



SUPPORTING POST-PERMANENCY SERVICES: Lessons from Oklahoma and Michigan

In 2025, the National Center for Enhanced Post-Adoption Support team spoke with leaders in two states about their post-permanency services:

- Kevin Haddock, Director of Cost Allocation and Revenue Enhancement (CARE) in Oklahoma Human Services (OKDHS)
- Kathonya Rice, Program Manager of the Adoption and Guardianship Assistance Office in the Michigan Department of Health and Human Services (MDHHS)



Discussion focused on the post-permanency services of each state and how the two states have funded those services over time. Their experiences provide ideas for other child welfare leaders who are considering how to develop and to fund supports for adoption and guardianship families.

Supporting Adoption and Guardianship Families After Finalization

Oklahoma and Michigan's child welfare agencies offer services tailored specifically to the needs of adoption and guardianship families with the goal of ensuring these families' stability and well-being. These services are in addition to the states' adoption and guardianship assistance, which provides monthly subsidies and access to Medicaid for children with a special needs determination that suggests they would have been harder to place for adoption or guardianship.

OKLAHOMA

Oklahoma's OKDHS provides post-permanency services for families who adopt or take guardianship of children in foster care. A team of OKDHS staff specialists delivers the following supports:

- information and referral
- training
- support groups
- case management
(including educational advocacy)

For families experiencing significant difficulties, an OKDHS clinical support team offers comprehensive assessments and adoption-competent, in-home counseling. An assessment, typically conducted during in-home visits, drives the development of each family's treatment plan. Counseling focuses on family systems work. A counselor supports the parents through trauma and adoption psychoeducation and lessons in therapeutic parenting techniques. The counselor treats the whole family by using modalities focused on attachment, trauma, grief and loss, identity formation and openness in communication about adoption. After 12 to 15 sessions, the OKDHS clinician helps the family to find an adoption-competent provider in the community who can continue counseling for the family.



MICHIGAN

Michigan's child welfare agency has two primary, post-permanency services: a medical subsidy program and regional, post-adoption resource centers (PARCs). The PARCs serve all types of adoptive families, including those who have adopted privately domestically or from another country as well as families receiving guardianship assistance. The PARCs offer:

- information and referral
- support groups
- training
- comprehensive assessment to develop a family treatment plan
- in-home case management (including educational advocacy) for up to 12 months after the guardianship or adoption has been finalized
- 24-hour telephone support
- crisis intervention

The medical subsidy program aids families who adopt or take guardianship of children from foster care. A family may apply to this program for funding for medical expenses not covered by other resources if the child's medical diagnosis is certified as existing before finalization or as having been caused by an issue that existed before finalization. There are twenty-seven categories of subsidized services available, including behavioral support, in-home services, tutoring, therapy, orthodontia, and respite care. The respite care program provides financial support for parents and children to take restorative time away from

each other up to twelve times each quarter. Parents choose the provider themselves and can use a licensed provider if they prefer. The medical subsidy program also can support short-term, residential treatment if the parents are working toward reunification. Parents retain full child custody while receiving any subsidized, post-permanency services and choose the services they need.

Learn more about Oklahoma and Michigan's post-permanency support programs by reviewing the Post-Adoption Center's [Post-Permanency Profiles](#).

Building Support for Funding

Michigan's child welfare agency funds its post-permanency services by using appropriations approved by the state legislature including the adoption savings that are a result of the expansion of Title IV-E eligibility for children in adoption. The medical subsidy program costs about \$7 million per year and the PARCs are funded through a three-year contract totaling almost \$5.5 million.

Oklahoma's child welfare agency spends about \$4 million annually on its direct, post-permanency services. It spends 100 percent of its adoption savings on these services and on adoption and guardianship subsidies. Other costs are covered by Title IV-E administration funds and IV-E training funds. Haddock believes that the OKDHS has the potential to tap into Title IV-E prevention funds in the

future to provide evidence-based, support services to adoption and guardianship families whose children are at risk of entering care.

The child welfare agencies of both states have received strong support from their legislatures to continue and to expand programming over time. They have made the case successfully that to achieve the goal of permanency and well-being for children, the state needs to provide ongoing supports through adoption and guardianship assistance plus specialized, post-permanency services. Haddock explains, "At the end of the day, adoption is much cheaper than foster care. Services make sense for families and for taxpayers, so it has been easy to get decision-makers on board."

In Michigan, when the MDHHS wants to create or to expand services, the department sends a proposal to the state's budget office, outlining the program, its costs, and benefits. Budget office staffers then decide which proposals to put forward to the legislature.

