

PROPOSED FLORIDA MODEL PROGRAM

FOR

POST ADOPTION SERVICES

Prepared by:

Child Welfare and Community Based Care Program Office, 2004

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## POST ADOPTION SERVICES MODEL PROGRAM

### I. PREMISE:

Adoption is a life long process. Establishment of a statewide model program for providing post adoption services represents a commitment to Florida's adoptive families and an acknowledgement that these families often need services to successfully meet the life long challenges of adoption. This model program recognizes that families adopting children whose experience includes foster care placement will face significant challenges in coping with abuse and neglect, attachments and residual grief and loss issues.

The two guiding principles of Florida's model program for providing post adoption services are:

- Recognizing that the family unit is the most effective vehicle for healing the trauma experienced by these children.
- Understanding that provision of post adoption services is a necessary component of the permanency planning process.

### II. BACKGROUND AND OVERVIEW:

Historically, post adoption services in Florida have been provided informally and inconsistently across the state. Often, an adoptive family contacted their former adoption counselor about the need for services months or years after the adoption was finalized. Pursuant to an increased number of special needs adoptions in Florida and the transition of adoption services to Community Based Care, a consistent and comprehensive model of post adoption services that families can rely on anywhere they reside in state is needed. In addition, the renewed focus on the permanency option of adoption for older children will result in adoptive families with significant challenges and needs for services well beyond finalization. Post adoption services are required as a preventive measure and to improve the safety, permanency, and well being of adoptive families.

Florida's model for the array and provision of post adoption services is based upon needs identified in research studies of adoptive families and adoption practitioners. The specific studies include "Assessing the Field of Post-Adoption Services: Family Needs, Program Models and Evaluation Issues", "Strengthening Adoptive Families: A Synthesis of Post-Legal Adoption Opportunities Grants", and "Strengthening Families and Children- Promising Practices in Adoption-Competent Mental Health Services". The model is based upon services that are preventive in nature and promote family preservation. The identified needs and corresponding services are captured under the following three categories:

- Education and training
- Mental health assistance
- Supportive assistance

Adoptive parents and adoption practitioners have identified the need for a coordinated effort between child welfare, mental health, and educational professionals regarding provision of services to adoptive families. Therefore, the responsibilities and tasks for providing specific services are shared across agencies. Implementation of this collaborative effort requires a consistent focus by the Central Office Adoption Program Manager to ensure the needs of adoptive families are addressed.

- The Adoption Information Center Advisory Committee will be an additional partner in this model. The Committee members include representatives from public and private agencies and adoptive and birth parents. Their input shall be requested during development, implementation and on an ongoing basis.

### III. POPULATION TO BE SERVED:

The model will focus efforts, funding and primary services on adoptive families with children under age 18 and who were adopted from the Florida foster care system. Information and referral services will be offered to adoptive families who have adopted privately or have adopted children from the foster care system of another state or country.

#### IV. IDENTIFIED NEEDS AND PRACTICES TO ADDRESS NEEDS:

##### A. EDUCATION AND TRAINING:

**Identified Need 1: Research studies have provided data suggesting that adoptive parents and adoption practitioners identified a significant need for educational professionals and mental health practitioners to be knowledgeable about adoption issues.**

Abundant research exists to suggest that environmental adversities in an adopted child's background such as child abuse, neglect, malnutrition, poor medical care, lack of adequate stimulation and weak or ruptured relations with caregivers were associated with later life problems.<sup>1</sup>

In a 1986 study conducted in Massachusetts, the most common identified post adoption need was that of mental health services delivered by "qualified adoption-sensitive mental health practitioners."<sup>2</sup> An Ohio project reported that almost 75 percent of initial calls requesting post adoption services involved a request for a referral to a therapist who "knows something about adoptive families."<sup>3</sup>

School issues are consistently rated as another area of significant concern for adoptive families. In particular, adoptive families struggle in working with educational professionals who lack knowledge about adoption issues.

