



*Post-Adoption Services:
Meeting the Mental Health
Needs of Children Adopted
from Foster Care*

North American Council on Adoptable Children

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Since its founding in 1974 by adoptive parents, the North American Council on Adoptable Children (NACAC) has been dedicated to the mission that every child deserves a permanent family. Through education, support, parent leadership capacity building, and advocacy, NACAC promotes and supports permanence for children and youth in foster care in the United States and Canada. Some of NACAC's core activities include empowering parents to support one another as they raise children adopted from foster care; working with policymakers, administrators, and grassroots advocates to reform the foster care system and improve outcomes for children and youth; and disseminating information that will help child welfare professionals and adoptive families better support vulnerable children.

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“If you haven’t lived with children with emotional issues, you can’t imagine it. They bring you into their storm. You cannot stay out of it. Fortunately, my husband and I are very strong people. We are committed to our children. We’re holding on, but sometimes we don’t know what we are holding on to.”

Brenda, adoptive parent, Maryland

Introduction

Each year, thousands of children in foster care who are unable to return to their birth parents find new families through adoption. Since 2000, more than 308,000 children in foster care have been adopted—by their foster families, by relatives, and by newly recruited families.¹ Most of these children experienced abuse, neglect, or abandonment before entering foster care and had many placements while in care. As a result, they often have significant mental health needs—needs that may not diminish as they grow older.

Adoptive families take on the responsibility for healing these children, but in many cases, because of their children’s serious needs, families cannot shoulder the task alone. For many children and families, post-adoption mental health services are critical to their ability to move forward and help reduce the risk of the adoption’s disruption or dissolution. Studies have shown that post-adoption services provide significant benefits to adoptive families—they develop a better understanding of their children and how to parent them, they are able to access needed resources, their children improve, and the family climate becomes “kinder, warmer, and more compassionate.”²

The Adoption and Safe Families Act of 1997 (ASFA) requires that child welfare agencies find permanent families for children who cannot return to their birth parents. The number of children adopted from foster care has significantly increased since the enactment of ASFA. While the majority of adoptions succeed, 10 to 25 percent disrupt before finalization and a smaller percentage dissolve after finalization.

There has been a growing recognition that adoptive families need services to help them address their children’s mental health issues and other problems. Post-adoption services are particularly critical for families whose adopted children have disabilities because these adoptions are at the greatest risk of disrupting.³ ASFA’s promise of permanence for children in foster care will not be realized unless adoptive families have the supports they need to stay together.

Adoption has played a prominent role in federal child welfare law and practice, from the 1980 passage of the

Adoption Assistance and Child Welfare Act through the enactment of ASFA in 1997. Today, we are beginning to recognize that the government’s obligation to foster children extends beyond adoption placement or finalization—that the obligation includes ensuring that children have a truly permanent family.

Who Are the Children Adopted from Foster Care?

The average age of a child adopted from foster care is 6.7 years, but these children range in age from less than 1 to 20 years old. Many children who are adopted from foster care are older: one-third of the children adopted from foster care in federal fiscal year (FY) 2005 were age nine or older.⁴

In most cases, foster children who are adopted enter care because of serious abuse and neglect, and spend long periods of time in care. Data show that children who have adoption as their goal have been in foster care, on average, close to three and a half years. Once children are freed for adoption through the termination of their parents’ rights, they wait, on average, 15.2 months before they are adopted. During their stay in care, many children move from one placement to another. **Research shows that children who experience abuse and neglect (particularly at early ages), who stay in foster care for extended time, and who move multiple times while in care are at particular risk of mental health problems.**⁵

What Are the Mental Health Needs of Children Adopted from Foster Care?

A number of studies have found that emotional and behavioral problems in children adopted from foster care are not uncommon. In one study, adoptive families reported that one-third of their children had emotional problems and 40 percent had behavioral problems.⁶ In another study, 35 percent of recruited adoptive families, 28 percent of foster families who had adopted, and 18 percent of relatives who had adopted rated their children’s mental health as “fair” or “poor.”⁷ Another study found that 40 percent of adopted foster children had ADD or ADHD, 10 percent had mental illnesses, and 12 percent had serious emotional problems.⁸

NACAC’s Post-Adoption Support Philosophy

Adoption creates a dynamic of its own that requires the commitment of families and communities alike. Children and youth adopted from foster care have often experienced abuse, neglect, and abandonment, which may lead to unique post-adoption needs. In addition, throughout an adopted child’s life, there are expected developmental stages that may require additional support. **For adoptions of these children and youth to succeed, NACAC strongly believes that quality post-adoption services must be available to meet the adoptive families’ needs.**

“We adopted Daniel from foster care at age four. He was diagnosed with fetal alcohol syndrome, mild mental retardation, and autism, but he thrived in our family. As he reached adolescence, however, his behavior became explosive. He pushed one of the neighborhood kids down and when I intervened, he smacked me right across the face. I grew increasingly worried about Daniel—that he would be arrested and placed in detention which would not help him.

