afforded to pay for all those services on my own."

Subsidized guardianship allowed Rob to leave care with a place to call home, both legally and emotionally. Unfortunately, Anne's grandsons will not experience this legal

¹ Generations United. (2006). *All children deserve a permanent home: Subsidized guardianships as a common sense solution for children in long-term relative foster care*. Washington, DC: Author.

² Children and Family Research Center. (2004). *Family ties: Supporting permanence for children in safe and stable foster care with relatives and other caregivers*. Urbana-Champaign, IL: School of Social Work, University of Illinois at Urban-Champaign.

permanency and will transition to adulthood knowing that they spent their teenage years as foster children. All children deserve the option of federally supported guardianship so they do not have to age out of care without legal permanency.

Recommendation: Federal waivers have proven the efficacy of subsidized guardianship. In the nine years since Illinois implemented its guardianship program, 9,596 children have left foster care to legal, supported guardianships.³ While waivers allow states to experiment with needed innovations, they are merely temporary solutions. We now need subsidized guardianship to be an approved permanency option, included in the Title IV-E program like adoption assistance. Children in stable foster placements with relatives and other committed caregivers would benefit from greater federal support for guardianship, allowing children to leave care, eliminate costly caseworker visits, and reduce unnecessary court oversight. A federally supported guardianship program—such as the one proposed in the Kinship Caregiver Support Act—could help almost 20,000 children leave foster care to a permanent family *right now*. Thousands more could be served each year in the future.

Provide Support to Birth Families

Many youth who age out of foster care return to their birth families—the only families they have ever known. For a significant proportion of children and youth in foster care, a return home is the right permanency option. Their families, however, often need supportive services to address the issues that brought them into the child welfare system in the first place. The *Green Book* states: “It is generally agreed that it is in the best interests of children to live with their families. To this end, experts emphasize both the value of preventive and rehabilitative services and the need to limit the duration of foster care placements.”⁴ Federal funding does not reflect this priority—90 percent of federal funding can be used by states only after Title IV-E-eligible children have entered foster care or been adopted.⁵

Since so much federal funding is for children who have entered care, states do not have sufficient resources to invest in birth family support and reunification. In recent years, we have seen the percentage of foster children who reunite with their birth families go down—from 62 percent in 1998 to 54 percent in 2005.⁶

³ Personal communication with Leslie Cohen. (March 2007). Children and Family Research Center.

⁴ U.S. House of Representative, Committee on Ways and Means. (2004). *2004 green book: Section 11,- child protection, foster care, and adoption assistance*. [Online]. Available: http://frwebgate.access.gpo.gov/cgi-bin/multidb.cgi?WALSdbName=108_green_book+2004+Green+Book+%28108th+Congress%29&WALSqueryRule=%28%24WALSqueryString%29+AND+%28reptype%3D%24sect+OR+reptype%3D%24sect1+OR+reptype%3D%24sect2%29&WALSqueryString=duration+of+foster+care+placements&WALStemplate=multidb_results.html&Submit.=Submit&WrapperTemplate=wmprints_wrapper.html&WALSmaxHits=40. [Retrieved May 7, 2006.]

⁵ In FY 2006 the appropriation for Title IV-E foster care and adoption assistance programs is \$6.48 billion while the funding for Title IV-B Parts 1 and 2 (Safe and Stable Families Program) is only \$721.7 million.

⁶ U.S. Department of Health and Human Services. (2006). AFCARS report #10 (Preliminary FY 2005 estimates). [Online]. Available: http://www.acf.dhhs.gov/programs/cb/stats_research/afcars/tar/report13htm [Retrieved February, 2007].

This lack of support can translate into slow or non-existing support to struggling birth families, and certainly contributes to youth aging out of care. Michael of West Virginia was separated from his brothers and sister and moved more than 18 times during six years in care. At 18, Michael aged out of foster care with no permanent family, as did one of his brothers. His sister was adopted and his youngest brother remains in care. Michael reflects, “In my opinion, foster care destroyed our whole sense of family in the end. We can’t sit down together and feel like we are siblings. It becomes more like, ‘Oh, I know that person’ but it’s not like, ‘Oh, he’s my brother.’”

