SUPPORTING ADOPTIONS AND GUARDIANSHIPS IN ILLINOIS:

AN ANALYSIS OF SUBSIDIES, SERVICES, AND SPENDING

Tamara L. Fuller, Ph.D.
Principal Investigator

Christina Bruhn, Ph.D.
Leslie Cohen, M.S.W.
Melinda Lis, M.S.W.
Nancy Rolock, M.A.
Kathryn Sheridan, M.S.W.

School of Social Work
University of Illinois at Urbana-Champaign

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STATE OF ILLINOIS
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AND FAMILY SERVICES
Bryan Samuels, Director

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For questions about the content of the report contact
Tamara Fuller (217)244-8615 or t-fuller@uiuc.edu

Copies of this report are available on the Children and Family Research Center website
http://cfrcwww.social.uiuc.edu
or by contacting
(217)333-5837 or cfrc@uillinois.edu

School of Social Work
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

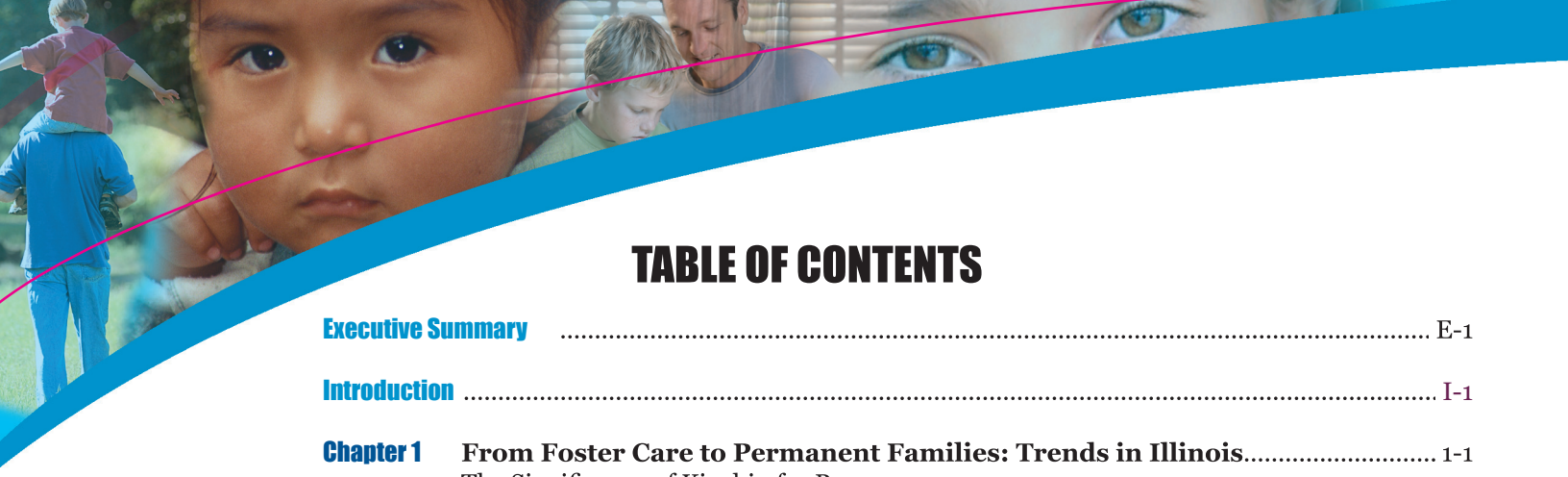
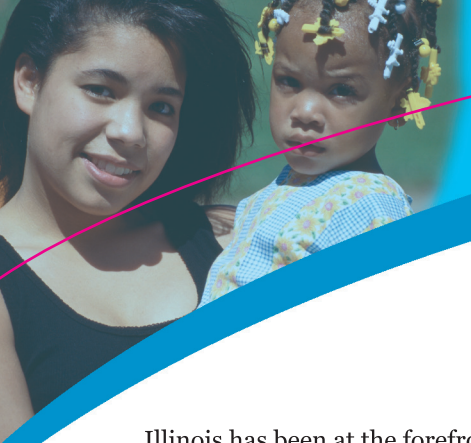


TABLE OF CONTENTS



EXECUTIVE SUMMARY

Illinois has been at the forefront of the efforts to bring permanence to the lives of foster children. In July of 2000, the number of children in publicly-assisted permanent homes with adoptive parents and legal guardians surpassed the number of children in state-funded foster care in Illinois. Currently in Illinois there are 42,000 children in publicly-assisted permanent homes with relatives, adoptive parents and legal guardians compared to 18,000 children in state-funded foster care. In the next few years, the Congressional Budget Office projects that this 2:1 permanency milestone will be passed by the nation as a whole in the federal IV-E program. The changing balance between children in permanent homes and children in foster care has had a profound impact on the Illinois child welfare system and suggests possible challenges that other child welfare systems are likely to face in the near future (Testa, 2004).

The challenge that now faces the Illinois system is how to best sustain the permanent living arrangements that have been achieved for over 40,000 children previously living in foster care. To address this challenge, information is needed about the needs of post-adoption and guardianship families, the types of services currently offered, and the effectiveness of such services. In March 2005, the Illinois House of Representatives passed House Resolution (HR) 0502, which called for an in-depth study of post-adoption services in Illinois. Several research questions were outlined within the resolution:

- What are the recent trends in the achievement of permanence among children in substitute care in Illinois, especially since the passage of the Adoption and Safe Families Act?
- What post-permanency services and subsidies are available in Illinois, and how do they compare to those offered in other states?
- What post-permanency services do adoptive parents and guardianship caregivers need? How do adoptive and guardianship caregivers spend their subsidies? What costs are associated with raising an adopted child with special needs?

To answer these questions, researchers at the School of Social Work at the University of Illinois at Urbana-Champaign conducted three studies:

- Illinois Department of Children and Family Services (DCFS) administrative data was analyzed to examine trends in the achievement of permanence among children previously living in substitute care.
- A national survey of public child welfare agencies was conducted to examine the post-permanency services and subsidies provided by other states. Existing information on post-adoption services and subsidies in other states was also collected and analyzed.
- A survey of adoptive and guardianship caregivers was conducted to examine post-permanency service use, helpfulness, and unmet needs, as well as subsidy use and adequacy.

Chapter 1

From Foster Care to Permanent Families: Permanency Trends in Illinois

In chapter one, recent trends in the achievement of permanence among children in substitute care in Illinois, as well as the stability of the adoptions and guardianships that have been achieved are analyzed. Among the highlights of the findings:

- Changes in policy and practice at both the federal and state level in the mid-1990s were followed by substantial increases in the number of children adopted and discharged to legal guardianship in Illinois. Between 1998 and 2002, approximately 33,000 children were adopted or taken into private guardianship—twice as many children as were discharged to adoption or guardianship during the entire decade from 1987 to 1997. The number of children who attained permanence through adoption or guardianship in Illinois peaked in FY99

and has slowly decreased each year as the backlog of children available for adoption and guardianship has declined.

- Despite initial concerns that the post-ASFA push for permanence would lead to increases in adoption disruptions, available evidence from Illinois and other states reveals that this has not occurred. The proportion of adoptions that rupture within two years of finalization has remained at a constant level – between 1-2% – over the past decade, despite the dramatic increase in the number of completed adoptions.

- However, as the number of children living in permanent homes increases, there will be an increased demand in the number of families seeking post-permanency services. Without a clear focus on, and resources for, services to these families, children are at risk for re-entering the system. The need to support the parents, grandparents, aunts and uncles that are caring for these children is of utmost importance if we want to preserve family stability after foster care.

Chapter 2

Post-Adoption Subsidies, Services, and Spending: A State Comparison

In chapter two, information from existing data sources is combined with the results of a state survey of public child welfare agencies to examine post-adoption subsidies, services, and spending in Illinois and other states. Among the highlights of the findings:

- According to DCFS policy, children adopted or taken into subsidized guardianship who are IV-E eligible receive a monthly subsidy, a medical card, and payment for non-reoccurring expenses related to the adoption/guardianship. There are additional services that a child can qualify for and/or have written into his subsidy agreement. DCFS also offers services that children in the subsidy class can utilize such as preservation programs.

- In a national comparison, subsidy rates in Illinois fall slightly below the national average.

- Illinois spending on adoption subsidies has increased from $306 per child per month in 1997 to $523 per child per month in 2005, an increase of approximately $217 per month per child.

- Results from the state survey reveal that Illinois provides many of the same post-adoption services as other states, with the exception of residential treatment, which is not provided in Illinois.

- Responses to the state survey from child welfare administrators in Illinois indicated that they would like to expand existing services to reach more families, but face barriers related to inadequate funding.

Chapter 3

Post-Adoption and Guardianship Subsidies and Services: The Caregivers' Perspective

The results of a survey of adoptive and guardianship caregivers that examined their post-permanency service use, helpfulness, and unmet needs, as well subsidy use and adequacy are described in chapter three.

What Post-Permanency Services Do Families Need?

Similar to previous studies of service needs of post-adoptive families, the current study found that many families were doing very well and had few post-permanency service needs: 15% reported no service needs, 22% reported one service need, and 26% reported two or three service needs. However, a significant segment of the sample reported substantial service needs: 25% reported 4-6 needs and 12% reported 7-13 needs.

When examined individually, the most needed services were:

- dental care (37%)
- day care (37%)
- counseling (35%)
- camp (35%)
- psychological evaluations (26%)
- speech therapy (23%)
- family therapy (21%)

What Are the Unmet Service Needs of Families?

Although many families report substantial service needs, results of the current study suggest that for the most part, these families are successful in obtaining the services they need – 81% reported no unmet service needs.

When unmet service need (the number of families who did not receive a service out of the number who needed that service) was examined for individual services, the greatest unmet needs were for:

- drug/alcohol treatment (100%)
- educational advocacy (52%)
- respite care (50%)
- preservation services (42%)
- day care (41%)
- orthodontist (37%)
- family therapy (35%)

What Barriers Make it Difficult for Families to Access Post-Permanency Services?

Although most families are successful in obtaining the services they need, many had difficulty with this process and felt that they had to get the services on their own, without DCFS help. The most common reason given for families being unable to obtain services was that a provision for the needed services was not made in the subsidy agreement. Other common barriers included a general lack of information regarding the post-permanency services available, difficulties with Medicaid service coverage, and unavailable, unresponsive, or misinformed post-adoption workers.

Are Post-Permanency Subsidies Adequate?

Many caregivers rely heavily on adoption and guardianship subsidies to support the costs associated with raising their child. For some, subsidies are the primary source of family income: 30% of the families in the sample report an annual income of less than $20,000 (including their subsidy income). Financial burden related to the costs of raising their adoptive or guardianship children was a problem for a about a quarter of the families in the sample:

- 28% reported that the family had to "do without" so that the child's needs could be met
- 25% had to borrow money to meet their child's needs
- 31% had to work extra to meet their child's needs

Not surprisingly, 63% of the caregivers in the sample felt that the amount of their monthly subsidy was inadequate to meet their child's needs. However, when asked how much additional money was needed per month to meet these needs, most (62%) responded that $200 or less was needed.

How Satisfied Are Families With Adoption and Guardianship?

The overwhelming majority of caretakers in the sample are happy with their adoptions and view them positively.

- The majority of caregivers (92%) felt that the impact of the adoption or guardianship on their family was very positive (68%) or mostly positive (24%); 7% felt the impact was "mixed," and 1% felt the impact was mostly or very negative.

- The majority of caregivers (98%) feel close to their adopted or guardianship child.

- Less than 2% of the caregivers have frequent thoughts about ending the adoption, and another 6% think about ending the adoption "sometimes."

Conclusions

Illinois has been at the forefront of the efforts to bring permanence to the lives of foster children. These efforts have been phenomenally successful in several ways – in the number of children that have achieved permanence, the lasting stability of that permanence, and the level of satisfaction and commitment seen among these families. The overwhelming majority of the caregivers in the current study view their adoptions and guardianships very positively, and only a small handful admit to thoughts of ending them.

The next challenge that faces the child welfare system is to assure that post-adoptive and guardianship families have the supports they need to raise their children to healthy adulthood. Many adoptive families will manage the challenges of raising a child with special needs using their own resources or those available to any family in their community. Others will need additional assistance. Adaptations to existing service systems are required if the successes in Illinois are to be preserved. The vulnerabilities of these children as they grow into adolescents and the limitations of existing community resources to address the unique challenges of some families will require public authorities to take a greater leadership role in this area.

INTRODUCTION

Since the 1970s, finding alternative permanent families for children in foster care who could not return to their birth parents has been a primary goal of the child welfare system. The current consensus supporting permanence for children in foster care began to emerge as evidence of the detrimental effects of long-term foster care placement on child well-being began to mount. Research findings reinforced the importance of permanent attachments for healthy child development and provided a strong evidence base for increased efforts to achieve permanence for foster children (Testa, 2004).

The Permanency Initiative eliminated long term foster care as a permanency goal, reduced permanency planning time lines to one year, and directed DCFS to engage in concurrent planning with families.

Two key pieces of federal child welfare policy have promoted permanence for children living in foster care. The Adoption Assistance and Child Welfare Act of 1980 (AACWA) aimed to prevent children from languishing in foster care by promoting services and support to adoptive families. The Adoption and Safe Families Act of 1997 (ASFA) went one step further, mandating that states ensure permanence for foster children and providing financial incentives for states to increase the number of adoptions from foster care.

In addition to promoting adoption as the primary means of achieving permanence for foster children, the Adoption and Safe Families Act also recognized legal guardianship as a permanency option for children when adoption was inappropriate or unavailable. In 1995, the Children's Bureau invited states to submit applications for subsidized guardianship demonstrations which would allow children to stay or be placed in a familial setting that is more cost effective than continuing them in foster care. Illinois applied for and received approval of a subsidized guardianship waiver demonstration program, which went into operation in May 1997. The waiver demonstration permitted the Illinois Department of Children and Family Services (DCFS) to receive federal reimbursement for subsidies paid to relative caregivers and foster parents who assume private guardianship responsibilities for foster children who otherwise would have remained in state custody.

In anticipation of the passage of ASFA, the Illinois General Assembly passed a package of laws that sought to quicken the movement of children from public custody into permanent homes. This legislation, known as the Permanency Initiative, eliminated long term foster care as a permanency goal, reduced permanency planning time lines to one year, and directed DCFS to engage in concurrent planning with families. Concurrent planning involves the pursuit of family reunification and another permanency goal, such as adoption or guardianship, simultaneously in case the preferred option of reunification can not safely be achieved in a timely fashion. In addition to the Permanency Initiative, in an effort to better align financial incentives with permanency outcomes, DCFS implemented performance contracting in July of 1997 for its largest caseload, the kinship care program in Cook County. Under performance contracting, private agencies serving foster children must balance entering new cases with those exiting to permanence in order to ensure payment and caseload parity.

Because of these changes in policy and practice at both the federal and state level, the number of children adopted and the number discharged to legal guardianship have increased substantially. According to the Adoption and Foster Care Analysis and Reporting System (AFCARS), there were 50,362 adoptions of children with public child welfare involvement in federal Fiscal Year (FFY) 2003, which is down slightly from the 52,839 children adopted in FFY2002, but substantially higher than the 27,761 children adopted in FFY96, the year that ASFA was enacted (USDHHS, 2005a). In addition, over 10,000 children exited foster care through legal guardianship during each of

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FFY2000, 2002, and 2003 – a significant increase over the 5,836 children discharged to legal guardianship in FFY98 (USDHHS, 2005b).

In 1999, the Congressional Budget Office predicted that sometime in the following decade, the number of children receiving federal adoption-assistance payments would exceed the number of children in federally reimbursed foster care (Congressional Budget Office, 1999). This important milestone has already been observed in Illinois, where the number of children in subsidized adoptive and guardianship homes surpassed the total number of children in foster care in July 2000. The changing balance between children in permanent homes and children in foster care has had a profound impact on the Illinois child welfare system and suggests possible challenges that other child welfare systems are likely to face in the near future (Testa, 2004).

The challenge that now faces the Illinois system is how to best *sustain* the permanent living arrangements that have been achieved for over 40,000 children previously living in foster care. To address this challenge, information is needed about the needs of post-adoption and guardianship families, the types of services currently offered, and the effectiveness of such services. In March 2005, the Illinois House of Representatives passed House Resolution (HR) 0502, which called for an in-depth study of post-adoption services in Illinois. Several research questions were outlined within the resolution:

- What are the recent trends in the achievement of permanence among children in substitute care in Illinois, especially since the passage of the Adoption and Safe Families Act?
- What post-permanency services and subsidies are available in Illinois, and how do they compare to those offered in other states?
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The challenge that now faces the Illinois system is how to best sustain the permanent living arrangements that have been achieved for over 40,000 children previously living in foster care.

To answer these questions, researchers at the School of Social Work at the University of Illinois at Urbana-Champaign conducted three studies:

- Administrative data from the DCFS database were used to analyze trends in the achievement of permanence (both adoption and guardianship) among children previously living in substitute care in Illinois.

- A national survey of public child welfare agencies was conducted to examine the post-permanency services and subsidies provided by other states. Existing information on post-adoption services and subsidies in other states was also collected and analyzed.

- A survey of adoptive and guardianship caregivers was conducted to examine post-permanency service use, helpfulness, and unmet needs, as well subsidy use and adequacy.

The results of the three studies will be presented separately in the following chapters. The final chapter of this report will discuss the implication of these results for the future of post-permanency subsidies and services in Illinois.

CHAPTER 1

FROM FOSTER CARE TO PERMANENT FAMILIES: TRENDS IN ILLINOIS

In anticipation of the passage of ASFA, the Illinois General Assembly passed a package of laws that sought to quicken the movement of children from public custody into permanent homes. Because adoption did not always meet the permanency needs of children in safe and stable kinship care who could not be reunified with their parents, Illinois applied for and received federal waiver authority in September of 1996 to extend federal IV-E subsidies to families assuming private guardianship of children who otherwise would have remained in substitute care. To better align financial incentives with permanency outcomes, DCFS implemented performance contracting in July of 1997 for its largest caseload, the kinship care program in Cook County. Under performance contracting, private agencies serving foster children must balance entering new cases with those exiting to permanence in order to ensure payment and caseload parity. Lastly, the Illinois General Assembly passed legislation that eliminated long term foster care as a permanency goal, reduced permanency planning time lines to one year, and directed DCFS to engage in concurrent planning with families. Concurrent planning involves the pursuit of family reunification and another permanency goal, such as adoption or guardianship, simultaneously in case the preferred option of reunification can not safely be achieved in a timely fashion.

Statistics show that large numbers of children moved into permanent homes after Illinois implemented its permanency initiatives between 1996 and 1997. Between 1998 and 2002, approximately 33,000 children were adopted or taken into private guardianship—twice as many children as were discharged to adoption or guardianship during the entire decade from 1987 to 1997. Figure 1.1 shows the number of children adopted or entering subsidized guardianship each year since State Fiscal Year (SFY) 1990.

Table 1.1 shows the cumulative percent of children who entered care and were adopted or entered subsidized guardianship. When looking at the percent of children finding permanent homes through adoption or guardianship, the impact of Illinois' permanency initiatives jumps out just prior to the shaded area (post-ASFA). Following year 3 across the table, it can be seen that prior to 1995 no more than four percent of children were adopted or taken into guardianship by their third year in care, yet after the permanency initiatives that number climbed to 22% of the children who entered care. Please note that these numbers are cumulative, so that of the 10,972 children who entered substitute care during SFY 1996, after three or fewer years in substitute care, 12% had been adopted or had moved into subsidized guardianship. After four years this percent climbed to 27% (an additional 15% attained permanence). Similarly, if we look at the row including children in care five or fewer years, we find that the

Between 1998 and 2002, approximately 33,000 children were adopted or taken into private guardianship—twice as many children as were discharged to adoption or guardianship during the entire decade from 1987 to 1997.

Figure 1.1

Children Adopted or Entering Subsidized Guardianship Each Year

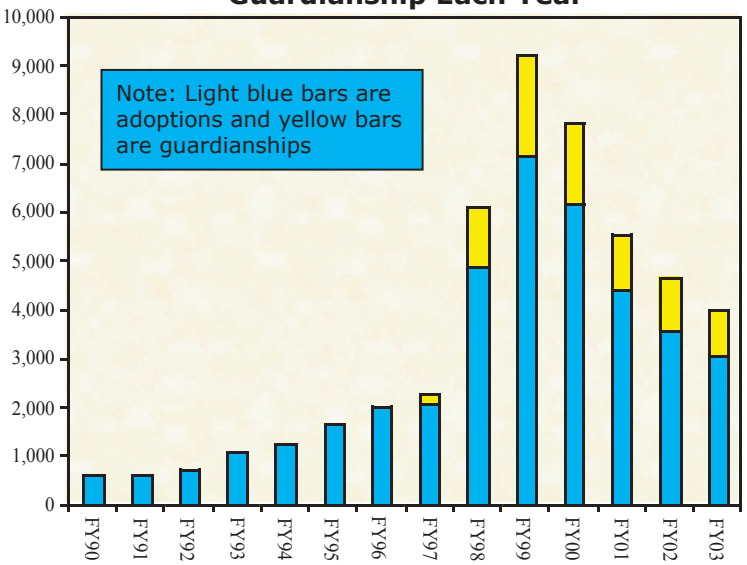


Table 1.1

Cumulative Percent of Adoptions and Guardianships by Time Since Entry

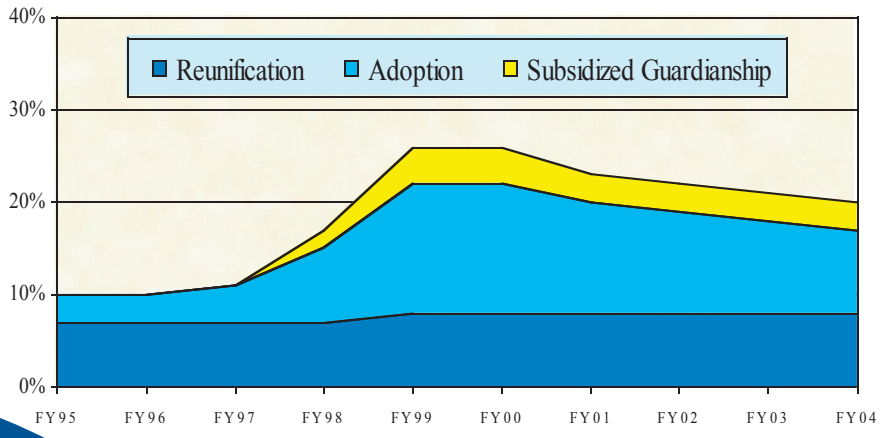
	State Fiscal Year of Entry into Substitute Care														
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Foster Care Entries	8,699	9,436	12,376	11,182	13,783	14,947	10,972	9,915	8,196	7,434	5,972	5,826	5,636	5,298	5,043
Cumulative percent of entries that were Adopted or entered Subsidized Guardianship after															
1 year or less in care	1%	1%	1%	1%	0%	1%	1%	1%	1%	1%	1%	2%	2%	2%	2%
2 years or less in care	2%	2%	1%	2%	1%	1%	2%	5%	8%	7%	7%	9%	10%	8%	
3 years or less in care	4%	4%	3%	4%	4%	6%	12%	16%	20%	20%	20%	22%	22%		
4 years or less in care	7%	6%	6%	8%	10%	18%	27%	30%	31%	32%	31%	31%			
5 years or less in care	9%	10%	10%	15%	21%	30%	36%	37%	39%	38%	37%				
6 years or less in care	12%	13%	16%	24%	32%	37%	40%	41%	44%	42%					
7 years or less in care	14%	17%	24%	32%	37%	41%	43%	43%	45%						
8 years or less in care	17%	22%	30%	36%	40%	43%	44%	44%							
9 years or less in care	20%	26%	32%	38%	42%	44%	45%								
10 years or less in care	22%	27%	33%	39%	42%	44%									
11 years or less in care	23%	28%	34%	40%	43%										
12 years or less in care	24%	29%	35%	40%											
13 years or less in care	24%	29%	35%												
14 years or less in care	24%	29%													
15 years or less in care	24%														
Shaded area refers to the period of time after ASFA was passed.															

percent that attained permanence prior to the permanency initiatives was 21% at most, but after the permanency initiatives and ASFA, this number climbed to 37% of the children entering care.