In Michigan, Rice notes, adoptive parents have been important voices building the case to support families after finalization. They influenced the creation of the PARCs more than a decade ago. Before the PARCs were established, the state's child welfare staff could provide some services but lacked the capacity to offer intensive supports. Rice explains, "Adoptive families are very well represented in our state and have helped to make the case for having MDHHS put the supports in place that families need to maintain permanency. The state really recognizes the importance of permanency for children."

Haddock says that transparency with decision-makers is important during this process. OHS shares reports on the number of dissolutions, factors in dissolutions, and interventions that can make a difference. Agency staff also remain open to questions and concerns raised. Haddock adds, "We have to have conversations with lots of people about the challenges that

remain after permanency as a result of the impact of trauma on children. When you look at an adoption that dissolved and then look at different situations where the services addressed the challenge, it's powerful. It becomes almost a no-brainer."

Using Data to Expand Services and Funding

In Michigan, a 2021 analysis revealed that most adoption and guardianship dissolutions were due to children's severe behavioral problems. Parents reported that they were unable to keep their children safe at home. The state was able to use that data from this analysis to add two services to the medical subsidy program:


- In-home assisted care: This service allows the parents of a child who has severe mental and emotional problems or serious behavioral problems to hire a caregiver to come into their home up to eight hours a day. The parents must be present, but they can spend time with other children or do housework while the care provider supervises the children. The MDHHS permits parents to choose their own providers, and PARCs can help the parents to apply for the service and to find care providers.
- Specialized counseling: Families can choose a counselor that specializes in what a child needs (such as adoption counseling or equine therapy). In the past, families had to use Medicaid first, so they were limited to those providers who accepted Medicaid. Now, families can choose a counselor that best fits the child's needs, and the State funds will pay for the service if Medicaid and private insurance cannot.

The MDHHS staff is working to expand supports even further, including potentially allowing a Medicaid waiver that would extend eligibility to children who were adopted from foster care but are not receiving adoption assistance. Children who would qualify usually are younger than most and often have needs

that did not manifest before finalization. Rice explains, "We want all services available in foster care to continue into guardianship and adoption to support permanency and to ensure that families have the help they need."

MDHHS staff members sought data from parents while developing this latest proposal for change. To ensure that they understood families' needs, the staff held listening sessions with parents to gather feedback about what has been working well, what has been challenging and what the parents would like to see changed.

In Oklahoma, dissolution data drove the creation of the OKDHS post-permanency support program. A 2010 lawsuit brought extra attention to the fact that some adoptions were ending. Although the number of dissolutions was small, the agency staff decided to do a deeper dive into the data. Staff members performed extensive case reviews, examining which challenges families had been experiencing prior to dissolution, how early agency staffers could have known about these challenges and which interventions might have made a difference. During their analysis, the staff members realized that although some preventive services existed, they were not always effective for adoption and guardianship families. Looking at Oklahoma's unique circumstances during post-permanency program development also was important. Given Oklahoma's large population of American Indian Alaskan Native children and families, OKDHS staff members knew that they needed to partner with tribal nations and to ensure that services would be culturally responsive.



The OKDHS kicked off its post-permanency program by hiring staff to provide an information-and-referral service. As implementation of this new service got underway, OKDHS staff members heard from parents that one of their biggest challenges was accessing immediate clinical support. This led the staff to offer in-home counseling services as a pilot project. Following positive feedback, the OKDHS moved from the pilot phase into an ongoing, post-permanency program. Haddock says that the staff also realized the importance of helping families early in their adoption and guardianship journeys. He explains, “If you wait until families are in crisis, you can’t always pull them out. It’s important to get the services in place so they can avoid the crisis.”

Both state agencies report that data will continue to guide their future programming. To ensure that its services are effective, the OKDHS contracts with the University of Oklahoma to evaluate the post-permanency program and to provide guidance about any changes that need to be made. Over time, if the outcomes are good, the Oklahoma agency may expand its supports to serve other adoptive families. If the Michigan agency’s most recent request to expand its services is approved for funding, the MDHHS staff intends to track foster care reentries carefully to assess the impact of the added supports.

Conclusion

Developing and funding post-permanency services will be different for each state, tribal nation, and territory. Local needs, funding opportunities and political pressures will shape what is possible. The examples from both Michigan and Oklahoma have demonstrated that robust support for adoption and guardianship families can be attained if the child welfare agency:

- gathers and analyzes data (including input from those with lived expertise),
- makes a solid case about how services will support permanency, and
- remains responsive to decision-makers’ questions and concerns.

As Haddock notes, “Leaders need to figure out which families are thriving, and which ones are not in their particular system. Then they can focus on the points where their families are struggling and really go after those areas. They can start getting things in place to address these key areas and to explore what works.” He encourages leaders to be inventive with funding while they gather data and build support from their legislatures.

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.