



## Children Adopted from Foster Care: Adoption Agreements, Adoption Subsidies, and Other Post-Adoption Supports

### Introduction

This research brief is Part II of an analysis that presents information on children adopted from U.S. foster care and their families using data from the 2007 National Survey of Adoptive Parents (NSAP) and the 2007 National Survey of Children's Health (NSCH). This brief presents information on post-adoption supports and services including adoption subsidy payments and Medicaid coverage. Part I described the characteristics of the children and their families, parents' motivations for choosing to adopt from foster care, and findings related to the well-being of the children and their families.

Children adopted from foster care have had varied experiences prior to their adoption, and some children who had very negative experiences still manage to thrive. Yet, as a group, the pre-adoptive experiences of children adopted from foster care—many of whom are adopted at older ages than children adopted from other domestic sources or internationally—are likely to be make them more vulnerable than other adopted children (Vandivere *et al.*, 2009). Most children who enter foster care do so because of abuse or neglect by their caregivers. Once in foster care, lack of continued connections to birth parents and/or siblings, adjustments to cultural changes, and multiple placement moves prior to adoption may exacerbate these children's existing problems or become the cause of new ones.<sup>1</sup>

*This brief was prepared by Karin Malm, Sharon Vandivere, and AmyMcKlindon at Child Trends under contract to ASPE. The Federal Project Officer was Laura Radel.*

Office of the Assistant Secretary  
for Planning and Evaluation

U.S. Department of Health and  
Human Services  
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<sup>1</sup>Experiences of adopted children and youth including histories of abuse and neglect, later age of adoption, prenatal drug exposure, and placement in multiple foster homes prior to adoption have been identified as risk factors for symptoms of attention-deficit hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD) (Simmel *et al.*, 2001). Attachment disorder, which can result from extremely neglectful care very early in life, is also a particular concern for adopted children who entered care due to severe neglect and/or who experienced multiple foster care placements early in life and for some internationally adopted children who received

## About the data sources

The National Survey of Adoptive Parents (NSAP) was an add-on module to the 2007 National Survey of Children's Health (NSCH). If the focal child in the 2007 NSCH was adopted, an adoptive parent of the child was asked to participate in the NSAP, a 30-minute telephone survey. A total of 2,737 focal children were identified as having been adopted in the 2007 NSCH. NSAP interviews were carried out between April 2007 and June 2008 regarding 2,089 children, representing nearly 1.8 million adopted children throughout the nation. Adopted children who were also living with a biological parent, whose adoptions were assumed to be primarily step-parent adoptions, were excluded from the NSAP. The findings represent children under 18 who were adopted and living with at least one English-speaking adoptive parent and neither biological parent in 2007. For more information about the NSAP methodology, please see: [http://www.cdc.gov/nchs/data/series/sr\\_01/sr01\\_050.pdf](http://www.cdc.gov/nchs/data/series/sr_01/sr01_050.pdf)

The NSAP includes children adopted from foster care, from other domestic sources, and from other countries. However, this series of briefs (part I and part II) focuses specifically on children adopted from foster care. For a detailed examination of all types of adoptive families please see: <http://aspe.hhs.gov/hsp/09/NSAP/chartbook/index.cfm>.

The National Survey of Children's Health (NSCH) is a nationally representative survey of U.S. children under age 18. In each sampled household, one child under age 18 was randomly selected. A parent or guardian knowledgeable about the child's health answered questions by telephone regarding the child's and the family's health and well-being and provided information about demographic characteristics. The 2007 NSCH includes information on 91,642 focal children, representing 73.8 million children throughout the United States. For more information about the NSCH, please see: <http://www.cdc.gov/nchs/slait/nsch.htm>.

Post-adoption supports and services are often provided to children adopted from foster care and the parents who adopt them. Such financial and non-financial assistance is provided for two main purposes: to help maintain and support children who have been adopted from foster care, and to help families with parenting challenges, especially those that are unique to adoptive parenting. The availability of such supports may also play a role in recruiting adoptive families for foster children, especially for parents who may worry about their abilities to meet children's future needs (NACAC, 2008).