I contacted the Department of Human Services and told them that I needed help. They told me that the only way that I could get help was to place Daniel in state custody.

I did this voluntarily and then later, the state took full custody of Daniel in order to place him out of state in an in-patient group care program that could meet his needs.

The only way we could get the help he needed in residential treatment was to file a report of abuse and neglect even though we didn't abuse or neglect our son.

This really hurt. Daniel is our son and we love him.

We want him to get better and return to us as soon as possible.”

Pat, adoptive parent, West Virginia

Mental health professionals relate many of the emotional problems of children in foster care to attachment and separation issues. Many children in foster care experience emotionally unresponsive or inconsistent caregiving in their early years that affects their ability to trust and attach to adults. Their separations from important adults in their lives when they enter foster care—even when these separations are necessary to protect them—may further intensify their emotional and behavioral problems. Repeated changes in caregivers while children are in care may cause additional trauma, further affecting the child's mental state.⁹ In addition, many foster children were prenatally exposed to drugs or alcohol and some have a family history of mental illness.

Federal law and policy recognize that many children adopted from foster care have mental health needs, and that the government has an ongoing responsibility to these children. Under federal law, children with “mental or emotional handicaps” are considered to have “special needs” that qualify them for adoption assistance payments. The government recognizes that families may not be able to adopt a child with mental health problems and meet their children's needs unless such assistance is available.¹⁰ In addition, each state includes mental health issues in the definition of “special needs” for purposes of eligibility for adoption assistance, although the exact

language varies by state. **These public policies demonstrate that adoption is not a giant eraser that magically fixes a child's problems, and that the government has a continuing obligation to help families raise children with serious special needs.** Unfortunately, the government's acknowledgement of its obligation does not currently translate into the consistent provision of ongoing mental health services for the most troubled children.

What Services Do Children Adopted from Foster Care Need?

When asked about the mental health services they need for their children and families, adoptive families describe a range of services: in-home counseling, community-based and outpatient mental health services, and residential treatment when their children's mental health issues escalate and put the child or the family at risk of harm. Some adoptive families seek a blending of these services in the form of a wrap-around program model. In studies that have included interviews with parents seeking post-adoption services, families identify the need for a number of specific clinical services to meet their needs (see Table 1 below).¹¹

Studies that have sought adoptive families' input have contributed significantly to the understanding of the characteristics of post-adoption services that make them most useful to adopted children and their families:

- **A family systems orientation is seen as essential to effective post-adoption services.** Post-adoption service programs best serve adoptive families when they recognize that the adoptive family's needs do not arise solely from the adopted child's problems or the family's concerns about the child, but they instead view these concerns as extending more broadly to the entire family system.¹²
- **Post-adoption services are more effective when they recognize that different types of adoptive families—kin, foster families who adopt, and families who are recruited and matched with children—may have different concerns and need different types of services and supports.**¹³

*Table 1.
Mental Health Services Needed by Adoptive Families*

- Counseling for families, including assistance with children's attachment issues
- Guidance in responding to adopted children's emotional, behavioral, and developmental issues
- Crisis intervention services
- Counseling for children, including groups for older children
- Specialized children's treatment services, including psychiatric residential services and drug and alcohol treatment

- **Services more effectively meet the needs of adoptive families when they offer a broad range of clinical services and provide continuing supports and services over time.**¹⁴

Several promising programs have been developed to help adoptive families whose children have mental health needs (see box on next page). Unfortunately, each program also has significant limitations as a result of funding structures that restrict the number of families who can be served or the services that are provided. These types of programs, however, could better be sustained, expanded, or replicated with long-term, reliable federal funding, which would result in significant benefits for all adopted children and their families who need post-adoption services.

Barriers to Mental Health Services

Although promising programs and informal supports have helped children and families in the states where they are in place, the typical experience of adoptive families is that it is difficult to obtain the mental health services that they need. In one study, more than three quarters of adoptive families (77.3 percent) said that they needed one or more post-adoption clinical services: individual or family counseling, child guidance and mental health services, help with issues regarding a child's prenatal exposure to drugs or alcohol, and "someone to help with crises." Close to one-third of the families said that they needed three of these services "some" or "a lot": individual or family counseling (29.8 percent of the parents), child guidance and mental health services (30 percent) and someone to help with crises (29 percent). **When asked if they actually received services, there were marked discrepancies between the percentage of families who needed services and the percentage who actually received them.** Almost 57 percent of the families, for example, said that they needed child guidance and mental health services, but only 26 percent reported actually receiving these services.¹⁵