Analysis of the impact of ASFA and an understanding of permanency trends in Illinois must begin with recognition that the policy changes implemented in Illinois prior to ASFA impacted not only adoption, but also the competing permanency options – subsidized guardianship and reunification. Although these increases in adoption and guardianship have earned Illinois national recognition, concerns linger that these initiatives have negatively impacted children's chances for reunification. Research, however, has shown that the post-ASFA push on adoptions and the introduction of subsidized guardianship widened the permanency pathway for children. As a result, the state has moved vastly more children into permanent homes by increasing the percent of children exiting the system to adoption or guardianship while maintaining a constant percent of children who are reunified with their biological families (see Figure 1. 2).

Figure 1.2

Permanency Rate: Percentage of All Children Ever Served in Care That Were Reunified, Adopted or Entered Subsidized Guardianship During the Year



The Significance of Kinship for Permanence

Another factor that affects permanency outcomes is the extent of public reliance on relatives as foster parents. In the past, growing up in the foster homes of kin meant joining the backlog of children in long-term foster care. Few foster children were adopted by kin, and practice wisdom held that kinship and permanence were incompatible. It was said that relatives were opposed to adoption, first, because they felt that they were already connected by blood ties and, second, because they were reluctant to

participate in the termination of the parental rights of close relatives (Thornton, 1991; Burnette, 1997). To accommodate these concerns, Illinois and other states have pursued legal guardianship as a supplementary permanency option that is less disruptive of customary kinship norms than adoption.

In the past, growing up in the foster homes of kin meant joining the backlog of children in long-term foster care. Few foster children were adopted by kin, and practice wisdom held that kinship and permanence were incompatible.

Transfer of guardianship does not require the termination of parental rights, and birth parents can continue to play a supporting role in their children's upbringing. Caregivers also retain their extended family identities as grandparents, aunts and uncles instead of becoming mom and dad. Finally, sibling ties are conserved, unlike adoption in which these ties are legally severed once parental rights are terminated.

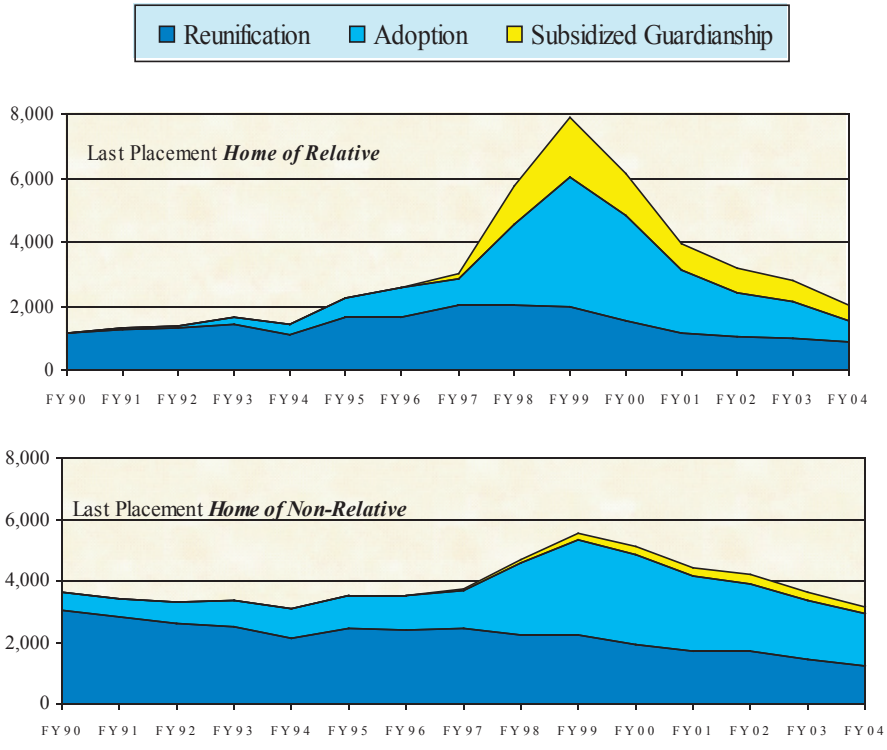
When Illinois implemented its subsidized guardianship waiver in 1997, an unexpected discovery was that many relatives choose adoption over guardianship when both options are put on the table. In fact, a large share of the explosive burst in adoptions in Illinois occurred as a result of the conversion of kinship foster homes into adoptive homes.

Figure 1. 3 illustrates the growth in permanencies from kin and non-kin homes. In the late 1990's, the growth of permanencies from kinship homes was far steeper than that from non-kin homes. Permanencies from kin homes spiked in 1999, due in large part to the adoption of children who had been in foster care for many years, and have since decreased as a proportion of permanencies. The number of children reunified from non-kin homes has steadily decreased since 1990, while the adoptions from non-kin homes began to increase in 1998 and have remained a solid percent of permanencies.

In a study of permanency trends in Illinois, Testa (2001) concluded that by restructuring permanency options in ways that built on the strengths of extended families and the cultural traditions of "informal adoption" among African Americans, Illinois was able to transform kinship care from a barrier into a positive asset for the timely achievement of permanence through adoption and guardianship.

Figure 1.3

Number of Children Attaining Permanence From Kin and Non-Kin Homes



Stability of Permanence

The importance of permanent attachments and lasting family relationships for healthy child development is a central tenet of modern child welfare practice. However, the concern has been raised that the post-ASFA push for permanence may have forced families into making ill-considered commitments that will cause future placement ruptures. The term rupture will be used in this chapter to refer to a permanent placement that does not last, i.e. in an adoptive or subsidized guardian placement where the child returns to care, or for some other reason does not stay at that placement. Prior literature uses such terms as displacement, disruption or dissolution; the term "ruptured placement" is used to encompass all these types of changes in a permanent home. Fortunately, the best available evidence to date shows that ruptures of adoptive and guardianship placements are rare, particularly when compared to re-entries from reunification

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and the instability that children experience when they remain in care. While these findings are good news, they are also tempered by the fact that this data is tracked through the administrative data kept by DCFS, and as such will not capture all ruptures – there will be those cases where a rupture will not come to the attention of the child welfare system. The survey data, discussed later in this report, are intended to capture some of this data.

The following sections look at each type of permanence to gain more insight into their stability. These analyses examine the numbers of children who did not rupture – that were in stable permanent homes that lasted at least two, five or ten years. Children were tracked until they turned 18 years old (or slightly older for youth in school), at which time administrative data is no longer available. Once a youth turns 18, and her or his permanent placement has not ruptured, this analysis considers the placement stable.

Adoption: Despite worries that the adoption push in the late 1990s would result in a greater percentage of failed adoptions, the percent of children adopted and remaining with their parents remains quite high (Figure 1. 4). For children who have been in adoptive placements for two years, 98% are in stable placements; after five years 95% are in stable placements; and after ten years 91% are in stable placements. This pattern of stable adoptions has persisted despite the dramatic increase in the number of consummated adoptions. In the early 1990s when 600 children were adopted through the peak adoption years of the late 90's when as many as 7,000 children were adopted in a year, the percentage of children who remain in stable adoptive homes has remained consistently high.

Figure 1.4

The Percent of Children That Remain in Adoptive Homes After Two (red), Five (blue), and Ten Years (pink)

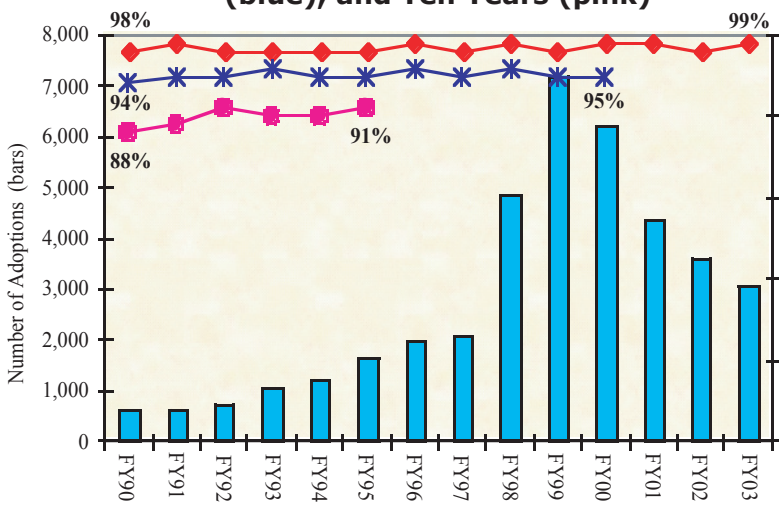
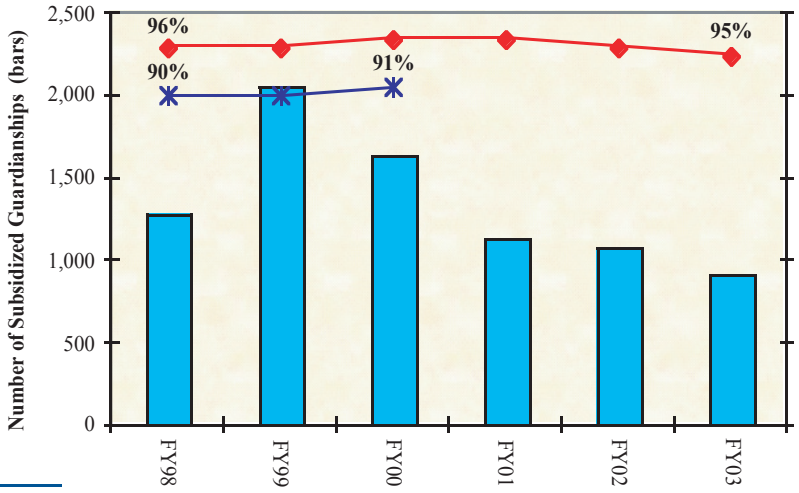


Figure 1.5

The Percent of Children That Remain in Guardianship Homes After Two (red) and Five (blue) Years



Despite worries that the adoption push in the late 1990s would result in a greater percentage of failed adoptions, the percent of children adopted and remaining with their parents remains quite high.

Subsidized Guardianship: Despite the relatively short follow-up period for observing ruptures in subsidized guardianships, the post-guardianship stability rate has remained fairly constant (Figure 1. 5). At two years post-discharge, 95% to 97% of the children discharged to legal guardians are still in the same homes, and at 5 years post-discharge, approximately 90-91% of these children remain in permanent homes. While these percentages are quite high, they are slightly lower than the comparable rates among adopted children.

Reunification: When compared to adoption and subsidized guardianship, children reunified with their parents experience significantly less post-discharge stability. However, this comparison should not obscure the improvements that have occurred on this measure as

well (Figure 1.6). Although two-year post-reunification stability rates are at the same levels in recent years as in the early 1990s, improvement has occurred at five years post-reunification – rates have risen from 70% to 76%. At ten years post-reunification, with five cohorts of complete follow-up data, the rate has increased from 63% to 68%.

The Rising Demand for Post-Permanency Services

Illinois has reached an important milestone – the number of children in state-assisted permanent homes with adoptive parents and legal guardians surpasses the number of children in state-funded foster care. With this milestone comes a challenge for the future: the rising number of families seeking post-permanency services. Even though these former state wards no longer need the regular casework and judicial oversight that foster care supervision provides, their homes still need family support and sometimes more intensive interventions to preserve family stability.

The raw number of ruptures from adoptive placements increased three-fold between 1990 and 2003. For some, this increase creates a perception that adoptions and guardianships are not permanent, stable homes for children. However, when interpreting this increase, it is vital to remember that these ruptures are occurring among a vastly larger pool of completed adoptions and subsidized guardianships (see Figure 1.7). In fact, the incidence of rupture from adoption and subsidized guardianship homes is rare. Of the 37,000 children ever adopted, 94.5% have never ruptured and 91.5% of the nearly 8,000 children in subsidized guardianship homes have not ruptured.

Risk of Rupture

Although trend lines point to improvements in the stability of permanence over the past decade, it is difficult to discern whether the improvement is due to better practices or simply to the changing demographic composition of the children entering care or of the families providing foster care. To better understand how different characteristics, such as a child's race and age, urban or rural location, and placement with kin influence the likelihood of rupture, multivariate statistical analysis can be applied to the data to identify the unique impact of each factor after controlling the influence of all other factors in the model. The results of the multivariate analysis can be summarized as:

Illinois has reached an important milestone – the number of children in state-assisted permanent homes with adoptive parents and legal guardians surpasses the number of children in state-funded foster care. With this milestone comes a challenge for the future: the rising number of families seeking post-permanency services.

Child Race: Race and ethnicity play a large role in predicting ruptures from permanent homes. African-American children in guardianship homes are 46% less likely to experience a rupture than other children, while adopted African-American children are 83% more likely to experience a rupture than children of other ethnicities.

Prior Placement With Kin: Children who find permanence after living with kin are approximately 35% less likely to experience a rupture than children previously living with non-kin. Thus, it appears as if children who live in kinship placements experience greater stability both when they are in foster care and once they have achieved permanence.

Age at Permanence: The age at which a child attains permanence impacts the likelihood of experiencing a rupture. In general, the older the child is at the time permanence is achieved, the more likely he or she is to experience a rupture. Children twelve years and older are especially vulnerable to experiencing a rupture: a 12 to 14

Figure 1.6

The Percent of Children Reunified and Not Re-entering After Two (red), Five (blue), and Ten Years (pink)

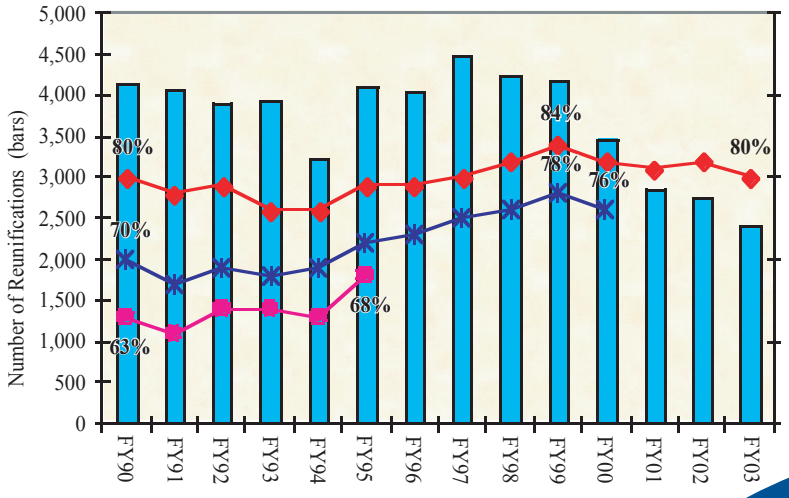
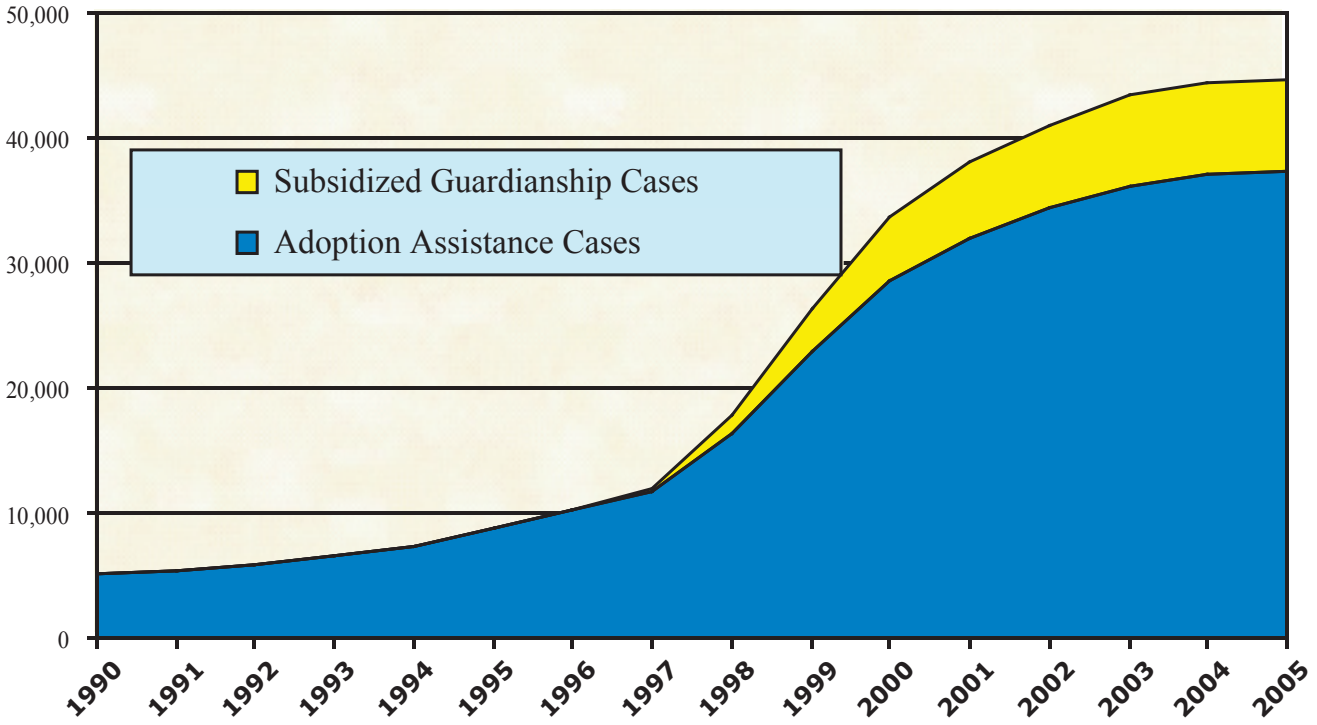


Figure 1.7

Active Adoption Assistance or Subsidized Guardianship Cases



year old child is 104% more likely to experience rupture from an adoptive home and 211% more likely to experience rupture from a guardianship when compared to a 6-8 year old child.

Cook/Non-Cook Region: While adoptions outside of Cook were more likely to rupture in the early 1990's (prior to ASFA and the Permanency Initiatives), the difference narrowed by the mid-1990s. Today the Cook-non-Cook differences in adoption ruptures are negligible. Although the risk of rupture has significantly increased for both Cook and non-Cook families in the past several years, non-Cook guardianships are much more likely to rupture than Cook guardianships. This increasing risk of rupture suggests the need to closely monitor the services available to children post-subsidized guardianship.

Summary

The Illinois Department of Children and Family Services has received national attention and praise for its work in moving children to permanent homes, particularly children who have been in foster care for many years. This chapter illustrates that Illinois continues to improve its achievement of moving children from foster care to permanent homes. This chapter also shows that this push towards permanence has been good for children – that the permanent homes found for foster youth have been long-lasting, stable homes.

With the increase in children moving to permanent homes, concern was raised that perhaps these arrangements were made in haste and that the children moved to permanent homes would end up back in state custody. The data

presented in this chapter track children for two, five and ten years after permanence and has found that the vast majority of children who were adopted or living with a subsidized guardian remain in these permanent homes at least until they are eighteen years old. In addition, the stability of reunification has also increased so that, despite the fact that reunifications rupture more often than either adoptions or subsidized guardianships, these ruptures are happening less frequently than in previous years.

However, the findings presented in this chapter also raise the caution that success in finding permanent, long-lasting homes for children is not a guarantee. Illinois has reached a milestone – the number of children living in state-assisted permanent homes with adoptive parents or legal guardians exceeds the number of children living in state-funded foster care. With this milestone comes a challenge for the future: the rising demand in the number of families seeking post-permanency services. Without a clear focus on, and resources for, services to these families, children are at risk for re-entering the system. The need to support the parents, grandparents, aunts and uncles that are caring for these children is of utmost importance if we want to preserve family stability after foster care.

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CHAPTER 2

POST-ADOPTION SUBSIDIES, SERVICES AND SPENDING: A STATE COMPARISON

Post-adoption subsidies and services are critical to the success of many adoptions. In fact, one study (Hansen & Hansen, 2005) found that the size of the adoption assistance payment is the only policy variable that is clearly and positively correlated with success in achieving adoption for waiting children. Results from this study indicated that, for the average state, a $36 increase in the adoption subsidy is associated with an increase of 10 additional adoptions per year. Surveys of adoption workers responsible for placement of the longest waiting children reinforce the belief that higher subsidies might improve adoption rates for these children (Avery, 1999).

Another potential determinant of adoption success is the provision of post-adoption services. Unfortunately, post-adoption service programs have yet to develop consistent service classifications or a research base that documents program effectiveness (Barth, Gibbs & Siebenaler, 2001). Despite the lack of empirical studies, the importance of post-adoption services has been confirmed through interviews with adoptive parents.

States vary widely in their provision of adoption subsidies and services. The following chapter supplements the most recent information on state adoption subsidies and services from a variety of sources with the results of a national survey of child welfare administrators to answer several questions:

- Which children are eligible for adoption subsidies in Illinois?
- What are the current adoption-assistance (i.e., subsidy) rates in Illinois?
- What post-adoption services are currently available in Illinois?
- How much is spent on funding post-adoption services in Illinois?
- How does Illinois compare to other states with regard to post-adoption subsidies, services, and funding?

Methods

Researchers from the School of Social Work at the University of Illinois at Urbana-Champaign collaborated with those from the Child Welfare League of America (CWLA) to collect and analyze the information analyzed in this chapter. Information was obtained through two primary methods.

Secondary Data Analysis

The most recent, publicly-available data from three existing data sources were analyzed to create state data profiles for all 50 states. The three data sources utilized in the analysis include:

- Adoption and Foster Care Analysis and Reporting System (AFCARS) is a federal reporting system that collects data on children in foster care, children waiting to be adopted, and children who have been adopted. States submit data twice a year (during the federal fiscal year in November and April) to the Children's Bureau in the Administration on Children and Families (Department of Health and Human Services). The latest available data are for federal fiscal year 2003, as released by the National Data Archive on Child Abuse and Neglect at Cornell University.

- North American Council on Adoptable Children (NACAC) is an organization that supports the needs of children waiting to be adopted and families who are seeking to adopt. NACAC's National Adoption Subsidy Resource Center collects annual information from the states about their adoption subsidy programs, including subsidy rates and subsidy funding. The most recent data are for 2005, although some state profiles were last updated in 2001. NACAC compiles the information from these state subsidy profiles into a chart, which can be located online at: http://www.nacac.org/AAPchart.html

- *The Green Book* is a periodic publication of the Ways and Means Committee of the U.S. House of Representatives that reports on the funding status for all federal programs under the jurisdiction of that committee, including child welfare and adoption programs. The latest publication was in 2004, including data for federal fiscal years 2001, 2002, and in some cases, 2003.

The data profiles (located in Appendix A) were developed from the secondary data analysis of these three sources. Information is presented on the following topics: **1)** number of children adopted, **2)** primary basis for special needs determination, **3)** number of children waiting for adoption, **4)** subsidy rates, **5)** number of children who receive subsidies, **6)** number of children who receive IV-E subsidies, **7)** subsidy funding information, **8)** federal funding, and **9)** state/county administration.

National Survey of Child Welfare Administrators

A survey was developed regarding public child welfare post-adoption services and funding and sent to all 50 states and the District of Columbia. The nine page survey included questions about adoption subsidies, post-adoption services, adoption disruption, displacement and dissolution, and time to adoption (see Appendix B). States were sent a copy of the survey via mail and email, and were given the option of completing the survey on their own or over the phone with staff dedicated to this project. The majority of states completed the survey on their own by staff identified as the state child welfare adoption manager. States were given the option of having their responses to the state remain confidential, and many states chose this option. The results of the survey are therefore presented either in aggregate form or with identifying information removed.

