



SUPPORTING AND PRESERVING ADOPTIVE FAMILIES

PROFILES OF PUBLICLY FUNDED POST-ADOPTION SERVICES

SUSAN LIVINGSTON SMITH

FUNDED BY THE DAVE THOMAS FOUNDATION FOR ADOPTION

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EXECUTIVE SUMMARY

As a nation, the U.S. has embraced the value of permanency through adoption for children who cannot safely live in their original families – a value based on the belief that all children need consistent, nurturing families to promote optimal development and emotional security, not only during childhood but throughout their lives. These adoptions not only benefit children but also result in reduced financial and social costs to child welfare systems, governments and communities. For over three decades, the U.S. government has focused considerable effort and funding on promoting adoptions from foster care, resulting in huge increases in their numbers – from an estimated 211,000 in FY 1988-1997 to 524,496 in the most recent 10 years, FY2003-2012 (Maza, 1999; USDHHS, 2013).

While adoption from foster care has become a federal mandate and a national priority, less attention has been paid to serving children after adoption to ensure that they can remain in their new families and that their parents can successfully raise them to adulthood. Given the traumatic life experiences that most children in care have endured, a substantial proportion of them will continue to have ongoing adjustment issues, some of which may intensify as they age. Many children adopted from institutions in other countries have had comparable experiences that pose some risks for their healthy development. Preparing and supporting adoptive and guardianship families both before and after adoption not only helps to preserve and stabilize at-risk placements, but also offers children and families the best opportunity for success.

A continuum of Adoption Support and Preservation (ASAP) services is needed to address the informational, therapeutic and other needs of children and their families. The overall body of adoption research has associated receiving post-adoption services with more positive outcomes and has linked unmet service needs with poorer outcomes (Barth & Berry, 1988; Groze, 1996; Leung & Erich, 2002; Reilly & Platz, 2004; Child Welfare Information Gateway, 2012).

The Donaldson Adoption Institute published a report in 2010, “Keeping the Promise: The Critical Need for Post-Adoption Services to Enable Children and Families to Succeed,” then formed a national coalition of adoption and child welfare organizations to work toward enhanced development of post-adoption services. The following year, DAI held two post-adoption policy and practice summits, bringing together experts from around the country and creating a strategic plan for national development of ASAP services. The top priority identified in both summits was: “At both the state and federal levels, build the case for adoption support and preservation services and strengthen the mandate to provide them.”

This new study, “Supporting and Preserving Adoptive Families,” provides the most extensive examination to date of what services states are providing, who is eligible to receive them and how they are being funded. DAI is simultaneously publishing a companion report, “Keeping the Promise: The Case for Adoption Support and Preservation (ASAP),” which synthesizes past knowledge and provides new DAI research from eight states and from national data on the extent of adopted children re-entering foster care, the circumstances involved in both foster care re-entry and adoption dissolutions, and the significant number of children adopted from foster care who require ongoing mental health services.

An analysis of the profiles of post-adoption services in 49 states indicates that as a nation, we have made some strides in developing ASAP services, particularly in those 17 states that were rated as having

substantial programs. At least 13 states, however, have almost no specialized ASAP programs, and even the most developed service arrays often serve only a segment of those with significant needs. For example, many of the specialized therapeutic programs have limits in service duration or frequency or serve only those special needs children adopted from foster care in their own state. Some target only those children who are at imminent risk of placement outside of the home.

This study focuses on other strategic priorities developed at the two national summits – 1) review state-supported ASAP programs to develop a synthesis of existing models and practices for the provision of each type of service in the continuum of ASAP services; 2) assess how the services are funded; and 3) review programs that are currently open to all types of adoptive families to explore ways to be more inclusive to other types of adoptive families. Through phone interviews with child welfare departments' adoption state program managers and contractual post-adoption providers in some states, profiles were developed describing the ASAP service array in 49 of the 50 states; only one declined to participate. Administrators were queried about other post-adoption issues as well, such as whether their states had experienced significant funding cuts, if research or evaluation studies had been conducted in their states on post-adoption issues in the past decade and whether their states tracked post-adoption instability.

Preceding the state profiles is an analysis of the range of approaches used by states to deliver seven types of ASAP services – information and referral, education programs or materials, support programs, therapeutic/counseling interventions, advocacy, respite and residential treatment. **Through an analysis of the 49 state profiles, the level of development of state ASAP programs was assessed** by classifying them into minimal (no special services for adoptive families other than subsidy); moderate (some mid-level services developed, such as training or support groups; and substantial (several services developed, including some type of specialized counseling program). **Overall, 17 states were classified as having substantial post-adoption programs. Thirteen states were classified as not offering any adoption-specific services outside of the subsidy. The other 19 states were classified as moderate**, in that they had some specialized services for adoptive families, most often education and/or support groups.

ASAP must be an integral, essential part of adoption. Just as the complex process of treating a significant and ongoing health issue requires ongoing care and specialists who understand the complications that can arise and how to best address them, the adoption of a child with complex special needs requires distinctive services to address the challenges that arise over time. No one would conceive of sending a heart transplant patient home with no follow-up, aftercare or access to expert treatment if difficulties develop. In the same vein, ASAP services are just as vital to an adoptive family's success in integrating and effectively parenting a child who had early experiences of maltreatment and loss.

The Adoption Institute offers these recommendations to address the critical needs of children and families in the development of adoption support and preservation services:

- Create an array of ASAP supportive and preventative services and make them accessible to all families who need them. This continuum should include specialized adoption preservation services for families experiencing severe difficulties, including case coordination, advocacy, and state-of-the-art assessment, intervention and respite.
- Develop services tailored to the specific needs of a variety of adoptive families, including those parenting children with specific types of conditions such as fetal alcohol spectrum disorder or

attachment challenges; the range of adoption types, including transracial adoptions, open adoptions, and adoptions of children into families headed by lesbian and gay parents or relatives.

- Develop programs that provide support directly to children and youth.
- Enhance funding for adoption support and preservation services by creating a federal funding stream dedicated to PAS and by developing partnerships among organizations across a range of auspices at the federal, state and community levels. Policies and laws need to require the provision of ASAP services for families who need them.
- Provide adoption-competency training to child welfare and mental health professionals.
- Develop partnerships among organizations across a range of auspices at the federal, state and community levels in order to maximize the development and accessibility of ASAP services.
- Educate pre-adoptive parents on the benefits of adoption support and preservation services, and reframe help-seeking as a strength.
- Develop a system for addressing the needs of families that “fall through the cracks.”
- Maximize ASAP services available to all types of adoptive families. The Hague Convention on Intercountry Adoption requires the U.S., as a country that ratified the treaty, to “promote the development of adoption counseling and post-adoption services in their States.”
- Facilitate additional research on post-adoption interventions in order to create an evidence base on services that are most effective.

Conclusion

When families struggle to address the developmental consequences of children’s early adversity, they should be able to receive – as a matter of course integral to the adoption process, and not as an “add-on” that can be subtracted – the types of services that meet their needs and sustain them. Adoptive parents, professionals, state and federal governments, and we as a society share an obligation to provide the necessary supports to truly achieve permanency, safety and well-being for the girls and boys whom we remove from their original homes. In the 21st Century, given the profound changes that have taken place in the characteristics of children being adopted (that is, most are from foster care), adoption should be reshaped into an institution that not only creates families, but also enables them to succeed.

SUPPORTING AND PRESERVING ADOPTIVE FAMILIES: Profiles of Publicly Funded Post-Adoption Services

As a nation, the U.S. has embraced the value of permanency for children who cannot safely live in their original families – a value based on the belief that all children need consistent, nurturing families to promote optimal development and emotional security, not only during childhood but throughout their lives. Over the past several decades, we have made tremendous progress in finding adoptive families for children in foster care. Our next challenge is to assure that these families – the ones already formed and every new one – can receive the Adoption Support and Preservation (ASAP) services they need to raise their children to healthy adulthood.

This report delineates the ASAP services that are currently offered through public child welfare systems across the U.S., and identifies existing models for the provision of each type of service in the continuum of ASAP services. It also analyzes how these services are funded and identifies research that has been conducted on these services. A companion report that is being published jointly with this one, “Keeping the Promise: The Case for Adoption Support and Preservation,” clearly presents the rationale for ASAP services by examining outcome research on adoption, presenting new research on post-adoption instability, and analyzing federal policies and the cost-effectiveness of maintaining children in their adoptive homes versus returning them to care (Smith, 2014a).

INTRODUCTION

Adoption as a preferred plan for children who cannot return to their original families is supported by a substantial body of research.¹ Compared to remaining in foster care or an institution, adoption:

- Offers greater stability.
- Offers the greatest potential for resiliency, particularly if children are placed when younger.
- Promotes emotional security, sense of belonging and general well-being.
- Offers support to assist children in the transition to adulthood and a lifelong family.

This concept of permanency has been a central tenet of child welfare reforms since the 1970s, as research underscored the harmful effects to children of “drifting” in care and the reality that many were spending most of their childhoods in the foster care system (Fanshel, 1976, 1978). For over three decades, the federal government has recognized that adoption provides a lifetime of benefits for children who cannot be safely reunified with their families of origin, and it has focused considerable effort on promoting adoptions from care. Dramatic shifts in child welfare policy and practice related to

¹ An overview of this research and that on post-adoption services is contained in a report and a book from the Donaldson Adoption Institute (Smith, 2013, 2014b).

adoption over the past several decades have resulted in a rapid and sustained increase in these adoptions. In the 10 fiscal years preceding the Adoption and Safe Families Act (ASFA) (1988-1997), an estimated **211,000** children were adopted from care (Maza, 1999); in the most recent 10 years (2003-2012), **524,496** adoptions were reported – roughly two and a half times as many (USDHHS, 2013).

While child welfare adoptions have escalated and leveled off at over 50,000 annually, intercountry adoptions into American families have escalated and then steadily declined. These adoptions increased from 6,472 in 1992 to a peak of 22,884 in 2004; the most recent figure was 7,094 for 2013, and this rise and fall is mirrored worldwide (Department of State, 2014; Selman, 2012). In addition to the steep drop in numbers, the types of children being adopted from other countries have shifted. Many countries of origin, including the largest ones such as China, are increasingly allowing the intercountry adoption primarily or exclusively of children who have special needs, are older, and/or are in sibling groups (Pinderhughes, Matthews, Deoudes, & Pertman, 2013).

Approximately one million children have been adopted into U.S. families over the past 15 years from foster care and from abroad, almost all of whom came with experiences that pose some risks for their ongoing development – factors such as prenatal substance exposure, early deprivation and neglect, abuse, interrupted attachments, health issues and/or genetic vulnerabilities. In addition, some children adopted as infants also enter their families with risks for later challenges. Several decades ago, adoption was envisioned as a “happily ever after” ending for children who had come from difficult beginnings; however, research on “special needs” adoptions and on the impact of trauma on child development has underscored the reality that adoption does not erase the impact of early adverse experiences. Rather, considerable healing work is needed to address the consequences of those experiences. Protective factors in children and families promote resilience, but we know that many of them face challenges that require professional help to understand and address their needs and improve their well-being.

Research indicates that adoptive families are three to four times more likely to seek counseling for their children, and five to seven times more likely to seek residential treatment, than are birth families (Price & Coen, 2012; Vandivere, Malm, & Radel, 2009; Howard, Smith & Ryan, 2004; Landers, Forsythe, & Nickman, 1996). While some of these differences may be due to a greater willingness to seek help, they also point to a higher level of challenges. For example, while approximately 10 percent of children in the general population receive mental health services, the National Survey of Adoptive Parents reported that these figures for adopted children age 5 and older were much higher – 46 percent of foster care adoptions, 35 percent of international adoptions and 33 percent of private domestic adoptions. For adopted adolescents, these percentages were higher still – 57 percent of teens adopted from foster care received mental health services (Vandivere, et al., 2009).

The challenges faced by these children and their families may lead to post-adoption instability. A new study by the Donaldson Adoption Institute (“Keeping the Promise: The Case for Adoption Support and Preservation”) published jointly with this report (“Supporting and Preserving Adoptive Families: Profiles of Publicly Funded Post-Adoption Services”) reviewed available research related to post-adoption needs and instability (Smith, 2014b). A synthesis of this study’s overall findings supports the following conclusions about youth adopted from the child welfare system:

- Approximately 10 percent re-enter care at some point, and the adoptions of a minority of them (one-quarter to one-third of the 10%) are legally dissolved.

- An additional 10 percent or more leave their homes after adoption for either short- or long-term periods other than through the child welfare system. (This preliminary conclusion is based primarily on the LONGSCAN study² and requires further empirical exploration.)
- An additional 20-30 percent of youth and their families, face significant challenges that would likely benefit from specialized adoption-competent and trauma-based therapeutic counseling.

Also, the vast majority of youth who re-enter foster care do so as pre-teens or teens, many years after their adoptions. These findings underscore the need for early and ongoing services to minimize problematic adjustments and post-adoption instability.

Adoptive parents need special knowledge, skills and support to address challenges as they arise. While this process can and should begin in the preparation phase before adoption, much of it needs to extend over the course of the child's development. Some strengths and abilities that are particularly important for parents are:

- Understanding the adopted child in light of his/her history
- Understanding that loss, trauma, adoption and identity issues will resurface in different ways over the course of the child's development, particularly during adolescence
- Having realistic expectations for the child
- Knowing where and when to seek help
- Being able to empathize with a child's feelings and perceive his/her strengths
- Taking care of themselves and managing their' own reactions in interactions with the child
- Mastering the art of therapeutic parenting

Such understanding and skills are beyond the love and support that are part of all parenting; they are acquired through training, support groups, adoption-competent counseling and other types of services. For too many parents raising adopted children with complex needs, effective post-adoption services are lacking, and so the permanency and well-being of their children are threatened.

A continuum of adoption support and preservation services is needed to address the informational, supportive and therapeutic needs of children and their families. The overall body of adoption research generally has associated receiving post-adoption services with more positive outcomes and has linked unmet service needs with poorer outcomes (Barth & Berry, 1988; Groze, 1996; Leung & Erich, 2002; Reilly & Platz, 2004; Child Welfare Information Gateway, 2012).

² This longitudinal study was mandated by Congress and begun in 1991. Studies in six sites focused on the antecedents and consequences of child abuse and neglect, and the San Diego site followed a sample of children placed into foster care prior to age 3 ½ up to age 20.

The Integral Role of Adoption Support and Preservation in the Continuum of Adoption Services

“Adoption is a lifelong process” is a mantra in the field that cannot be over-emphasized. Too often, however, adoption is conceptualized as a one-time event and not an ongoing journey. The Adoption Institute’s first “Keeping the Promise” report reviews what is known about the factors that shape adoption adjustment, the needs of adopted youth and their families after adoption, the services that meet these needs and the consequences of not addressing them (Smith, 2010).

The service needs of adopted children and their families vary significantly across a continuum of child and family functioning. While unique challenges may arise in any adoptive family and all may benefit from education and support, those with children who have significant emotional or behavior problems have the greatest service needs after adoption. The layers of issues and dynamics present in complex, chronic adjustment difficulties are often not understood by adoptive parents or the professionals they contact. The type of help parents seek most is adoption-competent therapy, but research indicates that most mental health professionals lack relevant training and thus are unable to provide the services that children and their families need (Brodzinsky, 2013; Atkinson, Gonet, Freundlich, & Riley, 2013).

This inability of adoptive families to find adoption-competent services led to the development of specialized post-adoption services and supports beginning primarily in the late 1980s and 1990s. Many states developed exemplary programs, yet some still have virtually no specialized post-adoption services outside of adoption subsidies. Also, some of those programs that were developed have since been eliminated or scaled back.

A useful framework for conceptualizing the service needs of families after adoption was developed by a post-adoption professional in Britain and described as “matching needs and services.” Randall (2009) conducted a needs assessment on a sample of 103 children placed for adoption from foster care; the research identified the needs of these children in relation to ongoing parenting and support that were apparent at the time of placement. These were categorized into nine levels of need, ranging from the lowest to the highest level of complexity and difficulty. At the lowest level (*apparently straightforward*) were children who were placed at very young ages, had no known prenatal or genetic risk factors, and demonstrated normal development. These children were assessed as needing support around lifebook work to address identity issues, transfer of attachment from previous caregivers and work in addressing contact plans with birth families, when appropriate. The top level (*complex, high risk*) involved children with many previous placements, significant maltreatment histories and challenging behaviors; the list of needs for these boys and girls, beyond normal parenting, included 13 items. Among them were:

- Parents with secure attachment histories who can cope with low levels of rewards
- Therapeutic parenting
- Parents who can understand children’s behavior in light of their histories
- Assistance to help children get in touch with their feelings
- Access to mental health services and therapy

- Supportive school environments that understand children in context of their histories

In an ideal world, children with high levels of need could be matched with parents who already have the insights and skills for therapeutic parenting, as well as access to necessary services; in reality, however, these ongoing needs often are not known or clearly articulated at the time of placement, nor are they linked with ongoing services. Adoptive families with knowledge and experience in parenting challenging children are in scarce supply and must learn “as they go” to understand their child’s needs and effective strategies for meeting them. Also, for children who are very young at the time of adoption, developmental and emotional consequences related to risk factors in their backgrounds may not become evident for some time, emerging when they start school or reach adolescence. **It is vitally important that families be able to access services as needs arise across the adoptive family lifespan.**

It is important to prepare pre-adoptive parents for challenges they will likely face and to assist them in understanding how and where to seek help. This should be an ongoing process – that is, adoptive parents’ awareness and basic knowledge can be enhanced during the preparation phase, but they likely will be most receptive to engaging in specialized training or receiving other services once they have a child and perceive a direct application of the knowledge or resources to their own family situation. The necessary understanding, perspective and skills they need to successfully raise their adopted child is likely to be acquired through post-adoption services.

Adoption providers should communicate to parents the array of post-adoption resources and services that are available, based on their location and type of adoption; these include more informal resources, such as Internet courses or affiliation with adoption organizations. For their own reference, agencies need to delineate the range of post-adoption needs that their families have identified in the past and consider the potential referral resources and services that most effectively meet these needs, thereby identifying any significant gaps between needs and available services.

Services to support adopted children and their families need to be available from the time all parties come into contact with a permanency worker or adoption professional, throughout the placement process and after the adoption. **In the preparation phase, prospective parents need to be educated about the range of issues that influence adjustment after adoptive placement,** including:

- Risk and protective factors shaping adopted children’s adjustment and how to meet their mental health and developmental needs
- Loss and grief issues for themselves and their adopted children
- Talking with children about adoption and addressing identity issues
- The range of issues related to adoption openness – the evolution of relationships with birth family members, developing effective open relationships, and search and reunion supports
- Community resources for post-adoption education, support and therapeutic intervention

During the matching process, professionals should explore with pre-adoptive parents their expectations and their comfort level with a range of risk factors in children. In presenting specific children to prospective parents, and once a match has been confirmed, the professional needs to help

them translate known information about a child's genetic, prenatal and early life history into the implications for the child's development and the likely needs he or she will have for special parenting or resources. Parents need to be educated about the kinds of post-adoption resources and services that would be most relevant to their needs. In other words, professionals must first translate the child's history into an explication of needs the family is likely to encounter in parenting, and then translate those needs into information on post-adoption services.

This process will flow into the post-adoption period as parents' receptivity and need for this information evolves over time. The model of *Matching Needs and Services* gives examples of this process. Just as children's needs that are apparent at the time of adoptive placement may vary on a continuum from low to high, adoptive parents also may have needs or issues for which they are likely to require post-adoption services. Examples may include ongoing struggles related to infertility or the need for greater parenting knowledge and skills for dealing with the challenges of a particular child.

In the post-placement period before adoption finalization, professionals support parents in their adjustment to the adoption, in understanding and addressing issues that arise and in integrating their child into the family; this includes developing a secure attachment with the child, as well as encouraging his/her integration into the nuclear and extended families. In open adoptions, developing a collaborative relationship with birth relatives also should be a focus of post-placement services for both families.

Needs related to adoption emerge for years after placement, and **post-adoption services should include preventive and early-intervention services, basic supportive services such as support groups and training, and more-intensive services for families that are really struggling.** Some services are more formal and offered by professionals, while others may be informal and provided under adoptive parent-sponsored programs or via the Internet. Prospective adoptive parents need to be educated to understand the range of ASAP services and their benefits. They also need to be prepared to understand that adoptive parenting can be different in significant ways from parenting birth children, and that accessing informal or formal services (including education and support for themselves and their adopted children, or clinical services if needs arise) is an indication of strength and confidence, not a sign of parental inadequacy, as some may perceive.

Just as the complex process of treating a significant and ongoing health issue requires ongoing care and specialists who understand the complications that can arise and how to best address them, the adoption process of a child with complex special needs requires distinctive services to address the challenges that arise over time. No one would conceive of sending a heart transplant patient home with no follow-up, aftercare or access to expert treatment if difficulties develop. In the same vein, ASAP services are just as vital to an adoptive family's success in integrating and effectively parenting an adopted child who had early experiences of maltreatment and loss.

Adoptions at Risk

Breakdowns in adoptions, either before the legal finalization (disruption) or after it has taken place (dissolution), are a concern, particularly for children with severe difficulties. It is essential to recognize that it is not just the legal collapse of the adoption or the placement of a child out of the home that is an important concern, but also the psychological cost of ongoing difficulty to the entire family. **When a**

family struggles for many years to address a child's needs and yet continues in severe turmoil, parents often experience a sense of powerlessness, hopelessness and failure (Smith & Howard, 1999).

Specialized services for adoptive families have been developed in many states to provide support and therapeutic interventions and to stabilize at-risk adoptions. While the severity of behavior problems is associated with disruption and dissolution, there are also other considerations that affect the ability to continue parenting children in very difficult circumstances. Adoption breakdowns involve an ongoing emotional process in which tensions build over time after parents unsuccessfully attempt to ameliorate children's negative behaviors. The unremitting, insurmountable problems – along with parents' personalized interpretations of the meaning of children's behaviors – erode the parents' ability to empathize with their children, weaken their attachment, and lead to a feeling of alienation or a sense that they have reached a point of no return (Partridge, Hornby, & McDonald, 1986).

Adoption preservation services seek to address these issues in the entire family and with other systems involved with the family. The types of post-adoption services required to help families in severe situations clearly go beyond weekly counseling sessions. They typically include:

- Family therapeutic interventions with home-based service availability
- 24-hour phone support in emergencies
- Advocacy for other needed services (educational, diagnostic, etc.)
- Child and parent support groups
- Case coordination with other professionals
- Respite care

Workers providing these services need specialized training in a range of competencies and interventions. Several models of intensive adoption preservation services are described in the state profiles included in this study.

The Nature of this Study

This qualitative study of ASAP services describes the current status of post-adoption services funded through public child welfare organizations across the U.S., with the intent of states using this information as a resource for further developing their offerings. The information in the 49 state profiles (one state declined to participate) was collected through phone interviews with state adoption program managers and administrators of private post-adoption programs that received state funding to deliver ASAP services. It is important to note that adoption subsidies are a primary post-adoption support that the vast majority of child welfare adoptive families depend on.³ Currently, 92 percent of families adopting from foster care receive such subsidies, although a minority of these are deferred (no monthly subsidy is paid, but the child qualifies to receive financial assistance if needs emerge). With the subsidy, these families receive Medicaid cards to help with dental and medical costs, including psychiatric and mental health expenses (USDHHS, 2013). In a substantial minority of states, services paid for through subsidies and those open to the general community are still the only post-adoption services available; however, the majority of states have developed some specialized ASAP services.

We asked respondents about the approaches their states use to provide the following types of post-adoption services:

- **Information and Referral** – This refers to a range of programs that exist to provide a brief assessment of needs and referral to appropriate resources.
- **Education Programs or Materials** – All adoptive parents can benefit from learning more about the impact of adoption on children’s development over the life cycle, particularly in relation to identity, loss, and coping with stigma or questions from peers and adults. They also may need education to understand the particular needs of their own adopted children and how to best meet them. There are many informal educational resources (magazines, books, Internet) and formal services for adoptive parents, as well as for adopted children.
- **Support Programs** – Individuals in the Extended Family of Adoption sometimes need social support, which, like education, may be provided informally or through formal services. Primary approaches to providing such services include support groups, mentoring programs, organized social activities for adoptive parents and/or children and retreats and camps.
- **Therapeutic/Counseling Interventions** – Adoptive families need and utilize clinical services of all types with much greater frequency than do birth families. These include brief problem-solving counseling, clinical evaluations, individual and family therapy, and more-intensive crisis intervention and adoption preservation services.
- **Advocacy** – Families may need professional help to assist them in getting services that are sometimes difficult to obtain, such as a new school placement or residential treatment.

³ For more research and analysis of the role of adoption subsidies in promoting and maintaining adoptive families, see the Adoption Institute’s educational brief, “The Vital Role of Adoption Subsidies: Increasing Permanency and Improving Children’s Lives (While Saving States Money)”: <http://adoptioninstitute.org/old/advocacy/subsidies.pdf>.

- **Respite** – Parents of children who present a high level of challenges may need formal respite services, which are often difficult to obtain. In addition to those programs developed specifically for adoptive families, there are often services through agencies serving special needs populations.
- **Residential Treatment** – Some adopted children with severe mental health needs may require more extended treatment outside their homes; accessing these services is often complex and difficult.

Another category of post-adoption services – search, reunion and mediation – was ultimately deleted from the interview schedule. After completion of several interviews, the decision to omit this category was made because states' services were very similar, and the category was less central to the primary focus of adoption support and preservation. Some states added information on this service when they were sent the written profiles for review.

The profiles also include information on eligibility criteria for services, funding, state laws that support adoption support and preservation, noteworthy practice models or research conducted on post-adoption issues, and information related to the state's ability to track adoption disruption and post-adoption instability.

Limitations of the Study

It is important to emphasize that when a service is described as being offered, it does not mean that it is accessible to all who may need it or that it is sufficient to meet the needs of families. This report does not evaluate the quality and effectiveness of these services; rather, it describes the array of ASAP services offered through public child welfare programs. Also, in some profiles, responses on several questions might need further clarification or exploration, particularly in relation to the amount of funding spent on ASAP services. Attempts were made to clarify answers that seemed too vague, but we were not always successful in getting such clarification. With that said, we are very grateful to the child welfare personnel in the 49 states who provided information about their post-adoption services.

The Range of Approaches Used to Provide Specific Services

The ASAP services that have been created by states vary considerably in the extent of their development, design, service parameters and types of families who may be served. Through an analysis of the 49 state profiles, **the level of development of state ASAP programs** was assessed by classifying them into minimal (no special services for adoptive families other than subsidy); moderate (some mid-level services developed, such as training or support groups; and substantial (several services developed, including some type of specialized counseling program). Overall, **17 states were classified as having substantial post-adoption programs**. This did not mean that they had every possible service but, rather, that several adoption-specific services were offered, including a statewide adoption-competent counseling program, whether brief or longer term. **Thirteen states were classified as not offering any adoption-specific services outside of the subsidy**. The ASAP services of the other **19 states were classified as moderate**, in that they had some specialized services for adoptive families, most often educational and/or support groups.

A few states designated public agency workers to provide brief services, such as information and referral, case management, crisis intervention and advocacy. Examples of this approach are in Utah, which reported 19 post-adoption workers around the state, and in New Hampshire, which has five post-adoption workers. In addition, Indiana has state employees with the title of Special Needs Adoption Program Specialists; there are seven SNAPS across the state who primarily provide information and referral. In Washington there are 12 state workers who provide support and information services to families after adoption. Most states contract with private providers to deliver ASAP services.

This analysis outlines primary approaches to providing services in each of the seven categories listed above. While these categories are not mutually exclusive, they provide a framework for examining the range of post-adoption services. The state profiles following this summary describe more fully the programs that are highlighted here. The examples given are not meant to be a comprehensive listing of every program or even to mention every noteworthy program that exists in that category but, rather, they illustrate the range of approaches for service provision.

Types of Adoptive Families Served

In the majority of states, only children who were adopted from foster care are eligible for ASAP services; however, **at least some adoption-specific services are open to all types of adoptive families in 21 states.**⁴ In many of these 21, the services available to all adoptive families are extensive; in others, training events and support groups are offered to all adoptive families, but more-expensive services such as therapeutic programs are reserved for those who adopted from foster care. States with programs serving all types of adoptive families were reviewed to assess the extent to which relatively equal services (other than residential treatment) were available to those who adopted infants in this country or children from other countries as to families whose children came to them from foster care. Thirteen of the 21 states were classified as giving all adoptive families pretty much equal status in accessing adoption-specific services. (A few of these may have given preference to children adopted from foster care in programs that filled up, such as camps.)

Examples of substantial services provided to all adoptive families include Ohio's Post-Adoption Special Services Subsidy of up to \$15,000 a year, the adoption preservation programs in Illinois and Virginia, Pennsylvania's SWAN program, and New Jersey's Post-Adoption Counseling Services (PACS) program. Tennessee – which also has a substantial adoption preservation program – provides services free of charge to those who adopt from the state's foster care system, but charges fees on a sliding scale for other types of adoptive families.

Information and Referral

In a needs assessment survey of 450 adoptive families in New York, 93 percent of parents identified informational services as the help they most needed (Festinger, 2006). All states provide adoptive families information and referral services (I&R) at some level, but the types and extent of services in this category vary widely. The states with the least-developed post-adoption programs typically have

⁴ **Equal status in eligibility:** Alaska, Delaware, Illinois, Indiana, Kansas, Mississippi, New Jersey, North Carolina, Ohio, Pennsylvania, South Dakota, Vermont, Virginia; **Partial services to other types of adoptions:** Alabama, Arkansas, Connecticut, Florida, Kentucky, Nebraska, New Mexico, Tennessee, Wisconsin.

families call adoption or subsidy workers to obtain information about resources that are most relevant to their needs, even though some parents may find it hard to return to the system that “certified” them as “good enough” parents for fear of appearing inadequate, particularly if they are still active foster parents. Most states, however, have developed other strategies for providing information and referral.

A centralized toll-free number or helpline (also called a warmline) is provided in many states⁵, with some providing brief answers to specific questions and others offering more in-depth assessment and support from a professional. For example, Illinois has a post-adoption unit within its state child welfare department that includes an Adoption Support Line with a toll-free number. This line is staffed by skilled adoption preservation workers, provides immediate assistance for families in urgent need, and connects them with a local adoption staff expert for longer-term needs.

Another strategy for imparting information to adoptive parents on a variety of topics (the range of services, training calendars, available support groups, information on specific special needs, etc.) is a post-adoption website. At least 14 states⁶ either provide such sites through their child welfare departments or contract with private providers to develop and maintain them. In a few other states, parent organizations sponsor such sites, like the one developed by the Colorado Coalition of Adoptive Families or by Together as Adoptive Parents (TAP) in Pennsylvania. TAP hosts a website (www.taplink.org) with detailed information about statewide and local resources. All those listed have been screened as adoption-informed or adoption-competent and are cross-referenced by county and type of service (therapy, tutoring, respite, educational advocacy, occupational and physical therapy, sensory integration, etc.).

Other examples of well-developed websites include NJ ARCH (Adoption Resource Clearing House) in New Jersey (<http://www.njarch.org/>), which provides phone and web-based services including a warmline, information on training opportunities and online courses, a listing of support groups, chat rooms for adoptive parents that offer times for discussion of specific topics, and information on a range of other resources. A county-based website is hosted by Sacramento County in California (www.postadoptionlink.org); it includes I&R, training schedules, relevant research and articles, counseling and therapy information, recommendations on books, and information on the Wraparound program and how to access it.

Some states⁷ provide resource guides to their adoptive families, and Wyoming enrolls each family for a subscription to *Fostering Families Today* magazine. Another common tool for reaching families and sharing information on a regular basis is a periodic newsletter.

Finally, some states have developed outreach strategies to connect new adoptive parents to post-adoption programs, with the hope that this will increase their utilization of preventive services and their comfort in accessing therapeutic services when needed. For example, Tennessee’s ASAP program is quite deliberate in doing outreach. Adoptive families are informed about the program at the signing of their Intent to Adopt and Adoption Assistance documents and are encouraged by their workers to use

⁵ See Alabama, Florida, Hawaii, Illinois, Indiana, Kansas, Massachusetts, New Jersey, New York, Pennsylvania, Wisconsin, Wyoming.

⁶ Connecticut, Georgia, Indiana, Iowa, Missouri, New Jersey, New York, Ohio, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Washington.

⁷ Colorado, Illinois, Massachusetts, Michigan, New York and Washington.

the program. Tennessee also recently added a backpack outreach program similar to one in Wisconsin. The regional Post-Adoption Resource Centers in Wisconsin provide outreach through a “Home to Stay” program funded by Jockey Being Family. Each child in a new adoptive family receives a personalized backpack (furnished by Jockey), which is filled with gifts and goodies and which is distributed either at a party with several families or during a home visit by PARC personnel. At the same time, adoptive families are encouraged to connect with each other through PARC services. A recent survey of families receiving a visit in 2013 showed that 82 percent of those who were visited had used some additional services throughout the year.

Education and Training of Adoptive Families

Education and training for adoptive parents is offered by virtually all states in some form; at a minimum, it is ongoing foster parent training that also is available to adoptive parents. With the growth of Internet access, the use of webinars and teleconferences has increased significantly over the past few years, making it possible for even families who live in remote places to participate in educational events. Alaska is one such state that has benefitted from the use of teleconferencing and self-study courses. Georgia’s Center for Resources and Support also provides a variety of training opportunities to adoptive parents, including 19 online courses, many webinars and an array of in-person trainings (<http://gaadoptionresources.org>).

Many states offer annual conferences for adoptive parents, often contracting with a Foster and Adoptive Parent Association to host the event. Some also contract with parent organizations to deliver trainings around the state; for example, the Iowa Foster and Adoptive Parent Association offers up to 10 courses in each of the five regions of the state that are available to any adoptive parent (international, private domestic or from foster care). The Connecticut Association of Foster and Adoptive Parents (CAFAP) is funded by the state to provide educational programs to parents, including a post-PRIDE program of continuing education. (PRIDE stands for Parent Resources for Information, Development, and Education.) Post-Adoption Resource Centers, Alliances and Consortiums in various states also host conferences and trainings.

Alabama offers at least two statewide conferences for caregivers annually, as well as up to 10 free webinars. Delaware offers (in two locations) five specific adoption workshops for parents, with child care provided. These include a six-session Parenting with Love and Logic training, a Bonding Workshop for parents and children together, and others on Brained Based Parenting, Developmental Differences and Sensory Integration, and Reaching Out to Law Enforcement.

In Rhode Island, the state contracts with Adoption Rhode Island to deliver the Preserving Families Program, which is staffed by masters-level clinicians who provide direct parent education and support, as well as other services: <http://adoptionri.org/programs-and-services/for-parents-family>. The Oregon Post-Adoption Resource Center (ORPARC) hosts trainings throughout the state at no charge to eligible users, and translation services and special accommodations are also available.

One of the most intensive arrays of educational opportunities offered to adoptive parents is in Kentucky. Adoption Support for Kentucky (ASK) posts a regional training calendar on its website, <http://www.uky.edu/TRC/ASK>, with two trainings a month offered in each of the 10 regions, covering a wide variety of topics. Nine parent liaisons deliver the trainings in conjunction with support groups. In

addition, a Training Resource Center, through a program at Murray State University, provides a wide range of training across the state and publishes *FASTrack Magazine*, which is distributed to both foster and adoptive parents.

Eighteen states reported offering lending libraries for their adoptive families; these offer CDs, DVDs and videos, as well as books and magazines. Some states, including Alabama and Oregon, provide return postage, while others have site-based, regional libraries (Montana, North Carolina). Still others have lending libraries in post-adoption regional centers, such as Wisconsin's PARCs.

A few states offer training opportunities for children and youth, which often serve the dual purposes of education and support. Massachusetts, Virginia and Wisconsin, for instance, provide training for children based on the W.I.S.E. Up! Curriculum developed by the Center for Adoption Support and Education. In Delaware, participating children and youth receive relevant life skills training twice a month at the Rec and Respite Program. The Adopted Teen Empowerment & Mentoring Program (ATEAM) in Georgia provides youth with monthly opportunities for mutual support and self-expression through group interactions with other adopted teens. Their parents are invited to participate in parent training concurrently. Additionally, ATEAM provides an annual training retreat for youth and parents.

Education of Service Providers

A primary barrier to receiving effective post-adoption services is the scarcity of mental health and other professionals who understand adoption issues. Findings from numerous adoptive parent surveys have documented their difficulty in finding professionals who are knowledgeable about adoption or the range of issues affecting adopted children who experienced deprivation and maltreatment (Nelson, 1985; Massachusetts Department of Mental Health, 1994; Festinger, 2006). Therefore, a critical approach that was reported by respondents both under the categories of "Education" and "Therapeutic Services" was the training of mental health and other providers to serve adopted children and their families.

New Jersey offers one approach to ensuring that adoptive families are able to access competent mental health and other services. The state provides cross training to the Children's System of Care providers, funds a 45-hour Adoption Clinical Certificate (ACC) program for community providers and offers ongoing training at local Family Success Centers. All of the Post Adoption Center (PAC) clinicians must complete the ACC program, and the state hosts "Meet and Greet" events to reconnect with families and familiarize them with competent service providers and agencies.

Connecticut runs an annual six-part workshop series for in-home providers and therapists to increase their understanding of and skills in working with adoptive children and their families. A monthly peer consultation group continues following the training series. In addition, to promote good quality, effective adoption practices, two to three annual statewide professional trainings are offered, as is the Training for Adoption Competency (TAC) course developed by the Center for Adoption Support and Education (CASE), which is headquartered in Maryland.

CASE's TAC course is offered to post-master's clinicians in many states across the country, with some being fully or partially funded by state funds (Connecticut, Northern California, North Carolina, Missouri, Massachusetts, Minnesota, Nebraska, Ohio and Virginia). The Missouri Foster & Adoptive Care Coalition provides this 78-hour training to therapists in the state who provide counseling to pre- and post-

adoption and guardianship families and who accept Medicaid. In some programs, such as the one offered by the Kinship Center/Seneca Institute in California, tuition for some attendees is covered through Title IV-E funds. The TAC course and other adoption-competency training programs are offered in additional states without state funding.

A number of states offer conferences and other training opportunities for professionals on permanency, trauma, brain development, attachment and other complex issues⁸. Several others, including California, Minnesota, Nebraska and New Jersey, provide multi-session adoption-competency training for providers and often list trained mental health providers on I&R websites. Florida utilizes the Rutgers University Adoption Competency Curriculum to train mental health providers in the state, and hosts a website identifying adoption-competent mental health professionals.

Supportive Services

Monthly support groups are the most common source of ongoing help for adoptive parents. These can be facilitated by staff, parents or both, and are generally funded by states through contracts with caregiver organizations, private agencies or individual practitioners. As family life has changed and the ability to bring people together regularly has waxed and waned, several states have begun to offer a wider range of “support group” configurations. In Minnesota, the Adoption Support Network (ASN) at the North American Council on Adoptable Children hosts three private, moderated Facebook support groups – one general, one for families providing concurrent planning care and one for parents of teens.

A number of states sponsor regional support groups, while others contract with the state parent association to create and sustain such groups. ASK in Kentucky employs nine adoptive parent liaisons who staff 32 support groups around the state and provide one-on-one support to adoptive families. Alabama, Florida and Kentucky report providing childcare at the meetings, and it is likely that groups in some other states do so as well. In states where there is a strong foster and adoptive parent association or other organized adoptive parent association, there are usually a number of support groups available for caregivers to attend, such as in Alabama, Connecticut, Iowa, Kentucky, Michigan and Oklahoma. The same is true where there are statewide systems of ASAP services, such as regional resource centers or statewide therapeutic programs⁹. For example, Utah offers 41 cluster groups for foster and adoptive families throughout the state. Often support groups are created to meet specific needs, such as Arkansas’ groups for parents raising children with Fetal Alcohol Spectrum Disorder.

Some of the parent and child support groups offered by post-adoption therapeutic programs serve those families who are their current clients and not the general population of adoptive families. (This is a gap in services in some states, where the only funded support group network is provided for families with intense challenges.) An exception is Virginia’s program, which allows families with closed counseling cases to remain active in support groups.

Michigan’s PARCs are required to create support groups in their regions, if none are available; however, at least five other organizations in that state offer adoptive parent groups. In many areas, parents have

⁸ Alabama, Connecticut, Hawaii, Massachusetts, Michigan, Mississippi, Missouri, New Jersey, New Mexico, New York, Tennessee, and Virginia.

⁹ Alabama, Florida, Georgia, Hawaii, Illinois, Massachusetts, Michigan, Mississippi, Missouri, Nebraska, New Jersey, North Carolina, Pennsylvania, Tennessee, Texas, Utah, Vermont, Virginia and Wisconsin

established thriving groups, with which PARC partners. The regional PARCs also provide monthly recreational experiences for families with their children (i.e., a hotel will host the support group meeting and offer swim time for the children at the same time). Such opportunities for families to spend time together also are offered by many other support programs.

New Mexico's FIESTA program, through La Familia, plans and coordinates many social opportunities for adoptive parents and their children, such as holiday gatherings and sporting and cultural events. Several states host family retreats for one or more weekends annually. In Tennessee, Harmony Family Center combines equine-assisted therapy with retreats at the agency's recently purchased camp, Harmony Family Center. The Respite, Education, Support and Training (REST) retreats were created with an AdoptUSKids grant and have been sustained. Mississippi hosts an annual two-day retreat for adoptive families and their children that includes some training and a host of fun family-building activities.

Mentoring programs are another type of supportive service provided in some states. As mentioned above, Kentucky's ASK program not only provides an extensive network of parent-led support and education groups across the state, but parent liaisons also offer mentoring and one-on-one support to adoptive families through phone, e-mail or face-to-face contacts. Other states providing mentors to parents include Alabama, Arkansas, Georgia, Iowa, Massachusetts, Michigan, Nebraska, Virginia and Wisconsin. Each family served by Nebraska's Right Turn program is offered a mentor when its case is opened. The mentor is another parent who has worked with the state's behavioral health system.

The Adoption Journeys program in Massachusetts offers support services by matching adoptive parents, families and youth with experienced peers who provide support through one-on-one relationships.

Support programming for children and youth is a much-needed area for ASAP service enhancement.

Only 13 states¹⁰ reported offering support groups for these populations. Often, groups for youth will be time-limited and topic/gender/age specific, such as a six-week group for girls ages 10-13 on self-esteem and relationships. Georgia, Massachusetts and Missouri have mentoring programs for children and youth, and both Georgia and Massachusetts also host Camp to Belong each summer to reunite adopted and foster siblings who are living in separate homes. Youth advocacy and "speak out" teams have also been developed in several states (Iowa, Massachusetts, Missouri and California), allowing older youth to find support and to influence system improvements. Finally, adopted children may receive the benefits of spending time with peers in other types of ASAP programming, such as recreational respite activities or even childcare groups offered concurrently with adoptive parent support groups.

In addition to social support, some ASAP programs provide concrete assistance to families. For example, in addition to a warmline on all islands, Family Programs Hawaii administers a program called Care to Share, which links families with material goods they may need for their children. Several of the statewide post-adoption therapeutic programs – including in Illinois, Nebraska and Virginia – also have cash-assistance funds to provide limited financial help for families with specific needs.

An excellent example of tailoring support services to meet the families' needs is the Growing After Adoption program in Georgia, which develops a customized plan with individualized services, including support groups for children and parents and parent coaching and tutoring.

¹⁰ Alabama, California, Delaware, Florida, Georgia, Illinois, Maryland, Massachusetts, Missouri, New Jersey, Pennsylvania, Tennessee, and Virginia.

Therapeutic Interventions

A primary source of therapeutic services for child welfare adoptive families is funding for mental health counseling through Medicaid (provided as part of the adoption assistance agreement) and additional special subsidy allocations, determined on an as-needed basis. Some states, such as Iowa and Maryland, provide enhanced coverage by assuming payment for therapeutic sessions not covered by Medicaid. Also, as described earlier, some states have sought to improve the quality of mental health services by providing adoption-related training to relevant professionals. Another state, Ohio, offers a unique type of assistance – a Post-Adoption Special Services Subsidy (PASSS) of up to \$15,000 a year to cover medical, psychiatric or psychological needs of children with special needs in any type of adoptive family. This subsidy can be used to pay for any type of therapeutic services available in the community.

In addition to efforts to enhance the mental health services provided through subsidy, at least **22 states reported statewide provision of adoption-specific therapeutic/counseling services**. These services go beyond those covered by subsidy, either by adding the adoption and trauma lens to service provision or by providing a more comprehensive package of therapeutic interventions (clinical assessment and intervention, support groups, advocacy, respite) or a higher level of service intensity. A few additional states may have such programs in some counties, but not statewide.

These programs typically are provided through contracts with private agencies and range along a continuum in the depth and length of offered services. Many offer brief ones, such as crisis response teams or short-term casework/advocacy services with referral to other community providers, while others deliver clinical interventions over an extended period. Other jurisdictions develop very individualized plans, such as a Colorado county child welfare department that collaborates with its mental health clinic by jointly hiring a clinician with an extensive adoption background to serve the county's adoptive families.

Examples of brief programs include: 1) the Adoption Assistance Program at UConn Health Center, which is staffed by licensed clinical social workers and uses an EAP model to provide assessment, brief counseling and linkage to community providers and 2) Minnesota's HELP Program, which consists of clinical personnel providing assessment, brief counseling and referral services to families in crisis. Also, Florida provides case management and brief counseling to adoptive families statewide.

A few programs (Iowa, Massachusetts and New Hampshire) utilize response teams to serve families who are struggling with adoption issues or are in crisis. The teams typically include a mental health clinician, an experienced adoptive parent and sometimes other members. Georgia's teams work with families for an average of four to six months. In Massachusetts, the family's needs determine the structure and functions of the team, and families are served from four to nine months, but there is no strict time limit.

Some states' specialized adoption counseling programs contract with a single private agency specifically for counseling services. For example, South Dakota contracts with the Children's Home Society to provide evaluations and individual and family therapy statewide, as well as in-home services for adopted children and their families within 100 miles of Sioux Falls. These services are provided to any adoptive family and/or child in the state. Others contract with multiple agencies to provide a group of core services. In Nebraska, two private agencies collaborate on a program called Right Turn. Their approach is to work with family members to develop individual success plans. Parents, who are seen as a vital part

of the healing process for their children, learn about what is behind behaviors, as well as strategies for keeping their children safe and stable at home. Interestingly, Right Turn was established in 2009 in response to issues that arose from Nebraska's original safe haven law, which allowed children up to age 18 to be legally dropped off at designated sites. Seventy-five percent of the children left at such sites were from adoptive or guardianship homes.

Several states have well-developed statewide adoption preservation programs that work with families over an extended time and provide a range of core services (typically crisis intervention, support groups, respite and therapy). The programs in Texas and Illinois have operated the longest – since 1990 and 1991, respectively. The one in Texas reports uses a range of therapeutic treatment approaches, with many clinicians trained in Trust-Based Relational Intervention (TBRI). There is a 12-month limit for these services, which may be extended for a short time; however, each child is eligible for only one period of post-adoption services.

The Illinois Adoption and Guardianship Preservation Program was mandated by the state's Family Preservation Act of 1988 to provide services to any type of adoptive family that is at risk of child placement or adoption dissolution. In practice, the program serves any adoptive family facing significant challenges. Preservation services are described as intensive, family-centered support and therapeutic services. The therapists have relatively small caseloads (average of 10), providing intensive, home-based services. In addition to therapeutic counseling, AGP provides support groups for parents and children, advocacy for families to receive needed services, and limited respite and cash assistance.

Virginia's Adoptive Family Preservation (AFP) program provides both supportive counseling (problem-solving) and therapeutic counseling (clinical), as well as clinical consultations, assessments, direct clinical interventions and e-mail consultation with families. The most recent evaluation for this program found a minority of families received therapeutic counseling (10%), and even fewer (7%) received crisis intervention services.

Tennessee's ASAP program provides in-home therapeutic counseling, monthly support groups, educational opportunities for families and respite services. The primary evidence-informed practice that permeates the program's clinical practice, from assessment and treatment planning to supervision, is ARC (Attachment, Self-Regulation and Competency); TF-CBT (Trauma-Focused Cognitive Behavior Therapy) also is used heavily; and other treatment models such as PCIT (Parent-Child Interaction Therapy) and TBRI (Trust-Based Relational Intervention) also are used by some therapists.

In California, a statewide program to provide intensive crisis intervention services uses the wraparound model for service provision. The WRAP program was developed to provide intensive crisis intervention services to adopted children who are at risk of placement into a residential placement, or who already are in such placements and are ready to transition home. The WRAP team works intensively with families to address their needs and can be as creative as necessary to keep the child safely at home; funding is available up to the amount that a residential program would have cost.

To learn more about other statewide counseling programs, see the profiles of Alabama, Delaware, Georgia, Indiana, Mississippi, Missouri, New Jersey, North Carolina and South Carolina.

A limitation of some therapeutic programs is the imposition of time limits on services. Some programs were designed as short-term intensive services, with the plan to link them with community providers. Such was the case in the early years of the Illinois program, and as the service model evolved to fit families' needs, the designated service period was extended from three to six to 12 months over the early years of the program, with provisions to get approval from DCFS to extend it further. Likewise, the original design of Nebraska's program required a 90-day timeframe. In the first 18 months, fewer than one-third of cases closed in the allotted period, so a protocol was established to reopen a case for a second 90-day period and the A Step Further program was begun to serve families wanting to make positive changes in their parenting approach for an extended time.

