Adopt US Kids

Together we hold their future

SUPPORT MATTERS

Lessons from the Field on Services for Adoptive, Foster, and Kinship Care Families

March 2015

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Please note: This publication is available on the AdoptUSKids website (adoptuskids.org). If you are reading a printed copy of the publication, you may also want to access the PDF, which has links to help readers navigate within the publication and access referenced resources.

INTRODUCTION

Operated by the Adoption Exchange Association since 2002 through cooperative agreements, AdoptUSKids is a service of the U.S. Children's Bureau. The mission of AdoptUSKids is two-fold: to raise public awareness about the need for foster and adoptive families for children in the public child welfare system and to help U.S. States, Territories, and Tribes recruit and retain foster and adoptive families and connect them with children.

This guide is intended to equip State, Tribal, and Territorial child welfare managers and administrators — as well as family support organizations — with current information about effective strategies for developing data-driven family support services[i] and research findings to help them make the case for implementing and sustaining these services.

AdoptUSKids' Principles

It is a core principle of AdoptUSKids that children, youth, and families in adoption, foster care, and kinship care need supportive services to equip individuals raising children to effectively meet the needs of the children and youth in their care. These services address the needs of both the caregivers and of the youth, who have suffered separation from their birth parents, as well as likely abuse, neglect, or other trauma. In addition to directly benefitting children, these supportive services help child welfare systems recruit and retain families for other children, which ultimately creates a more stable pool of foster, adoptive, and kinship families. See the box below for more information about the principles guiding the work of AdoptUSKids.

AdoptUSKids' Principles

Child and Youth Centered

- The ultimate goal of all that we do is to ensure child welfare systems find safe, loving families who are prepared, equipped, and supported to meet the children's needs.
- We must raise awareness about the fact that every child needs a family and that each child has unique strengths and needs.

i Throughout this guide, we refer to family support services and family support organizations. For our purposes, family support services are programs designed to help adoptive, foster, and kinship care families address their specific needs. They encompass a wide range of services, which are explored in detail in Chapter 3, and can be provided to the child in adoption, foster care, or kinship care, to the parents or caregivers, or to the entire family. As we use the term, family support organizations are those organizations dedicated to providing support services to adoptive, foster care, and kinship care communities, and may include parent support groups, foster or adoptive parent associations, groups serving children and youth in foster care, kinship caregiver groups, statewide programs serving this population, adoption or foster care agencies, and similar entities. See Chapter 4 for more information.

- We will actively seek youth perspectives in all aspects of our practice. We understand that input from children strengthens the development and delivery of services to meet their needs.

Family Focused

- We believe families, children, and youth have an important role in the development and implementation of all policies, practices, and programs that affect the well-being of children, youth, families, and communities.
- The definition of family is diverse and can be different for each child. We agree that family can include those in a child's life through biology, foster care, adoption, or emotional ties.
- We understand children are more successful when they are able to grow up in a safe, nurturing, and stable family where they are able to develop and maintain permanent connections.
- We are committed to raising awareness about the strengths and needs of families, children, and youth being served.

Committed to Creating and Preserving Connections

- We believe children and youth benefit from strong and loving connections, including connections with birth and extended family members, former foster family members, unrelated individuals who may be viewed as emotional or fictive kin, and others important to the child.
- We encourage and develop opportunities for families, children, and youth, and colleagues to develop and maintain connections through the use of technology, including photo listings, Facebook, Twitter, and other social media outlets.
- We seek opportunities to provide technical assistance to states to increase their pool of foster, adoptive, kinship, and concurrent families.
- We agree that foster, adoptive, and kinship families need support before, during, and after placement.
- No one organization or individual can succeed alone. We all rely on collaboration and support to achieve the best outcomes for children, youth, and families.

A Competent and Learning Organization

- We employ effective, experienced staff and foster a learning environment that ensures ongoing development of professional knowledge and skills.
- Creativity and innovation are keys to achieving our mission, and we encourage staff and partners to think creatively about how to accomplish our goals.
- Feedback and experiences from families, children, and colleagues encourage staff to grow and change.
- We respect individual and collective differences and have systems in place to ensure effective operations that benefit from these differences.

Culturally Competent

- We will actively seek to understand the perspectives, traditions, and strengths of culturally diverse populations.
- A core part of our mission is advocating on behalf of the needs of culturally diverse families, children, youth, and colleagues.
- We strive to develop and practice relevant and culturally responsive strategies and skills to work with diverse individuals, families, communities, and colleagues. We recognize and respect that diversity covers a wide variety of characteristics including but not limited to race and ethnic background, sexual orientation, physical ability, religion, age, and socioeconomic status.
- Our tools and materials will be responsive and supportive to culturally diverse families, children, and colleagues.
- We seek to understand, respect, and serve children, youth, and families within the context of their own family rules, traditions, history, and culture.

Focused on Customer Service

- We respond promptly and effectively to the inquiries and requests of families, children, youth, and colleagues.
- We expect that, at each contact, our response will be respectful, supportive, open, transparent, and non-judgmental.
- Customer service begins at the first point of contact and extends throughout all of our relationships.

Data Driven

- Service delivery is enhanced through evidenced-based practice; therefore we systematically collect, analyze, and disseminate reliable data and research findings to guide our work. We both draw from and contribute to evidence-informed and evidence-based practices.

Focused on Evaluation and Accountability

- Annual and ongoing evaluation of our work shapes our future direction and ensures we remain focused on our mission and goals.
- We strive to be transparent in all that we do, and share necessary information so the general public and the families and professionals with whom we work directly understand our mission, goals, accomplishments, and challenges.
- We feel a responsibility to our consumers for the services we provide and are accountable to them for the outcomes we strive to achieve.

The Value of Support Services

As we explore in some detail in the first chapter, children and youth in foster care or kinship care and those who have been adopted from care face many challenges. Although they have also been shown to be strong and resilient, these children are at higher risk than their peers for health problems, educational challenges, mental health diagnoses, and behavior problems. Supportive services both help children overcome these challenges and assist families to cope with or reduce the impact of the challenges that remain. Chapter 2 explores the benefits of assessing the needs of the adoptive, foster, and kinship care families in your community and offers a tool you can use to conduct an assessment.

In Chapter 3, we identify a variety of programs and services that have been shown to improve outcomes for children and youth in adoption, foster care, and kinship care, and help parents more successfully raise their children. Depending on your community's needs, these program models may be useful in building your child welfare system's capacity to provide support to foster, adoptive, and kinship families.

Implementing System or Program Changes

The process of implementing a new service or program is not simple. Programs cannot just be moved to a new community and operate as they have somewhere else. Instead, administrators like you have to undertake a series of careful steps to ensure that success in one place can be replicated in another.

As described in implementation science, the stages of implementation are:[1]

- **Exploration and adoption** — In this stage, leaders identify the need for change, learning about possible models and what it takes to implement those models, develop stakeholders and champions, and possibly decide to proceed.
- **Program installation** — Next, leaders must find the resources needed to implement the change with fidelity to achieve good outcomes.
- **Initial implementation** — Stage three is the first use of the new intervention, program, or service.
- **Full operation** — The new program or service reaches full operation — the stage where the new intervention is well-integrated into the overall system.
- **Innovation** — Over time, leaders may make changes to the program based on advances in knowledge and skill and evaluation findings.
- **Sustainability** — The final stage of any successful system change is of course effectively maintaining the program or services, ensuring you have funding and making changes as needed to ensure continued quality improvement.

This guide will focus primarily on the early stages of implementation, with Chapters 1 through 3 helping you explore the needs of adoptive, foster, and kinship care families as well as programs and services others have found to be successful. Chapter 4 suggests a possible implementation strategy by partnering with family support organizations or other nonprofit partners in your area. Finally, in Chapter 5 we share advice from your colleagues and from the field on what can make implementation of a new family support service or program the most successful.

In the end, we hope this guide helps you meet your child welfare goals. We believe family support programs are key to ensuring every child or youth has a stable, successful family.

CHAPTER ONE

The Importance of Family Support Services in Adoption, Foster Care, and Kinship Care

This publication's purpose is to help you and other State, Tribal, and Territorial child welfare administrators meet your goals of keeping children and youth safe and ensuring that adoptive, foster, and kinship care[i] parents have the support they need to raise children who have experienced the trauma of abuse, neglect, and separation from their birth parents. As you and other administrators know better than most, State, Tribal, and Territorial child welfare agencies face significant challenges as they seek to meet many goals, often with limited means. In this chapter, we highlight some specific ways supporting children and families can help you meet your child welfare system's goals. We also explore the needs of children and youth in adoption, foster care, and kinship care, and explain how services can help these children and their families.

Challenges Facing State, Tribal, and Territorial Child Welfare Leaders

Ensuring Safety, Permanency, and Well-Being of Children in Care

Child welfare administrators are responsible for ensuring the safety, permanency, and well-being of children and youth in their care. Specific goals identified in the federal Child and Family Services Review include:

- Children have permanency and stability in their living situations.
- Families have enhanced capacity to provide for their children's needs.
- Children receive adequate services to meet their physical and mental health needs.[2]

In a report on the 2007 and 2008 Child and Family Services Reviews, the National Conference of State Legislatures notes, "[B]etter state performance for Permanency Outcome 1 [children have permanency and stability in their living situations] is correlated with strong state performance in . . . assessing the needs of the children, parents and foster parents and providing services that meet those needs." Services for parents and children were also seen as important in achieving better outcomes on the Child and Family Services Reviews' well-being goals.[3] In a review of states' Program Improvement Plans, the Children's Bureau cites support of foster parents as a strategy to improve safety in foster care. In addition, assessment of needs and provision of services was associated with better permanency outcomes and more placement stability. On the other hand, the review notes that lack of services to foster and relative caregivers and a lack of services to address children's education, physical health, dental health, and mental health needs were concerns for states in seeking to meet their child and family well-being goals.[4]

i The term adoption in this guide includes customary adoptions performed by tribes without termination of parental rights. Kinship care refers to children and youth living with relatives and others connected to them without their parents present, often outside the formal foster care system. Relatives can also be foster caregivers and adoptive parents. Programs serving kinship care families often serve both those outside the foster care system and relative foster parents.

Providing support to adoptive, foster, and kinship care families can go a long way to helping you meet these specific goals. As the research described below demonstrates, family support programs increase stability for adoptive, foster, and kinship care families, enhance families' ability to meet their children's varied needs, and ensure children have access to needed services.

Recruiting Families for Children and Youth in Care

States, Tribes, and Territories often face challenges recruiting safe, caring families for thousands of children and youth in foster care and adoption and for identifying relatives who can meet the needs of children who cannot safely remain with their birth parents. As explored in more detail below, successful support programs can help increase the effectiveness of your recruitment, prospective parent development, and retention efforts for families for children who need them. Support services can reassure prospective families they will not be alone as they seek to meet their children's needs. Some specific diligent recruitment requirements, as described by the Children's Bureau, have close links to the work of engaging and supporting families to enable them to meet the needs of children in foster care. These requirements include:

> **"Family support programs increase stability, enhance families' ability to meet their children's varied needs, and ensure children have access to needed services.**

- Procedures for consistently updating the characteristics of children in care utilizing information and analysis of AFCARS data and other data available to the State, region, or county
- Procedures for ongoing analysis of the current pool of available foster and adoptive placement resources
- Utilization of a "customer service" model in responding to prospective foster and adoptive parents, to reduce the dropout rates
- Procedures or processes to address barriers presented by the agency, in order to increase the rate of retention of prospective foster and adoptive parents and to reduce the dropout rates
- Procedures for training staff to engage effectively with diverse cultural, racial, and economic communities who are reflective of the children and youth in foster care
- Procedures for providing training to prospective foster and adoptive parents regarding the characteristics, needs, and issues of children and youth who have experienced trauma, as well as adoption clinical issues[5]

Because family support services can help with your efforts to recruit, prepare, and retain families, they can help you meet the above requirements and other recruitment and retention challenges. For example, as part of a study of barriers to adoption, both adoptive parents and adoption professionals noted a lack of post-adoption services as a barrier to adoption from foster care.[6] In interviews conducted as part of the Wendy's Wonderful Kids evaluation, Ellis found the most common reasons prospective adopters decided not to adopt included concern about their ability to meet the child's needs and worry about a lack of supportive services to help them meet those needs. The report notes:

> Consistent with past research, this study found that a lack of available community resources was perceived as a barrier in achieving a successful adoption. It is uncertain whether this finding is also an indication of a lack of awareness of the community services that are available. Nonetheless, it is important for child welfare agencies to keep abreast of the needs of prospective adoptive families and develop partnerships with community agencies, particularly mental health agencies, respite or temporary residential programs, and Medicaid offices to ensure that commonly needed services are (or become) available. This will be essential in addressing such reported issues as feeling unable or unprepared to meet the needs of the child they are trying to adopt and having difficulty integrating the child into their existing families. [7]

Providing services and helping families connect with those services is one clear way to increase the pool of successful adoptive families. In a paper on the importance of post-adoption services, Casey Family Services notes:

> We have found that the recruitment of prospective adoptive parents and the provision of post-adoption support and services are integrally related . . . . Assurance of the availability of services and support following adoption has been found to play a critical role in many adoptive parents' decisions to go forward with the adoption of children in foster care — whether children are adopted by their current foster families or new families recruited for them (Freundlich 1997). [8]

A Child Welfare Information Gateway bulletin on post-adoption services also notes support and services seem to help prospective adopters make the decision to adopt.[9]

Other researchers echo these findings. Haugaard et al. write:

> Postadoption services remain critical to family recruiting and to effective family functioning after placement."[10] In a study of the obstacles to adoption for the longest waiting children in New York, Avery surveyed social workers about what might improve the likelihood of adoption. At the top of the list were respite services, more effective adoptive parent training, and intensive post-placement services, including intensive psychiatric and medical support services.[11]

Preparing Families to Meet the Needs of Children and Youth

Providing post-placement services doesn't just help recruit prospective parents and caregivers, it also can better prepare agencies to train and develop families to meet the needs of the children and youth in care. Agencies and organizations that offer both pre-placement preparation and post-placement support report that the ongoing contact their staff have with adoptive, foster, or kinship care families improves the agency's overall ability to prepare other parents to care for children who have experienced trauma. For example, post-placement support staff are able to report trends in service needs so the agency can shape the type and length of pre-placement training it offers. Organizations offering both pre- and post-placement support services have also been able to increase the depth and intensity of the information and support they provide to prospective parents as a result of their in-depth knowledge about what families need shortly after placement and for years to come.

