

# Finding Families for Waiting Kids: The Challenge of Special Needs Adoption in the 90's and Beyond

**The Policy Institute for Family Impact Seminars**



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# Finding Families for Waiting Kids: The Challenge of Special Needs Adoption in the 90's and Beyond

Background Briefing Report  
by Diane Dodson

and highlights of the Seminar held on Friday, May 15, 1998,  
at B-318 Rayburn House Office Building, Washington, DC

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# Finding Families for Waiting Kids: The Challenge of Special Needs Adoption in the 90's and Beyond

*A Background Briefing Report by Diane Dodson*

## Introduction

President Clinton's Adoption 2002 initiative and the passage of the Adoption and Safe Families Act of 1997 mark the culmination of two decades of reform in the child welfare field that began with passage of the Adoption Assistance and Child Welfare Act of 1980. Together they seek to ensure that foster children are either returned to their birth families or placed with adoptive families or in other permanent arrangements. Current efforts seek to further refine earlier reforms, to deal with their unintended consequences, to institutionalize lessons learned about good policy and practices, and to meet the ultimate goal of any child welfare reform—a safe and permanent home for every child.

The details of the child welfare problem are stark. Of the 450,000 children in foster care in the public child welfare system in 1994, some 100,000 were awaiting adoption. Of this group, 27,000 were legally free and immediately available for adoption. Each year fewer than 20,000 of these children are adopted, and many wait three to five or more years for an adoptive home. Adoption rates vary enormously among the states. Michigan, with some 15,000 children in foster care, finalizes over 2,000 adoptions per year. California, with over 100,000 children in foster care, places only 4,000 for adoption annually. (Michigan has pursued adoption reform for a number of years; California has recently begun a new reform initiative.)

Technically, “special needs” adoption typically refers to the adoption of children of color, older children, sibling groups, and children with disabilities, and qualifies the children) for adoption assistance. Since the definition is determined by each state, those included in this group may vary from state to state. However, most children in foster care awaiting adoptive placement are considered informally as having special needs as a result of the events leading to placement, their length of time in foster care, multiple placements, and other difficult factors.

Adoption is one of several ways of providing permanent families for children in foster care who cannot return to their own homes in safety. Others include guardianship or placement in the custody of relatives. Adoption is, however, the most permanent of these arrangements and provides the greatest legal protection for the continuation of the parent-child relationship into adulthood. Adoption is more likely than long-term foster care to promote positive developmental outcomes, educational achievement, and children's satisfaction with their families. One important advantage of adoption over foster care is the lifelong nature of the relationship. As they become young adults, adopted children appear to be more likely to benefit from family help with higher education, beginning employment, finding housing, and starting a family. Sadly, many young people who “age out” of the foster care system (stay in foster care until age 18) struggle with homelessness, poverty, and health and mental health problems. A significant minority finds their own children eventually placed in foster care.

The benefits of adoption to the public are substantial as well. State and federal governments save approximately \$40,000 in administrative costs for each child placed for adoption, even when adoption

assistance, medical benefits, and other services are provided to the adoptive family. In addition, federal bonuses under the Adoption and Safe Families Act promise \$4,000 to \$6,000 to states for each additional child they place with an adopted family above prior adoption levels.

Nevertheless, the barriers to successfully completing adoptions for these children are numerous and complex. To reach the Adoption 2002 initiative's goal of doubling the number of foster children adopted annually, states will have to analyze carefully the multiple obstacles that impede foster children's progress toward adoption and develop appropriately funded, multi-pronged strategies for meeting these challenges. For many states, providing incentives to counties to improve adoption practice will be an essential way to increase adoptions of foster children.

Fortunately, innovative states, courts, and agencies provide models to address many of the significant barriers to adoption. The following important themes in the current state of the child welfare adoption system will be explored in this paper:

- Today, most foster children are adopted by foster parents or relatives. This requires the development of new policies and strategies for dealing with initial foster care placements and subsequent adoptions.
- After years of permanency planning work, both research and practice experience have made it possible to engage in better risk assessments, which can allow professionals to identify children entering foster care who are at high risk of being unable to return home even after services are provided to their families. Concurrent planning, in which casework proceeds on dual tracks toward reunification and adoption (if reunification is not possible), is one response to these cases. Another response for the most extreme cases is legal statutes allowing early termination of parental rights in cases in which return home can never be made safe.
- Despite many innovative approaches to service delivery, there remains a substantial lack of services—particularly drug treatment services—for birth families. Federal funding for child welfare services is very limited despite the emphasis on reunification services in the Adoption Assistance and Child Welfare Act of 1980. The ironic result has been that many children are held in foster care limbo because termination of parental rights cannot be obtained without showing that appropriate services first have been provided to the birth parents.
- Children of color, particularly African American children, are disproportionately represented among foster children awaiting adoption and are placed in foster care in disproportionate numbers. Their families receive fewer services than white families, and they have longer stays in foster care. They are adopted at lower rates than their representation in the foster care population, despite African-American families adopting at higher rates than others, and thus wait to be adopted longer than white children. The challenge of meeting the needs of these children is perhaps the central undertaking of the child welfare system in the coming years. States and localities will need to increase numbers of staff of color, partner with community organizations, foster the development of culturally sensitive adoption programs, and develop new forms of outreach and services.
- Specialized recruitment approaches are needed to find adoptive parents for many children with special needs, including children of color, older children, brothers and sisters needing placement together, and children with disabilities.
- New forms of adoption are needed. While there is significant controversy about cooperative adoption where birth parents have continued contact with their child, this type of adoption can accommodate

the special circumstances of many groups. Older children who know their birth families and wish to keep ties with them, children being adopted by relatives who retain ties to birth parents, or children whose birth parents are willing to consent to their adoption only if they can retain an expectation of some contact may all benefit from cooperative adoption.

- New approaches are being developed to resolve cases out of court with cooperative adoption or other agreed-upon permanency plans when it appears that a birth parent will not be able to resume parenting of his or her child. These approaches are based on models for mediation or facilitated family group meetings.
- Some child welfare agencies, courts, and legal service providers are improving their practices related to legal actions on children's behalf, coordinating their efforts better, and improving court procedures to speed legal resolution of children's cases.
- New approaches to agency organization and teamwork are being developed to improve casework on cases of children who eventually need adoption.
- Most state information systems have not yet dealt well with tracking and monitoring the progress of children awaiting adoption. Those states that have developed good tracking and monitoring capabilities, even if only on a limited basis, have been able to pinpoint impediments to timely adoptions and devote resources to removing systemic barriers that affect many cases.

# I. Background

## Overview of the Adoption Process

Most children's journeys from placement in the child welfare system to adoption are long and complex, involving numerous steps by the birth family, child welfare agency, court, and adoptive parents. In a typical case, a child is removed from home by social workers or police as a result of abuse or neglect by parents. In some cases this takes place after intensive efforts to keep the child at home safely have failed. A formal case charging abuse or neglect is filed in court, and the child is placed in the custody of the child welfare agency. The agency places the child in the home of foster parents or, in many cases, a series of foster parent homes. (Often these foster parents are relatives.) By federal and state mandate, services are provided to the birth parents in an effort to make it possible for the child to be returned home safely. Progress on the case plan is reviewed at least once every six months.

If reunification efforts fail and the child cannot be returned home safely, a formal decision is made and approved by the supervising court at a permanency planning hearing to change the case plan goal to adoption or another permanent plan. (Other possible permanent options include guardianship or placement with a relative, not the subjects of this paper.) To effectuate adoption, a formal termination of parental rights petition (TPR) is filed in the appropriate court. Parents must be served with notice of the proceedings. Counsel is appointed for the parents if this has not been done previously. (While parents are permitted to retain private counsel, few are able to do so.) After adjudication, a decision is made by the court whether or not to grant the termination of parental rights. If their rights are terminated, parents may appeal that decision. (Alternatively, a parent has the legal option to voluntarily relinquish parental rights.)

Either simultaneous with or following the conclusion of the legal proceedings, social work efforts are made to identify prospective adoptive parents for the child and to prepare the child for adoption. A social worker usually first explores the possibility of adoption by relatives or current or former foster parents, those who adopt the majority of children from the child welfare system. If adoptive parents who know the child are not available, adoption of the child by unrelated adoptive parents is explored. Parents may be readily identified from among approved, prospective adoptive parents already on the agency's roster of waiting parents. If not, efforts are made to recruit adoptive parents for the child. The child may be listed on adoption exchanges and featured in various forms of media presentations, such as Child Awaiting Placement books, television shows, newspaper articles, or websites. During this process, the child will be prepared for the upcoming adoption by ongoing discussions with social workers, preparation of a "life book," and by allowing the child to identify types of families he or she may be interested in.

When adoptive parents are identified, pre-adoptive preparations are made (e.g., visits, letters, and exchange of photographs with the child), particularly if the adoptive parents do know the child. An adoption subsidy agreement likely will be negotiated. An adoption petition will be filed with the court and the child placed with the adoptive parents. The court will finalize the adoption after the child has lived with the adoptive parents for a period of time. In a typical case today, four or more years will have passed since the child first entered foster care. Additional complexities such as multiple failed reunification efforts, failure to provide services to birth parents, and failure to make timely decisions about the permanency plan for the child cause additional delays. Many features of this system can and should be changed to ensure that children in need of adoptive homes do not linger unnecessarily in foster care or suffer from the additional loss and upheaval involved in multiple placements.

## Characteristics of Children in the Child Welfare System

### Demographic Characteristics

(American Public Welfare Association, 1996; Barth, Courtney, Berrick, & Albert, 1994; U. S. Department of Health and Human Services, 1997b)

The characteristics of children who have been adopted and of those waiting to be adopted (i.e., legally free to be adopted) are not the same. In general, the proportion of African American children and older children available for adoption exceeds that of children who are adopted. Of children in the child welfare system who were awaiting adoption in 1994, 42 percent were white, 53 percent were African American, 1.3 percent were Hispanic, and the rest were of other or unknown backgrounds. However, among those whose adoptions were finalized that year, 49 percent were white, 42 percent were African-American, 3.9 percent were Hispanic, and the rest were of other or unknown backgrounds.

The percentage of children adopted who are African American rose significantly between 1982 and 1994, increasing from 18.5 percent of child welfare adoptions to 42.2 percent. (The percentage of African American children awaiting adoption also rose from 37.3 to 43.6 percent during that period.) While the rate of adoptive placement for African American children has improved, it remains troublesome because African American children are significantly over-represented in foster care. Based on U.S. Department of Health and Human Services data from 22 states, African-American children comprise 46 percent of the foster care population, but are only 16 percent of the total child population. In California, African-American children in the foster care system were five times less likely to be adopted during the first 3.5 years in care than white children.

There is also an age gap between foster children awaiting adoption and those being adopted. The following chart, based on data reported to the American Public Welfare Association's Voluntary Cooperative Information System (VCIS) for Child Welfare, shows that waiting children under age five are significantly more likely to be adopted than those over age 12.

### *Ages of Children Adopted and Awaiting Adoption, 1994*

	Under 1 Year	1-5 Years	6-12 Years	13-18 Years
<b>Adoption Finalized</b>	2.1 %	44.8%	42.9%	10.1%
<b>Awaiting Adoption</b>	2.1 %	31.8%	40.1 %	22.7%

In 1990, the median age of foster children who were adopted in the states covered by the VCIS reporting data was 4.6 years. The median age of children awaiting adoptive placements at the end of that year was 7.4 years. By 1994, the ages of both groups had increased.



## Length of Time in Care

(American Public Welfare Association, 1996)

Among the children in the child welfare system legally free and awaiting adoptive placement at the end of 1994, two-thirds had been waiting for more than two years, up from 46 percent in 1990. These figures do not include the length of time these children had spent in foster care before becoming legally free to be adopted—12.5 percent had been waiting between one and two years; 13 percent waited six months or less; and 7.6 percent waited from six months to a year.

## Special Needs Characteristics

(American Public Welfare Association, 1996; Bussiere, 1997)

The term “special needs” child conjures images of children with serious physical disabilities—a child in a wheelchair or on a ventilator, for example. Although a majority of children in the child welfare system who are awaiting placement are considered children with special needs, most do not fit this image.

The identification of a child as having special needs is significant in the child welfare adoption field for two reasons: (1) It suggests that care must be taken in identifying an adoptive home for the child to ensure that his or her “special needs” are met, and (2) only those children who are designated “children with special needs” within the meaning of the Adoption Assistance and Child Welfare Act of 1980 *and* who are eligible for Title IV-E foster care are eligible for federally funded adoption assistance.

Federal law requires, among other things, that to be eligible for adoption assistance there must be a specific factor in a child’s situation that would make it difficult to place him or her with adoptive parents absent the assistance. While federal law leaves the definition of special needs to each state, it does suggest certain factors that might be presumed to have this effect, including ethnic background, age, and membership in a minority group. Membership in a sibling group that needs to be placed together also may constitute a special need. Similarly, medical conditions, physical, mental, or emotional handicaps, or behavior problems may make placement difficult.

Special needs conditions often mean increased costs for the adoptive parents who raise the children. Some medical conditions or handicaps (which include behavioral problems and learning disabilities as well as physical conditions) require costly treatment or interventions. Also, a family that could support one child may need assistance when taking a sibling group. An effort to recruit families of the same cultural or ethnic backgrounds as those of the children waiting to be adopted may be enhanced by the availability of assistance, which widens the pool of potential adoptive parents to include those with less financial means. Assistance also is used to encourage foster parents with a child currently in their custody to adopt that child when he or she is free for adoption. Prior to the availability of adoption assistance, many foster parents were reluctant to adopt their foster children because they would lose the financial and medical assistance they received as foster parents.

A recent survey of states (Bussiere, 1997) found significant variation in state definitions of special needs. All state laws and policies that were examined recognized certain physical, mental, and emotional conditions as special needs but varied as to whether the condition must be fully manifested and diagnosed at the time of adoption. This issue is particularly important for the many children who have a significant known physical risk factor, such as prenatal drug, alcohol, or HIV exposure, which could result in a handicapping condition in the future. In the late 1980’s and early 1990’s, many of these fragile children entered the foster care system—particularly children with HIV or children who were exposed to drugs *in*

*utero* — and are now available for adoption. Some states recognize these risk factors as constituting special needs. In addition, some states consider a child's age or emotional ties to foster parents special needs.

Because of the inconsistency in state definitions, data on the proportion of foster children placed for adoption who were identified as having special needs do not necessarily reflect the same underlying factors or conditions. With that caveat, it is still important to note that among children in the child welfare system awaiting adoptive placements in 1994, seven out of ten had one or more identified special needs (e.g., age, disability, minority, or sibling group status). Among those adopted that year, 73.7 percent were identified as having one or more special needs.

In addition to those meeting formal special needs definitions, many experts believe that children who have spent significant amounts of time in the child welfare system are fragile. In some cases, mental health, behavioral, or other issues that may have been the result of early abuse and neglect or prolonged stay in foster care may surface some years after adoption and necessitate special treatment or intervention. These children are often not covered by state definitions of special needs, however.

### **Characteristics of Families Who Adopt Children Through the Child Welfare System**

(American Public Welfare Association, 1996; Bachrach, London, & Maza, 1991; Gershenson, 1984)

One striking feature of parents who adopt children from the child welfare system is the growing numbers who first cared for their adopted children as foster parents. In 1994, 51.4 percent of foster children whose adoptions were finalized were adopted by foster parents, 28.4 percent by people unrelated to them, 17 percent by relatives, and for 3.2 percent, their relationship to their adoptive parents was unknown. (Relative adoptions increased from under three percent in 1982.)

The exact number seeking to adopt a child in the United States is not known. Current national estimates based on direct information from adoption seekers are drawn from the 1988 National Survey of Family Growth (NSFG), which surveyed women 15 to 44 years of age. Based on that survey, it was estimated that of all women in the U.S. in that age group at that time, over two million had contacted an agency or attorney regarding adoption, and that 620,000 of the group had adopted a child. Of those surveyed, it was estimated that only 204,000—about 10 percent of the total who had ever expressed interest—were *currently* seeking to adopt.

This number both over-represents and under-represents the numbers of parents or families who might be prepared to adopt children from the child welfare system. Many of the potential adopters seek children (often infants) who are not typical of those in the child welfare system. Conversely, a significant portion of those who adopt children from the child welfare system are over age 44 and would not have been counted in the survey.

There is some evidence that African Americans adopt at a higher rate than whites, particularly when family structure, family income, and the age of parents are controlled for. A study in 1983 by the Department of Health and Human Services found that adoption rates per 10,000 families were seven for African Americans, two for European Americans, and two for Hispanics. When limited to parents below age 55, family income above poverty level, and two-parent families, the rates were 18 per 10,000 families for African Americans, four for European Americans, and three for Hispanics.

Unfortunately no national data is available on the characteristics of prospective adoptive parents who are seeking or awaiting the placement of children in the United States or on the characteristics of the children they seek. It is entirely clear to practitioners, however, that those who adopt through the public

child welfare system are usually not the stereotypical, upper middle-income, childless, white couple. Those who adopt foster children now include single parents, minority parents, older parents, low- and middle-income families, and parents with other children. Experts in the recruitment of adoptive parents report a particular shortage of homes for children with severe disabilities, for older minority children, especially boys, and for large sibling groups.

## **Outcomes of Adoption of Children with Special Needs**

(McKenzie, 1993; McRoy, & Zurcher, 1983; Rosenthal, 1993; Silverman, 1993; Simon & Alstein, 1992)

Prior to 1970, most children with special needs who could not live at home would not have been considered for adoption. Yet, based on two decades of increasing experience with adoption of children with special needs and a number of studies, it is clear that adoption outcomes for these children are distinctly positive on the whole.

Some adoptions are disrupted—that is, they are terminated before the adoption is finalized. Best estimates suggest that only 10 to 15 percent of adoptions of children three years old and older end in disruption. Further, it appears that pre-placement training for adoptive parents, full disclosure of information about the child, and post-adoption support (financial and medical assistance and services) can minimize adoption disruptions, substantially reducing this percentage.

Although study findings have varied, among the large majority of adoptive families that remain intact, approximately three-quarters of the adoptive parents are very satisfied with the adoption experience. Intact adoptive families experience a level of cohesion and family functioning similar to that in nonadoptive families.

The factor most highly associated with risk for disruption is the child's age at the time of placement; this risk increases as the child's age increases. Developmental delays and serious medical conditions do not appear to be major risk factors. However, emotional and behavioral problems increase the risk of disruption. In particular, aggressive, acting-out behavior—as opposed to inhibited, withdrawn behavior—is more likely to be associated with risk of disruption. A history of physical or sexual abuse also means higher risk. Some studies have shown a modest increase in disruption rates for adoptive families with higher educational or income levels and some have not. Rigidity in family functioning also may be slightly predictive of disruption.

Not surprisingly, factors that predict positive adoptive outcome are generally the converse of those predicting disruption: younger age of the child at the time of placement, the absence of behavioral problems, the provision of complete background information regarding the child, adoption by the child's foster parents, and no history of sexual abuse prior to placement.

Among the factors that do *not* predict disruption, and that may, in fact, be associated with *increased* parental satisfaction, are minority ethnicity, lower educational and income levels, older age of the parents, and single-parent status. Thus, agencies are increasingly recruiting these types of adoptive families for waiting children.

One issue that has been highly controversial in the field is transracial adoption, particularly when the adoptive parents are white and the child is African American. The National Association of Black Social Workers (NABSW) has strongly opposed transracial adoptions for many years, citing identity problems for African American children who may find they are not fully accepted by the white community and lack African American contacts. The NABSW also reports these children have difficulty developing coping mechanisms needed to deal with a racist society.

Research on African American children adopted by white families suggests that most children adjust well and enjoy self-esteem at least as high as non-adopted children. One study indicated that transracial adoptees experienced some difficulty in identity formation, and tended to devalue their black heritage. Other studies have not found such problems with identity formation and, indeed, some have found that transracially adopted adolescents have developed pride in being African American.