The District of Columbia and 49 states completed the survey. One state was unable to participate due to ongoing litigation. In addition to the information gleaned from Illinois' completed survey, additional detail was gathered from staff at DCFS regarding the services and funding currently provided to adoptive/guardianship families. This information was used to supplement the section that provides an overview of the services and subsidies available within Illinois.

Overview of Adoption/Guardianship Services and Subsidies Provided in Illinois

Subsidy Eligibility

Adoption Subsidy

For a child to be eligible for an adoption subsidy in Illinois he/she must meet the following criteria:

1. A child for whom the Department of Children and Family Services is responsible for placement and care when the adoption petition is filed and who meets the special needs criteria detailed in the subsection below is eligible for adoption assistance.

2. A child for whom the Department of Children and Family Services does not have placement and care responsibility when the adoption petition is filed and who meets the special needs criteria detailed in the subsection below is eligible for adoption assistance non-recurring expenses only.

3. In order for a child for whom the Department of Children and Family Services does not have placement and care responsibility when the adoption petition is filed to be eligible for ongoing adoption assistance and/or medical assistance, the child must also meet one of the following eligibility factors:

    a. The child was eligible for AFDC under the provisions of Title IV-A of the Social Security Act in effect as of July 16, 1996 at the time he or she was removed from the home and in the month the adoption petition was initiated. An AFDC-eligible child who was voluntarily relinquished to a public or private not-for-profit agency shall be considered judicially removed in the following circumstances:

        i. A petition to remove the child from the home was filed within 6 months of living with a specified relative; and

ii. There is a subsequent judicial determination that remaining in the home is contrary to the child's welfare.

b. The child is a child of a minor parent receiving Title IV-E foster care maintenance payments that include the child, although the child is a non-ward of the Department; or

c. The child was eligible for Supplemental Security Income (SSI) at the time the adoption petition was filed; or

d. The child is a child for whom adoptive parents were previously receiving adoption assistance.

A child shall not be considered a child with special needs unless the Department has first determined that:

1 The child cannot or should not be returned to the home of his or her parents as evidenced by:

- A termination of parental rights
- A petition to terminate parental rights, or
- A voluntary relinquishment.

2 There exists a specific factor or condition because of which it is reasonable to conclude that the child cannot be placed with adoptive parents without providing adoption assistance. These factors or conditions include:

- An irreversible or non-correctable physical, mental or emotional disability, or
- A physical, mental, or emotional disability correctable through surgery, treatment or other specialized services; or
- The child is one year of age or older; or
- The child is a member of a sibling group being adopted together where at least one child meets one of the conditions above; or
- The child is being adopted by adoptive parents who have previously adopted, with adoption assistance, another child born of the same mother or father.

3 A reasonable, but unsuccessful, effort has been made to place the child with adoptive parents without providing adoption assistance, and the prospective adoptive parents are either unwilling or unable to adopt the child without adoption assistance, as evidenced by a written statement from the adoptive parents. A documented search for alternative adoptive placements without adoption assistance shall be made unless the Department determines that such a search would not be in the best interests of the child because the child has developed significant emotional ties with the prospective adoptive parents while in their foster care.

Guardianship Subsidy

In 1996 Illinois was granted permission by the federal government to run a 5-year demonstration of federally subsidized private guardianship as a permanency status under title IV-E. As of December 31, 2004 local courts had moved over 8,000 children to subsidized guardianship. In addition to Illinois there are now 11 other states that have received a federal waiver to institute a permanency option similar to subsidized guardianship (also referred to as assisted guardianship or kinship permanency) including Delaware, Iowa, Maryland, Minnesota, Montana, New Mexico, North Carolina, Oregon, Tennessee, Virginia, Wisconsin.

For a child to be eligible for a guardianship subsidy in Illinois the child must meet the following criteria:

A The child is not a member of the control group; and

B The child has been in the custody of the State for one year or more immediately prior to establishing subsidized guardianship and is likely to remain in care, and the parent has consented to the subsidized guardianship arrangement or the Department has good cause to seek a private guardian without consent and will give notice to the parent of the guardianship hearing; and

C The child has a strong attachment to the potential guardian and the guardian has a strong commitment to the child; and

D The permanency goals of return home and adoption have been ruled out for this child and documented in the case record.

In addition, in order for a child to qualify for subsidized guardianship, at least one of the following criteria must be met:

A The child has lived with a relative for at least one year immediately prior to establishing subsidized guardianship; or

B The child is 12 years of age or older and has lived with a non-relative for at least one year immediately prior to establishing subsidized guardianship; or

C The child is a member of a sibling group for whom guardianship will be transferred together, of which at least one child has resided with the prospective subsidized guardian for at least one year and meets all subsidized guardianship criteria; or

D The guardianship of the child will be transferred to a prospective guardian who has previously taken subsidized guardianship of another child born of the same mother or father; or

E The child is under 12 years of age, is living with a non-relative, and has no older sibling for whom subsidized guardianship is being considered but is eligible due to the fact that:

i. Subsidized guardianship has been determined to be in the child's best interests; and

ii. The basis for the decision is documented and approved by the Department Guardianship Administrator or designee; or

F The child was previously in subsidized guardianship, but the guardian has died; or

G The child was previously in subsidized guardianship, but due to the mental or physical incapacity of the guardian, the guardian can no longer discharge the responsibilities necessary to protect and care for the child, and guardianship was or will be vacated; or

H The child who had been adopted who was eligible for subsidized guardianship prior to the adoption, continues to be eligible for subsidized guardianship in the event his or her adoptive parent is unable to care for him or her due to the death or total mental or physical incapacity of the adoptive parent.

Duration of Subsidy

In Illinois, an adoption or guardianship subsidy lasts until the child's 18th birthday. If documentation is provided that the child is still in high school at 18, then the payment can be extended until the child graduates from high school or its equivalent, or reaches age 19, whichever occurs first.

Table 2.1
Services Provided to All Special Needs Children Adopted or Taken Into Guardianship in Illinois

SERVICE	BRIEF DESCRIPTION
Payment for Non-Reoccurring Expenses	Payment for non-recurring expenses incurred directly related to the adoption, up to $1,500 for each adopted child or that are directly related to the transfer of guardianship, up to $500 per child.
Monthly Subsidy	Monthly payment amounts are determined through the department and the prospective guardians, based on the needs of the child and the family circumstances. Upon finalization or transfer of guardianship, the family may receive monthly payments up to the licensed foster family home rate they would have received while the child was in foster care.
Medical Card	A Medicaid card from the Illinois Department of Public Aid is available for children who have been adopted or for whom guardianship has been transferred. This card covers basic medical and mental health needs and prescriptions.

Table 2.2
Services That Can Be Written Into the Adoption/Guardianship Agreement

SERVICE	BRIEF DESCRIPTION
Employment Related Day Care	Employment-related day care for children under the age of three years is available if parent or guardian is employed or participating in a training program that will lead to employment. Payment for day care will be available to employed, single adoptive or guardianship parents, as well as two-parent homes in which both parents are working or in a training program. Day care may also be provided if one parent works and the other is unable to care for the child due to a disability.
Therapeutic Day Care	Therapeutic day care is available for children determined to have a disability requiring special education services through an Individualized Education Plan (IEP) or an Individual Family Services Plan (IFSP) and is not fundable through another source.
Payment for physical, emotional, and mental health needs not payable through other resources	Medical services related to a pre-existing condition that can't be covered by Medicaid or private insurance. These services can include, but are not limited to, counseling, speech therapy, occupational therapy, durable medical equipment, and home modification. These items must be written into the subsidy.

Payments may continue until age 21 when, prior to the adoption or guardianship transfer, a determination was made that the child was at risk of developing a physical, mental or emotional disability due to environmental, genetic or heredity factors. The disability must be severe, affecting major life activities, and there must be documentation that the disability presented prior to age 18.

Subsidy Components

Table 2.1 lists the services that all children who meet the special needs determination are eligible to receive when they are adopted or enter subsidized guardianship in Illinois.

Table 2.2 lists the services that can be written into an adoption/guardianship agreement in Illinois. These items are not automatically given to any child who meets the special needs determination. Instead these services must be specifically written into the subsidy and/or the child must meet the criteria for the service.

In addition to the items listed in Table 2.2, several additional services (Table 2.3) may be provided to children who have been adopted or for whom guardianship has been assigned. Some of these services, such as educational advocacy, are provided primarily to children in care but have been extended to include children who have achieved permanency. None of these services are included in an adoption/guardianship agreement; instead, families must request these services from DCFS.

State Comparison of Post-Adoption Subsidies and Services

Children Adopted

Data reported to AFCARS by public state child welfare agencies indicate that almost 50,000 children were adopted in federal fiscal year (FFY) 2003 (see Appendix A, Chart 1). Some of these children may have been adopted through private agencies, but the vast majority were children in state custody. California had the largest number of adoptions, followed by New York and Florida. Illinois had the fourth largest number of adoptions at 2,701 (see Figure 2.1).

Of the 50,000 children adopted nationally in FFY03, 82% were determined to have special needs, making them eligible for an adoption subsidy (see Appendix A, Chart 1). Special needs determination is based on three criteria:

- Inability to be returned home
- Need for a subsidy in order to achieve permanency
- Determination from the state that the child has a special need

State definitions of special need criteria vary. However, this determination is often based on child's age, race, being a part of a sibling group, or having a diagnosed medical condition or disability. In Illinois, 86% of the children adopted were eligible for a subsidy. According to AFCARS, age was the primary reason Illinois listed for special

Table 2.3

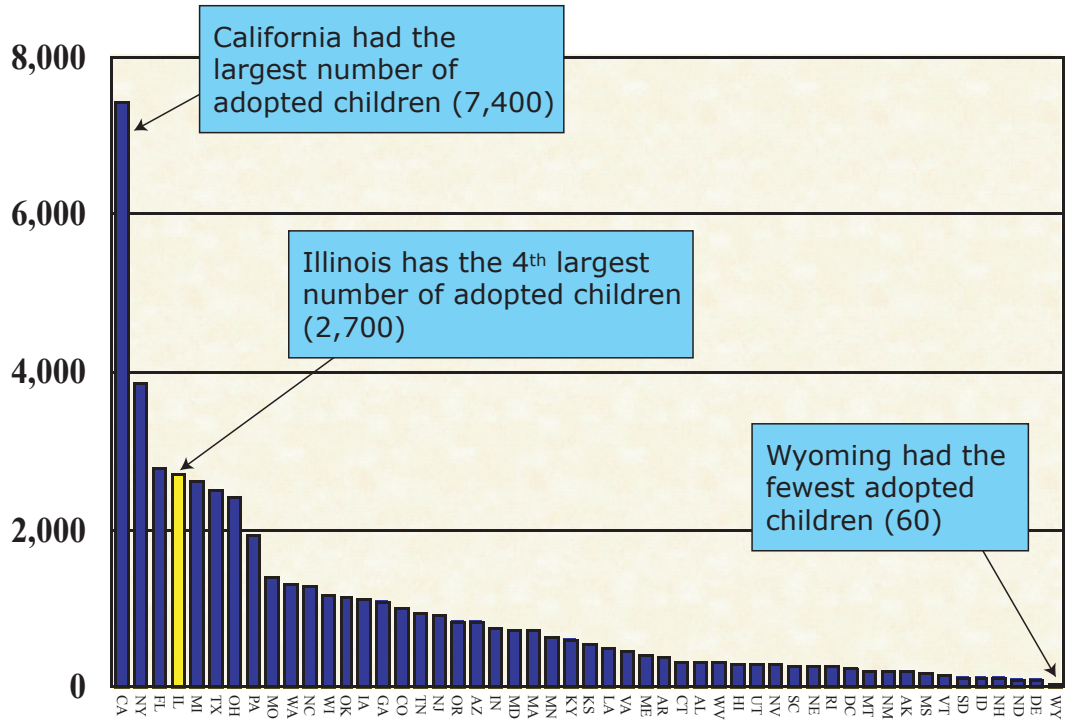
Services That May Be Requested From DCFS

SERVICE	BRIEF DESCRIPTION
Academic Scholarships	Forty-eight merit-based scholarships are available to current wards or previous wards in adoptive or subsidized guardianship arrangements.
Education and Transition Voucher	Can get up to $5,000 per youth who are in care or placed in adoption/ guardianship after the age of 16 who are attending a post secondary education or vocational training program.
Educational Advocacy	NIU provides educational advocacy for current and former DCFS wards including, but not limited to specific technical assistance, IEP/MDC, education programs, and testing.
Preservation Services	Crisis intervention services for adoptive/guardianship families who are experiencing challenges and need some support and stabilization services. Preservation programs can provide: • Comprehensive assessment and crisis intervention • Clinical services • Support groups • Case management /Advocacy Services • Children's mental health advocacy services • Cash assistance (limited to $500 per family per fiscal year to those experiencing economic hardship)
Housing Advocacy	This service assists clients in obtaining or maintaining housing through consumer education, budget counseling, resource linkages, assistance finding housing, and follow up services. Clients must be at least 17 ½ years of age and less than 21 and a DCFS ward within six months of emancipation or be a former ward who was emancipated (including wards that entered subsidized guardianship or adoption after their 14th birthday).
Search and Reunion Services	Adoptees and members of birth families whose adoptions have been handled by DCFS can request search and reunion services from DCFS free of charge.
Training for Adoptive Parents/ Guardians	The DCFS Office of Training Service and Workforce Development offer a variety of training opportunities throughout the state for adoptive and guardianship families.
Lending Library	DCFS maintains a lending library service offering books, audio cassettes, and videos to adoptive, guardianship, and foster families for further education on specific topics.
Resource Directory Website	Offers service referrals for adoptive/guardianship families (website is currently in the process of being updated)
Respite	DCFS just began providing a respite program to adoptive/guardianship families throughout Illinois. Adoptive and guardianship families can request to receive respite on a limited basis.

needs determination (see Figure 2.2). The median age of children adopted in Illinois (6.7) is close to the national median of 6.1.

There were 123,249 children waiting for adoption in FFY03 (see Appendix A, Chart 2). Children are determined to be waiting for adoption based on a case plan goal of adoption and/or the termination of parental rights. New York had the largest number of children waiting for adoption (13,604), following by Texas and Florida. Illinois had the eighth largest number of children waiting for adoption at 3,901.

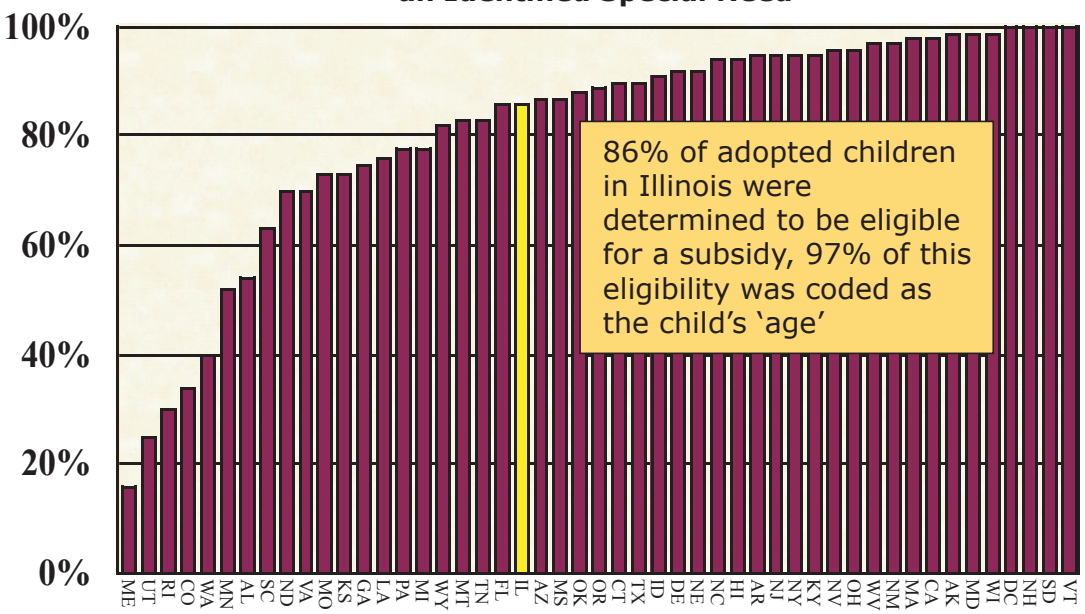
Figure 2.1
Children Adopted in 2003



Adoption Subsidy Rates

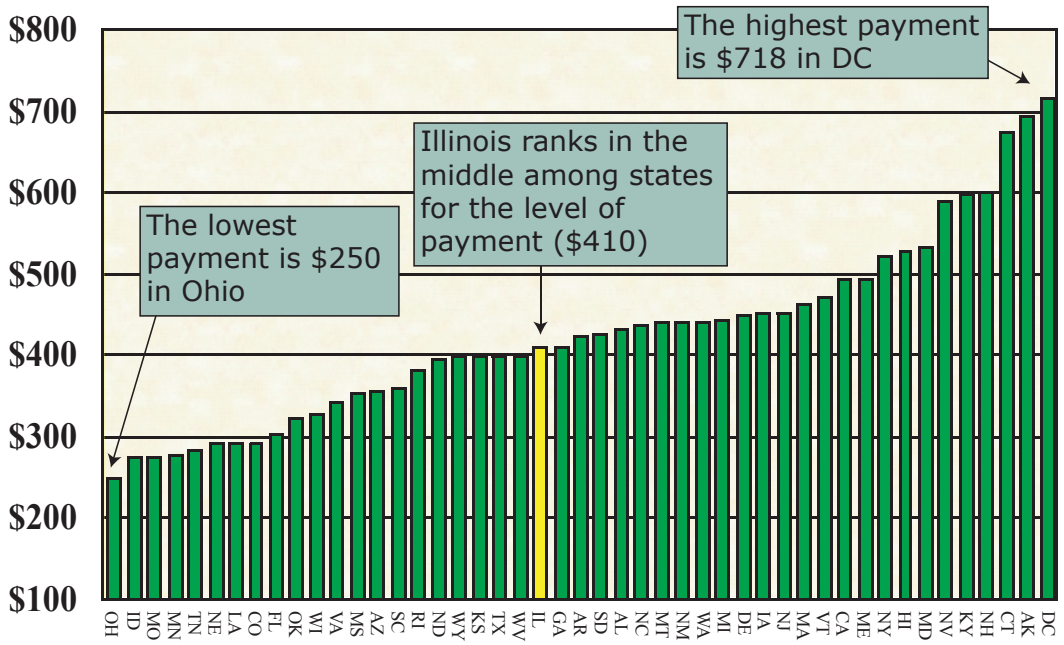
Adoption assistance was instituted in the 1980s by Congress to encourage the adoption of children with special needs from state child welfare systems. Children in state custody who meet criteria determined by the federal government are entitled to an adoption subsidy, regardless of the adoptive parent's income. The amount of the subsidy varies considerably based on rules and criteria each state has enacted. Appendix A, Chart 3 presents adoption subsidy rates for each state.

Figure 2.2
Percent of Children Eligible for a Subsidy Due to an Identified Special Need



Most states consider multiple factors when determining adoption subsidy rates. Based on responses from the state survey, almost all the states (90%) determine the subsidy rate based on the child's special needs, and most (74%) consider the rate the child was receiving while in foster care. More than one third of the states also consider the child's IV-E and/or SSI eligibility when determining subsidy rates. A handful of states (5) consider the adoptive family's income. Other factors states consider include: family circumstances, needs of the family and community resources available, adoptive home's level of approval (basic, care plus, medically fragile, etc), and age of the child.

Figure 2.3
Amount of Subsidy Payment



Data Source: North American Council on Adoptable Children (NACAC)

As shown in Table 2.4, monthly subsidy rates in Illinois fall slightly below the national mean and median. The lowest subsidy payment reported among states is $250 and the highest is $718 (Figure 2.3). Almost all of the states, including Illinois, increase subsidy rates as the child gets older. Illinois has five age categories (0-11 months; 1-4 years; 5-8 years; 9-11 years; and 12 and older); the subsidy rate for each group increases slightly. Subsidy rates in Illinois were last increased in July 2000.

All states provide additional funding above the basic rate for children with special needs. In Illinois, children who were in specialized foster care prior to adoption are eligible for this special needs rate, which varies based on the child's level of need and the agency that monitors the case.

In the survey, states were asked if amendments could be made to the adoption agreement once it is finalized. Most states (90% including Illinois) stated that amendments could be made to increase the subsidy rate, and two-thirds of the states (including Illinois) replied that amendments could be made to add services not initially included in the agreement. Several states noted that amendments are not the norm, but possible and subject to limitations. For instance, several states said a significant change in the child's special needs must be documented by a professional, and the amount can only be increased if they are not already at the maximum rate for which the child qualifies. One state noted that the rate could decrease as well as increase.

When asked about the process used to review subsidy agreements after finalization, 80% of the states (including Illinois) responded that the state or county child welfare agency sends a form to each adoptive family, and the family must complete and return the form for recertification or renewal of the adoption subsidy. Other states noted different review processes, including:

- A notice is sent to adoptive family bi-annually instructing them to notify the Department of any changes in living circumstance of the child; a toll-

Table 2.4

SUBSIDY RATES	AGE 2	AGE 4	AGE 16
ILLINOIS	$369	$410	$445
NATIONAL MEAN	$405	$427	$481
NATIONAL MEDIAN	$400	$425	$467
HIGHEST	$718	$718	$791
LOWEST	$222	$250	$250

free telephone number is provided for families to call with changes or questions.
- The family meets and/or has phone contact with the worker or supervisor.

Two-thirds of states, including Illinois, review or recertify the adoption subsidy annually. Other states review or recertify adoption subsidies every two, three or five years. Five states indicated they have no automatic review or recertification process. One state noted that a family may request a review when there is a change in the family's circumstances or the needs of the child. Another state replied that all cases are reviewed when the child turns 18 years old.

Finally, states were asked if they had recently reduced or planned to reduce the dollar amount of their adoption subsidy within the past year. The legislature in one state passed a Senate Bill which included use of a means test on adoptive families of non-IV-E children, making the maintenance payment available to families whose income was below 200% of the federal poverty level. An injunction has been filed against this legislation which has prevented the law from going into affect. Another state is considering increasing the age criteria for when a child is eligible for a subsidy. Several additional states responded that there had been discussion concerning decreases/cuts but no legislation proposed.

Post-Adoption Services

Post-adoption services are relatively new to child welfare programming. Only two-thirds of the states that responded to the survey indicated that they have specific post-adoption services that are different from services provided to at risk children in the state. The comprehensiveness of the post-adoption services that do exist varies greatly. Some states offer a few services specific to the post-adoption population, while others have limited capacity that prohibits some adoptive families from accessing the service. Few states appear to have a multifaceted program of services specific for this population.

Illinois has been identified in previous research as having a comprehensive array of services for post-permanency children and families that includes support services as well as a statewide preservation program for families in crisis (Zosky, Howard, Smith, Howard, & Shelvin, 2005). Only half of the states who responded to the current survey indicated that they have an identified unit/program to promote adoption stability.

In the state survey, a list of services was provided to respondents, who were asked to indicate which were provided to post-adoptive families by the public child welfare system. The list of services included in the survey is based on findings of previous research regarding services that adoptive families need/want.[1] Results are presented in Table 2.5; Illinois' responses are marked by an asterisk.

Services listed in Table 2.5 are presented in descending order based on the number of states that provide the service. The most commonly provided post-adoption services are:

- child and family counseling/therapy (98%)
- psychological evaluation (94%)
- ongoing psychiatric care (92%)
- respite (88%)
- occupational therapy (88%)
- support groups (86%)
- preservation services (86%)
- durable medical equipment (86%)

Many states indicated that they provide certain services but listed qualifying statements (i.e. age, location, cap, duration). States indicated that many of the services were covered through the Medicaid card that children receive when they are adopted.