In Florida, adoptive parents have stated that most therapists and school professionals are not knowledgeable, experienced or skilled in helping families with adoption specific issues and the challenges related to adopted children who have experienced abuse and neglect with their birth families.

Based on research studies with adoptive families and adoption practitioners, the following list was developed to describe the prerequisites for adoption competence for a mental health, educational or child welfare professional. The model program shall use these prerequisites to identify the education and training topics for regional adoption training events. The emerging list of prerequisites for adoption competence includes:

- Knowledge that adoption is one way to form a family and is a life-long process, with remarkably universal experiences as well as unique individual feelings and perceptions;
- Recognition that parenting relationships and family connections are the single most therapeutic element in the life of a child over time;
- Ability to understand that there are common developmental challenges in the experience of adoption;
- Willingness to help families promote secure attachments and healthy relationships no matter what the developmental challenges;
- Ability to address adoption from a culturally competent family perspective: understanding the power of the triad of family relationships;
- Willingness to "balance the power" with adoptive families, collaborating with them as team players and colleagues toward the mutual goal of helping a child to heal;
- Willingness to avoid blaming adoptive parents for their children's behaviors, reframe everyone's goal as being "part of the solution";
- Ability to help adoptive parents honor their child's past and talk with their child about separation, loss and feelings about birth parents;
- Ability to support adoptive parents in assuming parental entitlement and authority, fully empowering them as decision-makers and "experts" when it comes to their child and family;
- Recognition of and respect for the characteristics and skills that make adoptive families successful and assist families in developing and practicing those skills;
- Willingness to work and provide in-home and outreach services to families that meet them "where they are"; and
- Recognition that temporary out-of-home treatment may be essential (not a "failure" in the adoption) and that the focus is to work to keep the child and family connected and reunified as soon as possible.<sup>4</sup>

In order to identify mental health practitioners with established competency, the model program shall define “adoption competence” as:

- Successful completion of the post graduate certification program for adoption competence, or
- Recommendations from a minimum of three adoptive families and three adoption counselors regarding individual or family counseling provided to adoptive families, or
- Successful completion of a minimum of twenty hours of competency-based adoption training and passing scores on evaluations provided at the end of each training session.

**Identified Need 2: Adoptive parents require education and training related to adoption issues, with an emphasis on strategies for handling loss, grief, relationship building, and acting out behaviors on the part of the adoptive children.**

The American Public Human Services Association’s Association of Administrators of the Interstate Compact on Adoption and Medical Assistance found that only 20 states provide parent training as a post adoption service to adoptive parents.<sup>5</sup> Various types of parent training include post-adoption resource centers, lending libraries, newsletters, annual adoption conferences, and ongoing education and training for parents.

**Services to address the need for education and training of child welfare, mental health and educational professionals and adoptive families about adoption issues.**

**1. Adoption Awareness Campaign in the Mental Health and Educational Communities:** The Department, Children’s Mental Health and the Department of Education need to establish a workgroup to develop and implement a plan to address awareness of the need for adoption competent services for adoptive families. The purpose of the workgroup is to develop an awareness plan about adoption issues within the mental health and educational communities.

**2. Regional Adoption Education and Training:** The Department, Children’s Mental Health and the Department of Education need to establish a workgroup to develop a plan for adoption training by September 1 each year. The workgroup will develop a plan that includes:

- Three two-day training events per year for adoptive families and professionals. The trainers will include national adoption experts from organizations such as Casey Family Services; Spaulding’s National Resource Center, The Evergreen Center, and the Child Welfare League of America.
- Adoption topics that address the prerequisites for adoption competence identified by adoptive families and adoption practitioners. The curriculum developed at Rutgers University and designed for mental health practitioners and the curriculum in Vermont designed for educational professionals will be incorporated in the training.
- Location and dates for training. The workgroup will identify and establish two regional locations for each of the three events.
- Notification of mental health and educational professionals about adoption training events. The identified specialists with the headquarters’ Children’s Mental Health and the Department of Education and the districts’ specialists for these two agencies shall provide informational flyers about the adoption training events to local mental health and educational professionals. Residential treatment staff who work with adoptive families when their children are in residential treatment will also be encouraged to attend
- Notification of adoptive parents about adoption training events. A variety of methods will be used to notify adoptive parents of the yearly calendar for adoption training events.
- After the Post Adoption Services Web Page is implemented, the yearly calendar of adoption training events will be listed by September 1 of each year.