Families identify a range of barriers to obtaining quality mental health services for their adopted children. These barriers include:

- limited availability of mental health treatment providers, particularly in rural areas;
- accessibility issues, such as inconvenient locations and office hours;
- lack of adoption competence on the part of mental health providers; and
- cost of services.¹⁶

In some cases, mental health treatment exhausts adoptive families' resources. They may use their private health care coverage and/or the child's Medicaid coverage but find that coverage ends as limits on the number of covered therapy visits or hospitalizations are reached. Many families simply

"We adopted Danielle at the age of two-and-a-half years and later adopted her little sister, Kelsey. Both girls had experienced significant abuse. By the time Danielle was four, she was doing things like biting the upholstery leather out of the van, growling at me, destroying furniture, and trying to hang herself with a clothes hanger in the closet. Danielle attended a hospital-based school for a year where the staff is trained to handle children with behavior disorders. Unfortunately, she has been on a waiting list for community mental health services for more than six years. I am willing to do whatever it takes to care of my children, but I know that I can't do it alone."

Pam, adoptive parent, Louisiana

cannot afford to pay for expensive, intensive mental health services (at home or in hospitals and residential treatment centers) on their own.

The cost of these services, particularly residential treatment, may force families to relinquish custody of their children to child welfare agencies so that the children can receive necessary support. In at least half the states, parents must choose between getting the mental health treatment their children need by relinquishing custody to the state or retaining custody of their children and forgoing critically needed mental health services.¹⁷ In some states, families must agree to charges of abuse or neglect so that their children can enter foster care and receive mental health services; in other states, families who have relinquished custody of their children to obtain essential mental health services are required to pay the state for the child's care.¹⁸

When adoptive parents cannot obtain mental health services that their children critically need, in some unfortunate cases they make the difficult decision to end their relationship with the child: asking the agency to find another placement for the child before the adoption is finalized (disruption) or ending the adoption after it is finalized (dissolution). A recent study showed that when children have disabilities, including mental health problems, the rate of adoption disruption is much higher than when children do not have disabilities.¹⁹ Ending an adoption brings pain for all concerned: leaving another family may further escalate the child's emotional and behavioral problems and letting go of a child may leave the child's parents with a burden of grief, guilt, and shame.

Even when an adoption doesn't end, the toll on children and adoptive families when they cannot obtain needed mental health services is enormous: children's mental health problems may intensify; the mental health of the parents and other family members may deteriorate; and

Effective Post-Adoption Service Programs

*Maine Adoption Guides*²⁰

The Maine Adoption Guides program, developed under a Title IV-E demonstration waiver that ended in December 2004, addressed the needs of adoptive families through clinical case management services (provided by a master's level, adoption-competent social worker who served as the family's "guide"). The program was based on a belief that families need formal clinical services and less formal educational and consultation services. It focused interventions on the entire family's needs, not only on the needs of the children. The interventions included in-home family services and supports, therapeutic services for the entire family, parent and youth support groups, and limited financial help for activities to support child well being.

Results from the waiver showed the approach's effectiveness: children served through the program scored better on measures of mental health, parents reported higher levels of trust in their children, services appeared to meet different kinds of families' needs, and children had significantly lower physical and behavioral health costs. The program demonstrated that families want therapeutic support, education, and other services based on their children's needs and in ways that support the entire family. Flexible, available services based on the family's need were found to result in better outcomes for children and families. Now that the waiver has ended, the program is provided through Casey Family Services but is limited to 150 families in the state.

*Illinois: Adoption/Guardianship Preservation Project*²¹

Since the early 1990s, Illinois has attempted to reduce disruptions to both adoptions and subsidized guardianships through its statewide adoption preservation program, which offers in-depth assessment, intensive therapeutic services, support groups for children and parents, 24-hour crisis intervention, case management and advocacy services, and limited cash assistance. Since 1995, the number of families served has substantially increased with approximately 600 families now served each year.

Service evaluations indicate that families who struggle with complex, long-standing challenges benefit from the program, particularly because the services (especially after-hours crisis response) extend beyond the services offered by most mental health practitioners. Although not all families need this level of support, the intensive services offered through the program have been found to be

extremely important in preserving and strengthening adoptive families with high levels of need.