Now 21, Michael wishes the state had done more to help his mom keep the family together: “If the state had invested the same money they spent putting us in all those placements into weekly visits with our mother and had given her skill lessons, it might not have escalated to us needing to go into permanent foster care.”

Stephanie from Washington State was placed in foster care because of her mother’s addiction to drugs. Recalls Stephanie, “It was hard not knowing if I was safe, walking the streets at midnight because my mom was worried somebody was after her, having to look after my little brother because my mom was on house arrest, trying to find something to eat.”

While Stephanie and her brother were in foster care, Stephanie’s mother received extensive services. She participated in in-patient and out-patient drug treatment, self-esteem classes, anger management, parenting and nutrition classes, AA meetings, Bible study, daily shelter meetings, and group and individual counseling.

Once Stephanie was reunited with her mom and brother, her life got better: “I became more outgoing, I was more comfortable with myself, and my grades improved. I was in plays and musicals at church.” Stephanie says, “If I could wish for anything it would be that our family could have gotten help sooner. I don’t know what life would have been like if I had stayed in foster care or been adopted, but I know if I didn’t have my family around me—my mom, my brother, my grandparents, and my cousins—I would be devastated. My family means everything to me.”

Kelly of Maryland is the mother of three young children who are thriving today. Life was not so good five years ago: Kelly was addicted to drugs and her children entered foster care as a result. After struggling to kick her habit, Kelly found a program that helped her put her life back together. Kelly explains, “I had everybody pulling for me as far as my social worker and my counselors at the program trying to help me get immediate Section 8 housing.” She continues, “They also funded my counseling, and they got me parenting classes. Life in recovery is so good and so wonderful,” Kelly says. “Honestly, I don’t have any desire to go back to that way of life. I’m grateful for my life today.” Today, Kelly works with other birth parents to ensure that they can be reunified with their children

Kelly and Stephanie, sadly, are not typical in that their families were able to receive the comprehensive services they needed in order to be safely, permanently reunited. A recent survey of child welfare administrators found that substance abuse and poverty are the

most critical problems facing families being investigated for child maltreatment.⁷ In some areas, substance abuse is an issue for one-third to two-thirds of the families involved in child welfare.⁸ Unfortunately, only 10 percent of child welfare agencies report that they can find drug treatment programs for clients who need it within 30 days.⁹ Almost no drug-addicted parents can access drug treatment programs with a mother-child residential component, and few are able to participate in comprehensive programs that address issues of parenting and housing along with substance abuse. For families dealing with poverty and housing issues, support is also hard to come by. As the National Center for Child Protection Reform notes, “Three separate studies since 1996 have found that 30 percent of America’s foster children could be safely in their own homes right now, if their birth parents had safe, affordable housing.”¹⁰

Investing in at-risk families has been shown to work. Indiana had a federal IV-E waiver through which counties provided community- and home-based alternatives that sought to reduce foster care usage. The waiver demonstration showed that such investments work: 45.6 percent of children assigned to the waiver group never entered placement compared to 38 percent of children in the control group, and 77 percent of children in out-of-home care in the waiver group reunified with a parent compared with 66 percent of children in the control group.

Also using a IV-E waiver, Delaware demonstrated that investing in substance abuse treatment had positive outcomes for children: the project’s foster children spent 14 percent less time in foster care than similar children who did not participate in the waiver, and total foster care costs were reduced.¹¹ Certain counties in North Carolina used a federal child welfare waiver to cut down on out-of-home placements by investing in court mediation, post-adoption services, intensive family preservation services, and other interventions.¹²

Recommendations: Currently, for every dollar that the federal government spends on family preservation and post-permanency support, nine dollars are spent on IV-E children who are in foster care or who have been adopted from care. The federal government must significantly increase its investment in Title IV-B Parts 1 and 2, and provide states with increased flexibility in how they spend federal child welfare monies. Many of the foster children aging out of care today can attest to the fact that if the state had spent more money on keeping their families together, they could have saved on costly and unnecessary foster care placements.