One study found somewhat lower scores on measures of family cohesion for children adopted transracially compared to children adopted by same-race parents. However, the researchers noted that the transracially adopted children were more likely to be disabled, more likely to have lived in group homes or psychiatric placements prior to adoption, and more likely to have experienced sexual abuse. These factors may account for the greater difficulties experienced by these children. The parents in transracial adoptions report similar rates of feeling very positive about the adoptions as other adoptive parents.

## **II. Barriers to Adoption for Children Who Cannot Return Home**

In his recent initiative, President Clinton called for doubling the number of adoptive placements of children in foster care by 2002. To reach this laudable goal, a variety of barriers must be overcome. Families (foster parents, relatives, and other families) must be recruited for waiting children. Decisionmaking about the status of foster children must be timelier. Barriers that impede adoption must be addressed, including inadequate permanency planning, fragmented responsibility for children awaiting adoption, inability to track progress on children's cases, unavailability of services for timely progress toward a case plan goal for children, and delays due to legal processing and court/agency coordination problems. In addition, questions about the availability, adequacy, and security of post-adoption financial assistance, medical assistance, and services must be resolved both to ensure children's well being and to encourage more families to adopt.

### **Issues Related to Recruitment of Adoptive Parents**

The traditional notion of childless, infertile couples, generally of comfortable circumstances, adopting healthy infants is not an accurate picture of adoption through public child welfare agencies today. More than half of the children adopted nationally through the public child welfare system are adopted by their foster parents. Large numbers are also adopted by relatives, some who are already the children's foster parents. Only a minority of foster children who are adopted go to parents who are neither relatives nor foster parents.

### **Foster Parents**

(Cole, 1997; McKenzie, 1993; Meezan & Shireman, 1982; North American Council on Adoptable Children, 1996; Welty, undated)

Foster parents are the major source of homes for foster children; they account for more than half the adoptions of children in the child welfare system. In some states, 80 to 90 percent of adoptions of children with special needs are by foster parents. This may be because foster parents for special needs children have the opportunity to learn that they can meet the unique parenting challenges these children present.

This high level of adoption by foster parents represents a radical shift in their roles in the child welfare system. Originally conceived as temporary caretakers of children removed from abusive or neglectful homes, foster parents in the 1960's and 1970's were often required to sign a statement that they would not seek to adopt children placed in their homes. Foster parents who press to adopt children in their care are the main impetus behind this new trend. Unfortunately, many agencies still do not regularly explore the possibility of adoption with foster parents. When this issue is explored early on in a foster placement, there is a greater likelihood of adoption by foster parents.

Experts increasingly believe that every foster placement should be seen as a potential adoptive family. Most agencies, however, make foster placements on an emergency basis, relying on whatever limited pool of foster families is available at that time. Frequently the pool of foster parents does not reflect the cultures of the children coming into care. This limited pool often means that no consideration is given to whether the initial foster placement also would be an appropriate adoptive placement. When the initial placement is with foster parents who choose not to adopt or are inappropriate adoptive parents, the child may face the additional loss of foster parents with whom the child has bonded. Revamping the foster care placement system to ensure that placements are in accordance with adoption principles from the outset is a challenge for the coming years.

However, a number of specific barriers impede foster parent adoptions. Additional certification or a home study process may be required to qualify current foster parents as adoptive parents. Both foster parents and agency staff may delay paperwork when faced with other urgent priorities because they assume that the child is already safely placed in what will be the eventual adoptive home. Financial disincentives sometimes discourage foster parent adoptions as well. This can happen when adoption subsidy rates would be lower than foster care rates or when foster parents fear the loss of medical assistance for the child they want to adopt.

In traditional agency practice, individuals or couples apply to be either foster parents or adoptive parents. The approval process is different for the two groups, with adoptive parents having to meet more restrictive criteria and somewhat higher standards. Having two separate tracks creates problems for foster parents who want to adopt. At a minimum, the adoption process is delayed while a home study is conducted of the foster parents. In many cases, the two processes create much duplication of effort and paperwork (for both the agency and family).

Sometimes foster parents with whom the child has bonded are found not to meet either the criteria for adoptive parents or agency standards to adopt a particular child. For example, the agency may disqualify older adults from adopting young children—even when they allow them to be foster parents. Similarly, in the past, there were many cases of African American children being placed with white foster parents who ultimately were discouraged or barred from adopting them. Such placement practices fueled the drive for passage of the Multiethnic Placement Act.

Foster parents who adopt children with special needs are often eligible to receive adoption subsidies. However, many agencies pay enhanced foster care rates for children who are medically fragile or who have significant physical, emotional, or developmental disabilities. While federal law prohibits paying higher subsidies for adoption than for foster care for a *particular* child, many states will never pay adoption subsidies higher than the *standard* foster care rate, which means that foster parents of special needs children may lose significant income if they adopt. However, nothing in federal law prohibits paying adoption subsidies at an enhanced rate *equivalent* to the foster care rate for children with special needs. (See a more complete discussion of adoption subsidy issues below.)

Fortunately, a number of states have developed strategies for overcoming these barriers. Some states have developed joint certification programs so that foster parents who participate in the program are automatically certified as prospective adoptive parents.

Foster/adopt or legal risk placement strategies place children likely to become free for adoption in homes that are potentially available as adoptive homes and in which there is a good match between the child and the foster/prospective adoptive parents. (See discussion of concurrent planning model below.) These parents agree from the outset to be available for the child whether that means helping reunify the child with his or her parents or ultimately adopting the child.

Some states have begun to pay adoption subsidy rates that reflect the additional level of care required for children with special needs. Paperwork on finalizing adoptions involving foster parents has been sped up in some states by more careful tracking and monitoring of all adoptions. Flexible funds have been used to remove particular barriers for foster parents finalizing adoptions. For example, an agency was able to reimburse part of the cost for a foster mother to obtain a divorce from her long-separated husband. State law required that married persons both take part in the adoption of a child; finalizing the divorce permitted her to adopt her foster child as a single parent. All of these approaches can increase the number of foster parents willing and able to adopt their foster children.

## Relative Adoptions

(Hardin & Lancour, 1997; Hegar & Scannapieco, 1995; North American Council on Adoptable Children, 1996; Thornton, 1991; U.S. House of Representatives, 1996)

As the number of children coming into child welfare system during the height of the crack epidemic of the 1980's far outstripped the number of foster families able to take them, agencies increasingly turned to children's extended families to fill the gap. A heightened awareness of the benefits of family care for the children also motivated the increased use of relative placements.

In the 1970's, relatives had generally been deemed ineligible to receive foster care payments on behalf of young relatives placed in their care. Instead, they were eligible only for the lower AFDC payment rate if qualified by their household income. However, a 1979 Supreme Court case established that relatives with whom public child welfare agencies placed children were eligible to be compensated at the same rate as other foster parents if their homes met foster home licensing standards. Still, in some cases, these caregivers do not meet strict requirements about the square footage or number of bedrooms in their homes, making them ineligible for foster care licensing and reimbursement.

By the early 1990's, the proportion of foster children being cared for by relatives nationwide increased to over 30 percent. In some states, the proportion has grown even higher. Relative placements accounted for 38 percent of New York's total foster care caseload in 1990 and 51 percent of Illinois' in 1992. Reflecting the overall demographics of children in care, kinship caregivers are predominately families of color. In cities such as New York and Baltimore, as many as 90 percent of kinship care providers are African-American. Often these caregivers are single grandmothers with very low incomes.

While relatives generally assure foster children culturally competent caretakers and continuity of family relationships, their use as foster parents has raised a number of questions for the child welfare field. Is a child in foster care with a relative in a permanent placement—that is, does further permanency planning need to be done for such children? (Children in foster care with relatives stay in care longer, on average, than other children, but it is not clear whether this represents a tendency not to move toward either reunification or adoption/guardianship in these cases or suggests that relative foster care is in itself a desirable long-term arrangement.) Should such relationships be formalized into adoptive or other legal arrangements (such as guardianship) in order to assure their permanence and security or should they be allowed to continue as long-term foster care? What should be the qualification standards be for relatives to adopt children in foster care who cannot be reunited with their birth parents? Should different standards apply to relatives than to other prospective adoptive parents? In some cases, relatives are low-income workers or welfare recipients, have less education, and might present problems with age, health, criminal history, or other issues that would disqualify prospective adoptive parents who are unrelated to the child. Protection of the child from the abusing parent can also be of concern in some cases.

Child welfare workers report that relatives sometimes resist agencies intruding in their lives and are reluctant to accept standard preparation for adoption. They may be reluctant to seek needed services out of a fear of losing their children. On the other hand, adoption or subsidized guardianship can assure these caregivers of the permanence and stability of their parenting role and limit or eliminate the agency supervision that comes with foster parenting.

Some studies have found that many kinship care providers do not wish to adopt the children in their care. Many feel that adoption is not necessary because they and the child are already family. Others do not wish to disrupt the relationship with the child's birth parents, one of whom is often the caretaker's own child, by encouraging or participating in an involuntary termination of parental rights proceeding. There may be a cultural dislike for adoption as being akin to "buying children." However, many relative caregivers do want the protection and assurance offered by adoption. In other cases, relatives who might be amenable to adopting a child in their care may not be aware of the adoption assistance payments and services for which they would be eligible as adoptive parents.

States can enhance the quality of permanence provided for children through relatives by several means. On a practice level, states must ensure that adoption is explored with long-term relative caregivers as an option for permanence. Such discussions should include a thorough discussion of the subsidies and supports that are available to adoptive parents. South Carolina law, for instance, now requires child welfare workers to discuss adoption with relative caregivers.

States also can take steps to ensure that there are ways for relatives to become the functional parents for a child without breaking all ties with the birth parents. This could include guardianship, particularly subsidized guardianship, and open or cooperative adoptions that allow ongoing relationships with the birth parents through visits, information exchange, or both. A number of states—Washington, New York, Oregon, New Mexico, Nebraska, and Indiana among them—have some version of the latter, which allows court enforcement of an openness agreement after finalization of adoption. In other states, the courts have interpreted existing adoption laws as providing such an option. California has recently enacted a kinship adoption statute that allows enforceable agreements for post-adoption contact between children and birth parents in cases involving adoption by relatives. Significant opposition exists to this approach from those who believe that confidentiality is necessary to protect all participants in an adoption.

To make the process less contentious for everyone involved, a mediation process or a facilitated group decision-making process can result in agreements between birth parents and the adoptive parent(s) about voluntarily relinquishing parental rights and setting up future contact. (Such approaches also are appropriate in non-kinship cases involving older children who wish to maintain ties with their birth parents after adoption.) For example, the Illinois Department of Children and Family Services/Kinship Permanency Planning Project invites extended families and birth parents to participate in planning and decision-making for children.

### **Recruited Parents Who Are Previously Unknown to the Child**

(Festinger, 1972; Lakin & Whitfield, 1997; Westat, 1986)

A number of studies have demonstrated the success of adoptive placements with single parents, low income parents, minority parents, older parents, and parents with other children. (See the discussion in Part I.) As a result, agencies have significantly broadened the pool of potential adoptive parents they will consider beyond the traditional middle- or upper middle-income, childless couples. In addition, the range of special needs children who have been adopted successfully suggests that no child is unadoptable—including medically fragile children (such as HIV-positive children), teenagers, brothers and sisters who need a home together, and children with severe developmental delays or behavioral problems.

Successful adoptive parent recruitment programs include connections with communities of color, partnerships between public agencies and private agencies with specialized expertise related to special needs children, child-specific recruitment activities that focus on the children who are actually waiting, positive relationships



with the media, and comprehensive post-adoption support (including subsidies, medical assistance, and other services). Successful recruitment programs must be carefully planned. The characteristics of the children should guide recruitment efforts. What are their racial and ethnic backgrounds? What are their ages? Are there large numbers of sibling groups or children with medical problems?

The array of techniques—in both the social work and marketing realms—to recruit adoptive parents is both inventive and remarkable. In many cases, efforts focus on recruiting adoptive parents for a particular child (even though prospective adoptive parents attracted to one child often ultimately adopt another); other recruitment efforts are more general. Successful recruitment campaigns include use of the media, the development of specialized publications (including web pages), adoption events, community outreach, and word-of-mouth recruitment. Campaigns focus on recruiting parents for the children who are actually waiting (e.g., recruitment especially targets parents for teens if teens are waiting for homes). Local news media feature “waiting children” pieces in newspapers and on radio and television. Listings of children with photographs, demographic, and personal (non-identifying) information are published in Child Awaiting Placement books, in special brochures, in church bulletins, and on the Internet.

Regional and national adoption exchanges feature information on children from more than one state. A variety of organizations, including public agencies, adoption exchanges, private agencies who contract with a state or county, and community organizations hold events for prospective adoptive parents to meet children needing homes in an informal setting. They also provide information on adoption at state fairs, special adoption fairs, and in a variety of other settings. Some programs recruiting adoptive parents for older children actively talk to the child’s “natural” contacts—including teachers, court appointed special advocates, neighbors, and friends’ parents—in an effort to spread the word. Others involve successful adoptive parents in recruitment, adoption preparation, and post-adoption support.

Community outreach has been especially important in reaching minority families. Community-based, minority-operated agencies pioneered several techniques for reaching out to prospective adoptive parents. These agencies seek to qualify rather than disqualify appropriate parents, to create a more appealing interface with the public agency, to educate clients about adoption assistance services available and, in many cases, to advocate for their clients as they move through the adoption process. The gap between the higher adoptive placement rates of white children and the lower ones for children of color has been narrowed in some communities by such outreach efforts designed to create more positive attitudes toward the adoption agency among minority communities.

The national One Church, One Child program seeks entire congregations to support the adoption of a special needs child by a single parent or couple in the congregation. It has achieved considerable success in placing African American children in adoptive homes. Several other successful programs are described in Part IV, below.

Some states have hired marketing experts to help plan recruitment strategies. For example, Kansas used a firm to develop profiles of typical families who had successfully adopted from a public agency in the past so the state could target that audience. Having identified lower middle-income families with “outdoor” interests as a potentially successful market, they concentrated advertising on recreational vehicle and other outdoor shows and on country music and other radio stations favored by that group. Similarly, South Carolina, seeking to increase the number of African American adoptive families, met with editorial boards of African American newspapers in the state and ran ads in these papers.

Often specialized services must be contracted for—a marketing firm to help plan a marketing strategy, an editor/writer to prepare appealing descriptions of waiting children, or an agency with strong ties to local minority communities to spearhead recruitment efforts—because local (or state) staff may lack knowledge or resources to successfully mount such campaigns or overburdened caseworkers may feel too overwhelmed to prepare written descriptions of waiting children in their caseload. However, that may mean overcoming an agency culture that may not favor contracting with private agencies.

Beyond recruitment, agencies must have the resources to be able to process the increased number of interested parents who contact the agency as the result of recruitment efforts. They must have reliable systems that support prospects from the point of initial contact through the finalization of adoptions. The interest of prospective adoptive parents must be retained as they await a placement. They should receive information and training about what lies ahead, particularly when they plan to adopt a child with special needs. Well-prepared adoptive parents know what they are getting into. They have had the opportunity to think through issues that may arise in their parenting. They know about resources available to assist them in working with their new child.

Despite innovative recruitment methods, there is a desperate shortage of homes for children with severe disabilities, older minority children (especially boys), and large sibling groups. A national study of adoption exchanges documents that the children who are waiting to be adopted do not match the type of children desired by families who are waiting to adopt. Thus, the challenge of recruitment and development today is to increase the numbers of suitable parents available to adopt the children who actually are waiting.

Many states and localities lack effective mechanisms for matching waiting parents and waiting children. In many states, the recruitment and development of adoptive parents is done at the county level by both public and private agencies. Each agency and county may have a pool of waiting parents, but there may be no statewide listing of waiting parents or electronic (or other) means of making a match between waiting parents on one list and a waiting child on another. Certainly, no such database exists on a national level. In fact, parents interested in adopting a child in another state often are frustrated by the complexities of completing an interstate adoption. Even inter-county adoptions are difficult in some states.

## **Barriers to Moving Children Promptly to Adoption**

### **Poor or Delayed Permanency Planning**

(Katz, 1990; Mica & Vosler, 1990; North American Council on Adoptable Children, 1996; Welty, undated)

Adoption takes place in the context of child welfare practice. It is only one of several possible options for children who cannot return to their own families; others include guardianship, placement with relatives, and independent living for older teens. Whether the road to final adoption is easy or traumatic for children depends upon decision-making and casework practice beginning with the first child protective service involvement with a case.

In the most typical agency arrangements, case processing is divided into intake/child protective services, foster care, and adoption (sometimes called permanency planning). Casework is seen as passing through these stages in a series. Each stage is associated with particular court or legal processes. In the early phases, effective assessments, early case planning, and written contracts with birth parents are important for cases that ultimately end in adoption, as is thorough documentation of the circumstances that led to foster placement. During foster care, intensive casework with parents, provision of appropriate services,

and frequent parental visits help move children through the system more quickly. When parents are documented as failing to meet their obligations under case plans despite the provision of appropriate services, making it impossible to return their children to them, a strong case can be made for termination of parental rights.

For those children at high risk for being unable to reunite with their birth parents, placement with relatives or foster parents who might adopt can provide continuity and stability for them while in care, shorten their stay in care, and facilitate final adoption. Such placements are often called legal-risk or foster-adopt placements. One such approach, concurrent planning, focuses on providing reunification services while at the same time developing an alternate permanent plan in high-risk cases.

Other actions can speed the legal process when and if the time arrives for termination of parental rights. These include good case planning, service provision, and documentation; early location of and notification to a missing parent, together with offers of appropriate reunification services; and repeated discussions with both parents of the possible consequences of not progressing with the case plan (i.e., termination of parental rights and adoption).

To reform child welfare adoptions and reduce the length of children's stays in foster care, agencies must focus from day one on the possibility of termination of parental rights (or voluntary relinquishment of parental rights) and adoption as one possible outcome of the case.

### **Fragmentation of Decision-Making and Responsibility for Children**

Unfortunately, many child welfare agencies are not organized to promote timely adoption placements. Since child welfare agencies are often divided into child protective services (CPS)/intake functions, foster care and treatment functions, and adoption (or sometimes permanency planning), they are not equipped for dual-track case plans (reunification/adoption) in high-risk cases.

CPS/intake workers may not understand the importance of their work at the beginning of a case on the ultimate ability to obtain a termination of parental rights. Foster care workers may place children in foster homes without focusing on whether the home in which a child is placed offers potential as an adoptive home. They may not have the skills needed to prepare children for adoption. Without a dual track strategy, the search for adoptive parents will likely be delayed at least until a termination of parental rights case is commenced, often until termination of parental rights is complete.

These problems have been addressed by a number of approaches, including using casework teams with specialized staff members (including an adoption specialist) who work together on cases from beginning to end, using permanency planning specialists to advise staff throughout the duration of cases in the agency, and assigning a single worker to a case until permanence is achieved.

Fragmentation between counties and regions in county- or regionally administered programs contributes to a diffusion of responsibility for adoption cases. In many cases, state-level adoption staff are in the policy side of the child welfare agency while county-level adoption workers are supervised by a county administrator. Divided responsibility between public agencies and the private agencies with which they contract for foster care and adoption services further contributes to fragmented case planning and decisionmaking. In some cases, as many as half of a state's adoption cases are handled by private agencies.

Inadequate information systems for tracking and monitoring the progress of cases also hamper management of adoption. Good information systems can speed adoption by tracking individual cases and by providing analyses that can pinpoint systemic roadblocks to case processing. In many states,

information systems do not yet link all levels of public agencies, nor do they link these agencies with their private contractors (although confidentiality concerns are often cited for the latter missing linkages). The lack of appropriate information systems and on-line matching capabilities makes it difficult to match waiting children and approved, waiting parents across county lines and even across public agency/private agency lines.