South Carolina's program is designed to focus on the first 90 days after finalization, and Texas' program limits services to only one round of services to a single child. Several other state programs have very prescribed service periods. While these limits usually are established to reach as many families as possible, they pose barriers for families with chronic needs who cannot find appropriate services anywhere else. Adoptive families' ability to receive services for as long as they are needed, rather than for a time-limited period, is linked with more positive outcomes (Atkinson & Gonet, 2007).

Advocacy

Advocacy is an essential component of the service continuum, particularly for families in need of costly and difficult-to-obtain resources, such as residential treatment. Intensive assistance and guidance may be needed to negotiate the maze of procedures and bureaucracies required to obtain such services. In addition, when children are involved with many different service systems, coordination and advocacy are key elements in facilitating congruent support. The type of response needed for many families with intense needs goes beyond what is typically provided by an office-based private therapist, who is probably unlikely, for example, to accompany the parents to a child's IEP meeting.

Twenty-seven states reported an advocacy component to their adoption support and preservation service array. Sometimes this meant the adoption and subsidy workers advocate for individual families on a limited basis, and most crisis intervention, case management or therapeutic intervention programs specifically designed for adoptive families provide some advocacy services to help obtain needed services. For example, Iowa KidsNet post-adoption staff provide advocacy for families in accessing services, meeting a child's educational needs, working with the Iowa Department of Human Services and coordinating services with other providers connected to the family. Advocacy is one of three core services offered by Pennsylvania's SWAN program; the affiliate agencies provide advocacy as part of their contracts, including educational advocacy and advocacy with providers to meet families' needs.

One area in which advocacy is especially important is in the educational system, such as for getting a child into the appropriate academic placement or facilitating the school's supportive treatment of a child. Educational advocacy was cited as a specific service provided in California, Kentucky, Mississippi and New Jersey. Rhode Island and South Carolina identified specific parent advocacy groups that worked on behalf of adoptive families. Several states mentioned having strong parent and adoption organizations, with some staffed totally by volunteers, as being very effective advocates in their states.

Respite Care

For families of children with extraordinary needs and no other sources of childcare, respite is essential for the adults' mental health and ability to sustain family functioning. For example, a respite needs assessment among families receiving therapeutic post-adoption services in Illinois found that a high unmet need for respite predicted greater adoption instability and negative impact on the family (Howard, Smith, & Ryan, 2003).

Respite often has been identified as a service that is highly effective but difficult to obtain; unfortunately, when respite programs are offered, families are sometimes reluctant to use them, often because they worry that others cannot adequately care for or manage their children (Festinger, 2006; U.S. Children's Bureau, 2007; Child Welfare Information Gateway, 2002). Services need to be matched to families' needs and should address issues such as the parents' comfort with and confidence in the provider's ability to handle their children.

In some states, respite is included as part of the adoption assistance agreement, although this is usually tied to an assessment of clear need, such as having a medically fragile child. Also, some of the statewide post-adoption programs include respite as a core service, although it may be very limited, such as paying for one week of camp. Some states, however, have committed resources and funding, as well as creativity, to develop effective respite programs as described below.

There are several different approaches to providing respite services; most states suggest that families seek out friends and family members or an organization that provides for children with specific qualifying issues, such as medical fragility, cerebral palsy or autism. Many states reported that they provide limited funds on a case-by-case basis, depending on the severity of the need. Iowa, Louisiana, New Hampshire and South Carolina dictate a specific number of days/hours or a specific amount per child annually that can be used for respite. Louisiana and New Hampshire have the most generous annualized policies identified, with 25 days per child and 30 days per family, respectively.

Some states require that respite providers are certified and/or trained, while others have no stated requirements. Often, recreational respite events are provided for groups of children/families at a given time (Massachusetts, Michigan, Missouri and Utah). Camperships also can usually be paid for with respite funds in those states that provide them.

Delaware has devised an innovative approach to respite in its contract with A Better Chance for Our Children (ABCC), and reported immense satisfaction with the program. The Rec and Respite Program provides full-day respite care on two Saturdays per month for children between the ages of 5 and 15. The program runs between October and June and asks for a one-year commitment so that youth have the opportunity to build a lasting support network. Respite is provided for many youth who have not been successful in other childcare settings. The program proudly reports that it has only had to call a parent on two occasions in seven years.

There are a host of additional creative respite programs, including camps and recreational opportunities for adopted children, cooperative respite groups of adoptive parents, regular mentoring experiences for children, and others. From FY2007 through FY2012, the U.S. Children's Bureau, through AdoptUSKids, provided small (\$5,000) annual grants to start new respite programs. As a condition of the grants, parent

groups or associations had public agency partners and included an initial assessment of parents' needs. Information about models of respite services is on the AdoptUSKids website.¹¹

Residential Treatment

Residential treatment (RT) is the most expensive post-adoption service and probably the most difficult to obtain, even for children with mental health challenges who would greatly benefit from such help. Families almost always require assistance to navigate the bureaucratic requirements for accessing RT. In most states the only route for obtaining this service is through the state's managed health care system, with Medicaid and private insurance paying the costs. Many states reported that approval beyond a minimal, brief stay is very difficult to obtain.

A review of respondents' reports on their states' provisions for adoptive families to obtain RT indicates that nine state child welfare systems provide definite funding and a clear path for adopted children to access residential care outside of the regular protocol that exists for all children in the state, and several of these states limit funding to a few months. **The following are states with policies entitling adopted children with a documented need to obtain child welfare funding assistance for residential treatment:**

- **California** funds RT through its Adoption Assistance Program when there is no maltreatment involved; a maximum of 18 months are permitted per episode, and the family must be involved in returning the child home. If parents are found to have maltreated the child, he or she re-enters state custody in order to receive RT; but if that is not the case, the child can remain in the parents' custody.
- **Massachusetts** contracts with private residential treatment facilities and pays for this service either with Title IV-E dollars or state child welfare funds. A case may be opened with DCF to assess the need for this level of treatment.
- **Virginia** offers residential treatment for children on adoption assistance; the family must go through a family partnership process, and there must be a documented therapeutic need and plan. Residential placements are only approved for 90 days at a time; extension depends on approval and continued funding availability.
- **Connecticut** provides payment for RT of adopted children through the voluntary services program of DCF, which is operated through regional offices. Using child welfare funds, these offices do assessments and set up cases for placement. Time limits are not mandated in policy, but pressure to end long-term placements exists in practice. The child does not have to re-enter state custody in order to receive RT.
- **Texas'** post-adoption providers assess children's needs for RT and explore alternatives such as day treatment with the families. Either directly or through subcontractors, each post-adoption contractor must accommodate children who qualify for residential care for the first 60-90 days. If treatment is needed beyond this time, they look for alternate forms of payment, and children may formally re-enter state custody in some cases.
- **Missouri** describes RT as available in its adoption assistance agreement. To obtain this service, a family makes a request through the subsidy worker and assessment is conducted through the

¹¹ <http://adoptuskids.org/about-us/adoptuskids-respite-program>

Children’s Division Residential Care Screening Team in the same manner as a youth in foster care would be screened.

- **Kentucky** allows children with adoption assistance agreements to qualify for up to 90 days of residential treatment per year through post-adoption stabilization services funds.
- **Utah** permits RT if the DCFS post-adoption worker assesses that it is needed; placement can be paid for through supplemental adoption funding for extraordinary and unusual needs.
- **Michigan’s** child welfare department will pay for six months of RT through the Adoption Medical Subsidy program.

Additional states have policies that provide funding for RT in limited cases or that supplement the costs over and above what Medicaid and private insurance would pay.¹² **Vermont** has a clear process for accessing RT that is prescribed in state law, and the child welfare system provides case management services but not funding. Indiana is conducting a pilot program that utilizes community support systems to triage mental health needs and make appropriate determinations of the need for residential treatment. In this program, residential treatment can be paid for by the state without having to take a child into custody.

Respondents were asked whether a child must re-enter state custody to obtain residential treatment, and their responses clearly went beyond “yes” or “no.” When asked if the state paid for residential treatment, the most common response was that payment was through Medicaid. In response to the question about whether the child had to re-enter state custody to access this treatment, most “no” responses were based on the premise that if the child could gain approval to access this treatment through Medicaid, re-entry into state custody was not required; however, some went on to say that the child welfare department may assist if payment could not be secured through Medicaid. Approximately 10 states reported that custody re-entry was required or usual in order for the child welfare system to fund RT; this is required in others if RT extends beyond a brief stay.

Access to residential treatment for adopted children with severe mental health needs is clearly a gap in the service array in many states, and policies requiring custody re-entry when parents have not been indicated for abuse or neglect need to be changed. As the adoption program manager from Vermont responded to the question about whether re-entry into state custody was required: “No – the whole point is to prevent this from happening.”

Funding & Policy Survey Responses

DAI’s survey asked states to respond to four questions related to “Support for Post-Adoption Services,” three on funding amounts and streams and one on state legal requirements.

State total annual post-adoption services (PAS) budgets, excluding adoption assistance payments, are shown in the table below. They range from a high of \$ 11.2 million in Illinois to a low of \$85,000 in Delaware, with a median of \$ 1,100,000. Some states were not able to tease apart the amount in their budgets designated for PAS, particularly when the primary programs that served these families also served foster families, such as support, education of parents or placement stabilization services. Also, states with county-administered child welfare programs, such as California, Colorado and New York,

¹² Alaska, Illinois, Montana, Nebraska, New Mexico, Ohio, Oregon, South Carolina, South Dakota and Wisconsin.

were unable to report total state budgets for post-adoption services. The 21 states responding to this budget question spend a total of \$50,607,608 on PAS each year. It is important to recognize that these states vary considerably in size and the number of adopted children whom they seek to serve; if these figures were calculated on a per capita basis, the level of these expenditures would appear very different. For example Mississippi reports 2,598 children in the state on adoption subsidy, and has a PAS budget that is larger than some states with many more children to serve.

Annual PAS Budget	
State	Amount (\$)
Alabama	1,400,000
Alaska	250,000
Arizona	2,400,000
Connecticut	795,000
Delaware	85,000
Georgia	2,500,000
Hawaii	109,296
Illinois	11,159,000
Indiana	1,454,208
Iowa	690,000
Maryland	124,094
Massachusetts	1,300,000
Michigan	1,500,000
Mississippi	950,000
Missouri	450,000
Nevada	136,000
New Jersey	3,850,000
New Mexico	750,000
North Carolina	2,000,000
Ohio	3,330,000
Oregon	375,369
Pennsylvania	4,600,000
South Dakota	164,000
Tennessee	2,100,000
Texas	3,700,000
Utah	1,795,000
Vermont	1,000,000
Virginia	1,100,000
Wisconsin	540,641
TOTAL	50,607,608

Of 45 states responding to whether they experienced significant cutbacks in PAS or subsidies in the past 10 years, 17 (38%) did and 28 (62%) did not, with seven (17%) actually having increased funding

for subsidies and/or PAS budgets. Some of the cuts have since been restored partially or fully, but many states are continuing to fight annually to maintain their programs. For example, funding of Michigan’s regional post-adoption support service centers (PASS) was eliminated in 2008, but in 2012, funding was provided to establish the new post adoption resource centers (PARCS). In Oregon, the legislature attempted to eliminate funding for ORPARC twice in the past five years. After considerable advocacy by adoptive parents and ORPARC, funding was cut by 30 percent in 2011.

States also were asked to identify the primary sources of federal and state funding streams they used to fund post-adoption services. As shown in the chart below, the most-used funding stream is Title IV-B, Part 2, Promoting Safe and Stable Families, Adoption Support & Promotion, utilized by 83 percent of the 41 responding states. The other most-common child welfare/human service appropriations for PAS are: Adoption Incentive Funds (49%) and State Child Welfare Funds (44%). Only 20 percent or less tapped any of the eight other permissible sources of funding for PAS, such as the Social Services Block Grant (17%), Title IV-B Child Welfare Services (15%) and Temporary Assistance for Needy Families (5%).

STATES' USE OF FUNDING STREAMS FOR POST-ADOPTION SERVICES		
Funding Stream	# States (n=41)	% States
Title IV-B, Part 2, Promoting Safe and Stable Families, Adoption Support & Promotion	34	82.90%
Adoption Incentive Funds	20	48.80%
State Child Welfare Funds	18	43.90%
Other Federal Funds	8	19.50%
Other State Funds	8	19.50%
Title XX, Social Services Block Grant (SSBG)	7	17.10%
Title IV-B, Part 1, Child Welfare Services	6	14.60%
Title IV-B, Part 2, Promoting Safe and Stable Families, purposes other than adoption	5	12.20%
Title IV-A, Temporary Assistance for Needy Families (TANF)	2	4.90%
Early Periodic Screening and Diagnostic Testing (EPSDT)	2	4.90%
Federal grants, e.g., Adoption Opportunities	0	0.00%

Only Illinois, Mississippi and Tennessee replied that PAS, excluding adoption subsidies and Medicaid coverage, were included in their state statutes. Illinois law mandates the provision of family preservation services to all adoptive families with a child at risk of placement outside the home or adoption dissolution. Tennessee’s law states that the department shall provide an array of eight post-adoption services and that services are available to biological families of children adopted through the department; however, it also states that carrying out this intent is subject to the availability of funds. Mississippi’s statute mandates that PAS must be provided, but specific services are not specified.

Conclusions and Recommendations

An analysis of the profiles of post-adoption services in 49 states indicates that as a nation, **we have made some strides in developing ASAP services, particularly in those 17 states that were rated as having substantial programs. At least 13 states, however, have almost no specialized ASAP programs, and even the most developed service arrays often serve only a segment of those with significant needs.** For example, many of the specialized therapeutic programs have limits in service duration or frequency or serve only those special needs children adopted from foster care in their own state. Some target only those children who are at imminent risk of placement.

Developing adoption competence in community mental health professionals is another strategy for meeting the needs of adoptive families. This is important, but not sufficient as a single strategy. The children and families with the highest level of challenges require more intensive services than the usual 50-minute weekly office session. Specialized preservation services to stabilize families with severe challenges involve family-based therapeutic interventions, 24-hour phone support in emergencies, advocacy for other needed services, case coordination with other professionals and respite care.

The following are the Adoption Institute's recommendations for addressing the critical needs of children and families in the development of adoption support and preservation services:

- **Create an array of adoption support and preservation services and make them accessible to all families who need them.** These should include preventive and early-intervention services, as well as clinical interventions for very challenging situations. Some can be more formal and offered by professionals, while others may be informal and be provided under adoptive parent-sponsored programs or through the Internet. These services should include:
 - ✓ an information and referral system that is supportive of consumers and that links them to adoption-competent services
 - ✓ educational and supportive services available to all adoptive parents and youth
 - ✓ adoption-competent therapeutic counseling services for families encountering significant challenges
 - ✓ intensive support (respite, 24-hour crisis call, advocacy, etc.) for those parenting children with significant challenges
 - ✓ specialized adoption preservation services for families experiencing severe difficulties, including case coordination, advocacy, and state-of-the-art assessment and intervention
 - ✓ residential treatment services for children who clearly need them in a manner that maximizes parents' ability to continue in that role.
- **Develop services tailored to the specific needs of the spectrum of adoptive families,** including those parenting children with specific types of conditions such as fetal alcohol spectrum disorder or attachment challenges; the range of adoption types including transracial adoptions, open adoptions, adoptive families headed by lesbian and gay parents or relative adopters.

- **Develop programs providing support directly to children and youth.** Research on post-adoption instability in “The Case for ASAP” report indicates that adopted teens are at the highest risk for post-adoption placements outside the home and re-entry into foster care. Services for these youth need to be developed and their efficacy evaluated.
- **Enhance funding for adoption support and preservation services by creating a federal funding stream dedicated to PAS** and by developing partnerships among organizations across a range of auspices at the federal, state and community levels. Policies and laws need to require the provision of ASAP services for families who need them.
- **Provide adoption-competency training to child welfare and mental health professionals.**
- **Develop partnerships among organizations across a range of auspices at the federal, state and community levels** in order to maximize the development and accessibility of ASAP services.
- **Educate pre-adoptive parents on the benefits of adoption support and preservation services,** not only for their children but also for themselves. Reframe help-seeking as a strength, rather than as a sign of parental inadequacy, as some parents believe. Let them know where they can find these services and provide ongoing information and access.
- **Develop a system for addressing the needs of families that “fall through the cracks,”** such as a board to resolve disputes about which state agencies bear payment responsibility or how to access costly services such as residential treatment.
- **Maximize ASAP services available to all types of adoptive families.** At least 21 states currently allow all types of adoptive families to access some or all of their post-adoption services, including those that have intensive, home-based therapeutic counseling components. The Hague Convention on Intercountry Adoption requires the U.S., as a country that ratified the treaty, to “promote the development of adoption counseling and post-adoption services in their States.”
- **Facilitate and fund additional research on post-adoption interventions in order to create an evidence base on services that are most effective.**

When families struggle to address the developmental consequences of children’s early adversity, they should be able to receive – as a matter of course integral to the adoption process, and not as an “add-on” that can be subtracted – the types of services that meet their needs and sustain them. Adoptive parents, professionals, state and federal governments, and we as a society share an obligation to provide the necessary supports to truly achieve permanency, safety and well-being for the girls and boys whom we remove from their original homes. In the 21st Century, given the profound changes that have taken place in the characteristics of children being adopted (that is, most are from foster care), adoption should be reshaped into an institution that not only creates families, but also enables them to succeed.

REFERENCES

- Atkinson, A., & Gonet, P. (2007). Strengthening adoption practice, listening to adoptive families. *Child Welfare, 86* (2), 87-104.
- Atkinson, A. J., Gonet, P. A., Freundlich, M., & Riley, D. B. (2013). Adoption competent clinical practice: Defining its meaning and development. *Adoption Quarterly, 16*(3-4), 156-174.
- Barth, R. P., & Berry, M. (1988). *Adoption and disruption: rates, risks, and responses*. Hawthorne, NY: Aldine de Gruyter.
- Brodzinsky, D.L. (2013). *A need to know: Enhancing adoption competence among mental health professionals*. New York: Donaldson Adoption Institute. Access at: <http://adoptioninstitute.org/publications/a-need-to-know-enhancing-adoption-competence-among-mental-health-professionals/>
- Child Welfare Information Gateway. (2002). *Respite care services for families who adopt children with special needs: Synthesis of demonstration program final reports*. Washington, DC: U.S. Department of Health and Human Services.
- Child Welfare Information Gateway. (2012c). *Providing postadoption services: A bulletin for professionals*. Washington, DC: U.S. Department of Health and Human Services. Access at: http://www.childwelfare.gov/pubs/f_postadoptbulletin/index.cfm
- Fanshel, D. (1976). Status changes of children in foster care: Final results of the Columbia University Longitudinal Study. *Child Welfare, 55*, 143-171.
- Fanshel, D. (1978). Children discharged from foster care in New York City: Where to – when – at what age? *Child Welfare, 57* (8), 467-483.
- Festinger, T. (2006). Adoption and after: Adoptive parents' service needs. In M.M. Dore (Ed.) *The postadoption experience. Adoptive families' service needs and service outcomes* (pp. 17-44). Washington, DC: Child Welfare League of America and Casey Family Services.
- Groze, V. (1996). *Successful adoptive families: A longitudinal study of special needs adoption*. Westport, CT: Praeger.
- Howard, J. A., Smith, S. L., Ryan, S. (2003). Respite care needs of parents of children with severe behavior problems. Normal, IL: Center for Adoption Studies, Illinois State University.
- Landers, S., Forsythe, L., & Nickman, S. (1996). *Massachusetts Department of Mental Health training and adoptive family stabilization project final report*. Boston: Massachusetts Department of Mental Health.
- Leung, P., & Erich, S. (2002). Family functioning of adoptive children with special needs: Implications of familial supports and child characteristics. *Children and Youth Services Review, 24* (11), 799-816.
- Maza, P. (1999). Recent data on the number of adoptions of foster children. *Adoption Quarterly, 3* (2), 71-81.
- Partridge, S., Hornby, H., and McDonald, T. (1986). *Learning from adoption disruption: Insights for practice*. Portland, ME: University of Southern Maine.

- Pinderhughes, E., Matthews, J., Deoudes, G., & Pertman, A. (2013). *A changing world: Shaping best practices through understanding the new realities of intercountry adoption*. New York: Donaldson Adoption Institute. Access at: <http://adoptioninstitute.org/publications/a-changing-world-shaping-best-practices-through-understanding-of-the-new-realities-of-intercountry-adoption/>
- Randall, J. (2009). Towards a better understanding of the needs of children currently adopted from care: An analysis of placements 2003-2005. *Adoption & Fostering*, 33 (1), 44-55.
- Reilly, T., & Platz, L. (2004). Post-adoption service needs of families with special needs children: Use, helpfulness, and unmet needs. *Journal of Social Service Research*, 30 (4), 51- 67.
- Selman, P. (2012). The rise and fall of intercountry adoption in the 21st century: Global trends from 2001 to 2010. In Gibbons, J.L. & Rotabi, K.S. (Eds.), *Intercountry Adoption: Policies, Practices, and Outcomes* (7-27). Burlington, VT: Ashgate.
- Smith, S.L. (2010). *Keeping the promise: The critical need for post-adoption services to enable children and families to succeed*. New York: Donaldson Adoption Institute. Access at: http://adoptioninstitute.org/pubs_cat/adoption-support-and-preservation-services/
- Smith, S.L. (2013). *A family for life: The vital need to achieve permanency for children in care*. New York: Donaldson Adoption Institute. Access at: http://adoptioninstitute.org/research/2013_04_FamilyForLife.php
- Smith, S.L. (2014a). *Keeping the promise: The case for adoption support and preservation*. New York: Donaldson Adoption Institute. Access at: http://adoptioninstitute.org/pubs_cat/adoption-support-and-preservation-services/
- Smith, S.L. & Adoption Institute staff. (2014b). *Facilitating adoptions of children in care: A compendium of practices*. London: British Association for Adoption & Fostering.
- Smith, S.L., & Howard, J.A. (1999). *Promoting successful adoptions: Practice with troubled families*. Thousand Oaks, CA: Sage Publications.
- U.S. Children's Bureau. (2007). *Barriers and success factors in adoptions from foster care: Perspectives of families & staff*. Collaboration to AdoptUSKids. Retrieved March 8, 2010 from: <http://www.adoptuskids.org/images/resourceCenter/BarrierSuccessFactors.pdf>
- U.S. Department of Health & Human Services, U.S. Children's Bureau. (2013). AFCARS-Adoptions of children with public child welfare agency involvement by state FY2003-FY2012. Access at: http://www.acf.hhs.gov/sites/default/files/cb/children_adopted.pdf
- U.S. Department of State. (2014). Intercountry adoption: Statistics. Bureau of Consular Affairs. Access at: http://adoption.state.gov/about_us/statistics.php

ALABAMA

RESPONDENT: Connie Rogers, Program Supervisor, Adoption Unit/Office of Permanency
Alabama Department of Human Resources

I. General Information (background on state service system)

- **County-based vs. statewide system**

Alabama has a combination system. The state office sets policy but county offices implement and carry out practice. In the area of adoptions, counties complete adoptions by current foster parents but the State DHR Office of Permanency recruits/plans/places children in non-relative adoption.

- **Uniformity of services across the state**

Services are offered statewide. The Adoptive Family Groups are larger and more active in the larger counties, but families from outlying counties are permitted to attend. In 2013, APAC (Alabama Pre & Post Adoption Connections) was requested by the state to design an adoptive mentoring program for those families who may not be able to attend a group.

- **Children on subsidy**

The average number of children receiving adoption subsidy each month during FY 2013 was 3,616.

- **Are public child welfare adoption workers expected to provide post-adoption services?**

State child welfare workers provide post-placement supervision until finalization, but not “post-adoption” services in the sense of a service. They assist families by providing information to families about APAC and referring them to this program.

II. Post-Adoption Services Funded by the State for Adoptive Families

Post-adoption services in Alabama are administered by the Department of Human Resources through a contract with a private agency. Known as the **Alabama Pre/Post Adoption Connections Program (APAC)**, APAC is a collaborative effort between Children's Aid Society and the Alabama Department of Human Resources. Services are free and provided through a central office in Birmingham, three regional offices (Birmingham, Montgomery and Mobile) and two satellite offices (Huntsville and Dothan).

The Adoption Unit in the Office of Permanency oversees the contract through which post-adoption services are provided. Post-adoption services include: Information & Referral; Adoptive Family Support Groups ; Family Adjustment / Crisis Counseling; Lending Library; Educational Trainings; Adoptive Family Mentoring; Special Events; and Camp APAC.

Information and Referral

APAC provides a statewide toll-free line (866-803-2722) to assist families with adoption-related questions. Information & referral services are available to adoptive families, foster families, kinship care families, prospective adoptive families, and professionals serving those families.

Educational Programs or Materials

APAC offers a free lending library with postage send/return paid. The library is accessible online or at three locations in Birmingham, Mobile, and Montgomery. The library includes books, DVDs, CDs and audiotapes.

Also, a variety of training services are offered to all adoptive families, foster families, and professionals serving adoptive and foster families, kinship care families, and DHR waiting families. These include free webinars approximately 10 times a year that serve up to 1,000 individuals per session; at least two

statewide trainings annually with adoption experts; an annual permanency conference for professionals, and other trainings.

Support Programs

The APAC program provides monthly Adoptive Family Groups in approximately 20 sites throughout the state. The groups are led by a therapist, and topics for discussion are chosen based on the group's interests and needs. Adoption support groups for children and teens also are available in most areas, as is childcare.

APAC also runs an Adoptive Family Mentoring Program, which connects experienced volunteer mentor families with families in need of support/mentoring.

Therapeutic Interventions

APAC provides statewide counseling and referral services. Adoptive families and families awaiting adoption finalization are eligible, with priority given to DHR families. Services include intake, assessment and up to 20 treatment sessions for families who have concerns related to their adoptions. Counselors provide services/assistance during the matching/placement process as well as post-adoption counseling.

Advocacy

Alabama has a very active foster and adoptive parent association that provides supports and advocacy work with foster, adoptive and kinship care parents.

Respite

Adoptive parents are connected with other providers of respite, such as those for children with specific disabilities. For instance, United Cerebral Palsy is the lead in a statewide respite program for children with intellectual and other developmental disabilities.

The contract for post-adoption services also includes an annual four-day camp for adopted children and any foster or birth siblings in the home. Camp APAC has been offered each summer for 11 years, for pre-adoptive and adopted children ages 9 to 18. It is completely free for families with at least one camper applicant who was adopted from foster care and, if space allows, others may come for a fee. It is staffed by social workers and other trained staff, as well as nurses to administer medications and to address any medical needs.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
This is typically handled through the adoptive parents' insurance or the child's Medicaid.
- **If yes, what is required to obtain this?**
The family would access the services through the mental health system.
- **Does the child have to re-enter state custody?**
There have been instances where this has had to happen. In some cases, it may be that the Department can open a protective services case (and not get custody) to provide this.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

Most of the services offered through the APAC contract are open to any adoptive family. The camp, however, requires that children adopted through private agencies can only attend after the waiting list of those adopted from state foster care has been exhausted.

APAC services are available to all adoptive family members. Some services are also available to foster family members, prospective adoptive families, kinship care families and professionals working with the foster/adoptive population.

B. Under what circumstances, if any, are these services provided to children who were not adopted through your state’s Department of Children’s Services?

Information and Referral Services, Adoptive Family Groups and other services offered by APAC are not limited to families who adopt through the public child welfare agency.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding adoption assistance)?

The contract for the post-adoption services contract is approximately \$1.4 million a year.

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- Title IV-B, Part 1, Child Welfare Services
- Title IV-B, Part 2, Promoting Safe and Stable Families for “Adoption Support & Promotion”
- Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- Adoption Incentive Funds
- Early Periodic Screening and Diagnostic Testing
- Title XX, Social Services Block Grant (SSBG)
- Title IV-A, TANFF
- Federal grants such as Adoption Opportunities
- Other federal funds
- State child welfare funds
- Other state funds

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:

Post-adoption services are not addressed in the Code of Alabama.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

No

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models

Alabama has received feedback from other states that the current post-adoption services contract and model of services through APAC are viewed as a model program or noteworthy as compared to services currently offered in other states.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years

The APAC website reports data on client services and outcomes for 2011:

- 10,490 APAC services were provided to a total of 3,846 consumers (1,455 families).
- 91 percent of clients improved their family functioning through APAC Counseling services.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

The post-adoption services have been in place since 2001. The contract requires releasing a new RFP every other year. The Alabama commissioner is a huge adoption advocate, and keeping this contract in place with periodic reviews and updates has not been an issue.

ALASKA

RESPONDENT: KariLee Pietz, Social Service Program Officer
State of Alaska Department of Health and Social Services, Office of Children's Services

I. General Information (background on state service system)

- **County-based vs. statewide system**

The DHSS Office of Children's Services (OCS) is a state-administered system.

- **Uniformity of services across the state**

Since prior to 2010, the OCS has provided statewide Services for Adoption Promotion and Support Services through a grant with the Alaska Center for Resource Families (ACRF), which serves both foster and adoptive families statewide.

- **Children on subsidy as of June 2013**

As of June 30, 2013, there were 2,850 children receiving adoption subsidy in Alaska.

- **Are public child welfare adoption workers expected to provide post-adoption services?**

Field and Regional staff may receive inquiries and refer those individuals to OCS State Office Adoption Staff, who handle inquiries about subsidy and services that could be covered by subsidy. Those individuals seeking post-adoption support services are referred to ACRF.

II. Post-Adoption Services Funded by the State for Adoptive Families

The OCS provides Services for Adoption Support through a grant with the Alaska Center for Resource Families. This grant was established to provide seamless continuation of support for adoptive and guardianship families of Alaska through pre- and post-adoption/guardianship services. Through this ongoing collaboration with ACRF, the state provides adoption support services including family preparation, information and referral, crisis intervention and case management.

Information and Referral

Families may contact the OCS State Office Adoption Unit for information and referral assistance. Indirectly, the state provides information and referral services through the ACRF offices, which offer information regarding financial, legal and medical services, as well as educational and therapeutic services.

Educational Programs or Materials

Services are available throughout the state of Alaska via face-to-face classes, self-study courses, and telephonic or webinar services. ACRF offices – located in four regional hub cities – offer in-person community education opportunities. Due to geographical considerations, families in the rural areas rely on services provided remotely through mail, phone and webinar.

Support Programs

Alaska has no centralized support group program through OCS or ACRF; however, some private agencies offer support programs for adoptive families, and grassroots support programs exist in some communities.

Therapeutic Interventions

Counseling services should be covered by Medicaid or private insurance. If a Medicaid provider cannot be found, the family may ask to renegotiate its subsidy to include services with a non-Medicaid provider on a case-by-case basis.

Advocacy

OCS staff may provide limited advocacy services in order to link families with services. OCS is in the early stages of developing a resource family advisory board, and a major function of the board may be advocacy for services to assist adoptive families and promote permanency.

Respite

The Office of Children’s Services does not fund respite services specifically. Each case is considered individually, based on the needs of the child.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
Residential treatment through a Medicaid provider may be covered by Medicaid or private insurance. If a Medicaid provider is not available, the state may consider helping defray the cost of residential care in some cases.
- **If yes, what is required to obtain this?**
The family begins the process by contacting its Medicaid and private insurance provider. They may contact the OCS adoption program coordinator for guidance as well.
- **Does the child have to re-enter state custody?**
No child must re-enter state custody for the purpose of funding residential treatment.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

All families in Alaska who have adopted children through public and private adoption are eligible to receive services through the OCS grantee.

B. Under what circumstances, if any, are these services provided to children who were not adopted through the state system?

Families in Alaska who have adopted children through private adoption are eligible for post-adoption services through the OCS grant to the Alaska Center for Resource Families.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?

\$250,000

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- _____ Title IV-B, Part 1, Child Welfare Services
- 1 Title IV-B, Part 2, Promoting Safe and Stable Families for “Adoption Support & Promotion”
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- 2 Adoption Incentive Funds
- _____ Early Periodic Screening and Diagnostic Testing
- _____ Title XX, Social Services Block Grant (SSBG)

_____ Title IV-A, TANFF
_____ Federal grants such as Adoption Opportunities
_____ Other federal funds-specify: _____
3 _____ State child welfare funds
_____ Other state funds-specify: _____

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:

None

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

There have been no significant cutbacks in these services. Also, although federal funding has decreased during the past 10 years, there has been no decrease in the Alaska adoption subsidy program.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models

One noteworthy practice related to adoption support and preservation is a recent contract with ACRF to provide in-depth pre-adoptive training for families. The PARKA program focuses on the special needs of children being adopted through the OCS, and the family's ability to meet those needs.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years

There have been no significant program evaluations or other post-adoption studies in the past 10 years.

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number

OCS Social Service Program Officer (currently Karilee Pietz) at 907-465-2145.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

The Alaska Office of Children's Services is well aware of the importance of post-adoption services and continues to advocate for these services through its management process.

VII. Does state track adoption disruption and/or post-adoption instability?

Not yet. For the past few years, it has been a state OCS goal to enhance methods for tracking disruptions and dissolutions of adoptive/guardianship placements. Currently there is no centralized process for learning about these situations. Some information may be received anecdotally, either through families who self-report or workers who notice children re-entering the system. As such, any data is considered to be unreliable.

ARIZONA

RESPONDENT: Sue Schmelz, Adoption Specialist
Department of Economic Security, Division of Children, Youth and Families

I. General Information (background on state service system)

- **County-based vs. statewide system**

The Arizona Department of Economic Security, Division of Children, Youth and Families, is a state-operated and state-administered agency. Programs, policies and information systems are coordinated through the state's five regions, which comprise 15 counties.

- **Uniformity of services across the state**

Services are administered and provided on a statewide basis. There are some differences in services available in rural vs. urban counties.

- **Children on subsidy as of June 2013**

There were 19,089 children receiving subsidy for FY of 2013.

- **Are public child welfare workers expected to provide post-adoption services?**

Yes, to some extent. Children who receive adoption subsidy are assigned to a Specialized Adoption Subsidy Case Manager who will assist families in obtaining services provided through adoption subsidy and community resources. Currently there are 23 adoption subsidy case managers on staff who are located in three units – two in Phoenix and one in Tucson. In addition, there is a statewide mental health specialist who assists families and workers with behavioral health services. Also, some adoptive families, especially in rural areas, may call the worker who handled their adoption and, while it is not officially part of their job, these workers often provide information and referral services.

II. Post-Adoption Services Funded by the State for Adoptive Families

The primary post-adoption services funded by the state are provided through the adoption subsidy.

Information and Referral

These services are provided through the adoption subsidy case managers. Several private agencies around the state who contract with the state to provide foster care and adoption services also offer some post-adoption services to the families whom they served.

Educational Programs or Materials

The state provides a one-day annual training conference for foster and adoptive parents in three cities across the state. There are a variety of workshops from which they can choose. In addition, the contracted foster care agencies provide advanced training, and it is available to adoptive families.

Support Programs

The state does not directly fund any support groups or other support services for adoptive families; however, some private agencies with some state support offer these, such as AASK's (Aid to Adoption of Special Kids) Lodestar program and the KARE programs funded through Arizona Children's Association and Casey Family Programs. There is also support for families with children who have behavioral health issues through the Family Involvement Center (FIC) and Mentally Ill Kids in Distress (MIKID). The Arizona Association for Foster and Adoptive Parents (AzAFAP) provides support and education to foster and adoptive families.

Therapeutic Interventions

These services are provided primarily through Medicaid and the Regional Behavioral Health Authorities (RBHA) for children who receive subsidies and other children who are eligible for Medicaid.

Advocacy

The adoption subsidy case managers generally serve as advocates for post-adoption services. Their caseloads are high now, so they are more limited than they used to be in their ability to do activities such as going with an adoptive family to a child's IEP meeting. The subsidy mental health specialist gets involved with some individual cases, and advocates on system-wide issues.

Respite

Respite is available to children receiving Medicaid services through the RBHA behavioral health or the Division of Developmental Disabilities. Respite may also be available to children receiving adoption subsidy, if their need for respite is related to the child's special conditions contained in the subsidy agreement, and other available resources for respite for which the child qualifies are utilized first. The child's and family's need for respite is assessed on an individual basis; if approved, the family can use whatever provider is qualified to meet the child's needs.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
Residential treatment is funded through the Medicaid system or private insurance. If Medicaid cannot cover this service and it is deemed medically necessary, adoption subsidy may fund this service for some children.
- **If yes, what is required to obtain this?**
There has to be documentation that the treatment is medically necessary, that it cannot be paid for through other means, and that nothing in a less restrictive setting is likely to meet the child's needs. There are only a handful of adopted children for whom the Arizona child welfare system is paying for residential treatment; most live out-of-state or need a specialized facility due to very unique needs.
- **Does the child have to re-enter state custody?**
No.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

Must be adopted from the child welfare system or Arizona private licensed adoption agencies and qualify for adoption subsidy.

B. Under what circumstances, if any, are these services provided to children who were not adopted through Arizona's child welfare system?

They may have been adopted through a private agency (non- state ward) and qualified for an adoption subsidy.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?

\$2.4 million is expended on special services covered under Adoption Assistance

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- _____ Title IV-B, Part 1, Child Welfare Services
- 1 _____ Title IV-B, Part 2, Promoting Safe and Stable Families for "Adoption Support & Promotion"
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- 4 _____ Adoption Incentive Funds
- _____ Early Periodic Screening and Diagnostic Testing
- _____ Title XX, Social Services Block Grant (SSBG)
- 3 _____ Title IV-A, TANFF
- _____ Federal grants such as Adoption Opportunities
- _____ Other federal funds-specify: _____
- 2 _____ State child welfare funds Special services under Adoption Subsidies are state-funded.
- _____ Other state funds-specify: _____

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe

State law requires that adoption subsidy be available to assist families in adopting children who have special needs. This may include any of the following types of assistance: Medicaid health coverage, a monthly maintenance subsidy, and payment for special services for pre-existing conditions not covered by other resources.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe

Yes, in 2009 the foster care board payments and adoption subsidy maintenance rates were decreased by approximately 20 percent. This did not apply to those already receiving adoption subsidies, but to future subsidies.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models

No model programs were identified that are state-funded. There are model post-adoption programs operated through private agencies, such as the Lodestar Family Connections Center affiliated with AASK (Aid to Adoption of Special Kids) and KARE programs funded through Arizona Children's Association and Casey Family Programs.

Lodestar Family Connections Center is an agency-independent, supportive and educational resource center, providing a variety of programs for foster, adoptive, guardianship and kinship families. It offers training courses, one-on-one mentoring and counseling in the Phoenix area.

KARE Family Centers provide different services, including post-adoption services, in each location in Phoenix and Tucson, including:

- Information, education and resource referrals for grandparents, relatives, kin foster care providers and adoptive families.
- Support groups for grandparents and relatives caring for children, as well as for adopting or adoptive parents.
- Help in completing benefit applications such as TANF, AHCCCS and Kids Care.

- Advocacy for caregivers and children in school, court systems, health care and mental health agencies, benefits programs, Child Protective Services, etc.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years

None noted.

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number

Lodestar Family Connections Center

JoAnne Chiariello

(602) 254-2275 ext.4478

jchiariello@arizonaschildren.org

KARE Center

Julie Treinen

(520) 323-4476 ext. 10

jtreinen@arizonachildren.org

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

The child welfare system tries to make sure that the director of the Department of Economic Security knows about anything that is going on related to adoption, and to keep adoption in the awareness of state legislators. For example, they were invited to the launch of the Children's Heart Gallery in Arizona to promote adoption of children with special needs. Arizona celebrates National Adoption Day with large events in Phoenix and Tucson, as well celebrations in Yuma and Prescott. For some years, Phoenix had the most adoptions finalized on National Adoption Day of any city in the U.S.

VII. Does state track post-adoption instability?

No.

ARKANSAS

RESPONDENT: Marilyn R. Carter-Counts, Administrator, Adoption Support
Arkansas Department of Human Services, Division of Children and Family Services

I. General Information (background on state service system):

- **County-based vs. statewide system**
Arkansas provides a statewide system of post-adoption services that is administered through a central office. DCFS adoption specialists provide services through 10 local offices located throughout the state.
- **Uniformity of services across the state**
Services are expected to be uniform throughout the state.
- **Children on subsidy as of June 2013**
As of June 30, 2013, 4,362 children were receiving adoption subsidy.
- **Are public child welfare adoption workers expected to provide post-adoption services?**
Adoption workers are expected to provide post-adoption services, with the exception of therapy, residential treatment and respite.

II. Post-Adoption Services Funded by the State for Adoptive Families

Information and Referral

The state currently is developing a statewide newsletter and resource directory. Adoption workers regularly provide information and referral upon request.

Educational Programs or Materials

Arkansas offers a statewide lending resource library to families, as well as ongoing educational opportunities and programs. In addition, a staff person at central office coordinates the provision of information and training specifically for families affected by Fetal Alcohol Spectrum Disorder (FASD) through Mid-South Training Academy sites located around the state.

Support Programs

State adoption workers regularly match new adoptive families with experienced "Hook-Up" families for support, and the state currently is in the process of implementing statewide support groups for adoptive families. In addition, a staff person at central office coordinates support groups specifically for families affected by Fetal Alcohol Spectrum Disorder (FASD) through Mid-South Training Academy sites located around the state.

Therapeutic Interventions

Case management is available through local DCFS offices. Adoption workers also organize meetings to provide Wrap Services to struggling families and Intensive Family Services to families experiencing an even higher level of need in order to prevent out-of-home placement after adoption

Advocacy

State adoption workers provide most advocacy services prior to legalization; they also will advocate for higher levels of service for families at risk of out-of-home placement or adoption dissolution.

Respite

Respite is available through a few contract providers in Arkansas. Respite is provided only through residential treatment facilities, not private respite homes. Funded by Medicaid, the child must meet the “medically necessary” standard to qualify for a limited number of days of respite per quarter.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
Residential treatment services are limited to those that are paid for through Medicaid. Payment for these services is subject to Medicaid’s regulations on eligibility, funding and time limits.
- **If yes, what is required to obtain this?**
The facility must be an in-state Medicaid provider, and families contact their local DCFS office’s adoption specialist to initiate the process.
- **Does the child have to re-enter state custody?**
The child does not have to re-enter state custody to obtain residential treatment if s/he qualifies for Medicaid coverage.

Other Services

The state offers a voluntary adoption registry. If both parties register, a state adoption specialist can make a match and even set up a meeting, provided the adoptee is at least 18 years of age.

III. Qualifications for Post-Adoption Services

- A. What are the eligibility criteria for receiving services?**
Most services are available to any adoptive family in the state. Respite and residential treatment are available only to families who have adopted through the public agency. Subsidy is available to qualified children.
- B. Under what circumstances, if any, are these services provided to children who were not adopted through the state system?**
All post-adoption services, with the exception of respite and residential treatment, are offered to all adoptive families.

IV. Support for Post-Adoption Services

- A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)**
The primary source of funding for post-adoption services, other than subsidy, is Adoption Incentive Funds; however, that money is used for many additional purposes, and the exact amount is impossible to tease out. It is estimated that only about 25 percent of the total (\$1,274,517 in FFY 2011) goes toward post-adoption services.
- B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)**

- _____ Title IV-B, Part 1, Child Welfare Services
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families for “Adoption Support & Promotion”
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- _____

- 1 Adoption Incentive Funds**
 - Early Periodic Screening and Diagnostic Testing
 - Title XX, Social Services Block Grant (SSBG)
 - Title IV-A, TANFF
 - Federal grants such as Adoption Opportunities
 - Other federal funds-specify: _____
- 2 State child welfare funds**
 - Other state funds-specify: _____

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe

Only adoption subsidy is stipulated by state law.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe

No, in fact subsidies have increased.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models

None noted in post-adoption services.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years

None known at this time.

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number

None at this time.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

Taking every opportunity to educate and advocate with state legislators and executive staff around the importance of placing special needs foster children in permanent families, keeping siblings together, and supporting these families after adoption has resulted in an increase in adoptions in general and those involving high-needs children in particular.

VII. Does state track adoption disruption or post-adoption instability?

No

CALIFORNIA

RESPONDENT: Richard Smith, Chief
Adoption Services Bureau, California Department of Social Services

I. General Information (background on state service system)

- **County-based vs. statewide system**

There are 58 counties in this county-based system, with 6 district offices that provide services for rural areas of the state.

- **Uniformity of services across the state**

Other than the Adoption Assistance Program, there are no regulations or licensing requirements that come from the state for the provision of post-adoption services. Each county makes its own decisions and sets its priorities based on local need.

- **Children on subsidy as of June 2013**

84,881

- **Are public child welfare adoption workers expected to provide post-adoption services?**

Each county approaches this in its own manner; some counties contract out post-adoption services, while others have in-house post-adoption support workers. In the case of an out-of-home placement, the county workers assist the families in finding and accessing services.

The district offices contract out the post-adoption services.

II. Post-Adoption Services Funded by the State for Adoptive Families

District offices are funded directly by the state and contract with other providers for post-adoption services. Counties may also have additional contracts with the state. Post Adoption Services (PAS) in California are administered by the individual counties. The County Welfare Directors Association (CWDA) lists county websites and the services they provide, link: <http://www.cwda.org/links/chsa.php>.

The California Department of Social Services (CDSS), through its Adoptions Services Bureau (ASB) District offices, also continues to build a network of post-adoption services to meet the needs of the adoptive families who reside in the counties served by the ASB. The following website gives information on the ASB District Offices and the counties they serve: <http://www.childsworld.ca.gov/PG1304.htm>.

Outside organizations also provide post-adoption support services.

Information and Referral

In Sacramento County, families can find information, resources and referral information at: www.postadoptionlink.org. In other counties, the contracted post-adoption service providers maintain websites that include information about post-adoption services and supports. In some counties, families can self-refer to the PAS agency, while in others families must go first to the county DSS to request services and get a referral to a contracted agency. In counties where the services are provided in-house, families go directly to their DSS office.

Educational Programs or Materials

Many of the contract agencies offer ongoing training opportunities for families and providers. The state encourages training of families and providers together and suggests that training opportunities are open. Many of the individual agencies publish regular newsletters. These are reviewed by their contract

managers. There are some lending libraries throughout the state. In rural areas, the district purchases relevant materials for local libraries and regularly provides the families with an updated listing.

Education-related services for children are further addressed through the federal Individuals with Disabilities Education Act (IDEA), which ensures that children with disabilities are entitled to a free, appropriate public education in the least-restrictive environment. Special education pupils may require mental health services in any of the 13 disability categories. To be eligible for services, they must have a current individualized education program (IEP) on file. The services must align with the child's needs as identified in the IEP, and are designed so that children will benefit from their educational programs. They are free to all eligible students regardless of family income or resources. Information on California's Mental Health Services for Special Education Pupils link:

<http://www.dhcs.ca.gov/services/MH/Pages/MentalHlthSvsforSpecialEducationPupils%28AB3632%29.aspx>

Support Programs

There is a wide range of support groups throughout the state, with the rural regions seemingly having the most challenges in terms of establishing and maintaining groups. Several contract agencies have strong, stable support groups for parents and youth. Support groups are generally free to anyone. A listing of support groups is available at:

http://directory.adoption.com/search/Support_Groups_for_Adoptive_Parents-California.html

Therapeutic Interventions

Providing clinical Crisis Intervention services is a requirement in all post-adoption contracts. A primary program that provides intensive crisis intervention services is the WRAP program. To be eligible for this program, the adopted child must be either at risk of placement into an institution or group home, or already in such a placement and be ready to transition home. The program requires an individual contract for the child/family between the provider and the county from which the child was adopted.

It is funded through the Adoption Assistance Program funds from the child's home county that otherwise would have been used for residential placement for the child, and may also include Mental Health Medi-Cal funding (EPSDT).

The wraparound program was developed to address families' needs based on their own assessments of the issues and their knowledge of their children. Within this model, the provider agency can be as creative as necessary in providing services that keep the child safely at home. The amount of funding available for this is up to the amount that a residential program would have cost. With this funding structure, a wide array of services can be provided, including but not limited to: tutoring, transportation, staff in the home up to 4-5 hours a day, and more. WRAP is available for up to 18 months per episode and is funded up to \$9,000/month/child (the cost of a level 14 placement). See more about wraparound services under question below about model programs.

California is trying to address the issues facing families who are challenged with accessing services for their children who have moved from one county to another as a result of their adoption. There currently is not a fluid system of reciprocity for those children who are insured through MediCal. Public mental health services for children in California are administered by the Department of Health Services, Department of Mental Health, through the state Medicaid program known as Medi-Cal. Services include the following examples: counseling, psychiatric services, medication, and mental health treatment for children and families. The person receiving services and the mental health provider work in partnership to decide the appropriate services for that person.

The Children's Mental Health Network provides timely analysis of the children's mental health landscape from a system of care perspective founded upon social justice and social change through collective action, information link: <http://www.cmhnetwork.org/about-us>.

The Network of Care for Mental Health is a great resource to obtain information about mental health issues and to search for a wide variety of mental health and other support services in the local community. For more information see the following links: <http://networkofcare.org/splash.aspx> and <http://dmh.ca.gov/docs/CMHDA.pdf> and <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>.

Advocacy

Families are provided with advocacy to navigate the system when their children need services. The WRAP program is one of the hallmarks of California's advocacy on behalf of adopted children and their families.

Respite

While there are some post-adoption contract agencies that provide respite in their services, there is not a statewide respite program. Childcare is provided at trainings so that parents may attend. Many private organizations offer a variety of respite options.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**

Yes.

- **If yes, what is required to obtain this?**

A recognized mental health provider must provide a letter outlining the need, the level of care required and the anticipated treatment outcomes. The state then determines what facility can best meet the needs of the child. If the family has a treatment center in mind, this is taken into consideration.

