



BUILDING A STRONG CASE FOR FUNDING ENHANCED POST-PERMANENCY SERVICES

State, tribal, and territorial leaders who are considering increasing their support services for adoptive and guardianship families often need to make the case for such an investment. To move forward with new programming, they may need to convince other leaders in their agency, funders, the governor's office, or the legislature to dedicate money to post-permanency support. In general, the steps to developing a strong case include:



- Creating a compelling argument for post-permanency services
- Developing an action plan
- Implementing and monitoring a pilot or program
- Making revisions and moving forward

It's important to note that building a strong case is very doable—as long as you have one or two agency champions—but it can take from three to four years from start to full program rollout. Note that sites are offering services by step 3 so some adoptive and guardianship families will be getting enhanced supports earlier in the timeline.

Below is an outline of each step in building the case, some elements to consider during the process, and a fictional example of how this effort might look for a site.

Steps to Build the Case

Step 1. Create a Compelling Argument for Post-Permanency Services

For sites, the first step is to make what is really the business case for investing in post-permanency services—what needs doing and why it matters. This starts with creating a theory of change—identifying the issue the site wants to address, what changes will result with successful intervention, what will happen with no intervention, and what the desired results looks like.

- **Define the issue to be addressed** — Leaders start making their case by identifying the specific and tangible challenge the site is facing. In this case, the challenge is the difficulties children and families have after adoption and guardianship. How often are these families experiencing significant stress, instability, or even disruption or dissolution? (The article [Post-Permanency Services: A Worthwhile Investment](#) and the [Post-Permanency Model Program Manual](#) have data about the challenges facing adoptive and guardianship families and research on the effectiveness of services. The program manual also includes a detailed theory of change. These resources can serve as a useful starting point that leaders can adapt with local data to make their site-specific theory of change.)
- **Outline the benefits of supporting families and the consequences of not taking action** — The next step is identifying what could have prevented the negative consequences that make up the challenge. Which specific interventions could help adoptive and guardianship families—improving their well-being and stability and preventing discontinuity? It is also important to consider what happens without the services. Are children and families seeing negative outcomes? Is adoptive and guardianship instability increasing the need for high-end, expensive placements? Are

families' struggles diverting staff attention to crisis intervention or to finding new foster or adoptive families? Is instability adding to the burden of an already-stressed foster care system? Leaders should clearly identify what will happen or continue to happen if the site doesn't invest in post-permanency services.

- **Identify and quantify the desired results** — The final step in the theory of change is defining, in tangible terms, what the end result of the intervention will be. How will families look as a result of receiving post-permanency services? The goal is to have children with improved well-being and intact families who have less stress and more stability. To make the case, it's best to identify specific measurable outcomes to be achieved. For example, the benchmarks might include 90 percent of families served reporting improved child well-being and lower family stress. Another measurable benchmark would be a reduction in out-of-home placements, including disruptions and dissolutions, compared to past, current, and projected rates without services.

As they conduct an in-depth analysis of how services will positively affect children, families, and the agency, the site will also want specific financial projections of resulting cost savings. (See the box below for details.) Once the information has been gathered, comparisons between projected cost savings and the costs of the program can make a strong case for investing in services to keep adoptive and guardianship families together.

When discussing the financial case, it's important to remember that it takes time to see results so there will be more costs upfront, with the savings beginning to accrue after the program is operating successfully for a while. But cost isn't everything. Many children and families will be better off due to post-permanency services and that has its own value in ensuring child welfare systems meet their goal of ensuring child safety, permanency, and well-being.

Conducting an In-depth Analysis and Financial Projections

The strongest case includes specific information about what is happening with adoptive and guardianship families in the site. The Post-Adoption Center recommends gathering the following information for the last 36 months or more if possible.

Outcomes for children and families

- Number and characteristics (such as age and disabilities) of children who re-enter care after adoption and guardianship placement (disruptions)
- Number and characteristics (including time since finalization) of children who re-enter care after adoption and guardianship finalization (dissolutions)
- Number of other previously adopted children who enter foster care
- How long these children remain in care, on average
- Types of placements (foster family home, treatment or therapeutic foster placement, group or institutional care) these children experience after re-entry
- Medicaid costs for children in the post-permanency population
- Number of children in adoption and guardianship experiencing other instability, including hospitalization or residential treatment and whether the government is funding the cost of that care



After gathering the data, it's useful to identify trends in age, characteristics, time since adoption or guardianship, where children live in the site, etc. With this data, leaders can identify those families at highest risk of instability. An important consideration is how long it has been since the child's adoption. In many cases, the most significant challenges come during or right before adolescence, often long after placement. (See the fictional example at the end of the article for how this data can help with understanding the problem's scope.)