*"Through the help we received, our adopted daughter is now placed in a therapeutic day school, getting the intensive therapy she needs so she can achieve academically. Through therapy, I believe Lisa better understands herself. Her self-esteem is improved . . . Her anger and rage are greatly reduced, and she's even starting to smile, laugh, and make friends."*²²

Parent served through the Illinois Adoption Preservation Program

*Oregon: Post-Adoption Family Therapy Project*²³

The Post-Adoption Family Therapy Project teams an adoption worker and a family therapist, both of whom are licensed clinical social workers, to provide services to families struggling with post-adoption issues, including issues related to the mental health of their adopted children. Sessions, often conducted in the family's home, focus on helping parents develop better ways of relating to their adopted child's belief systems and a better understanding of their children's behaviors.

An evaluation of the program found that in only 8 percent of the 50 families served by PAFT did the adoptions disrupt by the end of the service period, compared to disrupted adoptions for 18 percent of the 34 families who were referred to the program but did not receive services.

*Ohio: Post-Adoption Special Services Subsidy*²⁴

Ohio's Post-Adoption Special Services Subsidy (PASSS) was created in 1992 to assist eligible adoptive families after adoptions have been finalized. The program provides payments of last resort for adoptive families whose needs may not have been identified at the time of adoption. PASSS funds are flexible and can be used when there is no other payment source to secure services that, if unavailable, could lead to the dissolution of the adoption. Funds can be used for counseling, psychiatric services, and residential treatment.

Although the program allows a family to receive up to \$15,000 annually, the appropriation of funds is not sufficient to meet the demand and each year eligible adoptive families must be turned away. The availability of PASSS funds depends on the availability of state funds and gaining approval at the county level.²⁵

families may face the prospect of relinquishing custody to obtain intensive mental health services for their children.

These extremely negative outcomes for children and families can be addressed by developing new approaches to structuring and financing mental health services for adopted children and their families.

Financing that Aligns Dollars with Needs: Improving Adoptive Families' Access to Mental Health Services

Parents often have few options when they struggle to meet the costs of mental health services for their adopted children. Private health insurance policies often place significant limits on the types and scope of covered mental health services. **Currently, the federal government does little to make up for the problematic gap between children's needs and available, affordable services.**

Federal Funding for Adoption Services

For many adopted children and their families, Medicaid is the only federally funded source of mental health services. Most children adopted from foster care receive Medicaid, the federal/state program that provides health insurance for certain eligible groups including children who receive adoption assistance. Medicaid covers mental health services in most states, but there typically are significant limits on the availability and accessibility of these services. Commonly reported problems are:

- the lack of Medicaid-certified mental health providers who have the expertise to work with children with histories of abuse and neglect and who understand adoption issues;
- limited reimbursement rates that result in many providers refusing to accept Medicaid; and
- the growing use of Medicaid managed care approaches that limit the types and scope of covered services.²⁶

There are other potential sources of federal funding for mental health services for adopted children and their families. However, in each case, there are significant limitations on the availability or use of these dollars, as discussed here and summarized in Table 2 on the next page.

Other than Medicaid, the principal source of federal funding for services for adoptive families is the Promoting Safe and Stable Families (PSSF) program of Title IV-B of the Social Security Act. Through PSSF, the federal government provides states with funding for four categories of services: family support services, family preservation services, time-limited reunification services, and adoption promotion and support services.²⁷ Federal guidelines require that states devote “significant portions” of their PSSF dollars to each of the four categories of services, and they require that states provide a “strong rationale” for spending less than 20 percent of their allotments on each category of services.²⁸

“Three years ago, my husband and I adopted seven siblings, all under age eight. They had been through lots of trauma in their early years that resulted in serious problems. The children had diagnoses including severe emotional disturbance, post-traumatic stress disorder, attachment disorder, and anxiety disorder. We adopted in January and by the summer I was in crisis—trying to parent them as they went through fits, head banging, crying, rocking, and night terrors. Parenting these kids was so different than parenting our biological children who had never been traumatized.

We were lucky that we received post-adoption services right away from a therapist who knew the children and understood the mental health effects of trauma. With her help we learned how to parent our children and how to help them heal. These post-adoption services made a world of difference and today our children are thriving. If adoptive parents are supported in this way from the beginning, it will save many, many adoptions like ours.”

Mary, adoptive parent, Wisconsin

Little is known about how states actually use PSSF dollars, but a recent study by the Government Accountability Office found that only about 11 percent of states' PSSF dollars was spent on adoption-related services.²⁹

Two other adoption-focused federal funding streams provide even more limited support for post-adoption services. Under the adoption incentive program, states may use incentive dollars (awarded to states when there is an increase in the state's number of adoptions of foster children) to cover the costs of a range of child welfare services, including post-adoption services. Given the variable nature of adoptive incentive dollars from year to year and the requirement that these dollars be spent within one year of receipt, this program does not provide a reliable source of ongoing funding for these services.