### **Lack of Appropriate Services, Particularly Substance Abuse Treatment Services, Needed to Meet the Requirements of State Termination of Parental Rights Statutes**

(Azzi-Lessing & Olsen, 1996; North American Council on Adoptable Children, 1996; U.S. Government Accounting Office, 1993; U.S. Government Accounting Office, 1994)

Inadequate funding of services for children and families in the foster care system is a perennial problem. Many believe that federal funding structures present unintended incentives that promote long-term stays for children in foster care, by preventing both appropriate spending on reunification services and on the ultimate termination of parental rights and adoption of children who cannot return home.

Federal foster care funding (Title IV-E) is an open-ended, uncapped entitlement, while federal funding for child welfare services (Title IV-B) is capped. Since the passage of the Adoption Assistance and Child Welfare Act of 1980, the ratio of federal funding of foster care to the federal appropriation for Title IV-B child welfare services has grown to more than 10 to 1. In 1995, the federal share of state foster care costs was over \$3 billion. In contrast, federal expenditures for child welfare services totaled just \$292 million.

In 1993, \$150 million in new funding was made available through the Family Preservation and Support Services Program, Subpart 2 of Title IV-B. Family support services are provided to families not yet involved with the child welfare system; family preservation services are provided to families with active, ongoing child welfare cases. With passage of the Adoption and Safe Families Act of 1997, that level will rise to \$305 million by 2001. The new legislation also changes the name of this program to the Promoting Safe and Stable Families Program and makes substantial changes in the purposes to which the funds will be applied. (See the discussion in Part IV.)

Further, prior to 1994, no waiver provision was included in the Social Security Act for Title IV-E. Thus, states were not able to experiment with alternative approaches for using Title IV-E funds to provide services that might shorten children's stays in foster care. That changed with legislation passed in 1994, and a number of states have since applied for waivers.

How does this relate to adoption? The Adoption Assistance and Child Welfare Act of 1980 required states to make reasonable efforts to prevent foster care placement and to reunite families when children are placed in care. This was done in order to ensure that separation from or loss of their families did not unnecessarily traumatize children. Following this lead, many states have required that services be provided to birth families to facilitate reunification before parental rights can be terminated. Even without such a specific provision, it is typically quite difficult to terminate parental rights in the absence of reasonable services to birth parents. However, the federal funding limitations described above, combined with tight state budgets (in prior years) and a growth in foster care caseloads, have so strained state and federal budgets that insufficient funding is available for services to birth parents.

When birth parents have not been provided with the services they need (and which federal law requires they get), their children may remain in foster care limbo. Children cannot be returned to unsafe homes, yet termination of parental rights generally cannot succeed in the absence of required services. The

children most severely affected by this conundrum are those whose families suffer from substance addictions, chronic mental health problems, and other chronic problems that require extensive and expensive treatment.

The lack of alcohol and drug abuse treatment is a particular problem. Alcohol and drug abuse are factors in the placement of more than 75 percent of the children who enter care. By 1991, 55 percent of young children entering care were estimated to have had a prenatal exposure to cocaine, up from 17 percent in 1988. Social workers believe that the crack cocaine epidemic is subsiding somewhat, yet substance abuse remains an enormous problem for parents of children in foster care. At the same time, less than one percent of federal anti-drug money has been targeted toward drug treatment for women and even less toward pregnant and parenting women.

Other obstacles also get in the way of providing adequate drug treatment services to parents of children in foster care. Child welfare and drug treatment agencies often disagree about which agency should be responsible for providing services to child welfare clients. The clinical practices and treatment philosophies of the two fields are also very different. Child welfare practitioners are focused on intensive service delivery and early reunification of children with their families in order to minimize children's stays in foster care. However, recovering from substance abuse can be a long process. Some substance abuse treatment programs do not work closely with child welfare staff because they believe that substance-abusing parents need to focus exclusively on their recovery rather than on resuming immediate parenting responsibilities.

Child welfare systems need more resources for drug abuse treatment and better coordination with existing substance abuse services. One version of the legislation that ultimately became the Adoptions and Safe Families Act of 1997 proposed extensive federal funding of drug treatment programs for child welfare clients specifically. That service was seen as being crucial to moving children to permanency, whether through reunification with their families, adoption, or other permanent placements. That provision was not ultimately adopted as part of the final legislation, although the Secretary of the Department of Health and Human Services is required to report to Congress on the extent of the substance abuse problem in the child welfare population, the types of services currently provided to this population, and the outcome of those services. The Secretary is also required to recommend any legislation that is needed to improve coordination in providing services to this group. (See Part V, below.)

A number of child welfare programs have tried innovative ways to obtaining substance abuse service for child welfare clients. Hamilton County, Ohio, set up a separate entity from which the child welfare agency will purchase drug treatment services specifically designed for child welfare clients. Los Angeles County has developed a strong interagency effort between the county child welfare agency and the local drug abuse treatment entity that combines funding streams in order to pay for services to child welfare clients. Other locales have developed treatment programs in which parents and children can live together while the parent receives treatment.

Providing appropriate services to birth parents can make it possible for children to return home safely. However, when appropriate services are provided and parents still fail to remedy the problems that caused their child(ren)'s removal from home, it must be possible to move forward with adoption or another permanent plan quickly.

## Legal System Delays

(Harden & Lancour, 1997; Johnson & Cahn, 1995; National Council of Juvenile and Family Court Judges, 1995; New York State Department of Social Services, 1991; North American Council on Adoptable Children, 1996)

Finalizing an adoption requires a fairly complex set of interactions between the child welfare agency and courts, often over a period of years. A variety of barriers impede the progress of cases through the legal process of adoption. Inadequate case preparation and poor communication and coordination between the legal and social services staff can be a problem. Many agencies lack sufficient legal resources to process cases. Delays in the court process slow cases. An inability to track and monitor progress of individual cases through the legal process makes it difficult to pinpoint where delays occur and how to fashion solutions. In some states, the legal framework for termination of parental rights and adoption does not adequately address the realities of current child welfare cases.

Preparing a termination of parental rights case takes time because so much must be documented. The problems that necessitated placement of the child in care, services offered by the agency and their success or failure in aiding parents to create a safe home, visitation arrangements and the outcome of visits, the extent of attachment of the child to the birth parents and other significant adults, and efforts to contact both birth parents are all factors that must be considered. Pleadings must be prepared and served on both parents. Missing parents must be located so that pleadings can be served or lengthy alternative procedures must be undertaken. Because of the work involved in termination cases, they are often considered low priority for caseworkers who are struggling to keep up with crises in their caseloads. Attorneys, too, may put them at the bottom of their pile because of the level of effort required and the press of other cases. Both caseworkers and lawyers may lack adequate training for handling these potentially complex cases.

Communication and coordination between lawyers and caseworkers is complicated because their roles and responsibilities are often not clear. Caseworkers may not fully understand the legal requirements for termination of parental rights. These include clear documentation of case plans, services, and visitation; clarity with birth parents about the possible consequences of not meeting case plan requirements, including termination of parental rights and adoption; and notice to *both* parents of pending legal action. Attorneys, too, may lack sophistication with respect to the need for speedy processing of termination of parental rights cases and may not have specialized training in child welfare law. Caseworkers are often unable to obtain legal consultations when needed or to get clear information on the progress of a case through the courts. Attorneys complain that they are given inadequate documentation by agency workers and have little time to prepare cases.

The court process itself contributes to delays. Case planning and service provision often does not begin in earnest until the initial charge of child abuse or neglect has been adjudicated and a disposition hearing held. Delays in that process can slow provision of services and ultimate resolution of cases. Once a termination petition is filed, cases may take a year or more to reach resolution. Continuances may be granted. Missing parents who have not been served with court pleadings and unmarried fathers whose rights are at issue may raise problems that can further delay cases. Delays in obtaining needed reports, such as a court-ordered evaluation of a parent's mental health status, also can cause delays. Appeals can make the process even longer.

Both the child welfare and the legal systems often lack the capacities to track and monitor the progress of cases through the termination of parental rights and adoption processes, making it difficult to identify the source of delays and develop strategies to overcome them. However, appropriate management information systems can make a real difference, as they have for the South Carolina Families for Kids program and Kent County, Ohio, court system.

Legal statutes themselves may not set out sufficiently tight time-frames for processing child welfare cases, and they may lack provisions for the early termination of parental rights in appropriate cases. They may not provide a ground that covers typical situations in which termination of parental rights is appropriate. State adoption laws designed for the adoption of infants by strangers may not always suit child welfare adoptions of older children or adoption of children by relatives. Many lack an option, such as open adoption or cooperative adoption, which provides for maintaining contacts with birth parents after adoption when both parties agree to this approach.

A number of innovative projects have addressed the causes of these delays. Often they have begun with an assessment of the causes of the delay based on some tracking and monitoring of at least a sample of cases (see Part IV). To improve communication and coordination between agency and legal staff, the Washington State Concurrent Planning Demonstration Project provided for early legal consultations on termination of parental rights and adoption as an alternative initial plan. Other agencies have included attorneys on permanency planning teams to evaluate cases that have been in foster care for a long time.

The New York Termination Barriers Project developed attorney-caseworker protocols that divide responsibilities for case preparation and set time frames for each step of the legal process. The Project also developed checklists for caseworkers covering the legal requirements for termination of legal rights and for dealing with missing parents. Cross training of caseworkers and attorneys on termination of parental rights has been used in other areas. In South Carolina, law students were hired to aid caseworkers in preparing the documentation needed to submit termination of parental rights cases to legal counsel. In addition, opportunities can be created for regular, ongoing discussions and coordination between child welfare staff, legal staff, and the courts.

States and localities have used a variety of strategies to tackle the problem of insufficient legal resources to process cases. This includes contracting out to private attorneys the responsibility for representing the child welfare agency in termination of parental rights cases (for instance, the Michigan Agency Attorney Project, conducted by the Child Advocacy Law Clinic at the University of Michigan). Providing specialized training in child welfare law to attorneys responsible for handling termination cases can increase their ability and willingness to process cases. Some agencies have been able to hire additional legal staff for a set period of time in order to process a backlog of cases. In other states, documenting the extra foster care costs resulting from legal delays has provided the justification needed to get a budget increase to hire more legal staff.

New statutory provisions have tightened up the overall process for handling abuse and neglect cases, setting timelines for adjudication, disposition, reviews, permanency planning hearings, and subsequent reviews and appeals. New federal legislation, described in Part III, will require tighter timelines for permanency planning hearings and filing of termination of parental rights petitions.

To address confusion over what constitutes “reasonable efforts” to reunify parents and children, some state legislatures have specifically defined circumstances in which the court need not order family reunification services. For example, a California statute now specifies that family reunification services need not be ordered when (1) a child has been abandoned by the parents in circumstances that could

have resulted in serious harm to the child; (2) the child's siblings or half-siblings were removed from the parent, reunification efforts failed, and the court ordered a permanent plan of adoption, guardianship, or long-term foster care for that child or children; (3) the parent or guardian has been convicted of a violent felony; or (4) the parent or guardian has a history of extensive abuse and chronic use of drugs or alcohol and has resisted prior treatment for this problem. Statutes can add new grounds for termination of parental rights to address situations where both common sense and good casework practice suggest that there should be no delay in moving to early termination of parental rights. Examples of new grounds include:

- neglect or abuse so extreme that returning the child home presents an unacceptable risk, substance addiction causing an incapacity or unwillingness to care for the child, plus a history of repeated, unsuccessful treatment efforts,
- prior abuse or neglect of another sibling or other children in the household with diligent but unsuccessful efforts to rehabilitate the parent, and
- a projected long-term parental incapacity to care for the child due to mental or emotional illness, mental retardation, or physical incapacity.

States have begun to use the Federal Parent Locator Service established under Title IV-D of the Social Security Act to locate absent parents in order to serve notice in termination of parental rights cases. This usage was approved under the Adoption and Safe Families Act.

Mediation programs have focused on speeding the commencement of services by negotiating consent decrees plus case plans prior to trial, thus eliminating the need to wait through the initial trial and disposition of a case before beginning services. In order to avoid lengthy proceedings, an Oregon program focused on mediation between birth parents and adoptive parents to facilitate agreements on voluntary relinquishment of parental rights followed by some form of open adoption arrangement with birth parent visitation or information sharing post-adoption. The Illinois Kinship Project uses a form of mediation based on a family group conference with extended family and professionals involved in the case, which has resulted in many cases of voluntary termination of parental rights followed by adoption by relatives.

Courts or agencies can develop better tracking and monitoring capacity to make sure that cases are followed all the way through the process. For example, such a system could indicate when a termination of parental rights case is waiting to be filed so that someone from the child welfare agency can check up on legal staff.

### **Support to Families Adopting Special Needs Children**

The availability of financial assistance, medical assistance, and other post-adoption services has a substantial impact on children's well-being and families' satisfaction with the adoption experience. The availability, adequacy, and security of these supports also encourages potential adoptive parents to adopt, particularly children with demanding and chronic conditions.



## Adoption Subsidies

(Avery & Mont, 1997; Barth, 1993; Bussiere, 1997; Gilles, 1995; Lightbum & Pine, 1996; O’Hanlon, 1995a; O’Hanlon, 1995b; Sedlack, Cook, & Lucas-McLean, 1989)

Adoptive parents, who make a lifelong commitment to their children, need the security of continued financial support, particularly when they have adopted a child with significant special needs. Adoptive parents, front-line workers, and agency supervisors and administrators all agree that the current practice of providing adoption subsidies is critical to providing permanence for many children with special needs. Subsidies are now more the norm than the exception. A recent study by the North American Council on Adoptable Children (NACAC) found that 78 percent of parents adopting children with special needs receive adoption subsidies. In some areas subsidies are awarded to as many as 90 or 95 percent of families adopting children with special needs.

Adoption subsidies are a genuine “win-win” proposition. Families receive much-needed financial assistance. Agencies save the administrative costs associated with foster care placements, even when adoption assistance equals what would have been spent in foster care payments. A 1993 study conducted on behalf of the U. S. Department of Health and Human Services by Westat, Inc., found that the adoption of 40,700 children receiving adoption assistance between 1983 and 1987 saved federal and state governments more than \$1.6 billion in administrative costs—approximately \$40,000 per child to adulthood.

A majority of children receiving adoption subsidies receive payments funded through Title IV-E of the Social Security Act (see Part IV), which depends on children’s eligibility for Temporary Assistance to Needy Families (TANF) or Supplemental Security Income (SSI). This program provides a monthly stipend, negotiated between the parents and the agency, for the care of the adopted child. (Medicaid for the adopted child is also available through the program. See Part III.) To be eligible the child must have special needs which would make him or her hard to place without subsidy, and an effort must be made to place without subsidy first (with exceptions). These criteria and definitions are discussed at length in Part II, above.

The federal government pays for at least 50 percent of the cost of the subsidy for Title IV-E eligible children. The state pays the entire cost of subsidies for children who are not Title IV-E eligible.

The majority of families receiving adoption assistance are lower- and middle-income families. In 1994, one study found that, among households receiving adoption assistance, five percent had household incomes under \$15,000 annually, 36 percent had annual incomes of \$15,000 to \$35,000, 32 percent had \$35,000 to \$50,000, 20 percent had \$50,000 to \$75,000, and seven percent had income over \$75,000. The age of the child and the income of the family were the variables most likely to affect the receipt of adoption subsidies.

**Subsidy levels.** “Basic” monthly maintenance rates in 20 states studied by NACAC varied between \$175 and \$492 for two-year-olds, \$205 to \$527 for nine-year-olds, and \$250 to \$639 for 16-year-olds. Specialized or “enhanced” rates for children with special needs are similarly varied.

Unfortunately, the subsidies provided by most states, while based on foster care payment rates, fall short of the actual costs of raising a child, according to the U.S. Department of Agriculture. One study compared regional estimates of the cost of raising a six-year-old child in an urban location by low

income parents with adoption subsidy rates. In 42 states, the subsidy was less than that needed to meet USDA-estimated costs. The average shortfall was \$146.83 per month; the maximum shortfall was \$276 per month. Only six states were in surplus. Looked at another way, the study found that only 73 percent of the estimated monthly cost of raising a child is replaced by the adoption subsidy. This raises particularly grave concerns for the adequacy of support in states, such as New York, in which large numbers of special needs children are placed in adoptive homes where the parent (often single) receives public assistance.

These figures present what the shortfall or surplus would be if the maximum basic rate were paid. In fact, the full rate often is not paid. While federal law provides that family income may not be used to determine *whether* a family is eligible to receive a subsidy on behalf of an otherwise eligible child, it may be used to determine the *amount* of the subsidy. The amount should be determined by taking into account the specific circumstances of the family and the needs of the individual child. Thus, for example, even a family with a good income might receive the maximum rate if they were adopting a child who had a need for expensive care. Or parents who felt they could budget for one child, instead might be able to accept siblings if they received the maximum adoption subsidy.

However, a number of workers report that individualized negotiations are not standard practice in their jurisdictions. How family income should affect subsidy amounts is unclear in many states. Indeed, there is no uniform agreement on the theory of adoption subsidy amounts. Should they only compensate for the additional cost of a special needs child over a child without special needs? (Of course, in the absence of other special needs, children whose minority status makes them special needs are not inherently more costly than other children of the same age.) Should they cover the full marginal cost of the child (the full amount needed to add a child to the existing household without reducing the household standard of living)? Should they be sufficient to provide an inducement to adopt — for example, to permit a couple or individual thinking of adopting one child to afford to adopt siblings instead?

One study of the adoptions of children with developmental disabilities found that parents' perceptions of the adequacy of financial supports, such as adoption subsidies and medical assistance, predicted family satisfaction with their adoption of a child with special needs. (Parenting demands with these children are often high. The families of the adopted children with developmental disabilities in the survey reported that their children averaged nearly 15 clinic visits per year. Over half had been hospitalized during the five years prior to the study, with stays ranging from one to 98 days.) Further, the small number of families in the study who had adopted a second or third special needs child indicated that this would have been impossible without assistance. (The NACAC study found that more than half of the parents surveyed with a child who received an adoption subsidy had at least one other adopted child.)

**Availability of information on adoption assistance/underservice by adoption assistance programs.**

The NACAC survey found that 13 percent of the families who had adopted special needs children through both public and private agencies had never been notified about their state's adoption assistance program. One in five children with identifiable special needs under state definitions were placed without monthly subsidies—a particular problem for those placed by private agencies. Not only do these families not receive monthly financial assistance, but they also miss eligibility for Medicaid or other medical assistance for the child, which hinges on the existence of an adoption assistance agreement. Of those who did receive information about assistance, one-third did not find it clear and understandable. Further, 41 percent of front-line adoption workers interviewed reported they had never received any formal training on adoption assistance.

Federal requirements that adoption assistance agreements must be negotiated before the adoption is finalized in order to be eligible for Title IV-E adoption assistance only exacerbate the problem. It is difficult for parents to obtain assistance if they first learn of it after adoption. Federal policy now provides that parents may obtain assistance after adoption finalization if they were not provided full information about their child's eligibility for the program. However, many states do not provide a mechanism for parents to seek adoption assistance post-finalization. Nor do they often provide a way to renegotiate agreements if children's needs suddenly change.

In some cases, adoptive parents do not discover their child's existing special needs until after adoption. Some medical and emotional problems, often the result of traumatic events before placement or while in foster care, are latent at the time of adoption, but surface at a later time. Some advocates would go so far as to say that *all* adopted children have special needs.

Some children who would not otherwise be considered children with special needs are nonetheless at risk of genetic disability or handicapping condition—including, for example, apparently healthy infants who have been exposed to drugs or the HIV virus. Some states include an "at-risk" provision in their special needs definition for children with prenatal drug or HIV exposure. Some states also use "\$0 agreements" in such cases, which do not provide immediate subsidies, but hold open the possibility of assistance (including Medicaid) should special needs develop in the future.