Adoption assistance from the federal government is administered under the federal Title IV-E adoption assistance program. Payments to the parents of an eligible child with special needs can take the form of either one-time (nonrecurring) adoption assistance or ongoing (recurring) adoption assistance. These funds are paid through the state agency or through another public or nonprofit private agency and are available for children being adopted from foster care. The recurring assistance, in the form of monthly adoption subsidy payments can, under recently enacted federal law, continue until the child reaches age 21. The monthly payments also follow the child from one state to another, if the child's family moves.<sup>2</sup> The NSAP included several questions about monthly adoption subsidy payments, that is, ongoing adoption assistance.<sup>3</sup> In addition to a monthly subsidy payment, children adopted from foster care may receive a variety of post-adoption support services, such as child care, mental health counseling, or tutoring.

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insufficient care in orphanages (for example, see: Howe and Fearnley, 2003.; Hughes, 1999; Strijker, et al., 2008; van den Drieset al., 2009).

<sup>2</sup> [http://www.childwelfare.gov/pubs/f\\_subsid.cfm](http://www.childwelfare.gov/pubs/f_subsid.cfm)

<sup>3</sup> The survey questions asked about families' receipt of subsidies and did not distinguish between those which were paid entirely with state funds and those that were paid with a combination of federal and state funds, i.e. under the federal title IV-E program.

## Adoption agreements and subsidy receipt

### *Adoption agreements*

More than nine out of ten children adopted from foster care (92 percent) have adoption agreements with the public child welfare agency.<sup>4</sup> Children adopted by parents who were related to the child and those adopted by non-relatives are equally likely to have an adoption agreement. The same is true for children adopted by former foster parents and those adopted by parents who had not fostered.

Among children with adoption agreements, 73 percent have an agreement with a monthly subsidy payment written into the agreement, and 70 percent have Medicaid coverage (or other public health insurance) and a monthly subsidy payment.<sup>5</sup> Eleven percent of children with an agreement have an agreement that includes Medicaid coverage but no adoption subsidy. Subsidy payments are intended to assist parents in meeting the special needs of their adopted children and to encourage the adoption of children who would otherwise be difficult to place in adoptive homes. States define criteria relating to special needs, but in addition to special health care needs typically include children from racial or ethnic minority groups, older children (with the definition of “older” varying by state) and sibling groups adopted together.

In some cases, adoption agreements contain additional coverage for mental health or education services. Among children adopted from foster care ages 5 and older with an adoption agreement, almost one-fifth (19 percent) have used mental health care that was guaranteed in an adoption agreement. However, more than an additional one in four (27 percent) have also received mental health care that was not covered in the adoption agreement. Over one-third (36 percent) have used tutoring services that were not included in the agreement.<sup>6</sup> For older children who face challenges, residential treatment services are an intensive, but often costly, intervention. The majority of children adopted

### **Measures related to post-adoption supports**

Adoption agreement, health insurance coverage, and monthly subsidies: Parents reported whether they had an adoption agreement at the time of their child’s adoption. Such agreements may include monthly maintenance payments from the agency, medical coverage, and other services such as therapy. For parents who reported that they receive a monthly financial subsidy or whose child was covered by public health insurance, we examined whether these supports were part of the adoption agreement. Medicaid coverage for medical, dental, and mental health services was examined.