The Adoption Opportunities program is a very limited federal grant program that provides resources for innovative programs that address federally defined adoption priorities. Although these dollars can sometimes be used for post-adoption services, the funding is time limited, goes to just a few grantees each year, and does not represent a reliable source of ongoing support. In recent years, the program has had scant funding for intensive post-adoption services, focusing instead on marriage support and family recruitment.

Other Sources of Federal Funding

Three other sources of federal funding may provide some support for adoptive families but, in reality, because of the

structure of these funding streams, they offer few resources for post-adoption mental health services:

- Under Title IV-E of the Social Security Act, federal funds provide support for adoption assistance, monthly payments to families who adopt children from foster care who meet the income and special needs requirements of federal law. Although adoptive families may choose to use portions of the adoption subsidies for mental health services, the payments are generally low and do not cover most intensive mental health services. **And states do not have the flexibility to use Title IV-E funding to develop and provide services, including mental health services, that would meet the post-adoption needs of children and their families.**

“We were desperate to find a therapist who would take the time to listen, to see all the facets of our family life and do it with respect and kindness. Our [therapist] has helped us to see all that, and we are so different now because of her. We are no longer in crisis mode. It literally saved us emotionally and saved our daughter in all facets of her life.”³⁰

Parent served through the Illinois Adoption Preservation Program

- The Social Services Block Grant (SSBG) provides funds to states to help them achieve a wide range of goals, includ-

Table 2: Federal Funding for Post-Adoption Services

Funding Source	Description	Limitations Regarding Post-Adoption Services
Medicaid	Provides funds for health insurance coverage for many children and youth adopted from foster care.	There are significant limits on the availability and accessibility of services. Commonly reported problems are the lack of qualified Medicaid-certified mental health providers; limited reimbursement rates that result in many providers refusing to accept Medicaid; and managed care approaches that limit the types and scope of covered services.
Promoting Safe and Stable Families	Provides funds for four categories of services: family preservation, family support, time-limited reunification; and adoption promotion and support. It is suggested that states spend 20 percent of funds on adoption promotion and support.	Post-adoption services are among several which can be funded with these dollars and therefore must “compete” with other service categories. States have tended to use only a small proportion of these funds for adoption services of any type.
Adoption Incentive Funds	Provides award funding to states that increase their number of adoptions of children in foster care over established baselines.	These funds are not specifically targeted to post-adoption services, and are used for a wide variety of purposes. The funds must be spent within one year of receipt.
Title IV-E Adoption Assistance Payments	Provides funding for adoption assistance payments for children adopted from foster care who have “special needs” and meet other eligibility criteria.	Adoption assistance payments to adoptive families tend to be low and are insufficient to cover the costs of intensive mental health services. The program does not provide funding to states to offer post-adoption services.
Adoption Opportunities Program	A federal grant program that provides resources for innovative adoption programs that address federally defined adoption priorities.	The funding is distributed through competitive grants for a limited number of years (typically two to four years). The federally determined priorities for these grants have not included post-adoption services in recent years. The overall funding level is low (\$7.3 million for FY 2007).
Social Service Block Grant (SSBG)	Provides funds to states to meet a range of social needs, including child care, child welfare, and services for the elderly.	States have broad latitude as to their use of these funds and have, over time, used fewer of these dollars for adoption services of any kind. Over the past decade, the total funding has decreased, resulting in fewer SSBG dollars flowing to each state.
Federal Mental Health Services Funding	Provides funds to states to support a wide range of children’s mental health programs.	These programs address a broad range of children’s mental health needs and are not targeted to post-adoption services.

ing preventing or remedying neglect, abuse, or exploitation of vulnerable children and adults and preserving, rehabilitating, or reuniting families. States are given wide discretion to determine the provided services and the groups that may be eligible for services, and there is wide variability among states regarding services provided. Total funding for the SSBG has declined over the past decade by one-third,³¹ resulting in fewer SSBG dollars flowing to each state. At the same time, the number of states that use SSBG funds for adoption services has declined (from 38 states in 1994 to 28 in 2001). **In 2001, only 1.3 percent of all SSBG funds were used by the states for adoption services,³² services that may include adoptive family recruitment as well as post-adoption support.**

- The federal government provides funding for children’s mental health services through the Children’s Mental Health Services Program, the Community Mental Health Services Performance Partnership Block Grant, and the Programs of Regional and National Significance. These programs are viewed as increasingly critical sources of funding for state and local mental health programs. Nonetheless, the funding for these programs is limited, particularly in light of the broad range of mental health services that these programs are designed to support and the varied populations of individuals served.³³ It is not clear to what extent these programs provide support for mental health services to adoptive families.