Illinois provides most of the same services that are offered by other states – with the exception of residential treatment. Based on responses in the survey, residential treatment is provided in 72% of the states. In one-quarter of the states, an adopted child in need of residential treatment would have to re-enter foster care in order for the child welfare agency to pay for the service. Several states mention that this is done through a voluntary placement agreement. One state passed a law allowing parents to put the child in the care of the agency without relinquishing legal custody. Another state explained that Medicaid generally covers the cost for an adopted child, but if it does not then the child may end up coming back into care to get the service.

Most states, however, said that adopted children do <u>not</u> need to re-enter care to obtain residential treatment services. These states use a variety of sources to pay for residential treatment including: Medicaid, the mental health agency, Title XX services, Adoption Assistance funds, or grant funds. Several states indicated that all

[1] The list of post-adoption services included in the state survey is identical to the list included in the caregiver survey, described in Chapter 3.

Table 2.5
State Comparison: Post-Adoption Services

Services	**In Subsidy Agreement:** Higher subsidy or benefit in subsidy agreement (includes Services Covered by Medicaid)	**Available but Not in Subsidy Agreement:** Benefit available through child welfare agency but not in subsidy	**Available in Some Manner Through Both the Subsidy Agreement & Child Welfare Agency**	**Not Covered**	**% of States That Provide This Service in Some Manner**	**% of States That Do Not Provide This Service**
Child and family counseling/therapy	*25	18	6	1	98%	2%
Psychological evaluation	*27	18	2	3	94%	6%
Ongoing psychiatric care	*26	13	7	4	92%	8%
Occupational therapy, speech therapy or physical therapy (n=49)	*29	10	5	5	90%	10%
Respite care	19	*17	8	6	88%	12%
Durable medical equipment (n=49)	*26	8	9	6	88%	12%
Support groups for parents or children	4	*38	1	7	86%	14%
Preservation services	3	*38	2	7	86%	14%
Substance abuse treatment services (n=49)	*22	12	6	9	82%	18%
Post adoption training / education for adoptive families	5	*34	1	10	80%	20%
Dental care (n=49)	*26	10	3	10	80%	20%
Orthodontia (n=49)	*26	6	4	13	73%	17%
Residential treatment	14	17	5	*14	72%	28%
Home modifications to meet child's needs (n=49)	*16	7	5	21	57%	43%
Day care / after school care (n=48)	*18	4		25	50%	50%
Search services to find birth relatives	3	*21	1	26	48%	52%
Tutoring	13	7	1	*29	42%	58%
Mentors	6	*12		32	36%	64%
Camp (summer or holiday camp) (n=49)	9	7		*33	33%	67%
Education Advocacy	3	*11	1	35	30%	70%

*Illinois responses are marked with an asterisk

citizens, including adoptive parents, may access residential treatment through a voluntary program. One state said that Medicaid can be billed if the facility is a Medicaid provider or the subsidy can be increased to assist a family in paying room and board costs. Another state noted that Adoption Assistance helps with costs, but that the adoptive family must show a commitment to the child; if the plan is not to return back to the adoptive family after treatment then the child will need to re-enter foster care for residential treatment. Although the Illinois child welfare system will assist families in finding other sources of funding to pay for residential treatment, direct payment for this treatment is rarely available and it can not be written into an adoption agreement.

The majority of states indicated a need for additional post-adoption services. The most common service needs include:

- adoption-competent therapists that understand the issues faced by adopted children and their families
- respite care
- accessibility and availability of existing services across the state (need to expand, including in rural areas)

Illinois provides many of the same services that are offered by other target states – with the exception of residential treatment.

- designated staff or an identified unit to promote adoption stability and prevent adoption disruption, displacement and/or dissolution
- more mental health services – crisis intervention, services not covered by Medicaid (marital and family counseling)
- supportive services such as camps, recreation, support groups

Illinois stated that it would like to improve its post-permanency services by:

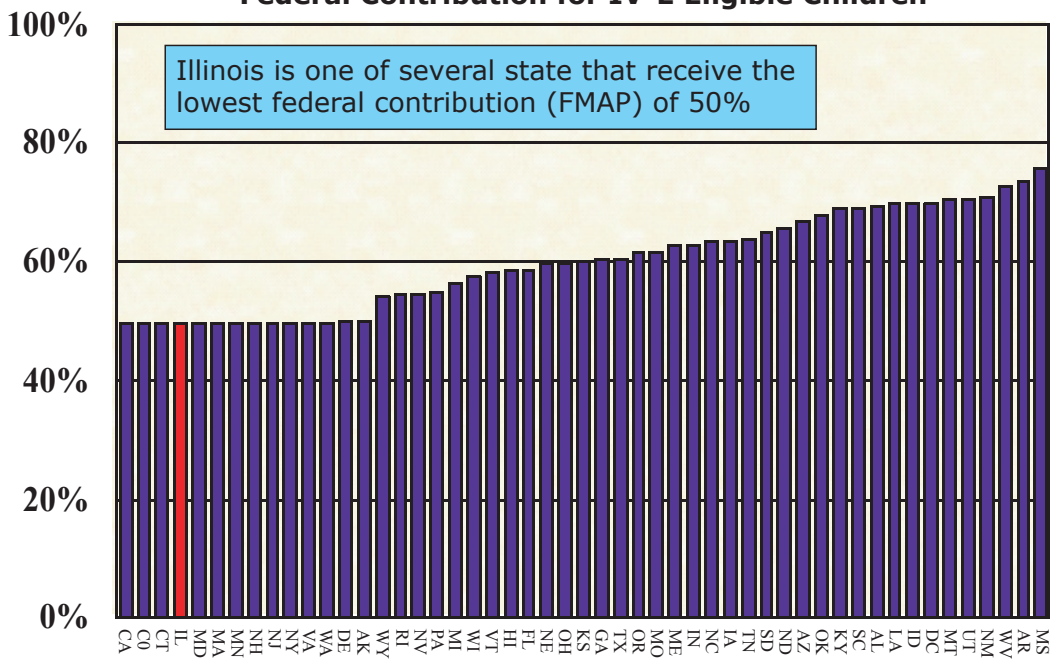
- expanding existing services to reach more post-adoptive families
- improving outreach to adoptive families so that there is more awareness of the services and supports available
- improving assistance to families negotiating the mental health system and trying to acquire residential treatment

When asked about barriers to post-adoption service provision, the most commonly provided response was the availability of financial resources (funding) to provide comprehensive services. Other barriers included:

- lack of qualified mental health practitioners, trained, experienced or specializing in adoption issues and special needs adoptions
- waiting periods for services
- funding issues related to Medicaid

Illinois stated that it would like to expand existing services to reach more post-adoptive families in Illinois.

Figure 2.4
Federal Contribution for IV-E Eligible Children



Federal Subsidy Funding

In order to be eligible for federal matching (Title IV-E) adoption subsidies, children must have been removed from families that would have met the income criteria for the Aid for Families with Dependent Children (AFDC) program, and have special needs that would preclude their adoption without a subsidy. Under Title IV-E adoption assistance, a portion of the subsidy payment is federally funded, with the remaining share subsidized with state and/or county dollars. According to information from AFCARS, 84% of the children who receive an adoption subsidy in Illinois receive a Title IV-E subsidy (see Appendix A, Chart 4). This is higher than the national percentage (69%) of children adopted who receive a IV-E subsidy.

The federal government contributes a percentage of the IV-E subsidy for each state, known as the Federal Medical Assistance Percentage or FMAP. The FMAP is determined by a calculation that is based on the per capita income for that state and ranges from a low of 50% to a high of 83%.[2] States with a high per capita income receive a lower federal contribution for adoption subsidies than states with low per capita incomes. The federal contribution for IV-E eligible children in Illinois was 50% in FY06, the lowest FMAP available (see Figure 2.4). The state is responsible for funding the remainder of the subsidy. Appendix A Chart 5 shows that the majority of states use "state funds" in addition to the federal funds they receive. A few states use county funds.

[2] The Federal Medical Assistance Percentage (FMAP) for any state shall be: 100 per centum less the State percentage; the State percentage shall be that percentage which bears the same ratio to 45 per centum as the square of the per capita income of such state bears to the square of the per capita income of the continental United States (including Alaska and Hawaii); except that the FMAP shall in no case be less than 50 per centum or more than 83 per centum.

Table 2.6
Illinois Spending: Post-Adoption Subsidies and Services

				Break Out of $ Spent on Adoption Services		
Fiscal Year	**# of Active Subsidies**	**$ Spent on Adoption/SG Subsidies Only**	**$ Spent on Post Adoption Services (excludes subsidies)**	**Direct Client Related Services**	**Midwest Resource Center**	**Other Adoption Support (pre-adoption and legal fees)**
1997	11,539	$42,404,000 ($306 per child per month)	$7,716,700	$2,313,300 ($17 per child per month)	$172,000	$5,231,400
1999	25,709	$97,157,700 ($315 per child per month)	$12,788,500	$3,549,900 ($12 per child per month)	$318,700	$8,919,900
2001	36,156	$201,289,800 ($464 per child per month)	$14,883,600	$5,648,300 ($13 per child per month)	$503,700	$8,731,600
2003	40,565	$249,129,900 ($512 per child per month)	$20,417,400	$9,923,400 ($20 per child per month)	$730,000	$9,764,000
2005	41,835	$262,583,900 ($523 per child per month)	$22,402,602	$12,786,700 ($25 per child per month)	$840,000	$8,775,900
2006 Projected.		$264,503,500	$23,539,900	$13,951,500	$840,000	$8,748,400

State Spending on Post-Adoption Subsidies and Services

As shown in Table 2.6, the number of active subsidies in Illinois has increased dramatically in the past decade, from 11,539 in FY97 to 41,835 in FY05.

The third column in Table 2.6 examines the amount of money spent on subsidies in Illinois from FY97 through FY06. Subsidies have increased from $306 per child per month in 1997 to $523 per child per month in 2005, an increase of approximately $217 per month per child over an eight year span. It is difficult to determine the equity of this increase without further analysis of the rate and the actual cost involved with raising children who have been in care.[3]

The fourth column in Table 2.6 displays total spending on post-adoption services in Illinois (excluding subsidies). The columns to the right show how the adoption money was split between three large categories:

- Direct client related services include traditional post adoption services such as counseling, therapeutic day care, and day care for children 0-3 where all adult caretakers work.
- Midwest Resource Center is a private agency contracted by IDCFS to provide adoption search and confidential intermediary for former wards and biological families.
- Other adoption support primarily consists of pre-adoption services and legal fees.

One of the questions on the national survey asked states to indicate the amount of money spent during FY05 on post-adoption services excluding monthly subsidy payments. Approximately half of the states that responded to the survey answered this question, and most of the responses

[3] A project is currently being conducted by Children's Rights, the Center for Families at the University of Maryland, the National Foster Parent Association, and the National Association of Public Child Welfare Administrators to define the cost elements in setting an appropriate foster parent reimbursement rate. Federal law sets forth the types of expenses to be met through "foster care maintenance payments," but to date, there has been no methodical effort to develop an economic basis for establishing what constitutes an adequate and appropriate rate. This project intends to develop a cost model that could be used to determine fair and equitable board rates. In addition to developing this type of model, the subsidy amount must also be viewed in comparison to the level of needs that children in the child welfare system are exhibiting.

included a variety of caveats and disclaimers that make comparisons across states difficult. Many states said that they were unable to determine the amount spent on post-adoptive services because there were not specific programs designated for this population. Some states said that their post-permanency services start before finalization so it was difficult to determine the actual amount spent. County administered states said it was hard to determine this number since each county provided different programming for this population. Because of these discrepancies in the definitions of post-adoption services spending, state comparisons are not presented.

Summary

This chapter examined the post-adoption subsidies and services provided in Illinois and compared them to those in other states. Information from existing data sources, such as the Adoption and Foster Care Analysis and Reporting System (AFCARS), state subsidy profiles from the North American Council on Adoptable Children (NACAC), and the *Green Book* published by the Ways and Means Committee of the U.S. House of Representatives, was combined with information provided by the Illinois Department of Children and Family Services to provide current information on the post-adoption services and subsidies provided in Illinois. Comparison data from other states was obtained through AFCARS and a national survey of public child welfare agency post-adoption programs.

Illinois is somewhat unique in that it offers subsidized guardianship as a permanency option in addition to adoption. The services and subsidies that a child/family qualifies for with subsidized guardianship are the same as those offered to adoptive families. Children in Illinois who are adopted or taken into guardianship and meet the Title IV-E eligibility requirements receive a monthly subsidy, a medical card, and payment for non-reoccurring expenses related to the adoption/guardianship. There are additional services that a child can qualify for and/or have written into his subsidy. DCFS also offers services that all children receiving a subsidy can utilize, such as preservation programs.

Results of the national survey reveal that Illinois provides most of the post-adoption services offered by the other states, with the exception of residential treatment. Illinois appears to be one of the few states that offer statewide services and supports that are specifically designed for this population. The amount of money that Illinois spends on subsides has increased from $306 per child per month in FY97 to $523 in FY05, an increase of $217 per child per month over an eight year span. However, according to national data from AFCARS, Illinois' subsidy rates fall slightly below the national mean and median.

Despite the positive relationship between adoption subsidies and adoption rates, the dramatic increases in the number of children receiving adoption subsidies have led some states to consider a reduction in subsidy levels. However, a recent study (Barth, Lee, Wildfire, & Guo, 2006) that compared the relative costs of foster care and adoption for a statistically matched group of children found that on balance, the governmental costs associated with adoption are substantially lower than those of foster care. These fiscal savings, combined with the well-documented developmental benefits of permanency outcomes such as adoption and guardianship (e.g., Barth, 1997; Newton, Litrownik, & Landsverk, 2000), should lead states to reconsider these reductions.

Illinois has been at the forefront of the efforts to bring permanence to the lives of foster children. The large number of children that have successfully achieved permanence, along with a well-established post-permanency service delivery system, provide Illinois with an opportunity to become a leader in providing innovative services that specifically address the challenges faced by adoptive children and families. To accomplish this, Illinois will need to take a close look at the capacity of the programs that are offered and the needs expressed by adoptive families and children to ensure that supports and services are readily available and appropriately meet the identified needs.

State spending in Illinois has increased from $306 per child per month in 1997 to $523 per child per month in 2005, an increase of approximately $217 per month per child over an eight year span.

CHAPTER 3

POST-ADOPTION AND GUARDIANSHIP SUBSIDIES AND SERVICES: THE CAREGIVERS' PERSPECTIVE

Although most adoptions and guardianships remain stable and do not dissolve after finalization, this does not mean that the need for services and supports disappears. Some families will experience needs related to their adjustment to the adoption or guardianship; needs which may fluctuate over time as the child grows into adolescence. Other families will experience service needs related to their child's physical health, mental health, or special education status, or needs related to their child's history of abuse, neglect, or placement in foster care. A growing number of studies have examined the service needs of post-adoptive families; a review of these research findings is located in Appendix C.

Although most adoptions and guardianships remain stable and do not dissolve after finalization, this does not mean that the need for services and supports disappears.

In addition to the need for specific post-adoption and guardianship services, many families rely on financial assistance in the form of post-finalization subsidies to support the care of their children. Although information on the amount of subsidies provided to post-adoption and guardianship families is readily available through federal data sources such as the Adoption and Foster Care Analysis and Reporting System (AFCARS), little research has examined families' perceptions of the adequacy of the subsidies they receive.

House Resolution 0502 called for an "in-depth study concerning post-adoption services…and adoption subsidies" that should include "a survey of a random sample of adoptive parents of former DCFS wards to gather data on their household characteristics…the parents' perceptions of the particular needs of an adopted former DCFS ward, and the manner in which the adoptive family spends its adoption subsidy."

In response to this request, researchers at the School of Social Work at the University of Illinois at Urbana-Champaign conducted a statewide telephone survey of adoptive parents and subsidized guardianship caregivers between January and March 2006.

The following chapter details this study and is divided into three sections:

1. Description of the methods used to develop and conduct the survey
2. Presentation of the results of the data analysis
3. Summary and discussion of the results and their implications

The results and discussion will address the following questions:

- What are the characteristics (caregiver, child, household) of post-adoptive and guardianship families in Illinois?
- What post-permanency services do these families need?
- Which families have the greatest service needs?
- What are the unmet service needs of post-adoptive and guardianship families?
- Which families have the greatest unmet service needs?
- Which post-permanency services do families find most helpful?
- What barriers make it difficult for families to access post-permanency services?
- Are post-finalization subsidies adequate to cover the costs of raising an adopted or guardianship child?
- How frequently do adopted or guardianship children experience out-of-home stays after finalization?
- How satisfied are families with their adoption or guardianship?

Information was also collected about the amount of money that families spend on post-permanency services, but

limitations in the telephone survey length prevented an in-depth analysis of the costs associated with raising a child adopted from substitute care or detailed breakdowns of how families spend their subsidies. Since 1960, the U.S. Department of Agriculture (USDA) has provided annual estimates of family expenditures on children using data from the Consumer Expenditure Survey (CE). Administered by the Bureau of Labor Statistics, the Consumer Expenditure Survey is the most comprehensive source of information on household expenditures collected on a nationally representative sample of households (Lino, 2005). Child-rearing expense estimates include both total child expenses and expenses by major budgetary component: housing, food, transportation, clothing, health care, education/child care, and other miscellaneous expenses (personal care, recreation). Expenses on children are estimated by age of the child, household income level, number of children in the family, and geographic area.

Information from the most recent report (Lino, 2005) indicates that for the overall United States, child-rearing expense estimates for 2004 ranged between $9,840 and $10,900 for a child in a two-child, married-couple family in the middle-income group.[1] Child expense estimates provided by the USDA are used by many states in setting foster care reimbursement rates. Readers interested in more detailed information on family expenditures on children are urged to review the annual USDA reports. In addition, an ongoing project conducted by Children's Rights, the University of Maryland, the National Foster Parent Association, and the National Association of Public Child Welfare Administrators is attempting to develop economic guidelines for foster care reimbursement rates. Once this two-year project is complete, results will be widely disseminated to federal and state policy makers and child welfare administrators.

Methods

Population and Sample

The population of children eligible for the study included those who:

- were adopted or taken into subsidized guardianship between July 1, 1997, and June 30, 2002;
- had an open adoption or guardianship subsidy case as of June 30, 2005[2]; and
- were between the ages of 6 and 17 years as of June 30, 2006.

Based on information from the Child and Youth-Centered Information System (CYCIS) database, the administrative tracking system used by DCFS, there were 18,708 adopted children and 2,951 children in subsidized guardianships eligible for inclusion in the study (N = 21,659).

The majority of children adopted or taken into guardianship in Illinois reside in Cook County, a fact that was reflected in the composition of the study population: 16,093 (74.3%) of the children eligible for the study entered substitute care while living in Cook County. To ensure adequate inclusion of children from throughout the entire state, the study population was divided into two groups, Cook versus non-Cook, and two separate samples of approximately 250 children each were selected. If more than one eligible child was living with a given caretaker, only one child was randomly selected into the sample from that household. Information about post-permanency services and subsidies was obtained for this randomly selected "target" child.

Once this process was completed, 251 children from Cook and 253 children from non-Cook regions were selected into the sample (n = 504). Data available in CYCIS indicated that seven caregivers included in the sample were deceased, and these families were removed from the sample, for a final sample of 497 families (caregiver-child pairs).

[1] These average annual costs of child-rearing can be compared to the national average annual adoption subsidy range of $4,860 to $5,772 (based on the average national monthly subsidy reported in Appendix A, Chart 3).

[2] The reason for excluding cases that were not currently open was to ensure that the interviewers contacted active adoption or subsidized guardianship cases so that current service and subsidy needs could be discussed. In doing so, the study excluded 4.7% of the population (1,053 children).

Training the Interviewers

Twelve interviewers were hired and trained during a one-day training held in December 2005. The majority of the interviewers had previous experience with survey field research. Interviewer training covered general topics about survey research, such as reliability, validity, and confidentiality, as well as specific instruction on the caregiver survey instrument administration. Two Spanish-speaking interviewers were hired to administer the survey to Latino caregivers.

Locating the Sample

The most recent address and telephone number of each caregiver in the sample was obtained from DCFS administrative records. In addition, a locator service was hired to search information directories in order to obtain telephone numbers that may have changed since the adoption or guardianship finalization.

A recruitment packet was sent to each caregiver that consisted of a letter from the project director describing the study, a letter from the DCFS Director encouraging their participation, a copy of the informed consent form, and a postcard with information about a special toll-free number they could call to provide us with their telephone number, make an appointment, or be taken off the call list. Caregivers were informed that they would receive a $40 gift card to either Target or Wal-Mart following their completion of the interview.

Interviewers began calling caregivers during the first week of January 2006, approximately a week after the recruitment letters were mailed out. Call attempts were made days and evenings, week days and weekends. Over 300 telephone interviews were completed during January and February 2006.

Once call attempts had been made for all 497 caregivers in the sample, a fairly large portion (approximately 30%) could not be reached via telephone for one of several reasons: disconnected numbers, wrong numbers, privacy management systems, and no answers after multiple attempts. If a voice mail system was reached, interviewers left a brief message about the study and asked caregivers to call the study toll-free number to set up an interview if interested.

A "second attempt letter" was sent to caregivers that could not be reached on the telephone. This letter informed caregivers that we had been trying to contact them but had been unsuccessful and asked them to call the toll-free number and provide us with a current telephone number. Approximately 30 caregivers called the toll-free number in response to the second attempt letter.

This left a large number of caregivers who could not be reached via telephone. Because the address information for the caregivers selected into the sample was assumed to be accurate, interviewers attempted in-person contacts with those caregivers who lived within a reasonable distance from their location (approximately 60 caregivers). Two attempts were made to reach these caregivers at home; if nobody was there, interviewers left a "sorry we missed you" card that contained information about the study and the toll-free number. Approximately 20 additional interviews were completed in response to the in-person visits.

Of the 497 caregivers selected into the sample, 350 (70%) agreed to complete the telephone survey. Despite many attempts, interviewers were not able to contact 83 (17%) of the caregivers. The final 64 caregivers (13%) either refused to participate or were unavailable several times after appointments had been scheduled.

Survey Development

The caregiver survey was developed based, in part, on previous surveys of adoptive and subsidized guardianship family service needs and outcomes, as well as input from adoption advocacy groups and specialists. Technical feedback regarding the survey response format and administration was obtained from survey specialists at the Survey Research Laboratory at the University of Illinois – Chicago and Westat, a well-known private research institution.

The final version of the survey interview lasted approximately 30-40 minutes and contained several major sections:

- Caregiver characteristics: age, gender, marital status, education level, employment status, physical health, life satisfaction
- Household characteristics: number of adults and children living in the home, relationship of the caregiver to each child in the home (e.g., birth parent, adoptive parent, guardian, other relative, etc.), annual household income

The caregivers ranged in age from 29 to 82 years old, with a mean age of 54 years.

- Target child characteristics: age, gender, physical and mental health problems or diagnoses, special education status, behavioral problems[3]
- Service need, use, cost, helpfulness, and barriers to service access with regard to nineteen specific services[4]
- Subsidy receipt, financial need, requests for additional financial assistance
- Caregiver-child relationship, impact of the adoption/guardianship on family
- Child contact with biological family
- Child out-of-home care: stays in foster care, residential care, inpatient psychiatric hospitalization, running away

Quantitative Data Analysis

Quantitative data analyses were conducted on the final sample of 350 caregiver interviews, representing 70% of the 498 caregivers selected into the sample. Because cases from non-Cook regions were "over-sampled" (i.e., selected into the sample at a percentage greater than their percentage in the population), sample weights were applied to each case included in the quantitative data analysis. The weights were calculated using the proportion of Cook versus non-Cook cases in the population and were applied so that the results of the analysis would be representative of the state population.

Qualitative Data Analysis

Caregivers were asked to elaborate on two open-ended survey questions regarding 1) the services they and their children have needed and/or received since the finalization of their adoption/guardianship and 2) any additional information that they thought important for DCFS to know about their experience with adoption or guardianship.