⁷ National Center on Child Abuse Prevention Research. (2001). *Current trends in child abuse prevention, reporting, and fatalities: The 1999 fifty state survey*. Chicago: Prevent Child Abuse America.

⁸ U.S. Department of Health and Human Services. (1999). *Blending perspectives and building common ground: A report to congress on substance abuse and child protection*. Washington, DC: U.S. Government Printing Office.

⁹ U.S. Department of Health and Human Services. (1999). (See complete citation above.)

¹⁰ National Coalition for Child Protection Reform. (2004). *Who is in “the system” and why* [Online]. Available: <http://www.nccpr.org/newissues/5.html> [May 7, 2006].

¹¹ U.S. General Accounting Office. (2002). *Recent legislation helps states focus on finding permanent homes for children but long-standing barriers remain*. Report to Congressional Requestors. [Online]. Available: <http://www.gao.gov/new.items/d02585.pdf>. [Retrieved May 7, 2006].

¹² Usher, C., Wildfire, J., Brown, E., Duncan, D., Meier, A., Salmon, M., Painter, J. & Gogan, H. (2002). *Evaluation of the Title IV-E waiver demonstration in North Carolina*. Chapel Hill, NC: Jordan Institute for Families, University of North Carolina.

In addition, if states successfully reduce the use of foster care, they should be able to reinvest saved federal dollars into preventive and post-permanency services to ensure that more families—whether reunited, adoptive, or guardianship—can stay together. Currently, when states reduce the number of IV-E eligible children in foster care, the federal government reduces its payment to the state. We recommend that the federal government provide states with an amount equal to the money saved in Title IV-E maintenance payments, training, and administration. This would provide an incentive to keep or move children out of care, while also beginning to address the vast imbalance in federal funding.

Protect and Expand Adoption Assistance

Adoption from foster care can be a bright light for the future for many of the young people who otherwise would have aged out of care. Between 1998 and 2004, more than 330,000 foster children were adopted into loving, caring families. But adoption is not the end of the story. Children who have been abused or neglected—and bounced from foster home to foster home—do not emerge unscathed. The government has a moral obligation to make a long-term commitment to adoptive and guardianship families who take into their homes foster children who have languished in care for far too long, many of whom are older and have multiple special needs.

Adoption assistance (or subsidy) is one critical support for families who adopt children with special needs from the foster care system. Subsidies help strengthen these new families and enable many foster parents to adopt children already in their care by ensuring that they do not lose support as they transition to adoption.

Michigan resident Vernard adopted his son Alex when he was three. “Alex had been in 10 placements before I got him,” says Vernard. Because of Alex’s diagnosis of reactive attachment disorder and other special needs, Vernard recalls, “I made absolutely sure I received adoption medical subsidy prior to the adoption, because I knew accepting even a minimum amount of subsidy would be in Alex’s best interest. I knew that if Alex required residential treatment or out-of-home placement—due to his multiple placements, and the neglect and physical and sexual abuse he experienced—there was no way I could afford \$300 to \$400 a day or even trained respite support.” Alex receives a \$300 monthly subsidy, but during their first four years together, Vernard spent more than \$850 per month to meet Alex’s needs, including four different therapies to help Alex.

Currently, the federal government shares in a portion of adoption assistance costs only for children whose birth family income is below the 1996 Aid to Families with Dependent Children income standards. In contrast, states are obligated to provide protection to *every* abused or neglected child, regardless of family income. Unfortunately, a funding system that ties adoption assistance to outdated income guidelines has resulted in a system in which far fewer children are eligible for Title IV-E federal support. In 1998, 53 percent of foster children were eligible for federal support, but by 2005, the percentage had dropped to 46 percent—or 35,000 fewer Title IV-E eligible children. This number is

projected to decline by another 5,000 per year.¹³ The loss of IV-E eligibility often translates into the eventual loss of IV-E adoption assistance eligibility.