Agencies and organizations providing post-placement support are also likely to have a pool of experienced adoptive, foster, and kinship care parents who can help inform, develop, mentor, and support prospective parents and caregivers. Hearing from parents who are successfully parenting children in adoption, foster care, or kinship care can be a valuable learning experience for those new to the process.

Increasing Retention of Foster Families

In addition to supporting permanency efforts, support services help retain foster parents. Based on their review of the literature on foster care placement stability, Brown and Calder note support to foster parents is associated with improved retention and decreased placement failure.[12] The National Resource Center on Permanency and Family Connections cites recruitment, assessment, support and training of caregivers, and placement-specific services as key issues in foster placement stability.[13] The Annie E. Casey Foundation reports that in the communities it has served, as many as 40 percent of foster parents stop providing foster care due to lack of agency support.[14]

Being a Responsible Steward of Government Funds

Although your ultimate goals focus on the needs of children and families, there is no question administrators must also be conscious of the limited financial resources available for child welfare services. Two in-depth economic analyses found that adoptions from foster care, even those where support is provided, save significant public funds. One found that each adoption saved between $90,000 to $235,000 in public costs, and even more in private costs.[15] The other found that the 50,000 adoptions each year in the United States saved from $1 billion to $5 billion.[16] Family support services can help achieve these savings in two ways — first, they make adoption more appealing to families concerned about children's future needs; second, they help ensure children remain with their adoptive family and don't re-enter foster care.

> **Support to foster parents is associated with improved retention and decreased placement failure.**

Supporting foster and kinship care families can also be a judicious use of limited government funds. Each move in foster or kinship care costs money. It means another family to recruit and train, and of course means a child has to experience the trauma of another loss and the difficulty of another transition.

In a review of research on foster care placement stability, Pecora explains the impact: "Placement changes disrupt service provision, stress foster parents (thereby lowering retention rates), take up precious worker time, and create administrative-related disruptions (e.g., Brown & Bednar, 2006; Flower et al., 2005; James, 2004)."[16] Researchers in the United Kingdom discovered that each time a child is moved in foster care, the costs of finding the next placement increased substantially.[18] In addition, states and tribes can face financial penalties if they are unable to meet their placement stability goals in the Child and Family Services Review.

The Needs of Children and Youth in Adoption, Foster Care, and Kinship Care

Decades of research have demonstrated that many children in foster care and kinship care and children who have been adopted from care have specific challenges, disabilities, and often complex needs. First and foremost, they have suffered trauma — at a minimum, the trauma of removal from

their family of origin but often the trauma of having experienced abuse or neglect at the hands of previous caregivers. Depending on their family history, these children may also have genetic predispositions to certain mental illnesses. Many have been exposed prenatally to drugs or alcohol, which can cause irreversible brain damage. In American Indian and Alaska Native communities, higher rates of parental substance abuse[19] mean that more children in foster care, adoption, and kinship care may be affected by fetal alcohol spectrum disorder or the other effects of prenatal exposure to drugs and alcohol.[20]

A national study of children and youth in the child welfare system found more than 70 percent had experienced chronic or repeated trauma.[21] The trauma, abuse, and neglect children experience have serious, often lifelong repercussions. Recent research suggests childhood trauma and abuse affects brain development and has consequences throughout an individual's life. Among other things, complex trauma can affect children's ability to express and control emotions, concentrate, handle conflict, form healthy relationships, interpret social cues, and distinguish safe from threatening situations. By adolescence, many children who experienced complex trauma can be hyper-vigilant and physically reactive, which takes a physical and emotional toll.[22]

Increased Medical, Mental Health, and Behavioral Needs of Children and Youth in Foster Care

For years, researchers have documented that children in foster care and adopted from foster care have significantly more challenges than their peers who have not had these experiences. In a review of the health needs of children in care, Lewis et al. report, "The health and emotional needs of children in foster care are complex. The prevalence of chronic conditions among foster children has been estimated at between 30 and 80%. An estimated 25% of foster children have 3 or more chronic conditions." They also note many children in foster care are below the fifth percentile for height and weight, and face common medical issues such as respiratory problems, skin conditions, dental problems, anemia, and vision and hearing difficulties.[23]

Research emphasizes that children in foster care are also at a higher risk for mental health problems due to their early experiences. Lewis et al. explain, "Depression, reactive attachment disorders, acute stress responses, and post traumatic stress disorders are some of the common mental health diagnoses of children in foster care."[24] Kerker and Dore write that entry into care compounds children's existing problems, "Although children frequently enter foster care with preexisting conditions that put them at high risk for mental health problems, . . . the very act of separating children from their biological family may affect children's mental health as well."[25]

These difficulties affect even the youngest children in care. Analyzing data from the National Survey of Child and Adolescent Well-Being (NSCAW), researchers found, of the more than 2,000 children age five and younger who had experienced suspected or substantiated abuse or neglect, about half of children under age three and almost 40 percent of children ages three to five had serious behavioral or developmental difficulties. The researchers note the rate of significant behavioral difficulties is from 3 to 6 percent in the general population of preschoolers.[26]

Instability in Foster Care

A systematic review of literature on placement disruptions in foster care showed that children who were older, had more behavioral problems, had a history of residential treatment, or had multiple prior placements were most likely to experience an unplanned move. Factors that seemed to mitigate risk of placement disruption included support from caseworkers and others and family resources.[27]

Instability in foster care can make the problems caused by abuse and neglect even worse. In a study of children in foster care in San Diego County, Newton et al. found moves in care contributed to negative internalizing and externalizing behaviors. Their study showed, for children who had originally scored in the normal range on behavior scales, the number of placements was strongly correlated with increasing behavior problems.[28] Using NSCAW data and taking into account children's initial behavioral status, Rubin et al. also found placement instability had a significant negative impact on children's well-being.[29]

Challenges Continue in Adoption

The challenges facing children and youth in foster care do not go away with adoption finalization. Years of research have shown these children experience lifelong impacts as a result of their early traumatic histories. Many children adopted from care have special physical, mental health, and developmental needs. Studies show these children are at heightened risk of moderate to severe health problems, learning disabilities, developmental delays, physical impairments, and mental health difficulties.[30]

After an extensive review of the literature, Houston et al. explain it this way:

> Children adopted out of substitute care often present complex histories of physical abuse, neglect, sexual assault, drug exposure, HIV exposure, and disrupted attachments (Howard, Smith, & Ryan, 2004; Lakin, 1992; Wind, Brooks, & Barth, 2005; Zosky, Howard, Smith, Howard, & Shelvin, 2005). An assessment of previously abused and neglected children receiving post-adoption services in Illinois revealed that 65% were depressed, 47% were suffering from posttraumatic stress disorder, and 79% experienced problems of separation, loss, and attachment (Smith & Howard, 1994). Moreover, when compared with nonadopted children and children adopted as healthy infants, children adopted out of foster care have significantly lower levels of school and social functioning (Howard et al., 2004). When young children begin their formative years under such traumatic conditions, the transition to a stable adoptive family life may be challenged. [31]

In its report on the need for post-adoption services, the Donaldson Adoption Institute explains most adopted children fare well and function normally, but many do not, especially those adopted from foster care. The report cites a number of factors that make it more likely for children to face difficulties, including:

- Prenatal malnutrition and low birth weight
- Prenatal exposure to alcohol, drugs, and other toxic substances
- Older age at adoption

- Early deprivation, including institutionalization and chronic neglect
- Physical, sexual, or emotional abuse
- Number of placements before adoption
- Emotional conflicts related to loss and identity issues[32]

These factors are seen frequently in children adopted from foster care, especially those who have been in care for longer periods or who are older at adoption. Other analyses have found that older age at adoption is associated with more difficult parent-child relationships, which are in turn correlated with worse school performance and increased need for therapeutic services.[33]

In a 2014 study on adoption needs and stability, the Donaldson Adoption Institute found:

- About 10 percent of children and youth adopted from care reenter care at some point.
- Another 10 percent leave their family's home for varying lengths of time, but without re-reentering the foster care system.
- From 20 to 30 percent of children, youth, and families face serious challenges and would likely benefit from adoption-competent and trauma-informed therapeutic services.[34]

Challenges in School

As a result of their early life experiences and many moves and transitions, children and youth in foster care and adoption are also more likely to have difficulty in school than other children. For example, children and youth in foster care are more likely to repeat a grade, do worse on standardized tests, or drop out of school. Many of these children change schools far too often as they change placements, and school moves hinder academic achievement and increase risks of dropping out. Children in foster care and those adopted from care are also more likely to receive or need special educational services than other children and youth.[35] As noted above, many of these children and youth also have behavioral issues, disabilities, and other challenges, which may make succeeding in school more challenging.

Special Issues Related to Being in Care or Being Adopted

In addition, children in adoption, foster care, and kinship care often have specific issues and needs related to their family status. Silverstein and Kaplan, for example, identified seven core adoption issues common to adoptees: loss, rejection, guilt and shame, grief, identity, intimacy, and mastery and control.[36] Smith et al. found the negative behaviors seen in many children adopted from care typically stem from unresolved, underlying emotional issues including grief, depression, a poor sense of identity, and fear.[37]

Children in foster care often have the same underlying traumas and resulting coping behaviors. They may also experience shame related to their living situation and may be excluded from normal childhood activities such as field trips, sleepovers, and after-school activities. In kinship care, children may face difficulties negotiating family identities and boundaries as a grandmother or uncle becomes a parent. The National Resource Center on Permanency and Family Connections identifies

the following clinical issues, among others, kinship caregivers may face: interruption of their life plans, fear of contributing to family disruption, guilt, embarrassment, anger at birth parents or agencies, conflicted loyalties, outdated or forgotten child-rearing practices, and stress.[38]

In one of the few research efforts asking adopted children about their need for support, Ryan and Nalavany spoke with a small sample of youth age 12 and older who were adopted in Florida. The youth cited two of their top challenges as integrating into a new family and accepting the family as their own. Other issues listed by the youth included grieving the loss of their previous family, making new friends, and adjusting to a new school. The researchers found youth were often afraid to approach others to seek help with the challenges they faced.[39]

The Needs of Adoptive, Foster, and Kinship Care Parents

As a result of the many challenges their children face, families in adoption and foster care frequently express a need for additional support services beyond what is currently provided. Adoptive, foster, and kinship care parents all begin with the challenge of integrating a new child or children into the family. The children must get to know the parents and vice versa, as they learn one another's preferences, rules, and personalities, and develop a new family culture. Even after an initial transition, children and their families continue to face issues as they get to know one another. Family life may even get more difficult once children feel comfortable enough to express their true feelings.[i]

Adoptive Families' Ongoing Support Needs

Without doubt, service needs remain over time, long past the initial transition period. In a survey of more than 1,000 adoptive parents across the United States and Canada, the North American Council on Adoptable Children found that many families' support needs arose years after the adoption. As one parent observed, "Sometimes kids get over the initial issues, do quite well, and then something comes up that causes issues to rise again . . . . We've found that . . . [later on] counseling isn't as available as it is for kids who are newly adopted."[40] Reilly and Platz, in a study of children adopted from care in Nevada, found behavior problems increased the longer a child was in the home.[41]

Other research has shown adoption issues and behavioral or emotional difficulties can become more challenging during the teen years when adolescents are undergoing biological and emotional changes. Rosenthal and Groze's longitudinal study of children showed increased difficulties several years after adoption, particularly in adolescence. They note, "The study's core finding — one that those in the special-needs[ii] adoption field know from their everyday practice experience — is that 'problems' in special needs adoption do not dissipate in steady, predictable fashion. Instead, children and fami-

i The National Resource Center for Adoption's Adoption Competency Curriculum (available at http://spaulding.org/nrca-historical-documents/) has resources to help workers ensure families understand the phases of adoption adjustment and the need for support from the beginning. See Handout 1 in the chapter on post-adoption services. Handout 8 is designed to help families and children specifically with the adjustment phase.