The family can privately arrange for treatment as well. In this case, the state will ensure that the facility is appropriate and the family is responsible for completing the ICPC paperwork. Only non-profit residential treatment centers are approved, not residential schools. In California, it is legislated that there be no locked facilities (i.e. level 14), so if a locked facility is needed, the child must be placed out of state.

- **Does the child have to re-enter state custody?**

No; however, with the Adoption Assistance Program, there is a maximum of 18 months per episode and the family must be involved in the return home of the child.

III. Qualifications for Post-Adoption Services

- ### **A. What are the eligibility criteria for receiving services?**

All adopted children and youth in the state are eligible.

- ### **B. Under what circumstances, if any, are these services provided to children who were not adopted through California's Department of Social Services?**

The state allows for any adopted child to receive services, but some counties restrict this to children adopted from foster care.

IV. Support for Post-Adoption Services

- ### **A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?**

For the 28 counties that Mr. Smith oversees, the budget is \$901,858. He does not know the budget for the other 30 counties.

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- _____ Title IV-B, Part 1, Child Welfare Services
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families for "Adoption Support & Promotion" State does a 15% holdback to fund state programs.
- 1** _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- _____ Adoption Incentive Funds
- _____ Early Periodic Screening and Diagnostic Testing
- _____ Title XX, Social Services Block Grant (SSBG)
- _____ Title IV-A, TANFF
- _____ Federal grants such as Adoption Opportunities
- _____ Other federal funds-specify: _____
- _____ State child welfare funds
- _____ Other state funds-specify: _____

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:

None.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

Sequestration caused a 10 percent cutback in 2013.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models

The WRAP program, also described above under therapeutic interventions, is family-centered and community-based. It allows the provider agency to be as creative as necessary in providing services that keep the child safely at home.

An example of how it is implemented by one provider is the AFTER program at the Kinship Center, which provides these services to families in several counties (Monterey, Orange, Santa Clara and others). The wraparound services involve several types of helpers assisting the entire family to develop and work with a team in addressing the needs of the entire family. The team meets at least monthly, and sometimes several times a month, to help the family develop new resources and solutions. In addition to family members, the team includes community members who play an important role in the family, as well as the Kinship Center's staff (a Master's level social worker is the team facilitator, a family assistant works with the family on an ongoing basis in their home, and a parent partner, who is an experienced adoptive parent, serves as an advocate and support to the family). When a family is stuck in addressing behavioral issues, the program staffs the case with a Behavioral Assessment Team, including a psychologist and other wrap team members. Many of the families are involved with adoption-competent therapists, who may come to the team meetings or consult with the facilitator by phone.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years

None noted.

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number

WRAP – mary.sheppard@dss.ca.gov

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

Working with the WRAP program has been the most effective approach.

VII. Does state track adoption disruption or post-adoption instability?

Yes.

COLORADO

RESPONDENT: Constance Vigil, Adoption Program Administrator
Colorado Department of Human Services, Division of Child Welfare Services

I. General Information (Background on State Service System)

- **County-based vs. statewide system**

Colorado's Department of Human Services, Division of Child Welfare Services, has a county-based, state-supervised system. This system affords each county, from the largest metropolitan ones to the smallest rural ones, the opportunity to develop its own level of services to meet the needs of its population. There are 64 county departments, 10 of which are in large counties serving approximately 80 percent of the state's population. Twenty-two counties are medium-sized, and the remaining 32 are rural. Each county has a director of human/social services who is appointed by a county commissioner and serves at his/her pleasure. Post-adoption services *per se* are not mandated. Each county provides certain mandated CORE services to all families, while others are optional. Currently, 80 percent of county social service expenditures are reimbursed by the state, with the county sharing the cost at 20 percent.

- **Uniformity of services across the state**

CORE Services are uniform across the state as explained above. These may be accessed by any family, including post-adoptive families.

- **Children on subsidy as of June 2013**

As of June 30, 2013, there were 10, 813 children receiving adoption subsidy in Colorado. Approximately 95 percent of children placed through public adoptions receive an adoption maintenance subsidy.

- **Are public child welfare adoption workers expected to provide post-adoption services?**

In Colorado, post-adoption services are not mandated by law; however, state rules say that if the county has a child for whom termination of parental rights and adoption have occurred, the county must offer post-adoption services. Counties may interpret this to mean providing as little as information, referral and support groups to having paid staff dedicated to providing a variety of services in a post-finalization unit.

Each county has its own plan for serving families. All counties have the ability to provide CORE services to prevent children from needing to be placed in the child welfare system, including adopted children. These services include Home-Based Intervention, Intensive Family Therapy, Sexual Assault/Abuse Treatment Services, Day Treatment, Life Skills, Special Economic Assistance, Mental Health Services and Substance Abuse Treatment Services. Counties may also have "county-designed services" that are provided or purchased in accordance with Colorado Department rules to meet needs specific to that county.

II. Post-Adoption Services Funded by the State for Adoptive Families

Information and Referral

All adoptive families receive *The COMPASS: A Family Guide to Post-Adoption Resources in Colorado*. The guide is posted at: http://www.adoptex.org/site/DocServer/Compass_2007.JUN08.pdf?docID=1201.

Each of the 10 large counties has a subsidy clerk who also serves as an information and referral source. Clerks are knowledgeable resources for families because there is a low turnover in these positions. Mid-

size counties provide the same service but don't designate a particular person to do it. For example, a child welfare supervisor may perform this role most of the time. In rural, less-populated counties with few workers, personal referral and information service may or may not be provided. Families may be referred to the State Adoption Unit or the Adoption Exchange for special assistance.

Educational Programs or Materials

The Adoption Exchange in Denver maintains a resource library and has helped counties and public libraries build resources. The Colorado State Department provides funding to the Adoption Exchange for a statewide network of services to support adoptive families known as the Colorado Post-Adoption Resource Center (COPARC). These include sponsoring an annual conference for post-adoptive families and adoptive family seminars.

Support Programs

The Colorado Coalition for Adoptive Families (COCAF) has a website that provides information to families and links to other adoption resources. COCAF provides information on current support groups, as well as material on establishing and running such groups. COCAF will meet with parents interested in starting a group and help them develop it. Most support groups are parent-run, and no state funding or administration is involved. The website is www.COCAF.org.

Therapeutic Interventions

Several counties in Colorado provide specific post-adoption support. One county hired a psychologist to meet with a family to identify the stressors and work with the family to ameliorate those factors. This psychologist has adoption experience and works closely with families and children to resolve issues. Another county has chosen to collaborate with its mental health clinic and jointly hired a clinician with an extensive adoption background. This clinician serves the county's adoptive families.

Adoptive families receive all the CORE services that are available to all Colorado families. Medicaid, the second payer after the family's own insurance, is provided to 95 percent of adoptive families. Community mental health centers are available to adoptive families. Colorado is a managed-care state for mental health services. Mental health assessment services associations bid to provide mental health services in each region. Families seeking mental health services are directed to designated providers who have agreed to accept families with Medicaid. The fact that choice is limited is difficult for those families who are accustomed to freedom of choice. Some providers serving foster care families also serve adoptive families through this system. Providers emphasize seeing the whole family, going to the school, etc., rather than just seeing the child in an office setting.

Advocacy

Colorado has no statewide system of advocacy; however, the state has 26 Promoting Safe and Stable Families sites that have a family advocate available to any family serviced by that site. A number of counties have family centers whose staffs also have provided advocacy to adoptive families. Many adoptive parents use other adoptive parents as a resource. Informal networks of parents have been the greatest help when it comes to ensuring that children with special needs get their educational needs met. The county worker may serve as an advocate for some families after adoption as well.

Respite

County departments might provide respite services as part of the Adoption Assistance agreement on a case-by-case basis. Families receiving respite services have the flexibility of identifying their own respite provider and having the county reimburse the cost. This service also is available through some of the mental health clinics that offer respite as part of their continuum of services. Respite can be added to the subsidy agreement at the annual renewal.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**

Residential services are not available as part of the Adoption Assistance agreement; however, families have several options. They may use third-party insurance to cover residential services. They may be advised to contact the mental health clinic in their county. If there are no protective services issues and the child is found to need residential treatment for a mental health need, the mental health clinic has a responsibility to provide the needed services. Another recourse the family has is to work with the county department through a voluntary placement agreement. There is no adverse effect to this (e.g., no requirement of a finding of child neglect or dependency); however, this option can still be emotionally difficult for the family. Counties will offer the family intensive CORE services to prevent placement in the system if at all possible. Finally, if the county does not provide voluntary services, the family can go to court to seek no-fault dependency.

In Colorado, families may not use children's Medicaid cards to place them in residential treatment facilities. A fee is assessed any family whose child is placed in out-of-home care. Parents who have an Adoption Assistance agreement with a Colorado county department cannot be assessed a fee that exceeds the Adoption Assistance payment. Colorado now has a law stating that mental health centers should be able to place/pay for all Colorado children with certain diagnoses, not only adopted children. This is rarely done in reality, although the opportunity to pursue such mental health funding exists.

- **If yes, what is required to obtain this?**
See above
- **Does the child have to re-enter state custody?**
No. See above.

Search Services

Colorado Senate Bill 96 allows non-profit adoption agencies to search for and release non-identifying information pertaining to persons over age 21 who were adopted through the counties and their families. Currently, Adoption Options is the only agency authorized to search for and release such information. When they receive a formal request and the required fee from the individual, an adoption counselor will search the record and release to the searching party any non-identifying information that is available.

Children adopted through private agencies must contact the agency that handled the adoption. For identifying information and reunion, the Colorado Confidential Intermediary Service trains volunteer intermediaries to perform searches for an adult adoptee, adoptive parents, birth parents or siblings. The adoption must have taken place in Colorado. Searchers must petition the court in the county in which the adoption occurred. Fees are based on the actual cost of the search. The Colorado Voluntary Adoption Registry will release information if both the adoptee and the birth parent have registered. The adoptee must be 21 years of age or older.

Since September 1, 1999, records (including original birth certificates) of adoptions finalized on or after this date shall be open for copying by adult adoptees or their adoptive parents, grandparents, spouses or legal representatives. Certain restrictions can be initiated by either the birth parent or adult adoptee.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

As described above, service eligibility varies by type of service.

B. Under what circumstances, if any, are these services provided to children who were not adopted through the state system?

All Colorado families are eligible to request services from the county department in which they reside. CORE services are available to prevent out-of-home placement of children in general. A family who adopted privately also would be entitled to these services.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?

Colorado does not track the number of adoptive families accessing CORE services; therefore, there is no specific budget for post-adoption services other than Adoption Assistance, and that varies from county to county.

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- 2 Title IV-B, Part 1, Child Welfare Services
- 3 Title IV-B, Part 2, Promoting Safe and Stable Families for "Adoption Support & Promotion"
- 4 Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- 5 Adoption Incentive Funds
- Early Periodic Screening and Diagnostic Testing
- 1 Title XX, Social Services Block Grant (SSBG)
- Title IV-A, TANFF
- Federal grants such as Adoption Opportunities
- Other federal funds-specify: _____
- State child welfare funds
- Other state funds-specify: _____

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe

Adoption Assistance is the only service mandated by state law. As stated above, however, adoptive families may access an array of CORE services, which are mandated by state law.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe

There have been no cutbacks in CORE services, which adoptive families may access, or adoption subsidies during that time period.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

None noted.

A. Please describe practice models

A practice model promoting family permanency is in the process of being developed in Colorado.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years

The multi-year Colorado RCCF (Residential Child Care Facilities) Outcome Measures Study (2012) was sponsored by the Colorado Association of Family and Children's Agencies (CAFCA) and the Colorado Health Foundation. Utilizing the Colorado Child and Adolescent Needs and Strengths (CANS) Assessment, the study evaluated the effectiveness of residential treatment for over 1,200 children and adolescents in 17 facilities statewide. Among the study's findings was the high percentage of adopted children among those in residential treatment – 17 percent. The full study can be found at: <http://www.childabuse.org/document.doc?id=138>.

For more information, contact Dr. Skip Barber at CAFCA, Phone: 720-570-8402.

Contact persons who could give us more information about noteworthy practice models or research and their phone number

None provided.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

In general, Colorado relies heavily on the commitment of recent state administrations to provide support to all families who need it, at the local level first and with minimal intrusion by the state. Addressing the needs of the whole child and family begins at first contact, and careful attention is given to the matching process in order to minimize children's moves and losses. The variety of CORE services that are widely available at the local level promotes family permanency through prevention and early intervention whenever possible. The option for counties to design additional CORE services to meet needs that are specific to families in their county enhances the state's ability to meet the needs of all its families, including those formed through adoption.

VII. Does state track adoption disruption or post-adoption instability?

The state is not yet able to track these situations; however, they are working on enhancing the SACWIS system so that such tracking may be possible in the future.

CONNECTICUT

RESPONDENT: Karen Miskunas, Program Manager, Bureau of Adoption & Interstate Compact Services
Connecticut Department of Children and Families

I. General Information (background on state service system)

- **County-based vs. statewide system**

The Department of Children and Families, Bureau of Adoption & Interstate Compact Services, is a state-based system with six administrative regions and 15 regional offices. Post-adoption and post-guardianship services are provided through a contract between DCF and the University of Connecticut Health Center in Farmington, CT, through the Adoption Assistance Program (AAP). In addition, four case-management staff contracted through licensed child-placing agencies in the Fairfield County, Norwich, Waterbury and New Haven areas provide face-to-face intake services to families unable to travel to Farmington.

- **Uniformity of services across the state**

Child welfare services are operated relatively uniformly across the state. Generally, the only state-supported system of services exclusively for families after adoption is the AAP.

- **Children on subsidy as of June 30, 2013**

In 2010, 5,300 children in Connecticut were receiving adoption subsidy, and 1,800 were receiving guardianship subsidy. More current figures were not provided.

- **Are public child welfare adoption workers expected to provide post-adoption services?**

It is not an expectation; however, workers in child welfare permanency units often provide follow-up and support services after adoption finalization, mostly on an informal basis. Generally, families are referred to the Adoption Assistance Program. The subsidy unit, based in the state central office, may get calls for post-adoption information, referral and other needs. A new program is being developed in this area that would allow these workers to provide support to families with needs more complicated even than those regularly handled by AAP.

II. Post-Adoption Services Funded by the State for Adoptive Families

As stated above, state-funded post-adoption services are provided directly through the subsidy unit and indirectly through the Adoption Assistance Program. The AAP at UConn Health Center provides assessment, education, brief counseling and referral services to adoptive and guardianship families. In addition, a statewide system addresses the mental health needs of *any* family's children, and some post-adoption services, such as residential treatment, are provided through this system.

Information and Referral

In Connecticut, requests for voluntary services come through the same intake system as child welfare cases. Adoptive families who call the intake unit of the Department of Children and Families (DCF) to request a service not covered by subsidy (e.g., residential treatment) are referred to a mental health resource. In addition, the DCF website for the Bureau of Adoption and Interstate Compact Services contains some helpful referral information and a toll-free line that receives some inquiries for post-adoption service referrals; however, the AAP is the central point of entry for most post-adoption services, including information and referral. The AAP website also provides such information: <http://aap.uchc.edu/>.

Educational Programs or Materials

The Connecticut Association of Foster and Adoptive Parents (CAFAP) receives state funds for the education and support of both foster and adoptive families. CAFAP publishes a newsletter that advertises a range of statewide educational opportunities, as well as contact information for support groups that serve this population. Adoptive families may attend any of the educational programs, including a post-PRIDE program of continuing education. In addition, membership in the Connecticut Council on Adoption, an active grassroots organization, is available to adoptive parents and professionals. Department staff members are actively involved in this organization, and central office staff members assist with the development of four educational programs on adoption per year.

The AAP sponsors or co-sponsors two to three statewide professional trainings annually designed to promote good quality, effective adoption practices throughout the state. AAP also provides an annual six-part workshop series to meet the needs of in-home service providers and therapists working with adoptive families in the Child Guidance Clinic and in private practice. AAP staff also provides in-service training to schools and adoption support groups upon request.

Support Programs

There are no state-supported support groups exclusively for adoptive families. Adoptive families may participate in the 30-35 CAFAP support groups that operate throughout the state. In addition, peer support groups have been developed outside the system, and families often are referred to these groups where they exist. AAP facilitates three to five parent support groups annually (three of which are ongoing). A monthly peer consult group is provided in Fairfield County for therapists working with families after adoption and guardianship.

Therapeutic Interventions

The AAP unit at UConn Health Center is staffed by licensed clinical social workers and provides assessment, brief counseling, and linkage to community providers. Their website offers a Therapist Directory with a list of clinicians who have had special training in working with adoptive families:

<http://www.ctadoption.org/resources/therapist.html>.

A major mental health initiative in Connecticut recently was developed and implemented by KidCare. Part of the initiative to expand post-adoption services in the state is embedded in this broad mental health initiative, creating regionally based systems, with lead agencies and sub-agencies tasked with improving mental health services to all children. An assessment of the mental health needs of foster and adoptive children was part of the justification of the need for this program. The intensive family preservation program is another system designed to meet the therapeutic needs of some adoptive and foster families by providing services to preserve placements if referrals are made by DCF.

All AAP staff are licensed and experienced in the field of adoption. The AAP utilizes an EAP model of service delivery. Following assessment, if a family requires ongoing therapy, most often a referral is made to an adoption-competent therapist within the family's insurance coverage, or funding assistance is provided to access needed services. AAP staff themselves will provide counseling services for up to three months. Examples of other therapeutic interventions that may be deemed appropriate include therapeutic mentoring, animal-assisted therapies, physical and occupational therapies, and expressive therapies (art, music). The program also provides referrals to and funding for assessment services such as psychiatric consults, neuropsychological evaluations and developmental assessments.

Advocacy

AAP staff provide advocacy on behalf of client families. Staff members attend provider and treatment planning meetings, and the program offers educational advocacy (participating in 71 PPTs last year).

Respite

Respite is provided directly by the state only if it is specifically included in the Adoption Assistance agreement, e.g., for a medically fragile child. Normally considered a therapeutic service, respite is provided by AAP. The program helps families identify a respite resource that is known to the child/ren, and funding is available to support the need.

Residential Treatment

Payment for residential treatment of adopted children is provided through the voluntary services program of DCF, which is operated through regional offices. Using child welfare funds, these offices do assessments and set up cases for placement. Time limits are not mandated in policy, but pressure to end long-term placements exists in practice.

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
See above.
- **If yes, what is required to obtain this?**
See above.
- **Does the child have to re-enter state custody?**
No

Case Management

In addition to assessment, brief counseling, referral and education services, AAP offers case management support to connect families to community-based resources and to provide ongoing advocacy and assessment. AAP also manages the post-finalization component of DCF's Permanency Placement Services Program (PPSP). Each child adopted through DCF is allotted 100 hours of post-placement in-home support, which are available until the child turns 18.

Search Services

DCF employs a search consultant who does searches for all adults adopted through DCF who call. AAP refers adult adoptees to the appropriate agency for facilitation of a search. Most often this is DCF. The DCF Search Unit and AAP often collaborate to provide needed support during the search process. AAP staff have facilitated face-to-face meetings and provide ongoing counseling services and support as relationships unfold.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

Any child who has been adopted through the Connecticut Dept. of Children and Families is eligible to receive direct services (assessment, brief counseling, referral and case management) at no cost. Flex funding for most therapeutic services also extends to all adoptive families. The program brochure states: "On a limited basis, the AAP director may waive eligibility criteria so that additional families may be served." In-home (PPSP) services are available only to children adopted through DCF. Flex funding for recreational activities (camps, etc.) is available only to children adopted through DCF.

B. Under what circumstances, if any, are these services provided to children who were not adopted through the state system?

Any child with mental health needs sufficient to warrant residential treatment qualifies for payment of such treatment. Services delivered by CAFAP are open to any adoptive family. While AAP is designed to meet the needs of families who have adopted children from DCF's legal custody,

the direct services components of the program may be utilized by any adoptive or guardianship family, including private adoptions.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?
The current budget for AAP is \$795,000.

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)
This information was not provided.

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe
Only those services provided through Adoption Assistance are mandated by law.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:
Information not provided.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models

The Adoption Assistance Program has successfully utilized an EAP model of service delivery since it was launched in 2005. All calls are returned within 24 hours, and callers are offered an immediate appointment (within 24 hours if the caller can travel to the UCONN Health Center; within 48 hours if the caller prefers an appointment in their home). There is no waitlist for services. AAP cases identify the *family* as the client and focus on strengths first. Initially the program attempted to identify a network of affiliate providers statewide (approximately 20) to provide contracted assessment services to families contacting the program. In year two it was determined that utilization of three to four designated adoption-competent case management staff to provide the assessment and ongoing support if needed improved communication among staff and increased consistency in service delivery. The program has experienced very low staff turnover during its eight years of operation. Client families come to know AAP staff and feel comfortable returning as concerns present at different developmental stages. A program evaluation completed in years three-four validated the model and demonstrated both effectiveness and client satisfaction.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years

An evaluation was completed on 179 adoptive families contacting AAP, and 100 families completed an assessment both at the time of contacting the program and at follow-up. The primary reasons for contacting AAP (out of a list of 17 pre-determined choices) were behavioral/emotional problems of the child (82%) and help finding assistance (73%). Other special needs of the child, including health (39%), learning needs (28%) and school problems (25%) were the next most frequently reported reasons for contacting AAP. Overall, 93 percent of families were satisfied with the services of AAP.

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number

Allyson Powell, LCSW
Assistant Program Director, UCONN Health Center AAP
860-679-2774

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

The DCF Office of Foster Care and Adoption Services has collaborated successfully with AAP for eight years. DCF has respected recommendations made by AAP for some families when additional financial resources are required to support a unique need and, in most cases, has approved enhancements to subsidy agreements. AAP makes these recommendations carefully, most often after funding a particular service long enough to demonstrate improvement in a child's functioning. Because Connecticut is a relatively small state, AAP participates with all primary adoption groups (DCF, CAFAP, CCA, CAN, and the post-Master's Certificate Program) to establish and promote best practice and to support development of adoption competency in professional staff working with adoptive families.

VII. Does your state track post-adoption instability?

No

DELAWARE

RESPONDENTS: Frank Perfinski, Adoption Program Manager
The Department of Services for Children, Youth and their Families

Mary Lou Edgar, Executive Director
A Better Chance for Our Children

I. General Information (background on state service system)

- **County-based vs. statewide system**

The Delaware Department of Services for Children, Youth and their Families (DSCYF) is a state-administered, state-supervised system.

- **Uniformity of services across the state**

There are three counties in Delaware. The northern county, New Castle, is the most heavily populated, and therefore more services are available there.

- **Children on subsidy as of June 2013**

As of June 2013, there were 914 children receiving adoption subsidy. There are 404 IV-E children and 510 Non-IV-E children. Medicaid is offered to 100 percent of the children adopted through the state child welfare system who reside in Delaware.

- **Are public child welfare adoption workers expected to provide post-adoption services?**

The child welfare adoption workers do not provide post-adoption services. Services are provided through contractual agreements with private agencies.

II. Post-Adoption Services Funded by the State for Adoptive Families

The primary provider of post-adoption services in Delaware is A Better Chance for Our Children (ABC) – see their website for an overview of services offered: <http://www.abcfoc.org/>. Adoptive Families with Information and Support (AFIS), an adoptive parent organization, receives a small grant for providing support to families, and these two providers work collaboratively to serve adoptive families across the state. A brochure describing AFIS can be accessed at: <http://afisdelaware.org/brochure09.pdf>

Information and Referral

If a family calls the DSCYF, a worker may provide some information. Most often, however, families are referred to the contracted agencies, which can provide information and referral services. Adoptive as well as guardianship families qualify for services.

Educational Programs or Materials

These services are provided through ABC or the Department of Education. ABC provides statewide trainings and educational materials on adoption-related topics such as: explaining adoption to pre-schoolers, helping children and families understand the impact of early trauma, and helping adopted adolescents with identity formation.

The ABC website, <http://www.abcfoc.org/services/post-adoption-programs/>, lists a wide range of current offerings for training, including six sessions on Love and Logic Parenting, parent/child bonding workshops, and programs on brain-based parenting, sensory integration issues and reaching out to law enforcement. These educational programs are open to all adoptive parents, regardless of the type of adoption and some are repeated multiple times a year.

Support Programs

These services are provided collaboratively by the contracted agencies, AFIS and ABC. There are monthly support groups at two locations in Delaware for parents, as well as support/therapeutic groups for children.

Therapeutic Interventions

These services are provided primarily by DSCYF/ Division of Prevention and Behavioral Health Services (DPBHS). ABC may provide case management and crisis intervention services to families related to mental health needs. However, if more intensive mental health services are needed, families are referred to DPBHS which provides out-patient mental health services and/or substance abuse assessment and treatment. DPBHS also provides coordination to families who may need more integrated services. Services are voluntary and parents are highly involved in making treatment decisions. Services offered include: crisis response, behavioral health aids, therapeutic respite, day treatment, individual residential treatment, psychiatric hospitalization and early-childhood mental health consultation.

Advocacy

Advocacy services such as educational advocacy and support with linking to higher levels of care are provided by the contracted agencies, AFIS or ABC. DPBHS also provides advocacy and coordination to families who need higher-level therapeutic care.

Respite

The state does not generally pay for overnight respite care for adopted children. However, if a family is experiencing a high-level of therapeutic need, DPBHS may provide therapeutic respite services.

A program model to provide day respite, called The Rec and Respite Program, was started by ABC seven years ago as a direct result of families expressing frustration at the lack of respite services for their adopted children. This program provides full-day respite care on two Saturdays per month for children between the ages of 5 and 15. The program runs between October and June. The agency rents a camp from the United Cerebral Palsy Center and has two sites, one "upstate" and one "downstate." The group is for 12 youth in each location from 9 a.m. to 4 p.m. For families who express an interest in the Rec & Respite program, the agency asks for a one-year commitment. As a result, the youth have the opportunity to get to know each other quite well and the agency feels this is one of the key components of this program. Mary Lou Edgar, Executive Director of ABC, describes it this way: "They become like family to one another." The site is very secure and the youth are provided many opportunities/activities during their respite days including: arts & crafts, life skills training, baking, swimming, yoga and gardening. They celebrate a holiday each month. It is a staff-intensive program (at least one adult to three youth) and there is at least one adult adoptee hired for each site. They provide respite for many youth who have not been successful in other childcare settings, and are proud to report that they have only had to call a parent on two occasions in seven years. This program is funded through a contract with the state child welfare agency and grant funds sought received by ABC.

Mary Lou Edgar, Executive Director of A Better Chance for Our Children, Inc. describes the Rec N Respite program in these words:

"What was exciting for us was that the children were so impacted by a program that was developed to help their parents! ... These are children who struggle in every type of social environment. They have been suspended from school, expelled from daycares, and asked not to return to camps. Amazingly, they connected to one another and had a very good experience at Rec-N-Respite. We determined that the structure we provided (coming at the same time, same place, same facilitators, same schedule) together with the fact that the kids were able to connect to one another without any type of judgment was helping them be successful. Each week the facilitators provide a life skill lesson (cooking, baking, cleaning, etc. ... These kids are having experiences they never had before and they enjoy it immensely. "

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
The Division of Prevention and Behavioral Health Services (DPBHS), a “sister” division within DSCYF, does the screening, intake assessments and utilization review for high-end mental health needs, such as individual residential treatment or congregate residential treatment. If deemed medically necessary, Medicaid or private insurance is used to pay for the residential treatment.
- **If yes, what is required to obtain this?**
DPBHS does the screening and intake for children when there may be a need for behavioral and mental health services, such as day treatment and residential treatment. The treatment must be deemed medically necessary or the child would be at risk of harm to him/herself or others in order to qualify for these services. Families are referred to the DPBHS intake unit.
- **Does the child have to re-enter state custody?**
No. Families can contact the DPBHS intake unit for services.

III. Qualifications for Post-Adoption Services

- A. What are the eligibility criteria for receiving services?**
Currently, DFS contracts out this service. Post-adoption services are provided to any adoptive or guardianship family residing in Delaware. Families who adopt privately can also qualify for services.
- B. Under what circumstances, if any, are these services provided to children who were not adopted through DHSS?**
Post-adoption services are provided to children and families who adopt internationally or privately by the contracted agencies as long as resources are available. Delaware recognizes that the mental health needs of this population can be extensive and does its best to support these families to prevent these children from entering foster care.

IV. Support for Post-Adoption Services

- A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?**
Currently DSCYF – DFS has a budget of about \$85,000 for post-adoption services.
- B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)**

- _____ Title IV-B, Part 1, Child Welfare Services
- _____ 2 Title IV-B, Part 2, Promoting Safe and Stable Families for “Adoption Support & Promotion”
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- _____ 3 Adoption Incentive Funds
- _____ Early Periodic Screening and Diagnostic Testing
- _____ Title XX, Social Services Block Grant (SSBG)
- _____ Title IV-A, TANFF
- _____ Federal grants such as Adoption Opportunities
- _____ Other federal funds-specify: _____

1 **State child welfare funds**

Other state funds-specify: _____

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe

None

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past ten years? If so, please describe

No. The funding is included in the state child welfare budget request and requires approval each year.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models

DSCYF/DFS has a contract with A Better Chance for Our Children to provide Rec & Respite to children who have been adopted. This program is detailed under the "Respite" section of this report and is thought to be a highly effective model. The program serves about 24 children per year, at two sites.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years

None. Verbal feedback from the children and families who participated in this program has been positive, and the children really enjoy the program.

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number

MaryLou Edgar, Executive Director at A Better Chance for Our Children, 302-764-1890.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

Contract agencies have advocated at the legislative level for increased funding for post-adoption services. There has been more partnering between DSCYF and DPBHS, with the recognition of the high level of mental health needs of adopted children resulting from early trauma. This partnership allows for a stronger advocacy voice to state department heads. Still, funding for post-adoption services remains small, and increased funds are necessary to meet the needs of these families.

VII. Does state track adoption disruption or post-adoption instability?

In the 10-year period between 2003-2013, the state of Delaware reports 15 disruptions prior to legalization; 2 dissolutions resulting in the termination of parental rights of the adoptive parents, and 2 post-adoption placements after legalization that have not resulted in the termination of parental rights of the adoptive parents (the children remain in foster care at this time and may return to the adoptive families).

FLORIDA

RESPONDENT: Kathleen Waters, Adoption Program Manager
Florida Department of Children and Families

I. General Information (background on state service system):

- **County-based vs. statewide system**

Florida has a privatized child welfare system as of 2003/2004. There are 20 private agencies across the state, known as Community Based Care Agencies, that are contracted to provide child welfare services. These CBC agencies subcontract with other private agencies to provide direct services to children and families. Some CBC agencies serve just one county (in the more populated counties such as Miami/Dade) and others may serve four or five. The CBC agencies are mandated to provide post-adoption services to families in need as part of their contracts.

- **Uniformity of services across the state**

The state provides standards of service for the CBC agencies to follow in the form of administrative rules and operating procedures. Services are provided uniformly across the state to the extent possible. Rural areas tend to have fewer services available.

- **Children on subsidy as of June 2013**

As of June 2013, there were 32,587 children on subsidy in Florida.

- **Are public child welfare adoption workers expected to provide post-adoption services?**

No, the child welfare system is completely privatized in the state of Florida.

II. Post-Adoption Services Funded by the State for Adoptive Families

Information and Referral

CBC agencies are contracted to provide information and referral services to families in their geographic area. There are often “warm-lines” for families to call to get the information they need regarding local support groups, educational opportunities or adoption-competent mental health providers. Quarterly newsletters with information about post-adoption services are sent out by CBC agencies in local regions. In 2012, 14 of the 20 regional circuits sent out monthly or quarterly newsletters with information about available post-adoption services.

Educational Programs or Materials

The Department of Children and Families provides two educational opportunities for adoptive parents each year. These are provided by a national trainer, are free to adoptive families, and lunch and childcare are provided. The location of the trainings varies to support multiple areas throughout the state. Topics have included: strategies for managing teen behaviors; survival behaviors – what they look like and why kids use them; self-care strategies for adoptive parents; kinship care challenges and opportunities; and trauma-informed care.

In addition, the Adoption Program Manager has produced webinars that can be viewed by adoptive parents and used by CBC agencies and their subcontractors on topics such as: adoption subsidies, post-adoption services, and adoption process from inquiry to finalization.

Support Programs

CBC agencies are responsible for organizing and facilitating support groups for adoptive parents and adopted youth. A post-adoption worker facilitates parent groups and an adoption-competent mental health provider facilitates teen groups. Volunteers provide childcare. Currently there are parent support

groups in each regional circuit and four adoptive teen support groups across the state. The Adoption Program Manager meets with support groups throughout the state to the extent possible in order to answer questions for parents, as well as to hear any concerns or unmet needs they may have.

Therapeutic Interventions

There is a website identifying adoption-competent mental health professionals across Florida at: <http://www.adoptflorida.org/contactMHProfessionals.shtml>. The state utilizes the Rutgers University Adoption Competency Curriculum to train mental health providers in Florida. The curriculum is delivered free of cost to mental health providers and CEUs are provided. This model was brought to Florida by trainers from Rutgers University, who provided a “train the trainer” opportunity – so there are trainers now in Florida who are able to conduct the training periodically.

Adoptive families also can contact Post-Adoption Services Counselors through the network of CBC agencies (see listing at <http://www.adoptflorida.org/contactPACounselor.shtml>) for case management services and brief counseling. In addition, there is a small state-funded general revenue budget for medical assistance for children with high medical needs post-finalization (both physical and mental health needs are considered) when the needed services are not provided by Medicaid.

Advocacy

Advocacy services are not specifically defined in the contract with the CBC agencies. Often families support each other with educational advocacy as they get to know each other in support groups.

Respite

Most adoptive families who utilize ongoing respite have agreements with other adoptive parents to provide respite for their children; they pay for the services using subsidy money. In crisis situations, CBC agencies may facilitate a brief emergency respite stay.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
The Office of Substance Abuse and Mental Health (SAMH) is responsible for triaging high-end mental health needs. CBC agencies partner with SAMH to coordinate residential treatment if needed. CBC agency staff and SAMH staff are offered multi-disciplinary trainings to support working relationships.
- **If yes, what is required to obtain this?**
The Office of Substance Abuse and Mental Health makes the determination about high-end mental health needs in the state for residential or therapeutic foster care settings.
- **Does the child have to re-enter state custody?**
No, as long as the family engages as part of the treatment team. In some cases, families disengage and adoptions are dissolved. In these cases, children in need of residential treatment may be brought back into custody.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

To qualify for CBC post-adoption services, a family must live in Florida and have adopted a child from foster care in the state. Families who adopt a foster child from another state are welcome to attend adoptive parent support groups and educational opportunities. The other state is expected to assist with cost/expenses that the child/family needs and Medicaid will not cover.

B. Under what circumstances, if any, are these services provided to children who were not adopted through the state system?

Families who adopt privately or internationally are expected to receive post-adoption services from the private agency that conducted the adoption. However, these families are welcome to attend support groups and educational opportunities.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?

Unable to report specific cost of post-adoption services.

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- _____ Title IV-B, Part 1, Child Welfare Services
- 1 Title IV-B, Part 2, Promoting Safe and Stable Families for "Adoption Support & Promotion"
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- 2 Adoption Incentive Funds (for several years now, but these go into subsidy budget)
- 4 Early Periodic Screening and Diagnostic Testing
- _____ Title XX, Social Services Block Grant (SSBG)
- 3 Title IV-A, TANFF (FL has some in-state maintenance adoption subsidies that are paid with TANFF funds)
- _____ Federal grants such as Adoption Opportunities
- _____ Other federal funds-specify: _____
- _____ State child welfare funds
- 5 Other state funds-specify: FL has a small budget for medical assistance to pay for medical needs for a child and Medicaid will not pay.

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe

None. Post-adoption services are described in Florida’s Administrative Rule, 65C-16 and are included in contracts with the Community Based Care Agencies.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe

There have been no cuts to subsidies or services recently.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

The Governor’s Five Year Plan includes a post-adoption services section, which is updated each year until 2015. It includes the number of dissolutions that occur each year, the number of adoptive parent and teen support groups, the number of adoption-competent mental health professionals, and the number of full-time designated positions for post-adoption services.

Florida’s Central Office is developing a standard statewide survey, with an expected release date in January 2014. The post-adoption staff of each Community Based Care Agency will administer the survey to all adoptive parents who receive an adoption subsidy (over 32,000) and the results will provide data by CBC agency.

The Sylvia Thomas Center in Tampa has been identified as having the most comprehensive and longest lasting post-adoption program in the state.

A. Please describe practice models

The Sylvia Thomas Center has a strong post-adoption model, which includes a well-respected training program and highly competent adoption case managers.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years

None known.

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number

Sharon Dues, Sylvia Thomas Center: 813-651-3150

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

One of the most important components of the post-adoption model in the state has been the adoption competency training, using the Rutgers University Curriculum. An Adoption Opportunities Grant provided the necessary funding to bring this model to the state. Rutgers University created the curricula with an Adoption Opportunities Grant. Florida paid for Rutgers' travel to conduct train-the-trainer sessions; Rutgers provided the curricula to Florida for free.

VII. Does state track adoption disruptions and post-adoption instability?

Yes for dissolutions; no for disruptions. There were 75 dissolutions in Florida in 2012.

There were over 3,000 adoption finalizations in each of the past three years and over 32,000 children on adoption subsidy in the state. The number of dissolutions has been tracked for four years as a part of the Governor's Five Year Plan. Florida's Adoption Program Manager, who prepares the annual report, is very concerned that a strict focus on the number of dissolutions may create a situation in which staff will stop taking placement risks, even though their risks are educated ones. Older and difficult-to-place children are higher-risk adoptions. The respondent stated that it would be more meaningful to analyze each dissolution each year, and determine what services were effective or ineffective, if there were gaps in services, if support groups were helpful and if/when families requested post-adoption services. Those states with the larger number of adoptions are at greater risk for dissolutions. More importantly, 99 percent of the dissolutions that occurred in Florida each of the last four years were from adoptions that occurred five to 10 years ago. Most involved adopted children who were in their pre-teen or teen years. So, the percentage dissolution rate for 2012 would be 75 divided by the number of children adopted in Florida in the last 18 years. What looks like a big number is, in fact, a very small percentage.

GEORGIA

RESPONDENT: Adrian J. Owens, Director of Social Services Administration Unit
Department of Human Services, Division of Family and Children Services

I. General Information (background on state service system)

- **County-based vs. statewide system:**
Post-adoption services are state-administered and provided in the local counties. There are 159 counties in Georgia, and referrals come most often to the local county in which the family resides. The county DFCS staff person provides a local referral and then provides information to the state office in Atlanta.
- **Uniformity of services across the state**
The intention is for services to be offered uniformly throughout the state to each of the 159 counties.
- **Children on subsidy as of June 2013**
As of June 2013, there were 12,597 youth receiving monthly adoption assistance stipends. Medicaid is also provided as part of the adoption subsidy.
- **Are public child welfare adoption workers expected to provide post-adoption services?**
DFCS workers do not provide post-adoption services to children and families. Rather, they refer families to the private agencies, which provide services based on contracts with the state.

II. Post-Adoption Services Funded by the State for Adoptive Families

Currently the Georgia Department of Human Services contracts with private agencies to provide post-adoption services. These agencies include Family Matters Consulting Inc., Georgia Mentor, Families First and Bethany Christian Services.

Information and Referral

DHS workers refer to contracted agencies that provide post-adoption services.

Educational Programs or Materials

DHS provides an annual weekend conference entitled "The Ties that Bind." This training seminar is for adoptive parents and serves about 450 families each year. The seminar is hosted in Atlanta and costs only \$30 per family, which includes the cost for the two-day seminar, room and meals. Evening entertainment is also provided. Families from all over the state participate in this annual seminar.

The Georgia Center for Resources and Support is funded through a contract with Families First and Bethany Christian Services to provide resources and supportive services to adoptive and foster families. The Center assists adoptive families in finding books and publications related to adoption issues. Adoptive families can also benefit from the Center's website, <http://gaadoptionresources.org>, which contains current information about community resources and training opportunities, and provides interactive training. Regional Resource Advisors are also available throughout Georgia to assist adoptive families by providing advice, support and training. The Adopted Teen Empowerment & Mentoring Program also provides an annual adoptive family and youth training seminar.

Support Programs

The Georgia Center for Resources & Support is available to assist families in locating needed resources, developing support groups and/or in providing a “buddy family” who has an adopted or foster child with similar special needs.

The Adopted Teen Empowerment & Mentoring Program (ATEAM), administered through Family Matters Consulting, Inc., is available to adopted teens in grades 6 through 12. ATEAM provides participants with an opportunity for mutual support and self-expression through group interactions with other adopted teens. This group consists of teens and mentors who meet monthly at host sites in each region across the state. Meeting times are generally from 10 a.m. to 5 p.m. one Saturday per month, with two weekend retreats each year. Parent transportation is required. Parent training/support groups are offered as well. Pre-registration is required, as each site is limited to 30 youth participants. Eligible teens are youth receiving adoption assistance who had been in the custody of a state agency.

The Georgia Camp to Belong Program provides a weeklong summer camp opportunity for foster and adopted youth. The program is designed to reunite siblings who are being cared for in separate homes.

Growing After Adoption provides a range of supportive services for adoptive families as a part of Bethany Christian Services’ Promoting Safe & Stable Families program. The program develops a customized plan with individualized services, including support groups for children and parents and parent coaching and tutoring (on a limited basis). In order to qualify for these services, families must enroll within six months of their adoption legalization.

Therapeutic Interventions

A range of therapeutic interventions are provided through the post-adoption contracts. For example, Growing After Adoption, administered through Bethany Christian Services, provides trauma-informed ADOPTS therapy for adopted youth and their families, primarily in 17 counties, including the metro Atlanta area. They also provide parent coaching for adoptive parents. Details are on the website: <http://www.bethany.org/atlanta/post-adoption-services>. Also, the ADOPT model is described at: <http://www.bethany.org/main/adopts-program>.

The Crisis Intervention Team provides services to adoptive families in need of professional help to improve overall family functioning, preserve the family unit and provide links to community resources. The team assists adoptive families of children with special needs who have been placed in the home and approved for Adoption Assistance benefits. For example, Georgia MENTOR reports on its website that its crisis intervention services offer “short-term support during crisis and emergency situations and can include emergency placements, intensive behavioral therapy, and respite.” The specialized support services include an Intensive Community Support Program to stabilize a child’s current living situation. (A team of experts work with the family in their home to develop a personalized plan to meet the challenges faced by the child and family). These services also include Family Intervention Services to provides crisis stabilization, support, skill building for family members and links to local community resources. These services are designed to provide personalized, short-term support to help identify and resolve challenging issues.

Contracted agencies also provide referrals for mental health services to adoption-competent mental health providers.

Advocacy

Advocacy services *per se* are not provided by the contracted agencies, but parent connections in support groups and other arenas can be provide support when parents need to advocate for service provision to their children.

Respite

Respite funds may be available for families receiving adoption assistance whose adopted child is documented to meet the Medically Fragile criteria by a licensed Medical Provider. If approved, the family

would receive up to five hours per month at the rate of \$6 per hour for the first child and \$2 per hour for siblings.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
The Office of Developmental Disabilities and Behavioral Health administers and oversees the eligibility for residential treatment needs.
- **If yes, what is required to obtain this?**
If an adopted child qualifies for residential treatment through the Office of Developmental Disabilities and Behavioral Health, then Medicaid funds cover the cost of treatment.
- **Does the child have to re-enter state custody?**
No.

Search and Reunion

The Georgia Adoption Reunion Registry provides the following services:

- Assistance to adult adoptees in order to establish contact with their biological parents, with the expressed consent of the biological parent(s).
- Assistance to adult siblings in establishing contact with each other (provided at least one of them is an adoptee), with the expressed consent of the sibling who is being sought.
- Provides an adult adoptee or adoptive parents of an adoptee under age 18 with non-identifying information from the sealed adoption record without having to obtain a court order.
- Assistance to biological parents in registering their consent to contact/release birth family identifying information or to register their desire not to have contact and preventing the release of birth family identifying information from the sealed adoption record.
- Assistance to siblings in registering their consent to have contact or to register their desire not to have contact with the searcher.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

Any child who has been adopted through the department qualifies for post adoption services. At times, families who are in the process of child welfare adoption but who have not yet legalized are offered these services.

B. Under what circumstances, if any, are these services provided to children who were not adopted through the state system?

None.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?

The current annual budget in Georgia is approximately \$2.5 million.

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

_____ Title IV-B, Part 1, Child Welfare Services

1 _____ Title IV-B, Part 2, Promoting Safe and Stable Families for "Adoption Support & Promotion"

Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption

- 3 **Adoption Incentive Funds**
- Early Periodic Screening and Diagnostic Testing**
- Title XX, Social Services Block Grant (SSBG)**
- Title IV-A, TANFF**
- Federal grants such as Adoption Opportunities**
- Other federal funds-specify: _____**
- 2 **State child welfare funds**
- Other state funds-specify: _____**

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe

None

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe

Yes, beginning in 2004 funding began to be cut annually.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models

The Crisis Intervention Program described above has been found to be very useful to families. The crisis teams make themselves available on evenings and weekends to serve families, and the service has been shown to increase family stability and decrease disruption and dissolution.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years

The Crisis Intervention Program evaluation shows that disruption and dissolution rates have declined as a result of service provision.

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number

Adrian Owens, Director of Social Services Administration Unit, at 404-657-3558.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

Post-adoption contracted agencies are required to do customer satisfaction surveys with families in order to identify the importance of the services across the state. In addition, customer satisfaction surveys are collected at the end of the annual Ties that Bind Conference. The director uses these to inform the Commissioner and others of the usefulness of the services during budget reviews. In addition, the Division Commissioner is invited to the post-adoption conference to meet the consumers who benefit from this educational and networking event.

VII. Does state track post-adoption instability?

No.

HAWAII

RESPONDENTS: Lynne Kazama, Assistant Program Administrator
Tracy Yadao, Assistant Program Administrator
Department of Human Services

I. General Information (Background on State Service System)

- **County-based vs. statewide system**

Hawaii's Department of Human Services is a state-administered and state-supervised program.

- **Uniformity of services across the state**

Post-permanency services are provided through contractual agreements between the Department of Human Services and private agencies. The two contracted agencies providing these services currently are Parents and Children Together (PACT) and Family Programs Hawaii (FPH). In addition, Hawaii Adoption and Permanency Alliance (HAPA) receives grants from private funders and from the state to provide training on the island of Oahu.

Uniformity of services varies by service type. Family Programs Hawaii provides training to post-permanency families (adoptive and guardianship) as well as support groups. These services are provided on all islands. Child and Family Services (CFS) provides post-permanency services on Oahu and West Hawaii. These services are funded by the Department of Health. PACT provides individualized support services to post-permanency families on Oahu and West Hawai'i (Kona side of the Big Island of Hawaii).

- **Children on subsidy as of June 2013**

There were 3,560 children receiving adoption assistance subsidies as of June 2013.

- **Are public child welfare adoption workers expected to provide post-adoption services?**

No. DHS workers will take a call from an adoptive or guardianship family and refer them to contracted services in their area.

II. Post-Adoption Services Funded by the State for Adoptive Families

The Department of Human Services works closely with the Department of Education, the Department of Health and private agencies to insure that the needs of adoptive and guardianship families are met. They believe in collaboration and see the ongoing support of these families as a shared responsibility.

Information and Referral

There is a warm-line available to adoptive and guardianship families on all islands. This line is administered by Family Programs Hawaii (FPH). They also administer a program called Care to Share, which links families in need with material goods they may require to support their children. This service is available to all resource families, pre- and post- permanency.

Educational Programs or Materials

FPH organizes annual conferences and quarterly trainings statewide on topics such as trauma-informed care, working with birth families (Ohana Time), cultural competence, educational stability for foster/adopted youth and relevant policy updates. These trainings are designed for parents (sometimes with youth), and food and childcare are provided. Other coalitions also provide trainings, with some financial support from the Department. Hawaii Adoption and Permanency Alliance (HAPA) offers an

adoption conference annually on Oahu, partly funded by DHS. Adopted youth from care also benefit from Higher Ed and Educational Training Vouchers (ETV) for post-high school financial assistance.

Support Programs

FPH organizes quarterly support groups on all islands, open to all resource families. There are additional support groups, which are organized and led by agencies and stakeholders.

Therapeutic Interventions

All youth who receive adoption assistance also qualify for Medicaid. Medicaid or private insurance pays for outpatient mental health services. Parents and Children Together (PACT) provides assessments, in-home crisis interventions, case management and counseling services which can include clinical therapy, problem-solving skill building, communication skill building, coping skill building, child behavior management training and education on child development. These services are provided to pre-or post-permanency (adoptive, legal guardianship or permanent custodial) families who are referred by CWS or other professional agencies, or are self-referred.

If, at the time of adoption, a child exits the system with a “difficulty of care” designation, the family receives \$570 per month, in addition to the adoption assistance payment. The Department of Education and the Department of Health may provide funding for a higher level of mental health care if a child’s needs are severe.

Advocacy

Advocacy for families post-permanency can be provided by contracted agencies (PACT and FPH) if needed. In addition, private agencies exist that provide school advocacy, and their services are available to post-permanency families.

Respite

FPH has gotten grants in the past to provide respite for adoptive and guardianship families. These grant monies do not exist currently. Families are expected to utilize adoption assistance funds to meet respite needs post permanency.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
No, private insurance or Medicaid can be used to pay for residential treatment if a child meets the need for that level of care. The Department of Health may support higher-level mental health care needs as well.
- **If yes, what is required to obtain this?**
N/A
- **Does the child have to re-enter state custody?**
No.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

Children who were in the foster care system and have been adopted, or who have guardianship status, qualify for services. In some cases, agencies have begun working with adoptive families prior to legal adoption, with permission from DHS.