The responses to these two items were transcribed verbatim or were paraphrased by the transcriber. Themes were developed through repeated readings of the interview transcripts. This report considers only those interview themes emerging from multiple informants and responses from the two separate questions have been combined, where appropriate. Direct quotes and paraphrased comments are utilized to illustrate common themes.

Results

The 350 cases described in this section include 304 adoptive children (87%) and 45 children taken into subsidized guardianship (13%). Previous research has indicated that relatives (kin) who adopt or take children into guardianship differ in several ways from non-relatives. Thus, information on kin versus non-kin families will be provided to assess the differences between these two groups within the current sample.

What Are the Characteristics of Post-Adoptive and Guardianship Families in Illinois?

The caregivers interviewed:

- caregiver ages ranged from 29 to 82 years old, with a mean age of 54 years
- 93% were female and 7% male
- 43% were currently married, 25% were divorced or separated, 14% were widowed, and 18% were single
- 27% had not graduated from high school, 26% had a high school diploma or equivalent, 33% had an associate's or vocational degree, and 14% had a bachelor's degree or higher
- 47% were employed (either part-time or full-time) and 53% were unemployed or retired
- 25% described their physical health as excellent, 52% as good, 21% as fair, and 2% as poor
- 64% were very satisfied with their life overall in the past month, 24% were somewhat satisfied, 6% were neutral, 5% were somewhat dissatisfied, and 2% were very dissatisfied

When kin and non-kin caregivers are compared, several significant differences were found: relative caregivers were older, more likely to live in Cook County, less likely to be married, less educated, less likely to be employed, and less likely to be in excellent physical health (see Table 3.1). There was no difference in overall life satisfaction between kin and non-kin caregivers.

[3] Child behavior problems were assessed with the Behavior Problems Index (Peterson & Zill, 1986), a 28-item parent report scale designed to measure the frequency, range, and type of child behavior problems for children age four and older. Items were derived from the Achenbach Child Behavior Checklist and other commonly used child behavior scales.

[4] The list of services included in the survey was adapted from those used in previous research on post-adoptive services, particularly Rosenthal, Groze, & Morgan, 1996.

Table 3.1

Caregiver Characteristics

	Kin (n=182)*	Non-kin (n=166)*	Total (n=348)*
Caregiver age (mean years)	55	52**	54
% living in Cook	81%	65%**	73%
% married	35%	52%**	43%
% not graduate high school	39%	13%**	27%
% employed	42%	52%***	47%
% excellent health	20%	32%	26%
% very satisfied with life	62%	65%	64%

*numbers may vary slightly due to missing information
**p<.01
***p<.05

The target children:

- children's ages ranged from 6 to 16 years old, with a mean age of 12 years; 76% of the children in the sample were 10 years or older
- 53% were male and 47% female
- 22% had one or more physical health problems; of these children, 38% experienced no limitations as a result of their problems, 25% experienced few limitations, 22% experienced some limitations, 7% experienced many limitations, and 7% experienced extreme limitations
- 30% have received a mental health diagnosis from a pediatrician, psychologist, or other mental health professional
- 31% are receiving special education services at school
- Total scores on the Behavior Problem Index (BPI) ranged from 0 to 28 (out of a possible total score of 28), with an average score of 11. This can be compared to a national average score of 6.4, indicating that caregivers are reporting much higher levels of child behavior problems among the children in the sample than children in a national sample.

When children living in kin and non-kin homes are compared, three significant differences were found: children in kin homes were significantly less likely to have physical health problems, diagnosed mental health problems, and less likely to receive special education services (see Table 3.2).

The households:

- The number of adults living in the households ranged from one to four, with an average of 2 adults per household.
- The total number of adopted and/or guardianship children in the home ranged from one to ten, with a median of 2.
- The total number of children living in the home – including biological children, foster children, step-children, and others – ranged from one to twelve, with a median of 3.
- Families ranged considerably on annual household income (including subsidies):
  - 30% reported $20,000 or less
  - 38% reported between $21,000 and $40,000
  - 18% reported between $41,000 and $60,000
  - 8% reported between $61,000 and $80,000
  - 7% reported $81,000 or more

Table 3.2

Child Characteristics

	Kin (n=182)*	Non-kin (n=166)*	Total (n=348)*
Child age (mean years)	11.6	11.4	11.5
% male	52%	54%	53%
% physical health problem	15%	29%**	22%
% mental health diagnosis	19%	42%**	30%
% special education	21%	40%**	31%
BPI total score (mean)	10.5	11.3	10.9

*numbers may vary slightly due to missing information
**p<.01

Table 3.3
Household Characteristics

	Kin (n=182)*	Non-kin (n=166)*	Total (n=348)*
% single adult in home	47%	36%**	42%
Mean number of adopted/SG kids	2.9	2.9	2.9
Mean number of kids in home	3.7	3.6	3.7
% income less than $20,000	39%	19%***	30%

*numbers may vary slightly due to missing information
**p<.05
***p<.001

When kin and non-kin homes are compared, kin homes were much more likely to be headed by one adult and were more likely to report an annual household income of less than $20,000 (see Table 3.3).

What Post-Permanency Services Do Families Need?

Caregivers were asked a series of questions about their post-permanency service needs regarding nineteen specific services (see Table 3.4). If they responded that a service was needed, they were then asked if they had tried to obtain that service and if they were successful in receiving it.

The total number of service needs per family ranged from zero to 13 (out of 19 services), with an average of 3 needed services:

- 15% reported no service needs
- 22% reported one service need
- 13% reported two service needs
- 13% reported three service needs
- 25% reported 4 to 6 service needs
- 12% reported 7 to 13 service needs

When the need for particular services was examined individually (Table 3.4), results indicate that the most needed services were:

- dental care (39%)
- daycare (37%)
- counseling (35%)
- camp (35%)
- psychological evaluations (26%)
- speech therapy (23%)
- family therapy (21%)

Services needed by less than 10% of the sample included:

- occupational therapy (9%)
- support groups (9%)
- physical therapy (9%)
- specialized medical care (9%)
- psychiatric hospitalization (4%)
- preservation services (3%)
- residential treatment (1%)
- drug or alcohol treatment (1%)

Which Families Had the Greatest Post-Permanency Service Needs?

To explore which children or families had the greatest service needs, a series of additional analyses were conducted.

Results indicated that the total number of reported service needs (both met and unmet needs) was *not* related to:

- child age
- child gender
- caretaker age
- geographical region (Cook versus non-Cook counties)
- number of adopted/guardianship children in the home
- number of adults in the home
- caregiver marital status

The total number of service needs per family ranged from zero to 13 (out of 19 services), with an average of 3 needed services.

Several factors were significantly related to the total number of service needs. As might be expected, children with identified physical health, mental health, or special education diagnoses had a higher number of service needs, as did children with a higher number of behavior problems:

- Children with physical health problems needed more services than those without (mean number of needed services = 4.5 versus 2.7, p<.001).
- Children with diagnosed mental health problems needed more services than those without (mean number of needed services = 5.3 versus 2.2, p<.001).
- Children receiving special education services needed more services than those not receiving them (mean number of needed services = 4.9 versus 2.4; p<.001).
- Children with more behavior problems (as indicated by total score on the Behavior Problem Index (BPI) had higher levels of service needs (r=.50, p<.001).

A number of household-level factors were related to total service needs:

- Non-kin caregivers reported a significantly higher number of service needs than kin caregivers (mean number of needed services = 3.9 versus 2.4, p<.001).
- Caregivers living in households with an annual household income of $20,000 or less reported fewer child service needs than those with an annual income of $21,000 or more (mean number of needed services 2.4 versus 3.5, p<.01).
- Adoptive parents reported higher child service needs than subsidized guardianship caretakers (mean number needed services = 3.3 versus 2.4, p<.05).

Table 3.4
Post-Permanency Services Needed and Received

Service	Service Needed		Service Received			
	n	%	yes	%*	no	%*
Dental Care**	137	39	125	91%	12	9%
Day Care	128	37	76	59%	52	41%
Counseling	120	35	93	78%	27	22%
Camp	120	35	87	73%	33	27%
Psychological Evaluation	89	26	64	72%	25	28%
Speech Therapy	79	23	58	73%	21	27%
Family Therapy	72	21	47	65%	25	35%
Psychiatrist	56	16	42	75%	14	25%
Orthodontia	48	14	30	63%	18	37%
Educational Advocacy	46	13	22	48%	24	52%
Respite Care	36	10	18	50%	18	50%
Occupational Therapy	32	9	23	72%	9	28%
Support Group	30	9	22	73%	8	27%
Physical Therapy	30	9	27	90%	3	10%
Special Medical Care	29	9	26	90%	3	10%
Psychiatric Hospitalization	15	4	12	80%	3	20%
Preservation Services	12	3	7	58%	5	42%
Drug/Alcohol Treatment	5	1	0	0%	5	100%
Residential Care	5	1	4	80%	1	20%

*These columns present the percentage of families that received or did not receive a given service out of those families that indicated that they needed the service.
**This included both routine and specialized dental care

Caregiver Voices: Needed Services and Supports

Respondent's descriptions of services and supports received revealed that some families have not needed to access services: "He has not required any services. DCFS has been very helpful." Other respondents replied "We feel DCFS has provided wonderful services, but I have not needed them." As the following quotes reveal, many families describe the support and services they received as being helpful as well as trouble-free access to services and support: "My case worker is awesome."; "Every time I had a problem, DCFS came to my rescue."; "DCFS listens to me, they usually find a way to adjust or do things for me."; "We've always received very good services."

One prevalent need identified by respondents is the need for information on services available to families post-adoption/guardianship. As illustrated by one respondent's comment, "I am not sure of any services that are available to me or my children. I would like a list of services that the kids still qualify for." Further, "There is not much information available on how to access services once the adoption is finalized." Additional concrete service requests included, respite care, clothing vouchers, food stamps, family preservation services such as family activities and recreational activities for children, support groups for children and parents, educational advocacy, and psychological and educational evaluations of children.

As seen in the following quotes, respondents also revealed the need for additional support from DCFS in the adoption process as well as continued support once the adoption/guardianship was finalized. Additional support needed included improved out-of-state transfer of services, more frequent contact from caseworkers, more information on how to contact biological family members, complete disclosure of information regarding the child's history including medical history of biological parents, and complete psychological evaluations of children prior to adoption to inform parents about their child's needs. "It's important to keep in mind the perspective that some families move out of state and it would be helpful to have some services transfer when a family moves."; "Full information should be released at adoption. We found out our child had a history of sexual abuse and they didn't share that with us. Residential and in-patient services were specifically denied on the adoption agreement…he has sexually abused his brother and the courts have said they can't live together."

Many families perceived that the support received from DCFS ended upon the finalization of an adoption or guardianship: "The state is done once you adopt. It makes me not want to officially adopt my youngest foster child."; "Once you do the adoption, they don't help you."; "…once the adoption was fine, we were cut off from everything. It was like thank you, don't let the door hit you in the back… we were new foster parents, we just got our license… we struggled for four years until we were set up with preservation services through (private agency)."

Several caretaker characteristics were also related to the total number of target child service needs:

- Caregivers with a bachelor's degree or higher reported significantly more service needs (mean = 5.2) than those with less than a high school education (mean = 2.4), those who graduated high school (mean = 2.6) and those with an associate's or vocational degree (mean = 3.3, $p<.001$).
- Caregivers who were employed reported a significantly higher number of service needs than those who were unemployed or retired (3.8 versus 2.6, $p<.001$).

What Are the Unmet Service Needs of Families?

To examine the extent to which families that need services are successful in receiving them, the number of families that both received and did not receive a service was compared to the number of families that needed that service. The percentage of families that *needed but did not receive* a service is one indicator of unmet post-permanency service needs.[5]

[5] Not all families that reported a need for a particular service attempted to obtain that service. Some families reported that they did not know how to obtain a service, believed their attempts would be unsuccessful, or could not afford a service, and therefore did not try to obtain services. To obtain the most inclusive indicator of unmet need, these families are included in the percentages reported in Table 3.4.

When examining the total number of unmet needs for services, 81% of the families reported no unmet service needs.

When unmet service need (the number of families who did not receive a service out of the number who needed that service) was examined for individual services (see Table 3.4), the greatest unmet needs were for:

- drug/alcohol treatment (100%)
- educational advocacy (52%)
- respite care (50%)
- preservation services (42%)
- day care (41%)
- orthodontist (37%)
- family therapy (35%)

In addition to examining the unmet need for individual services, the total number of unmet service needs was examined among the 298 families that reported at least one service need:

- 242 families (81%) reported no unmet service needs
- 25 families (9%) reported one unmet service need
- 16 families (5%) reported 2 unmet service needs
- 9 families (3%) reported 3 unmet service needs
- 7 families (2%) reported 4 or 5 unmet service needs

Which Families Have the Greatest Unmet Service Needs?

An additional set of analyses was conducted to explore the characteristics of families with unmet service needs. Families with at least one service need (n = 298) were split into two groups: those that reported no unmet service needs (n = 242, 81%) and those with one or more unmet service need (n=56, 19%).

Several factors were significantly related to the total number of service needs. As might be expected, children with identified physical health, mental health, or special education diagnoses had a higher number of service needs, as did children with a higher number of behavior problems.

Results of the analyses indicate that unmet services needs were *not* related to:

- caregiver characteristics such as age, marital status, employment, education or physical health status
- household characteristics such as number of adults in the home, geographical region (Cook versus non-Cook), income level, adoption versus subsidized guardianship status, or number of children
- child age, gender, physical health problems, or special education enrollment

Two characteristics distinguished families with unmet service needs from those without:

- Children with a diagnosed mental health problem were more likely to have unmet service needs than those without ($p<.01$).
- Children who scored in the clinical range of the BPI were more likely to have unmet service needs than those that did not ($p<.001$).

Caregiver Voices – Unmet Service Needs

A few families described dire circumstances in their families and a need for immediate assistance, as revealed in the following quotes and paraphrased comments. "...his behavior is out of control. I'm ready to give him back and no one will help me because he is so bad."; "...expects things will only get worse. Child has to be watched 24 hours a day. This is impacting the whole family." If they had more services for the child then things could be much better for the entire family. Will ultimately be forced to put him in a sub-standard residential home because they can't afford a better program.; "Both kids are cocaine exposed-early services would have helped but couldn't get them."; "I had to give up this child to get services. He ended up out of my house for a year-in a mental health facility..."; "DCFS did not respond seriously. We were about to get rid of the child-things were way out of control."; "DCFS tried to help at the end, but failed... the child should have had services early on... child has FAS (Fetal Alcohol Syndrome) and is cocaine exposed... we need help."

Table 3.5
Service Helpfulness

Service (n)	Very helpful	Somewhat helpful	Not helpful	Harmful
Dental Care (n=124)	86%	14%	-	-
Day Care (n=76)	87%	13%	-	-
Counseling (n=90)	44%	45%	11%	-
Camp (n=86)	78%	20%	1%	2%
Psychological Evaluation (n=64)	62%	30%	6%	2%
Speech Therapy (n=58)	80%	17%	3%	
Family Therapy (n=445)	40%	52%	8%	-
Psychiatrist (n=42)	56%	37%	7%	-
Educational Advocacy (n=20)	84%	8%	8%	-
Orthodontia (n=27)	80%	16%	4%	-
Respite Care (n=18)	89%	3%	8%	-
Occupational Therapy (n=20)	57%	33%	10%	-
Support Group (n=22)	63%	23%	14%	-
Special Medical Care (n=26)	96%	4%	-	-
Physical Therapy (n=26)	67%	28%	6%	-
Preservation Services (n=7)	57%	36%	7%	-
Psychiatric Hospital (n=12)	52%	35%	13%	-
Drug/alcohol Treatment (n=0)	-	-	-	-
Residential Care (n=4)	43%	43%	15%	-

Which Post-Permanency Services Are Most Helpful?

Families that received a post-adoption or guardianship service were asked to rate its helpfulness. Results are presented in Table 3.5.

The majority of services received were rated as either very helpful or somewhat helpful. Several services were rated as very helpful by 70% or more of the families that received them:

- specialized medical care (96%)
- respite care (89%)
- day care (87%)
- dental care (86%)
- educational advocacy (84%)
- orthodontia (80%)
- speech therapy (80%)
- camp (78%)

What Barriers Make it Difficult for Families to Access Post-Permanency Services?

Although unmet service needs within the sample were low, a few families reported difficulties obtaining the services they received. If a family had attempted to receive a service and was not successful, questions were asked about barriers that prevented service receipt. Results are presented in Table 3.6.

Are Post-Permanency Subsidies Adequate?

- Caregivers reported that the amount of their monthly subsidy from DCFS ranged from $285 to $1707, with a mean of $515 and a median of $444.
- 63% of the caregivers felt that the amount of their monthly subsidy was inadequate to cover the financial expenses they incurred for their child.

The majority of services received were rated as either very helpful or somewhat helpful.

Table 3.6
Barriers to Service Receipt

Service	No provider in area	Not included in subsidy	Waiting list	Provider did not accept Medicaid	Inability to pay	Other	Total
Dental Care	-	-	-	2	-	2	4
Day Care	-	9	-	4	4	6	23
Counseling	-	2	-	-	-	3	5
Camp	2	3	-	-	2	6	13
Psychological Evaluation	-	2	2	1	-	4	9
Speech Therapy	-	-	-	-	-	2	2
Family Therapy	1	2	-	-	-	4	7
Psychiatrist	-	-	-	-	-	2	2
Educational Advocacy	1	3	-	-	2	1	7
Orthodontia	-	1	-	4	2	4	11
Respite Care	2	5	2	-	-	-	9
Occupational Therapy	-	-	-	-	-	3	3
Support Group	2	-	-	-	-	1	3
Special Medical Care	-	-	-	-	-	-	0
Physical Therapy	-	-	-	-	-	-	0
Preservation Services	2	2	2		-	3	9
Psychiatric Hospital	-	-	-	-	-	-	0
Drug/alcohol Treatment	-	-	-	-	-	-	0
Residential Care	-	-	-	-	-	1	1

- When these caregivers were asked how much additional money per month was needed to meet their child's needs:
  - 20% reported that less than $100 was needed
  - 42% reported that between $101-200 more was needed
  - 22% felt that an additional $201-300 was needed
  - 17% believed that $301 or more was needed
- Interestingly, caregiver perception of subsidy adequacy was not related to the amount of the subsidy received; that is, caregivers who received a smaller subsidy were not necessarily the ones who felt that their subsidy was inadequate to cover their child's needs.
- The perception that post-permanency subsidies were inadequate was not related to annual household income, caregiver age or education, child age or gender, kinship versus non-kinship relationship, adoption versus subsidized guardianship, or child physical and mental health problems.
- Several factors were significantly related to the perception that subsidies were inadequate. Caregivers who lived in Cook County were more likely to report that their subsidy was inadequate than caregivers in non-Cook counties ($p<.05$).
- Caregivers who felt that subsidies were inadequate had children with greater behavioral problems (as indicated by total BPI score), and reported greater post-permanency service needs (both met and unmet needs) than those who felt subsidies were adequate.

63% of the caregivers felt that the amount of their monthly subsidy was inadequate to cover the financial expenses they incurred for their child.

- Financial burden related to the costs of raising their adoptive or guardianship children was a problem for a about a quarter of the families in the sample:
  - 28% reported that the family had to "do without" so that the child's needs could be met
  - 25% had to borrow money to meet their child's needs
  - 31% had to work extra to meet their child's needs
  - 10% reported that their child had to "do without" needed services due to a lack of financial resources

How Often Do Adopted and Guardianship Children Experience Out-of-Home Placements?

The sample selected for the current study included only open adoption or subsidized guardianship assistance cases, i.e., cases in which the adoption or guardianship had not been formally dissolved by DCFS. However, a series of questions asked caregivers about their children's out-of-home stays since the adoption or guardianship was finalized.

Of the 350 children in the sample, only six (1.7%) were not living in the home at the time of the interview. Of these six children, one was in a psychiatric hospital, one was in boarding school, one was in residential care, one was in foster care, and two were living with their biological mothers. Three of the six children were expected to return home; the three children either living in foster care or with biological mothers were not expected to return to their adoptive parent/guardian.

Financial burden related to the costs of raising their adoptive or guardianship children was a problem for about a quarter of the families in the sample.

Caregiver Voices – Barriers to Service Access

Barriers to service access included lack of information regarding post-adoption/ guardianship services available and not knowing about or having a post-adoption worker, as illustrated in the following response, "I would say they are not real accessible. I was never told who our caseworker was and never understood what services and options might be available. I'm in the dark. There's never been complete closure or a list of options."

Additional barriers to access revealed by respondent comments included unavailable, unresponsive, and uninformed or misinformed post-adoption workers. As the following comments suggest, families had difficulty identifying who to contact for assistance and experienced a lack of response. "Called post-adoption worker in region to get help and worker said 'not covered in your subsidy, nothing we can do'. This was a horrible thing to hear when you are in crisis and reaching out for help."; "Sometimes it's hard to find the right person within DCFS- you just get handed off to other people."; "(she) never calls back and never has answers for me...Most things I had to find out on my own."; "When you are in crisis you have to wait three days for someone to call you back."; "Everything we've gotten has been on our own. Even our son, needing residential care, DCFS fought us on it a lot, even though it's doctor's recommended."; "We lost the adoption of their brother because of DCFS mistakes... Now he is adopted by another family...the worker didn't know what they were doing and made mistakes on the paperwork, didn't show up to meetings, until the baby had bonded with his foster parents."

Issues regarding medical insurance were numerous. While many families described the availability of state-provided medical insurance for their child as being beneficial, more families identified an inadequacy in coverage including difficulty finding providers who accept the insurance, no coverage for non-routine dental services and orthodontics, and a deficiency of coverage for vision, specialized services such as audiology services, mental health assessments and psychiatric services. Many families described paying for medical expenses out of pocket or self-purchase of additional medical insurance.

In sum, of the 350 children included in the sample, 346 (98.3%) were currently residing in their adoptive or guardianship homes.

Caregiver Voices: Subsidies and Medical Insurance

Specific services and support received included the subsidy payment, medical card, and support groups and seminars for parents. Several respondents noted that their subsidy has been received on-time and that the subsidy has been beneficial. As seen in one respondent's comments, "The subsidy is beneficial because it gives me a chance to do things I couldn't do out of our expenses, so, it does help." Respondents indicated that the medical card has been an asset to their family, such as one woman who explained, "Thank God for the medical card from the state. I'm not sure if we could do it on our own." Another respondent commented, "The medical card was the most helpful service from DCFS."

Families noted an increased subsidy or other financial support would help to cover the cost for mental health services, housing costs, childcare expenses, tutoring, college tuition, extra-curricular and recreational activities, clothing, residential care, and travel expenses associated with acquiring medical services, as illustrated by the following paraphrase of one respondents comments - Live in a rural area and have to drive a long way to get services. Driving to these services is expensive. Just found out from post-adoption worker that she could get reimbursed for some travel. Subsidy should contain some funds to cover costs related to driving long distances.

Many respondents indicated a need to reassess the subsidy amount based on changing child needs as well as increased cost of living- "I think they should readdress the issue of subsidy, especially over the years, costs increase."; "The needs of the of the child do change as the child grows."; "DCFS needs to recognize the changing needs and services as the child develops."

In addition to questions about their current whereabouts, caregivers were asked if their children had ever (since finalization of the adoption or guardianship) spent time in out-of-home care such as foster care, residential care, or an inpatient psychiatric hospital, or if they had ever run away from home:

- One child had returned to foster care since adoption finalization. She was in foster care less than one month before returning to her adoptive home.
- Three children had been placed in residential care since finalization. Two of these three children had just one stay in residential care, one for 6-12 months and the other for over 12 months. The third child had been placed in residential care more than 4 times, with stays ranging from less than one week to 3 months.
- Eighteen children had been placed in an inpatient psychiatric hospital post-finalization. Eleven of these children had been admitted one time, one child was admitted on two occasions, and six children had entered this type of care more than 3 times. The majority of these stays were one month or less.
- Four children (1.6%) had run away from home post-finalization. Two of these children had run away one time, one had run away three times, and one had run away more than 4 times. All of run-away stays were less than one week.