ii The Children's Bureau and AdoptUSKids are moving away from the use of the term "special needs" to describe children in adoption, foster care, and kinship care. However, much of the field continues to use the term so it is used in a few quotes in this publication.

lies continue to present complex challenges over the course of the adoption. In particular, behavioral problems are quite persistent and may even intensify."[42] Anderson's study of adoptive families served by a post-adoption support program in Pennsylvania had similar findings — parents' needs were remarkably similar, whether the adoption happened many years ago or very recently.[43]

Based on her experience serving foster, adoptive, and kinship care families for more than 20 years, therapist Deena McMahon explains why families' support needs continue over time, "The physical and emotional toll of caring for traumatized children can be overwhelming. Children can project hurt onto parents and, at the same time, blame parents for feelings of loss and despair. Parents must understand both the complexities of foster care and adoption, and their child's unique needs."[44]

> **Parents whose needs weren't met were more likely to have poor relationships with their children and challenges with family life.**

Given the issues they face, adoptive, foster, and kinship caregivers have long expressed a need for supportive services. In their survey of adoptive parents in Nevada, Reilly and Platz identified the top needs of adoptive families as respite, other in-home services, and counseling. Their study showed parents whose needs weren't met were more likely to have poor relationships with their children and challenges with family life.[45] After conducting interviews with families who adopted from foster care in New York City, Festinger reports families often felt abandoned after adoption and didn't know where to turn for information and support. Parents expressed a need for numerous and varied services including educational support, home assistance, mental health services, health services, and other supports.[46]

In their evaluation of an adoption support program in Virginia, Atkinson and Gonet found parents' top reasons for seeking support were children's behavior problems, school-related issues, adoption issues, attachment issues, and social adjustment problems. These parents found services such as support groups and support from specialists, adoption-competent counseling, and respite to be helpful at meeting their needs.[47] Harwood et al. emphasize that, for children adopted after infancy, adoptive parents may need support from adoption-informed professionals to build positive relationships with children and reduce the impact of their child's special health needs.[48]

Foster and Kinship Care Families Have Similar Support Needs

Foster and kinship care parents have similar needs. The National Resource Center on Permanency and Family Connections notes foster parents may end placements as a result of fatigue and burnout, stress, feelings of being misunderstood, or lack of support or information from their agency.[49] Vig et al. report foster parents need ongoing support and training to meet the needs of children with a variety of challenges and disabilities. For example, for children with developmental disabilities, parents need training about child development, information about community resources, and connections with other parents to share experiences and ideas.[50] Sobsey, who has studied children with disabilities for years, reports that research suggests having a child with a disability increases parental stress and decreases marital satisfaction.[51]

In a needs assessment conducted by the National Resource Center for Tribes, tribal foster parents expressed a need for education and counseling to help children and youth who have serious mental health or behavior problems. They also noted the link between behavior problems and placement moves for children and youth in care.[52]

Based on an extensive review of the literature on foster parent training and support, Piescher et al. listed the following support needs of kin and non-kin foster parents: help working with birth families, respite care, support groups and social support, and support from the agency and caseworker.[53] Kinship caregivers may have even more support needs than other foster parents since a number of studies have shown they have fewer resources and receive less training and support than non-relative foster parents.[54]

Many parents in adoption, foster care, and kinship care feel isolated and alone as they struggle with issues their friends, neighbors, and family may not understand. They often report feeling abnormal or out-of-place in their community. Smith and Howard explain that adoptive families may be — or feel — criticized by their neighbors for children's behaviors and neighbors may not want their children to play with children who have emotional or behavioral difficulties. Participation in community or school activities may also be off-limits, only increasing families' feelings of isolation. Eventually parents may feel hopeless or exhausted by their efforts to meet the needs of the most challenging children.[55] Although this research focused on adoptive families, foster and kinship care families face the same experiences and emotions as they raise children who have experienced trauma and who have resulting challenges.

Post-Placement Support Helps Children, Youth, and Families

The list of challenges facing children and youth in adoption, foster care, and kinship care is long, and the challenges can have a serious negative impact on the entire family. Research on adoption disruption or dissolution has shown the children most at risk of adoption failure are older children, sibling groups, and children with behavioral, legal, or psychological difficulties.[56] Studies on foster care have shown that children with behavioral problems are most likely to experience multiple placements while they are in care.

Support Helps Keep Families Together and Improves Family Functioning

Fortunately, support services have been shown to help both children and their families. Services may reduce children's challenges or simply enable families to cope with the problems that won't go away. With support, families are able to remain committed and effective parents as they raise their children who have complex needs. As a result, support services help keep families together. Smith et al. cite a number of studies showing that the quantity and quality of support provided to adoptive families improves both permanency and adjustment outcomes.[57]

Houston and Kramer note that the "amount and quality of support that adoptive families receive when parenting a child with a history of abuse or neglect is an important factor that contributes to family permanency . . . ."[58] Casey Family Services echoes these findings, "There is evidence of a

strong relationship between providing support to adoptive families as a matter of course or in the form of preventive services and positive outcomes in terms of the health, well-being, and stability of the family . . . ."[59]

Zosky et al., in their study of adoptive parents who used Illinois adoption preservation services, reported the following specific ways services helped families succeed:

- Helped them cope with the challenges of raising a child with disabilities and other challenges
- Helped them understand their children better
- Helped diminish the child's negative behaviors
- Helped them maintain the adoption

The researchers conclude, "During times of budgetary constraint and fiscal retrenchment, one could extrapolate that adoption preservation services are cost-effective in preventing threats to adoption stability that ultimately would be more costly to address."[60]

Evaluations of 15 post-adoption service programs funded by the Children's Bureau showed services resulted in:

- Improved parenting skills — A number of projects reported families were better able to deal with challenging behaviors and were better equipped to cope with adoption issues. Parents also expressed more understanding of the effects of childhood trauma on behavior.
- Improved child functioning — Several projects, including those offering support groups for children, reported improvements in children's well-being or behavior.
- Increases in adoptions — One state program saw a significant increase in the number of children adopted from foster care, and administrators thought the availability of support played a role in this increase.
- Prevention of adoption disruptions — Although no project had a control or comparison group, three of five that tracked disruptions reported no disruptions during the grant period.[61]

Ryan and Nalavay, in their study on what adopted children need in post-adoption support, note post-adoption services are generally viewed as the best way to prevent disruption and are also an effective means of reducing adoptive families' burdens.[62] In an article with other co-authors, Ryan et al. cite several benefits to post-adoption services, including alleviating adjustment problems, preventing disruption, achieving higher family functioning, and reducing child emotional and behavioral problems.[63]

Support Can Help Parents Adjust to Difficult Behaviors or Challenges

As noted above, sometimes services can improve a child's behaviors or improve their mental health issues. In some cases, however, behaviors are not going to change significantly and family support is critical to supporting the parents and improving their resiliency. After studying the effects of one support program on 34 adoptive families, Houston and Kramer explain, "It can be argued that although pre- and post-adoptive supportive resources did not improve child behavioral outcomes,

these supports could nevertheless be beneficial in helping adoptive parents to understand, manage, and cope with their children's difficult behaviors."[64]

Smith and Howard report that peer support, such as in support groups, is particularly effective at this. They explain, "One important aspect of groups is that they can place issues in context, helping members move from seeing their problems as particular to their child and family to understanding them as common and, in light of their children's pasts, expectable. Thus, group participation can normalize feelings."[65] Normalizing feelings and experiences is one reason to connect adoptive, foster, and kinship care families with support early in the process. Connections with others help them understand their role, identify challenges they may face, and allow them to see the successes other adoptive, foster, and kinship care families have achieved.

> **Normalizing feelings and experiences is one reason to connect families with support early in the process.**

Clark et al. found something similar in a study of adoptive families in Louisiana:

> [T]his study suggested that children's actual functioning may have less impact on successful adoption outcomes than parental perceptions of those behaviors. This conclusion is consistent with Rushton et al.'s (2000) finding that behavioral difficulties per se do not present a major risk for disruption provided the family develops a format in which the behaviors can be managed. For adoption workers, these findings give hope for the placement of children displaying difficult behaviors. Working with families on strategies of coping may increase the likelihood of success.[66]

Thus, support services for parents may be as important in keeping a family together as working with the children themselves.

Support Services Help Foster and Kinship Care Families

Although more research is available on adoption services, foster and kinship care families benefit from support in much the same way adoptive families do. In a review of treatment foster care evaluation studies, Turner and MacDonald write, ". . . targeted selection, training, and support combine to

improve the experience of foster caregivers, and their continued preparedness to foster these challenging children." They note that support includes direct support but also access to other services.[67] In his analysis of placement stability and disruption, Crum found the amount of emotional and social support a parent received had a statistically significant impact on increasing foster placement stability.[68] Pieshcer et al.'s review of foster care program studies indicated a number of ways support services helped relative and non-relative foster families:

- Social support, such as support groups, led to greater satisfaction and improved child behaviors.
- Respite care reduced stress and increased parent satisfaction.
- Online training helped kinship caregivers enhance self-efficacy, increase social support, and build common ground with the children in their care.
- Support from agencies and caseworkers improved retention and reduced caregiver stress.[69]

Supporting adoptive, foster, and kinship care families has important positive effects — helping children and youth, stabilizing families, making recruitment of families easier, and saving money. The rest of this guide will show you how to assess the need for programs, identify model programs you could replicate, and prepare for implementation so you will see these benefits in your community.

CHAPTER TWO

Assessing the Needs of Children and Youth in Adoption, Foster Care, and Kinship Care and Their Families

As mentioned in the introduction, there are a number of stages to go through when implementing any new program or making significant changes to services offered — exploration and adoption of the idea, program installation, initial implementation, full operation, innovation, and sustainability. The chapter below is designed to help you in stage one, as we suggest ways to explore the needs of adoptive, foster, and kinship care families in your area, which will help you clarify if changes are needed in the family support programs you offer.

Assessing the Needs of Individual Children, Youth, and Families

Before administrators and policymakers assess the broad needs of the adoptive, foster, or kinship care families in their community, it's helpful to be sure your agency or its partners are assessing the individual needs of children, youth, and families. These individual child- and family-level assessments can contribute to your agency's overall understanding of the community's needs but also ensure that each family understands and can meet the needs of a child in its care. Below, we outline steps to assessing children's needs and ensuring that the selected families are equipped to meet the needs. Our primary goal here is not to provide a comprehensive tool to guide assessment and matching, but rather to present the issues so administrators can be sure these preliminary steps are being undertaken.

Developing a Child or Youth Assessment Report

As discussed in Chapter 1, children and youth who are or have been in foster care often have serious and ongoing disabilities and complex needs. For child welfare system staff and parents to meet those needs, they must have a current, comprehensive picture of the child's or youth's challenges and strengths.

Horwitz et al. (2000) notes challenges facing children and youth in foster care can be significant, and assessing their needs is increasingly recognized as critical:

> Current estimates of mental health problems range from 30% to 80% with 40% to 80% experiencing some chronic health problem, 43% showing growth abnormalities, and 33% having untreated health problems . . . . As the magnitude of these problems has been recognized, various professional organizations have called for thorough and ongoing assessment and treatment of health and mental health problems of children entering substitute care.

The study, which tested an assessment model in Connecticut, also found that the provision of comprehensive evaluations helped improve the scope and delivery of services.[70] Despite the need for comprehensive evaluations, Kerker and Dore (2006) found the mental health needs of children who are entering out-of-home care are rarely assessed.[71]

As your agency seeks to ensure child and family well-being, you will benefit from having a thorough report on each child in foster care that assesses their developmental needs in the physical, social, cognitive, and emotional domains, as well as their strengths and family and other history. Having an updated assessment completed before a child leaves foster care to a kinship or adoptive placement will ensure the child's parents have more accurate information about the child they will be parenting. In presenting the assessment, you can work with the family to understand the potential impact of the child's history on the family and to determine and plan for any specific ongoing support needs.

The assessment should include the child's:

- Developmental needs across multiple domains, including:
  - Physical — health status, including dental health; motor skills
  - Cognitive — intellectual development or capacity; educational needs, including school performance; speech and language function
  - Emotional — mental health; behaviors; well-being; fears; ways to comfort or support the child
  - Social — attachment history; relationships
- Strengths and interests, likes and dislikes (such as foods, activities, clothes)
- Family history
- Siblings and other birth family connections
- Community connections (schools, community groups, clubs, faith communities, etc.)
- Placement history, including number of placements, placement settings, reason for moves, other information about the placement experience
- Trauma history
- Cultural needs
- Sexual development, including any history of abuse or sexual acting out
- Attitude toward adoption or foster care

In addition to referring to medical and mental health evaluations and reports, the person conducting the assessment can find useful information from:

- Case files
- Meetings with the child's birth family and community members
- Discussions with the child's former caregivers
- Discussions with the child and individuals important to the child
- Reports or conversations from professionals who have served the child
- The child's social history, which should include information on significant events and circumstances from the child's past

Each assessment report should identify the services the child needs and has used, including which services worked and which didn't. The report can help agency staff work with parents to ensure they

can access needed and useful supports. The placing agency should share summaries of the assessment with the adoptive, foster, and kinship care parents so they know the child's status and needs, have information about how best to parent this child, and thus have the best possible chance to meet those needs.