There is an identified need and benefit to an integrated approach for providing education and training to the practitioners working with adoptive families. In order to promote an understanding of the issues and challenges of adoption, training events will optimally include adoptive parents as trainees along with child welfare and educational and mental health practitioners.

**3. Pre-Adoption Education:** The educational curriculum developed by the headquarters Adoption Policy Unit for foster parents and relative caregivers who want to adopt shall be provided as a part of the home study process. The educational material may be presented in a group setting with foster parents or relative caregivers or on a one-on-one basis with each foster parent or relative caregiver. The specific dynamics and challenges of being an adoptive parent and a relative are included in the relative caregiver adoption curriculum. This educational material is a preventive measure and shall include specific information about local resources and the processes involved in accessing post adoption services.

**4. National Adoptive Parent Conferences:** In addition to adoptive parents attending regional training events provided by headquarters, coordination and assistance is needed for 15-20 adoptive families who adopted children from Florida's foster care system to attend the annual national adoption conference sponsored by the North American Council on Adoptable Children (NACAC). The national NACAC conference is consistently attended by hundreds of adoptive parents with special needs children and is considered by adoption practitioners to be an excellent educational and peer support experience.

**5. Post Graduate Certification Program for Licensed Mental Health Practitioners:** In partnership with the Department of Education and Children's Mental Health, a post graduate certification program for adoption-competency within the Schools of Social Work at Florida's universities will be established. The curriculum created as a part of post adoption services work by Rutgers University School of Social Work Continuing Education and the Portland State University's Graduate Schools of Social Work and Education will be utilized as the models. The certification curriculum will include, at a minimum, the following modules:

- The Psychology of Adoption
- Life Cycle Experiences and Developmental Stages of Adopted Children
- Issues in the Adoption of Older Children
- Attachment-Focused Therapy for Adoptive Families
- Family-Focused Therapy
- Management of Behavior Problems and Discipline for Traumatized Children
- Individual Therapy for Adopted Children, Teens and Families
- Trans-racial Issues in Adoption
- Helping Sexually Reactive Children

## **B. MENTAL HEALTH ASSISTANCE**

**Identified Need 3: Children and families need access to and availability of mental health practitioners who are adoption competent to help them heal and improve family relationships.**

Debbie Riley, Center for Adoption Support and Education (CASE) in Silver Springs, Maryland, states, "*You simply cannot expect a child to attach to a new family when he/she has not faced and healed from the grief and loss of not being a part of his/her birth family.*"<sup>6</sup>

**Identified Need 4: Adopted children may require residential treatment when they become a serious threat to themselves or others.**

Research comparing populations of adopted children to non-adopted children suggests that adopted children have a significantly higher incidence of:

1. Being diagnosed with Attention Deficit Hyperactivity Disorder (ADHD)<sup>7</sup>,
2. "Acting out" behaviors including defiance, running away, sexual acting out and aggressive and antisocial behaviors<sup>8</sup> and
3. A disproportionate representation in child psychiatric populations.

**Services to address the need for mental health counseling and residential treatment should be considered first and foremost the means for family preservation.**

**1. Individual Counseling:** Individual counseling shall be provided to the adopted child, adoptive parent or a birth child in the home. Referrals will be made with adoption competent mental health practitioners whenever possible. A minimum of two years of implementation of this statewide model is needed before an adequate number of adoption competent mental health practitioners will be available in each area. Counseling may be initiated because of a crisis or as a preventive measure. Whenever possible, Medicaid providers will be utilized. When the only adoption competent provider available does not accept Medicaid, Title IV-E funding may be used for the first nine months of counseling services.