B. Under what circumstances, if any, are these services provided to children who were not adopted through the state system?

No. Agencies that facilitate international adoptions provide post-adoption support to families who adopt internationally.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?

The DHS has a contract with PACT in the amount of \$109,296 (\$80,000 for Oahu and \$29,296 for West Hawaii). The DHS has a contract with FPH in the amount of \$553,751. This is the support and training budget for all resource families, including post-permanency families. The DOH has a contract with Child and Family Services in the amount of \$126,000.

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- _____ Title IV-B, Part 1, Child Welfare Services
- 1** _____ Title IV-B, Part 2, Promoting Safe and Stable Families for "Adoption Support & Promotion"
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- _____ Adoption Incentive Funds
- _____ Early Periodic Screening and Diagnostic Testing
- _____ Title XX, Social Services Block Grant (SSBG)
- _____ Title IV-A, TANFF
- _____ Federal grants such as Adoption Opportunities
- _____ Other federal funds-specify: IV E Training Funds
- 2** _____ State child welfare funds
- _____ Other state funds-specify:
- _____ _____

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe

Adoption Assistance funds have increased in scope in the past few years as a result of an administrative decision to widen the definition of special needs. Currently, all children adopted from foster care receive AA funds. Previously, the child had to meet a more narrowly defined definition of special needs in order to receive these funds.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe

Yes. Post-permanency funding was cut a few years ago to make up for a budgetary shortfall. Funding has been partially restored, but not to the previous amount. However, adoption assistance support has increased in scope and all children on adoption assistance receive Medicaid coverage. The Title IV-E extended care agreements will also expand in July 2014 to include youth who were adopted after age 16 to provide support for higher education or job training needs.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models

None noted.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years

None noted.

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number

N/A

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

When the budget shortfall resulted in cutting funding for post-permanency support, program administrators at DHS advocated very strongly to find ways to pay for these needed services. Specifically, they advocated for a percentage of IV-E funding to be used for post-permanency training and support needs.

VII. Does your state track adoption disruptions or post-adoption instability?

The state tracks dissolution rates for international adoptions, which was 0 for SFY2013.

ILLINOIS

RESPONDENT: Cheryl McIntire, Statewide Adoption Administrator
Illinois Department of Children and Family Services

I. General Information (Background on State Service System)

- **County-based vs. statewide system**

Illinois has a statewide system.

- **Uniformity of services across the state**

Policies and procedures are uniform across the state. Each area of the state has at least one Adoption and Guardianship Preservation Program. Programs may differ slightly in their service offerings, but each delivers a common array of services. These include:

- Comprehensive assessment/ crisis intervention
Preservation staff responds by phone within 24 hours and visit within three days. Therapists help families identify strengths, complete an assessment and develop a family treatment plan within 30 days of referral to the program.
- Clinical services
- Support groups for parents and children at times and locations that meet the family's needs
- Case management/ advocacy services
- Children's mental health advocacy services
If a child has significant mental health needs, the program will provide or facilitate services
- Cash assistance – up to \$500 per family per fiscal year if the family experiences economic hardships or requires specialized services that cannot be obtained through other resources.

- **Children on subsidy as of June 2013**

As of January 31, 2014, 25,331 children were receiving either Adoption Assistance (22,280) or Guardianship Assistance (3,251)

- **Are public child welfare adoption workers expected to provide post-adoption services?**

Public child welfare workers provide support (e.g. referral to Adoption Preservation and Guardianship programs) and assistance with subsidy problems and receiving subsidy-related services such as medical, dental or mental health care. They do not deliver services to children and families directly.

II. Post-Adoption Services Funded by the State for Adoptive Families

Illinois has a statewide Adoption and Guardianship Preservation program. It began in 1991 and is embedded in the State's Family Preservation Act. Services are provided through contracts with agencies in each region of the State as follows:

Cook County (Chicago and environs)

Catholic Charities – Chicago

Metropolitan Family Services – Chicago, Calumet City, and Palos Hills

Northern Region

Children's Home + Aid – Rockford

Lutheran Social Services of Illinois – Bourbonnais

Metropolitan Family Services – Wheaton

Central Region

The BabyFold –Normal and Springfield

Children’s Home + Aid – Granite City

Cornerstone - Quincy

Lutheran Social Services of Illinois – Peoria, Galesburg and Rock Island

Southern Region

Children’s Home + Aid – Granite City

Children’s Home + Aid - Herrin

Information and Referral

Basic information and referral is a function of the state’s post-adoption unit, staffed by DCFS employees.

In 2012, DCFS launched a toll-free Adoption Support Line, which is staffed by skilled adoption preservation workers at 888-96-ADOPT (962-3678), to provide immediate assistance for families in urgent need, and to connect them with a local adoption staff expert for longer-term needs. The Adoption Support Line also answers questions about adoption from the general public.

Educational Programs or Materials

See Other Services.

Support Programs

See description of Adoption and Guardianship Preservation program above.

Therapeutic Interventions

See description of Adoption and Guardianship Preservation program above.

Advocacy

See above description of Adoption and Guardianship Preservation program.

Respite

Respite services for families where an adopted or subsidized guardianship child was a former ward of DCFS are available through purchase of service contracts between DCFS and licensed child welfare providers. They are for short-term, temporary care, which may include hourly respite in-home, out-of-home and overnight respite care and specialized camp experiences. Services may be provided for up to one year and are free.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care?**
Yes, under certain circumstances, provided that the Director of the Illinois Department of Children and Family Services grants a waiver.
- **What is the process for obtaining this? If yes, what is required to obtain this?**
The family works with the post-adoption worker, utilizes the services of the Adoption Preservation Program, applies for an Individual Care Grant, and then is referred for a clinical staffing with IDCFS. At the clinical staffing, the needs of the child are examined, and the best ways to meet those needs are discussed to determine if residential care is recommended. Upon recommendation from IDCFS Clinical Division, the Director may grant a waiver.
- **Does the child have to re-enter state custody? Do the parents have to surrender guardianship?**
Yes, if the Director does not grant a waiver.

Other Services

The Office of Training offers periodic training opportunities for adoptive parents, guardians and foster parents. In addition, DCFS partners with Adoption Learning Partners to provide on-line webinars and training for parents.

The Department sponsors annual caregivers' institutes to support and train adoptive parents, guardians and foster parents. It also has a lending library with resources for parents.

DCFS sponsors the Midwest Adoption Center, which provides search and reunion services and non-identifying information to former Illinois wards at majority or to their adoptive parents or guardians.

Illinois allows adopted persons access to their original birth certificates and also provides an Adoption Registry to enable separated birth family members to locate one another.

DCFS also publishes a resource guide for adoptive and guardianship families (*Post Adoption and Guardianship Services*; the current version was revised in July of 2013). The Department also publishes a newsletter for adoptive and guardianship parents: *Illinois Families – Now and Forever*. The newsletter, published five to six times per year, includes a variety of content on issues related to adoption and guardianship, upcoming training opportunities, updates on changes in law and policy, and links to resources. It is regionally focused.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

The Adoption and Guardianship Preservation Program is open to all types of adoptive families. To be eligible, a family includes a child under the age of 18 who was adopted or for whom guardianship was awarded through IDCFS. The program is voluntary and families can self-refer.

B. Under what circumstances, if any, are these services provided to children who were not adopted through Illinois' Department of Children's Services?

The Family Preservation Act does not specify that children receiving adoption/guardianship preservation services must have been adopted from foster care or in Illinois. Thus, all adoptive and subsidized guardianship (through IDCFS) families are eligible.

Respite services are limited to those adopting or becoming the subsidized guardians of children from the Illinois Department of Children and Family Services.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?

\$11,159,000 for FY13

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- _____ Title IV-B, Part 1, Child Welfare Services
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families for "Adoption Support & Promotion"
- _____ 2 Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- _____ Adoption Incentive Funds

- _____ **Early Periodic Screening and Diagnostic Testing**
- _____ **Title XX, Social Services Block Grant (SSBG)**
- _____ **Title IV-A, TANFF**
- _____ **Federal grants such as Adoption Opportunities**
- 4** **Other federal funds-specify: Title XIX Medicaid – relatively new and small**
- 1** **State child welfare funds**
- 3** **Other state funds-specify: General Revenue Fund appropriations**

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe

As indicated above, Illinois’ Family Preservation Act. Section 302.5 includes, among those eligible for intensive family preservation services, “any persons who have adopted a child and require post adoption services.” Services to families are not specific to adoptive families. The services the law identifies are: “Intensive family preservation services provided by local community-based agencies experienced in providing social services to children and families.”

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years?

No.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models

For families facing significant challenges, Illinois’ Adoption and Guardianship Preservation program provides a range of services to strengthen and stabilize families. Adoption/ guardianship therapists, most with an MSW or master’s degree and advanced training, serve relatively small caseloads (average of 10), providing intensive, home-based services. In addition to therapeutic counseling with parents, families and with children, AGP provides support groups for parents and for children, advocacy for families to receive needed services, training and support of parents as they master new skills to better meet their children’s emotional and behavioral challenges, and participation in educational reviews.

Preservation services are described as intensive, family-centered support and therapeutic services to help families gain stability and to reduce the risk of out-of-home placement. It is based on the recognition that families built through adoption or guardianship, especially when there is a history of trauma, maltreatment and loss, can significantly differ from those created through birth. Families served “often feel they are at the end of their rope,” families who often have tried traditional, less-intensive services without success.

The goals of all preservation programs are to help parents:

- Feel better about their ability to parent
- Understand adoption and guardianship and its impact on children
- Connect their children’s current behavior to past history
- Understand the children’s past losses
- Gain skills to help their children

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years

Refer to Jeanne Howard, Ph.D., Director, Center for Adoption Studies, Illinois State University, Bloomington, IL.

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number

Cheryl McIntire telephone: 217 443-3200.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state

Because the Adoption Preservation and Adoption Respite programs have been very effective and have been widely utilized, the rate of children being returned to the care of the state has been under 1 percent. The cost of funding these programs is far less than the cost of maintaining children in foster care. In addition, by stabilizing families and providing permanency for children, the promotion of health and well-being of children and families is long-term and the benefits to society are long-lasting.

INDIANA

RESPONDENT: Sandra Caesar, Adoption Program Manager
Indiana Department of Child Services

I. General Information (background on state service system)

- **County-based vs. statewide system**

Indiana has a state-administered child welfare system. Prior to 2009, Indiana administered post-adoption subsidies at a county level, but that changed to a centralized, state-administered system in January 2009.

- **Uniformity of services across the state**

Post-adoption services are currently provided by three contracted agencies. Contracted agencies have service standards as part of the contracts and are expected to provide services uniformly across the state. More services tend to be available in metropolitan areas than in the rural parts of the state.

- **Children on subsidy as of June 2013**

There are 9,951 children currently receiving federal (AAP) subsidies in Indiana. There are currently 1,422 children on the waiting list to receive state-funded subsidies (SAS). State subsidy is currently unfunded and has been since January 2009; 1,550 children who qualified for state subsidy prior to 2009 (CAS) with the county system are still receiving subsidy. Children who qualify for federal or state subsidies also qualify for, and receive, Medicaid.

- **Are public child welfare adoption workers expected to provide post-adoption services?**

Child placement workers do not provide post-adoption services to families. Families who have post-adoption service needs are referred to one of seven regionally placed SNAPS (Special Needs Adoption Program Specialists) workers. These workers have a centralized intake process and refer families to one of three contracted agencies to provide post-adoption supports.

II. Post-Adoption Services Funded by the State for Adoptive Families

Indiana utilizes a teaming model in their child welfare practice, which extends to post-adoption programming. This model seeks to draw on families' natural support networks and empower families to understand and meet the needs of their children. This service philosophy extends to post-adoption support as well. Post-adoption services are provided for an average of 6-12 months. The standards for post-adoption services are delineated on the following website:

http://www.in.gov/dcs/files/Post_adopt_Service_Standard1-14-11-km_edit1.pdf.

Information and Referral

Information and referrals are provided by state employees with the title of Special Needs Adoption Program Specialists; there are seven SNAPS across the state. These workers determine child and family needs and refer them to the contracted provider of post-adoption services in their region. The three providers as of July 2013 were Specialized Alternatives for Families and Youth (SAFY-northern region), the Children's Bureau (central region) and the Villages (southern region). The contracted agencies utilize the CANS tool for assessment at intake. This process is further explained at: <http://www.in.gov/dcs/3184.htm>. Also, two extensive resource directories for adoptive families in the northern and southern parts of the state are available online at: <http://www.in.gov/dcs/3184.htm>.

Educational Programs or Materials

The state standards for post-adoption services do not specifically address educational programs or materials in post-adoption service provision expectations.

Support Programs

The state standards specify that support groups should be provided as needed for families. Contracted agencies are expected to develop a directory of existing support groups, to utilize these to the extent possible, and to fill in gaps when support groups for children or parents do not already exist.

Therapeutic Interventions

Crisis services are provided by the contracted agencies, including safety planning and monitoring. Mental and behavioral health services, if needed, are sometimes provided by the contracted agencies and sometimes provided by community mental health centers or private practitioners. Families typically utilize health insurance (Medicaid or private) to pay for mental health services.

Advocacy

Advocacy services are not specifically addressed in the state standards for post-adoption services. However, the contracted post-adoption worker may provide advocacy support by bringing key people onto the team to partner with the family.

Respite

Emergency respite services are provided by the state if deemed necessary to maintain placement stability. If on-going respite care is needed, families are supported in finding appropriate resources. Families are expected to pay for ongoing respite care from subsidy or other private funds.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
In some limited cases, the state picks up some of the cost of residential treatment (in excess of what Medicaid pays).
- **If yes, what is required to obtain this?**
Residential treatment is provided only after a thorough assessment is conducted and other, less-restrictive mental health services have been tried. The cases in which the state is contributing to the cost of residential treatment services for an adopted child are a result of a pilot program currently underway in Indiana. This pilot program was created to utilize community support systems to triage mental health needs and make appropriate determinations of the need for residential treatment. In these pilot programs, residential treatment can be paid for by the state without having to take a child into custody.
- **Does the child have to re-enter state custody?**
Historically a child must be in the custody of the state in order for the state to contribute to the cost of residential treatment. As described above, a current pilot program is seeking to remedy this, and allow for the state to financially support residential treatment, when medically necessary, without returning the child to state custody. This program is not specific to but is inclusive of adopted children.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

Any adoptive family residing in Indiana is eligible to receive post-adoption services. There are no post-permanency services available to families who have guardianship status.

B. Under what circumstances, if any, are these services provided to children who were not adopted through the state system?

Families who adopt privately, internationally or who adopted children from another state system qualify for post-adoption services. Even stepparent adoptions qualify a family for post-adoption services, if needed. The family must be currently residing in Indiana.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?

For FY 2013/2014 the annual budget for post-adoption contracts totals \$1,454,208.

The contract funding breakdown is as follows:

SAFY -	\$625,400
CB -	\$442,808
The Villages -	\$386,000

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- _____ Title IV-B, Part 1, Child Welfare Services
- 1 Title IV-B, Part 2, Promoting Safe and Stable Families for "Adoption Support & Promotion"
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- _____ Adoption Incentive Funds
- _____ Early Periodic Screening and Diagnostic Testing
- _____ Title XX, Social Services Block Grant (SSBG)
- _____ Title IV-A, TANFF
- _____ Federal grants such as Adoption Opportunities
- _____ Other federal funds-specify: _____
- _____ State child welfare funds
- _____ Other state funds-specify: _____

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:

None

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

State subsidies have not been funded since 2009, when Indiana moved from a county to state subsidy system. However, a higher number of families qualify for federal adoption subsidies under the Fostering Opportunities legislation. There have not been any other recent funding cutbacks to post-adoption services in Indiana.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models:

The general practice model is one of family empowerment. In this model, families are provided short-term, focused support with the goal of increasing the family's support network with appropriate natural and professional team members. The contracted agencies are expected to be trained to utilize a standardized assessment tool (CANS) and engage the family in a teaming

process that can be maintained without long-term agency intervention. Services typically are provided for 6-12 months.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years:

As part of her graduate work for an MBA, a current SNAPS worker in Indiana conducted a research project surveying post-adoptive families in the state. The research focused on rates of response, engagement and retention of families post-adoption, and results were reported in July 2013. These findings are expected to be incorporated into future program planning.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

Not aware of any.

VII. Does state track adoption disruptions or post-adoption instability?

Indiana does not collect data on dissolutions or disruptions.

IOWA

RESPONDENTS: Tracey Parker Hirst, Adoption Program Manager
Iowa Department of Human Services, Division of Adult, Children & Family Services

Theresa Lewis, Iowa KidsNet Director
Four Oaks, Cedar Rapids, IA

I. General Information (Background on State Service System)

- **County-based vs. statewide system**
Iowa has a state-supervised, county-administered child welfare system.
- **Uniformity of services across the state**
Child welfare services are operated uniformly across the state.
- **Children on subsidy as of June 2013**
As of June 2013, 9,320 children received or were eligible to receive adoption subsidies.
- **Are public child welfare adoption workers expected to provide post-adoption services?**
Most post-adoption services are provided through contracts with Iowa KidsNet and with the Iowa Foster and Adoptive Parents Association (IFAPA). Public child welfare workers provide information and refer families to services and also assist families in negotiating subsidy increases when needs emerge that were not apparent at the time of adoption.

II. Post-Adoption Services Funded by the State for Adoptive Families

Information and Referral

IFAPA contracts with DHS to provide a range of information and support services to foster and adoptive parents. These include two Resource Information Specialists who provide information on a variety of topics (adoption subsidy and tax credits, abuse allegations, educational advocacy, learning disabilities, policies, support groups and others) to foster and adoptive parents. There are 11 peer liaisons employed through IFAPA who work primarily with foster parents, but also sometimes serve adoptive parents.

Adoptive parents also may contact Iowa KidsNet for information and referral services. Iowa KidsNet has post-adoption specialists who assist families with a variety of supports, including information and referral services.

Educational Programs or Materials

IFAPA offers a wide variety of free parenting courses, which are available to any adoptive parent (international, private domestic or from foster care). In the fall of 2013, for example, from four to 10 classes were offered in each of the five regions on topics ranging from trauma, attachment and grief to fetal alcohol spectrum and specific approaches to parenting children who have experienced maltreatment. IFAPA also maintains a resource library that has information and materials that are available to families. There is a *Weekly Word* newsletter e-mailed to families each week and a printed newsletter mailed to adoptive families on a quarterly basis.

Support Programs

Ongoing support services to foster and adoptive families are provided both by IFAPA and by Iowa KidsNet. IFAPA's and Iowa KidsNet's websites list close to 50 support groups around the state that are available to foster and adoptive parents. Many of these groups began as foster care support groups but have expanded

to cover adoption as well, and some are just for adoptive families. Some of the groups are run by IFAPA staff, some by Iowa KidsNet staff, and some are run jointly.

Iowa KidsNet is a statewide program that began in 2007, primarily for the recruitment and retention of foster/adoptive parents as well as supporting them after children are placed with them. These staff members also do annual updates for relicensing foster parents and updating subsidies for adoptive families. The lead contract agency is Four Oaks, which also subcontracts with five other private agencies to operate the program across the state. Ultimately, the post-adoption program became a separate unit, with 13 post-adoption support staff covering the state. Workers are predominantly BSWs or MSWs, and about half are adoptive parents. Their primary mission is to keep adopted children from re-entering the foster care system by providing individualized support to families and connecting them to other services, as needed. The service is free for all families eligible to receive subsidy, and the support groups are open to any type of adoptive family.

Foster families are automatically assigned an Iowa KidsNet support specialist when they complete the required training. Services range from individualized support to address challenges and strengthen relationships, such as support in developing a relationship with a child's birth family or promoting attachment in the parent-child relationship; to crisis intervention services to prevent placement outside the family and longer-term therapeutic interventions (see below). The brochure for this program states: "Support can be different for every family, so an assigned Iowa KidsNet support specialist will help you develop a support plan that meets your family's unique needs and circumstances." After adoption, families may voluntarily access post-adoption services through Iowa KidsNet. The family is contacted by the post-adoption support worker and an individualized plan is developed based on the family's needs.

In FY13, the Iowa KidsNet post-adoption program served the parents of 996 adopted children in 667 families.

Therapeutic Interventions

Iowa KidsNet provides home-based services, behavioral management techniques, case coordination with other providers, and other services to strengthen and stabilize adoptive families. They are very flexible in tailoring the nature, intensity and duration of services to the needs of families. If families need therapeutic counseling or mental health services, they are referred to licensed mental health providers in the community. If the service qualifies for Medicaid coverage, this is how they are financed. There is financial support to assist families in payment of non-Medicaid therapeutic providers under specific conditions.

Advocacy

Iowa KidsNet post-adoption staff provide advocacy for families in accessing services, meeting a child's educational needs, working with the Iowa Department of Human Services, and coordinating services with other providers connected to the family.

Respite

Each child receiving adoption subsidy is eligible for five days of paid respite each fiscal year, administered through the IFAPA. Adoptive parents select their own respite provider and, after the care has been provided, submit a form directly to IFAPA, which pays the provider. Families may receive additional respite days if there are extraordinary circumstances and funds are available. Also, Iowa KidsNet support staff help connect families to respite resources if they are unable to find their own.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**

Residential treatment is not considered a post-adoption service. In order for DHS to provide this level of care, the child would need to re-enter the child welfare system. There are facilities that provide longer-term psychiatric treatment that are paid through Medicaid.

- **If yes, what is required to obtain this?**
See above.
- **Does the child have to re-enter state custody?**
Yes.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

Post-adoption services through Iowa KidsNet are available to families who have adopted a child eligible for adoption subsidy. Their support groups are open to any type of adoptive family.

B. Under what circumstances, if any, are these services provided to children who were not adopted through Iowa’s Department of Human Services?

These services are available to children adopted through private domestic adoption if the child has special needs and is eligible for adoption subsidy.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?

\$690,000

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- _____ Title IV-B, Part 1, Child Welfare Services
- 1** _____ Title IV-B, Part 2, Promoting Safe and Stable Families for “Adoption Support & Promotion”
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- _____ Adoption Incentive Funds
- _____ Early Periodic Screening and Diagnostic Testing
- _____ Title XX, Social Services Block Grant (SSBG)
- _____ Title IV-A, TANFF
- _____ Federal grants such as Adoption Opportunities
- _____ Other federal funds-specify: _____
- _____ State child welfare funds
- _____ Other state funds-specify: _____

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe

State law supports the subsidy program, but other post-adoption services are not mandated in statute.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe

In 2010, there was a 5 percent cut across the board of foster care payments and adoption subsidies, but this cut has now been restored and subsidies increased beyond that level.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models

The respite program guaranteeing five paid days of respite annually for each child on subsidy is considered a model program. Also, the post-adoption program through Iowa KidsNet is an outstanding program that provides support services to hundreds of children, and IDHS has received positive feedback from many families about the benefits of these services.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years

None.

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number:

Theresa M Lewis, Iowa KidsNet Project Director
5400 Kirkwood Blvd SW
Cedar Rapids, IA 52404

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

None noted.

VII. Does state track adoption disruptions or post-adoption instability?

No, Iowa does not track adoption disruptions or post-adoption instability.

KANSAS

RESPONDENT: Mary Cole, Adoption Program Manager
Kansas Department of Social and Rehabilitation Services

I. General Information (Background on State Service System)

- **County-based vs. statewide system**

Post-adoption services, along with foster care, adoption and custodial (guardianship) services, are delivered statewide through contracts with two private agencies in four regions. As of 7/1/13, those agencies were St. Francis Community Services, which serves the two western regions of the state, and KVC Behavioral Health, which serves the two eastern regions. State contracts are in effect for four years, with two possible two-year renewals; however, they tend to change with each new administration, so most contracts have averaged approximately five years (the original four with a year allowed for transition). Starting 7/1/13, the two agencies generally pick up cases as they enter foster care and follow those cases through for the life of the contract, including providing post-adoption services if requested.

- **Uniformity of services across the state**

Foster care and adoption services are quite uniform, and post-adoption services are a bit less so, depending upon the region and community being served. Post-custodial services are available up to only one year after legalization.

- **Children on subsidy as of June 30, 2013**

As of June 30, 2013, 8,048 children in Kansas were receiving adoption subsidy.

- **Are public child welfare adoption workers expected to provide post-adoption services?**

For adoptions finalized on or before 6/30/2013, state adoption workers are expected to provide many post-adoption services; however, adoptions finalized on or after 7/1/13 contact the private agencies under state contract to provide these services.

II. Post-Adoption Services Funded by the State for Adoptive Families

Information and Referral

Contract agencies provide information and referral for all adoptions finalized on or after 7/1/13.

Educational Programs or Materials

These services are provided through the contract agencies. They distribute newsletters that often include pertinent educational information and announcements of training opportunities.

Support Programs

The contract agencies offer support groups in their regions. In addition, other private child-placing agencies and various faith-based groups around the state offer support groups from time to time to meet their areas' particular needs.

Therapeutic Interventions

Both contract agencies provide therapeutic interventions and also can refer out to community mental health services, if necessary.

Advocacy

The state funds the Kansas Foster & Adoptive Parent Association, a major “voice” in advocating with state government on behalf of its membership. The association also periodically organizes focus groups and sponsors conferences to educate families and the public and to raise awareness of important child welfare issues.

Respite

Respite services are available statewide and may be provided through adoption assistance funds, along with the Medicaid benefit. In addition, local community mental health centers may provide respite to any qualifying child through organizations serving children with developmental disabilities and severe emotional disabilities.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
Residential treatment is available only through the Medicaid card as part of adoption assistance.
- **If yes, what is required to obtain this?**
Local mental health centers screen applicants seeking residential treatment based on medical necessity, the standard for which is getting progressively harder to meet due to managed care.
- **Does the child have to re-enter state custody?**
No.

Search Services

Records and Search services are available through the state regarding any adoption finalized in Kansas in which the adoptee is at least 18 years of age. Because Kansas has open records, social, medical and genetic information is available to all parties, and a qualified adoption worker can search and provide additional information as requested, but only with both parties’ permission.

III. Qualifications for Post-Adoption Services

- A. What are the eligibility criteria for receiving services?**
Any adoptive family in Kansas can request post-adoption services, either from the state or one of its two contract agencies or from one of several private child-placing agencies in the state.
- B. Under what circumstances, if any, are these services provided to children who were not adopted through the state system?**
Any adoptive family in Kansas may request services.

IV. Support for Post-Adoption Services

- A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?**
The budget for foster care and adoption services (pre- and post-adoption) is all rolled into one; therefore, it would be very difficult to tease out the specific cost of post-adoption services.
- B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)**

- _____ Title IV-B, Part 1, Child Welfare Services
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families for "Adoption Support & Promotion"
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- _____ Adoption Incentive Funds
- _____ Early Periodic Screening and Diagnostic Testing
- _____ Title XX, Social Services Block Grant (SSBG)
- _____ Title IV-A, TANFF
- _____ Federal grants such as Adoption Opportunities
- _____ **2** Other federal funds-specify: Title IV-E Funds
- _____ State child welfare funds
- _____ **1** Other state funds-specify: State General Funds

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe

Adoption assistance is the only legally stipulated service. Other services fall under administrative regulations for licensing child-placing agencies, which all agencies contracting with the state have to follow.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe

No. In fact, adoption assistance has increased; also, with the state contract beginning 7/1/13, post-adoption services have expanded to include services for the life of the contract.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models

Not specific to post-adoption but certainly helping in this area, the state is making efforts to train an increasing number of mental health professionals in trauma-informed treatment of children, as well as adoption-specific material. Also, the state's pre-service parent training is being revamped to include a segment on trauma-informed treatment.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years

None known at this time.

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number

None known.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

Please see section V-A above.

VII. Does your state track adoption disruptions and/or post-adoption instability?

Post-adoption placements – Post adoption placements are tracked. Between SFY2003 and SFY2012, 385 adopted children re-entered care after finalization (5.7% of total adoptions finalized during that period).

KENTUCKY

RESPONDENTS: Diane Underwood, Adoption Services Branch Manager
Kentucky Cabinet for Health and Family Services,
Department for Community Based Services (DCBS)

Jessica Fletcher, Associate Director
Training Resource Center, University of Kentucky College of Social Work

I. General Information (Background on State Service System)

- **County-based vs. statewide system**
Kentucky is state-administered, with nine regional offices that cover Kentucky's 120 counties.
- **Uniformity of services across the state**
Kentucky has several large metropolitan areas, but the state is mostly rural, so services vary from region to region. DCBS has several university-based contracts to provide supports both for foster and adoptive parents. One such contract with the University of Kentucky Training Resource Center funds the ASK program – Adoption Support for Kentucky serves adoptive families in each region of the state.
- **Children on subsidy as of June 2013**
Approximately 7,300.
- **Are public child welfare adoption workers expected to provide post-adoption services?**
Public child welfare workers are expected to connect families who contact them to available services; however, for the most part, services are contracted out.

II. Post-Adoption Services Funded by the State for Adoptive Families

Adoption Support for Kentucky (ASK), administered through a contract with the University of Kentucky's College of Social Work's Training Resource Center, provides parent-led support and training services for pre- and post-adoptive families. DCBS has other contracts that involve post-adoption services: two are with agencies in Louisville and Bowling Green to provide therapeutic services to adoptive families and another with the CATS (Comprehensive Assessment & Training Services) clinic in Lexington for assessment and intervention with families. In addition, some university-based programs serve both foster and adoptive parents, such as S.A.F.E. (educational advocacy) and the Foster Adopt Support & Training (FAST) Network through a contract with Murray State University, which provides training and para-professional support services to both foster and adoptive parents.

Information and Referral

Adoptive families seeking information would most likely contact their subsidy worker, typically the professional who completed their adoption, who would most likely refer them to Adoption Support for Kentucky (ASK) or other community resources. ASK offers information on policies and procedures, as well as statewide resource referrals and advocacy assistance.

Educational Programs or Materials

ASK employs nine adoptive parent liaisons as independent contractors to provide a peer support system to adoptive parents, along with training. Each parent liaison provides from two to four support groups a month in their geographic region of the state. These meetings also include an educational component, and parents can receive training credits for attending. Child care also is provided at the meetings. A six-month

regional training calendar is posted on the ASK website, <http://www.uky.edu/TRC/ASK>, with two trainings a month offered in each region, covering a wide variety of topics. The parent liaisons deliver the trainings and lead the support groups. They also may provide training one-on-one to adoptive parents. Parent liaisons are supervised and supported by ASK staff at the University of Kentucky, Lexington.

There also is an on-site lending library for foster and adoptive parents. The Training Resource Center, through the program at Murray State University, provides a wide range of training across the state and also publishes a *FASTrack Magazine* that is distributed to both foster and adoptive parents.

Support Programs

Adoption Support for Kentucky (ASK) provides 32 parent-led support groups for adoptive parents across the state, for a total of 384 meetings a year. Childcare is provided at these meetings, as well as a training component on issues related to parenting. The groups are open to any family formed through adoption, at any stage of the process. ASK parent liaisons also offer mentoring and one-on-one support to adoptive families through phone, e-mail or face-to-face contacts.

ASK began in May 2002, and attendance has grown from 981 parents with 592 children receiving childcare in the first year to more than 4,000 parents and nearly 3,000 children in childcare. An evaluation of ASK's adoption support groups in 32 locations around the state found that parents were highly satisfied with the service. Based on six focus groups and surveys from 251 participants, the evaluation indicated that parents attended primarily for emotional support and information. Many reported that the program had stabilized their families and prevented adoption breakdown.¹

Therapeutic Interventions

In general, ASK parent liaisons and supervisory staff members refer adoptive families to community resources for therapeutic counseling, primarily to Medicaid-supported public community mental health centers. Some other services that may be utilized include an assessment service operated through the University of Kentucky and Post-Adoption Placement Stabilization Services (PAPSS).

The University of Kentucky at Lexington has a Comprehensive Assessment and Training Services (CATS) clinic, affiliated with the Center on Trauma and Children in the College of Medicine, Department of Psychiatry, which provides multi-dimensional assessment of children and families identified by DCBS both before and after adoption. This assessment reports on five major domains: 1) family/social; 2) emotional/behavioral; 3) attachment; 4) life history/ traumatic events; 5) developmental/cognitive/academic. CATS staff provide follow-up training and consultation for DCBS staff and for adoptive families. The training focuses on developing healthy attachments and consists of materials to address issues in the CATS report.

Advocacy

The Special Advocate for Education program also is administered by the U. K. Training Resource Center. There are five SAFE specialists across the state who are trained in educational advocacy and support for foster and adoptive parents in advocating for their children in the educational system. They provide phone and e-mail support to parents with a child in need of educational assistance and may also accompany them to attend meetings with school personnel.

Also, the ASK parent liaisons can provide some advocacy for adoptive families as a part of their one-on-one support, as well as the FAST Network.

¹ See Bryan, V., Flaherty, C., & Saunders, C. (2010). Supporting adoptive families: Participant perceptions of a statewide peer mentoring and support program. *Journal of Public Child Welfare*, 4(1), 91-112.

Respite

Families who qualify for specialized medically fragile and Care Plus Home rates may be reimbursed for two additional respite days per month (the first day is covered by the monthly payment). Children approved for “Specialized Medically Fragile” rates may receive three additional respite days per month.

Parents who do not qualify under the policies above can contact their adoption assistance worker or ASK for information regarding respite services available through other organizations, particularly those that serve children with developmental disabilities.

Residential Treatment

Post-Adoption Placement Stabilization Services (PAPSS) is an optional supportive service offered to adoptive parents on a voluntary basis. Adoptive parents receiving adoption assistance for a DCBS adopted child may request services if their child is at-risk of disruption or post-adoption placement. Families are eligible for up to 90 days of residential placement for their adopted child per calendar year. Adoptive parents do not have to relinquish custody of their child to receive this service. If the placement exceeds 90 days, then a voluntary commitment to DCBS custody is pursued. Families contact their state subsidy worker to apply for this service.

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**

Children with adoption assistance agreements may qualify for up to 90 days of residential treatment per year through post-adoption stabilization services funds. Adoption assistance is temporarily discontinued on the date of the child’s placement into a residential facility.

- **If yes, what is required to obtain this?**

Adoptive parents should contact their local DCBS office for more information about this service.

- **Does the child have to re-enter state custody?**

Adoptive parents do not have to relinquish custody of their child to receive this service. If the placement exceeds 90 days, then a voluntary commitment is pursued.

III. Qualifications for Post-Adoption Services

- A. What are the eligibility criteria for receiving services?**

ASK services are available to any type of adoptive family. Families receiving other post-adoption services are eligible if they adopted a child from Kentucky’s DCBS.

- B. Under what circumstances, if any, are these services provided to children who were not adopted through Kentucky’s Department for Community Based Services?**

See above.

IV. Support for Post-Adoption Services

- A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?**

No Information.

- C. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)**

No Information.

- D. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:**

None of these services are contained in state statute.

E. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

Kentucky has not had any cuts in the adoption assistance rates or the services provided to adoptive parents and children who are adopted.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models

ASK is an excellent model of a peer support and education for adoptive families. It provides many services broadly across the state and is highly evaluated by parent consumers. Also, the Post-Adoption Placement Stabilization Services (PAPSS) is a model program to stabilize at-risk adoptive families.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years

None except study cited under support programs.

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number

ASK – Jessica Fletcher at 859-257-2134

PAPSS – Diane Underwood at 502-565-2147

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

None noted.

VII. Does Your State Track Post-Adoption Instability?

No.

LOUISIANA

RESPONDENTS: Barbara Mayes, Child Welfare Manager I
Cheryl Barton, Child Welfare Consultant
Adoption/Home Development Program, Department of Children & Family Services

I. General Information (Background on State Service System):

- **County-based vs. statewide system**

Louisiana is a statewide system, which consists of nine regions. Within the regions there are a total of 64 parishes (counties); some of these parishes were consolidated.

- **Uniformity of services across the state**

DCFS is a centralized system. All policies, services and eligibility requirements are developed at the state office level (in accordance with federal/state regulations). Not all services are available in each region; however, families can access services in surrounding regions, as necessary. The state system's current structure is two-fold: programs and operations. The Program Section is responsible for developing, implementing and clarifying policy for the front-line staff, community partners and providers. The Operations Section focuses on practice and procedures.

- **Children on subsidy as of June 2013**

As of June 2013, Louisiana had 5,157 children receiving adoption subsidies.

- **Are public child welfare adoption workers expected to provide post-adoption services?**

Yes. There is an adoption subsidy worker in each region assigned to handle post-adoption service for special needs adoptions; they provide information, when needed, to families requesting services.

II. Post-Adoption Services Funded by the State for Adoptive Families

Information and Referral

Families are provided with information about community services prior to the adoption finalization. After the adoption is finalized, families can contact the regional adoption subsidy worker for assistance with referrals to community resources.

Educational Programs or Materials

The Louisiana Adoption Advisory Board (LAAB) is a coalition of adoption advocates serving Louisiana children. LAAB provides networking and educational opportunities for the adoption community.

The Louisiana Foster and Adoptive Parent Association hosts an annual conference for foster and adoptive parents. Adoptive families who are members of the association have opportunities to participate in DCFS- and community-sponsored trainings.

Support Programs

Community Resource Centers offer individual and family counseling to support foster and adoptive families. Also, the Louisiana Advocacy Support Team (LAST) is comprised of volunteer foster parents. They receive ongoing training that enables them to help other foster parents deal with allegations of abuse or neglect in the foster home.

Therapeutic Interventions

There is not a therapeutic program of services specifically focused on adoption. Staff can do therapeutic services if and when they have the time to do so, but families are generally referred to community

providers. In the past, there were providers on contract to the state, but they were eliminated by reorganization and downsizing.

Gary Mallon of Hunter College has provided training for adoption and foster staff in a therapeutic model of treating foster and adopted children. There were a number of training events offered and some were open to community providers as well.

Public mental health services for children in Louisiana are administered by the Department of Health and Hospitals (Medicaid). Services include evaluations, family education and training, clinical intervention, periodic follow up, linkages to emergency mental health services in crisis situations, and psychological services. Magellan Behavioral Health (<http://magellanoflouisiana.com>) is now in the third year of managing and providing the therapeutic services for the state.

Advocacy

The Foster and Adoptive Parent Association and the Louisiana Adoption Advisory Board provide advocacy services for foster, adoptive and birth families. Also, LAST often serves as an advocate for foster parents and/or adoptive parents who continue to foster when abuse/neglect has been alleged.

Respite

Respite is included in the adoption subsidy; families are funded to access 25 days per year per child. Respite can be provided by certified foster/adoptive parents or other identified providers, as needed.

Also, many private organizations offer a variety of respite options.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
No. The family would be referred to the state-managed health care provider for any post-adoption psychological/behavioral services.

- **If yes, what is required to obtain this?**
N/A

- **Does the child have to re-enter state custody?**
No.

Other Services

Voluntary Reunion Registry: This registry allows for any member of the adoption triad to register with the state database for the purposes of matching or obtaining non-identifying information. Louisiana law requires that before providing information leading to a reunion, each person in the triad must have at least one hour of counseling with an approved and identified counselor. Subsequent to this, the information is shared with the counselor and in turn, they share the information with the triad member(s). This allows for all parties to have emotional support that may be necessary during reunion.

Special Service Subsidies is an additional service that Louisiana provides to meet the special pre-existing needs of children receiving adoption assistance. Special Service Subsidies are authorized when no other resource or benefit, public or private, is available to meet the child's anticipated need for a specific service(s). Service needs are assessed and documented by a specialist and should include treatment type, duration and cost. If it is determined that the child's condition or circumstance make it difficult to predetermine treatment costs, service funding may be granted for an unspecified sum. Special Service Subsidy includes the following examples: prescription medication, physical or speech therapy,

psychiatric/psychological care, customized physical devices/equipment and training necessary to meet the particular needs of the child. Families can be eligible for maintenance and special services subsidy, maintenance only or special services only.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

If children qualify for an adoption subsidy, they would qualify for post-adoption services.

B. Under what circumstances, if any, are these services provided to children who were not adopted through Louisiana’s Department of Children and Family Services?

Special Service Subsidies are available to children who are IV-E eligible and not in DCFS custody.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?

Currently, there are no funds specifically earmarked for post-adoption services. However, funding sources that would most likely be utilized are identified below.

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- 2 Title IV-B, Part 1, Child Welfare Services
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families for “Adoption Support & Promotion”
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- _____ Adoption Incentive Funds
- _____ Early Periodic Screening and Diagnostic Testing
- 1 Title XX, Social Services Block Grant (SSBG)
- _____ Title IV-A, TANFF
- _____ Federal grants such as Adoption Opportunities
- _____ Other federal funds-specify: _____
- _____ State child welfare funds
- _____ Other state funds-specify: _____

C. Which, if any, of these services is legally stipulated in state law?

None.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

None noted.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

None noted.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

DCFS's focus is currently on recruitment and permanency. The Secretary has formed a partnership to find permanent families for older children, with a commitment that "no child will leave the department without a permanent connection."

MAINE

RESPONDENT: Kristi Poole, Adoption Program Manager
Department of Health and Human Services

I. General Information (Background on State Service System):

- **County-based vs. statewide system**
The Maine Department of Health and Human Services is state-administered. Services are provided at the county/district level across eight regions of the State.
- **Uniformity of services across the state**
Policy and procedures are uniform across the state; however, each region sets up its unit to meet the needs of the area served.
- **Children on subsidy as of June 2013**
Approximately 3,500.
- **Are public child welfare adoption workers expected to provide post-adoption services?**
Child welfare adoption workers do not provide post-adoption services directly, but refer families to children's behavioral health administered services.

II. Post-Adoption Services Funded by the State for Adoptive Families

The state of Maine does not provide, or directly fund, services specifically designed for adoptive families (outside of a small amount of funding given to Adoption and Foster Families of Maine for support groups). Adoptive families in need of therapeutic services can access ones that are administered by Children's Behavioral Health and provided by contracted agencies. They are paid for by MaineCare (the state Medicaid Program), which is offered to children adopted as part of the post-adoption subsidy provided by the state. These services include: Mental Health Case Management (children with a mental health diagnosis in need of coordinated case management support); Outpatient Mental Health Services (psychotherapeutic services); Home and Community Treatment Services (a more intensive therapeutic service than out-patient therapy can provide; this service is in-home and provides a clinician as well as a behavioral support professional); Rehabilitative and Community Support Services (for children with cognitive impairments and functional limitations); and Intensive Residential Treatment Services.

Information and Referral

There is a statewide crisis line for people experiencing mental health emergencies; it is available to adoptive families. There is no specific post-adoption information line. Families can call their former state adoption workers if they are seeking information and/or referral.

Educational Programs or Materials

There is no special educational programming for adoptive families funded by the state of Maine.

Support Programs

Adoption and Foster Families of Maine, a private not-for-profit organization, offers post-adoption support groups statewide. The state provides some funding to AFFM.

Therapeutic Interventions

These are described above under outpatient and home-based services through MaineCare.

Advocacy

There are no post-adoption specific advocacy services in the state of Maine.

Respite

The Department does not include respite costs in adoption subsidies.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
Payment for residential treatment is through MaineCare, if the child qualifies for the service.
- **If yes, what is required to obtain this?**
An ITRT (Intensive Temporary Residential Treatment) review is required to determine if residential treatment is medically necessary. If it is deemed to be so, then MaineCare pays.
- **Does the child have to re-enter state custody?**
Rarely would the child re-enter state custody to obtain residential treatment. If the parents are refusing to pick the child up when released from a residential treatment or psychiatric setting, the state might take custody and place the child in care. In this case, the parents are charged with neglect.

III. Qualifications for Services

A. What are the eligibility criteria for receiving services?

Children qualify for behavioral health services as listed above if they have a DSM mental health diagnosis or designated functional impairments. Children who are determined “special needs” qualify for adoption subsidy. The rate of the subsidy is determined by the extent of their special needs and the family’s needs.

B. Under what circumstances, if any, are these services provided to children who were not adopted through Maine’s Department of Children’s Services?

These services are provided only to children who qualify.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?

Maine does not have a specific budget. Adoption incentive funds are used, as available.

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- _____ Title IV-B, Part 1, Child Welfare Services
- 3 Title IV-B, Part 2, Promoting Safe and Stable Families for “Adoption Support & Promotion”
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- 1 Adoption Incentive Funds
- _____ Early Periodic Screening and Diagnostic Testing
- _____ Title XX, Social Services Block Grant (SSBG)
- _____ Title IV-A, TANFF

- _____ Federal grants such as Adoption Opportunities
- _____ Other federal funds-specify: _____
- _____ State child welfare funds
- 2 Other state funds-specify: MaineCare

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:

None.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe.

Maine received a Title IV-E Waiver that allowed for the implementation of a statewide post-adoption program (see below). That waiver ended in 2004, and post-adoption services in the state changed at that time.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

Yes, but not any that are currently being implemented.

Please describe: Maine conducted research on post-adoption service delivery in the state from a Title IV-E Waiver grant that ran from 1999-2004. The program was called The Maine Adoption Guides. It was developed in partnership with Casey Family Services (service providers) and University of Maine Muskie School (researchers) and resulted in comprehensive statewide post-adoption service delivery in Maine. Those receiving the experimental, post-adoption services program had access to an Adoption Guide, an adoption-competent social worker who could be called 24 hours a day by any member of the adoptive family, and who would meet with the family at least every six months and typically more. On average, the workers spent about 65 hours a year with each family in the Guided group (149 families). At baseline, there were no significant differences in the characteristics of the children in both groups of families. However, after two years, the children in the Adoption Guides group scored significantly lower on the Child Behavior Checklist. Also, after five years, Title IV-E costs for children in the Guided Services group were no greater than costs for children in the Standard Services group.

Contact person who could give us more information about noteworthy practice model or research and their phone number: Kristi Poole at 207-624-7966.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

In 1999, the then-adoption program manager, John Levesque, successfully applied for a Title IV-E Waiver Grant that allowed for a five-year demonstration project on post-adoption services in Maine. Unfortunately, after the grant was over, the state could not find the seed money in its budget to continue service delivery. Maine hopes to make post-adoption service provision a priority again in the near future.

Maine does provide adoption subsidies to adoptive families and has a generous definition of “special needs” to insure these subsidies are available to all families adopting children from foster care.

VII. Does the state track post-adoption instability?

Forty-three children/youth out of 1,452 total in the past five years have experienced adoption dissolution.

MARYLAND

RESPONDENT: Deborah Ramelmeier, Deputy Executive Director for Programs
Social Services Administration, Maryland Department of Human Resources

I. General Information (Background on State Service System):

- **County-based vs. statewide system**

The Department of Human Resources in Maryland is a state-supervised and state-administered child welfare system, with 24 offices throughout the state (one in each of 23 counties and one in the city of Baltimore).

- **Uniformity of services across the state**

Core services, which are required by statute and regulation and are listed in section IV-C, are uniformly available throughout the state. Some counties offer additional services (support groups, mediation, therapeutic intervention and respite services) that vary depending on the needs of the county and the capacity of the local department.

- **Children on subsidy as of June 2013**

As of June 30, 2013, 7,251 children with finalized adoptions were receiving subsidy.

- **Are public child welfare adoption workers expected to provide post-adoption services?**

Yes, but only on a limited basis. Maryland child welfare workers provide families with information and referral services and are expected to assist families with accessing any financial assistance offered by local departments and the Social Services Administration. State law stipulates that post-adoption services may be provided to support the adoptive placement in accordance with available staff resources.

II. Post-Adoption Services Funded by the State for Adoptive Families

Information and Referral

Information and referral services are provided upon request by staff in the local DHR offices, the Social Services Administration, and the Department's Office of Constituent Services.

Educational Programs or Materials

Maryland does not directly fund any educational programs for adoptive parents. Upon request, through local departments and the Office of Constituent Services, the state educates and provides materials to potential recipients regarding the following federal programs for adopted youth:

State Tuition Waiver Program and Educational Training Voucher (ETV) Program available for youth attending college. The Tuition Waiver Program is available to an adopted youth who was in foster care on his or her 13th birthday and was adopted after the 13th birthday. It is also available to the younger sibling of a youth who qualifies for the waiver who was adopted concurrently with the older sibling. The adopted youth must enroll as a student at a public two-year or four-year institution in Maryland on or before age 21. Eligible programs include degrees and certificate programs.

The ETV Program provides funds to youth to assist with living and supplementary educational expenses. Requirements for adopted children include: a youth must have been adopted from public agency foster care after his or her 16th birthday; individual must be age 18, 19, or 20 when first applying for ETV services; and individual must have been accepted into or be enrolled in a degree, certificate or other accredited program at a college, university, technical or vocational school.

Support Programs

A few of the local departments of social services facilitate adoptive family groups. These groups may have regional representation among their members. Families, adult adoptees and birth families are referred frequently to private adoption organizations that provide support groups or to support groups unaffiliated with formal organizations.

Therapeutic Interventions

Several local departments provide counseling services to adoptive families through their Family Support Services. Families are usually referred to other public agencies or private programs that provide more intensive counseling intervention services; these services may be paid for with adoption subsidy or Medicaid funds.

The Post-Adoption Services Permanency Program was created in July 2007 as the result of state legislation mandating that local departments provide post-adoption funds to children and their families who might be in crisis in an effort to salvage adoption placements in danger of disrupting or dissolving. The funds are used to purchase selected services that are not covered by medical assistance or other existing programs. Funds are available to families and their children under 18 years, whose adoptions were facilitated by public and private child-placement agencies in Maryland, as well as those adopted through independent action in Maryland.