For additional information on child assessments specific to adoption, the National Resource Center for Adoption's *Adoption Competency Curriculum, Child/Youth Assessment and Preparation* module provides an in-depth discussion of child assessments, including a detailed checklist (Handout 3) of what should be included. In its Web-based Placement Stability Toolkit, the National Resource Center on Permanency and Family Connections identifies a number of evidence-based assessment tools for foster placement, including the Behavioral and Emotional Rating Scale, Child and Adolescent Needs and Strengths — Mental Health, and the Child Behavior Checklist.

Assessing if a Family Can Meet a Child's Needs

Once staff have identified and documented a child's needs, the next step is to determine if the child's current or prospective family can meet those needs and what supports they might require to successfully parent the child. This is typically done through the assessment, preparation, pre-adoption training, and placement processes, although in some situations the assessment may not be as thorough as it should be to inform decisions about placements and needed support services, especially for emergency foster or kinship placements.

Hanna and McRoy note, with respect to adoption matching, "Using the public health model of prevention, shifting the focus of the matching process to a means of identifying stressors and plan services, may prove to be a pre-emptive step resulting in greater adoption stability and concurrently decreasing the disruption rate."[72] As your agency works to improve placement stability, permanency, and well-being for children and families, following Hanna and McRoy's three-step approach can help you achieve better outcomes:

1. Assess each child's and family's needs and strengths, including determining what the family can handle and the needs of any other children in the family
2. Identify risks and protective factors that will help the family respond to challenges and stressors based on the needs of the child
3. Identify support and services the family needs to ensure the success of the placement[73]

The National Resource Center on Permanency and Family Connections notes a number of issues shown to be related to placement stability or breakdown that can be examined during the assessment process:

- Existing kinship relationship to the child
- Parenting support
- Ability to set limits
- Match between the child's needs and the caregiver's capacities

- The child's relationship with other children and youth in the home
- The foster parents' ability to form a relationship with the birth parents[74]

In addition, the National Resource Center on Permanency and Family Connections' curriculum *Assessing Adult Relatives as Preferred Caregivers in Permanency Planning: A Competency-Based Curriculum* has extensive information about assessing relatives for placement. In particular, see Handouts 5.5 and 6.2 for checklists on assessing relatives for safety and placement potential and handout 6.1 for information on key issues facing kinship caregivers. The National Resource Center for Adoption's *Adoption Competency Curriculum, Family Assessment and Preparation* module also has information about assessing relatives for adoptive placement.

As noted above, a critical component to the matching process is ensuring that the family has the ability to meet the child's needs. Deborah Gray has developed a 16-question home study questionnaire that both assesses prospective parents' own background and explores their capacity to meet children's needs. Questions related to the child include:

- Are you comfortable letting others help you with this child? Do you mind working with professionals?
- Are you able to accept lots of acting out and controlling behaviors in children as a probable scenario for the beginning of placement? For children who have trauma histories, will you be willing to get therapy, a necessary part of children's medical care?
- Will you be able to provide more structure and nurture for children who need this approach, rather than using the parenting style that most closely fits your own personality?
- What resources available in your community will help you support a child who has been neglected, abused and/or otherwise traumatized?
- What resources are available for children with learning issues through the school district?
- How will you individualize and meet the needs of this child or children?
- For what type of child do you think you would not be able to meet the needs? Can you tell me about this?[75]

Questions such as these can help ensure prospective and current parents are really ready to meet the needs of the children who will be placed with them, and provide workers with a guide to help identify additional supports or connections to community programs families may need.

After a child is identified, parents will likely need child-specific training or support to increase their capacity to meet the child's specific needs. This type of training, when paired with the standard pre-placement training all prospective parents should receive, can help parents understand the particular child they will be parenting, including the child's diagnoses, needs, strengths, and other characteristics. This support and training specific to the child is an integral part of the assessment and matching process. Of course ongoing training after placement is also a valuable component of any post-placement support program.

Assessing the Needs of Adoptive, Foster, and Kinship Care Families in Your Area

The information above is about practice at the individual child and family level, which is fundamental to a State, Tribal, or Territorial agency's ability to meet their child welfare goals, and about which much more could be said. Our primary focus in this guide, however, is assessing the needs of children and youth who have been adopted or are in foster or kinship care and their families and to identify the availability and usefulness of support services. We recommend conducting a needs assessment before considering any changes to the support services provided to adoptive, foster, and kinship families in your community.

Deciding Why and How to Assess Families' Needs

Why Conduct a Needs Assessment?[i]

- To learn more about the needs of adoptive, foster, and kinship families. A good survey can supplement your own observations and experiences. It can give you detailed information from a larger and more representative group of people than you could get from anecdotes alone.
- To get a more honest and objective description of needs than people might tell you directly.
- To become aware of needs that you didn't know were important or you never knew existed.
- To make sure any services you provide are in line with the community's needs.
- To identify or understand any differences in needs or services available in different counties or regions.
- To ensure that resources aren't being wasted on services that aren't needed or valued, enabling your agency to redirect resources as needed.

In spite of what implementation science says about the importance of an exploration phase in any new program design or development, you may find people who question the need to conduct a needs assessment. Below, we outline possible objections and offer responses about why it is important to assess families' needs.

We already know what families need.

We definitely know some things about what families need, but often there is more specific information to be gathered. Perhaps your agency or another organization has done a recent survey or series of focus groups on families' needs. There is certainly general research on what adoptive, foster, and kinship families need.

Much of the time, though, the needs are not quite clear or may change over time. The research may be from a different population or for a different region of the country. No one may have done a

i The information in the Why Conduct a Needs Assessment? section is adapted, with permission, from the Community Toolbox. View the original materials and additional resources at http://ctb.ku.edu/en/tablecontents/sub_section_main_1042.aspx

survey in years. The population of children and youth in care may also have changed and may have different needs than those of just a few years ago. If your foster care population has gotten smaller, perhaps those children who remain in care have more significant challenges. Some jurisdictions have seen more very young children in foster care lately, and these children may require different services than a school-aged population. Perhaps community services have been added or reduced since the last survey. You and others in your agency or elsewhere in the child welfare community may have ideas, but it's usually valuable to make sure those ideas match with the current reality facing families.

We'd like to make changes now.

It may seem difficult, but it's almost always worth stopping and assessing needs before you get started. Implementation science has demonstrated the value of an exploration phase before undertaking system change. If you do a needs assessment, you can feel more comfortable knowing that what you want to do meets a real need. Given how busy you and your colleagues are, it is important to ensure that you are prioritizing your efforts on the activities that are most needed.

Tribal Needs Assessments

In a presentation at the 2013 National Indian Child Welfare Association conference, Mercedes Garcia from the Pascua Yacui tribe and Kathryn Ford of the Center for Court Innovation discussed conducting needs assessment in child welfare. They explained that, in addition to gathering information about what services to provide, needs assessments can:

- Serve as outreach to the community and let people know what you're doing
- Build stakeholder interest and support
- Strengthen collaboration among different partners and agencies if you get them involved during the assessment process
- Identify resources in the community (Pascua Yaqui developed a 400-page list of resources during their assessment process.)

Garcia and Ford also noted that it may be important to involve tribal elders in both planning and implementation of any needs assessments. Elders can make valuable contributions to the assessment planning phase and help build support for the process.

Garcia and Ford also noted that careful thought should be given to who gathers the information when seeking input from tribal members. They explained that it typically helps ensure more active and engaged participation if members of the tribe conduct the focus groups or interviews. But they also noted that, depending on sensitivity of the subject matter and the size of the tribe, participants may actually feel more comfortable expressing themselves if an independent person or organization is in charge of information gathering.

We don't have the time to do a survey.

The actual amount of time involved in conducting a needs assessment can vary a great deal. The type of needs assessment we recommend shouldn't take too long. You can adapt our sample survey (on page 32); set it up online; conduct outreach to adoptive, foster, and kinship families; and probably get responses within a few weeks.

If you have a choice, you may want to survey more people, with additional questions, in different ways. Doing only an online survey is faster, but may not reach some of the people who most need support. There are many different degrees of comprehensiveness you can choose. But any surveying is almost always better than no surveying at all. It's likely that whatever time you can afford will be well worth it.

> It's a myth that most people are surveyed all the time. More often, we survey too little or don't act on what we discovered in our assessments.

Since resources to provide support services are limited, can you afford *not* to find out about community needs before you offer services?

People will be bothered since they have already been surveyed so much.

More often, the opposite is true. In fact, most people are rarely asked about what they think about needs or services. People often feel honored when they are seen as an expert or when their input is requested, especially if it could potentially help their child or other children in the community.

It's a myth that most people are surveyed all the time. More often, we survey too little or don't act on what we discovered in our assessments. As we know from implementation science, data-driven decision-making is critical to success.

Implementation of Your Needs Assessment

As part of your exploration phase, we recommend conducting a needs assessment survey and, when possible, several in-person focus groups. The survey enables you to reach a wide audience relatively easily and tends to have low implementation costs, especially if you do mostly online surveys and invite people to participate primarily through email. Focus groups are more time-intensive, but can add detail and nuance to the information you gather through the surveys.

Designing a Survey

We have developed a sample needs assessment survey for States, Tribes, and Territories to use to assess their community's needs. (See pages 32 to 48.) Our survey is adapted from a number of existing surveys that have been used for years in the adoption community, and was tested by adoptive parents. We encourage you to use the tool, adapt it as you see fit, or design your own survey. (Please note that your agency may have rules for gathering input or guidelines requiring that review boards approve any surveys you use. Be sure to check internal guidelines before you start any data collection.) If you design your own survey, we suggest getting input from experienced parent and youth leaders. Their input should help shape a better survey, and will also start a strong partnership likely to help you generate a better response rate.

Choosing How to Assess Families' Needs

There are a number of ways to assess families' needs, including in-person or phone interviews, paper or online surveys, focus groups, listening sessions, public forms, data analysis, and more. A few of the more common options are:[i]

- **Using existing data** —You might use agency placement data or Adoption and Foster Care Analysis and Reporting System (AFCARS) data to start your needs assessment. You can also look for information others have gathered (such as previous surveys conducted by foster and adoptive family support organizations in your community).
- **Listening sessions and public forums** — Listening sessions are forums you can use to learn about the community's perspectives on local issues and options. They are generally fairly small, with specific questions asked of participants. Public forums tend to be both larger in number of participants and broader in scope than listening sessions. They are gatherings where attendees discuss important issues at a well-publicized location and time.
- **Interviews and focus groups** — These are less formal than forums, and are conducted with either individuals or small groups (usually fewer than 10, and sometimes may include as few as two or three people.) They generally include specific questions, but allow room for moving in different directions, depending on what the participants want to discuss. Open-ended questions (those which demand something more than a simple answer), follow-ups to interesting points, and a relaxed atmosphere that encourages people to open up are all part of most assessment interviews and focus groups.
- **Surveys** — There are several different kinds of surveys, any or all of which could be used as part of a community assessment.

i This list of items is adapted, with permission, from the Community Toolbox. View the entire list at http://ctb.ku.edu/en/tablecontents/sub_section_main_1019.aspx

Whether you are adapting this survey tool or creating one from scratch, the following tips will help create an easy-to-use instrument that garners the most responses:

- **Make sure the survey is user friendly:**
  - Allow the survey to be anonymous and explicitly reassure families the survey is anonymous. Avoid asking questions that would allow you to know the families' identities. Some of the questions asked are very personal, and families may be reluctant to share honest information about the challenges they face, especially with a state or tribal agency.
  - Use multiple choice questions whenever possible. Participants are less likely to complete a survey that requires them to write in answers for each question. These questions are also significantly easier for you to tabulate when you're compiling results.

- Don't use abbreviations or acronyms. Everyone may not know that MFT means marriage and family therapist or FASD means fetal alcohol spectrum disorder.
- Avoid jargon. Parents may not know the difference between an adoption disruption or dissolution or be familiar with either word. Use phrases like "ending the adoption" instead.
- Give participants an "Other" option to many questions. When participants can't answer a question using the choices you provided, they may get frustrated. By including an "Other" option, you allow participants to answer every question.
- Include a final open-ended question that allows participants to share comments about the topic you are asking about. This allows participants a chance to share relevant information that may not have been addressed in the survey.
- Thank participants for taking the time to provide input.