In sum, of the 350 children included in the sample, 346 (98.3%) were currently residing in their adoptive or guardianship homes, three of the six children who were living outside the home at the time of the interview were expected to return home. This finding bolsters our confidence in the stability and permanence of adoptive and subsidized guardianship placements beyond what is captured by "formal" dissolution rates obtained from administrative data.

How Satisfied Are Families With Adoption and Guardianship?

Even though formal adoption and guardianship dissolution is rare, the caregiver-child-family relationship can break down in other ways. Caregivers were asked a number of questions regarding their relationship with their adopted or guardianship child and how the adoption/guardianship had affected their family:

- The majority of caregivers (92%) felt that the impact of the adoption or guardianship on their family was very positive (68%) or mostly positive (24%); 7% felt the impact was "mixed," and 1% felt the impact was either mostly negative or very negative.
- The majority of caregivers (98%) feel close to their adopted or guardianship child.
- Over 95% of the caregivers feel pleasure in parenting their child.
- 92% of the caregivers feel confident that they can meet their child's needs.
- Over 93% would advise others to adopt or obtain legal guardianship.
- Less than 4% of the caregivers feel consistently angry at their child.
- Less than 2% of the caregivers have frequent thoughts about ending the adoption, and another 6% think about ending the adoption "sometimes."

Summary and Discussion

What Are the Characteristics of Post-Adoptive and Guardianship Families in Illinois?

The average caretaker in the sample was 54 years old and the average child was 12 years old. Thus, within the near future, the majority of these children will be entering adolescence as many of their caretakers approach retirement. While adolescence can be a difficult time for children to navigate, many of the adopted and guardianship children are dealing with additional problems that could make this transition even more perilous – 22% have physical health problems, 30% have a diagnosed mental health problem, and 31% are receiving special education services. Perhaps even more troublesome, 33% of the children in the sample scored in the clinically significant range of a standardized behavior problem measure. The service needs of these families may increase in the next five years as this large group of children enters adolescence.

What Post-Permanency Services Do Families Need?

Similar to previous studies of service needs of post-adoptive families, the current study found that many families were doing very well and had few post-permanency service needs: 15% reported no service needs, 22% reported one service need, and 26% reported two or three service needs. However, a significant segment of the sample reported substantial service needs: 25% reported 4-6 needs and 12% reported 7-13 needs.

When examined individually, the most needed services were dental care (39%), day care (37%), counseling (35%), camp (35%), psychological evaluations (26%), speech therapy (23%), and family therapy (21%).

The majority of caregivers (92%) felt that the impact of the adoption or guardianship on their family was very positive (68%) or mostly positive (24%).

Certain types of families had greater service needs than others. Similar to previous research findings, kin caregivers reported fewer child service needs than non-kin caregivers. Unlike most previous research, the current study did not find that older children had greater service needs than younger children. As might be expected, children with identified physical health, mental health, or special education diagnoses had a higher number of service needs, as did children with a higher number of behavior problems.

Post-permanency services and supports are available to all families in Illinois. However, it appears as if a small subset of families report the greatest number of service needs, and these families tend to have children with identified physical, mental, or behavioral health problems. Outreach efforts to promote available post-permanency services may be most effective if they are targeted toward this population of families.

What Are the Unmet Service Needs of Families?

Although many families report substantial service needs, results of the current study suggest that for the most part these families are successful in obtaining the services they need – 81% reported no unmet service needs. However, certain types of services, based on the data, were more difficult for families to access than others, and a small minority of caregivers reported having several unmet service needs and experiencing conditions of extreme hardship as a consequence of their inability to meet the needs of their children.

When unmet service need (the number of families who did not receive a service out of the number who needed that service) was examined for individual services, the greatest unmet needs were for drug/alcohol treatment (4/5 families or 80%), educational advocacy (24/46 or 52%), respite care (18/36 or 50%), preservation services (5/12 or 42%), day care (52/128 or 40%), orthodontics (18/48 or 37%), and family therapy (25/72 or 35%).

Although most families are successful in obtaining the services they need, a small group of families was identified that had multiple unmet needs. Although the individual circumstances of these families varied, children with unmet service needs were more likely to have a diagnosed mental health problem and/or exhibit clinically significant behavior problems than those without unmet service needs.

What Barriers Make it Difficult for Families to Access Post-Permanency Services?

Although most families are successful in obtaining the services they need, some had difficulty with this process and felt that they had to get the services on their own, without DCFS help. The most common reason given for families being unable to obtain services was that a provision for the needed services was not made in the subsidy agreement.

Other common barriers included a general lack of information regarding the post-permanency services available; unavailable, unresponsive, or misinformed post-adoption workers; and difficulties with Medicaid service coverage, including difficulty finding providers who accept the insurance, no coverage for non-routine dental services and orthodontics, and a deficiency of coverage for vision, specialized services such as audiology services, mental health assessments and psychiatric services. Many families described paying for medical expenses out of pocket or self-purchase of additional medical insurance.

Are Post-Permanency Subsidies Adequate?

Many caregivers rely heavily on adoption and guardianship subsidies to support the costs associated with raising their child. For some, subsidies are the primary source of family income: 30% of the families in the sample report an annual income of less than $20,000 (including their subsidy income). Financial burden related to the costs of raising their adoptive or guardianship children was a problem for about a quarter of the families in the sample. The median monthly subsidy reported by caregivers was $444.

Approximately two-thirds (63%) of the caregivers in the sample felt that the amount of their monthly subsidy was inadequate to meet their child's needs. However, when asked how much additional money was needed per month to meet these needs, most (62%) responded that $200 or less was needed.

How Stable Are Adoptions and Guardianships in Illinois?

The analyses in Chapter 1 examined rates of "formal" disruptions among finalized adoptions and guardianships in Illinois and found that the number of children who remain in stable adoptions five years after finalization has remained at a relatively constant level of 95% over the past decade,

despite dramatic increases in the number of children adopted during this time. Although slightly lower than the stability rate for adoptions, 90-91% of the children taken into legal guardianship do not experience disruption within 5 years of finalization.

Despite these very encouraging numbers, concern about the stability of adoptions and guardianships in Illinois linger, and some suggest that formal measures of disruption may not be capturing those families in which the child no longer lives in the home. The current study attempted to address this concern by asking caregivers if the target child was currently living in the home at the time of the interview. Only six caregivers (1.7% of the sample) reported that their child was not living in their home. Of these six children, half were expected to return to their adoptive or guardianship home. This finding bolsters our confidence in the stability and permanence of adoptive and guardianship placements beyond what is reported in formal disruption rates obtained from administrative data.

Even though formal and informal adoption and guardianship disruptions are rare, the caregiver-child-family relationship can break down in other ways. Caregivers were asked a series of questions regarding their relationship to their child and how the adoption or guardianship had affected their family. Results revealed that the overwhelming majority (92%) of caretakers felt that the impact of the adoption or guardianship on their family was positive and that very few (less than 2%) had frequent thoughts about ending the adoption.

Limitations of the Study

There are three primary ways to collect survey data: mail, telephone, and in-person. Each has its advantages and limitations. A telephone survey was selected for the current study because it yields a much higher response rate than a mail survey while being more efficient and less costly to administer than an in-person interview. However, a disadvantage of this methodology is that it may exclude potential respondents who do not have reliable or accessible telephone service. This can introduce bias into the sample when those people included in the sample differ in a systematic way from those who are not included. Unfortunately, it is difficult to determine if such bias exists when the characteristics of the non-respondents are unknown.

The current study employed several strategies to ensure that all families selected into the sample had an equal chance of being interviewed – including multiple recruitment letters and limited in-person interviews with respondents without a valid telephone number. As a result of these efforts, the response rate of the study reached 70%, which is higher than the typical response rate associated with telephone surveys. This high response rate bolsters our confidence that results of the study are unbiased and representative of all adoptive and guardianship families in Illinois.

An additional restriction associated with telephone survey interviews is the limitation placed on survey length. Few respondents will agree to participate in a telephone survey that lasts much longer than 30 minutes, which placed limits on the amount of information that could reasonably be collected in the survey. Since the primary focus of the study was on post-adoption services and subsidies, the majority of the survey questions addressed these topics. Other potentially interesting questions had to be eliminated from the survey and left for future exploration.

CHAPTER 4

THE FUTURE OF POST-PERMANENCY SUBSIDIES AND SERVICES IN ILLINOIS

In July of 2000, the number of children in publicly-assisted permanent homes with adoptive parents and legal guardians surpassed for the first time the number of children in state-funded foster care in Illinois. Currently in Illinois there are 42,000 children in publicly-assisted permanent homes with relatives, adoptive parents and legal guardians compared to 18,000 children in state-funded foster care. In the next few years, the Congressional Budget Office projects that this 2:1 permanency milestone will be passed by the nation as a whole in the federal IV-E program.

Changes in policy and practice at both the federal and state level in the mid-1990s were followed by substantial increases in the number of children adopted and discharged to legal guardianship in Illinois. Between 1998 and 2002, approximately 33,000 children were adopted or taken into private guardianship—twice as many children as were discharged to adoption or guardianship during the entire decade from 1987 to 1997. The number of children who attained permanence through adoption or guardianship in Illinois peaked in FY99 and has slowly decreased each year as the backlog of children available for adoption and guardianship has declined. The residual population of children in state custody comprises an increasingly older population of foster youth with complex developmental, educational, and mental health needs.

Despite initial concerns that the post-ASFA push for permanence would lead to increases in adoption disruptions, available evidence from Illinois and other states reveals that this has not occurred. The proportion of adoptions that rupture within two years of finalization has remained at a constant level – between 1-2% – over the past decade, despite the dramatic increase in the number of completed adoptions. In the early 1990s when 600 children were adopted through the peak adoption years of the late 90s when as many as 7,000 children were adopted in a year, the percentage of children who remain in stable adoptive homes has remained consistently high.

These successes in moving children from foster care to family permanence, however, do not mean that the work of supporting and strengthening these new permanent families necessarily ends. Even though regular casework and judicial oversight are no longer required, these homes still will need occasional support to ensure child well-being and sometimes more intensive interventions to preserve family stability (Testa, 2004). Examination of the services that post-adoption and guardianship families need reveals that they are much like "traditional" families in that most require very few services, and when needed, the most requested are "routine" services such as dental care and day care. Other frequently requested services include counseling and camp.

Successes in moving children from foster care to family permanence, however, do not mean that the work of supporting and strengthening these new permanent families necessarily ends.

(Testa, 2004)

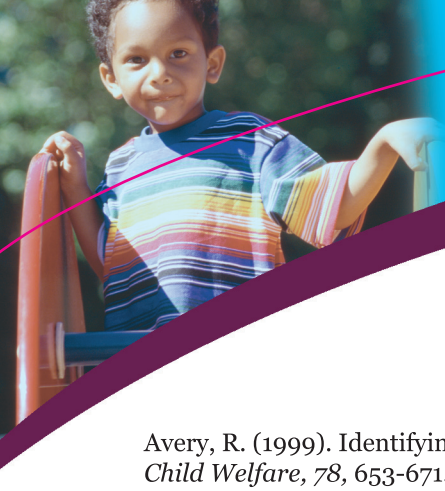
Most families that need services are able to obtain them – 81% of the families in the sample had no unmet service needs. However, many families reported difficulties in obtaining the services they received. The most common reason given for families being unable to obtain services was that a provision for the needed services was not made in the subsidy agreement. Other common barriers included a general lack of information regarding the post-permanency services available, difficulties with Medicaid service coverage, and unavailable, unresponsive, or misinformed post-adoption workers. Illinois' responses in the state survey suggest that administrators are aware of these service barriers. When asked about the post-adoption services they would like to provide, administrators in Illinois replied that they would like to expand existing services to reach more post-adoptive families and improve its system of outreach to post-adoptive families.

A small but significant portion of the families in the sample have multiple services needs that are often related to their child's mental health or behavioral problems. Like children in the foster care population from which they came, the adopted and guardianship children in the sample had elevated rates of physical health, mental health, and behavioral problems when compared to the general child population. Families dealing with these problems may need access to a wider variety of post-permanency services and supports, as well as additional assistance in overcoming the obstacles associated with service delivery. Additional outreach and support targeted at these families with multiple needs may prevent family instability in the future.

Adoption subsidies are a vital resource for many families. Prior research has shown, and the current study confirms, that many adoptive and guardianship families subsist on a very limited income. Paying for services out-of-pocket is not an option for these families. National data reveals that the subsidy rate in Illinois falls slightly below the national average. When asked about the adequacy of their subsidy, 63% of the caregivers in the sample felt it was not enough to meet their child's needs. However, most caregivers felt that a modest increase in their monthly subsidy – between $100 and $200 – would bring the subsidy to an adequate level.

Illinois has been at the forefront of the efforts to bring permanence to the lives of foster children. These efforts have been phenomenally successful in several ways – in the number of children that have achieved permanence, the lasting stability of that permanence, and the level of satisfaction and commitment seen among these families. The overwhelming majority of the caregivers in the current study view their adoptions and guardianships very positively, and only a small handful admit to thoughts of ending them.

The next challenge that faces the child welfare system is to assure that post-adoptive and guardianship families have the supports they need to raise their children to healthy adulthood. According to Howard et al (2002), "Many adoptive families will manage the challenges of raising a child with special needs using their own resources or those available to any family in their community. For others, the legacy of their child's maltreatment, loss, and insecurity will lead to the need for additional assistance" (page 1). Adaptations to existing service systems are required if the successes in Illinois are to be preserved. The vulnerabilities of these children as they grow into adolescents and the limitations of existing community resources to address the unique service needs of some families will require public authorities to take a greater leadership role in this area.



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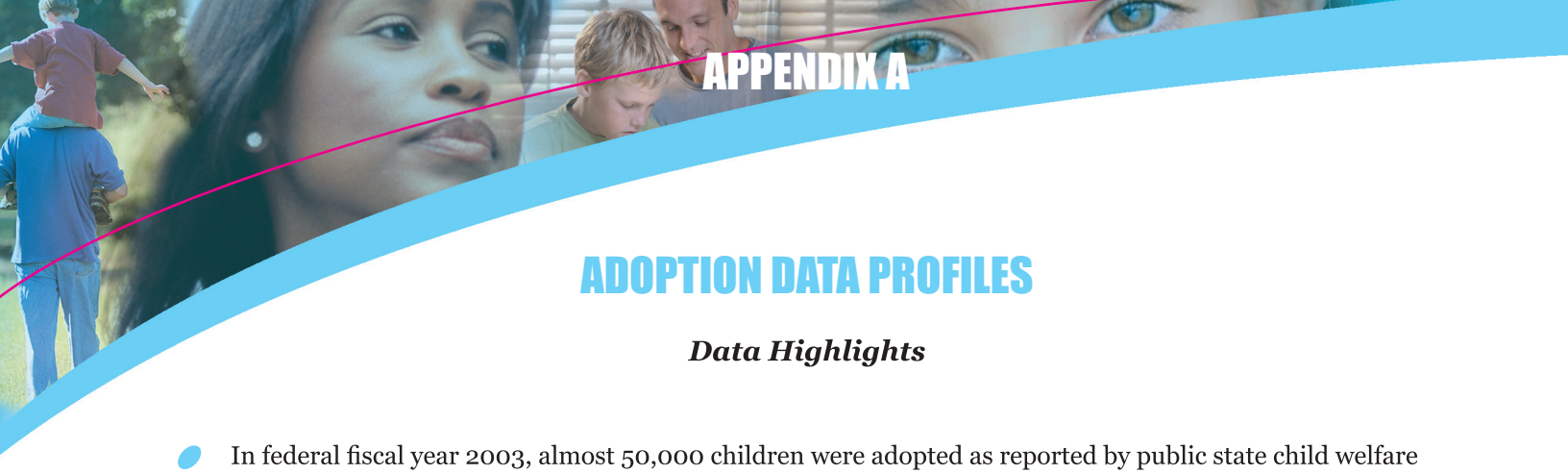

ADOPTION DATA PROFILES

Data Highlights

- In federal fiscal year 2003, almost 50,000 children were adopted as reported by public state child welfare agencies. Some of these children may have been adopted through private agencies, but the vast majority was children who were in state custody.
- The average age of adopted children was seven years old and the median age was six years old.
- More than 40,000 adopted children were determined to have a special need, making them eligible for adoption subsidies. Special needs can include age, race, being a part of a sibling group, or having a diagnosed medical condition or disability.
- Over 123,000 children were waiting to be adopted in 2003, meaning that they had a permanency goal of adoption or had parents whose parental rights had been terminated.
- Both the average age and median age of children waiting to be adopted was about eight and a half years old.
- The average basic adoption subsidy for children 2 to 9 years of age was $405 per month; for children 9 to 16 it was $427; for children 16 and older it was $481.
- All states also provide added subsidy assistance (to the basic rate) for children with special needs.
- Eighty-seven percent (87%) of all adopted children received some form of subsidy; 69% of all adopted children received a Title IV-E subsidy. Other subsidy funding was from state sources.
- The federal government provides a percentage of the IV-E subsidy, which is unique to each state, and the state must provide the remaining dollars. All but one state also provided Medicaid funding for adopted children.
- In federal fiscal year 2002 the federal government spent over 1.3 billion dollars on adoption programs in the United States.
- In 2002, more than 37,000 adoptions qualified for Title IV-E incentive payments, meaning that states received bonus funds for increasing adoptions from the previous baseline year.
- Most states administer and supervise their adoption programs at the state level; some allow their counties or other localities to make decisions on the administration of the program.

Chart 1. Adoption Profile: Overview of Children Adopted in 2003 *

	Number/Age of Adoptions			Primary Basis for Special Needs Determination													
State	Number Adopted	Mean Age	Median Age	Special Needs		Race		Age		Sibling Group Member		Diagnosed Medical Condition or Disability		Other		Missing Data	
				N	%	N	%	N	%	N	%	N	%	N	%	N	%
Alabama	329	7.0	6.4	178	54%	74	42%	72	40%	1	1%	22	12%	9	5%	0	0%
Alaska	208	7.0	6.5	205	99%	2	1%	2	1%	5	2%	60	29%	136	66%	0	0%
Arizona	839	6.3	5.4	726	87%	47	6%	40	6%	217	30%	422	58%	0	0%	0	0%
Arkansas	385	6.9	5.7	364	95%	55	15%	94	26%	127	35%	48	13%	40	11%	0	0%
California	7,433	6.4	5.4	7,315	98%	628	9%	3,139	43%	1,118	15%	376	5%	2,054	28%	0	0%
Colorado	1,024	6.1	4.9	347	34%	34	10%	192	55%	300	86%	136	39%	74	21%	285	82%
Connecticut	342	6.8	6.3	307	90%	47	15%	17	6%	97	32%	132	43%	14	5%	0	0%
Delaware	101	5.9	4.8	93	92%	9	10%	17	18%	11	12%	51	55%	3	3%	2	2%
District of Columbia	240	9.0	8.8	239	100%	0	0%	133	56%	82	34%	14	6%	4	2%	5	2%
Florida	2,786	6.7	5.7	2,394	86%	529	22%	269	11%	1,058	44%	321	13%	217	9%	42	2%
Georgia	1,091	7.0	6.0	818	75%	102	12%	45	6%	236	29%	413	50%	23	3%	1	0%
Hawaii	318	5.6	4.3	300	94%	0	0%	42	14%	166	55%	68	23%	24	8%	18	6%
Idaho	138	6.9	5.8	126	91%	0	0%	75	60%	1	1%	44	35%	6	5%	0	0%
Illinois	2,701	7.3	6.7	2,324	86%	0	0%	2,259	97%	10	0%	55	2%	0	0%	0	0%
Indiana	761	7.9	7.4														
Iowa	1,130	6.5	5.3														
Kansas	546	7.1	5.7	401	73%	26	6%	23	6%	120	30%	232	58%	0	0%	0	0%
Kentucky	612	8.0	7.6	584	95%	88	15%	56	10%	129	22%	267	46%	43	7%	14	2%
Louisiana	497	7.0	6.5	378	76%	124	33%	33	9%	37	10%	184	49%	0	0%	0	0%
Maine	404	7.3	6.9	66	16%	1	2%	18	27%	11	17%	10	15%	26	39%	0	0%
Maryland	734	7.7	6.9	725	99%	14	2%	77	11%	273	38%	211	29%	151	21%	0	0%
Massachusetts	733	6.4	5.7	720	98%	1	0%	0	0%	167	23%	192	27%	360	50%	0	0%
Michigan	2,622	7.3	6.8	2,052	78%	266	13%	1,601	78%	107	5%	78	4%	0	0%	0	0%
Minnesota	644	6.0	5.1	335	52%	268	80%	51	15%	0	0%	309	92%	0	0%	16	5%
Mississippi	182	8.1	7.8	158	87%	0	0%	26	16%	83	53%	49	31%	0	0%	0	0%
Missouri	1,403	7.3	6.7	1,027	73%	193	19%	131	13%	400	39%	202	20%	101	10%	55	5%
Montana	224	6.8	6.1	185	83%	9	5%	114	62%	28	15%	34	18%	0	0%	0	0%
Nebraska	274	6.7	6.2	253	92%	0	0%	55	22%	30	12%	85	34%	83	33%	0	0%
Nevada	296	6.2	5.0	283	96%	15	5%	30	11%	70	25%	158	56%	16	6%	0	0%
New Hampshire	131	7.5	7.1	131	100%	0	0%	36	27%	31	24%	25	19%	39	30%	0	0%
New Jersey	935	5.9	4.8	889	95%	131	15%	19	2%	91	10%	381	43%	267	30%	0	0%
New Mexico	220	7.4	7.2	214	97%	71	33%	29	14%	28	13%	73	34%	11	5%	2	1%
New York	3,862	8.6	8.1	3,673	95%	0	0%	677	18%	712	19%	1,572	43%	712	19%	0	0%
North Carolina	1,296	7.0	6.0	1,217	94%	19	2%	38	3%	434	36%	426	35%	300	25%	79	6%
North Dakota	120	6.3	5.3	84	70%	3	4%	31	37%	11	13%	39	46%	0	0%	0	0%
Ohio	2,420	7.1	6.3	2,320	96%	620	27%	1,000	43%	222	10%	465	20%	13	1%	93	4%
Oklahoma	1,152	6.8	5.9	1,011	88%	129	13%	163	16%	434	43%	104	10%	181	18%	0	0%
Oregon	849	6.6	5.8	752	89%	22	3%	24	3%	38	5%	663	88%	5	1%	0	0%
Pennsylvania	1,946	7.6	6.9	1,509	78%	746	49%	188	12%	303	20%	243	16%	29	2%	0	0%
Rhode Island	264	6.4	4.7	80	30%	23	29%	11	14%	16	20%	17	21%	13	16%	0	0%
South Carolina	280	6.7	5.4	176	63%	3	2%	17	10%	9	5%	100	57%	35	20%	13	7%
South Dakota	144	6.6	5.4	144	100%	5	3%	14	10%	7	5%	8	6%	110	76%	0	0%
Tennessee	954	8.6	8.3	792	83%	78	10%	172	22%	116	15%	378	48%	50	6%	1	0%
Texas	2,504	5.8	4.7	2,264	90%	129	6%	112	5%	1,142	50%	881	39%	0	0%	0	0%
Utah	311	5.1	4.0	77	25%	1	1%	6	8%	36	47%	14	18%	20	26%	0	0%
Vermont	167	7.9	7.7	167	100%	3	2%	124	74%	10	6%	30	18%	0	0%	0	0%
Virginia	487	7.6	6.9	342	70%	47	14%	81	24%	93	27%	91	27%	30	9%	0	0%
Washington	1,315	5.6	4.5	532	40%	36	7%	328	62%	16	3%	523	98%	0	0%	412	77%
West Virginia	322	7.3	6.3	312	97%	22	7%	89	29%	98	31%	88	28%	25	8%	0	0%
Wisconsin	1,187	7.2	6.8	1,179	99%	29	2%	9	1%	19	2%	1,078	91%	44	4%	0	0%
Wyoming	56	7.0	5.8	46	82%	2	4%	11	24%	22	48%	10	22%	1	2%	0	0%
National	**49,919**	**7.1**	**6.1**	**40,814**													

Notes about the data:
* Federal fiscal year (October 1, 2003 - September 30, 2003)
1. The number of adopted children may also include private agency adoptions.
2. Children with special needs qualify for an adoption subsidy. They may or may not have been in specialized foster care.
3. "Other" special needs include conditions that do not fall into the categories race, age, sibling group, or medical conditions.
4. Special needs determination is completed by the agency/worker. The agency/worker must decide the main factor that qualifies a child for an adoption subsidy. A child may in fact have more than one special need, but only one is identified for the purposes of federal reporting.
Sources: Child Welfare League of America. (2005). Special tabulation of the Adoption and Foster Care Analysis Reporting System. Washington, DC: Author.