**2. Family Counseling:** Family counseling shall be provided to adoptive families in order to address many adoptive issues. Referrals will be made with adoption competent mental health practitioners whenever possible. Family counseling may be the result of a crisis or at the request of the family. In-home and outpatient family counseling shall be offered as a part of this model. Interventions need to address relationship building and problem solving in order to “normalize” a family’s experiences. Whenever possible, Medicaid providers will be utilized. When the only adoption competent provider available does not accept Medicaid, Title IV-E funding may be used for the first nine months of counseling services.

**3. Residential Treatment:** For the safety of the adopted child and the safety of the adoptive parents or other children in the adoptive home, adopted children may require temporary residential treatment. The length of time for residential treatment will vary and is limited by Medicaid bed availability. In collaboration with the headquarters’ Children’s Mental Health Services, prioritization of funding for adopted children compared to other community children is needed for residential treatment.

A line item in the state’s budget for funding of residential treatment of adopted children when the family’s medical insurance has terminated will be considered using the model developed by the state of North Carolina. A line item in the state’s budget for needed residential treatment of adopted children is necessary when the child cannot be maintained safely at home. Currently, some adoptive parents have to return the child to the department in order to obtain the needed residential treatment.

### **C. SUPPORTIVE SERVICES:**

**Identified Need 5: Adoptive families and adopted adolescent children, at times, feel isolated and need to meet and develop relationships with other families and children who share their adoption experiences.**

Many adoptive parents utilize available support groups or rely on a more experienced adoptive parent as a mentor.<sup>1</sup> Adoption support groups are designed to provide a safe place for adoptive families to share their experiences and be understood and supported. An adoptive parent is quoted in the 2004 Promising Practices in Adoption-Competent Mental Health Services by Casey Family Services and explains this feeling and need, “The sense of isolation is incredible...I just did not know so many others were experiencing what I have been experiencing.”

A teen support group provides a crucial opportunity for adolescents to share their feelings and thoughts with their peers. Teens have a unique need to find and fit within a peer group having similar experiences. According to Smith and Howard,<sup>9</sup> children’s support groups have a positive track record. Surveys of adoptive parents provided the following feedback about benefits of support groups for their adopted children.

- 15% strongly agree and 50% agree that the children are better able to understand adoption as a result of the support groups;
- 15% strongly agree and 29% agree that children are better able to talk about their concerns as a result of the support groups;
- 32% strongly agree and 46% agree that they were helped by being with other adoptees;
- 8% strongly agree and 40% agree they are better able to understand their feelings;

**Identified Need 6: Adoptive parents contact the department or agency months or years after adoption finalizations for information, needed referrals and emotional support.**

Adoptive parents need to be able to readily access information about local services during a crisis or may need temporary assistance from a counselor regarding adoption issues.

**Identified Need 7: Child protective investigators need to improve their knowledge and skills regarding adoption issues, especially at the time of an investigation of alleged child abuse or neglect.**

Research comparing investigations of adopted children with those of non-adopted children suggests that protective investigators do not understand high-risk adoption issues related to:

- Children with special needs (emotional, behavioral, social, medical or psychiatric challenges) are at a higher risk of experiencing difficulty forming and sustaining family relationships.
- Children who are older.
- Children placed in a family with biological children.
- Incomplete disclosure of information regarding the child's history and problems.
- Highly educated mothers may have heightened expectations for the child.
- Inability of the family to obtain needed support to meet the needs of the child.<sup>10</sup>

Research conducted by Dr. Vera Fahlberg and Casey Family Services indicate that it is important for protective investigators to understand the issues adoptive families experience when a child is placed in their home. The investigator must be aware that an adoptive child may experience emotional, social, medical and psychiatric issues when they attempt to deal with the feelings of grief, loss and abandonment. It is important for the protective investigator not to over react to the situation, to be supportive and assist the family in making an accurate assessment of the needed services.