- **Keep the survey as short as you can —** Make sure that participants can complete it in no more than 15 to 20 minutes. Have several parents do a test run of the survey and see how long it takes them. Multiple-choice questions make surveys faster to complete, but you may need to eliminate some questions if the test runs show that it takes too long to complete the survey. If you're trying to shorten the survey, look critically at each question: Is it asking something you will be able to use when you design a support program? Or is it just something of interest to you? You may have to make some tough choices and prioritize the questions.
- **Provide multiple ways to complete the survey —** Many people will prefer an online survey they can complete at home and on their own time. Others won't be comfortable using a computer and may need a paper copy. If you get your data only from those who use an online survey, you may miss out on the needs of those who are less comfortable with computers or have no Internet access. This population may have significantly different needs than those who are regularly online.
- **Make it easy or rewarding to respond:**
  - If you're sending paper copies, include a stamped and addressed reply envelope or a fax number for returning the completed surveys.
  - Distribute paper copies of the survey at a support group meeting or foster care or adoption events and ask parents to fill them out by the end of the event or meeting.
  - Provide incentives if possible. For example, you might enter every participant's name in a drawing for a small prize (such as a $25 gift card to a local store). Since you want the survey to be anonymous, this can be a bit tricky, but it's still possible. For online surveys, you can provide respondents' with two links — one to complete the survey and a separate one to provide their name and contact information for the drawing. You can have the link for the drawing on the final page of the survey so they don't get it until the survey is complete. If you are using paper surveys, you could have a support staff member enter names separately from the data on the survey. Be careful with whatever you do or it could compromise anonymity or the perception of anonymity.
  - Avoid busy times of the year for parents. August and early September when children are returning to school and around the holidays in November and December can be difficult times for parents to respond to additional requests for information. Families can also be busy at the end of the school year or around Mother's Day or Father's Day.

- **Test your survey —** It's important to try out your survey before you use it. Identify five to 10 parents who are willing to take a trial run of the survey; ask them to think about the following questions as they complete the survey:
  - How long did it take you to do the survey? Is it too long?
  - Are there any questions you found particularly difficult to answer? Do you have suggestions for making those questions easier to answer?
  - Are there questions you wish we had asked?
  - Do you have any other comments on the survey?
  - Do you feel the survey allows you to properly express your needs? If not, what might make it better?

As part of your trial, you should look at the answers you receive as well. Are the answers you received the type you expect? Are people misunderstanding any of the questions or the answer choices? Will you be able to tabulate the answers fairly easily?

After your tests and your internal analysis, you can make changes in the survey. If you make many significant changes or your test group had a lot of trouble with the survey, you may want to test the revised version with another group of parents.

A State Examines Its Post-Adoption Support

In 2012, the Washington State Auditor's Office conducted a survey to determine to what extent the needs of families who adopt from foster care are being met. The survey was part of an ongoing effort in which the auditor's office conducts independent, comprehensive performance audits of state and local governments. For its examination of adoption support, the office also reviewed literature on post-adoption needs and services and studied similar states' post-adoption programs. The auditors also examined the process of negotiating adoption assistance benefits.

To conduct the survey on service needs, the office selected a statistical random sample of the more than 9,000 families who were receiving adoption assistance benefits during fiscal year 2012. Of the 1,686 individuals sampled, 750 completed the survey. Released in February 2014, key survey findings include:

- Most families' needs are being met, but 29 percent of families expressed an unmet need.
- The biggest gaps in services were for families raising children with diagnosed disabilities. Of these families, 57 percent had an unmet need.
- One of the largest unmet needs was for family counseling. Other unmet needs included information on services and parenting, support groups, and child care or after-school care for children who need special supervision.

To learn more about the survey and the rest of the performance audit, read *The Experiences and Perspectives of Washington Families who Adopted Children from Care*.

Adapting the Sample Survey

If you want to tailor our sample survey to your community, please consider the following:

- **Use language that parents in your State, Territory, or Tribe are most familiar with —** If your subsidized guardianship program is called "KinGAP," use that term along with a description the first time you use it. If your agency uses the phrase "transfer of legal custody" rather than guardianship, use "transfer of legal custody" in your survey. Rather than saying "local department of social services" in question 19 of our sample survey, use the name of your child welfare agency.
- **Ask specific questions about the services you offer —** You might want to add a question about any specific programs you offer. For example, in our sample survey's section on "Services Used and Rating of Helpfulness," you might want to ask if respondents are aware of specific support programs and what they think of their effectiveness.
- **Make sure the geographic section fits your area —** If you provide services by county, list each county in the sample survey in question 40. Or if it fits better for your community, list a number of regions they can choose from. Your ultimate goal is to be sure the responses work for how your State, Territory, or Tribe is organized by any geographic divisions.

Conducting the Survey

A key element in conducting the survey is to determine how many responses you'll want and from which groups of people. The answers to those questions will help you decide how to administer the survey.

The first step is to define the population you plan to serve: Will it just be adoptive parents? Just foster parents? Will it include parents who adopted only from foster care or any parent who has adopted? If you are serving kinship providers, are you serving only those within the formal foster care system, those where child protection was involved, or anyone raising a relative's child?

Once you've decided on the general population to survey, you can think about how big a group that is. Do you have 10,000 foster parents in your state? Do you have 5,000 parents who adopted from foster care? If your population is 5,000, how many survey responses will you want to get in order to have reliable results? There is no set amount but you want to be sure you get enough responses to make your data useful. Response rates are more important when the study's purpose is to measure effects or make generalizations to a larger population, and less important if the purpose is to gain insight.

Acceptable response rates vary by how the survey is administered:

- Mail — 50% is adequate, 60% good, 70% very good
- Phone — 80% good
- Email — 40% average, 50% good, 60% very good
- Online — 30% average
- In-person — 80–85% good[76]

Even if you have lower response rates than this, you likely still have valuable insight.

Of course, it's not just about numbers. You want your survey respondents to be representative of the community you hope to serve, so you want to ensure diversity of respondents. Diversity has a wide variety of components to consider:

- Racial and ethnic background, tribal enrollment or affiliation
- Type of parent (adoptive, foster, or kinship; different types of adoption)
- Family size and make-up (those parenting one child; those with sibling groups or multiple children, adopted, foster, and birth; single parents; lesbian and gay parents)
- Time since placement (new parents; those who have been parenting for years)
- Age of children and youth in the family
- Income
- Geography (urban, rural, suburban; from all over the State, Tribe, or Territory)

Obviously, you'll need to decide how to reach those you plan to survey and eventually serve. Some potential avenues for reaching diverse groups of parents include:

- Adoption and foster care agencies
- Social media sites used by adoptive, foster, and kinship families
- Community-based agencies around the state or tribal area; those serving specific racial or ethnic groups may help you reach a more diverse audience
- Schools, early childhood education programs, and after-school programs
- Parent support groups
- Foster and adoptive parent associations
- Conferences and trainings on disabilities, mental health, or adoption or foster care issues
- Mailing to all (or a random sample of) families who receive adoption assistance or foster care payments

It's important to think about ways to reach families who are not already connected to the services you offer. These families may be doing fine and not need services, but they could also be especially isolated and have a different perspective to share than those who are already connected to the adoption or foster care community. The best way to reach these individuals may be through mailings to families who receive adoption assistance, foster care, or kinship care benefits. Or you may want to partner with child-placing agencies, and have them reach out to families they have placed children with. If you know certain neighborhoods have large numbers of adoptive, foster, or kinship families, you could also do flyers or targeted ads but this can get expensive and may have poor response.

> **"You want your survey respondents to be representative of the community you hope to serve, so you want to ensure diversity of respondents.**

As your responses come in, you'll want to check if you are hearing from the entire community. If your responses aren't representative, you may want to conduct additional outreach to the popula-

tions you are missing. For example, if your state has a significant Latino population but the demographic results of your survey don't reflect responses from Latino families, perhaps you need to offer the survey in Spanish or to partner with Latino community organizations or churches to conduct targeted outreach. If you're not hearing from grandparent caregivers, you may find you need to use a paper survey for this population. You might also want to reach out to the local Council on Aging or similar groups to find grandparent caregivers. Some populations may even need a phone or in-person survey rather than either a paper or online survey.

Below are some tips to help you when you conduct outreach for your survey:

- **Partner with others to get the word out:**
  - Ask leaders of family support organizations such as parent groups or foster care associations to help distribute the survey. When the survey comes from someone they are familiar with and trust, participants are more likely to complete the survey.
  - Ask your local foster care and adoption agencies to share the survey with the parents they have served. This is a good way to reach parents who may not be connected with existing support programs.
  - Post links to an online survey on any web sites, social media sites, or blogs used by parents in your area. This may reach families who don't participate in in-person events. If you are doing outreach a number of ways, you should probably include a note on the survey that parents should complete it only one time.
- **Be personal and persistent:**
  - Whether you're sending the survey by email or mail, personalize the request (e.g., "Dear Ms. Forrest" rather than "Dear Parent") if you can. Personalization has been shown to increase response rates.
  - Send reminders. For an email request, wait at least a week before sending the reminder. For a mailed request, wait at least two or three weeks. Limit the number of reminders to two.
  - Keep your cover letter or email request brief and to the point. Let them know you are doing the survey to assess the needs of adoptive, foster, and kinship care families in the community, and to design services to better meet those needs.

Tabulating Survey Results

The easiest way to tabulate your results is to use software that does it for you. Online survey tools like surveymonkey.com and surveygizmo.com are great options, and can provide both summary and detail data that makes it easy to identify themes and trends. Programs like this also allow you to analyze subsets of your data — for example, data subsets might show that many parents in the urban areas have access to services while those in the rural communities have little to choose from.

If you don't use a survey tool that tabulates automatically, you can track responses in Excel or even more sophisticated data analysis software like SPSS (Statistical Product and Service Solutions). If you're using Excel or similar software, you can enter each survey individually and design a summary worksheet, or hand tally responses and use the software to chart or analyze themes.

Have at least one person read through any open-ended questions and look for themes. You can come up with themes or categories for each open-ended answer and then count the number of people who gave a response in each category or theme.

You may find that responses lead to new questions. For example: Why are so many people reporting that counseling is harmful? Why don't families know about a service we already offer? Why is transportation so often listed as a barrier? If this is the case, a focus group may help you get some answers and a deeper understanding of what's happening.

Gathering Other Data Through Focus Groups

In addition to a survey, if you have the time, we recommend conducting a few focus groups — both with adoptive, foster, and kinship parents and with older youth in adoption, foster care, or kinship care. If a survey is too much to take on right now, these focus groups can even be a substitute. You'll have input from far fewer people, but it's still a good way to get detailed information from the families in your community.

Following are some of the steps necessary to conducting effective focus groups.[i]

Prepare Your Questions

The most important step is deciding what you'd like to ask. You may want to base questions on things you learned from survey results you received. For example, if it seemed that people weren't using a service you offer, you might ask why. If a number of barriers have come up, you can ask for more details about them. Below are some sample questions that might serve as a starting point for you. Make sure participants know you are asking both about informal supports, such as support from other parents or youth in similar situations, and more formal services such as counseling or therapy. It can be helpful to start with easier questions to help participants get warmed up before asking about very personal or complicated situations.

Sample Focus Group Questions for Parents

1. What are the top three challenges facing your adoptive, foster, or kinship family as you attempt to meet your child's needs?
2. What types of support or services have you used in the community?
3. Which support or services have been most helpful to your family? Why?
4. What support or services did you use that were not helpful? Why weren't they of use to your family?
5. What support or services have you needed but not been able to access?
6. What barriers kept you from using those services?

i This section is adapted, with permission, from the Community Toolbox at http://ctb.ku.edu/en/tablecontents/sub_section_main_1018.aspx

Sample Focus Group Questions for Youth

1. What are the three best things about your adoptive, foster, or kinship family?
2. What are the top three challenges facing you as a foster child, adoptee, or child in kinship placement?
3. What do you think would best help you face those challenges? Why?
4. What do you wish your adoptive, foster, or kinship care parent knew? How would that make a difference for you?
5. Are there programs or services that you think would help you or your whole family?
6. Are there things that get in the way of your asking for help? What are they?
7. Do you have connections with other children and youth in adoption, foster care, or kinship care? Do you think connecting with youth in similar families would be of use to you? If so, why?

Find a Good Facilitator or Facilitators

This is not a small matter — your facilitator will determine the success of your group. Your best choice is someone who:

- Has experience facilitating focus groups
- Knows something about the topic
- Will relate well to the focus group participants
- Will work together with you to give you the outcomes you want
- Doesn't have too large a stake in the outcome (and might therefore steer the conversation)

Each focus group should be led by someone the parents or youth are comfortable with and who is also knowledgeable about existing services offered by the State, Territory, or Tribe. The facilitator must also be skilled at encouraging participation and ensuring the conversation stays on track and isn't dominated by just a few participants. A great option is to have a parent or youth partner with a professional to facilitate the focus groups. Another good option is a parent or youth who is also a professional in the field. As noted earlier, in tribal (or small) communities, planners should discuss whether the facilitator should be a member of the community or an outsider and determine which is the best choice for their community.

"When working with youth, it's particularly important to find someone who knows how to engage youth without talking down to them.

When working with youth, it's particularly important to find someone who knows how to engage youth without talking down to them. We highly recommend using an experienced youth facilitator or co-facilitator. Make sure the facilitator avoids the use of jargon or acronyms, which may not be familiar to the youth participants.