Chart 2. Adoption Profile: Children Waiting for Adoption in 2003*

	Children Waiting for Adoption**		
State	Waiting for Adoption	Mean Age	Median Age
Alabama	1,618	9.5	9.8
Alaska	644	9.0	9.0
Arizona	2,404	6.7	5.8
Arkansas	986	8.5	8.7
California	5,487	7.2	6.8
Colorado	1,759	8.6	8.7
Connecticut	1,411	8.3	8.3
Delaware	171	7.6	7.1
District of Columbia	1,130	9.6	9.8
Florida	8,230	8.8	9.0
Georgia	2,498	8.6	8.6
Hawaii	786	9.5	9.6
Idaho	269	8.6	8.1
Illinois	3,901	9.3	9.6
Indiana	2,417	8.3	8.0
Iowa	1,138	8.8	8.8
Kansas	2,014	9.7	10.2
Kentucky	2,039	9.7	10.2
Louisiana	1,316	9.5	10.1
Maine	938	8.7	9.0
Maryland	2,584	10.0	10.5
Massachusetts	3,061	7.3	6.9
Michigan	7,152	9.7	10.3
Minnesota	1,575	9.9	10.9
Mississippi	833	9.3	9.4
Missouri	3,527	8.8	9.2
Montana	661	10.1	11.3
Nebraska	914	7.4	6.8
Nevada	1,011	7.0	6.3
New Hampshire	176	9.2	9.9
New Jersey	6,070	7.1	6.2
New Mexico	576	8.6	9.0
New York	13,604	9.1	9.1
North Carolina	3,100	9.4	9.9
North Dakota	319	7.5	6.5
Ohio	5,213	9.3	9.8
Oklahoma	2,590	8.9	9.0
Oregon	2,610	6.9	6.1
Pennsylvania	4,162	8.9	9.1
Rhode Island	323	9.4	10.0
South Carolina	1,499	8.9	9.4
South Dakota	464	10.0	10.4
Tennessee	1,986	10.5	11.4
Texas	8,966	8.2	8.1
Utah	447	8.7	9.2
Vermont	421	8.8	8.1
Virginia	1,572	8.5	8.9
Washington	3,654	6.5	5.2
West Virginia	1,060	9.3	9.5
Wisconsin	1,865	8.3	8.4
Wyoming	98	9.8	10.7
National	**123,249**	**8.6**	**8.7**

Notes about the data :

* Federal Fiscal Year (October 1, 2002 - September 30,2003)
** Children that are waiting to be adopted either have a case plan goal of adoption or have parents whose rights have been terminated.
Sources: Child Welfare League of America. (2005). Special tabulation of the Adoption and Foster Care Analysis Reporting System. Washington, DC: Author.

Chart 3. Adoption Profile: Subsidies in the States - 2005*

	Subsidy Rates*			Specialized Rates**		Other Expenses***	Comments
State	**Age 2**	**Age 9**	**Age 16**	**Minimum**	**Maximum**	**Non-Recurring Expenditures**	
Alabama	$410	$434	$446	$50	$1,090	$1,000	
Alaska	$696	$696	$696	$300	$600	$2,000	
Arizona (02)	$358	$358	$419	$472	$721	$2,000	
Arkansas	$400	$425	$475	N/A	N/A	$1,500	The specialized adoption subsidy rate is the same as the SSI rate.
California	$425	$494	$597	$0	$1,500	$400	
Colorado (04)	$293	$293	$352	N/A	N/A	$800	
Connecticut	$654	$675	$744	$0	$1,200	$750	
Delaware	$397	$451	$511	$518	$518	$2,000	
District of Columbia (02)	$718	$718	$791	$803	$1,031	$2,000	
Florida	$295	$304	$364	N/A	N/A	$1,000	The specialized adoption subsidy payments are the base rate plus $150 to $500.
Georgia	$388	$411	$433	$450	$1,800	$2,000	
Hawaii	$529	$529	$529	$570	$570	$2,000	
Idaho (04)	$251	$275	$394	$515	$515	$2,000	
Illinois (01)	$369	$410	$445	$970	$970	$1,500	
Indiana	N/A	N/A	N/A	N/A	N/A	$1,500	The specialized adoption subsidy payments are set by the county.
Iowa (01)	$428	$452	$505	$600	$896	$2,000	
Kansas (04)	$400	$400	$400	$500	$700	$2,000	
Kentucky (04)	$600	$600	$660	$666	$1,368	$1,000	
Louisiana (04)	$265	$292	$319	$240	$258	$1,000	
Maine (04)	$495	$495	$495	$900	$900	$2,000	
Maryland (04)	$535	$535	$535	$650	$2,000	$2,000	
Massachusetts (04)	$448	$464	$515	N/A	N/A	$400	The specialized adoption subsidy rate is up to an addition $7.50 per hour.
Michigan (02)	$444	$444	$547	$594	$984	$2,000	
Minnesota	$247	$277	$337	$427	$777	$2,000	
Mississippi (04)	$325	$355	$400	$500	$500	$1,000	
Missouri (04)	$225	$275	$304	$651	$651	$2,000	
Montana	$441	$441	$533	$730	$730	$2,000	
Nebraska	$222	$291	$351	$394	$494	$1,500	
Nevada	$592	$592	$682	N/A	N/A	$250	The specialized rate is the base rate plus an additional $30 to $500.
New Hampshire	$552	$601	$709	N/A	N/A	$2,000	
New Jersey (04)	$420	$453	$526	$503	$603	$2,000	
New Mexico (01)	$408	$441	$467	$620	$620	$2,000	
New York	$440	$523	$605	$973	$1,525	$2,000	
North Carolina	$390	$440	$490	$800	$1,600	$2,000	
North Dakota	$351	$397	$517	$50	N/A	$2,000	The specialized adoption subsidy rate is $50 to $150 to an unspecified amount.
Ohio (02)	$250	$250	$250	$251	$990	$2,000	
Oklahoma	$270	$324	$378	$320	$778	$1,200	
Oregon (01)	N/A	N/A	N/A	$0	$1,200	$2,000	
Pennsylvania (01)	N/A	N/A	N/A	$0	$1,050	$2,000	
Rhode Island	$403	$382	$442	N/A	N/A	$400	
South Carolina (04)	$332	$359	$425	N/A	N/A	$250	
South Dakota	$427	$427	$513	N/A	N/A	$1,500	
Tennessee	$365	$284	$418	$424	$760	$1,500	
Texas	$400	$400	$400	$545	$545	$1,500	
Utah	N/A	N/A	N/A	N/A	N/A	$2,000	
Vermont (04)	$426	$472	$524	$482	$684	$2,000	
Virginia (04)	$294	$344	$436	N/A	N/A	$2,000	The specialized rate varies by local rates.
Washington	$366	$442	$515	$616	$1,228	$1,500	
West Virginia (04)	$400	$400	$400	$700	$700	$2,000	
Wisconsin	$302	$329	$391	$0	$2,000	$2,000	
Wyoming	$399	$399	$399	N/A	N/A	$2,000	
National Mean	**$405**	**$427**	**$481**				
National Median	**$400**	**$425**	**$467**				

Notes about the data:
The data for most states are for 2005. Those that show other years are noted next to the state name.
* Basic subsidy rates are provided to adoptive parents and may be based on the state's foster parent rate structure.
** Special rates are provided to parents who adopt children with special needs (special needs could refer to a medical, mental health and/or developmental disability that require a higher level of care). The rates are either in addition to or a replacement for the basic subsidy rate.
*** Non-recurring adoption expenses are one-time payments for services such as legal fees or medical costs.
Sources: North American Council on Adoptable Children (NACAC), St. Paul, Minnesota. Available at www.nacac.org

Chart 4. Adoption Profile: Children Receiving Subsidies in 2003*

State	Number of Adoptions**	Children Receive Subsidy***						Receive IV-E Subsidy					
		Yes		No		Missing		Yes		No		Missing	
		N	%	N	%	N	%	N	%	N	%	N	%
Alabama	329	178	54%	151	46%	0	0%	121	37%	208	63%	0	0%
Alaska	208	200	96%	6	3%	2	1%	131	63%	77	37%	0	0%
Arizona	839	800	95%	39	5%	0	0%	563	67%	276	33%	0	0%
Arkansas	385	306	79%	79	21%	0	0%	187	49%	198	51%	0	0%
California	7,433	6,315	85%	1,118	15%	0	0%	5,195	70%	2,238	30%	0	0%
Colorado	1,024	861	84%	132	13%	31	3%	559	55%	465	45%	0	0%
Connecticut	342	293	86%	49	14%	0	0%	185	54%	157	46%	0	0%
Delaware	101	87	86%	14	14%	0	0%	43	43%	58	57%	0	0%
District of Columbia	240	168	70%	71	30%	1	0%	65	27%	175	73%	0	0%
Florida	2,786	1,745	63%	1,041	37%	0	0%	1,323	47%	1,463	53%	0	0%
Georgia	1,091	816	75%	233	21%	42	4%	613	56%	478	44%	0	0%
Hawaii	318	246	77%	72	23%	0	0%	169	53%	149	47%	0	0%
Idaho	138	118	86%	20	14%	0	0%	92	67%	46	33%	0	0%
Illinois	2,701	2,644	98%	53	2%	4	0%	2,277	84%	420	16%	4	0%
Indiana	761	461	61%	300	39%	0	0%	461	61%	300	39%	0	0%
Iowa	1,130	843	75%	287	25%	0	0%	477	42%	653	58%	0	0%
Kansas	546	477	87%	69	13%	0	0%	335	61%	211	39%	0	0%
Kentucky	612	582	95%	11	2%	19	3%	501	82%	97	16%	14	2%
Louisiana	497	459	92%	38	8%	0	0%	371	75%	126	25%	0	0%
Maine	404	400	99%	3	1%	1	0%	178	44%	226	56%	0	0%
Maryland	734	722	98%	12	2%	0	0%	513	70%	221	30%	0	0%
Massachusetts	733	605	83%	85	12%	43	6%	331	45%	359	49%	43	6%
Michigan	2,622	2,470	94%	152	6%	0	0%	2,052	78%	570	22%	0	0%
Minnesota	644	634	98%	10	2%	0	0%	521	81%	123	19%	0	0%
Mississippi	182	100	55%	68	37%	14	8%	100	55%	68	37%	14	8%
Missouri	1,403	1,371	98%	32	2%	0	0%	985	70%	418	30%	0	0%
Montana	224	202	90%	22	10%	0	0%	142	63%	82	37%	0	0%
Nebraska	274	201	73%	73	27%	0	0%	135	49%	139	51%	0	0%
Nevada	296	278	94%	15	5%	3	1%	198	67%	93	31%	5	2%
New Hampshire	131	116	89%	15	11%	0	0%	116	89%	15	11%	0	0%
New Jersey	935	863	92%	72	8%	0	0%	749	80%	186	20%	0	0%
New Mexico	220	185	84%	35	16%	0	0%	185	84%	35	16%	0	0%
New York	3,862	3,694	96%	168	4%	0	0%	3,480	90%	382	10%	0	0%
North Carolina	1,296	1,245	96%	51	4%	0	0%	823	64%	473	36%	0	0%
North Dakota	120	76	63%	44	37%	0	0%	57	48%	63	53%	0	0%
Ohio	2,420	2,215	92%	79	3%	126	5%	2,325	96%	95	4%	0	0%
Oklahoma	1,152	1,150	100%	2	0%	0	0%	591	51%	561	49%	0	0%
Oregon	849	846	100%	3	0%	0	0%	636	75%	213	25%	0	0%
Pennsylvania	1,946	1,528	79%	417	21%	1	0%	1,351	69%	595	31%	0	0%
Rhode Island	264	258	98%	6	2%	0	0%	164	62%	100	38%	0	0%
South Carolina	280	204	73%	76	27%	0	0%	151	54%	129	46%	0	0%
South Dakota	144	141	98%	3	2%	0	0%	114	79%	30	21%	0	0%
Tennessee	954	814	85%	140	15%	0	0%	637	67%	317	33%	0	0%
Texas	2,504	2,004	80%	499	20%	1	0%	1,350	54%	1,153	46%	1	0%
Utah	311	267	86%	42	14%	2	1%	146	47%	163	52%	2	1%
Vermont	167	155	93%	12	7%	0	0%	151	90%	16	10%	0	0%
Virginia	487	470	97%	17	3%	0	0%	348	71%	139	29%	0	0%
Washington	1,315	1,304	99%	9	1%	2	0%	1,145	87%	170	13%	0	0%
West Virginia	322	312	97%	10	3%	0	0%	187	58%	135	42%	0	0%
Wisconsin	1,187	1,183	100%	4	0%	0	0%	896	75%	291	25%	0	0%
Wyoming	56	52	93%	4	7%	0	0%	27	48%	29	52%	0	0%
National	**49,919**	**43,664**	**87%**	**5,963**	**12%**	**292**	**1%**	**34,452**	**69%**	**15,384**	**31%**	**83**	**0%**

Notes about the data:
* Federal Fiscal Year (October 1, 2002 - September 30,2003)
** The number of adopted children may also include private agency adoptions.
*** Children may or may not receive an adoption subsidy. The column labeled "Children Receive Subsidy" shows the total number and percent of children that receive a subsidy. If children do receive a subsidy, it may be funded by only state resources or Title IV-E federal sources, which include a state match for federal funds. Children who are funded only by state funds do not meet the federal requirements for having special needs. The column labeled "Receive IV-E Subsidy" shows the number of children whose subsidy included IV-E funds.
Sources: Child Welfare League of America. (2005). Special tabulation of the Adoption and Foster Care Analysis Reporting System. Washington, DC: Author.

Chart 5. Adoption Profile: Funding for Subsidies

State	Federal Contribution for IV-E Eligible Children	Use Non-IV-E Medicaid	Explanation for Use of Medicaid	Other Funding Sources for Adopted Children
Alabama	69.5%	Yes	Must have a signed, approved state subsidy agreement.	state funds
Alaska	50.2%	Yes	Only for state subsidy children with an assistance agreement; done on a case-by-case basis.	state funds
Arizona (02)	67.0%	Yes		state funds
Arkansas	73.8%	Yes	Only if the child has a special need for medical/ rehabilitative care, determined by DCFS, which would preclude adoption placement if the child were not Medicaid eligible. Examples: cerebral palsy, spinal bifida, down's syndrome, psychiatric disorder, etc. Parent's must meet income guidelines.	state funds
California	50.0%	Yes		75% state/25% county
Colorado (04)	50.0%	Yes	Available following finalization for non-IV-E children	30%state, 20% county
Connecticut	50.0%	Yes		state funds
Delaware	50.1%	Yes	If they have special needs.	state funds
District of Columbia (02)	70.0%	Yes		D.C. government funds
Florida	58.9%	Yes	In order to be eligible the following requirements must be met: 1. an adoption assistance agreement must be in effect; 2. the child must be eligible for Medicaid before the agreement was signed; 3. a determination must be made that the child has a special medical or rehabilitation need which would make it difficult to place the child without Medicaid benefits.	state funds
Georgia	60.6%	Yes	A child receiving state-funded adoption maintenance assistance is NOT eligible for Medicaid unless she/he has an identified medical or rehabilitative need when placed for adoption.	state funds
Hawaii	58.8%	Yes		state funds
Idaho (04)	69.9%	Yes		state funds
Illinois (01)	50.0%	Yes		state funds
Indiana	63.0%	Yes	If they are state-subsidized, posses a qualifying medical/physical/mental/emotional condition or cause of condition that existed at time of adoption, and there is in effect an adoption subsidy agreement.	county and state
Iowa (01)	63.6%	Yes		state funds
Kansas (04)	60.4%	Yes		state funds
Kentucky (04)	69.3%	Yes	Usually, unless the child has income (e.g.., Social Security Survivors benefits, VA benefits, etc.)	state funds
Louisiana (04)	69.8%	Yes	Children under 18 who have special needs (medical/rehabilitative/mental health services) and receive adoption assistance from any state but reside in Louisiana.	state funds
Maine (04)	62.9%	Yes		state funds
Maryland (04)	50.0%	Yes	With caps.	state funds
Massachusetts	50.0%	Yes		state funds
(04) Michigan (02)	56.6%	Yes		TANF and state funds
Minnesota	50.0%	Yes		state funds
Mississippi (04)	76.0%	Yes		state funds
Missouri (04)	61.9%	Yes		state funds
Montana	70.5%	Yes	Under certain conditions	state funds
Nebraska	59.7%	Yes	Must meet criteria for special needs and be a ward of the Health and Human Services.	state funds
Nevada	54.8%	Yes		state funds
New Hampshire	50.0%	Yes		37.5% state funds, 12.5% county funds
New Jersey (04)	50.0%	Yes	For children who are determined to be "hard-to-place" by the state.	state funds
New Mexico (01)	71.2%	No		state funds

Chart 5. Adoption Profile: Funding for Subsidies

State	Federal Contribution for IV-E Eligible Children	Use Non-IV-E Medicaid	Explanation for Use of Medicaid	Other Funding Sources for Adopted Children
New York	50.0%	Yes		state 75%, local district 25% If adoptive parent dies before the child is 21, maintenance subsidy payments are transferred to the legal guardian.
North Carolina	63.5%	Yes		remaining 16.7% state and 16.7% county
North Dakota	65.85%	Yes	If eligible for subsidized adoption.	county and state
Ohio (02)	59.9%	Yes	Based on child's income and resources	The first $250 of the monthly subsidy is paid 60% federal funds, 40% state funds. Federal also cover 60%of the reimbursement over $250, however county agencies pick up the rest.
Oklahoma	67.9%	Yes	On a case by case basis	state
Oregon (01)	61.6%	Yes		state
Pennsylvania (01)	55.1%	Yes		counties funds are responsible for 20% of the remainder and the rest covered by state.
Rhode Island	54.5%	Yes		state
South Carolina (04)	69.3%	Yes	If they are special needs children	state funds
South Dakota	65.1%	Yes		
Tennessee	64.0%	Yes		state
Texas	60.7%	Yes		state
Utah	70.8%	Yes	Only if they qualify for Medicaid	state funds
Vermont (04)	58.5%	Yes		state
Virginia (04)	50.0%	Yes	Services will continue after adoption if the child is diagnosed with: physical, mental, and/or emotional disabilities, congenital problems/birth injuries, medical conditions that do not require immediate treatment such as sickle-cell anemia, medical or emotional conditions requiring regular medication such as epilepsy, severe visual and dental problems.	state
Washington	50.0%	Yes		state
West Virginia (04)	73.0%	Yes	For children who received adoptions assistance	state
Wisconsin	57.7%	Yes		state
Wyoming	54.2%	Yes	But somewhat less	state

Notes about the data
* The data for federal contribution was obtained from the HHS website. These percentages are effective from 10/05-9/06. The rest of the information in this chart was obtained from the North American Council of Adoptable Children and is reflective of data from 05 unless otherwise noted next to the state name.
* This table gives an overview of the funding for adopted children. The federal matching rate for IV-E is provided in the first column. The state makes up the difference to equal 100% for IV-E funding. A child may also be eligible for Medicaid services, which is shown in the second column. In most states, a child who is eligible for Title IV-E funding is also eligible for Medicaid. Other types of funding for adopted children are listed in the last column of the table.

The Federal Medical Assistance Percentages (FMAPs) are used in determining the amount of Federal matching funds for State expenditures for assistance payments for certain social services, and State medical and medical insurance expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the FMAPs each year. The "Federal Medical Assistance Percentages" are for Medicaid. Section 1905(b) of the Act specifies the formula for calculating Federal Medical Assistance Percentages. The calculation used is as follows: "Federal medical assistance percentage" for any State shall be 100 per centum less the State percentage; and the State percentage shall be that percentage which bears the same ratio to 45 per centum as the square of the per capita income of such State bears to the square of the per capita income of the continental United States (including Alaska) and Hawaii; except that (1) the Federal medical assistance percentage shall in no case be less than 50 per centum or more than 83 per centum, (2) the Federal medical assistance percentage for Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa shall be 50 per centum."

Sources: North American Council on Adoptable Children (NACAC), St. Paul, Minnesota. Available at www.nacac.org, Health and Human Services website at http://aspe.hhs.gov/helath/fmap06.htm

Chart 6. Adoption Profile: Federal Funding for Subsidies and Incentives*

State	Payments for Adoption Assistance, Administration, Training, Demonstrations 2002	Average Monthly Caseloads 2001	Total of Incentive-Qualifying Adoptions - 2002	Qualifies for IV-E Incentives - 2002	Adoption Incentive Payments - 2002
Alabama	$ 4,286,102	625	249	103	$ 186,000
Alaska	$ 5,595,397	1,059	192	148	$ 400,000
Arizona	$ 19,088,630	3,466	788	482	$ 384,000
Arkansas	$ 4,520,783	1,443	295	83	$ 176,000
California	$ 221,209,235	37,294	8,647	7,596	$ 4,388
Colorado	$ 17,780,115	3,881	835	486	$ -
Connecticut	$ 16,694,028	2,236	562	377	$ -
Delaware	$ 1,844,915	406	133	75	$ 112,000
District of Columbia	$ 8,872,729	467	195	69	$ -
Florida *	$ 42,074,663	9,868	2,246	1,264	$ -
Georgia	$ 29,728,425	5,459	1,081	634	$ -
Hawaii	$ 6,318,535	1,109	349	182	$ -
Idaho	$ 2,313,146	517	92	74	$ 34,000
Illinois	$ 72,752,033	25,912	3,585	3,219	$ -
Indiana *	$ 24,223,071	5,064	881	435	$ -
Iowa *	$ 23,093,484	3,529	882	459	$ -
Kansas	$ 9,361,099	3,604	501	313	$ -
Kentucky	$ 13,537,638	1,854	551	397	$ 796,000
Louisiana	$ 11,547,256	2,406	466	336	$ -
Maine	$ 1,757,088	1,066	297	219	$ -
Maryland	$ 476,829	3,199	922	742	$ 1,510,000
Massachusetts	$ 25,615,385	5,026	808	447	$ -
Michigan *	$ 90,695,353	17,445	2,845	2,288	$ 980,000
Minnesota	$ 16,274,244	2001	627	547	$ -
Mississippi	$ 3,575,230	3,751	175	0	$ -
Missouri	$ 19,970,339	732	1,273	879	$ -
Montana	$ 4,623,838	4,806	244	161	$ 188,000
Nebraska *	$ 5,629,972	745	294	151	$ 28,000
Nevada	$ 3,625,704	1,115	251	167	$ 94,000
New Hampshire	$ 1,507,086	703	114	111	$ -
New Jersey	$ 24,755,878	330	1,370	1,118	$ 1,126,000
New Mexico	$ 9,922,626	4,301	272	246	$ 176,000
New York	$ 186,282,783	1,945	3,160	2,866	$ -
North Carolina	$ 17,850,881	36,339	1,324	882	$ -
North Dakota	$ 2,058,583	3,628	119	55	$ -
Ohio	$ 137,694,684	307	2,185	2,096	$ 1,500,000
Oklahoma	$ 15,899,930	14,962	985	347	$ -
Oregon	$ 18,281,580	2,621	1,115	874	$ 1,362,000
Pennsylvania	$ 52,891,089	5,540	1,993	1,233	$ -
Rhode Island	$ 195,202	6,776	256	158	$ -
South Carolina	$ 6,100,611	144	343	210	$ -
South Dakota	$ 12,724,284	1,247	142	116	$ 32,000
Tennessee	$ 1,621,087	2,363	758	545	$ 806,000
Texas	$ 10,795,742	485	2,295	1,353	$ 1,072,000
Utah	$ 43,763,854	2,368	344	166	$ -
Vermont	$ 5,710,286	9,347	133	114	$ -
Virginia	$ 6,718,272	1,478	417	307	$ 922,000
Washington	$ 13,330,209	809	1,031	885	$ 944,000
West Virginia	$ 18,951,461	2,290	361	234	$ 144,000
Wisconsin	$ 8,992,428	6,459	939	766	$ -
Wyoming	$ 28,013,977	1,059	46	31	$ -
National	**$1,341,147,799**	**--**	**49,968**	**37,046**	**--**

Notes about the data
* All years shown are for federal fiscal year. This is the most recent data published by the House Ways and Means Committee.
Sources: U.S. House of Representatives, Committee on Ways and Means. (April 2004). Background Material and Data on Programs Within the Jurisdiction of the Committee on Ways and Means: The 2004 Green Book. Available online at http://waysandmeans.house.gov/Documents.asp?section=813.. Washington, DC: U.S. Government Printing Office.