As a result of this declining federal support, states and localities must share a greater burden for foster care and adoption. In some states, this has severely limited the amount of funding that can go to prevention or adoption support. Recent state legislation demonstrates the need for rapid federal action on this issue. In 2005, as allowed by federal regulations, Missouri enacted legislation that would have instituted a means test for state-funded adoption assistance agreements and would have ended more than 1,000 existing adoption assistance agreements. Although a federal district court found the law unconstitutional on May 1, 2007, other states may follow Missouri's example in an attempt to save funds. Such short-sighted policies will relegate more children to foster care, rather than helping them leave care to a permanent family.

A recent study by Barth et al. suggests that such adoption assistance cuts are not cost-effective: “[C]uts in subsidy amounts could reduce the likelihood of adoption and ultimately increase costs for foster care.”¹⁴ In contrast, a new study suggests that a small increase in adoption assistance would result in increased adoptions, again saving money by reducing higher foster care costs.¹⁵

In the long run, adoption—even well-supported adoption—saves money and ensures that young people don't age out of care without a place to call home. The Barth et al. study demonstrates that the 50,000 children adopted each year save the government from \$1 to \$6 billion, when compared to maintaining those children in long-term foster care. Savings result from reduced administrative costs, medical courts, court expenses, compared to the costs of seeking adoptive families and providing adoption assistance.¹⁶

Recommendations: Since 1988 NACAC has advocated for an elimination of the link between birth parent's income and eligibility for Title IV-E adoption assistance. It makes no sense to tie a child's eligibility to the financial status of parents whose parental rights have been terminated. State and federal assistance should be required to ensure support after adoption for every abused and neglected child—not just every child born into a poor family. As proposed by Senator Jay Rockefeller, the Adoption Equality Act of 2007 would extend Title IV-E adoption assistance to every child with special needs adopted from foster care. The House should pass a companion bill. Such legislation would also save states money currently spent on costly income-eligibility determinations. The savings could then be invested in supporting families after permanency or preventing foster care placements in the first place.

Adoption assistance is designed to help an adoptive family meet a child's needs without creating an undue financial burden on the family. Therefore, a program in

¹³ Kids Are Waiting. (2007). *Fix the Foster Care Lookback*.

¹⁴ Barth, R., Lee, C., Wildfire, J., & Guo, S. (2006). A comparison of the governmental costs of long-term foster care and adoption. *Social Service Review*, 80(1).

¹⁵ Hansen, M., & Hansen, B. (2006). The economics of adoption of children from foster care. *Child Welfare*, 85(3)

¹⁶ Barth et al. (2006). (See complete citation above.)

which the federal government provides support to all children with special needs adopted from foster care must maintain the federal prohibition against using the adoptive family's income to determine eligibility.

Fund More Intensive Post-Permanency Support

Adoption from foster care can ensure that young people do not age out of care without a permanent and loving family. Unfortunately, some youth who age out of care today are coming from disrupted adoptive placements that did not receive enough support.

Adoption assistance is a necessary support for children adopted from foster care, but it is often not enough. As Babb and Laws detail, children adopted from foster care face a variety of special needs: mental illness, fetal alcohol spectrum disorder, attention deficit hyperactivity disorder, emotional disabilities, attachment disorder, as well as physical disabilities.¹⁷ Groze and Gruenewald agree that “[f]amilies face enormous challenges and strains in adopting a special-needs child.”¹⁸

While adoptions doubled from 1997 to 2004, the federal investment in post-adoptive services failed to keep pace. More people are adopting more children, and the children are often older, have been in care longer, and face daunting special needs. The Center for Advanced Studies in Child Welfare notes that older children and children with disabilities are at highest risk for adoption disruption.¹⁹ Few states or counties have the comprehensive services necessary to meet parents' needs as they raise children who have been abused and neglected and have resulting physical and emotional special needs. We at NACAC have met far too many families who are deeply committed to their adopted children, but are unable—or barely able—to meet their children's mental health needs.