**Services to address the needs of adoptive families for supportive services.**

**1. Case Management Services:** The identification of post adoption counselors is necessary and should be based on their ability to be supportive of adoptive parents and their acceptance of family connections as the single most therapeutic element in the life of a child. Case management as a post adoption service is initiated when one of the following three scenarios occurs:

- The adoptive family contacts the department or Community Based Care agency and requests temporary guidance and help.
- A local community agency sends a written request to the Community Based Care agency regarding an adoptive family who is in need of temporary case management services.
- As a result of a child protective investigation, in-home case management services for an adoptive family is recommended.

The case management activities include:

- Assessing the service needs of the child and family.
- Providing emotional support during a crisis or other significant event.
- Providing information about local resources and how to access their services.
- Completing and approving referrals for needed services. All needed referrals for a family must be completed within two business days of a request from an adoptive family. Referrals may include non-Medicaid counseling with an adoption-competent mental health professional, crisis in-home intervention services or other possible local services such as tutoring or summer camps. Generally, but not always, an in-home assessment of the child and family is needed before a referral is completed.
- Providing advocacy services. The adoptive parent may request assistance from the post adoption services counselor in working with an agency or professional when an adoptive parent advocate or mentor is not available. Generally, parents request assistance and support in working with the school system, especially when the child is in special education or is consistently "acting out" at school. The counselor shall help guide the educational professionals in the school system to become more adoption-competent about

children with prior abuse and neglect experiences and empower the adoptive parents to be the decision-makers.

- Documenting the case on statewide Child Welfare automated system. Each case in which case management services are provided must be opened in the automated system as a post adoption services case. This documentation will provide needed data for assessing and analyzing the post adoption services that are provided.

**2. Statewide Post Adoption Services Web Page:** The Adoption Program Manager and an Information Systems staff with the department will develop and implement a statewide web page for Post Adoption Services in Florida. The web page will provide accurate and up-to-date information about the local post adoption services counselors, parent and teen support groups, advocates and mentors, and other local adoption related events.

**3. Support Groups:** A sufficient number of active adoptive parent support groups in each area of the state are a significant sign of a healthy post adoption services program. According to the North American Council on Adoptable Children, parent-led and agency-supported adoptive parent support groups are effective. Recognizing that the members of support groups change over time as families relocate or no longer need the support and assistance provided by the groups, agency support is essential for assisting the group when a significantly involved family is no longer active.

- Establish Adoptive Parent Support Groups:
- Establish Teen Support Groups:
- Assist with Maintaining Support Groups:
- Advocacy and Mentoring:
- Development and Dissemination of Newsletters: A contract will be developed and implemented with an existing adoptive parent support group in each Zone to develop and disseminate a quarterly newsletter for adoptive parents in outlying rural areas where a parent support group has not been established. The newsletter must include a calendar of events such as upcoming state, regional and local training events, Zone support group activities, and information regarding parent mentors and advocates.
- Annual Statewide Meetings of Adoptive Support Groups: The headquarters Adoption Policy Unit will coordinate and sponsor a statewide two-day annual conference in conjunction with the Adoptive and Foster Parent Statewide Conference each May. National adoption experts with organizations such as Casey Family Services, North American Council on Adoptable Children and Spaulding's National Resource Center will conduct the workshops.

**4. Respite Services:** Respite is defined as the care of one or more children by an approved substitute caregiver in order to temporarily relieve the adoptive parents of their caregiver duties. The temporary care may be as short as one hour or as long as several days and the care may be provided in the home of the adoptive parents or at another location. Only approved caregivers may be paid. Although most respite services are planned, the availability of respite services in a time of crisis is also needed. Community Based Care management need to work with local community partners in order to establish scholarships for a variety of summer camps as a form of respite services.