**Security of adoption subsidy payments.** Despite their proven cost savings to state and federal governments, subsidy programs are much less secure than they should be. According to Avery and Mont (1997), in 1990 Michigan parents were given a three-day notice that their adoption subsidy payments would be cut by 23 percent. In 1995, the Illinois state legislature considered a plan to eliminate state-funded adoption assistance. Rhode Island has asked adoptive parents to give back a portion of their subsidy payments. The discussion during the welfare reform debates of block granting Title IV-E and transferring Title IV-E funds to a child welfare block grant caused significant worry to adoptive parents of kids with special needs throughout the United States. In addition, adoption subsidies in many states are subject to periodic review or are valid only for a specified number of years and must be renewed. This, too, contributes to families' sense of insecurity.

### **Post-Adoption Services**

(Barth, 1997; Bussiere, 1997; Lightbum, & Pine, 1996; Rosenthal, Groze, & Morgan, 1996; Watson, 1992)

There is widespread agreement in the child welfare adoption field that there are insufficient post-adoption services available to children and their families. While foster care and adoption assistance payments are federally subsidized for eligible children, these service programs lack direct federal reimbursement in the same way. Demonstration projects involving post-adoption services have been funded under the Adoption Opportunities Program and some adoptive family preservation work has been funded through the Family Preservation/Family Support program. The federal government does not fund a percentage of the cost of these services as it does with adoption subsidies and Medicaid. With passage of the Adoption and Safe Families Act, some additional funding will be available through the Promoting Safe and Stable Families Program. However, these are limited funds which must serve a number of other service needs as well (see discussion in Part V).

Studies have identified the most difficult services for adoptive parents to access for their children, which include mental health or counseling services, respite care, tutoring and educational services, day care,

dental care, after-school activities, medical services beyond the usual, and residential treatment.

Significant gaps exist between the level of need families reported for these services and the level at which they obtained each of these services.

Some states—including Colorado, North Carolina, Ohio, South Dakota, and Texas—have worked to bridge the gap. Agencies can provide a program of post-adoption services either with their own staff or by purchasing service agreements. Some parents can purchase needed services for their children and receive reimbursement, and agencies may assist in connecting the child and family with other service programs. Some states authorize either additional subsidy amounts or direct vendor payments for services such as orthodontia, eye care, special therapies (speech, physical, occupational), psychological services, and day care. Some also provide transportation to services, special equipment such as wheelchairs or braces, and remedial education. The availability of these purchased services is likely to provide incentives for prospective adoptive parents of special needs children.

Family preservation services assist those families at high risk of adoption disruption. Several successful models have been developed to provide intensive services to adoptive families. These programs have been cost-effective in preventing adoption disruptions, but they are specialized services that cannot be purchased from service vendors in the community, such as traditional mental health professionals. Community professionals lack specialized training in dealing with adoptive family dynamics and in preventing adoption disruptions. Thus, these services must be specially developed by appropriate agencies.

### **Medical Assistance**

(American Public Welfare Association, 1994; American Public Welfare Association, 1991; Office of the Inspector General, 1996)

Assistance with medical costs is particularly important for families who adopt children with disabilities or chronic medical problems, especially drug-exposed children, children with HIV, and other medically fragile children. Without special provisions, many adopted children would not be eligible for Medicaid because their adoptive families' incomes exceed Medicaid eligibility guidelines. And, until recently, adopted children with pre-existing medical conditions were frequently excluded from coverage under their adoptive parents' health insurance plans.

Since passage of the Adoption Assistance and Child Welfare Act of 1980, children receiving adoption assistance payments under Title IV-E have been eligible for Medicaid benefits. However, children whose adoption assistance payments were entirely state-funded because they were not Title IV-E eligible are not automatically eligible for Medicaid. Since the 1986 Consolidated Omnibus Budget Reconciliation Act (COBRA), states have had the option of extending Medicaid coverage to children adopted pursuant to state-funded adoption subsidy programs without regard to the income of their adoptive parents. As of 1994, the American Public Welfare Association determined that only 42 states had elected to cover state subsidy children under Medicaid.

Under the Adoption and Safe Families Act of 1997 (discussed in Part IV), in order to participate in the adoption incentive program or obtain waivers, states will be required to provide either Medicaid or other health insurance coverage for any special needs child for whom there is an adoption assistance agreement and who cannot be placed without such assistance because of the child's special medical, mental health, or rehabilitative care needs. Backup eligibility under Medicaid is provided for these children if state funding is depleted in a given year.

Access to Medicaid benefits when an adoptive family moves to a new state has been a recurrent problem since the beginning of the federally assisted adoption assistance program. Since 1986, states have been required to provide Medicaid coverage to all children adopted under the Title IV-E adoption assistance program, even if they were adopted in another state. Some 29 states (as of 1996) had joined the Interstate Compact on Adoption and Medical Assistance to facilitate the arrangement of Medicaid coverage when a child adopted under a subsidy from one state moves to another state. However, while it is permissible for states to provide Medicaid coverage to children adopted in other states with entirely state-funded subsidies, only a minority has done so. This problem of access for children with state-funded subsidies following an interstate move has not been resolved by the new legislation.

In many cases, states rely at least in part on the availability of Medicaid to fill in the gap in access to a full array of specialized post-adoption services. However, families, agency administrators, and supervisors are aware that this is often a very inadequate approach, especially in relation to the provision of mental health services. In many communities, the most highly qualified mental health professionals do not participate in Medicaid because of low reimbursement rates. Further, adoptive families need mental health professionals who are fully conversant with adoption and attachment issues as well as child behavior management techniques. Adoptive families in states that contract Medicaid through managed care plans have reported poor service, particularly for with children with chronic and complex medical problems.

### III. Innovations in Adoptions for Children in the Child Welfare System

This part of the report describes a growing number of promising innovations that are grouped somewhat arbitrarily, into four categories:

#### Innovative Programs for Recruiting Adoptive Families for Waiting Children

(North American Council on Adoptable Children, 1997)<sup>1</sup>

Many innovative programs have been developed to recruit adoptive parents, particularly parents for groups over-represented among children awaiting adoption. Most use strong community outreach to recruit appropriate families for the children waiting in their communities. New model programs support recruited families through the application and placement process. A few recruit both foster and adoptive families, and some use foster-adopt or legal-risk placements.

**Bandele**, in the Detroit, Michigan, metropolitan area, is a consortium of 16 child welfare agencies and 15 churches that seeks to find families—adoptive, foster, and kin—for African American school-aged children, especially males, who are awaiting permanent homes. The program was begun in 1991 with funding from an Adoption Opportunities Grant from the U. S. Department of Health and Human Services and has been continued with foundation funding. It is administered through **Spaulding for Children** of Southfield, Michigan. (*Bandele* is an African male name that translates as “follow me home.”)

Through this program, agencies and churches work together to find families for children who, for various reasons, don’t have any or any nearby. In some cases the families become adoptive families, in others, foster families. Some families simply become “families to come home to” for young people who are going away to college or the military or living on their own in the community. They become the family with whom holidays and special occasions are shared.

Young people in need of families are involved in ongoing youth activities at the participating churches. For example, waiting young people participate in mentoring programs with African American men, rites of passage programs, self-esteem groups, pre-employment groups, youth retreats, and other activities. Some attend Harambee, a national conference for African American teenage and college males. Through participation in these activities, young people meet church and community members who often are able to provide family ties for them. The program has found that children can be quite effective in helping find their own families.

Special training is provided through the churches to educate, train, and recruit prospective adoptive, foster, and kin families who may provide family ties for waiting young people.

A play, “Share Our Lives as Our Own,” was one especially effective project. Created by a church group, the play was originally developed to educate the congregation about waiting kids and becoming families for them. In later performances at the African American Museum in Detroit and The First Baptist Institutional Church, foster children played the parts. Virtually all of the young people who performed in the play found adoptive homes, some with their own foster parents who decided to adopt or with audience members.

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<sup>1</sup> The author wishes to thank the North American Council on Adoptable Children for their assistance and their permission to draw heavily upon their reports in Part III.

In the most recent two years, some 48 young people, mostly over age 12, have found adoptive homes through this program. Many more have developed other family ties.

**Institute for Black Parenting (IBP).** The Institute for Black Parenting in Inglewood, CA, was founded in 1976 as the social service and research arm of the Association of Black Social Workers of Greater Los Angeles. In 1988, in an effort to address the fact that African American children were 40 percent less likely to be adopted than other children in the child welfare system, IBP was funded by the State of California to provide adoption services. Since then, the services offered have expanded to include foster care and family preservation.

With offices in Los Angeles, Inglewood, and Riverside, IBP focuses primarily on services to black and Latino families and children. IBP strongly values family and cultural continuity for children. Using staff who reflect the race of the families and children served, efforts are made to ensure that they are friendly, respectful, flexible, and culturally competent. One-on-one meetings with representatives of neighborhood groups, businesses, and churches have been an effective recruitment strategy.

In addition to common recruitment techniques like radio and television features, PSAs, brochures, and church-based recruitment, IBP has several additional features that create a more customer-friendly approach to families than is found at many agencies. No fees are charged for IBP services (funding has been provided largely through state and federal government grants and contracts). Services are flexible; staff will meet with prospective parents on evenings or weekends and in their homes. Emphasizing education over evaluation, the program ensures each applicant an opportunity to meet face-to-face with a professional staff member to answer personal or private questions within three days of an initial orientation meeting.

Waiting parents are kept informed of the progress of their home study through status letters. Families with approved home studies are invited to attend quarterly “while-you-wait” meetings where families can share their experiences with one another. These meetings have been especially effective in increasing the retention rate of families who initiate the application process. IBP reports that its adoptive parent retention rate is over five times the national average. Between 1988 and 1996, IBP placed just under 400 African American children in adoptive homes. As of 1997, agency staff had grown to 53 full-time and eight part-time staff for the agency’s adoption, foster care, and family preservation programs. All professional staff have master’s degrees in social work.

### **Innovations in Child Welfare Practice**

**The W.K. Kellogg Foundation Families for Kids Initiative** has worked with sites in 11 states to develop demonstration programs designed to find a permanent family for every waiting child. The participating sites pursue two major goals: (1) reduction of the current backlog of waiting children, and (2) reform of the child welfare systems to guarantee future children entering the system five specific outcomes:

- one year of waiting (maximum) before permanent placement
- one, stable foster care home
- one, family-friendly assessment process to determine need
- one caseworker or casework team
- comprehensive support for caregivers

Following a year of “community visioning” involving 14,000 people in 15 states, the Families for Kids initiative began project work in 1995. One of the resulting projects took place in South Carolina.

**South Carolina.** The winner of a White House award for excellence in fostering the adoption of special needs children in the child welfare system, the South Carolina Families for Kids Project almost doubled the number of adoptive placements in South Carolina from 234 in 1995 to 460 in 1997.

It was clear too many children had lingered in foster care for more than a year and that the agency was having difficulty moving children into permanent adoptive homes. The project tackled internal barriers to effective management of the adoption program and addressed “external” relationships with the courts and legal system, potential and actual adoptive parents, and the larger community, as well as these issues:

- **Data gathering.** Because data systems did not accurately identify all of the children in care, a special count was conducted to identify all of the children who had been in care for more than 12 months. Many cases were found not to have been entered into the tracking system. Adoption was not linked by any automated system. The number of children in the adoption caseload had been underestimated: in fact, one-third of the children was moving toward adoption. Some 1,500 children were identified as needing terminations of parental rights.
- **Community outreach and involvement.** The project worked hard to develop partnerships within the community: 52 hearings were held around the state; surveys were sent to 600 state staff and 600 adoptive parents; the United Way began working with the project; and many volunteers became involved. A “blue ribbon” bench bar committee was formed under the leadership of a local judge to evaluate the legal services being provided to the department. Overall, the project found that involving the community was slower and harder than expected, but worth it, nevertheless, with its resultant new leadership and better problem solving abilities.
- **Developing legal capacity/overcoming legal system delays.** One key aspect of the project has been developing the legal capacity of the child welfare system and streamlining the court process. South Carolina Families for Kids found the leadership, insight, and recommendations of the bench bar committee especially helpful in this area. This committee recommended additional training for the relatively inexperienced attorneys handling many of the state’s termination of parental rights (TPR) cases. In addition, new training on child welfare law has been developed through the University of South Carolina Law School. Additional attorneys have been hired to handle the backlog of cases. At the suggestion of the committee, law students have been hired as law clerks to help caseworkers prepare documentation for termination of parental rights cases.

The tracking and monitoring system, described more fully below, helped to identify additional barriers in the process. The committee worked through their network to get extra court time for TPR cases and to elevate them to a more urgent level within the court system. Legislation streamlined the permanency planning process. The tracking system now measures *finalization* of adoption and not merely adoptive placement as the outcome to be measured. Therefore, workers, with the aid of the tracking system, can and do monitor that adoption papers have been filed in court and that the adoption is finalized in a timely manner.



Locating absent parents so that they could be served with notice of the termination of parental rights case caused significant delays. With funding under a demonstration grant from the federal Office of Child Support Enforcement, South Carolina is using the child support parent locator system to locate these absent parents. The old ways of locating parents were time-consuming and ineffective. Now an agency staff member stationed at the child support agency links directly into the parent locator service to find parents in child welfare cases. The whole process can be accomplished in one day.

- **Tracking and monitoring.** The Statewide Automated Child Welfare Information System (SACWIS) was still being implemented. A tracking system, initially paper-based, was developed to track the various decision-making and “hand-off” points in the adoption process. For example, the system tracks when the attorney filed the case in court, how long it takes to get a hearing set, and any continuances granted. In addition, it tracks whether there are enough adoptive families, whether children are placed, and whether adoptions are finalized. It can quickly identify barriers to moving kids to permanency and bring solutions to bear. The system helps the project to manage statewide, and it also helps workers and supervisors. It was found that when data is relevant to the staff, staff will enter it into the system. Now the numbers agree with the caseloads. Cross training of foster care workers in adoption practice has helped them to move cases quickly.
- **Creating partnerships.** The project has explored new ways of involving the private sector. In addition to contracting for additional legal services, the state has contracted with private, certified investigators to do home studies. It contracts with the African American Adoption Center and partners with the United Way of South Carolina in a variety of ways.
- **New recruitment and matching approaches.** New recruitment approaches have been an important aspect of the Families for Kids initiative. The project has had the benefit of a marketing firm to assist in recruiting new adoptive families. Now in the third year, the marketing analysis has enabled the project to target their media better, particularly in the black media. Project staff have met with editorial groups in the African American media and regularly run recruitment ads in African American papers. In addition to television, radio, and newspapers, the project uses billboards, church bulletin inserts, and announcements in post newspapers on military bases. They also use photolisting books and state and regional exchanges and photolist children on the FACES web site and their own home page. The project has an automated, stand-alone matching system.

Because 60 to 70 percent of the children needing adoption are African American, the project decided to fund an African American Adoption Center through two faith communities. Interested families call 1-800-CARE 4 US. Someone is in the family’s home within three days to help the family fill out necessary forms. Home studies are done by the Center and referred to the Department of Social Services (DSS) upon completion. This process is generally completed within 90 days of first contact. After referral to DSS, the Center continues to act as an advocate for the family and provides support through the placement.

Because 55 to 60 percent of special needs kids placed for adoption are placed with their foster parents, efforts focus on recruiting for both foster and adoptive parents. The agency has streamlined its process for both: one application is used for both foster and adoptive parents, home studies meet the standards for foster parenting and adoption, and foster parents receive the same training as adoptive parents. This process reduces the time to finalize an adoption if and when a foster parent decides to adopt. It also has made staff more aware when making foster care placements that an adoption may result.

**Post-adoption services.** Family preservation services are offered through both the public and private agencies and are available to all adoptive families of special needs kids. The Project has found that families need support, but not necessarily the most intensive therapy. Adoption preservation services need to be *unlike* other family preservation services—that is, they *need not* be time limited. For this population, they are dealing with intact, healthy families with special needs. With Kellogg funding, the state hired six specialized adoption preservation workers around the state who are available to help with difficult placements. Federal family preservation funds have been used for these purposes. Medicaid is used for “high end” therapy expenses.

### **Lutheran Social Services of Washington and Idaho (Concurrent Planning)**

(Katz, 1990; Katz, 1996; Katz, Spoonemore, & Robinson, 1988/1994; North American Council on Adoptable Children, 1996)

In concurrent planning, an initial assessment is made of the likelihood that a child will not be reunified with his or her family. For those for whom return home is unlikely, reunification services and work toward a permanent plan take place simultaneously.

Lutheran Social Services (LSS) of Washington and Idaho pioneered an extremely effective concurrent planning model. Focusing on children under the age of eight, the program emphasizes small caseloads, staff teamwork with group supervision, specially trained caretakers who will work toward reunification but also are willing to adopt, open adoption options, and private attorney representation to overcome legal delays. Adoption and foster care are combined into one permanency unit.

In the 90 days following the foster care placement, the agency attempts to accomplish these tasks:

- Conduct a differential diagnosis to distinguish truly untreatable families from those with potential strengths to build on; identify the *central problem*.
- Search for relatives and determine Native American or minority heritage.
- Place the child in a family able to commit until case resolution and beyond.
- Plan frequent and lengthy visits with the biological parents.
- Inform birth parents of the concurrent plan and of their options—work intensively toward reunion, relinquish to current caretakers with an open adoption, or abdicate decision-making to the court.
- Implement the case plan by providing intensive outreach services addressing the central problem.

Early identification of children unlikely to return to their biological parents is a critical first step in concurrent planning. Accurately assessing the prospects of family reunification is tremendously difficult, however. Katz and Robinson developed a risk-assessment matrix to help caseworkers identify families who, due to the severity of their conditions, are unlikely to be reunified. The matrix identifies different categories of family conditions and describes appropriate services for them. An assessment instrument developed by Linda Katz of Lutheran Social Services of Washington and Idaho identifies conditions that are so serious that any one or combination of them would make family reunification unlikely. The most severe conditions include:

- Parental rights to another child have been terminated following a period of service delivery to the parents and no significant change has occurred in the interim.
- Parent has killed or seriously harmed another child through abuse or neglect and no significant change in behavior has occurred in the interim.
- Parent has repeatedly and with premeditation harmed or tortured this child.
- Parents’ diagnosed severe mental illness (psychosis, schizophrenia, borderline personality disorder,

sociopathy) has not responded to mental health services. Parents' symptoms continue, rendering parents unable to protect and nurture child adequately, such that abuse, neglect, or severe emotional maltreatment will occur.

- Parents' only visible means of financial support is in illegal drugs, prostitution, and street life. Child will be abused or neglected by parents or parents' companions, or will be essentially abandoned in foster care while parents continue their illegal lifestyles.

The less severe symptoms, two or more of which would make reunification unlikely, include:

- Three or more CPS interventions for separate incidents, indicating a chronic pattern of abuse or neglect.
- Other children have been placed in foster care or with relatives for over six months duration or have had repeated placements with CPS intervention.
- Parents are addicted to an illegal drug or alcohol.
- Parents have a diagnosis or chronic and debilitating mental illness that responds slowly or not at all to current treatment modalities.
- The child has been abandoned with friends, relatives, hospital or in foster care, or once the child is placed in subsequent care, the parents do not visit of their own accord.
- Pattern of domestic violence between the spouses of one year or longer. Serious risk that parents' dependent and volatile relationship will eclipse the needs of children.
- Parents have a recent history of criminal activity that could lead to incarceration
- Child experienced physical or sexual abuse in infancy.
- Family grew up in foster care or group care or in a family of intergenerational abuse.
- Parent is under the age of 16 with no parenting support system and placement of mother and baby has failed because of parent's behavior.
- Intensive home-based services have failed to keep the child with the-parents.
- Parents have asked to relinquish their child on more than one occasion after initial intervention
- Mother abused drugs/alcohol during pregnancy, disregarding medical advice to the contrary.
- Lack of prenatal care for other than financial reasons.
- Conditions predictive of lack of bonding, such as sociopathic personality or drug involvement.
- Parents are intellectually impaired, have shown significant self-care deficits, and have no relatives able to share parenting.
- In addition to emotional trauma, the child has suffered more than one form of abuse or neglect.