What could have made a difference

The next stage in the in-depth analysis is determining what could have been done to prevent the negative outcomes. Examining trends, looking into individual cases, and gathering data directly from families can help sites identify specific challenges families faced and the services or supports that might have addressed those difficulties. Leaders can also learn from other sites offering comprehensive post-permanency programs to see what data suggests about the most effective interventions.

Financial cost

On the financial side, leaders should compare the cost of providing intensive post-permanency services to the following:

- The average monthly cost for each type of placement typically used for adopted children or children in guardianships who re-enter care
- Average costs of residential placement or hospitalization
- The difference in federal support of such placements due to the Title IV-E eligibility difference between foster care and adoption assistance
- Costs for recruiting, preparing, and licensing each new foster family, by type of placement
- Cost of recruiting, preparing, and approving each new adoptive or guardianship family, especially for children who are older or who have higher needs
- Costs of services for youth who do not achieve permanency, such as independent living programs and other housing, transition, and employment programs to support young people who age out of care
- Court costs for ongoing foster care cases
- Disruptions to staff members' other work (although this can be hard to quantify)

At this stage, sites can create a financial model to build their case. The model can compare the annual cost of a post-permanency program to the average annual cost to the system for each child who returns to care times the number of re-entries that could be prevented by post-permanency services. Leaders can estimate the costs of a post-permanency program by learning from similar sites about which services they provide, how many families are served, and their overall budgets. (The Post-Adoption Center's [state post-permanency profiles](#) may be helpful with these estimates.)

It's important to know that states can take on this analysis in a variety of ways. **In one state, for example, the adoption manager keeps a spreadsheet noting each adopted children who returns to care and the types of placements they are in.** Other states are beginning to do deeper case reviews of each disruption or dissolution to determine what happened and what could have made a positive difference for each child and family. **On the financial analysis side, one state recently conducted a review of its behavioral health costs and found that children who returned to care from adoptive placements were the most expensive cases in the state.**

Step 2. Develop an Action Plan

After outlining the compelling argument, it's time to develop an action plan. Much like a business plan, the action plan lays out the specific steps needed to accomplish the site's goal.

- **Design a proof-of-concept model or pilot** — Based on the data gathered during the in-depth analysis and perhaps a review of what other systems offer, site leaders will need to decide which post-permanency services will best address the challenges facing the site's adoptive and guardianship families. (The Post-Adoption Center's [program manual](#) can be a great resource at this stage.) In addition to deciding which services to offer, the site will need to decide whether to operate a pilot or launch a full-scale program and how the services will be implemented—by public agency staff or one or more private contractors. If operating a pilot, it's important to be sure the test includes diverse populations—such as rural and more urban areas; communities with few services and those with many services; and communities that serve racially and ethnically diverse families.

- **Set a realistic timeframe for the course of action** — Each site's timeframe will be different with leaders taking their own laws, rules, and past experiences into account. Timeline planning should include the following, with variations depending on whether services are offered by agency staff or contracted providers:
 - how long it might take to identify and secure funding
 - how long the initial trial program will run to allow a review of its effectiveness; this should be at least two years
 - **For contracted programs** — how long it takes to develop and approve a request for proposals (RFP), time to review proposals, and time for the contracting process
 - **For site-run programs** — how long it takes to develop and get approval of new positions, plus the time to post and hire

It can be difficult to make changes in public systems. There are typically many rules about procurement and contracting, and data systems are complex (and sometimes outdated). If the program requires collaboration with other site agencies, such as the Medicaid management agency or the Department of Health, additional time will be needed to work with partners. When finalizing the timeline, it can be helpful to add in extra time in case things don't go smoothly.



- **Identify when milestones will be reached and how to measure them** — During the planning process, leaders will need to define success and failure over near, intermediate, and long-term horizons, as well as how they will measure progress toward those milestones. For example, milestones might include:
 - Three months — The in-depth analysis is completed.
 - Six months — A program design and funding plan is developed and approved.
 - One year — An RFP is issued or new job postings are approved.
 - Eighteen months — The pilot or test program is up and running.
 - Two years — X number of families will have received services and the impact of services is beginning to be measured.

Step 3. Implement and Monitor a Pilot or Proof-of-Concept Model

Now it's time to execute! This stage involves launching the pilot or program. It's a great time to identify a team of program champions who can get and keep people excited about the program and make sure the program is operating as planned. The champions should include public agency staff as well as a diverse group of adoptive parents, guardians, and individuals who experienced adoption and guardianship as children. A key role for this team is to review progress toward the identified milestones. If the program is not achieving those benchmarks, this group can help analyze what's going wrong and recommend adjustments.

Continuous quality improvement (CQI) is critical during this stage. CQI helps determine whether:

- families in need of services are reached
- services are aligned with families' needs
- program activities are being implemented as intended
- families are participating in and completing services
- outcomes are being achieved (such as family satisfaction, well-being, and stability)

For more information, see [Continuous Quality Improvement for Enhancing Post-Permanency Programs](#).