Find a Note Taker

Having a note taker is a small but essential point that is often neglected. You want to make sure people's ideas don't get lost and that someone is writing down what is said. If you can't find someone, you can record the session and take notes from the recording. This will take more time after the focus group, but you will have a more complete, accurate, and permanent record.

Decide Whom to Invite

Ideally, those invited should be a representative sample of those whose opinions you are concerned about. In general, focus groups work best with eight to 12 participants. As with the survey, you'll want to be sure that you get participation from across your State, Territory, or Tribe, and that participants are diverse in terms of race, ethnic background, experience with adoption or foster care or kinship care, where they live, and other characteristics. You may want to run several different groups in different locations, to include more people, and to get the diversity you need.

For the youth focus group, it's really important to identify youth participants with a wide range of abilities and experiences. Too often only the highest-achieving youth are included, which does not allow for the full scope of experience and input.

Decide About Incentives

Many organizations offer incentives for focus groups to encourage participation. You should consider whether this can help increase attendance. You might get enough participants just because they care deeply about the topic, but you might need to offer an incentive. If you can't afford a stipend, you could offer food and drink, small gift cards to local café or coffee shop, public recognition, something to take home, or a later training opportunity. A great way to encourage parents to attend is to provide free child care during the session.

Decide on the Meeting Particulars

You'll need to determine the following:

- What day?
- What place?
- What time?
- How long?
- How many groups?

Make your decisions about logistics in a way that makes it easy for participants to attend. If you have more than one session, maybe hold one in the evening and another during lunch. Be sure that the location is accessible and is either near public transportation or has ample free parking. Ideally, each group would have between eight and 10 participants and will last about one and a half to two hours.

After Holding the Focus Groups: Look at the Data

If you made an audio recording, make a transcript. If not, make a written summary from the group notes. But in any case, look closely at the information you have collected. Ask yourself:

- What patterns emerge?
- What are the common themes?
- What new questions arise?
- What conclusions seem true?
- If you plan to hold any future focus groups or conduct other data collection: Do I need to make any changes to my questions or data collection methods?

It's best to have more than one person review the data since each person's perspective is likely to be a bit different. You can each look for themes, and highlight which items seem most important. After your review, you can meet to compare your interpretations and conclusions.

You should share a summary of results with your participants. This can be a great way to thank them for their participation and to help them know they were heard. Sharing results is just one step in building a partnership with the parents and youth who will be served by any programs or services you offer.

Planning and Implementation

Once you have conducted your survey and focus groups (or whatever needs assessment you have chosen), you need to review and interpret your results. Whenever possible, have a team of people look over the results and discuss your findings. It may take more than one meeting to draw conclusions about what families' needs are and then a few more discussions to identify how best to meet those needs — both in terms of services and how to implement and sustain those services. The next three chapters of this guide should be useful resources as you move forward with planning and

implementation of any new or expanded services. The final chapter deals expressly with factors to help with successful implementation of any new programs or services.

> **Share a summary of results with your participants. This can be a great way to thank them for their participation and to help them know they were heard.**

One note of caution: We know of one community that held focus groups about adoption support needs. Focus group members spent a lot of time talking about the need for mental health services. In response, the agency shifted money from an existing program to create a new mental health program. Families were very upset about the change — they hadn't talked about the existing program much during the focus group because it was already in place and met their needs. They had identified *an additional need*, but never wanted the old program to go away. A great way to avoid problems like this is to check with either focus group participants or key community leaders before implementing significant changes.

Assessing Families' Need for Support in Adoptive, Foster, and Kinship Placements

The survey below is for adoptive, foster, and kinship care parents to complete to provide information States, Territories, and Tribes can use to determine what services families would need to meet the needs of their children and family. Parents should fill out the survey based on the needs of their family, taking into consideration all of their adopted children or children in foster or kinship care.

This survey adapts questions used in other needs assessments including the following:

- The 2003 and 2004 adoptive parent surveys by AdoptUSKids; the 2004 AdoptUSKids survey used questions based on studies reported in James A. Rosenthal and Victor K. Groze, *Special-Needs Adoption: A Study of Intact Families* (New York: Praeger, 1992)
- A 2004 survey designed by Susan Egbert for the Utah Adoption Council
- A 2000 adoptive parent telephone interview created by Trudy Festinger of New York University
- Assessment tools reported in Thom Reilly and Laura Platz, "Characteristics and Challenges of Families Who Adopt Children with Special Needs: An Empirical Study," *Children and Youth Services Review*, 25 (2003): 781–803, and Thom Reilly and Laura Platz, "Post-Adoption Service Needs of Families with Special Needs Children: Use, Helpfulness, and Unmet Needs," *Journal of Social Service Research*, 30 (2004): 51-67

PLACEMENT INFORMATION

1. How many children (under 18) are currently living with you? _____

   a. Of those, how many are:
      In foster placement: _____
      Adopted: _____
      In an informal kinship placement (not currently in foster care): _____
      In a formal guardianship placement: _____
      Birth, step, or other children in the household: _____

   b. Of the adopted children and children in formal foster care, how many are biologically related to you? (That is, how many children do you have in a formal kinship care placement?): _____

2. How many children currently living with you are in each of the following age groups? Of those, how many are adopted children or children in foster or kinship care? *(Please write the number of children you have in each age group next to that age group.)*

	Number of all children in your household	**Number who are adopted or in foster or kinship care**
Less than 1 year old		
From 1 to 3 years old		
From 4 to 7 years old		
From 8 to 12 years old		
From 13 to 15 years old		
Older than 15		

3. Do you have any adopted children or children for whom you have permanent guardianship who are under 18 but are in residential treatment or another out-of-placement setting?
   ❑ Yes ❑ No

4. How long have you been an adoptive, foster, or kinship care parent?

   ❑ Less than 6 months
   ❑ From 6 months to 1 year
   ❑ From 1 to 3 years
   ❑ From 3 to 6 years
   ❑ More than 6 years

5. Are any of your children part of a sibling group placed together? ❑ Yes ❑ No

6. Are you parenting any children who are of a different race or ethnic background than you and (if you have one) your spouse or partner? ❑ Yes ❑ No

7. If you have adopted, what type of adoptions have you completed? *(Check all that apply.)*

   ❑ From foster care
   ❑ Private domestic
   ❑ International

CHILD'S OR CHILDREN'S NEEDS

8. Do any of your adopted children or children in foster or kinship care have any of the following issues? If so, please rate the issue as mild, moderate, or severe. If you have only one adopted child or child in foster or kinship care, check only one box in each row. If you have more than one adopted child or child in foster or kinship care, you can check each box that applies (for example, if you have three children and one has a moderate physical disability and one has mild disability, you would check "At least one child has a mild version of this issue" and "At least one child has a moderate version of this issue").

	None of my children has this issue	**At least one child has a mild version of this issue**	**At least one child has a moderate version of this issue**	**At least one child has a severe version of this issue**
Physical health problem				
Physical disability				
Neurological problem (autism spectrum disorder, Down syndrome, fetal alcohol spectrum disorder, etc.)				
Learning disability				
Emotional problem (reactive attachment disorder, oppositional defiant disorder, bipolar disorder, post-traumatic stress disorder, etc.)				

	None of my children has this issue	At least one child has a mild version of this issue	At least one child has a moderate version of this issue	At least one child has a severe version of this issue
Behavioral problem (cruelty to animals, lying, hyperactivity, stealing, sexually acts out, etc.)				
Other problem *(please list)*				

9. If you have at least one adopted child, do any of your adopted children have negative feelings about being adopted?

   - ❑ N/A
   - ❑ Yes
   - ❑ No
   - ❑ Sometimes

10. If you have at least one child in foster care, do any of your children in foster care have negative feelings about being in foster care?

   - ❑ N/A
   - ❑ Yes
   - ❑ No
   - ❑ Sometimes

RELATIONSHIP BETWEEN YOU AND YOUR ADOPTED CHILDREN OR CHILDREN IN FOSTER OR KINSHIP CARE

The following questions are about the relationship between any children you are parenting through adoption, foster care, or kinship care. Please check the response that best reflects your experience. If you have multiple children and they have different experiences, pick the answer that best represents your entire household.

11. Have you experienced any of the following concerns related to any children you are parenting though adoption, foster care, or kinship care? *(Check all that apply.)*

    - ❑ At least one of my adopted children or children in foster or kinship care does not respect me.
    - ❑ I have significant trouble trusting at least one of my adopted children or children in foster or kinship care.
    - ❑ I have significant trouble communicating effectively with at least one of my adopted children or children in foster or kinship care.
    - ❑ I have more than one child, and the children have significant difficulty getting along with one another.
    - ❑ I have birth, step, or other children in the home, and there is significant tension between these children and at least one adopted child or child in foster or kinship care.
    - ❑ I have birth, step, or other children in the home, and I feel I give them less time or attention than I should due to the complex needs of at least one adopted child or child in foster or kinship care.

12. Overall, would you describe the impact of parenting children through adoption, foster care, or kinship care on your family?

    - ❑ Mostly positive
    - ❑ Positive and negative — about equal
    - ❑ Mostly negative

WHAT ISSUES OR PROBLEMS WOULD YOU LIKE TO ADDRESS?

13. In general, do any of the children you are parenting through adoption, foster care, or kinship care have significant difficulties in the following areas? If you have multiple children through adoption, foster care, or kinship care, please consider all of the children together when choosing your answer.

	None of the time	Some of the time	Most of the time	All of the time
At home (including with your other children)				
In school				
In the community (for example, at church, in clubs or community centers, in the neighborhood)				
With peers				
Other *(please list)*				

14. Additional comments about issues you'd like to address:

OTHER SUPPORT AVAILABLE TO YOU

15. Do you have health insurance (private or public) that meets your child or children's needs in the following areas?

	Doesn't meet our needs at all	Partially meets our needs	Meets our needs
Medical needs			
Mental health needs			
Behavioral needs			
Dental needs			

16. Does your insurance allow you access to providers who are adoption or foster care competent?

❑ Yes ❑ No ❑ Sometimes

17. Please rate the amount of support you get from your personal support system (meaning your support from family, friends, spouse/partner, neighbors, faith community, etc.).

❑ I have no personal support system.
❑ I get a little help from a personal support system.
❑ I get some help from a personal support system.
❑ I get a lot of help from a personal support system.

SERVICES USED AND RATING OF HELPFULNESS

The following questions are designed to determine if you are using any family support services now and how you feel about those services.

18. Please rate the overall quantity of post-placement support available to you.

0	1	2	3	4	5	6

No support available — A great deal of support available

19. If you received any support for your adopted children or children in foster or kinship care, please check the sources of support that were most important to your family.

❑ Local department of social services
❑ State/tribal department of social services
❑ Parent support group/association
❑ Private adoption or foster care placing agency
❑ Community mental health agency (not adoption or foster care specific)
❑ Private adoption or foster care support organization
❑ Other *(please list)* _____

20. Please rate your level of overall satisfaction with the availability and accessibility of post-placement support services.

0	1	2	3	4	5	6

Not at all satisfied — Very satisfied

21. If you did receive any post-placement services, rate the overall effectiveness of those support services.

0	1	2	3	4	5	6

Not at all effective — Very effective

Please explain your rating above.

22. Please mark whether you have needed or used any of the following services for adoptive, foster, and kinship care families. If you needed it but didn't use it, please choose whether it was not available or if you didn't choose to use it. If you did use the service, please rate the service as helpful, neutral, or harmful.