“I adopted Malik, my great nephew, when it became clear that his mother could not provide a safe environment for him. At age five, he began slapping himself and throwing himself against the wall. He would hallucinate and see spiders even though there were none. One day at school, he saw spiders, panicked and lost control. School officials called the police and Malik was admitted to a psychiatric facility for 19 days. I felt so helpless! Where do I go? What do I do? Everybody that I started calling, I couldn’t reach. I needed help. I worked hard over the past years to find the extensive mental health services that Malik needs. I have to help him. I have to do whatever is necessary.”

Corvette, adoptive parent, New York

We Can Do Better: Ensuring Adoptive Families’ Access to Quality Mental Health Services

Because of the federal funding issues described above, state funding streams are currently the major sources of funding for post-adoption services.³⁴ Few state laws, however, specifically reference post-adoption services.³⁵ **Many states offer post-adoption service programs that include valuable services such as support groups, peer support, information,**

training, or referral, but few have intensive services for children and youth struggling with mental health issues. Funding for even the basic post-adoption services can be uncertain, particularly when states face budget constraints.

The current policy and financing system does not provide the structure, resources, or flexibility needed to ensure that adoptive families can readily access critically needed mental health services for their children. We can do better in supporting families who take on the responsibility of healing the children they adopt from foster care.

Deepening the Commitment to Adoptive Families

The commitment of public child welfare agencies to adoptive families is essential to achieving and sustaining positive mental health outcomes for children. Four steps are needed:

- **Step #1: Enhance federal and state leadership and resources** — Federal and state governments must demonstrate their continuing obligation to children for whom they assumed responsibility by removing them from their families, placing them in foster care, and then freeing them for adoption. Although adoptive families are committed to their children, many need a stronger partnership with government to ensure that their children receive the mental health services they need to ensure that their families remain intact.
- **Step #2: Build agency commitment to families** — Each adoption agency must commit to providing support for adoptive families when issues arise, even long after an adoption has been finalized. Each agency, along with its community partners, must stand ready to assist families when children’s emotional and behavioral issues affect the child’s and family’s well-being.
- **Step #3: Strengthen adoption-competency in community services** — Each community must ensure that mental health services are provided by adoption-competent people and organizations. As families seek mental health services—therapeutic counseling, family counseling, and in-home and residential services—they must be able to have confidence that therapists and other service providers understand the unique mental health issues that adopted children and their families face.
- **Step #4: Enact policies that keep adopted children from returning to foster care** — Policy must not require that children enter foster care solely for the purpose of receiving mental health treatment. Government agencies and community-based providers must ensure that families have access to mental health services without relinquishing custody of their children or being charged with abandonment in order to access the services that their children desperately need.

“My husband and I were thrilled to adopt nine-year-old Chris. He is a beautiful boy who loves football and is great at math. The adjustment to his new life was harder than we expected. When Chris got in trouble for stealing from the neighbors, he became angry and shut down emotionally. One day Chris seriously injured his sister and needed to be admitted to a psychiatric hospital’s residential program.

We were so grateful for the post-adoption services we received, including Chris’s several months in treatment plus extensive therapy for Chris and the rest of our family. Chris still goes to therapy twice a week, but is doing so much better. He is no longer in special education and he is getting straight As.”

Heather, adoptive parent, New Mexico

Expanding Funding for Mental Health Services for Adopted Children and Their Adoptive Families

Currently, post-adoption programs provide basic information, support, training, and other limited services to families in many areas. These programs do not, however, routinely offer mental health services. More resources are needed to create and expand adoption-competent mental health services and other post-adoption support 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. To ensure the availability of ongoing, readily accessible, quality mental health services for adopted children and their families, the following changes are needed in federal funding:

- **Step #1: Increase federal funding for post-adoption services with greater flexibility in how states can use these funds** — Flexible federal child welfare funding is needed at a level that aligns funding with the increasing number of children adopted from foster care and the growing understanding of the mental health needs of these children and their adoptive families. Flexible funding could accomplish a variety of child welfare funding goals, including providing adoptive families with information, referral, case management, and therapeutic services when their children have significant mental health needs.
- **Step #2: Expand targeted funding for post-adoption services** — In addition to making flexible federal dollars more available to expand post-adoption services, current sources of federal dollars that can be used for adoption services must be directed in a more targeted way to post-adoption services. Funding of Title IV-B must be increased, with new funding covering post-permanency

services, including post-adoption support. The federal government should also require that states spend adoption incentive funds on adoption support and promotion. The Adoption Opportunities program should be reinvigorated with a focus on the development and provision of adoption services, with post-adoption services being a clear funding priority.