Step 4. Review Progress, Make Adjustments, and Decide on Next Steps

Once the initial program is up and running, leaders will need to pay close attention to how things are going. As noted above, a team should review progress toward the expected milestones and recommend changes if goals haven't been accomplished. Over time, the team will gather enough data to determine if further testing is warranted or if they have the information they need to push for long-term funding and full rollout, including any changes that need to be made.

Considerations

While making the business case for post-permanency services, there are important issues to consider that can help ensure success:

- **Recognize the need for non-federal funding** — Federal funds can be a great source of support for post-permanency programs, especially:
 - adoption savings from expansion of Title IV-E eligibility
 - Title IV-B, Subpart 2, Promoting Safe and Stable Families funds
 - Title IV-E funds, including training and administrative funds
 - adoption and guardianship incentive program funds

But state or county, tribal, or territorial funds will need to be a significant part of any post-permanency program. In general, sites should plan that at least half of all funds will come from non-federal sources—both for the proof-of-concept phase and beyond. For more information about potential funding streams, see the Post-Adoption Center's article, [Funding Sources for Post-Permanency Services](#).

- **Be realistic** — While proving the value of post-permanency services, leaders should be pragmatic about what they can actually accomplish in the given timeframe. It's better to succeed with a more modest program or a more focused pilot than it is to take on too much in a short time and not be able to achieve the site's goals.
- **Embrace transparency and stewardship** — It's important for champions of newly funded programs to embrace accountability and stewardship. Site leaders should express gratitude to leaders who made the funding possible. They should also report to these leaders on progress toward benchmarks and any adjustments made during the pilot phase. To be transparent, leaders can freely make data and outcome measures available to those who ask, especially financial decision-makers.
- **Plan for sustainability** — It takes time to achieve positive outcomes, of course, but once the pilot or program has been fully operational for a while, outcome data can be a critical piece of continuing to build the case. Tracking stability and well-being outcomes—and quantifying their financial value, in addition to their value for children and families—will enable leaders to make the case for long-term investment in services. The goal is to show that programs such as this can be largely self-financing, as they reduce foster care entry and residential or other expensive treatment options for children.

Although it can be daunting to think about proving the value of investing in post-permanency supports, it's worth it! Just as agencies ask adoptive parents and guardians to commit for the long term, they have to be willing to do the same to ensure the child welfare system is truly achieving its commitment to well-being and permanency for children in adoption and guardianship.

Fictional Example: How State X Built the Case for Post-Permanency Services

Step 1 — Create a Compelling Argument

In recent years, State X's child welfare agency noticed an increasing number of foster care re-entries for older children and youth who had been adopted. Staff conducted an analysis and found that in more than half of these cases, the youth needed higher level foster placements (treatment foster care, group care, or psychiatric treatment) and that 20 percent of the cases resulted in permanent dissolution of the adoption. At the same, they noted that the overall size of the adoption subsidy caseload remained flat, as had the age distribution of new adoptees. This meant that the challenge was not due to new adoptions of older youth with higher needs. As the state dug deeper into the data, they found that most of the cases involved adoptions of young children finalized eight or more years earlier, during a time where the state engaged in a large and sustained effort to increase the overall number of adoptions from care.

Given that analysis, state leaders believed the cases potentially represented the beginning of a wave of what could be even more discontinuity, as more of the young children adopted years ago were now heading toward adolescence. This led them to be concerned both about the children's and family's well-being but also the costs the state would incur when the children re-entered care. During its data review, the state also noted a significant number of youth in private and intercountry adoptions who were entering foster care and also needing more costly placements.

After talking with staff, adoptive parents and guardians, and young people who had been adopted, State X decided to propose a two-pronged plan that would slow the potential wave of discontinuity before it arrived in force. Under the plan, the state would develop and implement a two-pronged service array that included:

1. intensive short-term post-permanency services designed to immediately address significant family stressors common in the discontinuity cases known to the agency, and
2. long-term support services beginning immediately after finalization focused on reducing the need for higher-intensity services.

Based on anecdotal data from other states' post-permanency programs, state leaders believed the services would prevent at least one-third of future re-entries into care and from one-quarter to one-third of the adoption dissolutions when children did enter care. They were able to quantify the costs savings for these potential outcomes to make the financial case for investing in post-permanency supports.

Step 2 — Develop an Action Plan

The agency team then created a detailed proposal for leadership about how they could develop a pilot program that would serve one large metropolitan area and two rural communities in the state. Based on conversations with post-permanency program leaders in other states, they planned a program that included a wide array of trauma-informed training for parents, adoption-competent counseling, parent and child support groups, and respite care as the long-term services plus case management, crisis intervention, and 24-hour support for families with the more intensive needs. They prepared a budget based on the experiences of other state leaders and outlined in the proposal how the costs of not offering supports would be even higher.