**5. Information and Referral Services:** The Adoption Information Center, 800-96ADOPT, will provide information services to adoptive parents regarding adoption competent mental health practitioners, parent and teen support groups and post adoption services counselors in each Circuit.

**6. Improve Protective Investigative Activities:** The following initiatives will be instituted to improve investigative activities when a child protective investigation involves the alleged child abuse or neglect of an adopted child.

- Collaboration with Post-Legal Adoption Services Counselor: Initially and at all decision points, the protective investigator will collaborate with a post adoption services counselor. Adoption staff may have the prior history on the family, which will be useful in completing the initial assessment and in helping to identify service needs. The Operations Manager will ensure that the district has a protocol for protective investigators and the adoption staff to work together on all investigations that involve children in adoptive placements and finalized adoptions.
- Training for Protective Investigators: Protective investigators require training that emphasizes adoption issues and the impact of the social services and legal systems on the child prior to adoption. Investigators

must be supportive of the adoptive family's role in the child's life by including the parent in the assessment of risk and need for services. A trainer with Spaulding National Resource Center will conduct the training as one of the state's technical assistance visits. The specific curriculum is "Adoption Support and Preservation" and will be presented as a train-the-trainer event.

- Intermittent Preventative Therapy: Investigators must understand the need for identifying opportunities for initiating intermittent preventive therapy as children reach developmental levels that are likely to lead to re-triggering of old issues.
- Intermittent Short-Term Therapy: Investigators must understand the need to identify opportunities for initiating short-term, problem-focused therapy aimed at interrupting problem behavior. When families are living with children who have challenging behaviors, they look for therapy with specific time frames and goals. Parents tend to abort therapy when they are not included in the therapy or perceive that the therapy is not addressing the behaviors they identified.
- Crisis Intervention with Threatened Families: When the department uses Family Builders and Intensive Crisis Counseling Program (ICCP), it is imperative that the therapists understand the issues facing an adoptive family. The therapy needed for a non-adopted child will not be the same as that for an adopted child.<sup>12</sup>

## V. FUNDING

### A. Funding for Education and Training:

Costs of training adoptive families, public and private adoption staff and community mental health providers are reimbursable with a blend of federal and state or local funds depending on the training topic and population being trained. Usually, because it is an open-ended entitlement, Title IV-E is the funding source of choice for this type of training.<sup>13</sup> This is viewed as being advanced, specialized training for department and lead agency staff.

The inclusion of the public educational institution's federally approved indirect rate when calculating Title IV-E reimbursement provides a fiscal incentive for states to form these "partnerships" by contracting with public colleges and/or universities. This reduces the general fund expenditures for the state. When this is done, in addition to the appropriate Title IV-E formula for the direct training costs, the state may include the public educational institution's federally approved indirect rate for instruction and claim this cost using the Title IV-E Administration funding formula.<sup>14</sup>

### B. Funding for Mental Health Assistance and Supportive Services

Casey Family Services has long recognized that adoption is a lifelong process, and that adopted children's special need for ongoing services and continued support does not end when their adoption is finalized. Yet, there is no federal or state funding devoted to post adoption services. The Adoption and Safe Families Act (ASFA) has provided a limited commitment to planned and effective post adoption services. However, states constantly have to be creative in finding the right mix of federal, state and private funds to provide post adoption services, training and supports in order that adoptive families can sustain a lifetime of safe, healthy and supportive family relationships. Due to the complexities of funding requirements, Casey recommends that states work closely with their federal regional office to implement any new funding strategies to assure that they are correctly claiming within federal regulations and guidelines. The following are potential funding sources:

- Discretionary funds
- Prevention money
- Title IV-E Maintenance
- Title IV-E Administration
- Title IV-E Training
- Title XIX/Medicaid revenue sources
- Title IV-B
- Title XX
- TANF/EA
- Adoption Opportunities
- Promoting Safe and Stable Families (PSSF)
- Private foundations