- **Step #3: Maximize resources available for mental health services for adopted children through Medicaid** — With enhanced federal Medicaid funding, states could build strong collaborations between child welfare and Medicaid to ensure that quality mental health services are available and accessible to adopted children and their families. States should establish Medicaid reimbursement rates that appropriately compensate qualified mental health providers so that there are adequate numbers of clinicians to meet the mental health needs of adopted children. In addition, states should fully implement EPSDT (the Medicaid screening, diagnosis, and treatment program for children) so that the mental health needs of adopted children are identified and are addressed through community-based services or intensive mental health treatment programs when needed.

Conclusion

Supporting families who adopt children from foster care is an important public responsibility. By assisting families in meeting the mental health needs of their children and their families, we promote their health and well-being and keep adoptive families together. **At the same time, adoption, even adoption with support, saves money. A recent study demonstrated that the government saved between \$1 and \$6 billion as a result of the adoptions of 50,000 children from foster care each year.**³⁶ When the costs of long-term foster care for these children is compared to the cost of adoption (including recruiting adoptive families and providing adoption assistance), savings are found in reduced administrative costs, medical costs, and court expenses. It is far more economical—not to mention better for children and families—to provide post-adoption services to ensure that children with mental health problems remain with their adoptive families and do not return to foster care. Flexible federal financing options that provide support for post-adoption mental health services are critical. We can do better for adopted children and their families.