Once funding was secured, they decided to publish a request for proposals (RFP) for a private provider or providers. They knew it would take up to nine months to draft and publish the RFP and another six months before the contract could begin. They decided the pilot program would run for two years. State X also decided it would separately contract with a local university to conduct CQI and evaluation on the program.

Eight community-based mental health providers responded to the RFP, and State X chose one agency that already provided services statewide and had the strongest connections to foster and adoptive parents and child-placing agencies. The agency had a diverse staff statewide and a good relationship with the local university that would serve as evaluator. The final contract required the provider to submit quarterly reports to the state agency, with information on the number of children and families served by type of service, progress on state-



identified milestones, and challenges. The evaluation partner was required to meet regularly with the program leads and the state post-permanency team and to report quarterly to State X on the results of any evaluation finding.

Step 3 — Implement and Monitor a Pilot or Proof-of-Concept Model

As they negotiated the contract with the private provider, the state wanted to ensure that the intensive services for families with the highest needs were ready first. They required the provider to have the intensive services available within 90 days and gave them six months to start the services for families with less immediate needs.

As they prepared and reviewed the RFP, the agency had identified a core team of six to be the post-permanency program champions—the adoption program manager, two supervisors, and three subsidy line staff. Once the program launched, this team reviewed each quarterly report from the contractor, including results from CQI efforts, and met to discuss the findings. They also gathered input from a diverse advisory

committee of adoptive parents, guardians, and young adults who experienced adoption and guardianship who shared their thoughts about any needed changes to programming.

Early reviews found that families in crisis had multiple needs that were too challenging for staff to handle by phone or video call. As a result, the state amended the contract and allocated funds to the provider so they could add in-home meetings to their service array, sending a team of a counselor and an experienced adoptive parent to meet with families weekly for a month after a crisis call.

Parent surveys also showed that the provider's counselors and adoptive parent staff did not understand the impact of trauma on children's behaviors as well as state leaders thought they would. As a result, the state and the provider agreed that, beginning in year two, all of the provider's staff would go through the [National Adoption Competency Mental Health Training Initiative \(NTI\)](#) before taking on cases.

Once the early intervention services were rolled out, demand for support was lower than expected. The state responded by making changes in how it shared information with families, ensuring that new families understood the value of support and that the state didn't see it as a failing to access services. They brought adoptive parents and guardians to training to talk about the importance of early intervention and instituted a warm

handoff to the post-permanency program, ensuring that all families met with their local staff at the provider agency before the adoption or guardianship was finalized. They also asked the advisory committee of parents and young adults to provide guidance on changes to program brochures and language on the website. In addition, the private provider increased outreach to doctors, mental health providers, and school counselors to let them know services were available to families in need.

Step 4 — Review Progress, Make Adjustments, and Decide on Next Steps

Two years after the pilot began, evaluation data revealed that services had reduced family stress levels, increased family cohesion, and prevented out-of-home placements. State X saw stark improvements in the second year after making the adjustments noted above. With this data, the state was able to issue a new RFP to take the program statewide.

But the state didn't simply implement the program as it had been piloted. Data showed several challenges state leaders decided to address. The evaluators found that ongoing adoption-competent community-based mental health services were truly lacking in the rural community, so they changed the program rules to allow families to participate in the post-permanency program's counseling services for a longer time in underserved communities (two years rather than one). They also launched in-depth adoption-competency training for community-based providers in rural communities, providing a stipend to therapists and counselors who participated in and completed the program. At the same time, state leaders worked with the Medicaid agency to ensure providers statewide could be paid for telehealth visits.

Satisfaction surveys suggested that parents needed more help after counseling had ended, so state leaders added one-on-one parent support from parent coaches to the service array during the new RFP process.

Evaluation also showed that the training did not have as big an impact as State X had hoped—attendance was lower than expected and follow-up surveys showed limited impact on family dynamics. As a result, State X decided to implement the evidence-based Trust-Based Relational Intervention® (TBRI®) Caregiver training instead, eliminated the rest of the training program, and redirected the excess training funds to parent coaching. Parent coaches were also trained using TBRI®.

During the full rollout, the state again prioritized the more intensive services for families in crisis, allowing the selected provider three months to start those services statewide and a full year to launch the entire program.

To delve further into this topic, check out the Post-Adoption Center Resource Library:
www.postadoptioncenter.org/resource-library



This project is supported by the Administration for Children and Families (ACF) of the United States (U.S.) Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$4,000,000 with 100 percent funded by ACF/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACF/HHS, or the U.S. Government. For more information, please visit the ACF website, https://www.acf.hhs.gov/administrative-and-national-policy-requirements#book_content_7.