Advocacy

As with other post-adoption services, advocacy services are provided through local offices. Advocacy occurs at the local level, primarily in the local department's Family Resources unit through recruitment efforts. The State also partners with the Maryland Family Resources Association in advocating for post-placement services for children and their families who are post out-of-home care and post adoption. (In Maryland, families are dually approved.)

Respite

Families are referred by local departments to respite programs. Most are sponsored by private agencies. In addition, respite care for specific types of adopted children is available through the following:

- Children receiving services through Maryland Health Partners (MHP) for mental health services - MHP is the umbrella agency that provides the mental health component of medical care for children with Medicaid eligibility in Maryland, including adopted children with special needs. The child must have a DSM V diagnosis.
- Children who meet eligibility criteria for the Developmental Disabilities Administration (DDA) - funds are available through DDA and DHR, although limited and utilized for all age groups. Some local department resource families also provide respite care through the local departments.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this? If yes, what is required to obtain this? Does the child have to re-enter state custody?**

Children receiving adoption assistance are eligible for Medicaid, which is the funding source for residential treatment care (RTC). Children in need of RTC level of care can access services through the Core Service Agencies, a network of public and private agencies affiliated with the Mental Health Administration of the Maryland Department of Health and Mental Hygiene. They assist families by providing service coordination and assistance in accessing RTC care and working with the local school system to acquire funding for the education component of the RTC placement. If the child's Individual Education Plan (IEP) does not support Private Separate Day School level of education, the family can apply for a Voluntary Placement Agreement (VPA) through the local DSS office. Through the Voluntary

Placement Agreements Act of 2007 (SB579, HB1226), parents/legal guardians are able to request a voluntary placement when their child has a mental health or developmental disability and they require treatment for that disability in an out-of-home placement setting. The parents do not relinquish legal custody of the child. Children who require treatment in excess of 180 days or beyond their 18th birthday can remain in care if the court determines that the VPA is in their best interests prior to the 180th day or prior to the 18th birthday, whichever occurs first.

Mediation Services

Mediation services are used to help adoptive and birth families determine the terms of a post-adoption contact agreement prior to an adoption involving post-finalization contact between the minor adopted child and the birth family. The agreement is included in the finalization order. Parties to the post-adoption contract may re-enter mediation if one party believes the other is not abiding by the contract.

Search Services

Mutual Consent Voluntary Adoption Registry (MCVAR):

The Department of Human Resources/Social Services Administration (DHR/SSA) maintains a computerized registry of adult adoptees, birth parents and birth siblings who were adopted and who wish to have contact with each other. A registration fee is charged but may be waived.

Adoption Search, Contact and Reunion Services (ASCRS):

The Adoption Search, Contact and Reunion Services Mutual Consent Voluntary Adoption Registry is an expansion of MCVAR designed to locate by a Confidential Intermediary (CI) adoptees, birth parents and siblings of adoptees who also were adopted. Counseling or referral to counseling services for adopted individuals, relatives or members of the adoptive family is provided.

Other search services include:

- Accepting from the birth parent medical information critical to the adoptee and giving it to the adoptive family or the adult adoptee, as appropriate;
- Accepting from the adoptive family on behalf of the minor adoptee medical information critical to the birth parent and giving it to the birth parent;
- Sharing with the birth parent non-identifying information until the adoptee is 21 years old or older.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

Eligibility requirements for search services are:

1. For individuals actively searching:
 - a. Adoptees 21 and over, birth parents and birth siblings. Siblings must also be over 21.
 - b. The adoption or guardianship proceedings must have been conducted through a Maryland court or facilitated by a licensed Maryland child-placement agency, regardless of the registrant's place of birth or current residence.
 - c. The Registry maintains a list of similar registries in other states and may assist persons who were adopted elsewhere. Information about several national registries also is available.
2. Eligibility requirements for individuals needing non-identifying information are stated above in the description of services.

Eligibility for all other post-adoption services are stated above in the description of those services.

B. Under what circumstances, if any, are these services provided to children who were not adopted through the state system?

Any adoptive family in Maryland can request any post-adoption services that are available.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?
\$124,049.

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- **Title IV-B, Part 1, Child Welfare Services**
- **1 Title IV-B, Part 2, Promoting Safe and Stable Families for "Adoption Support & Promotion"** Covers total cost of the Post-Adoption Services Permanency Program
- **Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption**
- **Adoption Incentive Funds until December 31, 2013.** Covers costs of a variety of services such as intensive counseling services, other therapeutic or rehabilitation services, and therapeutic equipment.
- **2 Early Periodic Screening and Diagnostic Testing**
- **Title XX, Social Services Block Grant (SSBG)**
- **Title IV-A, TANFF**
- **Federal grants such as Adoption Opportunities**
- **3 Other federal funds-specify: Title XX Post-Adoption Day Care Reimbursement Funds**
- **State child welfare funds**
- **Other state funds-specify: _____**

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:

Post-adoption services that are mandated by state regulation include:

1. For the birth parent of an adopted individual, the opportunity to: (a) update agency records with birth family history until the adoptee is 21 years old; (b) release the agency from the confidentiality requirements related to identifying information requested by an adult adoptee; (c) supply medical information critical to the adoptee's growth and development; (d) accept from the adoptee or the adoptive family medical information that may be critical to the birth parent; (e) access information and referral information when appropriate regarding services available through MCVAR, search, contact and reunion services.
2. For the adoptive family, access to: (a) counseling to support the placement and prevent dissolution, (b) Post Adoption Permanency Service, (c) referral services, (d) the Maryland Tuition Waiver, and (e) the Maryland Education and Training voucher.
3. Provision of Adoption Search Contact and Reunion Services upon request to the adoptee, adoptive family, or birth family.

Other post-adoption services are not mandated by regulation, but are provided as available in each local office.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

There have not been any cutbacks in these areas in the last 10 years.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

Not currently aware of any.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

Members of the Maryland Resource Parents Association may speak at legislative hearings to advocate for post-adoption and related services on an individual basis; however, there is no statewide effort on the department's part. Local offices regularly use creative efforts to recruit quality foster and adoptive families in order to promote permanency.

VII. Does your state track adoption disruptions or post-adoption instability?

Maryland does not track this data; however, as of 6/30/13, 365 had returned to state care following an adoption. This number, which is 6 percent of all children in care on that date (6,082), includes dissolutions, voluntary placements and terminations of parental rights.

MASSACHUSETTS

RESPONDENT: Leo Farley, Director of Adoption Support Services
Massachusetts Department of Children and Families

I. General Information (Background on State Service System):

- **County-based vs. statewide system**
Massachusetts has a statewide system.
- **Uniformity of services across the state**
The services offered through 29 area offices in four regions conform to uniform standards.
- **Children on subsidy as of March, 2013**
There were 8,633 children on adoption subsidy and 2,763 on guardianship subsidy as of 3/2013 (the most recent data available).
- **Are public child welfare adoption workers expected to provide post-adoption services?**
Aside from giving adoptive families experiencing difficulties the 800 number of the contract agency and serving those adopted children who return to care to receive residential treatment, all post-adoption services are provided by the private agency with whom the state contracts. Currently that agency is Child and Family Services, and the post-adoption services program is called Adoption Journeys.

II. Post-Adoption Services Funded by the State for Adoptive Families

Adoption Journeys is a statewide program with services delivered from five Child and Family Services offices around the state. The five primary components of this program are: Regional Response Teams, Parent and Youth Support Groups, Parent and Young Adult Liaisons, Respite Care and Adoption Competency Training for Professionals – see descriptions of each component at <https://child-familyservices.org/adoption-journeys-program-components/>.

Information and Referral

State workers provide only limited referral and information services. As stated above, the majority of this service is provided by the contract agency through the Adoption Journeys program. A 24/7 toll free number (1-800-972-2734) is the entry point for all post-adoption services except residential treatment and voluntary return to state care; those calls must come to the state offices. “Adoption Journeys in Massachusetts: Parents’ Guide to Services” is a 30-page publication for parents, describing the services offered: <http://child-familyservices.org/wp-content/uploads/adoption-jouneys-booklet.pdf>.

Educational Programs or Materials

Through the contract agency, Adoption Journeys provides professional development training to build expertise about topics related to adoption and guardianship among community mental health providers. In addition, a state contract with a grassroots organization that is now part of the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) offers educational programs and materials. MSPCC through Adoptive Families Together (a membership organization with all types of adoptive families) sponsors parent trainings around the state. Recent examples include W.I.S.E. Up workshops and others on transracial adoption, the impact of social media on adoption, etc. See <http://www.mspcc.org/page.aspx?pid=446>.

Support Programs

Through the contract agency, Adoption Journeys provides group and one-on-one support services for families and children. Groups are led or co-led by adoptive parents, adopted youths and social workers or clinicians. Most meet once a month, and some are co-sponsored with other organizations. Adoption Journeys also offers support services through matching adoptive parents, families or youth with an experienced adoptive parent, family or young adult adoptee liaison who provide support through a one-on-one relationship.

In addition, MSPCC currently offers nine monthly support groups around the state through their state contract. These are led by adoptive parent coordinators. Also, MSPCC has a moderated, online discussion group focused on parenting children with challenging behaviors and complex needs.

Therapeutic Interventions

Adoption Journeys provides Regional Response Teams that are available to adoptive families experiencing increased stress. Teams are composed of a social worker, a parent liaison and a team leader, offering families joint problem-solving, advocacy, coordination of services and home-based counseling. The family's needs and desires determine which members of the team meet with the family, as well as where meetings occur. These services are intended to be relatively brief and to connect families to needed services; however, there is no time limit for services and families can receive help for as long as they need. They can be accessed on a one-time basis or episodically over time, and can address a wide variety of family and individual needs.

An evaluation of the Adoption Journeys program completed in 2010 reported that the Regional Response Teams served 264 adoptive families in that year, and the full Adoption Journeys program served over 600 adoptive families. The average number of months that families were active with the RRTs varied across regions from 4.4 months to 9 months.

Advocacy

Adoption Journeys will support families in advocating with school systems, SSI, and other systems around their family's needs.

Respite

Adoption Journeys provides respite services in three broad categories: childcare respite, child recreational respite and family social/recreational respite. Overnight childcare respite is provided only on a limited basis. The evaluation reported that in a year, childcare respite was provided to approximately 100 children, child recreational respite to approximately 200 children, and family social/recreational respite to over 1,000 children and 900 adoptive parents.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
Massachusetts contracts with private residential treatment facilities and pays for this service either with Title IV-E dollars or state child welfare funds. A case may be opened with DCF to assess the need for this level of treatment.
- **If yes, what is required to obtain this?**
Adoptive families can apply for voluntary services, which could lead to residential treatment.
- **Does the child have to re-enter state custody?**
Massachusetts changed the law so that adopted children come into state care, but not custody. The parent retains full legal responsibility and has more control over the treatment process. Adoptive families seem to feel less stress and stigma with this approach.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

Any resident of Massachusetts is eligible regardless of the nature of the adoption. Adoption Journeys also will serve a limited number of permanent guardianships.

B. Under what circumstances, if any, are these services provided to children who were not adopted through the state system?

Please see the above response.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?

In addition to the subsidy program, the budget for the Journey's program is \$ 1.3 million. (There might be a small increase this year if the budget allows.)

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- _____ Title IV-B, Part 1, Child Welfare Services
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families for "Adoption Support & Promotion"
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- _____ Adoption Incentive Funds
- _____ Early Periodic Screening and Diagnostic Testing
- _____ Title XX, Social Services Block Grant (SSBG)
- _____ Title IV-A, TANFF
- _____ Federal grants such as Adoption Opportunities
- 2 _____ Other federal funds-specify: Title IV-E Funds
- 1 _____ State child welfare funds
- _____ Other state funds-specify: _____

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:

The law does not mandate post-adoption services but does specify that if such services are available they must be extended to all adoptive families in the state.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

No. The Massachusetts Legislature seems to understand that post-adopt services actually save the state money by providing services to the families as early as possible.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models:

Providing an array of post-adoption services statewide through a contract with a lead agency is both efficient and effective. That agency has subcontracts that cover the entire state. The use of services is easy to track because families call one number to request services. Another contact (with MSPCC) supports family-led support groups across the state. Although funded by

the state, both of these private contractors function at arm's length from DCF, and the Department does not gather identifying information on families who use the services. Families feel more comfortable accessing services this way.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years:

Child and Family Services' completed evaluations of the Adoption Journeys program; in 2010, it served 976 adopted and guardianship children in 603 families.

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number:

Sharon C. Silvia, Director of Contracted Services; Program Director, Adoption Journeys at 508-676-5708.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

The present post-adoption services program came about because adoptive families were able to organize and advocate for themselves with the state legislature. That organization has been absorbed and sustained by a private agency (MSPCC), and the state supports this program on an ongoing basis through their two public-private contracts. The legislature responds to individuals telling their personal stories far better than to state agencies that appear to be advocating for their own budget needs.

VII. Does your state track adoption dissolutions or post-adoption placements?

DCF records the number of children entering care who had been adopted, but it does not have the staff explore this on a regular basis. They did an exhaustive review in 2009 focused on adopted children in DCF care during FY 2007 and found that there were 819 previously adopted children in care at some point during that year of 12,501 total children in care (5%). DCF has consistently found that about 5 percent of children and youth over 18 in care have been adopted. Most of these return to their adoptive homes when they leave state care.

MICHIGAN

RESPONDENT: Catherine Hoover, Adoption, Guardianship and Permanency Manager
Michigan Department of Human Services, Children's Services Administration

I. General Information (Background on State Service System):

- **County-based vs. statewide system**

Michigan's Department of Human Services, Children's Services, has statewide system oversight with local counties and agencies doing the work.

- **Uniformity of services across the state, etc.**

All post-adoption services are offered uniformly throughout the state through the post-adoption resource centers (PARCs); however, the amount of funding for the centers will vary according to population and need.

Medicaid is managed through the state subsidy office for all eligible families throughout state.

- **Children on subsidy as of June 2013**

26,283 – open cases; many waiting for finalizations

- **Are public child welfare adoption workers expected to provide post-adoption services?**

They provide services up until finalization and some continue to provide for their own clients after that. All families can access the PARC in their region.

II. Post-Adoption Services Funded by the State for Adoptive Families

Post-adoption services in Michigan are administered by the Department of Human Services (DHS), Children's Services Administration, through contracted agencies and parent organizations. Post-adoption services include but are not limited to the following examples: support groups, Confidential Intermediary Program, adoptive family support, coordination of community services, information dissemination, case management services, advocacy, training programs and assistance with medical/emotional/educational service payments to eligible children.

DHS supports Post Adoption Resource Centers (PARCs) through eight regional centers for families who have adopted children from the Michigan public child welfare system. PARC information is available at:

http://www.michigan.gov/dhs/0,4562,7-124-60126_7116_63826_63829---,00.html.

Michigan Adoption Subsidy Program Information Guide provides an overview and guidelines on the adoption assistance program, Medicaid, medical subsidies and the responsibilities and rights of parents. [DHS 538] Link: <http://www.michigan.gov/dhs>.

Information and Referral

Families can initiate a self-referral by calling their PARC directly, and many families do this. The PARCs have been in place since April 2012, and were initially funded through Adoption Incentives monies, with an intent to sustain the program into the future. Although not explicitly earmarked in the state budget, the PARCs have been funded through the adoption line in the state budget.

Each PARC is required to do community outreach, and they have done so through their websites and brochures. Families who adopted prior to the PARC program are referred to it when calling their placing agencies. All new subsidy recipients will receive a letter which includes information on the PARCs.

Educational Programs or Materials

As a requirement of their contracts, each PARC provides training for families in each region at least on a quarterly basis. Some of the agencies provide training and events for children and youth concurrently. PARC providers can access professional development training through the DSS training system, and each PARC provides internal training for staff.

Support Programs

PARCs are required to create support groups in their regions, if there are none available. In many areas, parent groups have already established thriving groups; in these cases PARC will partner with the local parent group. The regional PARCs also provide monthly experiences for families with their children (i.e., a hotel will host the support group meeting and offer swim time for the children at the same time).

The parent groups that offer adoption support services include the following:

- Michigan Association for Foster, Adoptive and Kinship Parents (MAFAK): <http://www.mafak.co>
- Save Our Children Coalition: <http://www.saveourchildrencoalition.org>
- Family Enrichment Center: <http://www.fecfamily.com>
- Adoptive Family Support Network (AFSN): <http://www.afsn.org/>
- Michigan State University (MSU) Families and Communities Together Coalition: <http://www.fact.msu.edu/Connect/kinship.htm>

The Michigan Adoption Resource Exchange has a Family Navigators program (<http://www.mare.org/ForFamilies/AdoptionNavigators.aspx>) and provides regional support information at: http://www.michigan.gov/dhs/0,4562,7-124-60126_7116_63826_63829---,00.html.

Therapeutic Interventions

Michigan's Adoption Medical Subsidy program assists in treatment coverage for a diagnosis that existed or the cause of which existed prior to adoption, and are certified by the Adoption Subsidy Program. Adoption Medical Subsidy program is the payer of last resort (after Medicaid and family insurance) and can cover a range of therapeutic services. Families select providers who are licensed through the state.

PARC staff are required to have at least a master's degree and provide case management for children in crisis, including intensive in-home services, until the family has secured a long-term provider.

Advocacy

Each PARC provides coordination of community services, liaisons, assistance with special education needs and referrals to other advocacy groups as needed.

Respite

Monthly respite group activities are offered through each PARC (see example in Support section above). The medical subsidy can also fund temporary out-of-home respite as part of a treatment plan; there are limitations to the amount of time and rates.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
Yes, through the Adoption Medical Subsidy program.
- **If yes, what is required to obtain this?**
Families are required to work with their regional PARC to prevent placement in residential. If this is found to be ineffective to meet the needs of the child, the appropriate residential placement is requested through the adoption medical subsidy program and, if approved, the family is required to develop a return home plan and to participate in treatment.

- **Does the child have to re-enter state custody?**

No, but the goal must be to return home; residential placements are used to support and maintain the adoptive relationship. Parents make the request to the Adoption Medical Subsidy unit, with professional documentation specifying that the child needs a more restrictive setting, cannot be maintained safely at home, and cites the current and prior efforts of family. The child must be placed in-state or within 200 miles of family's residence to support the requirement that the family is actively involved in treatment. The maximum stay is six months.

Other Services

Each PARC provides case management, quarterly family newsletters, website, email support, and community resource and calendar listings. Calls for assistance are responded to within 24 hours.

The Confidential Intermediary Program is for adult adoptees and members of their birth families who are searching for family information. CIP is ordered through the court and provided by contract agencies. Michigan's Central Adoption Registry also assists adult adoptees and members of their birth families and has access to adoption records of children who were adopted from Michigan's child welfare system and adoption records from agencies that have closed.

Families can also access funding for tutoring and summer camp through the Adoption Medical Subsidy program.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

Any youth 21 or younger adopted through the Michigan foster care system and their families are eligible. The adoption must be finalized (placing agency provides services prior to finalization). Children and families who have Guardianship Assistance in place are also eligible.

B. Under what circumstances, if any, are these services provided to children who were not adopted through Michigan's Department of Children's Services?

None.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?

PARCs – \$1.5M

Medical Subsidy Program – \$5.5M

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- _____ Title IV-B, Part 1, Child Welfare Services
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families for "Adoption Support & Promotion"
- 3** _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- _____ Adoption Incentive Funds (PARC was initially here, no longer the ase.)
- _____ Early Periodic Screening and Diagnostic Testing
- _____ Title XX, Social Services Block Grant (SSBG)
- _____ Title IV-A, TANFF
- _____ Federal grants such as Adoption Opportunities

- 1 & 2** Other federal funds-specify: Title IV-E and TANF
- 4** State child welfare funds for Adoption Medical Subsidy
- Other state funds-specify: _____

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:

The Adoption Medical Subsidy program is legally stipulated and the statute citation is found in Section 400.115i of the Michigan Compiled Laws.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

The Adoption Medical Subsidy Program has had cuts to funding, but to date services have not been cut. Also, funding of Michigan's regional post-adoption support services centers (PASS) was eliminated in 2008. The PARCs were begun in 2012.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models:

None noted.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years:

None noted.

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number:

N/A

D. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

Michigan used the Adoption Incentive grant to launch its PARCs and was able to demonstrate that the centers were effective and necessary. The adoption unit also had the support of upper management in both launching and sustaining the centers.

MINNESOTA

RESPONDENT: Ami Nafzger, Adoption Operation Supervisor
Minnesota Department of Human Services, Child Safety and Permanency

I. General Information (Background on State Service System):

- **County-based vs. statewide system**
Minnesota's system is state supervised and county administered. There are 87 counties in the state.
- **Uniformity of services across the state**
Services are fairly uniform, although county size and availability of agencies within each county affect the ability to ensure uniformity. In addition, some individual counties receive federal grants to provide services only in their particular counties.
- **Children on subsidy as of June 30, 2013**
Information not provided.
- **Are public child welfare adoption workers expected to provide post-adoption services?**
With the exception of services connected to adoption assistance, state workers provide mostly information and referral to families after adoption. Specifically, they refer families to Minnesota Adoption Resource Network (MARN), a nonprofit organization that receives a grant from the state to provide post-adoption services.

II. Post-Adoption Services Funded by the State for Adoptive Families

Information and Referral

State workers refer families to Minnesota Adoption Resource Network (MARN), a nonprofit organization that receives a grant from the state to provide post-adoption services. They also refer families to county offices that have a good idea of local mental health and other specific resources.

Educational Programs or Materials

The state provides training through its Quality Assurance department, which works closely with the county offices and private adoption agencies to train workers in adoption-related issues. The state's grantee, MARN, offers an extensive training program for the public, including adoptive families and professionals, on subjects like trauma, working with challenging behaviors, and birth family issues via webinar and workshops in local areas. Another state grantee, the University of Minnesota, trains professionals in adoption-related issues in an effort to increase the level of adoption competence in mental health practice throughout the state.

Support Programs

The state provides no support programs directly. Through another grantee, the North American Council on Adoptable Children (NACAC), the state indirectly funds support groups for adoptive parents. The Minnesota chapter of NACAC is a small, parent-run group.

Therapeutic Interventions

The state grantee MARN operates the HELP Program, which consists of clinical personnel providing assessment, brief counseling, and referral services to adoptive families in crisis.

Advocacy

The state provides no direct advocacy services to adoptive families. A leading source of post-adoption advocacy is a small private organization (not state-funded) called Land of Gazillion Adoptees. Some advocacy around transracial adoption comes from another private nonprofit (also not state-funded) called AdopSource, which sponsors an annual film festival and is presently conducting a needs assessment for adoptive families and adoptees.

Respite

Respite services are provided as part of Adoption Assistance to those families who qualify.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
For the most part, children needing residential treatment fund this through the Medicaid card, assuming they qualify. Occasionally a county will pay for a local child's residential treatment under extreme (and rare) circumstances.
- **If yes, what is required to obtain this?**
A family would most likely start by contacting their local county office.
- **Does the child have to re-enter state custody?**
No.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

Any child adopted from the public child welfare system may be eligible for post-adoption services, depending on whether the child is classified as having "special needs."

B. Under what circumstances, if any, are these services provided to children who were not adopted through the state system?

Other types of adopted children are not eligible for post-adoption services provided directly by the state.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?

Information not provided, nor was ranking of funding sources.

B. Which, if any, of these services is legally stipulated in state law?

Title IV-B services are mandated by state law.

C. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

There have not been specific cutbacks, other than in federal funding.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

Not at this time.

A. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years

The University of Minnesota has done some studies during this period.

B. Contact persons who could give us more information about noteworthy practice models or research and their phone number

- a. Rich Lee, at 612-625-6357, has been involved in research projects;
- b. Jaeran Kim can provide more information about noteworthy practice models; and
- c. Kim Park Nelson has information about noteworthy practice models.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

There have been none to date. The Adoption Operation Supervisor believes that a needs assessment should be conducted as soon as possible for this purpose.

VII. Research on tracking post-adoption instability: Does your state track adoption dissolutions and/or adoption disruptions (disruption prior to legal adoption but after adoption placement is made)?

The state's data system is capable of tracking dissolutions; however, the counties have not inputted data correctly/consistently, so there are no reliable numbers. The state is looking at ways to ensure standardized data input so that this information can be helpful in the future.

MISSISSIPPI

RESPONDENT: Margaret Shelton, Adoption Division Director
Mississippi Department of Human Services, Division of Family & Children's Services

I. General Information (Background on State Service System)

- **County-based vs. statewide system**
Mississippi is a statewide system operating through 13 regional offices and 84 county offices.
- **Uniformity of services across the state**
Every adoption worker follows the same policies and procedures as determined by the state.
- **Children on subsidy as of June 30, 2013**
As of June 30, 2013, there were 2,598 children receiving adoption subsidy.
- **Are public child welfare adoption workers expected to provide post-adoption services?**
Yes, they are. State adoption specialists provide information and referral as well as crisis intervention services when needed. This involves meeting with the family, creating a safety plan, completing an assessment, and making appropriate referrals. In some cases the worker provides case management for anywhere from 30 days to six months, depending on the need.

In addition to post-adoption services provided by state workers, the state has contracted with a private agency, Southern Christian Services, to provide an array of post-adoption services through its six offices throughout the state. Those services include information and referral, educational programs and materials, support groups, advocacy and respite. This website describes these services: http://www.scscy.org/index.php?/permanency_services/pip/

II. Post-Adoption Services Funded by the State for Adoptive Families

Information and Referral

Both state adoption specialists and workers from the contract agency (Southern Christian Services) provide information and referral services, including a warm line.

Educational Programs or Materials

Educational materials about adoption are available through the 13 regional offices in the state, on the DHS website, and through the contract agency. In addition, Southern Christian Services hosts a major conference each year to which it offers 25 family scholarships as well as a two-day annual resource family retreat, which adoptive families can attend free of charge. The state is now in the process of contracting with fosterparentcollege.com to offer online trainings to foster and adoptive families.

Support Programs

The state maintains eight support groups, and Southern Christian Services maintains 12 support groups in partnership with the state.

Therapeutic Interventions

As stated earlier, state adoption specialists provide crisis intervention services to families in need. Specific adoption therapy is offered only on a very limited basis through referrals to community mental health agencies and adoption-competent private practitioners throughout the state. These services are funded through Medicaid. The state is constantly advocating for more training to increase the number of adoption-competent therapists in Mississippi.

Advocacy

Advocacy services are available through licensed child-placing agencies throughout the state. The state office has one Educational Liaison who is very informative on a phone interview and then makes referrals to other advocates. In addition, Southern Christian Services provides educational advocacy upon request, depending on availability.

Respite

Respite services are not available through the state; however, they are provided by the contract agency, Southern Christian Services, which has a network of experienced respite providers.

Residential Treatment

Residential treatment services are not available.

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
Any child on subsidy and/or who has Medicaid is eligible for residential treatment if they meet admission criteria.
- **If yes, what is required to obtain this?**
Please see above.
- **Does the child have to re-enter state custody?**
No.

III. Qualifications for Post-Adoption Services

- A. What are the eligibility criteria for receiving services?**
Services are available to any family created through adoption.
- B. Under what circumstances, if any, are these services provided to children who were not adopted through the state system?**
Services are available to any family created through adoption.

IV. Support for Post-Adoption Services

- A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?**
The post-adoption services contract with Southern Christian Services is \$950,000.
- B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)**

- _____ Title IV-B, Part 1, Child Welfare Services
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families for "Adoption Support & Promotion"
- 1** _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- _____ Adoption Incentive Funds
- _____ Early Periodic Screening and Diagnostic Testing
- _____ Title XX, Social Services Block Grant (SSBG)
- _____ Title IV-A, TANFF
- _____ Federal grants such as Adoption Opportunities
- _____ Other federal funds-specify: _____

_____ **State child welfare funds**

_____ **Other state funds-specify:** _____

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:

State law mandates that post-adoption services must be provided; however, particular services are not specified.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

No. The funding for post-adoption services has increased over this period, and the subsidy amount has stayed the same.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

Not to a great extent. However, a small pilot program for Teen Recruitment has been promising.

A. Please describe practice models:

A Teen Recruiter was hired to find legal permanency for youth 16 and older (or 16 with younger siblings). This recruiter works with youth to create a team of supportive people with the ultimate goal being adoption or return to a safe birth family member before aging out of foster care. The adoption division director is documenting the results of this pilot program and already has secured the funding to expand this program to seven Teen Recruiters across the state.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years: None at this time.

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number:

The respondent is the best resource.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

The state has conducted parent surveys and focus groups to determine the areas of greatest need, and it was this research that secured the funding for the post-adoption services contract with Southern Christian Services. The surveys and focus groups will be conducted again toward the end of this contract.

VII. Research tracking post-adoption instability:

No

MISSOURI

RESPONDENT: Amy Martin, Adoption Program Manager
Missouri Department of Social Services, Children's Division

Melanie Scheetz, Executive Director
Foster and Adoptive Care Coalition

I. General Information (Background on State Service System)

- **County-based vs. statewide system**
Missouri has a state-administered program.
- **Uniformity of services across the state**
With the addition of two post-adoption resources centers (in Kansas City and St. Louis), services are becoming more uniform.
- **Children on subsidy as of June 2013**
14,901 children, with an average cost of \$336.67 per child per month.
- **Are public child welfare adoption workers expected to provide post-adoption services?**
There are mixed expectations across the state, as some areas do not have adoption-specific staff. In these cases, A/C and FCS staff provide services to families. In other areas adoption subsidy workers provide post-adoption services as well as managing the subsidy.

II. Post-Adoption Services Funded by the State for Adoptive Families

Post-adoption services are administered through the Department of Social Services, Children's Division, as well as adoptive family organizations. Some adoption support and preservation services are provided by Adoption Resource Centers in several areas of the state, including the following:

- Support Groups for Parents and Youth
- Parent Training
- Respite Care
- Educational Services
- Case-Based Intervention
- Trauma-Based Training for Mental Health Professionals and Case Workers
- 24/7 Crisis Intervention

The Eastern ARC, contracted with the Foster and Adoptive Care Coalition in St. Louis, and the Western ARC, contracted with the Missouri Foster Care and Adoption Association in Kansas City, have operated since 2006. Two new ones are starting in Springfield and Jefferson City in 2013. More information can be found on their websites: Foster and Adoptive Care Coalition: <http://www.foster-adopt.org>; Missouri Foster Care and Adoption Association: www.mfcaa.org; Family Matters Resource Center: www.familymatterscares.org; and Central Missouri Foster Care and Adoption Association: www.ccfosteradopt.com.

Information and Referral

Families are notified about available services, supports and resources through newsletters and email blasts from the Foster and Adoption Coalition and Midwest Foster Care and Adoption Association, as well as through the Facebook pages and websites listed in the above links. Other referrals come from case managers, adoption subsidy workers, court personnel, therapists and school counselors.

Educational Programs or Materials

There are at least three annual educational conferences for parents and providers, as well as additional ongoing training from the Foster and Adoption Coalition and Midwest Foster Care and Adoption Association. The agencies provide training that is cutting-edge and relevant to building families' skills.

Support Programs

Adult youth and teen support groups are held throughout the state, hosted by Foster and Adoption Coalition and Midwest Foster Care and Adoption Association, as well as the two new recognized Adoption Resource Centers.

Therapeutic Interventions

Public mental health services for children are administered through the Missouri HealthNet Division and include the following examples: inpatient and outpatient hospital care, respite, prescription drugs, community psychiatric rehabilitation, comprehensive substance treatment and rehabilitation (C-Star), physician services, psychological counseling and case management. For children in DSS Children's Division custody in out of home placement, Children's Treatment Services include the following: day treatment, evaluation and diagnosis, family residential treatment, family therapy, group counseling, individual counseling, respite care and resource coordination. Medicaid coverage is secondary to any private insurance of the adoptive family.

Missouri offers what are known as Special Services. Funding may be used for the family or child and only when no other resources are available to meet the identified need. Costs may be on a one-time or ongoing basis and include: treatment or rehabilitative services (including day care and respite care), residential treatment services, and medical or dental services not covered under Medicaid. Prior authorization, professional documentation of need and a listing of the need for Special Services in the adoption assistance agreement are required for eligibility.

Missouri also offers what are known as Time-Limited Services. Funding is intended to meet short- or long-term diagnostic and treatment needs. Parents must use private insurance as primary coverage whenever possible and Medicaid will serve as secondary coverage in these situations. The Division will not supplement payment made by private insurance.

Therapeutic Adoption Competency is a program developed by the Baltimore-based Center for Adoption Support and Education. The Foster & Adoptive Care Coalition provides this 78-hour, post-master's curriculum to Missouri therapists who: 1) provide counseling to pre- and post-adoption and guardianship families and 2) accept adoption subsidy Medicaid.

Crisis intervention services are provided by the ARC programs for pre- and post-adoptive/guardianship families. These services at the eastern ARC are based on the HOMEBUILDERS model; specialized staff are available 24/7 to help families with a child placed through foster care, age 3-19 who are in crisis and concerned for risk of out-of-home placements. Service statistics from this program indicate that 90 percent of children served through the program remain with their adoptive families.

Advocacy

The ARCS provide case-based advocacy services to families. For example, through Foster and Adoption Coalition 217 families/children received these advocacy services, and Educational Specialists help with School Enrollment, Special education services, IEP's, suspensions, school transitions and other educational services. Also available are ongoing youth, administrative, legislative, legal and educational advocacy through the Midwest Foster Care and Adoption Association, CMFCAA and Family Matters.

Respite

Regular respite events are hosted by the Foster & Adoptive Care Coalition and the Midwest Foster Care and Adoption Association, as well as trained respite providers for individual respite, through CMFCAA and Family Matters.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
Through the adoption assistance agreement, residential is an available service. To obtain this, a family would make a request through the subsidy worker and assessment through Children’s Division Residential Care Screening Team (RCST) in the same manner as a youth in foster care would be screened.
- **If yes, what is required to obtain this?**
Required documentation from professionals involved with the youth to complete the assessment through the RCST.
- **Does the child have to re-enter state custody?**
No.

Other Services:

Food pantry, clothes closet, back-to-school and holiday gifts.

III. Qualifications for Post-Adoption Services

- A. What are the eligibility criteria for receiving services?**
Children adopted from the Missouri foster care system are eligible.
- B. Under what circumstances, if any, are these services provided to children who were not adopted through Missouri’s Department of Social Services?**
IV-E eligible children adopted from other states by Missouri families or children with special needs who are eligible for SSI and adopted within Missouri.

IV. Support for Post-Adoption Services

- A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?**
\$450,000.
- B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)**

- _____ Title IV-B, Part 1, Child Welfare Services
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families for “Adoption Support & Promotion”
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- 1 Adoption Incentive Funds
- _____ Early Periodic Screening and Diagnostic Testing
- _____ Title XX, Social Services Block Grant (SSBG)
- _____ Title IV-A, TANFF

_____ Federal grants such as Adoption Opportunities
_____ Other federal funds-specify: _____
2 _____ State child welfare funds
_____ Other state funds-specify: _____

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:

Funding amounts are included in the budget bill:

453.102: Family services are required to inform adoptive parents of post-placement services, when – nature of services – family services to assist in cases of adoptive placement.

1. After an adoptive placement has been made, the division of family services or other child-placing agency shall inform the parents of post-placement services available to them and the child. Such services may include aiding the family in contacting adoptive family support groups, providing family counseling, periodic visitation by the agency and any other resources or services that would assist the family and child in adjusting to the adoption.
2. In the event that an adoptive placement or a final adoption is disrupted, resulting in the removal of the child from the home of the adoptive parents, the division of family services or other child-placing agency shall assist the parents and the child by providing or arranging contact with support groups, counseling or any other service deemed necessary to aid the family and the child in adjusting to the removal.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

No.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models:

Each of the Missouri centers is committed to providing post-adoption services to families as a whole as well as to parents and youth individually. The Adoption Resource Centers are independent 501(c) (3) organizations and are responsible for community-based fundraising to fulfill their budgets. State funding is not their sole source of funding.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years:

None noted.

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number:

Lori Ross at MFCAA

Deanna Alonso at CMFCAA

Melanie Scheetz at FACC

Melinda Nicholson at Family Matters

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

Legislative presentations providing information regarding disruptions avoided through post-adoption services, number of families served and number of youth served have been the most effective.

MONTANA

RESPONDENT: Michael Gagnon, Adoption Negotiations Program Manager
Department of Public Health and Human Services, Division of Child and Family Services

I. General Information (Background on State Service System)

- **County-based vs. statewide system**
Montana is a statewide system.
- **Uniformity of services across the state**
Montana is a very rural state (the total state population is about 1 million people), and any services are clustered around the cities.
- **Children on subsidy as of June 2013**
Approximately 2,500.
- **Are public child welfare adoption workers expected to provide post-adoption services?**
Yes. Adoptive families often ask either the permanency planning specialists or Mr. Gagnon about services, and these individuals provide what information they have.

II. Post-Adoption Services Funded by the State for Adoptive Families

Specialized post-adoption services generally are not administered or funded through the Division of Child and Family Services. Permanency Planning Specialists in each region refer families to agencies, therapists, mentoring programs, support groups or respite resources provided under other auspices.

Information and Referral

Post-adoption services requests are handled by the subsidy administrator or the regional Permanency Planning Specialist, who will assess the situation and work with the family to find needed resources.

Educational Programs or Materials

Montana adoptive families have access to books and videos in the resource parent library in each regional office. There are no formal training programs for adoptive families.

Support Programs

There are several adoption support groups in more populated areas of the state, but these are with private agencies and not state-funded. Some DCFS offices have support groups led by DCFS Family Resource Specialists for foster and adoptive families.

Therapeutic Interventions

Safe and Stable Families funds are distributed to each region and may be used to stabilize or maintain an adoptive placement at risk of disruption or dissolution. The regional Permanency Planning Specialist would seek Regional Administrator approval for use of these funds, which typically fund uncovered portions of residential treatment.

Advocacy

No special programs.

Respite

The adoption assistance program does not cover respite care in general; however, parents might negotiate a higher rate if the child has specialized needs that require respite.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
The primary source for funding residential treatment is through Medicaid.
- **If yes, what is required to obtain this?**
For Medicaid coverage of licensed inpatient treatment, the child must be screened and approved for admission prior to treatment, and the length of time is limited to what is medically necessary.

Safe and Stable Families funds are distributed to the regional offices and may be requested to assist an adoptive family with room and board costs for a time-limited period of out-of-home placement when necessary to assist with stabilizing or maintaining an adoptive placement at risk of disruption or dissolution. The family must commit to participate in family therapy and visits with the child during placement, and the adoption subsidy is applied toward the cost of treatment, as are any additional funds for which the child is eligible (Medicaid, SSI or SSB, etc.). Medicaid funds the treatment portion of the cost, but not room and board. The subsidy administrator will renegotiate the subsidy rate to the highest specialized rate and Safe and Stable Families funds are used to cover the remaining cost.

- **Does the child have to re-enter state custody?**
No.

III. Qualifications for Post-Adoption Services

- A. **What are the eligibility criteria for receiving services?**
The child is adopted from Montana DCFS.
- B. **Under what circumstances, if any, are these services provided to children who were not adopted through DCFS?**
None noted.

IV. Support for Post-Adoption Services

- A. **What is the total annual budget for post-adoption services (excluding Adoption Assistance)?**
This information is not available.
- B. **What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)**

- _____ Title IV-B, Part 1, Child Welfare Services
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families for "Adoption Support & Promotion"
- 1 _____
- 1 _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- _____ Adoption Incentive Funds
- _____ Early Periodic Screening and Diagnostic Testing
- _____ Title XX, Social Services Block Grant (SSBG)
- _____ Title IV-A, TANFF

_____ **Federal grants such as Adoption Opportunities**
_____ **Other federal funds-specify:** _____
_____ **State child welfare funds**
_____ **Other state funds-specify:** _____

C. Which, if any, of these services is legally stipulated in state law?

None.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

There have been no cutbacks in subsidies. They have increased.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models:

None noted.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years:

None noted.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

DCFS keeps a lot of data and uses this to go to the legislature and describe the needs.

VII. Does your state track adoption disruptions or post-adoption instability?

DCFS is starting to track these, but does not yet have good information.

NEBRASKA

RESPONDENT: Cortney Schlueter, Program Director
Right Turn, Inc.

I. General Information (background on state service system)

- **County-based vs. statewide system**

Nebraska has a statewide system.

- **Uniformity of services across the state, etc.**

Right Turn offers six core services to all eligible families across the state: Permanency Support Services, Respite Care Connections, Parent2Parent Network, Mental Health Connections, Training, and Support Groups and Family Activities.

Eligible families are those who adopted or took guardianship of a child age 18 or younger, who was a ward of the State of Nebraska prior to the adoption or guardianship and there is a valid subsidy agreement.

- **Children on subsidy as of June 2013**

Information not available.

- **Are public child welfare adoption workers expected to provide post-adoption services?**

Right Turn provides all post-adoption services to eligible families. In Douglas and Sarpy Counties, Nebraska Families Collaborative is responsible for providing one year of after-care services for adoptive and guardianship families. Families are eligible for Right Turn following this first year.

II. Post-Adoption Services Funded by the State for Adoptive Families

Post-adoption services in Nebraska are administered by the Nebraska Department of Health & Human Services (DHHS) Policy Section-Child Welfare Unit through contracted agencies and parent organizations. Services include the following examples:

- Information and referral
- Family-centered support services
- Adoption searches
- Educational programs and materials
- Support groups
- Talk Adopt (Internet chat room) is available through a service contracted through the University of Nebraska-Lincoln, Center on Children, Families, and the Law (CCFL): <http://ccfl.unl.edu/>.

Nebraska Department of Health and Human Services contracted with two well-respected and well-established agencies in Nebraska, Lutheran Family Services of Nebraska and Nebraska Children's Home Society, which joined together to create Right Turn. Right Turn provides post-adoption and post-guardianship support services. For more information or to access services visit www.RightTurnNE.org.

Right Turn was established in 2009 in response to the post-adoption and guardianship issues that arose from Nebraska's original safe haven law. Intended to protect abandoned infants from being left in unsafe situations, Nebraska's original safe haven law allowed children up to age 18 to be left at safe sites without prosecution of the parent(s). Of the children dropped off at safe sites across Nebraska, 75 percent were formerly in Nebraska's foster care system and in adoptive or guardianship homes. Safe haven made it clear

that many adoptive and guardianship families were struggling, frustrated and facing difficult challenges with their children. They did not know where to turn for help.

Designed to be a referral service for post-adoptive and guardianship families, Right Turn quickly learned that families needed more. In response, their six core services were developed and have evolved to include: Permanency Support Services (case management support), Respite Care Connections, Parent2Parent Network (peer mentoring), Mental Health Connections, Training, and Support Groups and Family Activities.

Information and Referral

Parents and professionals can contact Right Turn at any time to seek information and referrals.

Educational Programs or Materials

Right Turn offers continuing education opportunities across the state for families and professionals to acquire and expand their knowledge of best practices in adoption, guardianship, and parenting. Right Turn's extensive training network includes adoption- and guardianship-specific information, as well as the many related topics that often affect adoptive and guardianship families: mental health, fetal alcohol spectrum disorders, attachment, trauma and loss, child development and many more.

The Training for Adoption Competency curriculum developed by the Center for Adoption Support and Education is being offered by Right Turn. In addition, Nebraska has a contract with the Nebraska Foster and Adoptive Parent Association, which has an annual adoption conference and three foster parent conferences each year at which adoption information is presented.

Support Programs

Right Turn currently offers support groups in Omaha, Lincoln, Kearney and Grand Island. Throughout the year, Right Turn hosts family activities to promote informal connections between members of Nebraska's adoption community. The Parent2Parent Network is a service of Right Turn, matching experienced adoptive or guardianship parents with other adoptive and guardianship parents to offer peer support, guidance, resources and friendship. Each family served by Right Turn is offered a mentor when their case is opened. The mentor is another parent who has worked with Nebraska's behavioral health system.

Therapeutic Interventions

Right Turn offers Permanency Support Services in which a staff member works one on one with family members to develop an individual success plan. Services are not limited to but may include: crisis management, advocacy, mental health connections, education/school support, Wellness Recovery Action Plans (WRAP), assistance with behavior management, adoption specific support and education, referral to other community resources, and a program of intervention – A Step Further: Improving Family Relationships through Support and Intervention after Trauma and Loss. A Step Further is a curriculum that takes what we know about attachment, brain development, trauma and loss, and healing and puts it into practice. Parents become part of the healing process for their children and begin to understand their child's behavior, mental health needs, and challenges differently. For a more detailed description of this program, see: <http://www.rightturnne.org/training/further.html>.

In addition, adoptive families may access public mental health services for children, administered by the Nebraska Department of Health and Human Services (DHHS), including: outpatient mental health and substance abuse treatment services, including evaluation, group/ family psychotherapy; individual/ group/family substance abuse counseling, family assessment, mental/home health and personal care services, intensive family preservation services, medication checks, and crisis intervention services.

Mental health and substance abuse day treatment services are also provided. These services are part of a continuum of care designed to prevent hospitalization or to facilitate the return of the client to functioning

within the community with less frequent contact with mental health or substance abuse professionals. Services also include: treatment foster care services, treatment group home services, residential treatment services for children/adolescents, inpatient mental health services, and inpatient mental health services for clients age twenty or younger in Institutions for Mental Disease (IMDs).

Medicaid is administered by Magellan, Nebraska's managed care contractor. Length of care is determined by Magellan and is based on a child's need.

Advocacy

The Permanency Support Specialists at Right Turn provide advocacy, as needed, to link families with community services. Mentors also support adoptive families in an advocacy capacity.

Respite

Many private organizations offer a variety of respite options. Right Turn assists families in locating informal and formal respite care resources. Whenever possible, Right Turn helps families to identify people already part of their lives who are willing and able to provide respite. Sometimes there are additional challenges in identifying informal respite care providers when children have experienced significant trauma and loss. In those situations, Right Turn can connect families to more formal respite services and can provide limited financial assistance in paying for respite services.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**

Nebraska offers what is known as Payment for Pre-Existing Medical Conditions. Funding is available to adoptive parents for medical or mental health services not available through any other program or benefit. In-patient psychiatric and residential treatment care is covered in some cases.

- **If yes, what is required to obtain this?**

Eligible adoptive parents must exhaust all other resources before this funding is available, including their own private insurance. The need for services must be listed in the adoption assistance agreement and conditions cannot be added after adoption finalization. However, conditions can be changed if the child's original diagnosis was incorrect. These services require prior authorization before treatment and coverage is for up to 18 months of care. Length of care is determined by Magellan and is based on a child's need.

- **Does the child have to re-enter state custody?**

No information.

Other Services

In addition to funding medical and mental health services, Nebraska's program, Payment for Pre-Existing Medical Conditions, is available to adoptive parents for some services not available through any other program or benefit. Examples include basic life skills training, inpatient hospitalization, and medications.

Nebraska also offers a Special Service Subsidy. Funds are allocated on a one-time basis for a specific service or item for a specified period of time. Services or items must relate to the child's special needs as indicated in the original adoption assistance agreement and are only available if no other program or resource exists to meet the child's need. These services must be connected to the special need indicated on the original subsidy agreement. Examples of services and items include: adoptive parent training, specially designed furniture, house modifications designed to accommodate a child's particular special need, and transportation expenses necessary for a child to receive medical services for a condition in existence prior to adoption finalization. The specific modification and the estimated cost must be included in the original

adoption assistance agreement and approved by the Central Office adoption specialist prior to the adoption finalization.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

Whether living in or outside of Nebraska, a family is eligible for services if:

- The child is 18 or younger
- The child was in the custody of the Nebraska Department of Health and Human Services (NDHHS) just prior to the finalization of the adoption or guardianship
- There is a valid subsidy agreement with NDHHS.

All adoption assistance services end in Nebraska once a child reaches 19 years of age.

B. Under what circumstances, if any, are these services provided to children who were not adopted through Nebraska’s Department of Children’s Services?

Right Turn is committed to building a supportive network for Nebraska’s adoption community and welcomes contact with any person who has an adoption-related question or concern. All parents and professionals connected to or interested in adoption are welcome to sign up to receive a monthly newsletter. Any adoptive or guardianship parent is welcome to attend support groups. Trainings and workshops are also open to interested professionals and ineligible adoptive parents for a small fee.

IV. Support for Post-Adoption Services

No information provided.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

See the evaluation report from Hornby Zeller Associates:

http://dhhs.ne.gov/behavioral_health/Documents/HZA-FY12-Evaluation-Report-Final.pdf.

A 30-month evaluation of the Right Turn program was completed in October 2012 on services to 746 children in 391 families. The most common goals were to manage the child’s behavioral issues and to develop informal supports. The original program design required a 90-day timeframe. In the first 18 months, less than 1/3 of cases closed in that time period, and the program established a protocol to reopen a case for a second 90-day period and began the A Step Further program, which can serve families wanting to make positive changes in their parenting approach for an extended period of time.

The evaluation reports: “Among 245 closed cases randomly selected for review, over 90 percent have resulted in families accessing all the needed services and meeting the goals of their case plans. Few children were living outside the home at the time of case closure and even among those, many were living with other relatives rather than in state care. To date, only 18 of the 746 (2.4%) children served by Right Turn have become temporary state wards and only two of those children (.3%) have experienced adoption dissolution.”

Among the 18 cases where the child re-entered state custody, all children were at least 12 years old, and the files indicated that the issues had developed over time and reached a point where they had become unmanageable for the family. In 11 cases, families had identified services they wanted but could not obtain. Two of these were tracker services for chronic running and in another four cases the family wanted residential treatment but was unable to get the service, either because Magellan did not authorize it or because the child’s behaviors were too severe to meet the criteria

for admittance. “Aside from the two cases in which the children were made state wards solely to access tracker services, these cases represent an extreme group.”