During this process, caseworkers consult with attorneys in the design and implementation of the case plan. The agency sees that outreach and services are provided and that time limits are met. Workers and attorneys carefully document all aspects of the case to prove that the necessary steps have been taken. At six months, LSS workers evaluate the status of the case to determine future action. If the parents visit the child regularly, take full advantage of rehabilitative services, and make meaningful progress, their child will be returned home. If not, caseworkers pursue the alternative plan.

Program success is defined as permanent placement of the child—whether through family reunification, kinship care, or adoption. Typically, the length of stay from intake to reunification or termination of parental rights is just under 10 months. Some 92 percent of children in the program have only one placement while in care. Between 1988 and 1996, about 15 percent of the children returned to their birth families. Eighty-five percent were adopted by their foster parents; in 57 percent of those cases, parental rights were voluntarily relinquished and in 43 percent, parental rights were terminated through court proceedings.

The approach is not meant to undermine parents, nor does it prejudge the case outcome. On the contrary, by providing parents with thorough information and appropriate services, concurrent planning empowers

them to make choices. It fulfills the “reasonable efforts” mandate of P.L. 96-272 without threatening the safety of children. By developing targeted case plans and setting reasonable deadlines, the program makes timely permanence for children a reality.

### **Colorado’s Expedited Permanency Planning Program**

Colorado has combined a number of approaches to expediting permanent placements for children five and under (and, in some cases, their siblings) who come into foster care in Colorado. New legislation has tightened timelines for legal processing of cases. Concurrent planning, based on the model described above, is being phased in statewide. Mediation is used early in the case to help parents obtain services quickly. Intensive reunification services are provided to clarify whether or not it will be possible to return the child home safely. Parents receive counseling early about permanency options for their child.

In 1994, Colorado’s legislature passed H.B. 94-1178, which provided tightened timelines for processing of cases of children five and younger. Adjudications of abuse or neglect were required to take place within 60 days of a child’s entering foster care. Disposition, encouraged to happen at initial adjudication, must take place within 45 days of adjudication. The permanency planning hearing must take place within three months of disposition.

The goal is placement of the child in a permanent home within one year of entry into out-of-home care. In most cases, this entails reunification of the child with his or her family or a permanent placement with relatives. In 10 to 15 percent of cases, the outcome is adoption. The program is being introduced gradually county-by-county throughout Colorado over a 10-year period.

The program utilizes a multi-pronged approach to expediting the cases of younger children. Concurrent planning is an important component of the program. Those cases in which reunification with birth parents is unlikely are identified at the outset. In these cases, if children are not placed with relatives, they are put in foster-adopt placements with foster parents who are willing to work with birth parents toward reunification but who also have an interest in adopting. Intensive reunification services are offered in an effort to make it possible to reunify families. Mediation is used early in the case to assist parents in obtaining needed services and evaluations. The program is developing a new component called “permanency options counseling” for parents. The program has worked closely with the courts and the local child welfare bar in each of the counties where the program has been introduced.

### **Innovations in Monitoring Children’s Movement Through the Adoption Process**

#### **Michigan Adoption Tracking/Incentive Payment System**

In Michigan, adoption planning begins after the termination of parental rights. The state contracts with the Michigan Adoption Resources Exchange (MARE) to provide an adoption tracking system as well as to provide exchange and recruitment services. MARE initially obtains information on children who have had parental rights terminated from the state’s Child Services Information System. This data is used to establish a baseline of kids who are permanent wards of the state. MARE then “cleans up” the data, verifying information on the children and their status. MARE tracks kids from the time they become permanent wards (i.e., are post-terminated parental rights or TPR) until they are in adoptive placements.

Once a child becomes available for adoption—the date of the signing of the TPR - the responsible agency (public or private) has 182 calendar days to identify a home for the child. Most are placed with foster parents or relatives. Every agency with an adoption-eligible child must notify MARE about the child's status within six months of the time the parental rights are terminated. At that point the child will be in one of three statuses: (1) “placed”—already in an adoptive home, often where the child was already living, (2) “hold”—the responsible agency has identified prospective adoptive parents but has not yet completed the placement, and (3) “no identified family or placement”—MARE automatically lists the child on the its exchange and may put the child into a photolisting book.

Michigan contracts heavily with private agencies for adoption placement services. If private agencies do not send information to MARE after six months, there are sanctions. For each day the information is not provided, the private agency is docked 20 percent of its fee. MARE's information permits the creation of regular tracking reports for kids. Lists of kids in an extended hold are sent to the state for follow-up with the appropriate zone office or private agency. Information is provided each month on the number of children in the responsibility of the Family Independence Agency and private agencies and their status.

At the same time this tracking system began, Michigan mandated photolisting children who were not placed. The state also changed the payment system for private agencies. The quicker a private agency does an adoption, the more money it is paid. In short, the payment system is designed to reward timely adoption of very hard-to-place kids. Under the current rate structure, there are multiple levels of payment. An agency receives \$10,000 if it places a child for adoption directly from residential care. A non-custodial agency that places a child listed on the adoption exchange gets \$9,000. For children who are in an agency's care when freed for adoption, agencies are paid a premium rate of \$8,600 if the child is placed within five months after termination of parental rights (permanent wardship), an enhanced rate of \$6,200 if placed within seven months, and a standard rate of \$3,535 if placed later.

Michigan reports a significant increase in adoptive placements since these new policies and procedures were instituted in 1992. Adoptions now total more than 2,000 annually.

## **Innovations in Freeing Children for Adoption**

### **The Indiana Cooperative Adoption Law**

(Hardin, & Lancour, 1997; North American Council on Adoptable Children, 1996; North American Council on Adoptable Children, undated)

In 1994, Indiana became passed a “cooperative” adoption statute, designed for cases when a court determines that, although adoption is desirable, completely ending the parent-child relationship is not in a child's best interests. If the birth parents voluntarily relinquish the child, the court may grant postadoption visitation under some circumstances. The birth parents may file a petition to compel an adoptive parent to comply with the post-adoption agreement, but the adoption cannot be revoked even if the adoptive parent fails to comply with a post-adoption visitation agreement.

The legislation was designed to address several barriers that slow adoptions of many children in foster care. Fear of losing contact with their children inhibits many birth parents from relinquishing parental rights without a fight—even when they know that they are unable to parent their child on a full-time

basis. Traditional adoption statutes, which do not allow for visitation, communication, or exchange of information about a child, leave birth parents with very limited options. They cannot care for their children, but also cannot bear to give them up entirely. As a result, children may wait months or years for the completion of an involuntary termination of parental rights case. If the agency does not have grounds for involuntary termination of parental rights, children can wait even longer.

In other cases, an older child has developed an emotional bond with birth parents. In some such cases, the child's best interests may be served by permitting an ongoing relationship with the birth parents after adoption. Because of concerns about post-adoption visitation for young children who had not yet formed a bond, children under age two were excluded from cooperative adoption agreements.

The following conditions must be met before the court may grant post-adoption visitation under the Indiana statute:

- Post-adoption visitation must be in the best interests of the child.
- The child must be at least two years old and have a significant emotional attachment to his or her birth parent.
- Each adoptive parent must consent to the post-adoption visitation agreement.
- The adoptive parents and the birth parents must file the post-adoption visitation agreement in writing with the court.
- The agency responsible for the adoption and the child's guardian *ad litem* must recommend cooperative adoption.
- The child, if over age 12, must consent to the visitation agreement.

Some Indiana child advocates would like to make children under age two eligible for this arrangement as well, and would like to broaden the concept to permit birth and adoptive parents to agree to simple communications without physical contact, such as letters or pictures mailed on a periodic basis.

### **Illinois Kinship Permanency Planning Project**

(North American Council on Adoptable Children, 1997)

The Kinship Permanency Planning Project addresses the needs of children who linger in foster care with relatives. The program was begun in 1994 for several reasons: (1) the proportion of Illinois foster children placed with relatives had grown dramatically, (2) staff had already been exploring a new custody status, "delegated relative authority," which would leave children in the formal custody of the agency but give relatives more authority over decisions for the children in their care, and (3) the findings of focus groups with relative caregivers published by the University of Chicago showed that many families were interested in adoption, but no one had ever explored this option with them.

The work of the project is based on the New Zealand family group conference model. Project services are offered to families who have a long-term kinship foster care placement. Most are African American. Judges, hearing officers, and caseworkers may all seek these services for families. If a child's caseworker decides the mediation is appropriate, family members meet to explore possible permanency options with representatives from the child welfare agency or private agency responsible for the child. Attorneys, guardians *ad litem*, and juvenile court representatives may have some involvement as well. A mediator from the Kinship Permanency Planning Project acts as a neutral party, focusing attention on the best

interests of the child. Mediators are provided under contract with Resource Alliance, Inc. Department staff conduct background checks of extended family members prior to the sessions.

Every effort is made to make the sessions easy for the family—through convenient locations and transportation assistance. Sessions focus on the child’s need for security and safety rather than past mistakes. Typically, families participate in three to five two-hour sessions before reaching a final agreement, which is then forwarded to the child welfare agency. Agency staff may change the agreed-upon plan if it is not adhered to. Once the family has reached an agreement, it is reviewed by the agency representative, guardian *ad litem*, and states attorney. They notify the judge if they concur.

Once a relative has received a home study as a foster parent, no additional adoption home study is required. An adoption worker may attend the conference to talk with the family about subsidized adoption or subsidized guardianship. Once birth parents have signed consents, the case is sent to the court that handles standard adoptions rather than being handled procedurally as part of the abuse/neglect process.

During the first 17 months of the project, 442 cases were forwarded for mediation services. At the end of 17 months, 22 percent had completed mediation and were awaiting uncontested adoption proceedings. Four percent were pursuing delegated relative authority, which provides caretaker relatives with more authority but leaves custody with the agency. Forty-two percent were still involved in the mediation process. In the remaining 32 percent of cases, at least one birth parent would not consent or was still working toward reunification.

## **IV. Federal and State Policies on Child Welfare Adoption**

Child welfare adoption programs in the United States are state/federal programs administered by the states and their subdivisions. Federal funding for these programs is provided under Titles IV-B and WE of the Social Security Act. Federal funds pay for a percentage of the costs of foster care and adoption assistance for eligible children under Title IV-E of the Social Security Act. Additional funds are available to the states as a capped entitlement under formula allocations for child welfare services and court improvement projects under Title IV-B. While the federally assisted adoption assistance program is specifically adoption-focused, adoption is only one aspect of the overall federal foster care and child welfare services program, and is affected by a number of aspects of that program.

Federal law establishes a number of requirements for state adoption assistance and child welfare programs, which states must meet to qualify for federal funding. States implement these requirements through state law and policy. In general, law relating to child abuse and neglect, termination of parental rights, and adoption are state laws. States have significant latitude in designing their laws and policies in this arena, even within the parameters of federal requirements. Many have developed innovative policies related to permanency planning, termination of parental rights, and adoption. Implementation of federal requirements by the states has not been without problems. More than 20 states are currently under court order as a result of failure to meet one or more federal requirements.

### **Federal Policy Framework for Child Welfare Adoption**

The basic structure of the federally assisted adoption assistance and child welfare program was established by the Adoption Assistance and Child Welfare Act of 1980, as amended several times over the past 18 years, and most recently in the Adoption and Safe Families Act (ASFA) of 1997.

### **Adoption Assistance and Child Welfare Act of 1980, P.L. 96-272**

Adoption and Medical Assistance. The Adoption Assistance and Child Welfare Act of 1980, P.L. 96-272, laid the groundwork for federal financial and medical assistance to the adoptive parents of foster children. These children would otherwise be expected to languish in the custody of the child welfare system. Previously, there had been an uncapped entitlement to federal assistance to the states for foster care payments made on behalf of children who were eligible for Aid to Families with Dependent Children (AFDC) or Social Security benefits.

Congress understood that many foster parents were willing to adopt children who had come into their care and were unable to return to their birth families. Yet they often could not afford to do so if they lost the regular financial assistance and medical assistance provided for foster children. The 1980 legislation made it possible to continue financial and medical assistance post-adoption and to reimburse adoptive parents for certain adoption-related expenses, including legal fees or modifications to the family home to meet the needs of a physically handicapped child, for example. Under the adoption assistance program created by this legislation, states are required to make adoption assistance payments available to families who adopted children with special needs. To qualify the child must be eligible for TANF (previously AFDC) or SSI benefits, and must be unlikely to be adopted without assistance to their adoptive parents.

For a child to be have special needs, a state must determine that the child cannot be returned to the home of his or her parents and must identify a specific factor or condition that would impede placing the child with adoptive parents without adoption assistance. States establish their own definitions of special



needs conditions although the federal legislation offered examples, including ethnic background, age, membership in a minority or sibling group, or presence of medical conditions or physical, mental, or emotional handicaps (as discussed in Part I).

In addition, the legislation requires that a reasonable effort must have been made to place the child with adoptive parents without offering adoption assistance (except in cases where there are already significant emotional ties with the prospective adoptive parents). This provision proved quite problematic. By 1988, the Department of Health and Human Services issued policy guidance indicating that this condition could be met by asking prospective adoptive parents identified for a child whether they could adopt without assistance. If they replied that they could not, the child, if otherwise eligible for adoption assistance, would meet this eligibility criterion. The law requires that *all* such children meeting the federal eligibility standards (including special needs criteria defined by the state) are eligible for adoption assistance without regard to the financial circumstances of their adoptive parents. However, adoptive parents' financial circumstances may be taken into account in determining the amount of monthly assistance. In addition, any child receiving federally assisted adoption assistance payments is also eligible for Medicaid. In theory, the terms of the adoption assistance agreement are negotiated individually.

States, of course, are free to establish fully funded adoption assistance programs for children who are not eligible for SSI or TANF, and they have done so. Perhaps the key remaining issue with respect to Title IV-E adoption assistance is that of de-linking eligibility for this federally assisted adoption benefit from eligibility for TANF or SSI. Advocates have urged this for several reasons: (1) adoption assistance programs funded solely by the state pose more uncertainties for adoptive parents, particularly when they move out of state; (2) state programs are more likely to be means-tested and thus not available as broadly as federally assisted subsidies; and (3) eligibility for Title IV-E adoption assistance assured eligibility for Medicaid, a benefit that can be transferred across state lines. In 1997 Congress did not choose to extend eligibility for adoption assistance to children not eligible for TANF or SSI, and this remains a controversial issue. However, it did act to make it easier for children with state-funded subsidies to receive medical assistance (see discussion in Part III).

**Permanency Planning.** In passing the Adoption Assistance and Child Welfare Act of 1980, Congress also sought to respond to charges that the federal government had unintentionally caused many children to be left adrift in foster care by providing funding for foster care but not for services to assist children's birth families or adoptive parents. The law attempted to ensure that children would not be unnecessarily removed from their homes. It provided for a modest enhancement of funding for services to children's families, and it established timelines for decision-making about the status of children in foster care.

The legislation required that reasonable efforts be made to maintain a child safely in his or her home before removal and, if a child was removed, that reasonable efforts be made to reunite the child with his or her family. Case plans were required to be developed in a timely fashion after removal. Courts or administrative bodies had to review progress on a child's case plan at least once every six months and decide whether the case plan goal (e.g., reunification, adoption) should be changed. At 18 months, a dispositional hearing is required, at which time a permanent plan for the child must be established e.g., return home, adoption, guardianship. (This timeframe was changed by the Adoption and Safe Families Act, discussed below.)

Although never intended to have that effect, many interpreted the reasonable efforts and dispositional hearing requirements of the Adoption Assistance and Child Welfare Act of 1980 to require states to spend 18 months attempting to reunify families. Many thought this was required even when it was obvious that these efforts were doomed to failure.

Further, many believed that the federal mandate to make reasonable efforts to reunify families meant that it was not possible to begin adoption planning and activities until after reunification efforts were over and the 18-month dispositional (permanency planning) hearing had been held. This was contrary to the preference that was developing for early identification of children who were unlikely to be able to return home so that efforts to identify and place them with prospective adoptive parents could begin while reunification services were still being provided.

In addition, while federal law specifically required reasonable efforts to preserve and reunify families, there was not such a specific requirement with respect to efforts to place a child permanently in an adoptive or other permanent home. These issues were among those addressed in the Adoption and Safe Families Act of 1997, discussed below.

### **The Promoting Safe and Stable Families Program**

As part of the Omnibus Budget Reconciliation Act of 1993, Congress adopted a program of family support and family preservation services and a program earmarked for improving court handling of abuse, neglect, foster care, and adoption cases. Both programs are significant to adoption of children in the child welfare system.

Family preservation services ordinarily are offered after an incident of abuse and neglect has occurred to preserve the ability of the family to care for the child safely at home. (Family support services are prevention-oriented and are generally provided to families before they become involved with the child welfare system.) Family preservation services are particularly important in the adoption context because it is not usually possible to terminate parental rights without demonstrating to the court that appropriate services have been provided to the parents to enable them to correct the conditions that led to the child's removal from the home. The Family Preservation and Support Services Program under Title IV-B, Subpart 2, provided \$1 billion over a five-year period for these services.

States were required to undertake an initial planning process designed to identify the needs, resources, and capacities in the state and its communities, and were expected to target the funds received under this program strategically to meet the needs identified in the planning process. Family preservation services and family support services each were required to receive at least 25 percent of the funding available to the state under this program.

In addition, Congress set aside \$35 million in entitlement grants to state courts over a four-year period to improve court handling of abuse, neglect, foster care, and adoption cases. Each participating state court system was required to (a) conduct an assessment of how state courts are handling abuse, neglect, foster care, and adoption litigation, (b) develop a plan to improve the administration of justice in foster care and adoption cases, and (c) implement the plan. Both delays in reaching a decision to pursue adoption as a goal for a child and delays in the processing of termination of parental rights and adoption cases have been addressed by state court systems under the Court Improvement Program.

Both of these programs were extended, with major modifications, by the Adoption and Safe Families Act of 1997, discussed below.

## **Adoption and Safe Families Act of 1997**

The Adoption and Safe Families Act of 1997 promotes more timely efforts to move children toward adoption or other permanent settings when families cannot be reunified. It creates a new Adoption Incentive Program which gives bonuses over a base number to states that increase the number of children adopted out of foster children. In addition, it reauthorizes and extends the Family Preservation and Support Services Program (renamed the Promoting Safe and Stable Families Program) and the Court Improvement Program, specifying that post-adoption services to adoptive families are a proper use of service funds under that program.

Under the new law, reasonable efforts to preserve and reunify families will not be required when a court determines that the child's safety or health would be endangered by any return to the parents. Specifically, states are not required to reunify or preserve a family if a court finds that the parent has committed murder or voluntary manslaughter of a sibling or felony assault of the child; has subjected the child to "aggravated circumstances"; or has had their parental rights to another child involuntarily terminated. "Aggravated circumstances" will be defined by states, although the legislation cites abandonment, torture, chronic abuse, and sexual abuse as examples. The legislation clarifies that reasonable efforts to place a child for adoption or with a legal guardian may be made concurrently with reasonable efforts to preserve or reunify a family.

Hearings in which a court approves a permanency plan for the child are to be moved up to no later than 12 months after adjudication of abuse or neglect, rather than the prior 18 months. However, if a court finds that "reasonable efforts" to preserve or reunify the family are not required because of the circumstances described above, a permanency hearing must be held for the child within 30 days. Reasonable efforts must be made to place the child in a timely manner in accordance with the child's permanency plan, to complete whatever steps are necessary to complete the plan, and to document the steps in the child's case plan.