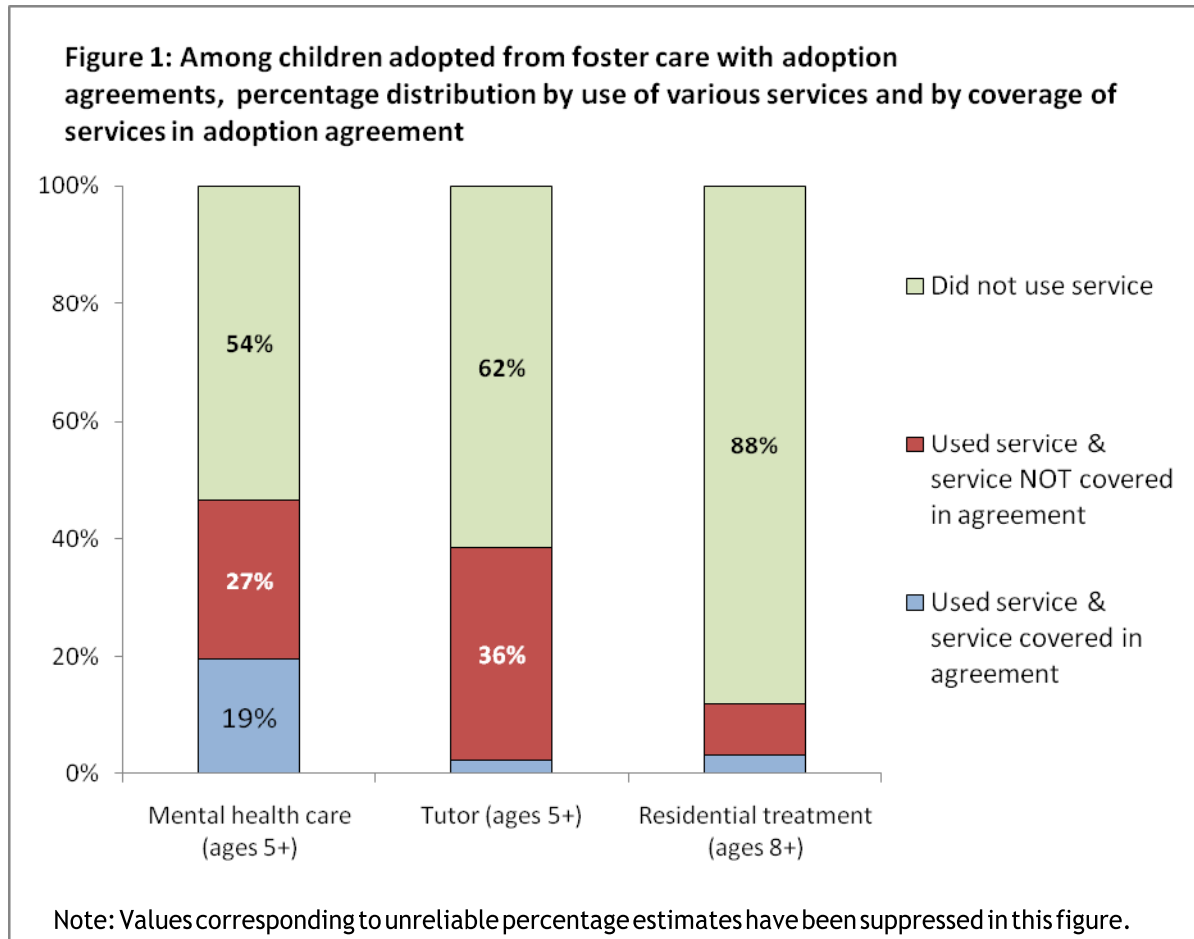
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<sup>4</sup>An adoption agreement was defined as “an agreement made before the finalization of the adoption that may include monthly maintenance payments from the agency, medical coverage, and other services such as therapy.”

<sup>5</sup>To help encourage the adoption of special needs children, federal subsidies were created by Congress through Public Law 96-272, the Adoption Assistance and Child Welfare Act of 1980. A child may receive a federally funded adoption subsidy under Title IV-E or a state funded adoption subsidy (non-Title IV-E) based on each state’s guidelines. A child may be deemed special needs and be eligible for an adoption subsidy based on a variety of guidelines that are unique to each state. Some of the guidelines that help determine a child’s eligibility include: age, sibling group status, medical, mental and emotional disabilities or minority group status. See [http://www.childwelfare.gov/pubs/f\\_subsid.pdf](http://www.childwelfare.gov/pubs/f_subsid.pdf).

<sup>6</sup>A reliable estimate of the percentage of children who used tutoring that was provided for in the adoption agreement cannot be generated, due to sample size limitations.

from foster care ages 8 and older who have an adoption agreement have not utilized this service, whether covered in the adoption agreement or not.<sup>7</sup> (See Figure 1.)



<sup>7</sup>The numbers reporting use of residential treatment services that was covered by an adoption agreement and that was not covered by an adoption agreement were too small to yield reliable percentage estimates.

<sup>8</sup>The number of children with parents who responded that they had “ever received” an adoption subsidy but were not currently receiving a payment was so small that a reliable percentage cannot be calculated.