Overall families who had services with Right Turn reported positive experiences, and the majority felt able to keep their families intact. The evaluators also reported, “Despite the majority of families being pleased with the services that Right Turn provided, many pointed out that their situation had not greatly improved because the services they desired were either not available or not accessible. Several families were seeking respite for their children and were unable to find it, particularly when the child had special needs. A few other families reported that although the family physician or therapist recommended an evaluation and residential treatment, the service was not authorized for Medicaid reimbursement by Magellan.”

NEVADA

RESPONDENTS: Moirhian Martin/Jan Fragale
Adoption Specialist/Social Service Chief of Adoption [& other programs]
Nevada Department of Health and Human Services
Division of Child and Family Services

I. General Information (Background on State Service System)

- **County-based vs. statewide system**
Nevada's system is a combination of both: In Washoe and Clark counties, which have the largest urban centers and population, post-adoption services are county-administered with state oversight. In the remaining, more rural counties, services are completely state-administered.
- **Uniformity of services across the state**
Although state policy is uniform, accessibility of services varies considerably across the state. Service options are most widely available near urban centers and less consistently in rural areas.
- **Children on subsidy as of June 2013**
As of June 30, 2013, there were 5,096 children receiving Nevada's adoption assistance subsidy.
- **Are public child welfare adoption workers expected to provide post-adoption services?**
The only role of state adoption assistance personnel apart from handling issues related to the subsidy is referring families who call with questions and problems to the specific service provider(s) nearest them. The state contracts with private agencies and therapists in the community who deliver mainly mental health services to families after adoption.

II. Post-Adoption Services Funded by the State for Adoptive Families

Information and Referral

State workers provide information and referral to various contract agencies and private therapists in the community.

Educational Programs or Materials

No post-adoption educational programs or materials are offered through the state's central office or county offices—only through individual contract agencies and/or private practitioners.

Support Programs

No post-adoption support groups or other programs are offered directly through the state; however, the Sierra Association of Foster Parents (one of the groups that contracts with the state) offers support groups, which include adoptive parents who may be interested in participating.

Therapeutic Interventions

Therapeutic services are offered to post-adoptive families only through the contract agencies and private clinicians in various communities throughout the state. These services are paid for through Medicaid and/or private insurance.

Advocacy

Adoption Assistance workers help families find the services they need after adoption, but direct advocacy (e.g., educational advocacy) by state workers is not provided.

Respite

Families in need of respite for the first time generally call their adoption assistance worker who then refers them to contract service providers. A separate program provides respite services to children who have been identified as medically fragile.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
Medicaid is the funding source for residential treatment.
- **If yes, what is required to obtain this?**
Families needing residential treatment for the first time call their adoption assistance worker, who refers them to the appropriate facility. Families who need residential treatment more than once generally go directly to the facility itself, unless they want to identify a new resource.
- **Does the child have to re-enter state custody?**
No.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

Families desiring post-adoption services simply call their adoption assistance worker for information and referral. As stated earlier, services are paid for through Medicaid and/or private insurance. The child must meet the Federal IV-E guidelines to receive subsidy. If they do not, some state subsidy funds are available for any child adopted from foster care.

B. Under what circumstances, if any, are these services provided to children who were not adopted through the state system?

Families of these children receive information and referral services only.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?
\$136,000.

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- _____ Title IV-B, Part 1, Child Welfare Services
- 1 Title IV-B, Part 2, Promoting Safe and Stable Families for "Adoption Support & Promotion"
- 3 Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- 2 Adoption Incentive Funds
- _____ Early Periodic Screening and Diagnostic Testing
- _____ Title XX, Social Services Block Grant (SSBG)
- _____ Title IV-A, TANFF
- _____ Federal grants such as Adoption Opportunities
- _____ Other federal funds-specify: _____
- _____ State child welfare funds
- _____ Other state funds-specify: _____

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:

No post-adoption services are stipulated in Nevada state law.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

Subsidies have increased during the past 10 years as the number of completed adoptions has increased. Nevada has experienced no state cutbacks in post-adoption services during this time.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

Not related to post-adoption services at this time.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

The state has just begun a point-in-time project of looking at numbers in general and the individual cases of previously adopted children who return to state custody. In looking at possible contributing factors, the goal is to determine which service needs were not met in order to identify the services that Nevada families need most going forward. This data will then drive service programming.

VII. Research on tracking post-adoption instability: Does your state track adoption dissolutions and/or adoption disruptions?

The state is just beginning to track and examine cases of adoption instability. No statistics are available at this time.

NEW HAMPSHIRE

RESPONDENT: Catherine Meister, Adoption Supervisor
NH Department of Health & Human Resources, Division for Children, Youth & Families

I. General Information (Background on State Service System)

- **County-based vs. statewide system**

New Hampshire is a statewide system with 11 offices and one telework office that incorporates juvenile justice and child protection services.

- **Uniformity of services across the state**

All of the state's offices adhere to the same practice model.

- **Children on subsidy as of June 2013**

Medicaid plus subsidy: 1,041 (approximate); Medicaid only 427 (approximate).

- **Are public child welfare adoption workers expected to provide post-adoption services?**

Certain state workers provide some post-adoption services (see below for specifics), and a number of agencies provide vendor services. Agencies are certified to provide certain services, and policy dictates what those services will include. Agencies are paid to provide the specific service for a specified period of time.

II. Post-Adoption Services Funded by the State for Adoptive Families

Information and Referral

Calls regarding post-adoption service needs generally come to the adoption supervisor, who either responds directly or assigns the family to one of five post-adoption workers for follow-up.

Educational Programs or Materials

The state partners with Granite State College to provide ongoing training for caregivers (foster and pre/post-adoptive parents), both online and in person. When families begin foster/adoptive parent training, they receive a packet of information and resources to which they can refer throughout their parenting experience.

Support Programs

Currently the state offers only one support group specifically for adoptive families, but the plan is to expand this service. There are approximately 10 Foster/Adoptive/Relative CareGiver support groups offered by the New Hampshire Foster and Adoptive Parent Association (NHFAPA) around the state, many co-facilitated by representatives from NHFAPA and the state. These groups are open to foster, adoptive parents and relative caregivers.

Therapeutic Interventions

New Hampshire has five post-adoption workers who specifically work with adoptive families. These workers may provide case management and home-based support, and may authorize services to be provided by a vendor agency, with the assigned state worker remaining involved with the case plan and continuing to provide case management services.

Advocacy

State workers frequently help families advocate for services by going with them to school meetings, team meetings with other agencies, and so forth.

Respite

The state will pay a licensed foster family for respite up to 30 days per year per adoptive family. Natural connections between parents are encouraged, as licensed foster parents are not always available. Adoption incentive funds may be used to reimburse adoptive families for respite, subject to the availability of funds.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
Yes, provided this treatment is court-ordered (through an abuse, neglect, delinquency or CHINS case). In neglect/abuse cases, the parents will be liable for expenses if they are found to be the perpetrators of the abuse/neglect. Acute care (in-patient psychiatric hospitalization) is paid for through Medicaid.
- **If yes, what is required to obtain this?**
A court order is required to obtain residential placement; Medicaid eligibility is required for acute psychiatric hospitalization.
- **Does the child have to re-enter state custody?**
Children who are placed by the court in an open case do enter state custody but may remain in the guardianship of the parent(s).

Search Services

State child protective service workers (CPSWs) assist adoptees and birth families with search and reunion activities. If the adoption was state-facilitated, the worker will review the record and provide non-identifying information. If the individual is seeking identifying information, the worker will assist with the court process needed to get information released. In some cases, workers will facilitate contact between mutually consenting parties.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

In order to receive adoption assistance and any of the direct post-adoption services, the child must have been adopted through the state of New Hampshire.

B. Under what circumstances, if any, are these services provided to children who were not adopted through the state system?

Residential treatment may be court-ordered for any adopted child, but families are responsible for parental reimbursement for services and placements that are ordered. Parents whose children were adopted through the department are waived of this liability by state statute. State workers will provide information and referral to any adoptive family who calls. NHFAPA support groups are open to families who adopted privately or internationally, and although search and reunion services are not ordinarily provided for private adoptions, state workers will at least get the searcher started in the right direction.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?

Unable to provide; data are not compiled specifically for post-adoption services.

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- | | |
|---|--|
| 4 | Title IV-B, Part 1, Child Welfare Services |
| 1 | Title IV-B, Part 2, Promoting Safe and Stable Families for "Adoption Support & Promotion" |
| 2 | Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption |
| 3 | Adoption Incentive Funds |
| | Early Periodic Screening and Diagnostic Testing |
| | Title XX, Social Services Block Grant (SSBG) |
| | Title IV-A, TANFF |
| | Federal grants such as Adoption Opportunities |
| | Other federal funds-specify: _____ |
| 3 | State child welfare funds |
| | Other state funds-specify: _____ |

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:

State law mandates that the department must provide families who adopted through the state with non-identifying information upon request. State law stipulates:

"For the adoptive parent or prospective adoptive parent of a child in the custody of the state whose birth parents have consented to the adoption, relinquished their parental rights to the department, or the parental rights of whose birth parents were terminated pursuant to a petition brought by the department, authorized agency, or foster parent, pursuant to RSA 170-C:4, the state shall waive its right of action against such adoptive parent or prospective adoptive parent for the expenses of services, placements, and programs provided pursuant to RSA 169-B, 169-C, or 169-D after the adoption." This is not applicable if the adoptive parent is found to be the perpetrator of abuse/neglect.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

The provision of post-adoption services has increased during this period, but adoption subsidy financial assistance (except Medicaid) has decreased. This is due primarily to the state's desire to provide assistance that more specifically meets the special needs of the child.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A single practice model has been adopted for all child welfare practice in New Hampshire.

A. Please describe practice models:

In 2011, New Hampshire established a Practice Model for the Division for Children, Youth and Families and the Division for Juvenile Justice Services. It is based on four supportive theories (family development, solution-focused, restorative justice, and parallel process) and a set of beliefs and guiding principles. For more information on the model see a fact sheet at: <http://www.nrcoi.org/telefiles/092913tele/Practice%20Model%20Fact%20Sheet.pdf>

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years:

Not specifically related to post-adoption services.

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number:

Sherry Levesque, Administrator of the Bureau of Organizational Learning and Quality Improvement, at 603-271-4229.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

The Leadership of NHDCYF and the director of DCYF have been major proponents of post-adoption services and have advocated for such services in New Hampshire. The DCYF Director supported the creation of a post-adoption services unit to meet the needs of families.

VII. Research on tracking post-adoption instability

New Hampshire does not yet have an effective system of tracking these cases; however, it is a goal of the department to implement such a system.

NEW JERSEY

RESPONDENT: Betty Berzin, Assistant Director - Adoption Program Director
New Jersey Department of Children & Families, Division of Child Protection & Permanency

I. General Information (Background on State Service System)

- **County-based vs. statewide system**

New Jersey's system is state-administered and state-supervised program. Adoption services are delivered through 46 local offices covering the 21 counties in New Jersey.

- **Uniformity of services across the state**

The state adoption program is licensed and therefore must meet certain standard adoption agency regulations. Services are fairly uniform. Although policy comes out of Central Office Adoption Operations, the practice occurs locally. There is ongoing and regular oversight and consultation provided to the field by central office staff in order to maintain the integrity of the program. Post-adoption services are delivered through Post-Adoption Counseling Services (PACS) contracts with 12 private agencies throughout the state. The services provided include a group of core services as stated section by section below. These services are funded by the state and are offered free of charge to the families. PACS agencies in some areas may offer additional services, but all the agencies are obligated to offer at least the core services.

- **Children on subsidy as of June 30, 2013**

At the end of June 2013, 13,875 children were receiving adoption subsidy in New Jersey.

- **Are public child welfare adoption workers expected to provide post-adoption services?**

New Jersey's Central Office Adoption Operations houses the Adoption Subsidy program. These adoption subsidy workers primarily handle any fiscal issues involved with the adoption subsidy. At times they are able to assist adoptive families with limited emergency funds or referral information. The therapeutic post-adoption services are provided by the 12 private agencies which have PACS contracts with the state. These private agencies are located throughout the state covering various counties. Post-adoption services are primarily accessed by self-referral.

II. Post-Adoption Services Funded by the State for Adoptive Families

Information and Referral

These services are offered to all families with legally adopted children, regardless of the placement source. Even before adoption and upon legalization, families adopting from the state child welfare agency receive information to familiarize them with the array of available community and state services. The state-funded New Jersey Adoption Resource Clearing House (NJARCH) is a source for current information for professionals and parents on all things adoption-related, including support groups, conferences, workshops and recreational events, therapeutic services and providers, etc. NJARCH also operates a warm line and a lending library. For more information, see: <http://www.njarch.org/>.

Educational Programs or Materials

In addition to the educational materials and programs publicized through NJARCH, the state has begun to provide cross-training to the state's Children's System of Care on adoption issues, and it funds the 45-hour Adoption Clinical Certificate program through the community providers to increase the number of adoption-competent therapists in the state. Local Family Success Centers, which are state funded and

operated by parent-run boards, also offer trainings in a wide variety of topics of interest and assistance to any family.

Support Programs

A core component of service provided by the PACS agencies is support groups for parents and for youth. In addition, the state has begun to schedule “Meet & Greet” events in several areas for families who have adopted to re-familiarize them with available services and the staff who provide them as well as to connect these families with other adoptive families in their area. Also, Family Success Centers provide supportive services, including support groups, to any local family.

Therapeutic Interventions

The major service that all PACS agencies provide is in-home family stabilization, assessment and counseling. PACS clinicians working with families must hold an Adoption Clinical Certificate. All services are provided free of charge and are attachment-based, family-focused therapeutic interventions. Over the years, these interventions have expanded to incorporate a trauma-focused approach. A family may work with their agency for six to nine months at a time, off-and-on as needed, until the child reaches the age of 21. PACS counseling is not a substitute for intense crisis work, psychiatric care, medication management or long-term mental health treatment.

Advocacy

PACS providers generally support adoptive families in educational advocacy for their child. There also are a number of private organizations made up of individuals who also provide support, advocacy and educational opportunities to adoptive families throughout the state. One such group is the “Concerned Persons for Adoption” which sponsors a major adoption conference each year that is open to individuals, families, educators and other professionals in the adoption field.

Respite

Respite is not available through the Department’s post-adoption service program. Some private agencies may provide some respite.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
Residential care is not covered through the subsidy. Adoptive families use the toll free number as the single entry point into the Children’s System of Care, just as any family needing mental health services would. Screening and referral are done through this system.
- **If yes, what is required to obtain this?**
Please see above.
- **Does the child have to re-enter state custody?**
No.

Search Services

The Department’s centralized Office of Adoption Operations houses the Adoption Registry. The Registry is made up of three staff who are able to provide limited search information to adult adoptees or adoptive parents on behalf of their minor children; in a few cases, staff may facilitate reunions.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

Services are available to any adoptive family in New Jersey.

- B. Under what circumstances, if any, are these services provided to children who were not adopted through the state system?**
Services are available to any adoptive family in the state.

IV. Support for Post-Adoption Services

- A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?**
Approximately \$3,850,000.
- B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)**

- _____ Title IV-B, Part 1, Child Welfare Services
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families for "Adoption Support & Promotion"
- 2** _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- _____ Adoption Incentive Funds
- _____ Early Periodic Screening and Diagnostic Testing
- _____ Title XX, Social Services Block Grant (SSBG)
- _____ Title IV-A, TANFF
- _____ Federal grants such as Adoption Opportunities
- _____ Other federal funds-specify: _____
- 1** _____ State child welfare funds
- _____ Other state funds-specify: _____

- C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:**
None of the services are mandated by law.
- D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:**
Adoption subsidies have received cost-of-living increases; no additional funds or cost-of-living increases have been added to the PACS contracts in a number of years.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

- A. Please describe practice models:**
As a model, Post-Adoption Counseling Services (PACS) are devoted to three core services: (1) in-home therapeutic services for adoptive families, (2) child therapy and family counseling, and (3) behavioral supports to adoptive families. Given their special expertise, PAC clinicians recognize that adequate support is especially critical in special needs adoption where the challenges faced by families can be both immediate and intense. Therapeutic service is geared to normalizing the adoption experience, decreasing family isolation by creating opportunities to connect with others in similar circumstances, and helping adoptive families increase parent-child attachment. The availability of episodic adoption-competent clinical services delivered in families' homes through age 21 (18 for guardianship) through the public-private contract system has been working well for many years. Normalizing the need for assistance throughout the adoption journey encourages early intervention, which clearly promotes permanency; and the state mission of increasing the adoption competency of state mental health and other

workers as well as private practitioners can only help adoptive families as they interact with community resources in times of need.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years:

Not at this time.

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number:

Contact Betty Berzin, Adoption Program Director, at 609-888-7460.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

New Jersey has a long history of recognizing and supporting the unique needs of adoptive families. During the Adoption Program Director's current tenure, she has been able to continue the legacy of responding to the needs of adoptive families through its model system of service delivery and move it forward, thanks in large part to the support and commitment of the Department and Division's administration, as well as ongoing advocacy on the part of New Jersey adoptive families themselves.

VII. Research on tracking post-adoption instability:

None.

NEW MEXICO

RESPONDENT: Rosaisela Burciaga, Foster Care & Adoptions Bureau Chief
New Mexico Children, Youth & Families Protective Services Division

I. General Information (Background on State Service System)

- **County-based vs. statewide system**
The Children, Youth & Families Department, Protective Services Division, is a statewide system that is centralized in Santa Fe with workers based in each of the 32 counties.
- **Uniformity of services across the state**
For the most part, services are provided uniformly throughout the state.
- **Children on subsidy as of June 30, 2013**
As of June 30, 2013, there were 3,688 children in New Mexico receiving adoption assistance.
- **Are public child welfare adoption workers expected to provide post-adoption services?**
Yes, they provide some of the services, depending upon the nature of the family's /child's needs. State workers most often refer families to the FIESTA (Family activities, Information, Education, Support Group, and Training for Adoptive families) Project at La Familia, a vendor agency that provides nonclinical post-adoption services for the state by contract. The FIESTA Project is completely staffed by adoptive families.

II. Post-Adoption Services Funded by the State for Adoptive Families

Information and Referral

There is no formalized system for information and referral services. When adoptive placements are made, families receive an information packet about adoption assistance, La Familia and the FIESTA Project and other pertinent information. After legalization, adoptive families may contact their subsidy manager or the Bureau Chief for information related to services, or they may contact La Familia and other community service providers directly.

Educational Programs or Materials

The state department partners with the FIESTA Project, the New Mexico Adoption Exchange, New Mexico State University, and the New Mexico Foster & Adoptive Parent Association in putting on an annual adoption conference, which provides relevant training and networking opportunities for adoptive as well as foster families and professionals. The Adoption Exchange publishes a quarterly newsletter, and NMSU is the state's training partner for foster/adoptive families. Reactive Attachment Disorder and Trauma-Informed Practice are two recent areas of training focus in the state.

Support Programs

State adoption workers organize and run monthly support groups for pre-adoptive families, which also are open to interested post-adoptive families; however, most requests for support services are referred to the FIESTA Project. The FIESTA project at LaFamilia offers many support services to adoptive families from around the state, such as family activities and support groups: <https://www.la-familia-inc.org/nm-fiesta-project.php?layer=nmfiestaprojecthome>.

Therapeutic Interventions

State workers themselves do not provide therapeutic services, with the exception of brief case management to get them through a crisis and link them to appropriate therapeutic services in the

community. Depending on the severity of the situation, the department worker may bring a team of service providers together and facilitate a Family Centered Team Meeting to help the family get the services they need. Most but not all adopted children are eligible for Medicaid. If they are not Title IV-E eligible or if the service they need is not covered by Medicare, adoptive families may request that the department pay for such services at the Medicaid rate. These requests usually are funded through child welfare funds if deemed reasonable. Community mental health agencies in New Mexico—referred to as CORE service agencies—are located throughout the state.

Advocacy

Although there is no advocacy program per se, state workers advocate for their assigned adoptive families quite often, depending on the need. Usually the issue is funding, but a family in crisis may receive direct advocacy through one of the team meetings mentioned above. Families denied requests for funding services through the adoption assistance program may go through an appeal process.

Respite

Respite is not provided for as part of adoption assistance in New Mexico. The FIESTA Project may occasionally help out in cases of great need if they have funding available.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
Residential treatment is generally funded through private insurance or Medicaid. If the child is not IV-E eligible and their adoption subsidy is state-funded, and if residential treatment cannot be covered through private insurance, the adoptive family may request funding from state child welfare funds, which may pay for up to a 30-day out-of-home placement at the Medicaid rate (through a single-case agreement).
- **If yes, what is required to obtain this?**
Residential treatment must be deemed “medically necessary” for the child in either situation (Medicaid funding or state funding at the Medicaid rate).
- **Does the child have to re-enter state custody?**
No.

Search Services

New Mexico is a closed adoption records state. The courts, however, have a number of Confidential Intermediaries who can work with families in certain circumstances. If the adoption in question was facilitated by New Mexico, the state worker can search the records and—with the appropriate releases of information—provide the adult adoptee, birthparents of an adult adoptee, siblings of an adult adoptee, or adoptive parents of a minor adoptee with non-identifying information. If the person seeking information wants more information and/or possible contact, the state worker can contact a confidential intermediary through the court to reach out to the parties and see what level of contact they might agree to. Court intermediaries also can help with adoptions that were facilitated privately.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

Currently, all child welfare adoptions are eligible for subsidy in New Mexico, provided the child meets the standard of “special needs.” If the family is not eligible under IV-E criteria, state funds are used for the subsidy, again provided the child meets the standard of “special needs.” Other child welfare adoptive families without subsidy can request assistance for specific needs and be referred to CORE service agencies.

B. Under what circumstances, if any, are these services provided to children who were not adopted through the state system?

Services through adoption assistance generally are not provided to any other type of adoptive family. Rarely, however, children adopted privately are eligible for adoption assistance if they were receiving SSI benefits prior to the filing of the petition to adopt. The services of the FIESTA Project, the Hotline, and those of other partner agencies as well as CORE service agencies are open to adoptive families regardless of how they were formed.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?
\$750,000

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- _____ **Title IV-B, Part 1, Child Welfare Services**
- _____ **Title IV-B, Part 2, Promoting Safe and Stable Families for "Adoption Support & Promotion" Home Study Contracts & Fiesta Support Contract-amount above**
- 1 _____ combined
- _____ **Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption**
- _____ **Adoption Incentive Funds**
- _____ **Early Periodic Screening and Diagnostic Testing**
- 2 _____ **Title XX, Social Services Block Grant (SSBG)**
- _____ **Title IV-A, TANFF**
- _____ **Federal grants such as Adoption Opportunities**
- _____ **Other federal funds-specify: _____**
- 2 _____ **State child welfare funds**
- _____ **Other state funds-specify: _____**

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:
8.26.2.25 section of the New Mexico Administrative Code allows for Adoption Assistance.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:
No. In fact, subsidies have increased during this period.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

The New Mexico Practice Model was undertaken in 2009 and now, in year four, is approximately 75 percent implemented. This model applies to the entire Children, Youth & Families Department, not only to post-adoption services.

A. Please describe practice models:
This practice model can be accessed at: http://cyfd.org/docs/pinon_practicemodel_102111.pdf.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years:

Not at this time.

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number:

Jason DeHerrera, Adoption Support Manager, contributed significantly to this report. He may be reached at 505-476-1046.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

The Cabinet Secretary and Administration have put forth a coordinated effort to advocate for funding of post-adoption services—and supporting families in general—as making the best use of the state’s financial and human resources. On a small scale, the Family Centered Team Meetings mentioned in Section II educate various sectors of the public about the specific needs of adoptive families.

VII. Research on tracking post-adoption instability: Does your state track adoption dissolutions (disruption after legal adoption) and/or adoption disruptions (disruption prior to legal adoption but after adoption placement is made)?

New Mexico tracks re-entry into state custody following a permanent legal termination of an adoption (this includes TPRs and the death of a parent/guardian). This falls under the term *Dissolution*. There were 15 dissolutions over the previous year. Re-entry into state care without termination of rights or death of a parent/guardian occurred for 32 additional children.

NEW YORK

RESPONDENT: Carol McCarthy, Assistant Director of Adoption Services
New York State Office of Children and Family Services

Pat O'Brien, Board President
New York State Citizens' Coalition for Children

I. General Information (Background on State Service System)

- **County-based vs. statewide system**

The state of New York provides overall administration for a county-based system through the New York State Office of Children and Family Services (OCFS). Each county provides either an adoption or permanency unit, which provides services for children to be adopted. There are "state-level" services provided by New York State Adoption Services Office (NYSAS), which are primarily focused on the adoption process, but also includes a resource listing for post-adoption services and adoption subsidy review and approval. Direct service provision is by the counties.

OCFS divides its responsibilities into two main areas: program and support. The program divisions/offices include: Division of Child Welfare and Community Services (DCWCS).

In New York City, services are administered by the Administration for Children's Services, which services all five boroughs and which comprises the largest population of children in the state.

- **Uniformity of services across the state**

OCFS operates 12 Community Multi-Services Offices (CMSOs) with four satellite offices statewide, and one Evening Reporting Center (ERC) as well as regional offices in Buffalo, Rochester, Syracuse, Albany, Spring Valley, Long Island and New York City.

There is a state plan for service provision. Counties are mandated to provide certain services, but it varies by county in actual delivery. Counties must determine the priority for services in their area; some have more limited services such as in rural areas.

- **Children on subsidy as of June 2013**

Over 35,000 children received adoption subsidies, with the majority being IV-E eligible. The majority of children are eligible for adoption subsidy, which includes Medicaid insurance. This is provided up to age 21 as long as they are receiving subsidy. If children are not IV-E eligible or on COBRA, then they may be determined to be "medically eligible" for services. In this situation, the local OCFS office reimburses the parent for services they purchased for the child at the Medicaid rate; this is a very small subset of children. If the child has a "worsening condition," then the family may come back to the state to renegotiate adoption subsidy.

New York also has a "Bridges to Health" Medicaid Waiver Program. If a child has severe issues that are identified in foster care, then after adoption the child can receive in-home services – 900 adopted children benefit from this program in New York City. This program is available for a limited number of children.

- **Are public child welfare adoption workers expected to provide post-adoption services?**

Families in need of services are directed back to the local department where the child was adopted. According to the state website, "the Office of Children and Family Services is committed to identifying connections to the services most frequently sought by adoptive families in need of

support.” The majority of service delivery is provided by assisting the family to locate and be referred to appropriate services in their community.

II. Post-Adoption Services Funded by the State for Adoptive Families

As stated above, most adoptive families are referred to services in their communities.

Information and Referral:

The Parent and Kin Connection Helpline (1-800-345-KIDS) provides information and referral services. The OCFS website lists a variety of services for “youth” and for “parents and families” which can be utilized by any family if the service meets their needs. Also, some information and referral services are provided by local OCFS offices.

Another resource is the New York State Citizen’s Coalition for Children (NYSCCC), which created an online Resource Guide on Post Adoption Services, through grant funds provided by the U.S. Children’s Bureau, New York State Office of Children and Family Services, and A Parent for Every Child Recruitment Project. The website of the NYSCCC updates this resource listing foster and adoptive family support services and therapeutic services in each county statewide at: <http://nysccc.org/map/>.

Educational Programs or Materials

NYSCCC provides a listing of trainings provided statewide by community resources on its website. The coalition sponsors an adoption conference each year, for which it receives some state funds.

Support Programs

NYSCCC maintains an online map where parents can locate support groups and services in their county: <http://nyscc.org/map/>.

Therapeutic Interventions

The state child welfare system refers and coordinates referrals for families to therapy services. Most families will seek a therapy provider who takes Medicaid, which is often difficult to find, especially in rural areas, or often the provider might take Medicaid insurance, but may not be “adoption competent.”

Advocacy

There is no state-funded post-adoption advocacy program.

Respite

There is no state-funded specialized post-adoption respite program.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
The state child welfare department does not pay for residential. It is accessible if a child qualifies through Medicaid payment.
- **If yes, what is required to obtain this?**
Parents talk to the local OCFS Department to access services. Parents also access the system of care directly through the state Mental Health system using their Medicaid insurance.
- **Does the child have to re-enter state custody?**
Children do not have to re-enter state custody in order to obtain residential services, as they are usually paid for by Medicaid. It is very rare, but could sometimes happen.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

Information and referral services are accessible to everyone through the state OCFS/adoptions website and phone number. Direct services are not available to private and International adoptive families.

B. Under what circumstances, if any, are these services provided to children who were not adopted through your state's Department of Children's Services?

If a family is in a placement disruption crisis, the Department would provide support and preservation services, as it would to any family residing in the state that is in crisis and requests assistance through their local OCFS office.

Children adopted from another state's child welfare system usually would be referred for services; in cases where direct services/supports are needed, it would depend on case specifics.

IV. Support for Post-Adoption Services

A & B: No detailed information was obtained for funding sources, other than the fact that local offices of OCFS sometimes can use prevention funds to support families in placement crisis, and TANF funds support some post-adoption services in New York City.

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:

The New York Code of Rules and regulations, within Title 18, 421 gives a definition of post-adoption services: *Post-adoption services means counseling, training parents on how to care for children with special needs, providing clinical and consultative services, and coordinating access to community supportive services for the purpose of ensuring permanence of the placement. Such services may be designed to treat problems which developed after the date of the adoption decree. Post-adoption services may extend for three years from the date of the adoption decree.*

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

The state used to fund 15 TANF post-adoption programs at just under \$5 million, but this funding ended in 2013. Now there are only two TANF-funded post-adoption programs – a Permanency Center and Comprehensive/Intensive Prevention Services, both in New York City. The NYSCCC website facilitates an advocacy program to create permanent statewide post-adoption services. It states: "Despite NYSCCC's ongoing advocacy efforts, it appears NYS has only added \$106,000 to the 2014 budget for Post Adoption Services. Unfortunately this is much less than NYS has spent in past years on post-adoption resource centers."

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models:

NY State Citizens' Coalition for Children provides support, information and advocacy for foster and adoptive families; however, these services are not state-funded.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years:

Respondent is not aware of any conducted by the state. A survey was undertaken by NYSCCC to help determine the post-adoption service needs of families in New York State in December 2009/January 2010. The final report is on the coalition's website.

<http://nysccc.org/adoption/post-adoption-services/postadoptsurvey/>

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number:

NY State Citizen's Coalition for Children: <http://nyscc.org/>.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

The respondent noted that the NY State Citizen's Coalition has provided advocacy for post-adoption services in the state of New York.

NORTH CAROLINA

RESPONDENT: Teresa Strom, Child Welfare Policy Consultant, Division of Social Services
North Carolina Department of Health and Human Services

I. General information (background on state service system)

- **County-based vs. statewide system**

The Division of Social Services is a county-based child welfare system administered through 100 counties in 11 regions of the state.

- **Uniformity of services across the state**

There is considerable variation in services across counties.

- **Children on subsidy as of June 2013**

Approximately 15,204 children and 9,500 families.

- **Are public child welfare adoption workers expected to provide post-adoption services?**

The policy manual states that post-adoption services are to be provided, including responding to questions, maintaining a list of mental health providers, Medicaid providers and respite care services and providing financial assistance information or other information. Each county determines how this is implemented. For most counties, child welfare workers offer information and referral services to families who are having problems, and adoptees searching for bio-families are referred to the confidential intermediary program.

II. Post-Adoption Services Funded by the State for Adoptive Families

North Carolina budgets \$2 million annually for post-adoption services, which is divided equally among the 11 regions, yielding \$181, 818 per region. (This allocation increased over the past decade to the current funding level established in 2011.) Through a Request for Application process, private agencies are invited to apply for grants to provide post-adoption services to one or more regions. Currently there are four agencies providing these services; one private agency serves six regions. There is an array of post-adoption services included in the contract, but agencies are not limited to these services. (The respondent is the monitor for these post-adoption contracts.) In FY 2011-12, 283 adoptive families received services through these contracted programs.

Information and Referral

Post-adoption services contractors provide this service, assessing the families' situations and referring them to services as needed, including those provided directly by the private agency.

Educational Programs or Materials

Post-adoption providers provide trainings for adoptive parents – most have two trainings each year, and some have as many as six trainings. These range from half-day trainings to a day-long conference with multiple workshops. All of the providers operate lending libraries for adoptive families.

Support Programs

Post-adoption contracted agencies have struggled somewhat with getting support groups established. Three of the four providers have succeeded with getting groups running, but the other has not been successful. The provider in the eastern part of the state had a support group run by adoptive parents prior to receiving the post-adoption contract, and it has continued to be a strong resource to parents. One provider's website lists support groups in eight cities, which include foster and adoptive parents.

Therapeutic Interventions

All of the four post-adoption programs offer some type of therapeutic counseling services. Two of them provide intensive family preservation services. The largest provider works with a statewide learning collaborative related to trauma-informed treatment and provides TF-CBT.

Advocacy

Post-adoption providers assist families with advocacy as needed, particularly in relation to helping parents navigate the educational system and find residential treatment when needed.

Respite

Post-adoption providers all offer respite services. Some use child care workers from their agencies to provide the respite; others have adoptive parents find their own providers.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**

The need for residential treatment is a mental health issue that is typically handled through a managed care organization. An adopted child would not come back into foster care unless the adoptive parents are strongly insisting on this, and it is deemed to be necessary.

- **Does the child have to re-enter state custody?**

The child welfare system would not pay for residential care unless the child re-entered state custody.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

Just that the child is adopted; the existing programs do not deny post-adoption services to other types of adoptive families.

B. Under what circumstances, if any, are these services provided to children who were not adopted through North Carolina’s Division of Social Services?

See above. Having a finalized adoption is the only criteria for eligibility.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?

\$2 million

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- _____ Title IV-B, Part 1, Child Welfare Services
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families for “Adoption Support & Promotion”
- 1** _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- _____ Adoption Incentive Funds
- _____ Early Periodic Screening and Diagnostic Testing
- _____ Title XX, Social Services Block Grant (SSBG)

_____ **Title IV-A, TANFF**

_____ **Federal grants such as Adoption Opportunities**

_____ **Other federal funds-specify:** _____

_____ **State child welfare funds**

_____ **Other state funds-specify:** _____

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:

None.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

No. Budget for post-adoption services has increased.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models:

Aspects of the programs are exemplary, such as their trauma focus, emphasis on strengthening protective factors, and the practice of completing a functional assessment of the child and family at the beginning of services.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years:

None.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

The state Department of Health and Human Services recently succeeded in resolving barriers to Medicaid coverage for mental health therapists seeing adopted children by changing the state's Medicaid policy. A 2011 state law created regional mental health agencies that managed their own patient-care networks and state, local and federal funds that pay for services. It stipulated that the counties where children originally went into DSS custody is where their Medicaid was based, and there were many barriers when home county MCOs had to contract with providers in another county. Now children's Medicaid can be transferred from one county to another. A group within the state Department of Health and Human Services met for about a year to help come up with the policy change, and adoptive parents assisted in advocating for this.

<http://www.newsobserver.com/2013/11/01/3tate-policy-aims-to-make.html>

NORTH DAKOTA

RESPONDENT: Julie Hoffman, Administrator of Adoption Services
North Dakota Department of Human Services, Children and Family Services Division

I. General Information (Background on State Service System)

- **County-based vs. statewide system**
North Dakota's system is county-administered and state-supervised.
- **Uniformity of services across the state**
Services are fairly uniform across the state, allowing for differences in availability that typically occur between urban and rural areas of the state.
- **Children on subsidy as of June 30, 2013**
There were 1,124 children receiving adoption assistance subsidy as of that date.
- **Are public child welfare adoption workers expected to provide post-adoption services?**
After finalization, the only post-adoption services that public adoption workers provide involve the subsidy and basic information and referral. The state contracts with Catholic Charities-North Dakota, which in turn subcontracts with PATH-North Dakota, to provide specific post-adoption services, primarily triage and information and referral services. Mental health services are available to all families, including those who have adopted children (see below for specifics).

II. Post-Adoption Services Funded by the State for Adoptive Families

Information and Referral

When state workers receive calls from adoptive families, they triage and provide information and referral services, depending upon the families' needs.

Educational Programs or Materials

Educational programs (e.g., training), which are not required but may be provided, are offered primarily regionally using the PRIDE training modules, as well as annual conferences sponsored by other groups such as the Native American Training Institute, and the Foster and Adoptive Parent Association.

Support Programs

The regional recruitment and retention coalitions may offer a variety of support groups in certain areas.

Therapeutic Interventions

The eight regional offices offer many specific therapeutic interventions to all families. In addition to case management for children with serious emotional disturbance (the Partnership Program), services include individual, group, and family therapy, and therapy addressing addiction, domestic violence, sexual abuse (both victim and offender) and severe emotional disturbance. Families also can access whatever local private practitioners are available for needed mental health services.

Advocacy

Both the county offices and the private contract agencies may provide advocacy services, although they are not mandated.

Respite

Respite services may be negotiated as part of Adoption Assistance if the need is documented; however, these are available to any family who can demonstrate need through one of the Partnership Program mental health services listed above. Families approved for respite funding must find their own providers.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
The state does not pay for residential treatment. These services may be paid for through Medicaid and private insurance, if applicable, and once again are available to any family meeting the eligibility requirements for medical necessity.
- **If yes, what is required to obtain this?**
The family applies with the managed care agency that the state contracts with for a Certificate of Need if it meets Medicaid eligibility.
- **Does the child have to re-enter state custody?**
No, the child does not have to, although some do. Through the Division of Mental Health Services, a family can enter a Voluntary Treatment Program for their child to receive services.

Search Disclosure Services

Families and individuals who wish to search for information contact the private agency that facilitated the adoption. If they were adopted in North Dakota but do not know the agency, the state administrator of adoption services can research the records to find out. She then would forward the collected information to that agency. If no agency was involved or one cannot be found, she would ask the person making the inquiry to designate a private agency to forward the information to.

III. Qualifications for Post-Adoption Services

- A. What are the eligibility criteria for receiving services?**
Each service is different; please see above for specifics. The basic criterion for child welfare-related services is whether or not the service is available.
- B. Under what circumstances, if any, are these services provided to children who were not adopted through the state system?**
All services except Adoption Assistance subsidy are available to any family in North Dakota who meets specific eligibility requirements.

IV. Support for Post-Adoption Services

- A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?**
There is no annual budget specifically for post-adoption service besides Adoption Assistance.
- B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)**

	Title IV-B, Part 1, Child Welfare Services
2	Title IV-B, Part 2, Promoting Safe and Stable Families for "Adoption Support & Promotion"
1	Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
4	Adoption Incentive Funds

- 3 Early Periodic Screening and Diagnostic Testing**
- Title XX, Social Services Block Grant (SSBG)**
- Title IV-A, TANFF**
- Federal grants such as Adoption Opportunities**
- Other federal funds-specify: _____**
- State child welfare funds**
- Other state funds-specify: _____**

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:

Subsidy and Search & Disclosure services are the only ones mandated by state law.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

No, subsidy rates have increased along with foster care rates.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

No, not at this time.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

Not so far, as there is no funding for post-adoption services. The Department continues to advocate for such funding.

VII. Research tracking post-adoption instability: Does your state track adoption dissolutions and/or adoption disruptions?

No, they don't. Workers have "impressions" of the number of children coming back into care after failed adoptions, but no statistics are kept. Generally speaking, the state does not have many dissolutions and even fewer (few to none) disruptions prior to finalization, based on the memory of the Adoption Services Administrator, a 20-year veteran.

OHIO

RESPONDENT: Amy L. Eaton, Section Chief, Substitute Care & Permanency
Ohio Department of Job and Family Services, Office of Families and Children

I. General Information (Background on State Service System)

- **County-based vs. statewide system**
Ohio has a state-supervised, county-administered system. There are 88 counties in Ohio.
- **Uniformity of services across the state**
Services vary widely throughout the state, though all local offices are expected to provide a basic level of services that include administering the Post-Adoption Special Services Subsidy (PASSS) in their county, as well as providing general information about available area services.
- **Children on subsidy as of June 30, 2013**
As of June 30, 2013, there were 20,576 children in Ohio receiving adoption assistance, and approximately 1,000 adoptive families receiving PASSS.
- **Are public child welfare adoption workers expected to provide post-adoption services?**
Both public and private workers provide post-adoption services in Ohio. With the exception of PASSS services, state workers generally provide only limited post-adoption services on request.

II. Post-Adoption Services Funded by the State for Adoptive Families

Ohio offers services through the Post-Adoption Special Services Subsidy. PASSS provides funds to any family who adopted a child with special needs through the state or a private agency (including international adoptions) for adoption-related medical, psychiatric or psychological needs. Families must request funds from a local oversight board, meet the standard for special needs, and show that other options for funding (Medicaid, private insurance, etc.) are not available or have been included. Once approved, families can seek out services that best fit their needs.

Information and Referral

State workers provide general information and referral services at the local level as requested, and families can access the state Office of Families and Children website. Although not specifically funded by the state, the National Capital Center for Adoption Law & Policy (NCALP) is affiliated with the state and provides information and referral services statewide on a regular basis.

Educational Programs or Materials

The state publishes a brochure describing its subsidy services. Local offices may be more aware of adoption-related services and events in their areas, such as conferences and parent retreats. There is not state-supported educational program specific to adoptive families.

Support Programs

Support groups are not assisted at the state level but are available at the local level in many areas through the Ohio Adoption Planning Group, a consortium of public and private agencies. This consortium receives no state funding.

Therapeutic Interventions

Therapeutic treatment, including attachment therapy, is available through the PASSS system to any adoptive family able to demonstrate need and eligibility. Most families with children adopted from the state child welfare system can access these services through the Medicaid card as well.

Advocacy

This service is not state assisted. The Ohio Adoption Planning Group sponsors an Adoption Advocacy Day in November, and works in other ways to raise awareness of adoption and its many related issues, as well as to influence public policy to improve outcomes for children and families.

Respite

Respite, under certain circumstances, may be covered under PASSS. This is also true of some recreational activities.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
PASSS funds may be used for residential treatment if available, but there is a limit of \$15,000 per child per year in PASSS spending. Some residential treatment facilities take PASSS payment directly from the state after Medicaid and/or private insurance has been accessed.
- **If yes, what is required to obtain this?**
Families apply for PASSS funding at their local Public Children Services Agency (PCSA) office.
- **Does the child have to re-enter state custody?**
No.

III. Qualifications for Post-Adoption Services

- A. What are the eligibility criteria for receiving services?**
PASSS funds are available to any adoptive family in Ohio who can demonstrate eligibility and need.
- B. Under what circumstances, if any, are these services provided to children who were not adopted through the state system?**
Please see above.

IV. Support for Post-Adoption Services

- A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?**
\$3.33 million
- B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)**

- _____ Title IV-B, Part 1, Child Welfare Services
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families for "Adoption Support & Promotion"
- 1** _____
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- _____ Adoption Incentive Funds
- _____ Early Periodic Screening and Diagnostic Testing

- _____ Title XX, Social Services Block Grant (SSBG)
- _____ Title IV-A, TANFF
- _____ Federal grants such as Adoption Opportunities
- _____ Other federal funds-specify: _____
- 2** _____ State child welfare funds
- _____ Other state funds-specify: _____

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:

The public children services agency (PCSA) is responsible for the administration and determination of eligibility for the PASSS program pursuant to Ohio Administrative Code.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

Funding has remained at its current level for the past six or seven years.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

Not at this time.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

The Ohio Department recently automated the Post-Adoption Services data system and documentation process. This is the beginning of a long-term effort to collect and analyze data in order to identify and prioritize the needs of adoptive families throughout the state.

VII. Research – tracking post-adoption instability

The number of legally adopted children returning to the custody of the public child welfare agency is reported. Also, according to rules established by the Hague Convention, the state is supposed to keep records of any international adoption in which the adoptive family no longer has custody of the child; however, this data has not been collected for the past 4-5 years.

The number of adopted children who have re-entered the child welfare system and are currently in care is 391, and of these, 150 experienced adoption dissolutions. A data analyst at the Ohio Department of Job and Family Services (Hubble, 2013) conducted a survival analysis based on close to 35,000 adoptions occurring from 1990 to the present in order to determine rates of foster care re-entry and adoption dissolutions. The actual rate of foster care re-entry was 6.79 percent. The estimated foster care re-entry rate based on survival analysis was 9.52 percent after 18 years. The data shows the median time between finalization and re-entry is approximately 5 years, and the mean is approximately 7 years. The re-entry ages for these children are mainly in the 12-15 years range. Caveat: The data is based on former statewide information systems and SACWIS which does not fully capture international adoptions nor post-adoption dissolutions and/or disruptions over the past 18 years.

OKLAHOMA

RESPONDENT: Jacqueline Hill-Anderson, Post-Adoption Services Manager
State of Oklahoma Department of Human Services

I. General Information (Background on State Service System)

- **County-based vs. statewide system**
Oklahoma's post-adoption services system is statewide. Post-guardianship services are completely separate and will not be discussed here.
- **Uniformity of services across the state, etc.**
Services are exactly the same throughout the state.
- **Children on subsidy as of June 30, 2013**
There were 13,639 children on adoption subsidy in Oklahoma as of 6/30/13.
- **Are public child welfare adoption workers expected to provide post-adoption services?**
All adoptive families are assigned a social worker based alphabetically on their last name. The major post-adoption services that these workers provide are subsidy-related, as well as those related to non-recurring fees, Medicaid and employment-only free child care (age 0 through 5). These social workers provide a number of the additional services as specified below.

II. Post-Adoption Services Funded by the State for Adoptive Families

Information and Referral

All state post-adoption social workers provide information and referral services on a regular basis.

Educational Programs or Materials

The state maintains a lending library that foster and adoptive families may access. Annually on Parent Day, speakers provide training to those parents who attend.

Support Programs

State workers do not organize and/or facilitate foster/adoptive parent or other support groups; however, they keep a list of ongoing parent-run support groups (there are presently 50 statewide).

Therapeutic Interventions

Adoptive families may access case management, mental health, and therapeutic foster home placement services through local mental health providers by using their Medicaid card.

Advocacy

Post-adoption services social workers may advocate for the families assigned to them if there is a language or other communication barrier to accessing services. In addition, there is one state worker at central office who advocates specifically for families involved in Interstate Compact situations (ICAMA) in Oklahoma and helps coordinate Medicaid services on their behalf.

Respite

The state has a small annual budget (\$10,000) to provide respite services on a first-come, first-served basis. Once a year families who meet the income guidelines may apply for a voucher of \$300-400 to pay any respite provider they choose. In addition, families may appeal to their assigned social worker for respite if they are having trouble and need respite, but funding is limited.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
Families receive this service through Medicaid, and eligibility criteria are determined by the Oklahoma Health Care Authority (OHCA), which administers the Medicaid program in the state.
- **If yes, what is required to obtain this?**
The family physician would make the referral to the OHCA.
- **Does the child have to re-enter state custody?**
No.

III. Qualifications for Post-Adoption Services

- A. What are the eligibility criteria for receiving services?**
Families who have adopted through the state system are eligible for post-adoption services.
- B. Under what circumstances, if any, are these services provided to children who were not adopted through the state system?**
Families who adopted privately or internationally would have to meet eligibility requirements for Title IV-E.

IV. Support for Post-Adoption Services

- A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?**
Figures not available at this time.
- B. What are the primary sources of funding for post-adoption services?**
Information not available.
- C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:**
Oklahoma Statutes Annotated Title X, Children Code mandates Adoption Assistance.
- D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:**
No. Two years ago adoption assistance payments were mandated to be 10% less than the foster care payment; until two years ago, adoption assistance payments were 20% less than the foster care rate.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

- A. Please describe practice models:**
Four years ago, as the result of a major medical report, the state began working on expanding access to a trauma-informed model of care for children in and adopted from state custody. Trainings for parents are offered annually on Parent Day, and educational material is available through the state's lending library.
- B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years:**
Not at this time.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

Learning and implementing the Chadwick Trauma-Informed Systems Project (CTISP), funded by SAMHSA as part of the National Child Traumatic Stress Network (NCTSN). CTISP is focused on helping child welfare systems become more trauma-informed in their daily practice. In this role they have authored and co-authored a variety of publications on creating trauma-informed systems and have presented nationally on innovative practices designed to improve the service delivery system for children who have experienced trauma.

VII. Research: Tracking post-adoption instability:

Yes, provided the adopted children come back into state custody.

If so please provide any statistics you have in each category:

Dissolutions –	State FY 2014	1	(as of 9/15/13)
	FY2013	27	
	FY2012	31	
	FY2011	26	
	FY2010	14	

OREGON

RESPONDENT: Carla Crane, Post Adoption Services Manager
Office of Child Welfare Programs

I. General Information (Background on State Service System)

- **County-based vs. statewide system**

Oregon is a statewide system, with a Central Office at the state capitol in Salem. There are branch offices in every county.

- **Uniformity of services across the state**

The expectation is there should be uniformity of services statewide. The reality is that there is less availability of services in rural counties, and families residing in some rural areas have to travel further to access services.

- **Children on subsidy as of June 2013**

As of November 2013, there are 11,153 open cases with adoption assistance, and 10,552 of these cases receive payment. The cases not receiving payment have an "open agreement" with the state, meaning they have a registered agreement, but may have declined payment. The case stays open so that the family may request payment in the future or is recognized as having a case which is eligible for other services such as ORPARC.