The documentation must record the steps the agency takes: to find an adoptive family or other permanent living arrangement for the child; to place the child with an adoptive family, a fit and willing relative, a legal guardian, or in another permanent living arrangement; and to finalize the adoption or legal guardianship. (Long-term foster care was eliminated from the statutory list of permanency options.) At a minimum, the documentation must include child-specific recruitment efforts such as the use of state, regional, and national adoption exchanges, including electronic exchange systems.

States are required to file a petition to terminate parental rights under three circumstances: (1) the child has been in foster care under the responsibility of the state for 15 of the most recent 22 months, (2) the child is an abandoned infant, or (3) a court has determined that the parent has committed or aided and abetted in the murder or voluntary manslaughter of a sibling or has committed a felony assault resulting in serious bodily injury to the child or a sibling. However, filing a petition is not required if, at state option, the child is being cared for by a relative, a state agency has demonstrated a compelling reason that such a petition would not be in the child's best interest, or the state has not provided the child's family the services specified in the child's case plan. Implementation of this provision is being phased in over an 18-month period. The starting date will vary in each state.

Another provision of the legislation requires that states develop plans for effective use of cross-jurisdictional resources to facilitate timely adoptions and permanent placements for waiting children. States may not deny or delay a child's adoptive placement when an approved family is available outside of the jurisdiction responsible for the child. A study will address how best to improve the adoptive placement of children across both state and county lines.

The Adoption and Safe Families Act requires states to provide health insurance coverage to adopted children who do not meet eligibility criteria for federal adoption subsidies if they have special needs for medical, mental health, or rehabilitative care. The legislation also contains a provision to ensure that children who were once eligible for federally subsidized adoption assistance will continue to be eligible in a subsequent adoption, if their initial adoption is disrupted, or their adoptive parents die.

States are required to use a “significant” portion of the funds available to them through the Promoting Safe and Stable Families Program for adoption promotion and support services — in addition to family reunification, family support, and family preservation services. The family reunification services generally are limited to 15 months, corresponding to the time period at which a decision must be made about termination of parental rights. The Secretary of the Department of Health and Human Services will determine the percentage that will meet the “significant” standard. For FY 1999, the Department of Health and Human Services has announced that there will be a presumption that each of these categories of services should receive at least 20 percent of the state’s funds from this source; states will have to justify spending a smaller percentage in some categories.

Funding for the program is significant, with a \$275 million base amount available in FY 1999, \$295 million base amount in FY 2000, and \$305 million base amount in FY 2001. Adoption promotion and support services will include services and activities designed to promote more adoptions out of foster care, including pre- and post-adoptive services and activities designed to expedite the adoption process and support adoptive families.

The legislation also creates a program under which eligible states may obtain adoption incentive payments by increasing their child welfare adoptions over a base year. Within the limits of a cap of \$20 million on total incentive payments for the nation, a payment of \$4,000 will be made for each additional foster child adopted over base year totals, with an extra \$2,000 incentive payment for those children with special needs who are eligible for Title IV-E adoption assistance payments. To be eligible for the incentive payments, states must, among other things, provide health insurance coverage to any children with special needs for whom there is an adoption assistance agreement in effect (see more discussion under Adoption and Medical Assistance). Ten million dollars a year is authorized for technical assistance to states and local communities and to the courts to assist in increasing adoptions or other permanent placements for children in foster care.

### **Adoption Opportunities Program**

Prior to 1980, the Adoption Opportunities Program was created in 1978 as Title II of the Child Abuse Prevention and Treatment Act. Through this program, a wide range of research and demonstration programs have been funded.

### **Multiethnic Placement Act of 1994**

Highly controversial within the child welfare community, the Multiethnic Placement Act of 1994 (MEPA) was designed to decrease the length of time that children wait to be adopted, to prevent discrimination in the placement of children on the basis of race, color, or national origin, and to facilitate the identification and recruitment of foster and adoptive families who can meet children’s needs. MEPA, as amended by the Interethnic Adoption Provision of the Small Business Job Protection Act of 1996, prohibits delaying or denying the placement of any child on the basis of race, color, or national origin. It requires states to diligently recruit prospective adoptive and foster care families who reflect the ethnic and racial diversity of children in need of foster and adoptive homes, and requires the Federal government to impose fiscal penalties for states not in compliance with the anti-discrimination prohibition.

## Adoption Tax Credit (1996)

An adoption tax credit was created in 1996 that permits individual taxpayers who adopt a child to claim a tax credit on their federal income tax for qualified adoption expenses of up to \$5,000 (\$6,000 for a child with special needs). These expenses may include adoption fees, court costs, attorney fees, and other adoption-related expenses. Individuals may also receive adoption assistance from their employers without being required to report it as additional income for tax purposes. The impact of these provisions on adoptions of children through child welfare agencies will likely be limited because, in most cases, adoptive parents are not charged fees by these agencies. Other adoption-related expenses such as legal fees are likely to be reimbursed by the agency, particularly in connection with the adoption of children with special needs.

## State Policies on Child Welfare Adoption

All states operate within the broad parameters of the federal Adoption Assistance and Child Welfare Act of 1980. They adopt state laws that implement the requirements of the legislation, but which may vary in many ways that are significant for adoption policy. States decide how “special needs” will be defined for purposes of determining eligibility for adoption assistance. They develop the guidelines for negotiation of adoption assistance agreements and determine the rates at which assistance will be paid and what items or services will be reimbursed. States may adopt more stringent timelines for review of foster care cases and may hold permanency planning hearings earlier than federal law requires.

State information systems must now produce the data required by the federally mandated Adoption and Foster Care Analysis and Reporting System. While this information is useful, it does not provide sufficient data to permit tracking and monitoring of adoption cases, nor does it mandate that states create a system that will permit electronic matching of waiting parents and waiting children. States are free to create systems that will perform these functions, however. The new Adoption and Safe Families Act requires states to adopt new statutes and policies, which should encourage new thinking in several policy areas. Areas mandated or suggested by new federal law include:

- **Provisions for early termination of parental rights.** States must determine the circumstances that will trigger children’s eligibility for early termination of parental rights.
- **Concurrent planning.** Federal law makes it clear that concurrent planning (two-track planning for both reunification and adoption or other permanent plan) is now permissible. States must determine whether they wish to adopt this approach as a matter of policy.
- **Permanency planning hearing.** States that have not already done so must shorten the time frame for permanency planning hearings to 12 months. When this is done, the hearing should be redesigned to take into account new federal requirements regarding termination of parental rights. New statutes should ensure that the court determines at the permanency planning hearing or well before the 15-month deadline whether there is a compelling reason for not going forward with a termination of parental rights case in those cases in which a child has been in foster care for 15 of the previous 22 months. States must also mandate the filing of termination of parental rights cases within mandated timeframes when there is no compelling reason not to do so.
- **Placement activities.** State policies regarding placement activities should ensure that efforts to identify homes for children begin no later than when a decision is made to seek termination of parental rights. In addition, state law must be changed to ensure that reasonable child-specific recruitment efforts are made.

In addition to the changes mandated or suggested by the Adoptions and Safe Families Act, there are several other policies states should consider developing. Among the more important are:

- Cooperative adoption option through state legislation.
- Appropriate voluntary relinquishment procedure.
- Mediation programs that can explore the use of open or cooperative adoption with birth parents.
- Facilitated family group planning conference mechanism.
- Policy on recruitment of adoptive parents that reflects current national best practices.
- Mandate that adoption be explored with foster parents and with relatives with whom a child has ties, including explanation of adoption and medical assistance that may be available.
- Policy of discussing permanency options with birth parents early in a case.

## V. Conclusion

The adoption process is complex. Multiple barriers must be overcome to create a system that promptly places children in need of adoption with adoptive families. Reform of a single component of the adoption process is unlikely to greatly increase adoption numbers. Success in greatly increasing the number of special needs adoptions and in reducing the amount of time children linger in foster care requires data gathering and process analysis to identify these multiple barriers to prompt adoption. A multi-pronged strategy for addressing those barriers must be brought to bear on the issue, and adequate resources must be developed to carrying out the strategy. An information system that is capable of tracking and monitoring both individual children and groups of children as they move through the system toward adoption must be used to inform management of the program. Partnerships must be created with key institutions outside of the child welfare agency to aid in creating leadership on the adoption issue.

## Organizational Resources

### Adoption Exchange Association

Dixie Davis, President  
820 S. Monaco Parkway, Suite 263  
Denver, CO 80224  
(303)322-9592  
Fax: (303)320-5434

Adoption exchanges provide information on children awaiting adoption from multiple localities or agencies to interested prospective adoptive parents. They also carry out a number of additional activities to recruit adoptive parents, to facilitate matching of waiting parents and waiting children, and to improve the adoption process. The Adoption Exchange Association provides training and technical assistance to adoption exchanges throughout the United States.

### Adoptive Families of America

Tom Richards, Executive Director  
2309 Como Avenue  
St. Paul, MN 55108  
(612)645-9955  
(800)372-3300  
(612)645-0055 fax  
Website: <http://www.adoptivfam.org>

Adoptive Families of America is a private, nonprofit organization with over 20,000 members nationwide. The organization provides adoption information through a toll-free number, publishes a “how-to” booklet for prospective adoptive parents, and maintains a listing of adoptive parent support groups nationwide. It publishes a bimonthly magazine, *Adoptive Families*. In addition, the organization has a mail-order catalogue of adoption and multi-cultural books and other resources. A helpline provides individual consultation and access to the Family Support Network, which helps families in crisis or provides local referrals. The organization advocates for equitable treatment for adoptive families in legislation and in the media.

### American Bar Association

Center on Children and the Law  
Howard Davidson, Director  
Mark Hardin, Director, Foster Care Project  
740 15th Street, NW  
Washington, DC 20005  
(202)662-1000  
Website: <http://www.abanet.org/child>

With funding from the Children’s Bureau (U. S. Department of Health and Human Services), the American Bar Association Center on Children and the Law serves as the National Resource Center on Legal and Court Issues for the federal-state child welfare program. It provides publications, training, and technical assistance on a variety of child welfare legal issues, including permanency planning, termination of parental rights, adoption, and the Multiethnic Placement Act. The Center’s staff has worked with extensively with state and local court improvement projects.



## **American Public Human Services Association**

Betsy Rosenbaum  
810 First Street, NE, Suite 500  
Washington, DC 20002-4205  
(202)682-0100  
Website: <http://www.aphsa.org>

The American Public Human Services Association (APHSA) (formerly the American Public Welfare Association) serves as Secretariat to the Associations of the Interstate Compact on the Placement of Children and the Interstate Compact on Adoption and Medical Assistance. These two associations provide technical assistance to the states and others on the administration of the laws of the two Compacts. They also provide technical assistance on practice and policy issues regarding both interstate and intrastate adoption. Adoption issues are also addressed by state and local public child welfare administrators through the National Association of Public Child Welfare Administrators, an affiliate of APHSA.

## **Children's Defense Fund**

Mary Lee Allen  
25 E Street, NW  
Washington, DC 20001  
(202)628-8787  
Website: <http://www.childrensdefense.org>

The Children's Defense Fund's Child Welfare and Mental Health division advocates for children who are at risk of placement or are in the care of child welfare, mental health, and juvenile justice agencies. It provides training and technical assistance to state and federal policymakers, program providers and advocates on a range of child welfare issues, including adoption and permanency planning for children in foster care. It conducts research on child welfare issues and offers a variety of legislative analyses and publications on child welfare topics.

## **Child Welfare League of America**

Ann Sullivan, Adoption Program Manager  
440 First Street, NW, Suite 310  
Washington, DC 20001  
(202)638-2952  
Website: <http://www.cwla.org>

The Child Welfare League of America (CWLA) is an association of nearly 1,000 public and nonprofit agencies serving at-risk children and youths and their families. Adoption and foster care services are among the types of services provided by many member agencies. CWLA publishes standards of excellence as goals for child welfare practice. A public policy staff concentrates on passage of child welfare legislation to protect children and strengthen vulnerable families. CWLA publishes child welfare materials, consults with both governmental and voluntary child welfare organizations, and holds conferences and training sessions on child welfare issues, including adoption and foster care.

## **National Adoption Center**

Carolyn Johnson, Director  
1500 Walnut Street, Suite 701  
Philadelphia, PA 19102  
(215)735-9988  
(800)TO-ADOPT  
Website: <http://www.adopt.org>

The National Adoption Center (NAC) is a nonprofit organization that facilitates the adoptive placement of children throughout the United States. While it is not an adoption agency and has no children in its care, it works closely with adoption agencies that use the Center's telecommunications system to make matches between families and children listed in the Center's national registry. Photolistings of waiting children from many states are featured on Faces of Adoption, NAC's website. The Center also conducts public education related to the adoption of children with special needs and those from minority cultures. It recruits adoptive parents for such children. Contact is facilitated between prospective adoptive parents and an appropriate agency in their area that can conduct a home study. NAC also undertakes special initiatives, such as publications and advocacy on employer-sponsored adoption assistance programs, and advocates for public policies to facilitate adoption.

## **National Adoption Information Clearinghouse**

Mary Sullivan  
P.O. Box 1182  
Washington, DC 20013-1182  
(703)352-3488 or (888)251-0075  
Fax: (703)385-3206  
Website: <http://ww.callb.com/naic>

The National Adoption Information Clearinghouse (NAIC) was established by Congress in 1987 to provide professionals and the general public with easily accessible information on all aspects of adoption. NAIC maintains an adoption literature database; a database of adoption experts; listings of adoption agencies, crisis pregnancy centers, adoptive parent support groups, and search support groups; state and federal laws on adoption; and other adoption-related services and publications. NAIC publishes a variety of regularly updated materials, including fact sheets on adoption issues, directories of adoption-related services, a guide to adoption sites on the Internet, and a catalog of audiovisual materials on adoption. The NAIC library contains thousands of articles, books, research reports, and studies on all aspects of adoption. Most NAIC services, including database searches, are free.

## **National Black Child Development Institute**

Carla Taylor  
1023 15th Street, NW, Suite 600  
Washington, DC 20005  
(202)387-1281  
Fax: (202)234-1738  
Website: <http://www.ncfa-usa.org>

The National Black Child Development Institute provides leadership and advocacy in the child welfare field on a variety of issues. Special concerns include the disproportionate representation of African

American children in foster care and permanent homes for all children. The organization provides testimony and technical assistance to Congress and other policy-making bodies. It also conducts research on how African American children are faring in public child welfare agencies.

## **National Council For Adoption**

William Pierce, President  
1930 17<sup>th</sup> Street, NW  
Washington, DC 20009-6207  
(202)328-1200  
Fax: (202)332-0935  
Website: <http://www.ncfa-usa.org>

The National Council For Adoption (NCFA) seeks to assure the well being of adopted children, birth parents, and adoptive families by promoting professionally sound adoption policy and practice. The goals of NCFA are to promote public adoption policy, inform the public about the need and value of adoption, encourage a high standard of professional ethical adoption practice, and develop a base of support for adoption.

## **National Council of Juvenile and Family Court Judges**

Permanency Planning Project, University of Nevada  
Mary Mintaberry  
Box 8978  
Reno, Nevada 89507  
(702)784-6012

The Permanency Planning Project of the National Council of Juvenile and Family Court Judges offers training and technical assistance on many aspects of child welfare litigation, including permanency planning, termination of parental rights, and adoption. These topics are addressed in *Resource Guidelines: Improving Court Practice in Child Abuse and Neglect Cases* and other publications of the Council. Currently, the Council is working with two local jurisdictions to develop model court practices in termination of parental rights and adoption proceedings and is developing a manual for judges on termination of parental rights and adoption.

## **National Foster Parent Association**

c/o 9 Dartmoor Drive  
Crystal Lake, IL 60014  
(815)455-2527  
Website: <http://www.kidsource.com>

The National Foster Parent Association (NFPA) is a nonprofit organization of foster parents, agency staff, and others who work to improve the foster care system and enhance the lives of children and families. The organization conducts an annual training conference and other training events, provides support to foster parents, and assists local foster parent associations. The group seeks to educate the public about children needing foster care placement and about foster parenting. NFPA and its local members advocate for positive changes in the child welfare system, particularly foster care.

## **National Indian Child Welfare Association**

David Simmons  
3611 SW Hood Street, Suite 201  
Portland, OR 97201  
(503)222-4044  
Website: <http://www.nicwa.org>

Founded in 1985, the National Indian Child Welfare Association (NICWA) is a membership organization that includes tribal governments and urban Indian social service programs. Today, NICWA provides a national voice for American Indian children and families. It focuses on three major areas of activity—public policy analysis, community development, and information exchange. The organization provides advocacy and technical assistance on the Indian Child Welfare Act and facilitates policy discussions between tribes, states, and the federal government. It provides training programs, conferences, reference materials, and publications on Indian child welfare topics and assists tribes in development and improvement of child welfare programs.

## **National Resource Center for Permanency Planning**

Hunter College School of Social Work  
Sarah Greenblatt  
129 E. 79th Street, Room 801  
New York, NY 10021  
(212)452-7053  
Fax: (212)452-7051

The National Resource Center for Permanency Planning is funded by the Children's Bureau of the U.S. Department of Health and Human Services to provide information, training, and technical assistance on permanency planning for children in foster care. The organization also works to address permanency planning issues through policy analysis, research, and dissemination activities. The Center conducts conferences and offers a variety of publications, bibliographies, and audio- and videotapes. Current special interests related to adoption include concurrent permanency planning, child welfare mediation, and family group conferencing/decision making; relative care; and permanency planning within integrated service systems.

## **National Resource Center for Special Needs Adoption**

Spaulding for Children  
Drenda Lakin, Executive Director  
16250 Northland Drive, Suite 120  
Southfield, MI 48075  
(248)443-7080  
Fax: (248)443-7099

The National Resource Center for Special Needs Adoption at Spaulding for Children is a federally funded project that seeks to improve the effectiveness and quality of adoption and post-adoption services for children with special needs nationwide. This is done by serving as a resource for organizations and professionals and providing consultation, technical assistance, training, and a variety of written and videotaped materials. The Center has developed a number of training curricula for child welfare staff and foster, adoptive, and kinship parents. These address such topics as special needs adoption, support and preservation of adoptive families, cultural competence in child welfare, and parenting of children who have been neglected or abused.

## **North American Council on Adoptable Children**

Joe Kroll, Executive Director  
970 Raymond Avenue, Suite 106  
St. Paul, MN 55114-1149  
(612)644-3036  
Fax: (612)644-9840  
Website: <http://www.cyfc.umn.edu/adoptinfo/nacac.html>

With over 1,700 members, many of them adoptive parent organizations, the North American Council on Adoptable Children (NACAC) advocates the right of every child to a permanent, continuous, nurturing, and culturally sensitive family. NACAC provides information and support to prospective adoptive parents and adoptive families through information on adoption, publications, conferences, support, and technical assistance to adoptive parent groups. The organization has worked to improve the child welfare system's response to the needs of waiting children by serving as a resource to policymakers and a consultant to foundations and states. NACAC conducts research on special needs adoption and publishes information on critical issues in foster care and special needs adoption.

## **One Church, One Child, National Office**

Rev. Wayne Thompson, President  
Rev. Marian Wright Young, Interim Executive Director  
3144 Third Avenue South  
St. Petersburg, FL 33712  
(813)323-7518  
(888)328-8087  
(813)323-4790  
Fax: (213)747-1367 (Los Angeles)

One Church, One Child works with African American congregations to encourage them to support a couple or individual in their adoption of a child. The group conducts a national appeal to recruit black adoptive and foster families for black children. It carries out a national awareness campaign on the disproportionate representation of black children in foster care and on approaches to reducing the length of time black children who are available for adoption spend waiting in foster care. The organization maintains a clearinghouse on the adoption of black children and works with other groups to provide training and technical assistance on this topic.

## **Voice for Adoption**

P.O. Box 77496  
Washington, DC 20013  
(202)244-0926

Voice for Adoption is a national coalition of organizations and individuals concerned with adoption. It advocates for national policies that address barriers to the adoption of waiting children (such as legal, policy, and funding issues). It also seeks to increase the understanding among the public, the media, and decision-makers of the needs of waiting children and of the families who adopt them.