Chart 7. Adoption Profile: Administration of Adoption Programs

State	State or County Administered*
Alabama	State supervised and administered
Alaska	State supervised and administered
Arizona	State supervised and administered
Arkansas	State supervised/county administered
California	31 counties state supervised/county administered; 27 counties state supervised/state administered
Colorado	State supervise and administered
Connecticut	State supervise and administered
Delaware	State supervise and administered
District of Columbia	District supervised/administered.
Florida	State supervised and administered
Georgia	State supervised/county administered
Hawaii	State supervised and administered
Idaho	State supervised and administered
Illinois	State supervised and administered
Indiana	State supervised and administered
Iowa	State supervised and administered
Kansas	State administered, considerable local SRS level decision making.
Kentucky	State supervised and administered
Louisiana	State supervised/region or parish administered, state indirectly supervises the Regional and Parish Offices.
Maine	State supervised and administered
Maryland	State supervised and administered
Massachusetts	State supervised and administered
Michigan	State supervised and administered
Minnesota	State supervised and administered
Mississippi	State supervised and administered
Missouri	State supervised and administered
Montana	State/regional supervision/administration
Nebraska	State supervised and administered
Nevada	State supervised and administered
New Hampshire	State supervised and administered
New Jersey	State supervised and administered
New Mexico	State supervised and administered
New York	State supervised/county administered
North Carolina	State supervised/county administered
North Dakota	State supervised/county administered
Ohio	State supervised/county administered
Oklahoma	State supervised and administered
Oregon	State supervised and administered
Pennsylvania	State supervised/county administered
Rhode Island	State supervised and administered
South Carolina	State administered/locally supervised
South Dakota	State supervised and administered
Tennessee	State supervised/district and county administered
Texas	State administered/regional supervision
Utah	State supervised and administered
Vermont	State supervised and administered
Virginia	State supervised/locally administered
Washington	State supervised and administered
West Virginia	State supervised and administered, BUT there are specific duties for the state, region, and county, please see original for details.
Wisconsin	State supervised and administered
Wyoming	State supervised/county administered

Notes about the data:
* State supervised and administered - state sets policy and makes eligibility decisions State supervised/county or locally administered - state sets policy; counties or localities make eligibility decisions
Sources: North American Council on Adoptable Children (NACAC), St. Paul, Minnesota. Available at www.nacac.org

ADOPTION DATA PROFILES

Explanation of Data Sources

The data profiles are based on information from the three major data sources, described below. In each case, the latest, publicly available data are used.

Adoption and Foster Care Analysis Data System (AFCARS) is a federal reporting system that collects data on children in foster care, children waiting to be adopted, and children who have been adopted. States submit their data twice a year (during the federal fiscal year in November and April) to the Children's Bureau in the Administration on Children and Families (Department of Health and Human Services). The latest available data are for federal fiscal year 2003, as released by the National Data Archive on Child Abuse and Neglect at Cornell University.

North American Council on Adoptable Children (NACAC) is an organization that supports the needs of children waiting to be adopted and families who are seeking to adopt. NACAC's National Adoption Subsidy Resource Center collects annual information from the states about their adoption subsidy programs, including subsidy rates and subsidy funding. The most recent data are for 2005, and a majority of states provided updated information for that year. Data for several states, however, range from 2001 to 2004.

The Green Book is a periodic publication of the Ways and Means Committee of the U.S. House of Representatives, which reports on the funding status for all federal programs under the jurisdiction of that committee, including child welfare and adoption programs. The latest publication was in 2004, publishing data for federal fiscal years 2001, 2002, and in some cases, 2003.

APPENDIX B

UNIVERSITY OF ILLINOIS PUBLIC AGENCY ADOPTIONS AND POST-ADOPTION SERVICES A SURVEY OF STATE CHILD WELFARE AGENCIES

This survey on public agency adoptions and post adoption services focuses on children adopted from **foster (substitute) care.** The survey includes questions about adoption subsidies and post-adoption services, adoption disruption, displacement and dissolution, and time to adoption.

Responses should reflect current policies and practice and data reporting as of October 2005. If practice or reporting has changed in the last several years, please make a note specifying the dates when this changed. If you are a state with a county-administered system, please be sure to provide comments when the response varies among counties.

If you have questions about the survey, please feel free to contact Tamara Fuller at 217-244-8615.

Please return the completed survey by March 1, 2006 to Tamara Fuller:
Email: tfuller@uiuc.edu
Fax: 217-333-7629
Mail: School of Social Work, UIUC, 1207 West Oregon M/C 140 Urbana IL 61801

Contact Information
Please provide the following contact information.

State _____

Person Completing the Survey:

Name: _____

Job Title: _____

Phone: _____

Email: _____

Confidentiality Option*
Please indicate (x) whether state-specific information may be shared or confidentiality is required for your state's responses to this survey.

- ○ **State-Specific Results May Be Released:** Our State does not require confidentiality for responses to this survey. State-specific results may be included in reports as appropriate.
- ○ **Release with Approval:** State-specific responses may be included in reports only with state approval and review.
- ○ **Confidential:** Please do not identify our state by name. Share our data as part of aggregate results only.

*NOTE: If no response is provided, we will assume that state-specific results may be released.

Part 1. Adoption Subsidies and Post-Adoption Services

1. *How are subsidy rates determined in your state? Mark (x) all that apply.*

- ◯ a. Child's special needs
- ◯ b. IV-E and/or SSI eligibility
- ◯ c. Based on rate child was receiving in foster care prior to adoption
- ◯ d. Adoptive family income
- ◯ e. Other Specify _____

2. *When an unlicensed relative adopts a child, is the subsidy generally more, less or the same as the rate would be if the child is adopted by a "matched" adoptive parent (adoptive parent recruited to adopt a non-relative child)?*

- ◯ a. More
- ◯ b. Less
- ◯ c. Same

3. *When do adoption subsidy payments begin?*

- ◯ a. At time of the placement agreement
- ◯ b. Once the family files the adoption petition (and signs the subsidy agreement) before the adoption is finalized
- ◯ c. Once the adoption is finalized
- ◯ d. Other Specify _____

4. *Can amendments be made to an adoption agreement after the adoption has been finalized to increase the subsidy rate? (e.g. can child get a higher subsidy rate or services not initially agreed upon?)*

- ◯ a. Yes
- ◯ b. No

5. *Can amendments be made to an adoption agreement after the adoption has been finalized to add services not initially included in the agreement?*

- ◯ a. Yes
- ◯ b. No

6. *Which of the following best describes your state's periodic review of adoption subsidies?*

- ◯ a. State sends form which must be completed by foster family for recertification
- ◯ b. Caseworker visits adoptive family
- ◯ c. Other _____

7. *How often does your state review adoption subsidies?*

- ◯ a. Annually
- ◯ b. Biannually
- ◯ c. Every three years
- ◯ d. Every five years
- ◯ e. Other _____

8. *Please provide the number of active adoption subsidies and new adoption subsidies in State Fiscal Year (SFY) 2005. Do not include subsidized guardianship subsidies.*

8.1 Total number of active adoption subsidies during SFY 2005_____

8.2 Total number of new adoption subsidies starting in SFY 2005_____

9. *Please respond to the following questions related to funding of post-adoption services and adoption subsidies in State Fiscal Year (SFY) 2005*

9.1 Provide the amount of money your state child welfare agency spent during SFY 2005 on post-adoption services (exclude monthly subsidy payments).
$ _____

9.2 Provide the amount of money your state child welfare agency spent
in SFY 2005 on adoption subsidies only
$ _____

10. *Has the state reduced or proposed to cut the adoption subsidy dollar amount to families in the last year?*

- ○ a. Yes, reduced
- ○ b. Yes, proposed to cut
- ○ c. No

10.1. If yes, please explain:_____
_____
_____
_____

11. *Does your state have specific post-adoption services that are different from services provided to at risk children in your state (e.g. different from family support, family preservation, services child welfare agency provides for intact families)?*

- ○ a. Yes
- ○ b. No

11.1. Comments_____
_____
_____
_____

12. *Who provides post-adoption services to families who have finalized their adoption?*

- ○ a. Public child welfare adoption workers
- ○ b. Other public child welfare workers
- ○ c. Private providers (through contractual agreement with child welfare agency)
- ○ d. Other Specify: _____
_____

12.1. If you marked (x) more than one response, please explain:_____
_____
_____
_____

13. *For each service listed in the chart below, indicate (x) which services are provided to adoptive families (post-adoption). If the service is provided, mark (x) the appropriate box indicating whether it is provided as a:*

- higher subsidy payment, as negotiated in the adoption subsidy agreement
- benefit written into the subsidy agreement, but state pays service provider directly (including Medicaid/ public medical card)
- benefit available to adoptive families, funded by the state child welfare agency but not provided as part of subsidy agreement (including services that are available to other populations, such as at-risk children)

If the service is not covered for adoptive families, mark "Not covered." Each row should have a response (x).

Services:	Higher subsidy payment (x)	Benefit in subsidy agreement (state agency pays service provider) (x)	Benefit available to adoptive families, funded by state child welfare agency but not included in subsidy (x)	Not covered (x)
a. Respite Care				
b. Day care / after school care				
c. Camp (summer or holiday camp)				
d. Child and family counseling/therapy				
e. Psychological evaluation				
f. Ongoing psychiatric care				
g. Substance abuse treatment services				
h. Residential treatment				
i. Tutoring				
j. Educational advocacy				
k. Mentors				
l. Post-adoption training / education for adoptive families				
m. Support groups for parents or children				
n. Preservation services				
o. Occupational therapy, speech therapy or physical therapy				
p. Durable medical equipment				
q. Dental care				
r. Orthodontia				
s. Home modifications to meet child's special needs				
t. Search services to find birth relatives				
u. Other Please specify: _____				

13.1. Comments _____

_____

_____

14. *Does an adopted child have to re-enter foster care in order to obtain residential treatment services for the child welfare agency to pay for the service?*

- ○ a. Yes
- ○ b. No

14.1. Comments:_____

_____

_____

15. *What post-adoption services would you like to provide that you are currently not providing? What barriers hinder the state's ability to provide these services?*

Part 2.
Adoption Disruption, Displacement and Dissolution

Different terms are used to describe the interruption or termination of adoption. Please respond to the following questions.

1. *What do you call an adoption process that ends after the child is placed in an adoptive home but before the adoption is legally finalized?*

- ○ a. Disruption
- ○ b. Displacement
- ○ c. Dissolution
- ○ d. Other Specify: _____

_____

- ○ e. Not used in this state.

1.1. Does your state define this type of interruption or termination of adoption in policy, statue or another location? If yes, please provide the reference indicating where the term is defined. Provide the definition below in 1.2.

- ○ a. Yes *Reference:* _____

_____

- ○ b. No, not defined

1.2. If yes to 1.1, please provide your state's definition:

2. *What do you call the temporary (short or long term) return of a child to foster care (through voluntary placement, temporary protective custody or state custody) after the child's adoption is legally finalized?*

- ○ a. Disruption
- ○ b. Displacement
- ○ c. Dissolution
- ○ d. Other Specify: _____

_____

- ○ e. Not used in this state.

2.1. Does your state define this type of interruption or termination in policy, statue or another location? If yes, please provide the reference indicating where the term is defined. Provide the definition below in 2.2.

- ○ a. Yes *Reference:* _____

_____

- ○ b. No, not defined

2.2. If yes to 2.1, please provide your state's definition:

3. *What do you call an adoption that is legally terminated after it was legally finalized?*

- ○ a. Disruption
- ○ b. Displacement
- ○ c. Dissolution
- ○ d. Other Specify: _____

_____

- ○ e. Not used in this state.

3.1. Does your state define this type of interruption or termination in policy, statue or another location? If yes, please provide the reference indicating where the term is defined.

- ○ a. Yes *Reference:* _____

_____

- ○ b. No, not defined

3.2. If yes, please provide your state's definition:

4. *Does your state child welfare agency have an identified unit or program to promote adoption stability and prevent adoption disruption, displacement and/or dissolution?*

- ○ a. Yes
- ○ b. No

Part 3. Time to Adoption

1. *Does your state define "finalized adoption" in policy, statute or another location? If yes, please provide the reference indicating where the term is defined.*

- ○ a. Yes *Reference:* _____
  _____
- ○ b. No, not defined

1.1. If yes, please provide your state's definition of "finalized adoption".

2. *The current federal standard for time to adoption measures the number of children discharged from foster care that exited care to a finalized adoption within 24 months of entering care. Please answer the following questions relevant to this 24 month timeframe.*

2.1. Does your state have any laws, court practices or policies that hinder your state from finalizing adoptions within 24 months?

- ○ a. Yes
- ○ b. No

2.2. If yes to 2.1, list the primary barriers that prevent final adoptions within 24 months.

2.3. Termination of Parental Rights (TPR) and Voluntary Relinquishment of Parental Rights: When responding to the following questions, please provide the amount of time OR, if your state policy or law does not provide a timeframe, write "NA" (not applicable). Provide comments below each item as needed. _____

2.3.1 What amount of time, if any, does state policy or law dictate that workers make reasonable efforts to reunify prior to pursuing TPR?_____

2.3.2 What amount of time, if any, does state policy or law dictate must occur after TPR and prior to finalizing an adoption? (Can you TPR and finalize an adoption on the same day?)_____

2.3.3 What amount of time is allowed for the appeal of a TPR in your state?_____

2.3.4 What amount of time is allowed for the appeal of a voluntary relinquishment of parental rights in your state?_____

2.4. When foster parents decide to adopt, are there any additional requirements they must meet (e.g. adoption training, adoptive home study, etc)?

- ○ a. Yes
- ○ b. No

2.4.1. If yes to 2.4, list the additional requirements:

2.5. When a child in foster care is living with unlicensed relatives or other unlicensed persons (e.g. court placed child with adult known to the child) and they decide to adopt, are there additional requirements they must meet (e.g. adoption training, adoptive home study, etc.)?

- ○ a. Yes
- ○ b. No
- ○ c. Not applicable – If state child welfare agency involved (foster care) child must live with licensed person

2.5.1. If yes to 2.5 list the additional requirements:

Part 4. AFCARS and State Information System

The following questions pertain to how your state records data in your state information system and how your state reports data to the federal Adoption and Foster Care Analysis and Reporting System (AFCARS). Responses should reflect data reporting as of October 2005. Please consult with data staff responsible for AFCARS submissions in your state.

1. *In your state's data submissions to AFCARS, Foster Care Element #56, Date of Discharge from Foster Care, which date is used as the date the child is discharged to adoption? Mark (X) one response. If the date used varies, please explain in the comments.*

- ○ a. The date the child is placed with the adoptive family (adoption not legally finalized)
- ○ b. The date the judge verbally orders the adoption finalized in court
- ○ c. The date that the judge issues (signs) the final adoption decree
- ○ d. The date the child welfare agency receives a copy of the signed adoption decree
- ○ e. Other (specify): _____

1.1. Comments_____

2. *In your state's data submissions to AFCARS, Foster Care Element #58, Reason for Discharge from Foster Care, which of the following are reported as Value 3 "Adoption"? Mark (X) all that apply.*

- ○ a. Adoptions by relatives
- ○ b. Adoptions by non-relatives
- ○ c. Other (e.g. legal guardianships) Specify: _____

2.1. Does your state child welfare agency's information system distinguish relative adoptions from non-relative adoptions?

- ○ a. Yes
- ○ b. No

2.2. If yes to 2.1: In your state's data submissions to AFCARS, Foster Care Element #58, Reason for Discharge from Foster Care, do you report relative adoptions (of children in foster care) in any discharge category other than Value 3 "Adoption"? If yes, please explain in the comments.

- ○ a. Yes, in AFCARS discharge category "Living with other relatives" (Value 2)
- ○ b. Yes, in other category: _____
- ○ c. No, all adoptions are reported in the AFCARS discharge category "Adoption" (Value 3)

2.3. Comments _____

3. *When a child is adopted from foster care, is the identifying link to the child's prior foster care records (history) expunged or changed?*

- ○ a. Yes
- ○ b. No

4. *Does your state information system retain the capacity to link a child's prior foster care records (history) with a foster care episode that occurs after the child was adopted (finalized adoption)?*

- a. Yes
- b. No

4.1. If yes to 4, please describe how a child's prior records are linked with new foster care records (e.g. "search" for alias name in data system and link current and prior ID's, same client ID used, etc.)

5. *Does your state track the primary reason(s) for the child's re-entry after a legalized adoption?*

- ○ a. Yes
- ○ b. No

5.1. If yes to 5, please provide the top 3 reasons children re-enter the foster care system (e.g. death or disability of adoptive parent, to obtain more services, child behavior, etc.)

Thank you for completing the survey!

Please return the completed survey to Tamara Fuller:
Email: t-fuller@uiuc.edu; Fax: 217-333-7629;
Mail: School of Social Work, UIUC, 1207 West Oregon M/C 140 Urbana IL 61801

Literature Review: Post-Adoption Needs and Services

A small, but growing amount of literature has examined the service needs of post-adoptive families. The following review briefly summarizes this research.

To obtain a better understanding of the type of services that post-adoptive families want, several studies have asked adoptive parents to identify their needs from a list of potentially available services and supports. These studies (e.g., Festinger, 2001; Reilly & Platz, 2004) often use a list of services similar to that developed by Rosenthal, Groze, and Morgan (1996), which includes the following services:

- Financial support
- Medical and dental care
- Specialized medical or dental care
- Counseling for child
- Counseling for parents or family
- Educational advocacy or increased educational resources
- Tutoring
- Speech therapy
- Physical therapy
- Home health care
- Psychological evaluation
- Psychiatric treatment including hospitalization
- Out of home care
- Drug or alcohol services
- Respite care
- Daycare
- Specialized daycare
- Legal services
- Social work support
- Support groups or time with other adoptive parents/adopted children

In other studies, service data were derived from open-ended answers to questions concerning "types of post adoption counseling or support for adoption" (Brooks, Allen, & Barth, 2002) or similar topics (Howard & Smith, 2003). Summing up the range of post-adoptive services families identify as important to them, Barth, Gibbs, & Siebenaler (2001) suggest that adoptive families need services in five major categories: information services, clinical services, respite care, material services, and support networks.

In a telephone interview of 405 adoptive parents, Festinger (2001) found that the most commonly provided services were medical services (49%), special education programs (32%), and information about after-school activities (32%). The most frequent unmet service needs were for a telephone hotline providing information (57%), information about summer activities (52%), and tutoring (51%).

Rosenthal, Groze, and Morgan (1996) conducted a major study of outcomes of adoption of special needs children. Special needs, in this context, are defined based on age, minority ethnicity, sibling group membership, and emotional/behavioral, medical, and cognitive status. Their findings documented a number of perceived needs on the part of adoptive families. Many families identified a need for more information about their adopted child (32%). Service needs included a strong interest in support groups for both parents and children (51-52%), counseling regarding adoption issues (52%), social work service coordination (46%), counseling regarding the child's future (47%), additional financial supports (44%), other forms of counseling (42-31%), and respite and day care (35-31%). The service needs identified varied substantially by respondent subgroup. Over 70% of parents of children with emotional or behavioral disorders desired respite care, and over 90% desired educational assessments for children. These figures contrasted sharply with responses of the general population of respondents (35% for both questions). Groze (1996a), analyzing a subset of the original sample over a two-year period, found that service participation increased over time.

Reilly and Platz (2004), utilizing the same list of services, found that the most needed services included health benefits/insurance (78%), financial subsidies (73%), dental care (65%), routine medical care (63%), and individual counseling (52%). Unmet service needs included respite care, daycare, support groups, tutoring, housekeeping services, and home health care (all below 35% in terms of rate of receipt among those who identified the service as needed).

Kramer and Houston (1998) interviewed 40 parents who were in the process of adopting at least one child identified as having a special need and found that parents rely on a variety of resources that include, but are not limited to, the adoption agency. Unmet service needs among these parents included access to agency staff, access to non-agency services, counseling, child care, respite care, financial assistance, and informal support.

McDonald, Propp, and Murphy (2001) surveyed 159 parents about their post-adoption experiences and on average, parents received about 8 services from a checklist of 33 services. The most commonly received services included primary care physician and financial assistance. They also found that the majority of the families' service needs were met, although unmet need existed for certain services: support groups, respite care, advocacy, emergency assistance, and crisis management.

Brooks, Allen, and Barth (2002) found that less than 30% of adoptive families used most post-adoption services. Parents were more likely to read books and articles on adoption, and many expressed a strong interest in additional information about their children's backgrounds and history. Parents that adopted through public agencies were more likely to desire clinical services than those who had adopted through private agencies or independently.

Impact of Service Delivery on Quality of the Adoption Experience

Reilly and Platz (2004) explicitly addressed the relationship between service receipt and adoptive outcomes. They found that unmet needs for counseling and in-home services (defined as respite care, homemaker services, and daycare) were associated with perceived reduced quality of relationship with the adopted child. Furthermore, a range of unmet service needs including those for counseling, informal support (such as support groups), out-of-home placement, financial services, in-home services, and others were associated with a decreased likelihood to report impact on the family as positive. Unmet needs for counseling, informal support, financial services, and others were associated with reduced likelihood to report impact on the marriage as positive.

Changes in Adoption Outcomes Over Time

The most recent and influential longitudinal study of adoptive outcomes was conducted by Rosenthal and Groze (1994). Groze provides an extensive treatment of findings emerging from this study as pertaining to that portion of the sample drawn in Iowa in his book, *Successful Adoptive Families* (1996). The title is reflective of the most prominent of the findings, that being that most families experience positive adoptive outcomes. However, both studies do suggest some increase in negative outcomes over time.

In the Rosenthal and Groze study (1994), these include significant declines in ratings of positive impact of the adoption on the family, parent-child relationship rating, school grades, and family cohesion and an increase in ratings of behavioral problems. Groze (1996b) reported similar findings in many respects, although he reported significant increases in problem behavior only for boys. He also reported decreases in ratings of family adaptability over the course of the study. He also reported decreases in percentages of respondents finding the adoption impact to be mostly or very positive, and he found that 40% agreed mildly or strongly that they would advise others not to adopt.

Summary

The literature indicates a strong trend toward a high degree of success and satisfaction in most adoptive placements. In these cases, the needs described by parents seem primarily to relate to information about their adopted children and what to expect in the future as well as, perhaps, linkages with others in similar situations. However, in a minority of cases, quite serious concerns seem to be evident. Given empirical findings that service provision does bear an association with adoption satisfactory, the literature suggests that particular attention needs to be paid to at-risk adoption situations in order to avert the possibility of adoption dissolution.