- **Are public child welfare adoption workers expected to provide post-adoption services?**

Yes, state workers provide post-adoption services if families return to the agency through the "front door," meaning the family may contact a branch office for voluntary services, as would any family who needs assistance. Primarily adoptive families may contact ORPARC on their own for services or may be referred by the child welfare office for post-adoption services. In intense crisis cases, or those requiring out of home placement for the child, ORPARC and a state worker may coordinate services together.

II. Post-Adoption Services Funded by the State for Adoptive Families

The state provides a contract for the Oregon Post Adoption Resource Center (ORPARC) to provide services to families. Families may also request a voluntary agreement for services through the state child welfare office if needed. ORPARC provides all of its services for free to families.

Information and Referral

ORPARC refers families to community resources such as therapists, support groups, educational programs, and recreational enrichment. ORPARC also maintains a database of statewide resources to assist families in accessing services.

Educational Programs or Materials

ORPARC hosts trainings throughout the state at no charge to eligible users. Translation services and special accommodations are also available. ORPARC distributes a seasonal newsletter with topical articles and information on new library materials and upcoming ORPARC and community partner trainings and events. ORPARC features an extensive lending library of materials related to adoption, guardianship, parenting, child development, and special needs. Materials are mailed free of charge with return postage paid, and include books, audiotapes, videos, information packets, articles and pamphlets, and Spanish language materials

ORPARC's website lists sites of other support and information resources pertaining to adoption and special needs. Web resource categories are:

- ORPARC Partners and Affiliations
- Oregon State Adoption Resources (Mental Health, Adoption, Respite Care, Parent Education)
- National Adoption Resources
- Specialized Resources (Grandparent, Sexual Minorities, Disabled Children)
- Online Web-based Trainings

Support Programs

ORPARC has professional staff with training and knowledge of adoption and guardianship issues. Staffers provide supportive listening and problem-solving assistance, including systems navigation and parenting consultations. ORPARC also provides brief case management and in-depth, follow-up consultation services to families needing assistance to avert or effectively respond to crises.

Support Groups

ORPARC maintains a list of support groups statewide. ORPARC can assist in forming new groups and enhancing existing groups with trainings, consultation, and library materials.

Therapeutic Interventions

ORPARC does not provide direct therapy services. Families may receive referral to an adoption-competent therapist in their area, or access the online directory on the ORPARC website of therapists who have a post graduate certificate in therapy with foster and adoptive families. Families pay for services on their own through the child's medical card or through private or third-party insurance.

Advocacy

ORPARC provides client-centered advocacy to help families obtain needed services and to navigate systems. Its parent agency, Northwest Adoption Exchange/Northwest Resource, provides system advocacy when needed to ensure the continuing provision of post-adoption services to families in the Pacific Northwest.

Respite

ORPARC does not provide direct respite services or referrals, but instead refers families to Lifespan Respite, <http://www.oregon.gov/DHS/respite/Pages/index.aspx>, a state-run entity which screens respite providers and helps connect families to them. Depending on funding the program has sometimes provided scholarship assistance to families. Respite continues to be a struggle for families to locate and pay for. Payment provision for respite is technically included in adoption assistance. Sometimes a family can obtain respite payment assistance through their medical card, depending on the severity of the child's issues, or through the Department of Developmental Disability, if their child qualifies.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**

This is an ongoing issue. If the child resides in Oregon, then their state medical card/insurance is expected to pay for residential care. The medical card will pay for therapeutic treatment, but not room and board. The state child welfare system pays for that portion, or the family is usually asked to pay that cost from their adoption assistance payment.

Oregon does not have additional money to pay for residential treatment for families residing outside the state. The most Oregon can do is increase the adoption assistance subsidy up to the limit (i.e. what child would qualify for if in foster care in Oregon.) This is the regular challenge we face, as residential room and board for children out of state is not covered by the medical card and

DHS cannot pay for this when outside of Oregon. Some states will take voluntary placement and pay for the treatment through child welfare (similar to what Oregon does for a child residing in Oregon.) But some states do not have a voluntary custody/placement type program and the state has to file a petition to take custody which can result in a founded abuse/neglect allegation of the family (i.e. for abandonment) as the only means to access treatment.

- **If yes, what is required to obtain this?**

The family would obtain services through the nearest mental health provider. Or they could contact the state for voluntary services to help access the system, or ask for ORPARC assistance to obtain services through the mental health system. There are some cases where the family needs help determining which services are needed. If the child is having severe mental health issues, then the child may need residential treatment in a therapeutic environment, if the issues are behavioral/relational, the family may need respite, or the child may need a therapeutic foster placement or placement in a "Behavioral Residential Bed." Sometimes it is difficult to determine for families which system pays for the service, Child Welfare vs. Mental Health.

- **Does the child have to re-enter state custody?**

No, the child does not have to enter state custody. The family would request a "voluntary placement," which can be revoked at any time by the family.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

Any child adopted through a state child welfare system who resides in Oregon. There are a few families who adopted special needs children privately who also qualify for services. In the near future, any family who became a guardian of a child through a state child welfare foster care system, regardless of receiving financial assistance, will be able to qualify. ORPARC also serves assisted guardianship families, DHS adoption staff, and Oregon Special Needs Adoption Coalition staff.

B. Under what circumstances, if any, are these services provided to children who were not adopted through Oregon's Department of Children's Services?

If children were adopted through any state child welfare system and are now residing in Oregon, they are eligible for services.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?

\$375,369 annual contract to ORPARC with the state of Oregon.

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- _____ Title IV-B, Part 1, Child Welfare Services
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families for "Adoption Support & Promotion"
- 1 _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- _____ Adoption Incentive Funds (this funding was used temporarily during a state budget shortfall and the award is now spent. Oregon did not receive these last year.)
- 3* _____

- _____ **Early Periodic Screening and Diagnostic Testing**
- _____ **Title XX, Social Services Block Grant (SSBG)**
- _____ **Title IV-A, TANFF**
- _____ **Federal grants such as Adoption Opportunities**
- _____ **Other federal funds-specify: _____**
- 2** _____ **State child welfare funds (state match from the General Fund to Federal Funds.)**
- _____ **Other state funds-specify: _____**

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:

No services are stipulated by law.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

There have not been significant cuts to the subsidy payment. Twice in the past five years, the legislature attempted to eliminate funding for ORPARC. After considerable advocacy by adoptive parents and ORPARC, there was a cut of 30 percent in ORPARC's funding in 2011.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models:

- ORPARC is a provisional evidenced-based model of services with the California EBP Clearinghouse.
- The Post Graduate Certificate Program in Therapy with Foster and Adoptive Families at Portland State University.
- Also, practice of local child welfare office being able to take voluntary placement to access residential treatment for children residing in Oregon (i.e. not requiring a court petition and CPS founded allegation) is a practice that works well. This does not happen in all other states or DHS would not have the calls that we do for families residing out of state not able to access treatment.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years:

None. There has not been funding to conduct research.

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number:

Kendra Morris-Jacobson, Director ORPARC, at 1-800-764-8367
Toni Ferguson, Lead Clinician ORPARC

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

ORPARC tracking on data of the number of post-adoption crisis calls received and sharing the utilization numbers with the Oregon Department of Human Services and the state legislature during budget hearings.

Provision of information and referrals to families by ORPARC greatly assists DHS, by filtering out non-crisis intakes from the state system.

ORPARC's and adoptive families' raising awareness about the needs of adoptive children/families, advocating for continued services and providing testimony during state legislature budget hearings. **Emerging Concern:** Of concern is the "re-homing" of children by adoptive families without the knowledge of the state or prior evaluation by a licensed adoption agency. The state has reviewed a couple of cases of this recently.

The Post-Adoption Services Manager sees need for a provision of post-adoption services to all families, not just those who have adopted from child welfare.

VII. Research on post-adoption instability?

Not at this time.

PENNSYLVANIA

RESPONDENTS: Carrie Keiser, Human Services Program Specialist Supervisor
Lorrie Deck, Director of Program Division
Department of Public Welfare, Office of Children, Youth and Families

I. General Information (Background on State Service System)

- **County-based vs. statewide system**

Pennsylvania's child welfare system is state-supervised and county-administered. There are 67 counties in Pennsylvania.

- **Uniformity of services across the state**

In 1992, Pennsylvania established the Statewide Adoption and Permanency Network (SWAN) as an initiative to decrease the barriers that impede special needs adoptions. SWAN is administered by the Pennsylvania Department of Public Welfare (DPW), Office of Children, Youth and Families (OCYF). The network is composed of public and private child welfare agencies, adoption agencies, the legal community, parents, organizations and individuals working together on behalf of children. To accomplish this important work, OCYF contracts with a prime contractor, known as Diakon Lutheran Social Ministries, in partnership with Family Design Resources (FDR), who in turn contracts with approximately 80 private foster and adoption agencies, referred to as SWAN affiliate agencies, across the state to deliver the direct services provided through SWAN including post-permanency services.

- **Children on subsidy as of June 2013**

In state fiscal year 2012-2013, there were 9,118 children receiving a subsidy.

- **Are public child welfare adoption (county) workers expected to provide post-adoption services?**

County agencies can provide post-adoption services, but most of these services are provided through SWAN, and these services are separate and distinct from county child welfare services.

II. Post-Adoption Services Funded by the State for Adoptive Families

The SWAN contract, which is administered by Diakon/FDR, funds three categories of services: Advocacy (case assessment process requires using several assessment tools: *CAFAS*, or Child and Adolescent Functional Assessment Scale, and the *FACESIII*), Support Groups and Planned Respite. Other services that adoptive families might be in need of (e.g. psychotherapy) may be available to them in their local county and are paid for with insurance.

Diakon/FDR contracts with the state to administer services statewide. As stated above, Diakon subcontracts with 80 private providers, known as affiliate agencies, to provide post-permanency services. The specifics of the post-permanency services to be provided are established in the contract and benchmarks are set and tracked for all affiliate agencies to follow. Diakon/FDR is responsible for monitoring service delivery among subcontracted agencies within the three categories identified.

Information and Referral

The SWAN Helpline is available for information and referral for all families in Pennsylvania. Families self-refer through the SWAN Helpline for SWAN post-permanency services. Pennsylvania families who have adopted, whether or not they adopted a child from the child welfare system, formal kinship and permanent legal custodianship families who step forward to provide permanency to a Pennsylvania foster child are eligible for post-permanency services through SWAN. Individual private foster/adoption agencies may

provide additional information and referral information. Together as Adoptive Parents, Inc. (TAP) is a grassroots, non-profit, adoptive, foster and kinship parent support group based in Montgomery County Pennsylvania. TAP, offers a resource website, TAPlink, for adoptive, foster and kinship families that provides post-adoption/permanency support materials: <http://pa.taplink.org/>.

Educational Programs or Materials

The SWAN Helpline distributes educational materials at the request of families. Affiliate agencies provide a variety of educational support services for adoptive families including lending libraries, newsletters and trainings on topics such as attachment, transracial adoption issues, educational issues and parenting the sexually abused child.

Support Programs

This is one of the three post-permanency services offered through SWAN. SWAN affiliate agencies provide support groups as part of their contract. A variety of support groups are provided to meet the needs of the adoptive families in their region. These include support groups for adoptive parents, adopted teens, younger adopted children and birth children for families who qualify for post-permanency services.

Therapeutic Interventions

Individual and family psychotherapy is provided by local therapists and paid for through insurance reimbursement. Pennsylvania has recognized the growing need for adoption competent mental health providers and has formed a workgroup to look at providing training on adoption issues to local therapists, particularly those who accept Medicaid.

Advocacy

This is one of the three post-permanency services offered through SWAN. SWAN affiliate agencies that provide post-permanency services, provide advocacy to permanency resource families as part of their contract. This includes educational advocacy as well as advocacy with providers to meet local needs of families.

Respite

This is one of the three post-permanency services offered through SWAN. SWAN affiliate agencies that provide post-permanency services, provide planned respite as part of their contract. Respite services are open and flexible to meet the child and family needs and are committed to doing careful assessment and matching for respite care. Respite can be either inside or outside the family home and can also include camperships for the children.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
The state does not pay for residential treatment. If it is deemed a medically necessary treatment, insurance will pay for it (Medicaid or private). The state behavioral health care system manages this.
- **If yes, what is required to obtain this?**
The treatment needs to be deemed medically necessary.
- **Does the child have to re-enter state custody?**
No, a child who needs residential treatment does not need to re-enter state custody to obtain it.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

Any Pennsylvania family who has adopted, whether or not they adopted a child from the child welfare system, is eligible. In addition, formal kinship and permanent legal custodianship families who step forward to provide permanence to a Pennsylvania foster child are eligible to receive SWAN post-permanency services. Families self-refer by calling the SWAN Helpline: <http://www.diakon-swan.org/>.

B. Under what circumstances, if any, are these services provided to children who were not adopted through the state system?

Always (see above).

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?

In PA state budget for 2013: \$4.6 million; counties do not have post-permanency budget needs, but they are expected to provide post-permanency services if SWAN does not offer what is needed. Counties are expected to inform families about SWAN's services.

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- _____ Title IV-B, Part 1, Child Welfare Services
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families for "Adoption Support & Promotion"
- 2** _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- 4** _____ Adoption Incentive Funds
- _____ Early Periodic Screening and Diagnostic Testing
- _____ Title XX, Social Services Block Grant (SSBG)
- _____ Title IV-A, TANFF
- _____ Federal grants such as Adoption Opportunities
- 1** _____ Other federal funds-specify: Title IVE
- 3** _____ State child welfare funds
- _____ Other state funds-specify: _____

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:

None.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

There have not been cuts to funding. In fact, funding has increased in response to increased needs for post permanency services in the state. Pennsylvania recognizes that providing post-permanency services is the right thing to do, and it can have a cost savings as it keeps children from re-entering care.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models:

The SWAN model is a family driven service. The state conducted a needs assessment and identified the three categories of services, which are identified in contract the state holds with Diakon/FDR. Those post-permanency services include: advocacy (which includes assessment), support and respite.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years:

A university in Georgia has just entered into conversations with Pennsylvania to do an impact evaluation of the service delivery model in the State.

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number:

Brenda Lawrence, SWAN Program Administrator, at 1-888-793-2512 ext. 5351 or 717-231-5351; BLawrence@diakon-swan.org

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

None noted; they have not needed aggressive strategies, as adequate funding has been forthcoming.

VII. Research on tracking post-adoption instability: Does your state track adoption dissolutions and/or adoption disruptions?

There is no data collection for disruptions or dissolutions. This information is reported in the federal Annual Progress and Service Report, but Pennsylvania does not see it as an accurate reflection of data in the state.

RHODE ISLAND

RESPONDENT: Diane Savage, Permanency Manager
Rhode Island Department of Children, Youth & Families, Permanency Services Unit

I. General Information (Background on State Service System)

- **County-based vs. statewide system**
Rhode Island's system of permanency services is statewide and includes adoption and guardianship.
- **Uniformity of services across the state**
Services are uniform across the state in that there is a single standard of practice.
- **Children on subsidy as of June 30, 2013**
2,558 children were receiving adoption subsidy and 436 were receiving guardianship subsidy.
- **Are public child welfare adoption workers expected to provide post-adoption services?**
Yes, but only through the permanency subsidy unit. No clinical or other services are provided directly by the state. Other services are provided as described below through a state contract with Adoption Rhode Island (ARI), a private non-profit agency.

II. Post-Adoption Services Funded by the State for Adoptive Families

Information and Referral

Staff members in the permanency subsidy unit provide information and referral when requested. The majority of these services are provided through the contract with ARI.

Educational Programs or Materials

The state contracts with Adoption Rhode Island to deliver the Preserving Families Program, which is staffed by masters-level clinicians who provide direct parent education and support as well as other services. For more information: <http://adoptionri.org/programs-and-services/for-parents-family>.

The Rhode Island Parent Information Network—with which the state collaborates but does not fund—also offers educational programs and materials.

Support Programs

Adoption Rhode Island offers individual and group support as part of its contract with the state.

Therapeutic Interventions

Individual and family services are available through community mental health services at the Medicaid rate. The state offers no adoption-specific therapeutic services. Adoption Rhode Island provides in-home clinical support to families as needed through its Preserving Families Program. If a family's situation becomes serious and they have been unable to access adequate services for their child, they can seek Voluntary Placement by initiating the intake process through DCYF.

Advocacy

No services available directly through the state. Adoption Rhode Island testifies at legislative hearings on behalf of services for families and children and may offer individual advocacy as needed. The Rhode Island Parent Information Network's primary purpose is advocacy.

Respite

Respite services are provided only in those cases where they are included in the subsidy. Daycare services are available as part of this.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
The adoption subsidy will attempt to facilitate the availability of these services in a timely manner; however, they are not under the control of the permanency unit and are authorized through mental health services. The availability of these services is limited and not guaranteed for adopted children.
- **If yes, what is required to obtain this?**
The family calls DCYF to initiate the intake process for Voluntary Placement and an assessment is done to determine the need.
- **Does the child have to re-enter state custody?**
Yes, in this case.

Search Services

Rhode Island maintains a passive Adoption Reunion Registry, and permanency subsidy unit staff can review the case record and report non-identifying information upon request. New legislation allows adult adoptees to request their original birth certificates through the Department of Health. Family court has a search office that will respond to requests for identifying information.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

These services are offered to children receiving federal or state adoption or guardianship subsidy.

B. Under what circumstances, if any, are these services provided to children who were not adopted through the state system?

Rarely – when a private sector adoption involves a subsidy agreement. Adoption Rhode Island provides services to families who have adopted privately and internationally as well as through the public agency. Residential services and/or other high intensity mental health services accessed through Voluntary Placement are open to *any* family in Rhode Island.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?

The subsidy budget (Adoption Assistance) is approximately \$16 million. There is no significant post-permanency budget beyond that.

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

Rhode Island was not able to provide information on the sources of funding for their post- adoption services.

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:

Residential treatment services are mandated by the state, but funding and availability are limited.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

No, in fact the subsidy rates have increased; there have been significant reductions to the child welfare budget over the past five years, resulting in fewer community-based supports and fewer options for residential treatment services for Rhode Island children. Some agencies have stopped providing direct services to foster and adopted children and their families. A new post-adoption family preservation program was funded last year, and funding is for the 2013-2014; no ongoing funding stream has yet been identified.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models:

Both currently funded post-adoption support programs provide trauma-informed clinical and case-management and intensive home-based individual, family, and group services to increase family cohesion and reduce the risk of disruption. Also, the state has partnered with Adoption Rhode Island and the Child Welfare Institute at Rhode Island College to promote adoption-informed clinical practice by creating the Adoption & Foster Care Practice Certification.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years:

In collaboration with Adoption Rhode Island and family court, Rhode Island DCYF has recently initiated a study of post-adoption instability to determine the primary causes and inform practice to increase family stability. This study has just begun and is ongoing.

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number:

Darlene Allen, Director of Adoption Rhode Island, at 401-865-6000.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

DCYF raises the issues in every venue possible. They provide opportunities for families to advocate with state and legislative leaders. In addition to the advocacy that occurs on an individual level in the course of the director and staff's daily work, the department has played a significant role in upgrading post-permanency practice by partnering in the Adoption & Foster Care Practice Certification, initiating the study of post-adoption instability, and regularly participating in information meetings with Adoption Rhode Island. They try to never give up.

VII. Research on tracking post-adoption instability: Does your state track adoption dissolutions and/or adoption disruptions?

Because children placed with pre-adoptive homes are categorized as foster families in the SACWIS system, many adoption disruptions are captured as foster placement disruptions, therefore the information is not robust in the area of disruption and dissolution statistics.

SOUTH CAROLINA

RESPONDENTS: Rebecca Sharp, Manager
Adoptions and Intensive Foster Care and Clinical Services Program
Thomas Robertson, Adoption Subsidy Coordinator
Cheryl Herring, Program Coordinator: AAP, IV-E
John Shackelford, Finance
South Carolina Department of Social Services

I. General Information (Background on State Service System)

- **County-based vs. statewide system**

The state is in the process of widespread change and system improvement. It is a regional system and, as such, adoption services are not available in every county. The state is divided into five regions (four prior to November), and adoption managers are being appointed for each.

- **Uniformity of services across the state, etc.**

Early intervention adoption workers, also known as concurrent workers, work with birth families with an eye to permanency from the first entry to care. A worker may cover more than one county in rural areas. Other workers are strictly on adoption, and do home study, pre-service training, and placement.

Until two years ago, there were very limited post-adoption services, primarily information and referral. Because adoption finalizations increased dramatically (from 400+ to 800 annually), there was a real challenge to meet the children's post-adoption needs. The increase also reflected a shift in the demographics of the children being adopted and included older children, medically fragile children, and children with substantial special needs.

Previously intensive foster care and clinical services (residential placements, intensive case management) were regionally based and served only those children still in state care. With the number of new adoptive families needing intensive support, this clinical unit began doing the post-adoption support and service work, beginning prior to finalization. Services are now available on a voluntary basis for 90 days after finalization.

Families who come back years later with teenagers can also access intensive case-management services. Prior to this, only residential programs could be paid for and children would have to re-enter care. Funds have been diverted from supporting residential placements to provide intervention and in-home services prior to the need for out-of-home care, and include wrap-around, school supports, crisis intervention and more.

Medicaid in the last year has moved to a managed care system as a result of South Carolina's Governor's leadership; this has had a negative impact on the system's ability to meet the needs of the children and their families. Authorizations for many services have been more difficult. Agency administration recognizes the need for the services and is working to move the government to recognize and respond to this challenge.

- **Children on subsidy as of June 2013**
5,852

- **Are public child welfare adoption workers expected to provide post-adoption services?**

Yes, those regional workers described above. The state also contracts with private agencies to provide post-adoption services.

II. Post-Adoption Services Funded by the State for Adoptive Families

Post-adoption services are available through the Department of Social Services (DSS), private agencies and family organizations. Post-adoption services include services in the categories described below.

South Carolina has an Adoption Preservation (AP) program. AP services primarily consist of linking families to existing resources, case management, support services and counseling. According to the website (<http://www.state.sc.us/dss/adoption/album/preserve.htm>), “the purpose of these family-centered services is to support families while they identify their own problems and how they want to deal with them.”

Information and Referral

Families seeking services call their former worker for information and referral. All adoptive families are told at the point of finalization that this is the first place to go. All families are offered case management services as they finalize.

Educational Programs or Materials

Adoptive families are welcome to attend FPA training and DSS training, but many do not attend. A monthly calendar of training opportunities is provided.

South Carolina has one of the strongest foster parent associations in the nation – the state contracts with the association to do training and education in all counties. The association also does the screening of interested potential resource families.

Support Programs

Families can contact the regional offices to find out about support groups that may exist in their area. The South Carolina Council on Adoptable Children used to provide support services and an annual conference for parents and others involved in adoption. However, after the death of the leader, the Council is no longer active.

Therapeutic Interventions

Adoption Preservation staff refer families to providers in their communities. Also public mental health services for children in South Carolina are administered by the Department of Mental Health (DMH), Division of Children, Adolescents and Their Families (DCAF) and include the following examples: assessment, case management services, day treatment, out-patient treatment (counseling/therapy), in-patient hospitalization, wraparound services, residential treatment services (in-patient general psychiatric and substance abuse units), school-based services, Youthful Sexual Offenders Program, and Intensive Family Services and Multi-Systemic Therapy (MST) Initiatives. Services are largely provided through the DMH’s network of 17 local community mental health centers. DMH seeks to provide services in as natural and comfortable a setting for the family and child as possible, such as in the school or home. DMH’s vision is to develop a statewide system of services that is child-centered, family-focused, community-based, and culturally competent.

South Carolina is also making progress in their efforts to infuse trauma-informed clinical work with the mental health providers and child welfare staff.

Advocacy

Parents Reaching Out to Parents (PRO-Parents) is a group that provides advocacy for families working with the school systems to meet the needs of their adoptive child. A state agency known as South Carolina Protection and Advocacy also helps adoptive families manage system issues. DSS local county offices locator and state contacts link: <http://www.state.sc.us/dss/counties.html>.

Respite

There is no formal program offered at this time, but the state would like this to be a spin-off of the support groups. Families can access respite funds on a case-by-case basis through the supplemental benefit for assistance (see below under other services). Each child can receive up to \$500 for respite care annually; the family arranges the respite provision and providers.

Residential Treatment

Families are required to work to meet children's needs in the home first. If it is determined that residential care is a necessity, the family is required to participate in treatment with a view to return home.

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
Case management must determine that this is therapeutically necessary. The family is required to work with providers to keep the child safe at home and to access intensive case management prior to looking at a residential placement. After this, the team will approve a 30-day stabilization placement. If longer stays are necessary, they require further authorization.
- **If yes, what is required to obtain this?**
(See above)
- **Does the child have to re-enter state custody?**
No.

Other Services

The Supplemental Benefit for Medical Assistance (SBMA) Program is available to children adopted from the foster care system and funded entirely with state dollars. It is commonly referred to as Medical Subsidy. This is available to a parent for as long as the child is eligible for the monthly subsidy. The SBMA exists for the purpose of supplementing already existing resources, such as insurance, Medicaid, and other resources. It is to be used to assist the family in providing medical treatment or medically necessary equipment for specific needs, which are listed in the child's Adoption Assistance Agreement. The annual amount of SBMA funds available to the family for a child is determined by adoption staff on a case-by-case basis. Respite care is funded through SBMA funds.

III. Qualifications for Post-Adoption Services

- A. What are the eligibility criteria for receiving services?**
The child has to have been adopted out of the South Carolina foster care system.
- B. Under what circumstances, if any, are these services provided to children who were not adopted through South Carolina's Department of Social Services?**
This is very unusual, but has been done in cases of family preservation.

IV. Support for Post-Adoption Services

- A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?**
No information.

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)
Pooled from a variety of sources

- Title IV-B, Part 1, Child Welfare Services
- Title IV-B, Part 2, Promoting Safe and Stable Families for "Adoption Support & Promotion"
- Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- Adoption Incentive Funds
- Early Periodic Screening and Diagnostic Testing
- Title XX, Social Services Block Grant (SSBG)
- Title IV-A, TANFF
- Federal grants such as Adoption Opportunities
- Other federal funds-specify: _____
- State child welfare funds
- Other state funds-specify: _____

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:
None are earmarked or legislated.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:
None noted.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

No information.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

The state agency has responded to the emerging need for post-adoption support services and has shifted existing funds from residential and foster care to provide services to adoptive families and their children. The number of children in foster care has dropped from 5,000-6,000 to approximately 3,000. This, combined with fewer children entering residential care, has allowed for the state to meet many of the needs.

SOUTH DAKOTA

RESPONDENT: Patricia Reiss, Adoption Program Specialist
South Dakota Department of Social Services, Division of Child Protective Services

I. General Information (Background on State Service System)

- **County-based vs. statewide system**
The South Dakota Department of Social Services is a state-based system. Programs, policies and information systems are coordinated throughout the seven regions of the state.
- **Uniformity of services across the state**
Services generally are uniform across the state. The state contracts with the Children's Home Society (CHS) in Sioux Falls to provide post-adoption services in its region; services may be less available in more-rural areas of the state.
- **Children on subsidy as of June 30, 2013**
1,775
- **Are public child welfare adoption workers expected to provide post-adoption services?**
All state child welfare workers (who are required to have at least a BSW) are expected to provide post-adoption services in the form of referral to the state program specialist, who coordinates services; however, no direct client services are provided by state workers.

II. Post-Adoption Services Funded by the State for Adoptive Families

Information and Referral

All information and referral services are funneled through the state adoption program specialist for assistance.

Educational Programs or Materials

State workers may provide certain educational materials upon request to families in need. The state also may authorize payment for a family to participate in a relevant specialized training. CHS provides training periodically on topics of interest to foster and adoptive families. In addition, Foster Parent Associations around the state include adoptive parents in any trainings they sponsor.

Support Programs

The state sponsors no formalized post-adoption parent support groups. Foster parent associations offer some specialized support groups (e.g., for families with medically needy children) in certain areas which adoptive parents can attend.

Therapeutic Interventions

Through the state contract, the Children's Home Society provides evaluations and individual and family therapy (statewide), and in-home services (within 100 miles of Sioux Falls) for adopted children and their families. These services are provided for any adoptive family and/or child in the state, whether or not the child was placed by the state social service system. CHS maintains contact with the state on all cases receiving services under the contract. The funding for this contract comes from the Safe and Stable Families Act allocations. Families also can access services through Medicaid and/or private insurance. The state can pay for services outside the contract when necessary on a case-by-case basis.

Advocacy

State field workers regularly help families locate and complete forms to access appropriate services.

Respite

The state has allocated funds for respite care to meet the specific needs of adopted children with developmental delays (any child with developmental delays may receive respite services). Families must locate their own service providers, but in cases of crisis or special circumstances, the state helps identify and pay respite providers, many of whom are located through the state treatment foster care program.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
Residential care is determined on a case-by-case basis. When provided, it is on a short-term basis, with the goal being to work closely with the facility to return the child home. School systems are expected to cover the tuition portion; however, when they do not, the state may pay tuition for state-placed adopted children only. Medicaid-covered treatment is available to any eligible adopted child. The Adoption Program Specialist assists families through the application process and advocates for the family with the State Review Team when necessary.

- **If yes, what is required to obtain this?**
Please see above.

- **Does the child have to re-enter state custody?**
No.

Search Services

South Dakota has a “passive” registry for adoptees and birth parents. The child must be 18 years of age to search without parental consent. The state program specialist also assists adoptees in petitioning the court to open records and obtain original birth certificates/records. In voluntary terminations of parental rights, residents of South Dakota may write an open adoption plan (for which there is no enforcement). All other adoptions in the state remain closed at this time.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

With the exception of residential care, the only qualification for services is that the child be adopted. The respondent reported: “Our philosophy is that if we don’t help these adopted children and their families, the kids will end up back in the system. We want to be able to provide funds to save families.” A family also becomes eligible for services at any time child safety is a concern.

B. Under what circumstances, if any, are these services provided to children who were not adopted through the state system?

Please see above.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?

The contract with Children’s Home Society is \$129,000, not including tuition payments. An additional \$35,000 pays for respite services.

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- _____ Title IV-B, Part 1, Child Welfare Services
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families for "Adoption Support & Promotion"
- 1** _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- _____ Adoption Incentive Funds
- _____ Early Periodic Screening and Diagnostic Testing
- 2** _____ Title XX, Social Services Block Grant (SSBG)
- _____ Title IV-A, TANFF
- _____ Federal grants such as Adoption Opportunities
- _____ Other federal funds-specify: _____
- 3** _____ State child welfare funds
- _____ Other state funds-specify: _____

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:

There are no state laws mandating any type of post-adoption services.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

Subsidies have remained stable, and there have been no significant cutbacks elsewhere.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

Not at this time.

Contact persons who could give us more information about noteworthy practice models or research and their phone number:

Roxy Schmitz
Children's Home Society
P.O. Box 1749, Sioux Falls
South Dakota 57101
605-334-6004
roxie.schmitz@chssd.org.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

State field workers under the guidance of the Adoption Program Specialist advocate on an individual basis to get families what they need to stabilize and keep children from returning to state care.

VII. Research on tracking post-adoption instability: Does your state track adoption dissolutions) and/or adoption disruptions?

Yes, but the numbers are not available at this time.

TENNESSEE

RESPONDENTS: John Johnson
Director of Foster Care & Adoption Services
Department of Children’s Services

Zan Schriver, Director
Adoption Support & Preservation
Harmony Adoption Services

I. General Information (Background on State Service System)

- **County-based vs. statewide system**

The Tennessee Department of Children’s Services is state-administered. Services are provided at the county/regional level across 12 regions of the State.

- **Uniformity of services across the state**

Policy and procedures are uniform across the state; however, each region sets up their unit to meet the needs of the area served.

- **Children on subsidy as of June 2013**

Approximately 9,000

- **Are public child welfare adoption workers expected to provide post-adoption services?**

Child welfare adoption workers do not provide post-adoption services directly, but refer families to the statewide Adoption Support and Preservation program (ASAP) described below.

II. Post-Adoption Services Funded by the State for Adoptive Families

Tennessee began a statewide Adoption Support and Preservation program (ASAP) in 2004, prompted by the settlement of a lawsuit, Brian A. v. State of Tennessee. (Section 8 of the settlement agreement dealt with adoption and post-adoption support to families.) Services are provided through a contract with Harmony Adoption Services in Maryville and Knoxville, TN, that serves eastern Tennessee. Harmony subcontracts with two other private agencies – Catholic Charities in Nashville serves mid-Tennessee and Agape Child and Family Services in Memphis and Jackson serves the western part of the state. ASAP services include crisis intervention, in-home therapeutic counseling, monthly support groups, respite team building, adoption preparation classes and other educational opportunities for families, and other advocacy. This program is funded at \$2.1 million and serves over 1,000 families annually.

Information and Referral

The Adoption Assistance agreement, the Intent to Adopt form that families sign prior to adoption, and the agency website all refer adoptive families to the ASAP program. Some workers begin talking to families about this service prior to adoption and encourage them to participate in an adoption preparation course offered by ASAP. Despite formal efforts to educate families about the availability of ASAP, the program’s providers report that many families do not know about its availability.

Educational Programs or Materials

The ASAP program sponsors an annual Cycles of Healing Conference for adoptive families and clinicians and maintains a lending library of books, CDs, DVDs, and board games for adoptive families. An eight to 12-hour adoption preparation training is offered to pre-adoptive families based on a curriculum developed by the program. The first four sessions of the training is dedicated to the caregiver, and the second half is child-specific preparation focused on their child’s specific story and trauma history.

Support Programs

Each of the ASAP programs in the three grand regions of the state designs monthly support groups for their geographic service area, with groups offered in approximately 12 sites around the state. Some locations have groups for children and parents, while others just serve parents. One area has an adopted teens' support group. They have tried different approaches to maintaining support groups, and still find that some are well attended (15 families) while others struggle to get (3 families).

Therapeutic Interventions

ASAP requires that therapists contact adoptive families in crisis (about 40%) within 24 hours and have a face-to-face meeting within 48 hours of their initial phone call. In-home counseling with an ASAP Family Therapist is free to all families who adopted through Tennessee DCS and available on a sliding-scale fee to other types of adoptive families. There are approximately 15 therapists who work in the program across the state. The East Tennessee program has offices in Maryville and Knoxville, but many of their therapists work out of their homes in other cities such as Chattanooga and Oak Ridge. The central and west Tennessee programs have their therapists based in agency office locations.

The primary evidence-informed practice that permeates clinical practice from assessment and treatment planning to supervision is ARC (Attachment, Self-Regulation, and Competency), and TF-CBT (Trauma-Focused Cognitive Behavior Therapy) also is used heavily. Tennessee has a special program headed by Vanderbilt University's School of Medicine with partners at several other state universities – Center of Excellence for Children in State Custody – that seeks to improve the quality of health and behavioral health care services to these children. The Center established a learning collaborative and provided training on ARC and TF-CBT to community mental health providers as well as to most of the ASAP clinicians. The program utilizes statewide case consultation and is planning statewide case reviews to provide learning opportunities to enhance ARC usage and application.

ASAP therapists also use aspects of other interventive treatment models, including Trust-Based Relational Intervention (4 therapists have attended the week-long training in Texas), Circle of Security and Parent-Child Interaction Therapy. Agency staff reported that it is difficult to consistently utilize some of these models because even after therapists are trained and certified in a treatment modality, they must pay significant fees for ongoing supervision to maintain the credential.

The service statistics for 2011-2012 report 680 adopted children served, with an average length of treatment of 7.2 months. For pre-adoptive children, there was a disruption rate of 5% among families served, and for post-adoptive families, a 1% dissolution rate.

Advocacy

ASAP workers serve in an advocacy role for children and families, linking them with other services as needed. With pre-finalized families, they sometimes participate in Child and Family Team Meetings.

A member of the ASAP staff also sits on an Adoption Processing Workgroup sponsored by DCS that brings together ten professionals to discuss difficult case situations and try to reach a resolution.

Respite

A service of the ASAP program involves helping the families develop a relief team to provide a natural support network for all family members, and stipends are available to assist families in obtaining respite. In addition, the Department of Children's Services may serve the family through non-custodial crisis intervention services and directly purchase respite services if warranted.

About a year ago, Harmony purchased a 364-acre, former YMCA camp, now called Harmony Family Center, which has allowed the agency to add a variety of camping experiences to its programming, as well as

equine-assisted therapy. They developed weekend “REST” retreats (Respite, Education, Support and Training) for adoptive parents with a grant provided through AdoptUSKids. This service was free to parents and primarily served ASAP families. Four of the REST retreats were held over one year.

A staff team developed a camp curriculum oriented toward deepening family connections. It includes family activities focused on highlighting their journey as a family and some separate adult and kid activities. Beginning in the summer, 2013 they are offering weekend family camps for 10-12 families at a time. (Currently there are six duplex cabins renovated that each can house two families.) The camp also has a ropes course and is used by Parks and Rec and some civic groups.

Residential Treatment:

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**

Payment for residential treatment used to be built into the Adoption Assistance agreement, but this is no longer done. While the Department will honor old contracts that include such services, this is no longer automatically covered.

- **If yes, what is required to obtain this?**

A crisis intervention team would assess the situation and if deemed medically necessary, the Department would purchase short-term residential for assessment of the child. If the assessment concludes that residential treatment is medically necessary, they try to work out payment through Medicaid or private insurance.

- **Does the child have to re-enter state custody?**

Rarely would the child re-enter state custody to obtain residential treatment. If the parents are refusing to pick the child up when released from a residential treatment or psychiatric setting, the state might take custody and place the child. This would be treated as a lock-out and the parents charged with neglect.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

While families of adopted children and youth, age 18 or younger, who were formerly in the custody of the Tennessee Department of Children’s Services, are served by the ASAP program at no charge, other types of adoptive families can get help for a sliding scale fee. Approximately one-third of the families served are pre-adoptive families.

B. Under what circumstances, if any, are these services provided to children who were not adopted through Tennessee’s Department of Children’s Services?

The ASAP program tries to accommodate adoptive families who did not adopt a former Tennessee foster child by reducing the fee to a minimal charge if necessary to receive services.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?

The ASAP program is funded at \$2.1 million.

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- _____ **Title IV-B, Part 1, Child Welfare Services**
- _____ **Title IV-B, Part 2, Promoting Safe and Stable Families for "Adoption Support & Promotion"** (total cost of ASAP program from this funding stream)
- 1** _____ **Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption**
- _____ **Adoption Incentive Funds**
- _____ **Early Periodic Screening and Diagnostic Testing**
- _____ **Title XX, Social Services Block Grant (SSBG)**
- _____ **Title IV-A, TANFF**
- _____ **Federal grants such as Adoption Opportunities**
- _____ **Other federal funds-specify:** _____
- _____ **State child welfare funds**
- _____ **Other state funds-specify:** _____

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:

In 2011, Tennessee passed legislation (Section 36-1-143) that states: "The department shall provide post-adoption services in order to reduce the risk of adoption dissolution and to support the goal of permanency in adoption." Specific post-adoption services prescribed include crisis intervention, family and individual counseling, support groups for parents and children, including recreational and educational groups, advocacy, respite, case management services, and networking of families and community providers." It also states that post-adoption services are available to biological families of children adopted through the department and that carrying out this intent is subject to the availability of funds.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

The allocation for ASAP has been cut somewhat, from \$2.4 to 2.1million, over the past several years. The services provided have not changed, however.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models:

ASAP has been in operation for nine years and has continually built its program through providing training to therapists on evidence-informed practices – primarily ARC and TF-CBT. The curricula for pre-adoptive parent preparation and the family camp program are practice models that Harmony has developed.

The Department is hosting Dr. Karyn Purvis for a statewide conference and is seeking to infuse her "Trust-Based Relational Intervention" treatment model into its PATH training for resource parents.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years:

Two years ago DCS implemented a survey process for adoptive families that was distributed to clients within six months of an adoption finalization in order to understand their experiences and identify where program improvements might exist. Those surveys revealed that many families still do not have a clear understanding of the Adoption Support and Preservation Program and how to access those services.

C. Contact persons who could give us more information about noteworthy practice models:

Zan Schriver at 865-982-5225 or 981-3953

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

The State is currently in negotiation with the National Resource Center for Adoption (NRCA) to assist with an evaluation of the Adoption Support and Preservation program. This evaluation will give insight to the program and provide suggestions for improvements in service provision and reporting mechanisms. Additionally, the agency is giving consideration to how the NRCA can provide other T/TA to the State to support other areas of its adoption program during the evaluation period.

TEXAS

RESPONDENT: Jillian Bonacquisti, Adoption Program Specialist
Texas Department of Family and Protective Services

I. General Information (Background on State Service System)

The Texas Department of Family and Protective Services oversees Texas's post-adoption services program. Texas was one of the first states to establish a statewide post-adoption program, which resulted from a lawsuit by adoptive parents who were struggling with complicated children. While the lawsuit was not successful, the resulting inquiries by the legislature (and their increased understanding of the issues many families adopting children from the child welfare system face) led to the funding of post-adoption services. That Texas *can* provide post-adopt services is included in statute.

- **County-based vs. statewide system**

In Texas, the Post-Adoption Services Program is contracted out; four agency providers serve families in the 11 regions of the state. All providers agree to provide the core services listed below, and contracts are normally rebid every four years.

- **Uniformity of services across the state, etc.**

All contractors must provide the following services: information and referral, casework and service planning, parent training, support groups, therapeutic counseling, respite care, assessing an adopted child's need for residential care and applying for a level of care determination if residential is deemed necessary, and 24-hour crisis intervention.

- **Children on subsidy as of August 2013**

42,079 – a 7.7 percent increase from previous year.

- **Are public child welfare adoption workers expected to provide post-adoption services?**

Public child welfare workers refer adoptive families to the appropriate post-adoption provider. These providers are outlined on the following website:

[https://www.dfps.state.tx.us/Adoption and Foster Care/About Adoption/assist.asp#9](https://www.dfps.state.tx.us/Adoption%20and%20Foster%20Care/About%20Adoption/assist.asp#9)

II. Post-Adoption Services Funded by the State for Adoptive Families

Texas developed a statewide program in 1990 by contracting with private agencies to serve the 11 regions of the state. This program serves only children who were in the custody of Texas at the time of their adoptions. Contracted agencies provide an array of core post-adoption services. The current providers that cover the 11 regions of the state include Centers for Children and Families, DePelchin Children's Center, Lutheran Social Services of the South and Spaulding for Children.

There is a Regional Post-Adoption Liaison at DFPS who monitors and coordinates post-adoption services with families and the private providers. This person approves the service plan for each adoptive family and payment forms for served families, which are submitted by the contracted providers. There is a 12-month limit for these services, which may be extended by the Post-Adoption Liaison for a short amount of time; however each child is eligible for only one period of post-adoption services. The goal is to connect the family to community resources that can sustain them beyond the service period.

Information and Referral

When a child is placed for adoption, workers are expected to go over both the subsidy and the post-adoption program. When the placement agreement is signed, the worker again is to explain post-adoption services and provide a pamphlet (printed in both English and Spanish) describing the program. If a family contacts a public child welfare worker or a Regional Post-Adoption Liaison at DFPS for assistance, they would be referred to the appropriate post-adoption provider, who in turn would assess their situation, provide needed services, and link them with other services in their community.

Educational Programs or Materials

The post-adoption service agencies all provide parent training opportunities as a part of their contracted services, as well as linking families with other educational resources in their communities. They also maintain lending libraries of resources and training materials for adoptive families.

Support Programs

Contractors must assure that adoptive families (both parents and children) have access to support groups. They may run their own support groups, subcontract this function and/or refer clients to existing community support groups.

One of the largest adoptive family support programs in the state is provided by the Texas Council on Adoptable Children, which receives a small amount of funding from the state.

Therapeutic Interventions

Post-adoption contract agencies either provide counseling to address adjustment issues in adoptive families themselves or do so through subcontracting. They also facilitate needed diagnostic assessment, including developmental testing, psychological and psychiatric assessment. While the typical focus of counseling services is the adopted child and parents, siblings under 18 may also receive counseling if their need for it stems from the adopted child's placement in the family.

The post-adoption providers use a range of therapeutic treatment approaches, and many clinicians have received training in Trust-Based Relational Intervention (TBRI), which was developed by Dr. Karyn Purvis and Dr. David Cross at the Texas Christian University Institute of Child Development. They are moving toward broad use of TBRI throughout the state.

Advocacy

Advocacy is an aspect of the basic post-adoption casework expected of providers, but is not specifically identified in the core service package. Post-adoption providers advocate on an individual family level access to needed services, and they may call the Regional Post-Adoption Liaison to assist in this effort when necessary. Also, the Council on Adoptable Children of Texas is actively involved in advocacy on behalf of all adoptive families. They currently are advocating within the state legislation for increased funding of post-adoption services.

Respite

Through the post-adoption service providers, parents may receive financial assistance to pay for short-term respite care for their children, which can extend for up to 60 days during the 12-month service period. In addition, providers may help to pay for camp experiences for adopted children.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**

The post-adoption providers assess children's need for residential therapeutic care for those with severe emotional problems, and they explore treatment alternatives such as day treatment with

the families. Either directly or through subcontractors, each post-adoption contractor must be able to accommodate children who qualify for residential care. Typically the program covers the first 60-90 days of residential care, and if treatment is needed beyond this time, they look for alternate forms of payment. In rare situations, the state may take the child into custody and pay for care, but this is done only as a last resort and requires a judge’s permission.

- **If yes, what is required to obtain this?**

The child must be expected to return home within 12 months, must have a level of care determination of 5 or 6 (the top two levels of care) and must not be eligible for treatment in a state hospital or school. The child must participate in family treatment over the course of the placement, and every three months the child’s service plan must address progress toward reunification.

- **Does the child have to re-enter state custody?**

Not initially, but if the placement goes beyond three months, the child might re-enter state custody. Generally, there is a 12-month limit on post-adoption residential care. Exceptions can be made to allow the child to complete the school year, if this is possible within 90 days.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

Services are available to families who adopted through DFPS and families receiving Title IV-E and state-paid adoption subsidies from DFPS. The adopted child must be under 18 when services begin and services may continue until six months after the child’s 18th birthday.

B. Under what circumstances, if any, are these services provided to children who were not adopted through Texas’ child welfare system?

They are not.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?

\$3.7 million

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- _____ Title IV-B, Part 1, Child Welfare Services
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families for “Adoption Support & Promotion” (75%)
- 1 _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- _____ Adoption Incentive Funds
- _____ Early Periodic Screening and Diagnostic Testing
- _____ Title XX, Social Services Block Grant (SSBG)
- _____ Title IV-A, TANFF
- _____ Federal grants such as Adoption Opportunities
- _____ Other federal funds-specify: _____
- _____ State child welfare funds
- 2 _____ Other state funds-specify: 25% frp, general revenue

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:

Post-adoption services are described in Texas Administrative Codes 700.1718 I (6): "Post-adoption services. The contractor must provide information about the TDPRS post-adoption program and services available prior to an adoption being consummated. If the adoptive family needs additional services to support the adoption, the contractor must help the family find other sources of support and services. If the family returns for case record information, the contractor must assist the family and/or adult adoptee in obtaining this information whether the purpose is for background HSEGH, searching, or specific background details entitled to the person pursuant to the Texas Family Code."

Also, TAC 700.1733 specifies the conditions for adopted children to have access to specialized or intense service level residential care in licensed residential settings:

[http://info.sos.state.tx.us/pls/pub/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=40&pt=19&ch=700&rl=1733](http://info.sos.state.tx.us/pls/pub/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=40&pt=19&ch=700&rl=1733).

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

The funding for post-adoption services has decreased from \$3.7 million in 2009 to approximately \$3.5 million in 2014. The funding for post-adoption services is contingent upon the continued availability of lawful appropriations by the Texas Legislature, as well as budgetary and resource constraints.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models:

The entire post-adoption program in general is extremely helpful and has prevented thousands of adopted children from returning to care.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years:

There have not been formal evaluations, but the state is exploring this at the present time.

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number:

Jillian Bonacquisti at 512-438-4978.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

In the past, the most successful advocacy efforts have resulted from the collaboration of many adoption organizations coming together to help legislators understand the needs of adoptive families and the benefits of post-adoption services. COAC in Texas is really organized, goes to legislative hearings, and is currently advocating for expanded funding of post-adoption services.

VII. Does state track adoption disruption and/or post-adoption instability?

This is not tracked on a regular basis, but may be assessed periodically if there is a legislative inquiry.

UTAH

RESPONDENT: Marty Shannon, Adoption Program Administrator
Utah Department of Human Services, Division of Child and Family Services

I. General Information (Background on State Service System)

- **County-based vs. statewide system**
Utah is a statewide system, operating five very autonomous regions.
- **Uniformity of services across the state**
While policies and funding are uniform across the state, each region has autonomy to determine the services that best meet the needs of families within their region. Additionally, there is a difference between urban and rural regions, with community services being rich in the former and somewhat sparse in the latter.
- **Children on subsidy as of June 2013**
6,108
- **Are public child welfare adoption workers expected to provide post-adoption services?**
There are a total of 19 post-adoption workers throughout the state, with at least one in each of the five regions. These workers deal with crises and refer families to community resources that can meet their needs. All of the regional PAS workers have clinical backgrounds and experience, do assessments, and do wrap services around children in a family preservation model.

II. Post-Adoption Services Funded by the State for Adoptive Families

Post-adoption Information and referral data are posted on the state website. Utah contracts with the Adoption Exchange for website resource maintenance. More about Utah's post adoption services can be found at: http://www.utdcfsadopt.org/adoptive_family_resources.shtml

Post-adoption services in Utah are administered by the Division of Child and Family Services (DCFS) through contracted agencies, and parent organizations. They include the following: information and referral booklet and website, quarterly newsletter, lending library, educational events, regional support groups, a parent chat room, respite care, DCFS post-adoption workers, search and reunion assistance and mental health services (out-patient, proctor, and residential).