## Selected References

- Adoption Assistance and Child Welfare Act of 1980, P.L. 96-272 (Titles IV-B and IV-E of the Social Security Act), codified at 42 U.S.C. Sections 620 *et seq.* & 670 *et seq.*
- American Public Welfare Association. (1991). *Issue brief Post-finalization request for adoption assistance*. Washington, DC: American Public Welfare Association, Secretariat for Interstate Compact on Adoption and Medical Assistance.
- American Public Welfare Association. (1996). *Voluntary Cooperative Information System for Child Welfare*. Washington, DC: American Public Welfare Association.
- American Public Welfare Association. (1994). *Survey of states regarding provision of Medicaid for non-Title IV-Adopted Children*. Washington, DC: American Public Welfare Association.
- Avery, R.J. (1997). *An examination of special needs adoption in New York state: Executive outline*. Ithaca, NY: Cornell University.
- Avery, R.J., & Mont, D. (1997). Federal financial support of special needs adoption. In R.J. Avery (ed.), *Adoption Policy and Special Needs Children*. Westport, CT: Auburn House.
- Azzi-Lessing, L., & Olsen, L. (1996). Substance abuse-affected families in the child welfare system: New challenges, new alliances. *Social Work, 41(1)*, 15-23.
- Babb, L.A., & Laws, R. (1997). *Adopting and advocating for the special needs child: A guide for parents and professionals*. Westport, CT: Bergin & Garvey.
- Bachrach, C.A., London, K.A., & Maza, P.L. (1991). On the path to adoption: Adoption-seeking in the United States, 1988. *Journal of Marriage and the Family, 53(3)*, 705-718.
- Badeau, S. (1997). *Faces of adoption: America's waiting children*. Philadelphia, PA: National Adoption Center.
- Baker, D.R., & Vick, C. (1995). *The child advocate's legal guide: Effective collaborative work to speed permanence for children in foster care*. St. Paul, MN: North American Council on Adoptable Children.
- Barth, R.P. (1997). The value of special needs adoptions. In R.J. Avery (Ed.), *Adoption Policy and Special Needs Children*. Westport, CT: Auburn House.
- Barth, R.P. (1989). On their own: The experiences of youth after foster care. *Child and Adolescent Social Work Journal, 7*, 419-440.
- Barth, R. (1993). Fiscal issues and stability in special-needs adoptions: Adoption assistance payments should help children get adopted and stay adopted. *Public Welfare, 5(3)*, 21-28.
- Barth, R.P., Courtney, M., Berrick, J.D., & Albert, V. (1994). *From Child Abuse to Permanency Planning: Child Welfare Services Pathways and Placements*. New York, NY: Aldine de Gruyter.
- Berry, M. (1991). The effects of open adoption on biological and adoptive parents and the children: The arguments and the evidence. *Child Welfare, 70(6)*, 637-651.

- Bussiere, A. (1997). *Variations in state adoption assistance laws*. In R.J. Avery (Ed.), *Adoption Policy and Special Needs Children*. Westport, CT: Auburn House.
- Cole, B. (1997). *The adoption of older children*. In R.J. Avery (Ed.), *Adoption Policy and Special Needs Children*. Westport, CT: Auburn House.
- Edelstein, S.B. (1995). *Children with prenatal alcohol and/or other drug exposure: Weighing the risks of adoption*. Washington, DC: Child Welfare League of America.
- Etter, J. (1997). *Mediating permanency outcomes: Practice manual*. Washington, DC: Child Welfare League of America.
- Festinger, T. (1972). *Why some choose not to adopt through agencies*. New York: Metropolitan Applied Research Center.
- Gershenson, C.P. (1984). Community response to children free for adoption. *Child Welfare Research Notes, No. 3*. Published by the Children's Bureau, Administration for Children, Youth and Families, U.S. Department of Health and Human Services.
- Gilles, T. (1995). *Adoption assistance in America: A programmatic analysis fifteen years after federal implementation*. St. Paul, MN: North American Council on Adoptable Children.
- Groze, V. (1996a). Introduction: Advances in research and theory in adoption. *Children and Youth Services Review, 18(1-2)*, 1-4.
- Groze V. (1996b). *Successful adoptive families: A longitudinal study of special needs adoption*. Westport, CT: Praeger.
- Hara, S. with Shepardson, B. (Spring 1998). Issue Brief. *What Every Educator Should Know About the Changing Social Policy Landscape and Efforts to Ensure Student Success*. Washington, DC: Council of Chief State School Officers
- Hardin, M., & Lancour, R. (1997). *Early termination of parental rights: Developing appropriate statutory grounds*. Washington, DC: American Bar Association Center on Children and the Law.
- Hardin, M., Elstein, S., Krolchalk, P., Smith, B. (1995). *Improving state courts' performance in child protection cases: User's manual for conducting your court assessment*. Washington, DC: American Bar Association, Center on Children and the Law.
- Hegar, R., & Scannapieco, M. (1995). *From family duty to family policy: The evolution of kinship care*. *74(1)*, 200-216.
- Herring, D. The Michigan Agency Attorney Project. In K. Cahn & P. Johnson (Eds.), *Children Can't Wait: Reducing Delays in Out-of-Home Care*. Washington, DC: Child Welfare League of America.
- Johnson, P., & Cahn, K. (1995). Improving child welfare practice through improvements in attorney/social worker relationships. *Child Welfare, 74(2)*, 383-94.

- Katz, L. (1996). Concurrent planning fulfills the intent of P.L. 96-272. *Bridges, Winter, 5*. (Published by the Association of Administrators of the Interstate Compact on Adoption and Medical Assistance.)
- Katz, L. (1990). Effective permanency planning for children in foster care. *Social Work, 35*(3), 220-226.
- Katz, L., Spoonemore, N., & Robinson, C. (1988/1994). *Concurrent planning: From permanency planning to permanency action*. Seattle, WA: Lutheran Social Services of Washington and Idaho.
- Keck, G.C., & Kupecky, R.M. (1995). *Adopting the hurt child: Hope for families with special-needs kids. A guide for parents and professionals*. Colorado Springs, CO: Pinon Press.
- Kellogg Foundation. (1995). *Families for kids: Building the dream. How nineteen communities planned adoption reform that put the needs of the children first*. Battle Creek, MI: Kellogg Foundation.
- Lakin, D. S. & Whitfield, L. (1997). *Adoption Recruitment: Meeting the Needs of Waiting Children*. In R.J. Avery (Ed.), *Adoption Policy and Special Needs Children*. Westport, CT: Auburn House.
- Lightbum, A., & Pine, B.A. (1996). Supporting and enhancing the adoption of children with developmental disabilities. *Children and Youth Services Review, 18*(1-2), 139-162.
- McKenzie, J.K. (1993). Adoption of children with special needs. *The Future of Children, 3*(1), 6276.
- McRoy, R., & Zurcher, L. (1983). *Transracial and inracial adoptees*. Springfield, IL: Charles Thomas.
- Meezan, W., & Shireman, J.F. (1982). Foster parent adoption: A literature review. *Child Welfare, 61*(8), 525-535.
- Mica, M., & Vosler, N. (1990). Foster-adoptive programs in public social service agencies: Toward flexible family resources. *Child Welfare, 69*(5), 433-446.
- National Council of Juvenile and Family Court Judges. (1995). *Resource guidelines: Improving court practice in child abuse & neglect cases*. Reno, NV: National Council of Juvenile and Family Court Judge.
- New York State Department of Social Services. (1991). *Termination barriers: Speeding adoptions in New York state through reducing delays in termination of parental rights cases, final report*. Albany, NY: New York Department of Social Services.
- North American Council on Adoptable Children. (1997). *Shortening children's stays: Innovative permanency planning programs*. St. Paul, MN: North American Council on Adoptable Children.
- North American Council on Adoptable Children. (1996). *A framework for foster care reform: Policy and practice to shorten children's stays*. Minneapolis: North American Council on Adoptable Children.
- O'Hanlon, T. (1995a). *Assessing federal adoption subsidies after legalization*. Washington, DC: Child Welfare League of America.
- O'Hanlon, T. (1995b). *Adoption subsidy: A guide for adoptive parents*. Columbus, OH: New Roots.



- Office of the Inspector General. (1996). *Interstate Compact on Adoption and Medical Assistance*. Washington, DC: Office of the Inspector General.
- Pero, F.P. (1994). In the best interest of the child: Litigation in the post-placement adoption setting. *NYLS Journal of Human Rights*, 11, 383-420.
- Rosenthal, J.A. (1993). Outcomes of adoption of children with special needs. *The Future of Children*, 3(1), 77-88.
- Rosenthal, J.A., Groze, V., & Morgan, J. (1996). Services for families adopting children via public child welfare agencies: Use, helpfulness, and need. *Children and Youth Services Review*, 18(1-2), 163-182.
- Rosenthal, J.A., Groze, V., Curiel, H., & Wescott, P.A. (1991). Transracial and inracial adoption of special needs children. *Journal of Multicultural Social Work*, 1(3), 13-31.
- Sedlack, A.J., Cook, R., & Lucas-McLean, J. (1989). *Study of adoption assistance impact and outcomes: Phase I report*. Rockville, MD: Westat, Inc.
- Silverman, A.R. (1993). Outcomes of transracial adoption. *The Future of Children*, 3(1), 104-118.
- Simon, R. J., & Alstein, H. (1992). *Adoption, race, and identity*. New York: Praeger.
- Takas, M. (1992). Kinship care: Developing a safe and effective framework for protective placement of children with relatives. *Zero to Three*, 13(3), 12-17.
- Thornton, J. (1991). Permanency planning for children in kinship foster homes. *Child Welfare*, 70(5), 593-600.
- U.S. Department of Health and Human Services, Children's Bureau. (1994). *National Study of Protective, Preventive and Reunification Services Delivered to Children and Their Families*. Washington, DC: U. S. Government Printing Office.
- U.S. Department of Health and Human Services. (1997a). *Adoption 2002: A Response to the Presidential Executive Memorandum on Adoption Issued December 14, 1996*. Washington, DC: U. S. Department of Health and Human Services.
- U. S. Department of Health and Human Services. (1997b). *Foster Care and Adoption Statistics*. Children's Bureau website: [www.acf.dhhs.gov/programs/cb/stats/index.htm](http://www.acf.dhhs.gov/programs/cb/stats/index.htm).
- U. S. House of Representatives. (1996). *1996 green book*. Washington, DC: U. S. Government Printing Office.
- U. S. General Accounting Office. (1993). *Foster care: Services to prevent out-of-home placements are limited by funding barriers*. Washington, DC: U.S. Government Printing Office.
- U.S. General Accounting Office. (1994). *Foster care: Parental drug abuse has alarming impact on young children*. Washington, DC: U.S. Government Printing Office.
- Watson, P. (1996). *An analysis of the foster home needs assessment*. Cambridge, MA: Harvard University, John F. Kennedy School of Government.

Watson, K. (1992). Providing services after adoption: The public child welfare agency must take the lead to meet the lifelong needs of the adoption triangle. *Public Welfare*, 50(1), 5-13.

Welty, K. (Undated). *Achieving permanence for every child*. St. Paul, MN: North American Council on Adoptable Children.

Westat. (1986). *Adoption services for waiting minority and nonminority children*. Rockville, MD: West.

## Highlights of the Seminar

Held Friday, May 15, 1998, in B-318 Rayburn House Office Building, Washington, DC.

### Introduction

Theodora Ooms, Executive Director of the Family Impact Seminar (FIS), welcomed the panelists and audience to the 42nd family policy seminar sponsored by FIS. She introduced Diane Dodson, a family policy consultant and author of the seminar background briefing report, as the moderator. An attorney, Dodson has spent many years at the American Bar Association Center on Children, the Women's Legal Defense Fund, and as a consultant working on child welfare and child support issues.

Dodson said that the key event drawing many attendees to the seminar was the passage last fall of the Adoption and Safe Families Act (ASFA). That legislation addressed a number of important issues and will have a significant impact on the special needs adoption field. However, many additional issues of concern before the legislation remain even after the new requirements of the legislation have been incorporated in state practice, she said.

### Drenda Lakin

Drenda Lakin, Director of The National Resource Center on Special Needs Adoption at Spaulding for Children (The National Resource Center) in Southfield, Michigan, has spent over 20 years in the child welfare field and "has a passion for permanency for kids."

Only a small number of children are adopted annually in comparison to those who are in foster care—0,000 adopted versus half a million in care, Lakin reported. At any given point in time, 27,000 are legally free for adoption. New data being gathered under the new Act suggests that the adoption figures may be a bit higher than previously thought, she said. This disproportion between children in foster care and adoptions is not necessarily bad: children have shared ties to their family of origin. It is good if we can work with their families so that the children can be returned home since most foster children eventually will be returned to their biological families, she said.

When we look at children awaiting adoption today, we see mostly older children. While the average age of foster children dropped in the mid-1980s due to a rising number of younger drug- or HIV-exposed children entering care, the average age has now gone up again, Lakin said.

Initially there was a fear that drug- or HIV-exposed infants would not be adopted, Lakin recalled. However, the actual experience has been that younger children are *more* likely to be adopted, despite many complex needs. It is older, special needs children who wait, Lakin said. Unfortunately, many people still hold typical in their minds the image of infant adoption while children in care are generally older. In 1994, the average age of children being adopted was 4.5 years, but the average age of those awaiting adoption was 7.4 years.

The National Resource Center, which Lakin directs, is part of a private agency in Detroit, Michigan that focuses primarily on the adoption of older, African American children whose average age is 12. The agency places sibling groups (and younger siblings bring down the average age). They place a lot of teenagers, she said.

Children in care for long periods of time and those awaiting adoption are disproportionately children of color, primarily African American, Lakin reported, although Hispanic and Native American children may be undercounted. (Children of color are disproportionately represented throughout the child welfare spectrum.) While the majority of children reported as being abused are white, and white children are involved in a majority of substantiated reports of abuse, the proportion of children of color becomes higher among children entering care. In fact, more than half of children awaiting adoption are children of color.

Most children waiting to be adopted in the public child welfare agencies have special needs *because* they have been abused and neglected and separated from their families, Lakin said. The separation is part of the trauma these children face.

What families actually adopt these children and what are the disruption rates? It is important to remember that many of these children have been significantly traumatized, Lakin reminded the audience. Many have been in 4 to 10 or more foster placements and need ongoing services. Yet we consider one adoption disruption to be significant. Many children whose adoptions disrupt are then placed in another family quite successfully.

Most parents who adopt report great satisfaction with the adoption—including those who adopt children with special needs. At least 75 percent report they are satisfied and would adopt again if asked. There may have been problems, but they have made a lifelong commitment to the child.

In many states well over half these adoptive families were foster parents who parented the child, made an attachment, and made the commitment to adoption. We should provide *more* continuity for children, she said. Separation and being moved from home to home traumatize children and they become less trusting and less able to make attachments.

Families that express satisfaction with adoption are often families of color, she reported. (African American families adopt at a rate 4.5 percent higher than other ethnic groups, she noted.) Successful adopters are often modest- to lower-income families, working-class families. They may be older. They may have already reared biological children. They may be single parents. They do not fit the typical image of an infertile couple wanting to adopt an infant.

The challenge is finding these families. Often they have been the child's foster parents. Some states are working with using foster parents as adoptive parents in a planned way. Foster parents are recruited who will work with the birth parents toward return, but will make a long-term commitment to adopt if the child needs an adoptive family. In one New England state that follows this approach, foster parents adopt 90 to 95 percent of children who are adopted.

There are a lot of innovative recruitment programs, Lakin said. One such program is One Church, One Child, a well known, national program that focuses on recruiting older African American children through churches. Many of the kids brought into this program have lost ties with their communities and their families. Having them involved in the churches' programs at least provides support to the youngsters. Even if they do not find an adoptive family, particularly for the oldest kids, they hopefully have built a connection with a community that will be there to support them.

It is important that concurrent planning [a social work practice of working toward reunification of child and birth family while simultaneously preparing for an alternative plan of adoption] is recognized in the Adoption and Safe Families Act, she said. It will make timely decisions about children and getting to adoption, where appropriate, more straightforward. Previously, adoption staff were often in a double bind, she noted. The court would not free a child for adoption until a family was identified for the child. But the

agency could not recruit an adoptive family because that would imply they were not making reasonable efforts to return the child to the family.

Concurrent planning starts when a child comes into care. It begins with first contact with the family by discussing the problems and assessing the resources the family has to address them and evaluating the help the agency, neighbors, and others can provide. One Michigan county, with a disproportionate rate of African American children in care, has been awarded a foundation grant to try an approach called Family Group Conferencing, based on practice with Maori families in New Zealand. In this approach, the extended family and the natural helping system are brought together to make a plan for a child. By doing so, the number of African American children coming into care has been reduced by 35 percent. Lakin added that in many Latino, African American, and Native American communities, there is a natural helping system. If you can help support them, an extended family can make a plan for a child. That has been the traditional way of doing it. The key issue is how we, as a child welfare system, can begin to use those natural helping systems and supports in the community.

Concurrent planning also means helping birth parents make informed decisions when a child does come into care, Lakin said. Typically, adoption is not mentioned at that time. Many workers believe you have had to have a failed reunification effort to even discuss adoption. However, some parents know they cannot parent their child. If adoption is presented as an option right from the start, it may make it easier for birth parents to choose adoption for their child, particularly if someone in their extended family will adopt.

Voluntary relinquishments of parental rights have been used too infrequently, she said. It is possible for families to continue to have contact with their child after adoption. Foster parents who have known the birth parents prior to adoption are going to keep in contact with them. Older children know how to reach their parents. In some states, there are mediated adoptions based on an agreement about postadoption contact between the adoptive and birth families. This is healthy for kids. Adopted people are curious about their birth families. They want to know who they are, where they're from, why they were placed for adoption, and something about their background.

In closing, Lakin said we need different ways of thinking about adoption, of working with children's birth families, and of maintaining continuity for a child. When children come into care they lose their families and their friends. Many lose their language and their culture. Often they lose their ties to their school. Loss, separation, and grief are common for children in the child welfare system. We need to minimize that. It is important to remember that the fact we can terminate parental rights does not always mean we should. For example, when a mother abuses her child, the father or his extended family may be available to care for the child. We should not search for him and his extended family before adoption becomes the last option.

## **Joe Kroll**

Joe Kroll has been Executive Director of the North American Council on Adoptable Children for over 22 years.

Kroll told two stories to illustrate what the new Adoption and Safe Families Act does and does not do. The first story traces the positive benefits of the legislation:

James and Judy were six- and eight-year-old siblings who came into the child welfare system because of abuse and neglect and because their mother had a serious drug abuse problem. Their

mother got a slot in a drug treatment program—a good sign—but left before treatment was completed. Although she visited her children, her conduct in that area was marginal. At the 12-month permanency hearing [mandated under the new law], the worker still recommended reunification, with a mandate for the mother to shape up.

Again she was able to get into drug treatment (an improbable scenario in the real world). However, she relapsed and began to miss visits with her children. At 15 months, when the time for filing the termination of parental rights (TPR) came up [under ASFA], the worker filed the petition for TPR. It was granted.

The children's foster parents, when approached about adoption, declined because they felt they (the parents) were too old. Because the worker did not have a family immediately available for the children (now 7-1/2 and 9-1/2), they were listed on a state adoption exchange. [Child specific recruitment practices, such as listing on adoption exchanges, was mandated by ASFA.] Their worker received a home study from a family in another state who was interested in adopting them. Because of the new law's requirements he considered the home study and, eventually, seeing they would be a good family, made the interstate placement.

Although the children were not eligible for IV-E services, they were able to receive a state-funded adoption subsidy. The new law helped to ensure that their Medicaid coverage would be transferred to their new state.