Notes

- 1 In FY 2005, 60 percent of children adopted from foster care were adopted by their foster parents, 25 percent were adopted by relatives, and the remaining 15 percent were adopted by new families. Most often, their adoptive families are married couples (68 percent), but the number of single women who adopt children from foster care is growing (27 percent in FY 2005). Smaller percentages of unmarried couples (2 percent) and single men (3 percent) adopted children in foster care in FY 2005. U.S. Department of Health and Human Services. (2006). The AFCARS Report: Preliminary FY 2005 estimates as of September 2006. Available on-line at: http://www.acf.dhhs.gov/programs/cb/stats_research/afcars/tar/report13.htm (accessed March 26, 2007).
- 2 Smith, S. (2006a). The nature of effective adoption preservation services: A qualitative study. In M. Dore (Ed.), *The postadoption experience: Adoptive families' service needs and service outcomes* (pp. 159-195). Washington, DC: CWLA Press; Smith, S.L. (2006b). A study of the Illinois adoption/guardianship preservation program. In M. Dore (Ed.), *The postadoption experience: Adoptive families' service needs and service outcomes* (pp. 67-94). Washington, DC: CWLA Press.
- 3 Smith, S.L., Howard, J.A., Garnier, P.C., & Ryan, S.D. (2006). Where are we now? A post-ASFA examination of adoption disruption. *Adoption Quarterly*, 9(4), 16-44.
- 4 The data are drawn from U.S. Department of Health and Human Services. (2006).
- 5 Freundlich, M. (2006). Research on post-adoption services: Implications for practice, program development, and policy. In M. Dore (Ed.), *The postadoption experience: Adoptive families' service needs and service outcomes* (pp. 283-298). Washington, DC: CWLA Press.
- 6 Festinger, T. (2006). Adoption and after: Adoptive parents' service needs. In M. Dore (Ed.), *The postadoption experience: Adoptive families' service needs and service outcomes* (pp. 17-44). Washington, DC: CWLA Press.
- 7 Howard, J. (2006). An examination of postadoption functioning and the needs of kin, foster and matched adoptive families. In M. Dore (Ed.), *The postadoption experience: Adoptive families' service needs and service outcomes* (pp. 3-16). Washington, DC: CWLA Press.
- 8 Smith, S.L. (2006b). Op cit.
- 9 Grant, C. & Matheson, J. (1990). Children in foster care: Issues of separation and attachment. *Community Alternatives*, 2(2), 37-49.
- 10 42 USC §673(c). In FY 2005, 89 percent of the children adopted from foster care had "special needs" and qualified for federal adoption assistance. U.S. Department of Health and Human Services. (2006). Op cit.
- 11 Festinger, T. (2001). *After adoption: A study of placement stability and parents' service needs*. New York: Shirley M Ehrenkrantz School of Social Work, New York University; Fine, D.N. (2000). *Adoptive family needs assessment: Final report*. Salem, OR: Oregon Post Adoption Resource Center, Oregon Department of Human Resources; McDonald, T.P., Propp, J.R., & Murphy, K.C. (2001). The post-adoption experience: Child, parent, and family predictors of family adjustment to adoption. *Child Welfare*, 80(1), 71-94.
- 12 Smith, S. (2006a). Op cit.; Grand, M. (2006). Adoption through a retrospective lens. In M. Dore (Ed.), *The postadoption experience: Adoptive families' service needs and service outcomes* (pp. 45-62). Washington, DC: CWLA Press.
- 13 Festinger, T. (2006). Op cit; Howard, J. (2006). Op cit.
- 14 Lerner, K., Gibbs, D. & Barth, R.P. (2006). Post-adoption services: A study of program participants, services and outcomes. In M. Dore (Ed.), *The postadoption experience: Adoptive families' service needs and service outcomes* (pp. 95-110). Washington, DC: CWLA Press.
- 15 Festinger, T. (2006). Op cit.
- 16 Festinger, T. (2006). Op cit; Fine, D., Doran, L., Berliner, L. & Lieber, R. (2006). Factors affecting recent adoption support levels in the Washington State adoption support program. In M. Dore (Ed.), *The postadoption experience: Adoptive families' service needs and service outcomes* (pp. 197-231). Washington, DC: CWLA Press.
- 17 Federation of Families for Children's Mental Health and the Bazelon Center for Mental Health Law. (2002). *Staying Together: Preventing Custody Relinquishment for Children's Access to Mental Health Services*. Washington, DC: Bazelon Center for Mental Health Law; Bazelon Center for Mental Health Law. (2000). *Relinquishing Custody: The Tragic Result of Failure to Meet Children's Mental Health Needs*. Washington, DC: Author.
- 18 Ibid.
- 19 Smith, S.L., Howard, J.A., Garnier, P.C., & Ryan, S.D. (2006). Op cit.
- 20 Lahti, M. (2005). Maine Adoption Guides: Making the Case for Family-Driven Post-Adoption Services. *Adoptalk*, Winter. Available on-line at: <http://www.nacac.org/postadoptionarticles/Maine.html> (accessed March 29, 2007).
- 21 Smith, S.L. (2006b). Op cit.
- 22 Smith, S. (2006a). Op cit.
- 23 Barth, R.P., Gibbs, D. & Siebenaler, K. (2001). Assessing the Field of Post-Adoption Service: Family Needs, Program Models, and Evaluation Issues. Available on-line at: <http://aspe.hhs.gov/HSP/PASS/lit-rev-01.htm> (accessed March 29, 2007).
- 24 The Ohio Department of Job and Family Services Fact Sheet, <http://jfs.ohio.gov/factsheets/adoption.pdf>; Barth, R.P., Gibbs, D. & Siebenaler, K. (2001). Op cit.
- 25 Christian, S. (2002). Post adoption services: Issues for state legislatures. National Conference of State Legislatures. Available on-line at: <http://www.ncsl.org/programs/cyf/PASI.htm> (accessed April 12, 2007).
- 26 Casey Family Services. (2003). Promising practices in adoption competent mental health services. Available on-line at: http://caseyfam.vwh.net/pdfs/casey_mhpaper.pdf (accessed March 29, 2007).
- 27 U.S. House of Representatives, Committee on Ways and Means. (2006). *The Green Book*. Washington, DC: Government Printing Office.
- 28 Ibid.
- 29 U.S. Government Accountability Office. (2006). *Child welfare: Federal oversight of state IV-B activities could inform action needed to improve service to families and statutory compliance*. Washington, DC: Author.
- 30 Smith, S. (2006a). Op cit.
- 31 In 1997, the SSBG was funded at \$2.5 billion; in 2007, it was funded at \$1.7 billion. U.S. House of Representatives. Committee on Ways and Means. (2006) *2003 Green Book*. Available on-line at: <http://waysandmeans.house.gov/media/pdf/greenbook2003/Section1.pdf> (accessed April 11, 2007).
- 32 U.S. House of Representatives, Committee on Ways and Means. (2006). *The 2004 Green Book*. Available on-line at: <http://waysandmeans.house.gov/media/pdf/greenbook2003/Section10.pdf> (accessed March 29, 2007).
- 33 In FY 2006, the Children's Mental Health Services Program was funded at \$105 million, unchanged from the previous year; the Community Mental Health Services Performance Partnership Block Grant was funded at \$410.9 million, a \$21.8 million decrease from FY 2005, and Programs of Regional and National Significance was funded at \$410.9 million in FY 2006, a \$22.2 million decrease from FY 2005. Child Welfare League of America. (2007). Mental Health Care Services. Available on-line at: <http://www.cwla.org/advocacy/2007legagenda09.htm> (accessed March 29, 2007).
- 34 Oppenheim, E., Gruber, S., & Evans, D. (2000). *Report on post-adoption services in the states*. Washington, DC: Association of Administrators of the Interstate Compact on Adoption and Medical Assistance, American Public Human Services Association.
- 35 Christian, S. (2002). Op cit.
- 36 Barth, R., Lee, C.W., Wildfire, J., & Guo, S. (2006). A comparison of the governmental costs of long-term foster care and adoption. *Social Service Review*, 80(1), 127-158.



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