Information and Referral

The Adoption Exchange maintains a website with post adoption resources and publishes a quarterly newsletter, which is approved by the state. Newsletters can be accessed at: http://www.utdcfsadopt.org/adoptive_news.shtml

Educational Programs or Materials

The Utah Adoption Council hosts an annual conference for families. Support groups also host training events and can apply to the state for funding. An extensive lending library is accessed at: <http://www.utdcfsadopt.org/cgi-bin/adopt/library/main.cgi>, and a calendar of training events is at: <http://www.utdcfsadopt.org/calendar.shtml>.

Support Programs

Forty-one cluster groups for foster and adoptive families throughout the state offer regular support meetings on a variety of topics including: adoption, teen issues, foster care to adoption and kinship

adoption. A listing of support groups and contact information is at: http://www.utdcfsadopt.org/support_groups.shtml. The Adoption Exchange also hosts chat room meetings on a regular basis.

Therapeutic Interventions

As stated above, the 19 post-adoption services workers around the state assess families' situations and refer them to community resources to meet their needs. All of the regional PAS workers have clinical backgrounds and experience and do wrap services around children in a family preservation model.

Longer-term therapeutic interventions are provided primarily through public mental health services and contracted providers. Mental health agencies are developing specialists to deal with specific adoption issues. Public mental health services for children in Utah are administered by the Department of Health through Public Mental Health Centers and their contracted providers. Mental health services are offered under the state Medicaid plan and include: diagnostic and rehabilitative services, individual and family psychotherapy, skills training and development, physician services and prescription drugs.

The state does not adhere to any one model of intervention, but has a roster of contracted agencies, all of which utilize evidence-based and trauma-focused models. Contract agencies can offer adolescent trauma groups, parent-child interaction, and trauma focused CBT, among others. DCFS clinical staff have all been trained in TF-CBT as well. The preferred approach is to do home-based assessments, with a focus on relationship building and support. Child and family teams are often used, as well as teaming with the outpatient and residential providers.

Advocacy

PAS workers serve in an advocacy role for children and families, linking them with other services as needed. They are available for educational advocacy as well, and will attend school meetings.

Respite

Respite services are offered through 10 family support centers throughout the state, and families can access up to eight respite hours at a time. These centers also provide crisis nurseries and home-based respite. The private agencies determine the needs for their community; many offer a "date night" on the weekend to provide a break for several families and their children at the same time.

Information about the importance of respite and a link to search for providers and programs is at: <http://www.utdcfsadopt.org/respite.shtml>.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
There is not an "open-door" policy for accessing residential treatment for adopted children, but there is a process for accessing funding. Medicaid provides a carve-out for residential treatment for children and youth while still in care. Once the adoption has been finalized, another process is used to carve out funding for these services. All treatment programs are 16 beds or under and the funding covers treatment only, not education.
- **If yes, what is required to obtain this?**
The family must go through the DCFS PAS worker for an assessment of need and determination that other contracted providers have been unable to ameliorate the issues (sexual acting out, substance abuse, severe behavioral or mental health issues). They then work with the family to assess use of subsidy to cover the treatment, or if this is inadequate, placement can be funded through supplemental adoption funding for extraordinary and unusual needs. The family is required to participate in treatment and step-down planning.

- **Does the child have to re-enter state custody?**

Every effort is made to avoid the child re-entering state custody, unless there is an abuse or dependency ruling. There are treatment plan meetings every three months with the family, the PAS worker and the treatment provider.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

The child must have been adopted from public foster care. Services can be provided after age 18, but are sometimes unavailable. When this happens, the PAS work assists in getting the youth qualified for Medicaid and/or SSI.

B. Under what circumstances, if any, are these services provided to children who were not adopted through Utah’s Division of Child and Family Services?

The child must be at risk of entering foster care.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?

\$945,000 for PAS workers
\$150,000 for supplemental adoption assistance.
\$700,000 for Promoting Safe and Stable Families - adoption support

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- 1 Title IV-B, Part 1, Child Welfare Services
- 2 Title IV-B, Part 2, Promoting Safe and Stable Families for “Adoption Support & Promotion”
- 3 Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- Adoption Incentive Funds (\$150,000 – HIGH END NEEDS)
- Early Periodic Screening and Diagnostic Testing
- Title XX, Social Services Block Grant (SSBG)
- Title IV-A, TANFF
- Federal grants such as Adoption Opportunities
- Other federal funds-specify: _____
- State child welfare funds
- Other state funds-specify: _____

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:

State law stipulates that the supplemental adoption assistance provides for extraordinary, infrequent, uncommon needs, but this is dependent on funds being available in the budget.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

During the 2008-2009 fiscal crisis, the flexible funding that the supplemental adoption assistance provided was cut. As a result, data showed that kids were coming back into care. This information allowed the state to push for adoption incentive funds being dedicated for this purpose, and the trend of children entering care from adoptive families was turned around.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models:

None noted.

B. Significant findings of program evaluations and other post-adoption studies?

The University of Utah and Utah State have ongoing research programs. Currently, Utah State is surveying all adoptive families about knowledge of, usefulness of, and gaps in services. This research should be summarized and ready for dissemination in spring 2014.

1. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years: The solid increase, from previous surveys, in the percentage of families aware of services, and the percentage of families who know how to access services, indicates that the delivery of service information is continually improving. This is especially relevant in light of the fact that so many of these families are “new” to adoption in the last few years.
2. Despite the increase in service awareness and in service access knowledge, the rate of families’ use of post-adoption services has remained fairly stable for most services. These data also indicate that satisfaction with the quality of services has increased and exhibits a positive trend for all services.

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number:

Susan Egbert, Social Work Researcher at Utah State, at 801-495-1936.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

The Utah Foster and Adoptive Family Association is a very good grassroots advocacy group. There is an established advocacy team called “Partners” that includes the Adoption Exchange, Adoption Program Managers, Utah Foster Care Foundation, Fostering Healthy Children, Foster Care Program Administrator, Kinship Program Administrator, licensing workers, Grandfamilies program, Utah Foster and Adoptive Family Association, and the LDS Church, which meets bi-monthly on coordination and advocacy issues.

VII. Research: Tracking post-adoption instability

Utah has tracked the number of adopted children on subsidy who come back into custody since FY 2001. For example, by FY2012, 7.5 percent of the 506 children with finalized adoptions in FY2001 had re-entered care, and 11.5 percent of 445 finalized adoptions in FY2002 had re-entered care.

VERMONT

RESPONDENT: Diane Dexter, Adoption Specialist
Vermont Department for Children and Families, Family Services Division

I. General Information (Background on State Service System)

- **County-based vs. statewide system**
Vermont's state program is state-supervised and -administered.
- **Uniformity of services across the state**
Since 1996, Vermont has contracted with a Post-Adoption Consortium of private agencies, which provides families easier access to uniform services statewide. The Post-Adoption Consortium connects families with member agencies that provide an array of post-adoption services in each of the 12 districts of the state. These agencies are expected to meet consistent standards set by the state (e.g., they will serve people in their homes, provide support to the adoptive parents as well as children, take a family-centered approach to problem-solving, handle a standard range/number of cases, and participate in monthly full-day training meetings that deal with issues concerning post-permanency services sponsored by the state).
- **Children on subsidy as of June 30, 2013**
There were 1,800 children receiving subsidy in Vermont as of 6/30/13.
- **Are public child welfare adoption workers expected to provide post-adoption services?**
There are no public child welfare adoption workers. All post-adoption services are provided by contracted private agencies belonging to the Post-Adoption Consortium.

II. Post-Adoption Services Funded by the State for Adoptive Families

Information and Referral

Families experiencing post-adoption issues may enter the service system through a variety of points, such as any Post-Adoption Consortium agency, other state systems (e.g., mental health, justice) or private agencies. Requests are assessed by the post-adoption provider, and those needing a coordinated service plan are referred to a community mental health agency which creates a multi-disciplinary team to assess what's going on in the family, make appropriate referrals, and follow that family for a short time by checking in monthly to see if needs are being met. This is basic Level I service. If a higher level of service is needed, the team refers the family appropriately for specific, more in-depth service.

A Level II case would involve the development of a plan of care by the family and the post-adoption provider and would include regular monthly home visits to work on adjusted parenting skill building, building a community around the family to help with various things, connecting school, therapies, and family life together, being a sounding board for parental frustration, and guidance on skill development for the child. A Level III case is one where the child may be living outside the adoptive family home, and the post-adoption provider attends team meetings as a consultant and supports the family in getting the child home again. The Vermont Adoption Consortium is described as "comprised of agencies and groups from around the state who have joined together for a common purpose: to support Vermont's guardian and adoptive families: http://www.vtadoption.org/service_index.html.

Educational Programs or Materials

The Post-Adoption Consortium provides educational programs and materials in addition to the other services. These include vouchers for online trainings, a computerized lending library and three conferences addressing post-permanency issues each year.

Support Programs

The Consortium funds a number of support groups operating in Vermont (e.g., groups for Parents of Children with Challenging Behaviors, Families Raising Children of Color, and Families of Color. At least seven support groups currently are running throughout the state, each facilitated by a professional and parent team.

Therapeutic Interventions

Therapeutic interventions are provided through the Medicaid card. In some cases, families seek assistance from the Post-Adoption Consortium. The state brings in attachment expert Dr. Dan Hughes twice a year for consultation and also offers the services of David Melnick from the Northern Family Institute. Dr. Melnick performs Trauma Assessments and Brain Mapping and works to get family-oriented treatment teams up and running for families in crisis.

Advocacy

There are no special state-offered advocacy services for adoptive families; however, once families are working with the Post-Adoption Consortium, the worker from that member agency regularly advocates to get that family's needs met.

Respite

Vermont is attempting to ensure that the respite services it provides meet the best-interests-of-the-child standard. They want to normalize respite. Because funds are limited, respite through the Consortium, as described below, is only for families who did not adopt from the public child welfare system. Those who did adopt from foster care should use adoption subsidy money they receive to pay for respite. Families also can ask to have the adoption subsidy reviewed for additional funds. Respite can be creative; that is, it can take any form based on the needs of the child and his/her family (e.g., the child can go horseback riding, take music lessons, or go to camp; mom can go shopping, or parents can have a "date night" when needed, etc.).

Residential Treatment:

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
Vermont has enacted legislation that provides a way for adoptive families to request out-of-home placement for their children. ACT 264 states that families are entitled to a coordinated service plan. They can request a treatment team meeting comprising the local interagency team and representatives from State Mental Health, Board of Education, etc. The state agency does not provide funding but will provide case management services. The families use their subsidy money to fund the room and board costs of residential care. Through Medicaid, Mental Health pays therapeutic costs, and the Department of Education covers the educational component.
- **If yes, what is required to obtain this?**
See above.
- **Does the child have to re-enter state custody?**
No. The whole point is to prevent this from happening.

Search Services

The State Registry has one staff person to assist with searching. If the adoption was through a private agency, the family is referred to that agency. A fee is charged for search services. Private agencies sometimes facilitate reunions; however, the state does not.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

Services are available to any adoptive family in Vermont.

B. Under what circumstances, if any, are these services provided to children who were not adopted through the state system?

Services are available to any adoptive family. Birth parent groups also may be provided by the Post-Adoption Consortium.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?

Just under \$1 million.

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- _____ Title IV-B, Part 1, Child Welfare Services
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families for "Adoption Support & Promotion"
- 2** _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- _____ Adoption Incentive Funds
- _____ Early Periodic Screening and Diagnostic Testing
- _____ Title XX, Social Services Block Grant (SSBG)
- _____ Title IV-A, TANFF
- _____ Federal grants such as Adoption Opportunities
- 1** _____ Other federal funds-specify: Title IXX (Medicaid)
- 3** _____ State child welfare funds
- _____ Other state funds-specify: _____

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:

As stated earlier, ACT 264 provides access to residential services.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

Funding for Post-Adoption Services was cut in half in the past 10 years; however, in FY2013 all of the money that was cut was restored. This is due to the fact that the Vermont Adoption Specialist had demonstrated consistently for years that it is cost-effective to provide adoption assistance and post-adoption services. The average cost per child of adoption assistance is under \$8,000 per year. The average cost per child of post-adoption services is under \$2,000. The average cost of a child in custody is \$33,000 per year, and when adopted children come back into care they are usually placed in residential facilities, which cost upwards of \$60,000 per year.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models:

Moving the state DCF from the medical model of an identified patient (or in this case the child client) to a family-centered model has helped expand that focus, which post-adoption service practitioners have recognized as “best practice” for many years now. Specific efforts have been made to promote a common language and thought process that improves outcomes for families after adoption while also being fiscally responsible.

Privatizing the provision of post-adoption services is viewed by the state as very successful both programmatically and financially. Also, as an adoptive parent, why would I want to go to the child abuse/neglect agency for services if my child was not being abused or neglected by me? And why would I want to go to the Mental Health agency for post-adoption supports if my child is not mentally ill? What I need and want as a parent is a collection of agencies that know what it is like to raise a child not born to me who will have grief/loss issues and trauma issues.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years:

In 1997, the present Adoption Specialist did an informal study to look for commonalities in 200 cases from 1984 through 1996 in which an adopted child left their home prior to age 18. Such things as birth parent issues, type of abuse involved, children’s mental health issues, number of previous placements, and other factors were examined. Out of 200 cases, only three of the youth were incarcerated in adult prison at the time the adoption subsidy closed. The disruption rate was about 1 percent. The most common factors among these children were neglect and infant physical abuse, including head injury, while the most common factors among the children’s birth parents were domestic violence/criminal activity for the dads and mental health issues for the moms.

This same study was repeated in 2007, using cases from 1996-2007. The same factors among the children and the birth parents were noted, but the disruption rate went from 1 percent to 8 percent, which possibly can be accounted for because of the state’s new policy of seeking child support from adoptive parents who determine they can no longer parent their children.

The current state Adoption Specialist is anxious to find more research to drive the funding of best practices in supporting birth families and making initial placements before TPR.

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number:

Leanne LaChance, Coordinator for the Vermont Adoption Consortium, at 802-223-4744.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

Provide the budget data consistently every year, again and again, until the point is made and understood that the closer to the “front end” of the child welfare process intervention occurs, the more economical it is in every way.

VII. Research on tracking post-adoption instability: Does your state track adoption dissolutions and/or adoption disruptions?

No, not formally. The numbers of adoption subsidies that are permanently discontinued prematurely due to dissolution could possibly be gathered; however, no one has kept track of this data.

VIRGINIA

RESPONDENTS: Alex Kamberis, Assistant Director
Lyndell Lewis, Adoption Services Supervisor
Jennifer Cooper, Adoption Assistance Supervisor
Virginia Department of Social Services, Division of Family Services

Dr. Anne Atkinson, Policy Works, Ltd. (evaluator)

I. General Information (Background on State Service System)

- **County-based vs. statewide system**
Virginia is a state-supervised, locally administered Commonwealth with 120 local departments of social services (LDSS) and five state-run regional offices.
- **Uniformity of services across the state**
The Virginia Department of Social Services (VDSS) provides guidance to 120 LDSS in the form of written manuals, regional subject matter personnel (such as Permanency Consultants), and state-wide training. The LDSS are also subject to the rules and regulations set by their local city or county ordinance. VDSS uses various methodologies for determining if the LDSS are performing as expected, including various sub-recipient monitoring and sit visits by regional and state staff.
- **Children on subsidy as of June 2013**
6,713
- **Are public child welfare adoption workers expected to provide post-adoption services?**
Depending on the circumstances, the LDSS service staff can facilitate adoptive families in locating post-adoption services, or they can refer the families to the post-adoption services contractor (currently United Methodist Family Services: <http://www.umfs.org>).

II. Post-Adoption Services Funded by the State for Adoptive Families

Post-adoption services in Virginia are implemented primarily through the Adoptive Family Preservation (AFP) program. AFP services are delivered by a network of private agencies employing adoption professionals and adoptive parents hired and trained to provide services as Adoptive Parent Liaisons (APLs). Services delivered include information and referral, service coordination/advocacy, therapeutic and supportive counseling, crisis intervention, parent support groups, children's support/activity groups, and training. Clinical intervention and consultation are provided for a limited number of families and family retreats are offered when funding permits. Families also may access client funds that, when available, provide funds for a specific, well-documented need.

The contractor for managing the AFP program is United Methodist Family Services of Virginia. Services are open to all types of adoptive families, are family-initiated, and tailored to individual family needs. There are no fees for services and no limits on the levels of services provided.

Information and Referral

The AFP provides information and referral, and the most recent evaluation indicated that the staff responded to 533 inquiries from adoptive families for whom cases were not open over the past year. In addition such services were provided to families who were actively engaged in services. Families can access the program through a toll free phone number and are referred to the closest site geographically. The website, <http://adopt-va.org/vdss.html>, lists contact persons for each region of the state.

Educational Programs or Materials

The AFP program offers numerous trainings for child welfare professionals and resource/adoptive parents such as presentations on trauma, transracial and LGBT issues; Training for Adoption Competency and WISE-Up!, which helps social workers, adoptive parents, and children learn how to navigate questions about adoption. Many of the parent trainings are provided by community experts and include the following topics: Circle of Courage and Youth Adult Partnerships, Attachment is Less About the Child and All About You, The Five Love Languages of Children, Collaborative Problem Solving, Behavior Management, IEP's (Individualized Education Plans).

In addition, the Center for Adoption Support and Education has offered a webinar series on a monthly basis throughout the program year at no cost to AFP families and professionals.

FACES is a non-profit membership organization for foster, adoptive and kinship families. It is organized to support, educate and advocate on behalf of these families to ensure permanency. FACES contracts with VDSS to host webinars and symposia on special topics and produces fact sheets and other educational materials for families.

An educational support for adopted youth is the Education Training Voucher (ETV) Program. When a child (youth) has been in the Virginia foster care system and is adopted after turning age 16, the youth may be eligible for this program. ETV helps youth with post-secondary education and vocational training expenses. Some of the ETV approved items include tuition and fees, room and board and an allowance for books and transportation. Eligible youth can apply for the Tuition Grant at any community college located in Virginia.

Support Programs

The AFP program offers support groups for parents and children. Across all sites in the past year, 12 separate ongoing parent support groups were sponsored through the AFP program, as well as a virtual online support group with an average of 52 subscribers each quarter. A total of 146 parent support group sessions were reported, with total attendance of 1,969. In addition, 82 children's support/ activities group sessions were attended by a total of 763 children during that year (Atkinson, 2013).

AFP also provides limited financial assistance through a client fund that provides for specific, well-documented financial needs. In the most recent evaluation, 24 percent of families with open cases received assistance through this fund -- most frequently for camps and respite services, counseling or medical co-pay expenses, travel to needed specialized services and to visit children in residential programs, and for fees associated with extracurricular activities such as sports and band.

FACES of Virginia Families (<http://facesofvirginia.org/>), is a non-profit membership organization for foster, adoptive, kinship families and others. It is organized to support, educate and advocate on behalf of these families to ensure permanency for children and youth. FACES activities are based on contractual goals including maintaining a "Warm Line" for support of current and potential foster, adoptive and kinship care providers.

Therapeutic Interventions

Two types of counseling services are provided through the AFP program: therapeutic counseling (a therapeutic intervention provided by a clinically qualified AFP adoption specialist) and supportive counseling (provided by non-clinical AFP staff and typically oriented to problem solving). Of the 327 families served during 2012-13, 179 (54.7%) received supportive counseling services and 32 families (9.8%) received therapeutic counseling. The percentages of AFP families receiving these two types of counseling have remained relatively stable over the past five years. In addition, 6.7 percent of families received crisis intervention services (Atkinson, 2013).

Another therapeutic intervention provided through AFP is clinical consultation. This service is provided by two highly qualified clinicians who specialize in work with adoptive families. These clinical specialists may provide assessment, direct clinical intervention including in-person individual and family therapy, phone and e-mail consultation directly with families, and consultation to treating therapists and other professionals.

Mental health services may be provided by private or public agencies and individual private licensed practitioners. The public mental health agencies in Virginia are the Community Services Boards (CSBs). There are forty community services boards serving the state of Virginia. The CSBs are regulated by the Department of Behavioral Health and Developmental Services (www.dbhds.virginia.gov). The 2010 General Assembly directed DBHDS to establish a comprehensive plan to “identify concrete steps to provide children’s mental health services both inpatient and community-based, as close to children’s homes as possible.” In the final report, DBHDS identified the following base services as immediate priorities for community services capacity investment:

- Crisis Response Services, including crisis stabilization, emergency respite, in-home crisis stabilization, and mobile child crises response;
- Case Management and Intensive Care Coordination; and
- Psychiatric Services.

The Department of Medical Assistance Services (DMAS) covers costs of some mental health services.

Advocacy

Both the AFP program and FACES of Virginia Families provide advocacy services to adoptive families. In addition, advocacy is provided by the Adoption Development Outreach Planning Team (ADOPT), a voluntary child-advocacy group of individuals from public and private child welfare agencies, adoptive parents, therapists, attorneys and others interested in promoting its purpose. ADOPT is committed to promoting and assuring the rights of children in Virginia to permanent homes through advocacy, education, legislative activities and examination of practice issues.

Respite

Adoption assistance respite is available, depending on the circumstances, but is limited to a certain number of days per year. Also, three or more private contractors got a grant for respite services in 2013.

<http://www.respitelocator.org/>.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**

At this time, Virginia does offer residential treatment, provided the family receives adoption assistance for the child in question, has gone through the family partnership process, and there is a documented therapeutic need and plan. Residential placements are only approved for 90 days at a time. Additional time in placement must be determined prior to the extension and would depend on continued funding availability.

- **If yes, what is required to obtain this?**

The local DSS office with the adoptive parents will assess the range of resources available to defray costs, including the education and Medicaid systems. The manual (2.16.3.1) states: *After assessing all other resources available to help pay for residential treatment and when there are remaining costs, the LDSS and adoptive parents shall then determine whether the adoptive parents can financially afford the remaining costs for the requested special service.*

- **Does the child have to re-enter state custody?**
No, the child does not have to re-enter state custody.

Adoption Search - Access to Information from an Adoption Record

The adoptee who is 18 or over, the adoptive parent, the birth parent and the adult birth siblings to an adoption that was finalized in Virginia have certain rights under state law. The permanency Unit at VDSS has a permanent record of all adoptions finalized in Virginia since July 1, 1942. In addition, if the adoptee was placed through an agency with the legal authority to consent to the adoption, that agency may have a copy of the record. An Application for Disclosure is used to initiate a search.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

Adoptive Family Preservation Services serve any adopted children and their families.

B. Under what circumstances, if any, are these services provided to children who were not adopted through Virginia’s Division of Family Services?

Excluding Adoption Assistance Services, any adoptive family in Virginia, regardless of the origin of the adoption, can participate in the Adoptive Family Preservation (AFP) program.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?

The statewide Adoptive Family Preservation program contracted through United Methodist Family Services has a \$1.1 Million annual budget with a mix of federal and state funds. This program has existed since 2000. In 2013, \$500,000 in state general funds was allocated to expand post-adoption services. The focus of the new services is designated to the Piedmont and Western regions as underserved areas. These funds are designated for adoption competency training through CASE and education and support services for adoptive families in those regions.

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- _____ Title IV-B, Part 1, Child Welfare Services
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families for “Adoption Support & Promotion”
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- 3 Adoption Incentive Funds
- _____ Early Periodic Screening and Diagnostic Testing
- 1 Title XX, Social Services Block Grant (SSBG)
- _____ Title IV-A, TANFF
- _____ Federal grants such as Adoption Opportunities
- _____ Other federal funds-specify: _____
- 2 State child welfare funds
- _____ Other state funds-specify: _____

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:

Post-adoption services (beyond Adoption Assistance) are not stipulated in state law.

Adoption Assistance is in § 63.2-1300, "Purpose and intent of adoption assistance; eligibility;" § 63.2-1301, "Types of adoption assistance payments;" § 63.2-1302 "Adoption assistance payments; maintenance; special needs, payment agreements; continuation of payments when adoptive parents move to another jurisdictions; procedural requirements;" § 63.2-1303, "Qualification for adoption assistance payments;" and § 63.2-1304 "Appeal to Commissioner regarding adoption assistance."

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

There have been no cutbacks in post-adoption services. However, beginning 2012/2013, adoption subsidies must be negotiated with the prospective adoptive family. Regulations state: *Adoption assistance payments shall be negotiated with the adoptive parents taking into consideration the needs of the child and the circumstances of the family. In considering the family's circumstances, income shall not be the sole factor. Family and community resources shall be explored to help defray the costs of adoption assistance* (Virginia Register Volume 29, Issue 2).

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models:

The Adoptive Family Preservation Program is an exemplary model in that it is offered statewide. It allows flexibility and innovation in its implementation and reaches many families. It also allows families to receive help at times of need throughout the child's development.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years:

The Adoptive Family Preservation Program has a built in component for an annual evaluation done by a contracted evaluator, Policy Works, Ltd. An earlier evaluation was published in *Child Welfare*, based on phone interviews with 460 families (Atkinson & Gonet, 2007). They found that 63 percent of cases included children adopted from foster care, and families sought assistance from AFP an average of six years after children were placed, typically when they entered adolescence. Families who received services for a longer time period were more likely to rate their progress as substantial. Based on the evaluation, the authors concluded that the most helpful model includes an array of services that allows families to receive help at different times over a period of years.

The most recent evaluation (2012-2013) found that the program served 386 families for whom cases were opened that year, as well as additional families attending support groups, participating in parent training/educational activities, and receiving information and referral services. Services included 5,719.50 hours of case management services, 1,567.50 hours of supportive counseling, 1,317.25 hours of support group services, 1,048 hours of clinical assessment and consultation services, 714 hours of therapeutic counseling, 73.75 hours of crisis intervention, and 14 hours of training (Atkinson, 2013).

The evaluator concludes: *Two key barriers to parents and children accessing needed services remain: 1) the scarcity of adoption competent/trauma-informed therapists, particularly in rural areas and, 2) in the case of international and kinship adoptions, the lack of resources to pay for therapeutic services* (Atkinson, 2013).

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number:

Program Manager for AFP Program Rosemary Liberti at riliberti@umfs.org or 804-353-4461, Ext. 1447.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

The ADOPT organization has been the most visible in advocating for post-adoption services. They introduced legislation in the 2013 General Assembly Session, but the bill (House Bill 2271) did not pass.

WASHINGTON

RESPONDENT: Melanie Meyer, Adoption Support Program Supervisor
Washington Department of Social and Health Services

I. General Information (Background on State Service System)

- **County-based vs. statewide system**

The Children's Administration of the Department of Social and Health Services is a centralized, statewide system with six administrative regions.

- **Uniformity of services across the state**

Administration of adoption support services, as described below, is centralized. The adoption support program consultants are located in the six administrative regions.

- **Children on subsidy as of June 2013**

As of June 2013, there were approximately 14,600 children receiving adoption subsidies, and approximately 2,500 were receiving Medicaid assistance only.

- **Are public child welfare adoption workers expected to provide post-adoption services?**

There are 12 state workers who provide post-adoption support and information services to families after adoption. This includes post-adoption supports and information and referral services. The State of Washington is exploring opportunities with its stakeholders and private agency partners for the development of post-adoption services.

II. Post-Adoption Services Funded by the State for Adoptive Families

The Adoption Support Program primarily involves the provision of Adoption Assistance and medical and dental coverage through Provider One, the Washington State Medicaid Provider. Adoption support program consultants are available to assist adoptive families in locating other services as needed: see publication for families, "Post Adoption Questions and Answers" at:

<http://www.dshs.wa.gov/pdf/Publications/22-1211.pdf>.

Information and Referral

State workers field calls from adoptive parents regarding information about services such as counseling, crisis intervention and special education services. On a statewide level, the program is working with the National Resource Center for Adoption (NRCA) for consultation on creating website content that will be beneficial and user-friendly for adoptive parents seeking information and referral.

Educational Programs or Materials

Adoption support parents (those receiving Adoption Assistance) are eligible to attend training available to foster parents and training provided by the Alliance for Child Welfare Excellence.

Support Programs

There are adoptive parent support groups around the state facilitated by adoptive parents and private agencies. The department website has a list of such groups.

Therapeutic Interventions

Adopted youth receiving subsidy are eligible for Medicaid Coverage, which can be used to pay for out-patient mental health services. If an appropriate therapist, who takes Medicaid is not found families can

request pre-authorized counseling/evaluations through the adoption support program. Reimbursement is based on the state rate and inclusive of the family’s private medical coverage.

Portland State University provides training for therapists and staff willing to participate in the adoption competence certificate program. There are therapists in Washington who have received this certificate. The state is working on developing a list of adoption competent providers to have on their website.

Advocacy

There are no formalized adoption-support advocacy programs at this time.

Respite

The state does not pay for respite services after adoption.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**

The State does not pay for residential treatment for children through adoption support. If adopted children need intensive mental health treatment, they can contact their local Regional Support Network for assessment.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

All families who are eligible for adoption support can contact their adoption support program consultant for information and referral.

B. Under what circumstances, if any, are these services provided to children who were not adopted through the state system?

The Department provides information to families who have adopted privately or internationally.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?

Washington uses state funds to pay for pre-authorized counseling for adoption support families.

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- _____ Title IV-B, Part 1, Child Welfare Services
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families for “Adoption Support & Promotion”
- 1** _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- _____ Adoption Incentive Funds
- _____ Early Periodic Screening and Diagnostic Testing
- _____ Title XX, Social Services Block Grant (SSBG)
- _____ Title IV-A, TANFF
- _____ Federal grants such as Adoption Opportunities
- _____ Other federal funds-specify: _____
- 2** _____ State child welfare funds
- 3** _____ Other state funds-specify: Title IV-E

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:

The adoption support program is regulated by Washington WAC and RCW.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

The State of Washington used to contract with private agencies for post-adoption services to families. These funds were cut and have not been re-funded. The state is exploring options with its stakeholders and private agency partners on the feasibility of providing this service.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

None noted.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

Beginning July 1, 2013, the adoption support program was centralized. This will aid in statewide process and negotiation consistency.

VII. Does your state track adoption dissolutions and/or adoption disruptions?

- Dissolutions – the information is tracked but the data has not been validated.
- Disruptions – this is not currently tracked.

WEST VIRGINIA

RESPONDENT: Maggie W. Molitor, Adoption Program Policy Specialist
West Virginia Department of Health & Human Resources

I. General Information (Background on State Service System)

- **County-based vs. statewide system**

West Virginia has primarily a statewide system, with districts comprising either a single county or multiple counties.

- **Uniformity of services across the state**

Some districts operate with a degree of autonomy; however, uniformity in policy and service delivery is the goal.

- **Children on subsidy as of June 2013**

There were 5,741 children receiving financial subsidies as of June 30, 2013, and 5,293 children receiving medical subsidies. Most of these are for the same child; however, a few in each category receive only one or the other.

- **Are public child welfare adoption workers expected to provide post-adoption services?**

No. Generally speaking, state workers provide only information and referral services.

II. Post-Adoption Services Funded by the State for Adoptive Families

Information and Referral

State workers respond to requests from families to the best of their ability.

Educational Programs or Materials

The primary resource is educational programs offered through foster/adopt support groups. Also, foster care agencies provide training for their resource families and allow adoptive families to attend as well. The state itself offers no educational programs specifically for adoptive families.

Support Programs

No support groups are funded by the state. The foster/adoptive parent associations run their own support groups, but these are not available in every region of the state.

Therapeutic Interventions

Therapeutic interventions are provided only by private agencies and practitioners, and expertise in adoption is very limited. The state will sometimes pay for therapeutic services deemed “socially necessary” to preserve the adoptive family, such as time-limited in-home case management. Otherwise, parents are expected to find and fund their own therapeutic services.

Advocacy

State workers sometimes refer families needing legal advocacy to the F.A.S.T. program (the state’s legal aid organization).

Respite

In cases involving Child Protective Services, the state can pay for respite, but few providers are available.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**

Medicaid pays for residential treatment when West Virginia’s children go out of state for it; to pay for residential treatment within the state, children have to be in state custody. West Virginia does not allow parental placement of children in residential treatment.

Other Services

West Virginia offers a Mutual Consent Registry for adoptees and birth families. The state will supply non-identifying information when both parties are registered and can even facilitate connecting the mutually consenting parties once the adoptee is 18.

III. Qualifications for Post-Adoption Services

- A. What are the eligibility criteria for receiving services?**

Adoptive families must reside in the state and have adopted through DHHR.

- B. Under what circumstances, if any, are these services provided to children who were not adopted through the state system?**

By policy, none; however, state workers try to do whatever they can on a case-by-case basis.

IV. Support for Post-Adoption Services

- A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?**

Unable to provide current figures at this time.

- B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)**

- _____ Title IV-B, Part 1, Child Welfare Services
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families for “Adoption Support & Promotion”
- 3** _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- _____ Adoption Incentive Funds
- _____ Early Periodic Screening and Diagnostic Testing
- _____ Title XX, Social Services Block Grant (SSBG)
- _____ Title IV-A, TANFF
- _____ Federal grants such as Adoption Opportunities
- 2** _____ Other federal funds-specify: Title IV-E
- 1** _____ State child welfare funds
- _____ Other state funds-specify: _____

- C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:**

Adoption Subsidy (both financial and Medicaid) and the Registry are mandated.

- D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:**

No, the subsidies have remained stable.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

The state presently is researching a number of post-adoption services practice models from other states with the intention of adopting an effective one in the near future.

A. Please describe practice models

None noted.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years

In 2011 findings of a needs assessment were published to highlight what adoptive parents feel they need for post-adoption services. The top needs identified in the assessment were:

1. Increase the number of Medicaid providers in the state.
2. Continued education for adoptive parents and providers.
3. Better educational support services.
4. Greater access to counseling services.
5. More training for adoptive parents regarding specific special needs.

A task force was formed to review the findings of an adoptive parent survey and to make recommendations. Their report concludes: *The availability of Post Adoption Services is extremely lacking for our families, even in the most populated areas of the state with the most overall services available. Many families who have adopted children through the state foster care system, through private agencies, and even internationally, are in need of some of the most basic resources to assist them in ensuring their children have the best possible care within their current adoptive family system. Families who are raising adopted children have unique needs, whether they are parenting children with or without special needs. West Virginia has the opportunity to build expertise in this area through planning, coordinating, and making some simple modifications in our current system. Placing focus on adoptive family preservation benefits the children and families we serve and decreases the likelihood that adopted children will return to the foster care system.*

D. Contact persons who could give us more information about noteworthy practice models or research and their phone number:

Carla Harper, Program Manager, at 304-356-4571 or Carla.J.Harper@wv.gov.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

Now that state leadership has stabilized following a number of changes, the Adoption Program Policy Specialist is looking forward to selecting and implementing an effective practice model for the Post-Adoption Services that are so necessary for the state's families and children.

WISCONSIN

RESPONDENTS: David Timmerman
Supervisor Adoption Eligibility and Payment Unit
Wisconsin Department of Children and Families

Oriana Carey, Vice President
Post Adoption Resource Center at Coalition for Children, Youth & Families

I. General Information (Background on State Service System)

- **County-based vs. statewide system**
Wisconsin has a county-based system for foster care, but adoption from child welfare is a state responsibility with three private agencies doing those adoptions under state supervision.
- **Uniformity of services across the state**
Wisconsin delivers a core group of post-adoption services through five regional Post Adoption Resource Centers to all areas of the state. These include the Northeastern region (Family Services of NE Wisconsin); Northern (Catholic Charities in Wausau); Southeastern (Coalition for Children, Youth & Families); Southern (Catholic Charities of Madison); and Western (Catholic Charities in Eau Claire and in LaCrosse).
- **Children on subsidy as of June 2013**
9,126
- **Are public child welfare adoption workers expected to provide post-adoption services?**
No.

II. Post-Adoption Services Funded by the State for Adoptive Families

The Department of Children and Families contracts with private providers to deliver post-adoption services through five regional Post Adoption Resource Centers (PARC). Each PARC offers a range of services, including a toll free information line, trainings for adoptive families, linkage with support groups and mentor families, lending libraries, and special events to bring adoptive families together throughout the year. The regional providers and contact persons for each PARC are delineated on this website: <http://wiadoptioninfocenter.org/Resources/PostAdoptionServices.aspx>.

Many of the PARC providers bring additional funding to post adoption services through grants, in-kind services and donations.

Information and Referral

Information and referral services are provided through the five Post Adoption Resource Centers and through the staff of the Department and its contractual adoption agencies. There is a toll-free phone line for adoptive families at each regional PARC.

Educational Programs or Materials

All of the PARCs offer educational opportunities for adoptive families and resource materials available to families through an inter-library loan system. For example, the Southeastern PARC offers trainings approximately once each month on a range of adoption-related topics, which offer distance learning options for rural families, as well as two day-long conferences each year. The Wisconsin Foster and Adoptive Parents Association (WFAPA) offers two conferences a year and a quarterly newsletter to foster and adoptive parents.

Support Programs

PARCs offer support groups and maintain information on those available through other auspices. There also are mentor families programs, particularly to reach adoptive families in rural areas. In addition, WFAPA offers support as well as training to members.

A unique support program that operates in all of the regional PARCs is called “Home to Stay” and is funded by Jockey Being Family. The purpose of this program is to provide outreach to families adopting from foster care and to encourage them to connect with other adoptive families through PARC services. PARC orders each child in the family a personalized backpack (furnished by Jockey), which is filled with gifts, goodies, etc. Either several families are invited simultaneously to bring their children to a party where they receive the backpacks, or a PARC staff member visits their home to bring the gifts and explain PARC to them. Jockey also sponsors training events (e.g. Wise Up About Adoption and national trainers who come in yearly for a parent conference, and family fun events provided through the PARCs. A recent survey of families receiving a visit in 2013 showed that 82 percent of the families who were visited had used some additional services throughout the year.

Therapeutic Interventions

Subsidy is the primary funding resource for therapeutic intervention and/or counseling. PARCs assist families in locating therapists trained in adoption issues. The Coalition for Children, Youth & Families maintains statewide lists of therapists with specific training in adoption issues.

Advocacy

PARCs have been involved in specific advocacy efforts on behalf of all adoptive families in an area as well as in assisting individual families. For example, in past years, they have advocated in their areas for additional dentists to accept the medical card for dental services to adoptive families.

Respite

Respite services are very limited overall.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**
This is allowable on a case-by-case basis in order to provide children with the best available care. Keeping the adoptive family intact is a high priority for DCF.
- **If yes, what is required to obtain this?**
The adoptive family can contact DCF and request assistance if necessary. Occasionally the Post Adoption Resource Center (PARC) or the RCC may contact DCF directly on behalf of the family.
- **Does the child have to re-enter state custody?**
No, this is not a requirement; however, frequently the child has been placed under the placement and care responsibility of a Child Welfare Agency prior to the placement in an RCC.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

All families who have adopted in Wisconsin or families who have adopted elsewhere and moved to Wisconsin are eligible for post-adoption services.

B. Under what circumstances, if any, are these services provided to children who were not adopted through Wisconsin’s Department of Children’s Services?

Children receiving adoption assistance have access to a greater range of services than those who are not.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?

\$540,641 total for the Post Adoption Resource Centers.

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- _____ Title IV-B, Part 1, Child Welfare Services
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families for "Adoption Support & Promotion"
- 1** _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- _____ Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- 3** _____ Adoption Incentive Funds
- _____ Early Periodic Screening and Diagnostic Testing
- _____ Title XX, Social Services Block Grant (SSBG)
- _____ Title IV-A, TANFF
- _____ Federal grants such as Adoption Opportunities
- _____ Other federal funds-specify: _____
- 2** _____ State child welfare funds
- _____ Other state funds-specify: _____

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:

No post-adoption services are currently required by State Statute or Administrative Rule.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

DCF is continuing to look for new ways to support adoptive families post-adoption. There is actually an increased funding effort underway to fund new initiatives and programs in the post-adoption area. This includes the use of Adoption Incentive Funds and state savings from the title IV-E eligibility of "applicable children" in the adoption program area.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models:

Under a federal Healthy Marriage grant from 2005-09, CCYF developed a curriculum, *Our Home Our Family*, focusing on communication and relationship strategies that showed significant gains (reduction in school problems, 1% divorce rate of participants, etc.) in a five-year cumulative study.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years:

Recent surveys have shown that families often are in need of respite and medical services that may not be covered under Title XIX. There is also a need for therapists who are familiar with and possess expertise in working with adopted children. The rural areas of our state are lacking

resources in all areas and this puts a heavy strain on the families attempting to work through issues in their home. Lastly, families have often asked for a mentoring program to help them work through some of struggles that most adoptive families experience.

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number:

Steve Obershaw at 608.261.7660.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

PARCs have provided information and testimony at hearings around the need for increased funding for post-adoption services.

VII. Does your state track adoption disruptions or post-adoption instability?

DCF has recently developed the ability to track disruptions for public and domestic adoption assistance cases.

WYOMING

RESPONDENT: Maureen Clifton, Adoption Program Analyst
Wyoming Department of Family Services, Social Services Division

I. General Information (Background on State Service System)

- **County-based vs. statewide system**
Wyoming is a state-administered system from a central office in Cheyenne, delivering services through county-based offices of DFS. All policies come out of the state office.
<http://dfsweb.wyo.gov/social-services/adoption>
- **Uniformity of services across the state, etc.**
Services are intended to be uniform across the state, but not all services may be available statewide such as in rural areas.
- **Children on subsidy as of June 2013**
Wyoming has on average 550-600 subsidies paid a month.
- **Are public child welfare adoption workers expected to provide post-adoption services?**
Yes. If a family requests services and returns to their local branch office, they may receive services from the DFS office.

II. Post-Adoption Services Funded by the State for Adoptive Families

Most children adopted from state foster care have an Adoption Assistance Agreement which includes: monthly cash subsidy, Medicaid health insurance, and some services if requested by the family. Wyoming is a member of the Adoption Exchange in Colorado and has recruitment and some information/referral provided by the Adoption Exchange. In addition the state utilized federal Adoption Incentive funds to provide small grants to the state-licensed/certified adoption agencies to assist them in providing services to families.

Information and Referral

Families needing referral and information may call an 800 number for the Adoption Exchange (AE) in Colorado. The AE networks with Wyoming adoption agencies and professionals and can assist families to connect to services. The AE website lists some national adoption resources. Also the state website and the AE website provide a list of the six-to-seven state adoption agencies that families may contact for information.

Educational Programs or Materials

The state purchased subscriptions to "Fostering Families Today" for all Wyoming foster and adoptive families. Also, there is a state "Adoption and Foster Care Alliance" that provides an annual training conference for families. The state provided some small grant funding to provide the conference.

The state provides a free lending library of resources and materials available through the Wyoming State Library in Cheyenne. Foster and Adoptive Families can access the Index to Resources through the state of Wyoming Foster Care Information page

<https://docs.google.com/file/d/OB6DSpyyE-UESWEJRM2FLNC1fQOU/edit>. The materials can be sent to any local branch library in the state for family and/or general public access.

Support Programs

Availability of support programs varies across the state. At one point, the state provided funding for two to three years for an adoption camp (utilized IV-B, part2 funding).

Some support groups and events for families are provided by local adoption agencies and county DFS offices. There is no listing of groups on a website or central directory (There is currently only one adoption support group listed for the state of WY on the AE website at Catholic Charities of Wyoming in Meeteetsee, WY). The state has used some Adoption Incentive funds to pay for picnics and other gatherings for foster and adoptive families. The Wyoming Adoption and Foster Care Alliance (private faith-based volunteer organization) lists some events on its website.

Therapeutic Interventions

The Wyoming Department of Health has a waiver through the Community Mental Health agencies to provide Wraparound services statewide. The state provides mental health services regionally.

Advocacy

Wyoming has a strong education system and services through the Wyoming Department of Education. Families needing educational advocacy and services such as IEP's can access that through the Department of Education. There are also lots of parent group resources made available as well.

Respite

There is no formal respite program; however, the state can utilize Title XX funds to pay for respite. The family needs to request these services from a local DFS office.

Residential Treatment

- **Does the state pay for residential treatment for children adopted from foster care? What is the process for obtaining this?**

Yes, residential treatment is paid for through a child's Medicaid health insurance. The state provides a listing of youth treatment facilities including in-state and out-of-state residential facilities, and group homes approved by DFS and the Department of Education on its state Division of Child Care web page. Often the state encourages families to set up "0 dollar" and/or "0 Medicaid" agreements when they are negotiating adoption subsidy so that if a child needs residential treatment in the future, they will be able to access it.

- **If yes, what is required to obtain this?**

The family would access services through the Department of Health/ Mental Health System, or by requesting service assistance through DFS to assist them in connecting to that system.

- **Does the child have to re-enter state custody?**

No.

If a private or international adoptive family needs services and does not have a state subsidy, they can request voluntary services through the local DFS office or sometimes and, if necessary, arrange for the state to have voluntary custody of their child in order to access the services. These are the same voluntary services that any family in the community could be referred to or access if in placement distress/crisis. Also, the family may be able to gain services with their own private insurance.

Professional Development and Adoption Competency

Wyoming-certified adoption agencies have provided training and professional development for their staffs to increase their adoption competency by utilizing funding from small grants from the state.

Search and Reunion

The state of Wyoming provides a Search and Reunion Service – “Adoption Confidential Intermediaries Service”. Adoption Confidential Intermediaries (CI) work for adoptees and their biological families in hopes of reconnecting the family members or collecting important medical histories. CIs, as these trained volunteers are called, are given special access to court records concerning the adoption. Adoptees who have reached the age of 18 interested in these services pay a fee for provision of search and reunion with biological family, and obtaining confidential medical histories.

III. Qualifications for Post-Adoption Services

A. What are the eligibility criteria for receiving services?

Any child who was adopted through state foster care.

B. Under what circumstances, if any, are these services provided to children who were not adopted through your state’s Department of Family Services?

Others qualified to receive the above services include: a child adopted from another state’s foster care system who is receiving adoption subsidy and Medicaid; a child who was adopted through a private agency in the state and met the criteria for “special needs” to receive adoption subsidy.

IV. Support for Post-Adoption Services

A. What is the total annual budget for post-adoption services (excluding Adoption Assistance)?

It can vary and is based on the funding that is utilized or requested by families/children needing services, or that is made available from the state plan on an as-needed basis. (Wyoming has a small number of adoptions from foster care; about 100 a year). There is a provision in the current state plan for services to be provided if requested by families.

The state provides post-adoption services through small grants to the adoption agencies, to the Adoption and Foster Care Alliance for the annual conference, membership to the Adoption Exchange, and the state lending library of materials. The state has utilized Adoption Incentive funds for these which can vary year to year.

B. What are the primary sources of funding for post-adoption services? (Please order from 1=top funding source to the source that the lowest amount of funds is used.)

- 1 Title IV-B, Part 1, Child Welfare Services
- 3 Title IV-B, Part 2, Promoting Safe and Stable Families for “Adoption Support & Promotion” (occasional small grants)
- 3 Title IV-B, Part 2, Promoting Safe and Stable Families from categories other than adoption
- 3 Adoption Incentive Funds: state provides small grants
- 2 Early Periodic Screening and Diagnostic Testing
- 2 Title XX, Social Services Block Grant (SSBG)
- Title IV-A, TANFF
- Federal grants such as Adoption Opportunities
- Other federal funds-specify: _____
- State child welfare funds
- Other state funds-specify: _____

C. Which, if any, of these services is legally stipulated in state law? If any post-adoption services are included in state law, please describe:

State law only addresses the provision of adoption subsidy, not post- adoption services.

D. Have there been significant cutbacks in post-adoption services or adoption subsidies in the state in the past 10 years? If so, please describe:

No.

V. In your state, are there noteworthy practice models or research reports related to adoption support and preservation that you could share with us?

A. Please describe practice models:

Collection of Foster Adoption Materials in the Wyoming State Library. In 2012, DFS did a survey of the adoption agencies and state foster/adoption professionals, GAL's, DFS workers and resources using Adoption Incentive funds about materials and resources relevant for foster and adoptive families. The state used the results to purchase and create a state lending library of materials and resources that they have made available to all foster, adoptive and general public through the state library in Cheyenne.

Good Team Work and Cross System Collaboration. A successful strategy for the state is that they have kept up with good team work and information sharing across systems such as DFS, Governor's office, GAL, Attorney General office (TPR) and the courts. For instance DFS has shared with the AG that they are successful in recruiting for and finding homes for older, harder to place children which has resulted in the AG's office being willing to go forward with TPR for older children so that they can be placed for adoption and exit foster care. The state also put more funding into the AG's office so that they could do more TPR's for children in foster care. Other examples include: Training Provided – DFS provides for lots of information sharing and training regarding the needs of foster/adoptive children/families. They bring training in to the state and provide it to cross systems such as Juvenile Justice, GAL, AG, DFS workers, Families, Adoption Agencies. Concurrent Planning – DFS practices concurrent planning for children and shares information and training on that practice with its caseworkers, and other systems.

The state recently used Adoption Incentive Funds to honor/support an adoptive family who received the National Adoption Excellence Award from the Children's Bureau. Since the family was not flown to DC to receive the award at a ceremony as has occurred in the past, the state paid for a trip to bring the family to Cheyenne, the state capital, and had its own ceremony.

B. Significant findings of program evaluations or other post-adoption studies conducted in the State in the past 10 years:

None noted.

C. Contact persons who could give us more information about noteworthy practice models or research and their phone number:

None noted.

VI. Please share any strategies that you have used to successfully advocate for post-adoption services in your state.

DFS advocates for state funding for foster care and adoption in order to support families.

VII. Research on post-adoption instability?

No.