## VI. EVALUATION

The cornerstone of a program designed to provide post adoption services are services tailored to the needs of a family and are only used as needed over the life of the adoption. Individualization of services and the length of time when services can be provided create challenges for establishing outcome measures as a part of an evaluation component. Further, the pervasive effect of early trauma suggests that some poor outcomes will occur in some families no matter what supportive services are provided.<sup>15</sup>

In consideration of the challenge in developing meaningful outcome measures, Florida's model program will begin with evaluating improvement in the quantity and quality of post adoption services for adoptive families. Based on the results of the Department of Health and Human Services' 2002 report, Assessing the Field of Post-Adoption Services: Family Needs, Program Models and Evaluation Issues, and "lessons learned" from other states, Florida's evaluation component will establish indicators for specific interventions rather than assessing the program as a whole. A specific intervention is defined as a clearly defined set of services provided to adoptive families with similar needs.

After the first year of implementation of the model program, a new set of indicators will be established and a determination will be made about the feasibility of developing a contract for an independent evaluator to conduct an evaluation of the post adoption service interventions. According to the report by the Department of Health and Human Services, a primary barrier to using an independent evaluator is a lack of knowledge and experience with adoption issues.

For the first year, the evaluation will be based on the following indicators:

### **A. Evaluation of Education and Training:**

Indicator #1: According to attendees of the regional training events, the trainers for the education and training events were knowledgeable, experienced and successfully conveyed the subject matter 95% of the time. The attendees will include educational professionals, mental health practitioners, adoptive parents and Child Welfare and Community Based Care staff.

Indicator #2: According to attendees of the regional training events, the training curriculums presented at the education and training events were relevant and provided the attendees with new knowledge or skills about adoption issues. The attendees will include educational professionals, mental health practitioners, adoptive parents and Child Welfare and Community Based Care staff.

Indicator #3: The post graduate certification program for adoption competence will have a class of mental health practitioners beginning the certification program by September 2008.

Indicator #4: A minimum of 100 practitioners from the mental health community will attend one or more of the training events during the year.

Indicator #5: A minimum of 50 professionals from the educational community will attend one or more of the training events during the year.

### **B. Evaluation of Mental Health Assistance:**

Indicator #1: A request by an adoptive family for individual counseling as a post adoption service will be approved as a referral 80% of the time.

Indicator #2: A request by an adoptive family for family counseling as a post adoption service will be approved as a referral 80% of the time.

Indicator #3: The statewide number of mental health practitioners who are "adoption competent" will increase on or before September 1, 2009 from a baseline count established by November 1, 2007.

### **C. Evaluation of Supportive Assistance:**

Indicator #1: A request by an adoptive family for case management services will result in a post adoption services counselor being assigned and contacting the family within two working days.

Indicator #2: Post adoption cases will be opened within two business days after adoptive families begin receiving case management services as a post adoption service.

Indicator #3: The statewide Post Adoption Services Web Page will be in service on or before December 1, 2007.

Indicator #4: On or before September 1, 2008, the statewide number of adoptive parent support groups increased by ten new groups as compared to the number on September 1, 2007.

Indicator #5: On or before September 1, 2008, the statewide number of adopted teen support groups will increase by five new groups as compared to the number on September 1, 2007.

Indicator #6: On or before September 1, 2008, each Region will have completed an assessment of the need for a newsletter and contracted with a parent support group for its development and dissemination.

Indicator #7: The statewide meeting of adoptive parent support groups will include one or more members from 90% of the adoptive parent support groups in the state.

### **D. Evaluation Tools and Techniques:**

Evaluation tools will be developed as a collaborative effort and include:

- Evaluations,
- Surveys,
- Telephone interviews, and
- Focus groups at the Statewide Conference for Support Groups.

The evaluation tools will be compiled and evaluated based on the responses from each of the following groups:

- adoptive parents,
- adopted adolescents,
- mental health practitioners,
- educational professionals
- protective investigators and
- child welfare staff.

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