In 1998, Pam and Tom from Louisiana adopted two-and-a-half-year-old Danielle from foster care. Because of the horrible abuse she had suffered, Pam explains that by age four Danielle “was doing things like biting the upholstery leather out of my van, growling at me, destroying furniture, and trying to hang herself with a clothes hanger in the closet.”

Danielle was on a waiting list for mental health services for more than six years. A few months ago, Danielle was admitted to a psychiatric hospital and was diagnosed bipolar-manic and psychotic. “I am willing to do whatever it takes to care for my children,” says Pam. “But I know now I can't do it alone.” Danielle's adoption subsidy is not nearly enough to cover her expenses. The family could use a trained personal care attendant, in-home therapy, family therapy, and short-term respite care. Unfortunately, due to lack of funds, many of these services are not currently available through Louisiana's adoption assistance program.

Corvette of New York adopted nine-year-old Malik from foster care. “He hallucinates

¹⁷ Babbs, A., & Laws, R. (1997). *Adopting and advocating for the special needs child: A guide for parents and professionals*. Westport, CT; Bergin & Garvey.

¹⁸ Groze, V., & Gruenewald, A. (1991). Partners: A model program for special-needs adoptive families in stress. *Child Welfare*, 70(5), 581-589.

¹⁹ Center for Advanced Studies in Child Welfare. (1998). *CASCW practice notes # 4: Post-adoption services*. [Online]. Available: http://ssw.che.umn.edu/img/assets/11860/PracticeNotes_4.pdf [Retrieved: May 7, 2006].

and sees spiders even though there are no spiders,” says Corvette. When Malik starts to see spiders, he panics and loses control. Not long ago, Malik needed to be admitted to hospital in-patient treatment for more than two weeks. Corvette has a deep, abiding love for Malik, but knows love isn’t enough to heal his past hurts and meet his special needs. She relies on Medicaid, monthly adoption assistance, and other services to provide medication, therapy, a medical school setting for Malik, training for her, and more. These services enable her to keep Malik at home, which is considerably less expensive than the residential treatment he might otherwise need.

Post-adoption and post-permanency supports cut down on the risk of disruption and dissolution. Most adoptions succeed, but as many as 10 to 25 percent of public agency adoptions of older children disrupt before finalization, and a smaller percentage dissolve after adoption finalization.²⁰

Recommendations: Funding of Title IV-B must be increased, and the new funding should cover post-permanency support. Currently, good post-adoption programs are providing basic information, support, training, and other services to families in many areas. It is not enough. More resources are needed for adoption-competent mental health services and case management programs that will ensure that children with difficult histories and current mental health and behavior problems do not needlessly return to foster care or devastate their new families. If we want adoption and guardianship to be truly permanent, and to prevent children from aging out of care with no permanent family, we must find the resources to provide in-depth, sometimes intensive support to these permanent families. It is far more economical—not to mention better for children and families—to provide these services now to ensure that children don’t return to foster care.

Conclusion

Much needs to be done to provide supportive services to youth who are leaving foster care with no connection to a family. The government that has taken responsibility for them must continue to meet its obligation to ensure that these youth are ready for life on their own, and to provide supportive services for those youth who are not yet ready. But the best way to ensure that youth are going to make it successfully into young adulthood is to make sure that they have a permanent, legal family of their own. As we all know, families are there for youth long after age 18, and can do much more than a bureaucracy ever could to help youth handle the stresses of their lives to come.

It is time to reform the federal child welfare financing system to facilitate the achievement of the goal we all have for children and youth—that they have a safe, loving family to be there for them forever.

²⁰ National Adoption Information Clearinghouse. (2006). *Postadoption services: A bulletin for professionals*. [Online]. Available: <http://naic.acf.hhs.gov> [Retrieved May 2006].