However, Kroll also described a negative scenario that can still occur even after passage of ASFA:

Two children, the same ages, come into foster care. They have a new and overwhelmed caseworker. He manages to place them in a safe and secure foster home. Although their mother needs drug treatment before being able to care for them, no slots are available in drug treatment programs. When the time for the 12-month permanency hearing comes, the worker feels he has to continue a plan of reunification since services have not been provided to make reunification possible. No drug treatment services are provided before the 15-month deadline for filing a termination of parental rights (TPR) petition, and thus no petition is filed. [ASFA provides an exception to the requirement to file a TPR petition at 15 months in cases where services specified in the child's case plan have not been provided.] Yet the caseworker feels it is not safe to return the children home. The children remain in foster care with reunification continuing as the plan for their future.

At this point, without the deadline of an initial permanency hearing and 15-month deadline for filing a TPR looming, the kids disappear into the system. Two years later, a new worker gets the case, is able to focus on it, and gets the mother into drug treatment. It does not work out. By the time a TPR petition is finally filed, five years have gone by. The children are now 11 and 13 and have been in multiple placements. It is much more difficult to find an adoptive family for them.

Their current foster parents are doing well with them and indicate a willingness to adopt the children. However, they are receiving a supplemental payment as therapeutic foster parents to reflect the extra effort and skill required to parent these children. The children have been in counseling while in foster care, paid for by the state. Unfortunately, the state's adoption assistance payments would only reflect the base rate for foster care, not the enhanced rate for therapeutic

foster care. [Federal law permits, but does not require, states to pay the enhanced rate as adoption assistance.] If the children's foster parents adopt them, they would lose support.

Nor does the state promise to continue to provide services, such as counseling, which are not covered by Medicaid and delivered by Medicaid providers. [Federal law does not require continuation of such services.] Thus, the foster parents would not have access to the services the children need. Faced with a loss of support and services, they decline to adopt.

Kroll reported on a study his group is conducting that is finding a substantive difference in the level of support provided to adoptive families as opposed to foster families. Foster families are supported with therapeutic foster family rates, with wrap-around services, and with respite care. When children are adopted, the family gets only a subsidy, at the base rate for foster care, plus Medicaid and whatever it offers. Thus, they lose access to the higher level of support and to many services.

One of the major problems with the legislation as it was passed, according to Kroll, is that dollars for more services were not included in the bill. There are not enough supports available for families that need drug or alcohol treatment in order to be able to reunite their families, he said. States can seek waivers, accessing IV-E foster care dollars for services. In addition, the Family Support and Family Preservation Services program added time-limited reunification services to the types of services available funding may be used to provide. But with no additional funds, there will be four categories of services fighting about the same amount of money rather than two. This will create interesting problems at the state level, he predicted.

We are not serious about providing drug treatment slots for families who need them, Kroll said. ASFA did provide for a study to be done, he noted. However, we all probably already know what the results will be: there are not enough drug treatment slots available. We will still be left with the questions of what to do about it and who will pay for the services.

Another disturbing issue, he reported, is the lack of additional resources for the courts. ASFA has shortened time frames and asked the courts to be more active. We have asked them to track cases after a TPR is filed to be sure children are adopted. But we have not given them additional resources. If we move to a concurrent planning model such as Drenda Lakin described, more cases may be resolved with parents agreeing to voluntary termination of parental rights. Still, the courts have the potential to be overwhelmed. In Kroll's opinion, the \$10 million in ASFA for court improvement projects will not provide the resources needed at the local level for additional court and judge time.

### **Kathleen Hayes**

Kathleen Hayes is Program Director of South Carolina Families for Kids. This project, one of several Kellogg Foundation adoption projects, recently won a White House Adoption 2002 Award for their successful program.

Hayes reported that over a period of about two years, South Carolina has managed to both double the number of child welfare adoptions and triple the number of terminations of parental rights statewide. They have begun to move children out of the foster care system who have been there far too long. New legislation similar to the new federal legislation will accelerate the TPR process for some children. Even with the changes made to date, she estimated that the state was only about half way through the changes needed to make the system really appear and feel different to the children and families it serves.

She attributed South Carolina's success to a broad-based approach that includes a number of different elements. One key element is a strong public-private partnership that includes the United Way system, the Department of Social Services, the family courts, adoptive and foster families and children, and the Kellogg Foundation. This partnership has led to some "out-of-the box thinking." It was hard for the Department of Social Services acting alone to make the massive changes needed to move children out of foster care. When these partners were brought into the discussion, it was very clear that things were very "broken," and that it was unacceptable for the system to stay the way it was.

Even with an intellectual understanding the situation, it was difficult to muster the passion and urgency needed to change, she reported. But when the partners were able to begin to see "through the eyes of the child," they began to cut through turf issues. Attorneys, social workers, judges, administrators, and bureaucrats all were able to talk about what children needed. The ensuing discussion of what agencies had to do to bring about the changes children needed was more difficult. The partners are still engaged in this ongoing discussion.

In the early stages of the process, 52 town meetings were held in South Carolina. Ads invited the public to come to talk about children in foster care and adoption. This was a high-risk strategy for the department because criticism was likely to come before any positive statements. Many helpful ideas arose from those town meetings. For example, foster children expressed their need to be able to link with other foster kids to overcome their feelings that there is no one else like them. Many little things like this all over the system began to get people involved in change. Children and families often spoke loudest at these meetings.

Artwork developed by children expressed their feelings about foster care. Their pieces were put up in meetings and conferences and in the General Assembly. It was when this emotion was put into the process that the momentum for change started growing. The public-private partnership has provided an element of continuity, maintaining the momentum. When government leaders move on, the private sector can provide some long-term, continuous leadership.

The number of children placed for adoption increased by 50 percent before any systemic changes were implemented. In the second year, there was a 100 percent increase. The rate increased to between 140 and 150 percent by the third year. An even higher percentage is expected next year. While there are limits to the increase, this experience taught that there are many children in foster care who should not have been there so long, Hayes reported. They can be moved from foster care to permanent homes.

There has been no magic bullet in effecting these changes. Instead, everyone tackled the problem together. The following were the key components of the adoption initiative.

- Remarkable leadership has been demonstrated from the governor's office to front-line staff. Community boards came into existence to plan system reform. While originally conceived as serving for one to two years, they still continue five years later. The state has developed a comprehensive plan and a citizen board for the state.
- A special bench-bar committee, which has met for over three years, has provided an unusual opportunity for social workers to talk with judges and private attorneys to talk with agency staff and legislators. Chaired by a family court judge, the group was instrumental in obtaining needed legislation in 1996 and 1997. The legislation was remarkably similar to the federal legislation passed last fall.
- One issue the community identified early on was lack of training for attorneys and judges, as well as for child welfare workers. South Carolina created a children's law project that developed interdisciplinary training for guardians, judges, attorneys, child welfare advocates, and child welfare caseworkers, Hayes said. Another result has been new courses at the law school on child welfare law.



- The partnership with the United Way holds great promise in South Carolina, Hayes said. Now that the Department of Social Services has begun making changes, there is a lot more the private sector can do for foster and adoptive children and their families. While the United Way controls a great deal of private funding, not much of it has been spent on adoption and foster care. They are hoping that the United Way system will now take on in their volunteer projects efforts to see that children are connected to their neighborhoods, families, and schools and that they are part of their community. This need is particularly great for children who are new to the community.
- Discomfort felt by many African Americans with the Department of Social Services was identified as a problem by many in the community. Recommendations led to a new African American Adoption Center, funded by the Department and set up with the faith community. It creates a family-friendly service by helping parents through the adoption process quickly and with personalized assistance.
- Because families related to the Department voiced their concern over loss of services after adoption, an effort was made to institutionalize adoption preservation services in both the private sector and in the Department of Social Services.
- A public communications plan was developed to alert the public to changes in the foster care and adoption system and to recruit more foster and adoptive parents.

Major improvements have occurred as a result of the “backlog blitz” — the effort in the Department of Social Services to reduce the foster care backlog. One key experience, Hayes reported, was that as you improve one part of the system and things start to move, another part of the system suddenly becomes overwhelmed and you have to start again with that problem. At the outset it was necessary to identify each step in the system in order to locate the major blockages.

One by one, the different components of change that were needed were addressed. Initially, the courts thought that the Department of Social Services was broken and the social workers thought the courts were broken. Actually, the TPR process, caught between the two, was broken and had to be tended to. Student law clerks were brought in to help Department of Social Services attorneys work on termination of parental rights cases. Specialized attorneys trained in TPR also were hired. As a result, TPRs have tripled.

However, adoptions have not yet tripled because now the adoption caseload has grown between 100 and 800 percent, overwhelming adoption staff, Hayes reported. Now, barriers to adoption are being identified. Foster care resources are being redirected into adoption, and foster care staff are being trained to place children in adoptive families.

While South Carolina does not have all the answers, Hayes concluded, and although the process can be hard and painful, it is possible to make the changes that are needed for children.

### **Richard Hoekstra**

Richard Hoekstra has been Director of the Division of Adoption within the Michigan Family Independence Agency for the past 12 years. Michigan has long been regarded as one of the states, if not the state, with the best adoption program in the country.

Hoekstra complimented FIS on its background briefing report for giving not only a national perspective, but also the sense that adoption is fundamentally done through state law and policy. Hoekstra indicated he would speak about Michigan’s use of purchased services in the public-private partnership for adoption, incentive payments, and tracking permanent wards [children who are post termination of parental rights and thus legally free to be adopted].

Michigan has been recognized as having a good adoption program, Hoekstra reported, and this recognition increased with the President's Adoption 2002 initiative. In 1996, 11 percent of the 20,000 foster children who achieved permanency through adoption nationally were from Michigan. In that same year, Michigan was one of the ten states with the highest foster care populations. Among those states, Michigan had the highest rate of adoption of foster children —12.9 percent (in contrast with 8 percent in New York and 4.1 percent in California).

Hoekstra recounted that he had directed the Division of Adoption Services since 1986. He believed that the groundwork for change had been laid before he began the job, however. In fact, he said, he had a hunch that a hiring freeze in 1976 probably had as much impact as anything else on Michigan's adoption rates. His predecessors realized they had lots of kids needing adoption and not enough families. While they wanted to do something about it, they knew they could not hire more adoption staff because of the freeze. Fortunately, however, the state had 75 or 80 private, licensed foster care and adoption agencies. (Now there are over 100.) Unfortunately, these agencies were not strong in special needs adoption, specializing instead in placement of infants.

While foster-parent adoption is now important nationally, Michigan got an early start on this approach, he said. Now, about 55 percent of their kids are adopted by foster parents. When licensed relatives are added, it goes up to 60 percent. When adoptions by relatives who are not foster parents are added, the percentage goes up to 81 percent of children adopted by relatives or foster parents. As a result, Michigan recruits adoptive parents for only 19 percent of their children. The number one cornerstone of their adoption program is continuity; if you have a family that is interested in the child and providing good care, don't disrupt it. Rather, sustain it.

Hoekstra stressed the importance of moving on adoption for a child who is already with a family as quickly as possible after termination of parental rights. While there is a tendency to delay filing for adoption of a child who seems secure to be in a good place, the child becomes more vulnerable and at greater risk with every delay. Thus, the Michigan system is geared to making sure that the most children get immediate attention. If you do not do this, Hoekstra said, they become children with special needs.

Michigan also created adoption specialists in 1976. Previously, all counties had at least one worker doing foster care and adoption. But in the smaller counties, a single worker might spend only a quarter of his or her time on adoption. Counties were clustered so that an adoption specialist served all counties. This has proved to be very important to their success.

When the purchase of service approach was begun in 1976, the private agencies did not have children in state custody. It was necessary to develop a mechanism to refer children to them. A policy was developed of referring to the private agencies all children who had a plan of adoption but who were not going to be adopted by foster parents or relatives. Gradually, they became skilled at placing a broad range of children. Now, many years later, the private agencies are skilled enough to place the most difficult state wards, he said.

A payment system had to be developed. Initially, the state gathered cost data from about 45 agencies, and determined the average cost per placement was \$3,200. Rather than seeking low bids, the state simply offered this amount to any licensed agency that wanted to apply to provide the service. Later, some of the larger and more sophisticated agencies developed an alternative "unit cost" approach in which they charged for each hour of service toward home study, child preparation, etc. However, a 1992 audit demonstrated that the unit cost system was not serving children well. It rewarded agencies for lots of units, but not for getting the child placed. Instead, there was a tendency to delay placement and build up units.

From the beginning, agencies have gotten no money from the state until they make a placement. Sixty percent of the fee is paid upon placement of a state ward with adoptive parents. The balance is paid upon finalization of the adoption, he said.

In 1992, they went to a three-tiered, flat rate system (now it is five-tiered), he said. By then, in contrast to the situation in 1976, over 60 percent of Michigan foster children were in purchased foster care. Already in the custody of these private agencies, they did not have to be referred.

Now in Michigan, the public or private agency with foster care responsibility for a child has the initial responsibility for adoption. If a private agency places one of their public agency foster children in an adoptive home within seven months from permanent wardship (termination of parental rights) they receive an “enhanced rate” of \$6,200. If they do so within five months, they receive a premium rate of \$8,600. When they take longer to place a child in their custody, they get \$3,535, a rate initially set to be just under the actual average cost in 1992. If an agency has not placed a child within 182 days of termination of parental rights, the child must be registered on the state adoption exchange. (Private agencies suffer a 20 percent cut in their administrative per diem if the child is not registered on time, which causes them to register on time.) If an agency places a child listed on the state’s adoption exchange, they get \$9,000. However the agency initially responsible for the child can get only \$3,535. Last January, the state added a \$10,000 rate for an agency that places a child out of residential care into adoption.

This incentive payment system has had a terrific impact. Adoptions increased from 1991 to 1996 by 66 percent. Placement of African American children increased over this time by 164 percent, and placements of handicapped children by 80 percent, Hoekstra reported.

Michigan tracks the children who are listed with the adoption resource exchange. The exchange, Michigan Adoption Resource Exchange (MARE), has an elaborate tracking system which tracks kids from the point of permanent wardship [TPR] to adoption.

MARE issues elaborate reports covering every agency, in every county, Hoekstra said. These address a number of points: numbers of children photo-listed on the exchange, how many children are on hold (not being placed) and for how long, and numbers of kids who have been permanent wards [post-TPR] for a year or more. In effect, he said, this serves as a report card. It covers all agencies, public and private, and everyone can compare how well they are doing with everyone else. As a result, something of a competitive attitude has developed between the public and private agencies. The tension between the two helps keep kids moving toward adoption, he concluded.

## Discussion

- The Director of Social Services from South Carolina said that he believed that the quality of foster care has declined in recent years. He believes that foster and adoptive children need a stable, loving family that cares for them. They need a safe neighborhood where there aren’t a lot of drugs and crime. They need two parents. They need to be able to go to a museum and have a computer, he said. These are the kinds of foster and adoptive homes he would like to provide, but he believes that this is not what they are like today. He fears that foster parents, who are the strongest advocates for kids, often are treated the worst. He would like states to have additional flexibility with the funds that they receive, including Title XX.

- A staffer from the American Public Welfare Association asked for more information on recruitment of adoptive families. Hayes indicated that while recruitment alone cannot fix the system, it is essential. In South Carolina, they have worked with a professional marketing firm to try to better target recruiting efforts. They have had mixed results, she said. While they have probably received 2,500 calls in the last two years as a result of advertising, few of these families actually adopted.

They have concluded that it is good to target audiences, to have a multi-level approach to advertising, and to have advertising that is ongoing. They have found that families do not decide to adopt after seeing one billboard or PSA. They decide to adopt after thinking about it for about two years. Hayes believes other parts of the system may need to be made more supportive of families before parents will be willing to come forward in the numbers needed.

- Kroll lauded as a good recruitment tool a recent Campbell soup ad depicting a foster child arriving in a new foster home in a way which treats foster and adoptive families as normal. Kroll contrasted typical adoptive parents 22 years ago and today. Twenty-two years ago the typical adoptive couple included a professional and a stay-at-home parent. Today, the typical/"ideal" adoptive parents are a civil servant parent (working to middle class) and a parent at home who has raised other kids. They decide there is room for more children in their family. The earlier group typically was white. Today's group is typically African American. The question to ask, he said, is whether a recruitment tool will reach this target audience.

An important question to address regarding retention of families, he said, is how to welcome people. If the first thing you say when families walk in the door is we need to take your fingerprints and do a criminal records check on you and everybody in your family, you will not encourage people to stay in the system, he said. They want to be treated like resources to the community, not criminals.

- Lakin noted that public agencies often have to overcome a negative public image in the community to begin with. The number of people who adopt after being recruited depends a great deal on how they are greeted at the agency door, the process involved, and the length of time necessary to adopt. Agencies also must think about how to retain and support prospective adoptive parents, she said. Information about the resources available to help them if they adopt — such as subsidies and Medicaid—can be helpful. Making good post-adoptive services available also increases adoptive parents' willingness to undertake parenting a child they might not consider otherwise.

Some current recruitment efforts combine foster and adoptive parent recruitment, Lakin said. Word-of-mouth recruitment is effective. Sometimes families can be found with good child assessments. A child may have a teacher's aide who has worked with her and might adopt. The child may know of an aunt who has been involved. Kids can be their own best recruitment resource.

- Hoekstra remarked that Michigan's star recruiter says that when she receives a call from someone interested in adoption she immediately sets up a home visit, usually within the week. At that time, she lets them know when she will call them back. Michigan is looking at ways to improve response time to families statewide once they make contact. Lakin remarked that sometimes folks drop out because they realize the agency really does not have the healthy babies they are seeking. Studies have shown the families waiting and the kids waiting do not match up, she said.
- A member of the audience from the Baltimore City Department of Social Services remarked that in working with private agencies, she had found that some guard their foster parents and do not want to

lose them by having them adopt the children in their care. Hayes suggested that incentive contracting might be used to prevent such hoarding of families. Hoekstra remarked that the way we reimburse agencies can reinforce specialized services that keep children unavailable for permanency. When a Michigan agency places a child for adoption, they lose a foster care per diem administrative rate at the same time. In Michigan, there is a milieu of permanence, however, that pushes workers to work toward it in spite of the payment system. Michigan is testing a pilot system with four agencies in which the foster care per diem is lowered, but the agency receives an incentive payment when they achieve a desirable outcome like reunification or termination.

- Lakin remarked that the concurrent planning concept needs to be part of the expectation in contracting with private agencies. They should be asked if the family the child will be placed with will be open to adoption if this is needed. She, too, thought an incentive payment structure could be used with agencies to pay a higher rate if they achieved permanency outcomes in a higher percentage of cases. Potential for adoption should be considered at the time of first placement, she said.
- Kroll said he had once suggested restructuring the IV-E foster care reimbursement rate to pay 75 percent in the first year, 50 percent during the second and 30 percent thereafter. It was not a popular idea, he said, but noted that ASFA called for a report on performance and incentives.
- Ooms asked for the panelist's ideas on how the federal government can help move in the new directions the panel had talked about. Kroll said he just said his piece and had mentioned subsidies earlier. Hoekstra said he wanted no new federal legislation now. He just wanted to see the regulations on ASFA come out. Hayes expressed a wish for federal funding of subsidized guardianships for those children who are not going to be adopted. Kroll also expressed the view that the solution to the lack of health insurance for children with state adoption subsidies was too complex—a Rube Goldberg contraption—when they could have just been made Medicaid eligible.
- **An attendee from the Family Resource Coalition of America expressed concern about training for front-line workers. He remarked that concurrent planning is a process that must be learned. He was also concerned about who was going to work with the courts, judges and attorneys to bring about changes. He said the \$10 million in court improvement funds was a drop in the bucket and that no funding had been made available for technical assistance to the states around these new issues.**
- **Lakin concurred with the importance of providing training. Some states do better than others in maximizing the dollars that are there, but much more needs to be done to make technical assistance available to the states, she said. Part of that could address how to maximize the federal funds that are available.**