				If you *did use* the service, please rate it:		
	Didn't need or use	**Needed service but it wasn't available**	**Needed service but didn't use it**	**Service was *helpful***	**Service was neutral (*didn't help and didn't hurt*)**	**Service was *harmful***
In-person support group for parents						
Online support group for parents						
Support group for child						
Social or play group for adoptive, foster, or kinship care families						
Case management (professional help to enable you to identify goals and access services)						
Guidance or information from your adoption, foster care, or kinship care worker						
Advice or support from experienced adoptive, foster, or kinship care parent(s)						

				If you *did use* the service, please rate it:		
	Didn't need or use	**Needed service but it wasn't available**	**Needed service but didn't use it**	**Service was *helpful***	**Service was neutral (*didn't help and didn't hurt)***	**Service was *harmful***
Counseling for child						
Counseling for family						
Marriage or family therapy						
Day treatment (mental health treatment for your child during the day at specialized location)						
Residential treatment or psychiatric facility						
Other out-of-home placement (like treatment foster care placement)						
Psychological assess-ment or evaluation						
Crisis counseling						
Other support during a crisis						
Mentor for parents						
Mentor for child						
Academic tutor						
Special education information and access						
Other school supports						
Behavioral specialist						
Assistance with day care						
Respite care during the day (informal or formal care that provides parents a break)						
Respite care that includes an overnight stay						
Respite care during a crisis						
Training on adoption, foster care, or kinship care issues						

				If you *did use* the service, please rate it:		
	Didn't need or use	**Needed service but it wasn't available**	**Needed service but didn't use it**	**Service was *helpful***	**Service was neutral (*didn't help and didn't hurt)***	**Service was *harmful***
Training on disabilities or challenges your child has or might have had						
Websites with adoption resources						
Newsletters or articles on child welfare issues or disabilities or mental health or behavioral challenges						
Resources related to your child's race or culture						
Information about community resources						
Special equipment for the home						
Medical care for your child's disability						
Legal services related to foster care, kinship care, or adoption						
Parent retreat						
Family retreat (children included)						
Monthly payments (adoption assistance or subsidy, foster care payments, kinship care support, or guardianship assistance)						
Assistance with search or reunion						
Assistance to address birth family connections or relationships						

				If you *did use* the service, please rate it:		
	Didn't need or use	**Needed service but it wasn't available**	**Needed service but didn't use it**	**Service was *helpful***	**Service was neutral (*didn't help and didn't hurt)***	**Service was *harmful***
Other *(please list)*						

23. Among all the services listed below (whether provided or not), which did you *need* the most for your family? *(Please check no more than five.)*

- ❑ In-person support group for parents
- ❑ Online support group for parents
- ❑ Support group for child
- ❑ Social or play group for adoptive, foster, or kinship care families
- ❑ Case management (professional help to enable you to identify goals and access services)
- ❑ Guidance or information from your adoption, foster care, or kinship care worker
- ❑ Advice or support from experienced adoptive, foster, or kinship care parent
- ❑ Counseling for child
- ❑ Counseling for family
- ❑ Marriage or family therapy
- ❑ Day treatment (mental health treatment for your child during the day at specialized location)
- ❑ Residential treatment or psychiatric facility
- ❑ Other out-of-home placement (like treatment foster care placement)
- ❑ Psychological assessment or evaluation
- ❑ Crisis counseling
- ❑ Other support during a crisis
- ❑ Mentor for parents
- ❑ Mentor for child
- ❑ Academic tutor
- ❑ Special education information and access
- ❑ Other school supports
- ❑ Behavioral specialist
- ❑ Assistance with day care
- ❑ Respite care during the day (informal or formal care that provides parents a break)
- ❑ Respite care that includes an overnight stay
- ❑ Respite care during a crisis
- ❑ Training on adoption, foster care, or kinship care issues
- ❑ Training on disabilities or challenges your child has or might have had
- ❑ Websites with adoption resources

- ❑ Newsletters or articles on child welfare issues or disabilities or mental health or behavioral challenges
- ❑ Resources related to your child's race or culture
- ❑ Information about community resources
- ❑ Special equipment for the home
- ❑ Medical care for disability
- ❑ Legal services related to foster care, kinship care, or adoption
- ❑ Parent retreat
- ❑ Family retreat (children included)
- ❑ Monthly payments (adoption assistance or subsidy, foster care payments, kinship care support, or guardianship assistance)
- ❑ Assistance with search or reunion
- ❑ Assistance to address birth family connections or relationships
- ❑ Other *(please list)*: _____

24. Among all the services you used, which were the most helpful for your family? *(Please check no more than five.)*

- ❑ In-person support group for parents
- ❑ Online support group for parents
- ❑ Support group for child
- ❑ Social or play group for adoptive, foster, or kinship care families
- ❑ Case management (professional help to enable you to identify goals and access services)
- ❑ Guidance or information from your adoption, foster care, or kinship care worker
- ❑ Advice or support from experienced adoptive, foster, or kinship care parent
- ❑ Counseling for child
- ❑ Counseling for family
- ❑ Marriage or family therapy
- ❑ Day treatment (mental health treatment for your child during the day at specialized location)
- ❑ Residential treatment or psychiatric facility
- ❑ Other out-of-home placement (like treatment foster care placement)
- ❑ Psychological assessment or evaluation
- ❑ Crisis counseling
- ❑ Other support during a crisis
- ❑ Mentor for parents
- ❑ Mentor for child
- ❑ Academic tutor
- ❑ Special education information and access
- ❑ Other school supports
- ❑ Behavioral specialist
- ❑ Assistance with day care
- ❑ Respite care during the day (informal or formal care that provides parents a break)

- ❑ Respite care that includes an overnight stay
- ❑ Respite care during a crisis
- ❑ Training on adoption, foster care, or kinship care issues
- ❑ Training on disabilities or challenges your child has or might have had
- ❑ Websites with adoption resources
- ❑ Newsletters or articles on child welfare issues or disabilities or mental health or behavioral challenges
- ❑ Resources related to your child's race or culture
- ❑ Information about community resources
- ❑ Special equipment for the home
- ❑ Medical care for disability
- ❑ Legal services related to foster care, kinship care, or adoption
- ❑ Parent retreat
- ❑ Family retreat (children included)
- ❑ Monthly payments (adoption assistance or subsidy, foster care payments, kinship care support, or guardianship assistance)
- ❑ Assistance with search or reunion
- ❑ Assistance to address birth family connections or relationships
- ❑ Other (*please list*): _____

25. If you used services that were not helpful, why do you think they were not helpful? *(Check all that apply.)*

- ❑ The provider was not experienced with adoption, foster care, or kinship care.
- ❑ Providers were not effective or skilled.
- ❑ My child wouldn't cooperate.
- ❑ My spouse or partner wouldn't cooperate.
- ❑ Other members of my family wouldn't cooperate.
- ❑ I was not able to put what I learned to use in my family.
- ❑ The strategies or suggestions I received did not work.
- ❑ I did not follow through and try the strategies or suggestions provided.
- ❑ I was not able to continue using the service long enough for it to help.
- ❑ My child's issues were too difficult for the service provider to handle or understand.
- ❑ Other (*please explain*): _____

26. When seeking assistance, did you encounter any of the following barriers?

- ❑ None — no barrier encountered
- ❑ Afraid or embarrassed to ask for help
- ❑ Could not find needed services
- ❑ Cost was too high
- ❑ Services were not offered at convenient times/days
- ❑ Eligibility problems
- ❑ Language barriers

- ❑ Number of hours or sessions allowed was not enough
- ❑ Crisis services weren't available
- ❑ Providers didn't accept Medicaid
- ❑ Providers didn't understand adoption, foster care, or kinship care issues
- ❑ Providers were not experienced in how to help people who have experienced trauma
- ❑ Providers were not qualified
- ❑ Providers didn't understand or respect my family's or child's race/culture
- ❑ Providers were unable to accommodate my or my spouse's/partner's disability
- ❑ Services were too far away from where we live
- ❑ Child would not participate or cooperate
- ❑ Time required for service was more than we could manage
- ❑ Transportation problems or couldn't get there
- ❑ Couldn't access residential treatment without child protection order
- ❑ Insurance wouldn't cover enough services
- ❑ My child's needs are so special that I couldn't find the right services
- ❑ Wait for services was too long
- ❑ Other barriers encountered *(please list)*: _____

27. Since you began parenting children through adoption, foster care, or kinship care, have you experienced what you would consider a crisis related to your child (or children)? ❑ Yes ❑ No

28. If yes, did you get any services or support that helped?
(Please check those you believe were most helpful.)

- ❑ Support from my placing agency or my placing social worker
- ❑ Support from a mental health provider
- ❑ Support from another adoptive, foster, or kinship care parent
- ❑ Support from a medical professional
- ❑ Support from a hospital
- ❑ Support from a crisis-response team
- ❑ Respite care
- ❑ Other *(please list)*: _____

29. If yes, what services did you need that you could not access? *(List services.)*

- ❑ Support from my placing agency or my placing social worker
- ❑ Support from a mental health provider
- ❑ Support from another adoptive, foster, or kinship care parent
- ❑ Support from a medical professional
- ❑ Support from a hospital
- ❑ Support from a crisis-response team
- ❑ Respite care
- ❑ Other *(please list)*: _____

30. Have you ever thought about ending a placement of one of your adopted children or children in foster or kinship care? (For foster placements, that means ending a placement before you or the agency planned to — not a planned transition home or to adoption or another placement.)

❑ Yes ❑ No

31. Are you currently considering ending the placement of an adopted child or a child in foster or kinship care?

❑ Yes ❑ No

32. If you answered yes to either question 30 or 31, how long after the placement happened did you consider disruption?

❑ Less than 6 months
❑ From 6 months to 1 year
❑ From 1 to 3 years
❑ From 3 to 6 years
❑ More than 6 years

33. When you considered ending the placement, were any of the following reasons a very important, somewhat important, or not important reason for you to consider ending the placement?

	Very important	**Somewhat important**	**Not important**
Child did not get along with other children in the family			
Child's medical problems			
Financial reasons			
Other family problems not associated with child			
Child's behavior			
Child was a danger to other family members			
A professional serving our family told me we should			
Child was acting out sexually			
Child did not want to be with the family			
We were poorly prepared or trained			
We did not have sufficient or accurate information about the child's history			
Other reason *(please list)*			

34. If you did consider ending the placement, did you get any services that helped preserve the placement?

- ❑ No, I didn't get any services that helped.
- ❑ I received services but they weren't helpful.
- ❑ The following services were helpful *(check up to five services you believe were most helpful)*:
  - ❍ In-person support group for parents
  - ❍ Online support group for parents
  - ❍ Support group for child
  - ❍ Case management (professional help to enable you to identify goals and access services)
  - ❍ Guidance or information from your adoption, foster care, or kinship care worker
  - ❍ Advice or support from experienced adoptive, foster, or kinship care parent
  - ❍ Counseling for child
  - ❍ Counseling for family
  - ❍ Marriage or family therapy
  - ❍ Day treatment (mental health treatment for your child during the day at specialized location)
  - ❍ Residential treatment or psychiatric facility
  - ❍ Other out-of-home placement (like treatment foster care placement)
  - ❍ Psychological assessment or evaluation
  - ❍ Crisis counseling
  - ❍ Other support during a crisis
  - ❍ Mentor for parents
  - ❍ Mentor for child
  - ❍ Academic tutor
  - ❍ Special education information and access
  - ❍ Other school supports
  - ❍ Behavioral specialist
  - ❍ Assistance with day care
  - ❍ Respite care during the day (informal or formal care that provides parents a break)
  - ❍ Respite care that includes an overnight stay
  - ❍ Respite care during a crisis
  - ❍ Training on adoption, foster care, or kinship care issues
  - ❍ Training on disabilities or challenges your child has or might have had
  - ❍ Special equipment for the home
  - ❍ Medical care for disability
  - ❍ Legal services related to foster care, kinship care, or adoption
  - ❍ Parent retreat
  - ❍ Family retreat (children included)
  - ❍ Monthly payments (adoption assistance or subsidy, foster care payments, kinship care support, or guardianship assistance)
  - ❍ Assistance to address birth family connections or relationships
  - ❍ Other *(please list)*: _____

35. What else should we know about support services for adopted children and children in foster or kinship care?

DEMOGRAPHICS

36. What is your gender?

- ❑ Male
- ❑ Female

37. What is your marital status?

- ❑ Single
- ❑ Married
- ❑ In a domestic partnership
- ❑ Other: _____

38. What is your age?

- ❑ Under 21
- ❑ 21–30
- ❑ 31–40
- ❑ 41–50
- ❑ 51–60
- ❑ 61–70
- ❑ 71 or older

39. What is your yearly taxable household income (not counting adoption assistance, foster care, or guardianship assistance benefits)?

- ❑ Under $30,000
- ❑ $30,000 – $50,000
- ❑ $50,000 – $75,000
- ❑ Over $75,000

40. What county do you live in? _____

41. Would you describe the community you live in as:

- ❑ Urban
- ❑ Suburban
- ❑ Rural

CHAPTER THREE

Support Services for Adoptive, Foster, and Kinship Care Families

Like early preparation and development of prospective parents, post-placement support is critical to achieving the goal of finding and maintaining a pool of stable, loving families for children and youth, as well as helping families succeed and thrive after the placement. Children and youth often need therapeutic and other services to help them heal from the trauma, loss, and grief they experienced in their early lives and build trust and attachment in their new family. They need connections with their peers to help normalize their experiences and can benefit from mentors and other role models. Parents also need connections with their peers and access to information, training, and respite. Many families need crisis services from time to time or case management to help them figure out how and where to get the help they need. All members of the foster, adoptive, or kinship family may need access to child welfare-competent, effective mental health services.

In this chapter, we explore the types of adoptive, foster, and kinship care support services available, the qualities that make the services most effective, and which services are most commonly provided now. Then, we profile 31 programs that are currently offering an array of services to children, youth, and families involved in adoption, foster care, and kinship care. These profiles are designed to show you, as a State, Tribal, or Territorial administrator, what's working in other communities and what's possible in your own jurisdiction.

Types of Services

Support services for children, youth, and families in adoption, foster care, and kinship care typically fit into the 15 broad categories outlined below.

Basic Services

- **Child or youth assessment** — As Chapter 1 explains, children and youth in foster care and those who are exiting foster care have experienced trauma and often have significant needs and challenges such as disabilities, prenatal exposure to alcohol or other drugs, and learning difficulties. To ensure children and youth have the best chance to succeed, a thorough, trauma-informed assessment helps identify their strengths, their needs, the services their family may need to help them heal and grow, and changes the family might make to support their ongoing development. Whenever possible, the professionals conducting the assessment should meet with caregivers to explain results and make connections to needed services. Several of the programs described below offer thorough child assessments, including the Children's Trauma Assessment Center (page 114) and the Seminole Tribe of Florida's Family Services Department (page 178). The Seminole Tribe's program conducts bio-psycho-social assessments for older children and youth and collaborates with the tribe's Children's Center for Diagnostics and Therapy, which conducts developmental assessments for younger children.
- **Information** — For many adoptive, foster, and kinship care families, access to relevant information is a valuable asset. A common source of information is a website with fact sheets, articles,

and links to resources on key issues in adoption, foster care, and kinship care, including diagnoses and disabilities common among children in care. Other information might include parenting tips, the typical needs of children and youth who have experienced out-of-home care, or characteristics of successful foster, adoptive, or kinship parents. Some websites include searchable databases of effective local resources, such as mental health providers who use evidence-based therapeutic techniques, support groups, training, and more. In addition to online information, many programs offer print newsletters, fact sheets, or libraries to help parents build their knowledge and skills. For example, one of the programs profiled later in this chapter — Alabama Pre/Post Adoption Connections (page 83) — runs three large lending libraries where families can access resources on adoption and special needs at no charge.

- **Navigation, advocacy, and referral** — Many support programs have a phone helpline through which experienced caregivers, program staff, or volunteers answer questions, provide support, and make referrals to known, trusted, and culturally responsive services in the local community. Staff or volunteers also help parents advocate for assistance or benefits the family needs, such as special education services and medical or mental health care. Several programs profiled later offer specific navigation services including Washington state's (page 198) and the Edgewood Center for Children and Families' (page 125) kinship support programs.
- **Training and other development** — Training parents on topics including core child welfare issues; common disabilities and behaviors; helping children and youth heal; sibling issues and family dynamics; the effects of trauma; and accessing available services can be a tremendous help to parents from the moment they consider adoption, foster care, or kinship care, and for as long as they are parenting these children. In-person and Web-based training sessions help participants develop their parenting skills, better understand their children's race and cultural needs, expand their knowledge base, and become more able to successfully raise children who have experienced trauma and loss and who may have significant challenges or disabilities. Some programs also offer training to child welfare and other professionals who serve children, youth, and families in adoption, foster care, and kinship care, as well as extended family members and community members who serve as a support network to the family. Tennessee Adoption Support and Preservation, for example, offers pre-placement training, conferences for adoptive parents, and training to mental health providers and other community members (page 78). KEEP (Keeping Foster and Kin Parents Supported and Trained) offers a 16-week curriculum to groups of seven to 10 foster caregivers (page 149).
- **Birth family mediation and adoption search** — Many families need special supports to help them negotiate birth family relationships, whether they are foster parents who are co-parenting children or youth who will be returning home, kinship caregivers trying to establish boundaries between the child in their care and the child's birth parents, or adoptive parents in an open, cooperative, or customary adoption. Information, advice, and counseling can help adoptive, foster, and kinship care parents feel more comfortable working with birth family members and building connections designed to improve outcomes for children and youth balancing more than one set of family relationships and loyalties. Like other foster care programs, Kennedy Krieger (page 153) trains its treatment foster parents to support the relationship between children and youth and their birth family members.

Enhanced Services

- **Peer support** — One of the most common services in adoption, foster care, and kinship arrangements — both for parents or whole families and for children and youth — is support from peers. Whether through parent liaisons or navigators, mentoring, buddy programs, online and in-person support groups, or social activities, children, youth, and parents benefit from spending time with others in similar situations. Birth parents whose children have been adopted also benefit from gathering with their peers whose children were adopted by other families. Peer support enables those with more experience to share their wisdom and encouragement and provides a safe, non-judgmental place for children and parents to ask questions and provide one another with insight into their experiences. Peer support normalizes the experiences of children, youth, and families as they make connections with others living in similar circumstances or with similar experiences. These services can reduce isolation and stress and provide families with hope and encouragement even as their children continue to face challenges.

  In addition to these specific peer support services, many support programs use experienced youth and parents as professional care providers and staff. Examples of peer support programs in this guide include parent liaisons offering one-on-one peer support to foster and adoptive parents for the Iowa Foster and Adoptive Parent Association (page 145) and The Children's Home (page 108) running 10 to 14 monthly support groups in its three-county area. Adoption Network Cleveland (page 71) offers peer-led support groups for adoptees, birth parents, and adoptive parents. Many of the programs we highlight offer specific peer-to-peer youth groups or activities.

- **Mentoring** — Although parents are often mentored by their peers, children and youth are more often mentored by adults. In these programs, mentors may have experience with foster care or adoption, but more often are volunteers who serve as safe role models and who can provide young people with additional support and new experiences. These trained and supported adult mentors help increase a youth's opportunity for educational or career development and provide social and emotional support. The Fostering Healthy Futures program (page 135) has graduate students serve as formal mentors to children in foster care. Several other programs described below — including the Midwest Foster Care and Adoption Association (page 157) and UCLA TIES (page 193) — also offer mentoring for youth.

- **Other services for children and youth** — In addition to peer support, mentoring, and therapeutic services (described below), many post-placement support programs offer other specific supports for children and youth, such as cultural activities, recreational opportunities, job training, and employment support. The Yakama Nation Kinship Program (page 203) offers vouchers for youth in kinship care to take part in recreational and leadership activities in the tribal community, while Bridges to Health (page 96) provides prevocational training and supported employment.

- **Case management** — In some cases, families may need more targeted assistance to address their challenges, identify goals, and make progress in meeting their families' needs and increasing well-being for their children and youth. Through case management, a trained professional or team works with the family to identify strengths and protective factors in the child, youth, and family, as well as the challenges they face. Then the case manager partners with the family to design and implement a family-specific plan to improve family functioning and reduce problems.

Often time-limited, case management provides families with support to identify the issues they need to confront, connect with effective service providers, develop their skills, and improve outcomes. All of the foster care and kinship care child-placing programs profiled below offer case management, but so too do the Seneca Family of Agencies' Adoption/Guardianship Wraparound Program (page 182) and the Child Wellbeing Project (page 104), which assigns success coaches to work with each family.

- **Education support and advocacy** — Many adoptive, foster, and kinship caregivers put issues with schools at the top of their list of challenges. Children in care have often experienced numerous school changes. They may have learning disabilities and may struggle to get along with their peers in school. Children who have limited trust in adults may be reluctant to ask for assistance from teachers or other school personnel. As a result, these children and their families often need assistance to help improve education outcomes. Support services that help in this area include tutoring, mentoring and helping develop IEP (individualized educational programs) for a child. In addition, families often require assistance transferring school records and benefit greatly from information and support provided by other families with similar experiences. Treehouse (page 188) provides a variety of services to help improve the chances that children in foster care will experience academic success and graduate from school. Placer County Support Services (page 170) has advocates who can help adopted children and youth address education issues, including working on individualized education programs and even going to school to provide specialized support.
- **Respite** — Parents who are raising children who have experienced trauma or who have disabilities often find the parenting task to be a challenging one. It can be difficult for them to find child care providers. Children and youth may also need a break from their parents, especially if the parents are stressed or if the children are feeling pressure being part of a new family. Respite care provides a needed rest for both parents and children and can take many forms. In many cases, respite programs give children the chance to build relationships with other children in adoptive, foster, and kinship families, and to participate in meaningful activities that increase their skills and resources. Support programs often offer planned respite through weekend or evening events, vouchers to pay for services, or family matching programs. Crisis respite assists parents who have an urgent need for help. Bridges to Health (page 96) provides funding through which children, youth, and caregivers can access an array of needed services, including both planned and crisis respite care. Through the Mockingbird Society (page 161), foster parents are able to access respite care from a licensed foster caregiver who is part of their supportive community. (For more information about respite care, see AdoptUSKids' *Taking a Break: Creating Foster, Adoptive, and Kinship Respite in Your Community* and *Creating and Sustaining Effective Respite Services: Lessons from the Field*.)
- **Camps or retreats** — Support services for families in adoption, foster care, and kinship care often include periodic special events such as camps or retreats that serve the entire family, just the parents, or just children and youth. When the event serves only parents or only children and youth, it can have a dual purpose — providing the planned therapeutic, educational, peer-building, or fun activity, while also offering respite. Retreats for parents can also be an important way for caregivers to learn to take care of themselves as they take care of their families. Retreats are most often offered on a weekend, while camps may be weeklong sleepover camps or day camps held for a set period of time. Camp to Belong (page 101) offers camps that bring together siblings

who have been separated in foster care, while A Second Chance (page 173) offers a summer basketball camp for youth 12 to 18.

- **Financial or material supports** — In addition to foster care maintenance payments, adoption or guardianship assistance benefits, and the more limited payments available to kinship caregivers, some programs offer financial supports to meet specific needs of families in adoption, foster care, and kinship care. Programs may offer funds for specialized medical or adaptive equipment, payments for youth activities or cultural experiences, or emergency funding for child care or other day-to-day living expenses. Some programs offer low-cost or free school supplies, books, and clothing for children and youth, while others provide holiday gifts. Midwest Foster Care and Adoption Association (page 157) provides children with clothes, toys, and other items and operates a food pantry for families. Yakama Nation's Kinship Program (page 203) offers food through the tribe's commodities program and takes caregivers shopping for items their children need. The Choctaw Nation (page 118) can cover utility bills, child care, and other expenses to keep foster families intact.

More Intensive Services

- **Therapeutic services, including in-home and community-based services and access to residential treatment** — Children and youth in foster care, adoption, and kinship care and their families often have a greater need for mental health services, whether due to a mental illness or to the trauma the children and youth have experienced. Parents may need therapy to address the stress of raising a child who has been traumatized or to address their own history of trauma. Access to affordable, competent, effective, and trauma-informed therapeutic services — especially services available in the home and for the whole family — is necessary for many adoptive, foster, and kinship care families. Some children and youth may need time-limited residential care to address more serious mental health concerns. A few featured programs either provide these services or help defray the costs of residential treatment. Many of the programs offer therapeutic services, including Bethany ADOPTS (page 92), which provides treatment based on the Attachment, Self-Regulation, and Competency model, and UCLA TIES (page 193), which offers Parent-Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, and other evidence-informed practices. DePelchin's CPS Post-Adoption Program (page 121) provides funding for time-limited residential treatment.
- **Crisis intervention** — Sometimes, the needs of children, youth, and families can't wait until regular business hours, especially when a child or youth is having a mental health crisis. Crisis services include 24-hour hotlines staffed by trained professionals who can make emergency referrals, provide advice about how to handle the crisis, and help families access services. Other crisis services include emergency respite care and in-home crisis response teams. Anu Family Services (page 88) provides crisis intervention for its treatment foster parents. The Foster and Adoptive Care Coalition (page 130) uses the evidence-based Homebuilders model to support adoptive and guardianship families (pre- or post-finalization) who are at risk of placement disruption.

Key Characteristics of Support Services

To be most effective, services provided to adoptive, foster, and kinship care families must embody certain core principles or values. These values — including being trauma-informed and responsive; adoption- or permanency-competent; relationship-based and child-centered; and family-focused — are at the core of most of the programs or services profiled later in this section. Below we discuss each of these values in more detail and describe how they look as part of effective support services.

> **Efforts are underway across the country to increase the child welfare system's ability to offer trauma-informed care.**

Trauma-Informed and Trauma-Responsive

Trauma-informed and trauma-responsive care acknowledges the effect trauma has on individuals and their families; modifies services to respond to those effects; emphasizes skill- and strength-building rather than symptom management; and avoids further traumatization by focusing on the physical and psychology safety of the child or youth and family. A trauma-informed system is one that acknowledges and includes parents and caregivers as key participants in the healing process for a child or youth. Trauma-informed services in foster care, adoption, and kinship care are those in which:

- The child or youth receives an assessment of his or her trauma history that identifies any programs or services that may ameliorate the impact of the trauma.
- Parents and caregivers receive training on the short- and long-term effects of trauma on the child's brain and behavior that helps them examine their own trauma histories, learn responses that nourish recovery from trauma, and learn techniques to avoid further traumatization and reduce the negative effects of trauma. Parents who are trauma responsive are able to view the challenging behavior through the lens of the child's or youth's traumatic experience and develop effective strategies to address the behaviors. Through trauma-informed and trauma-responsive services, parents also learn to be emotionally and physically available to the youth while not internalizing the youth's negative behavior. This way, parents can protect themselves from compassion fatigue so that they can better help the youth.
- Families are connected to service providers who have received training on the effect of trauma on children and youth and on evidence-based or evidence-informed techniques to reduce the negative effects of trauma and who believe recovery from trauma is possible.
- Service providers are also trained in the effects of trauma and how to assess the child's or youth's trauma history and identify necessary services. In a trauma-informed and trauma-responsive system, service providers work with the child or youth and family using therapeutic techniques that address the trauma and build a healthier relationship for the entire family. Social service providers integrate the trauma lens into their entire practice through training, assessment, and services.

Efforts are underway across the country to increase the child welfare system's ability to offer trauma-informed care. Several federal funding opportunities have created programs to increase access to trauma-informed and trauma-responsive services for foster, adoptive, and kinship care families. In the box below we highlight just a few of these programs.

Trauma-Informed Care

Project Broadcast, North Carolina

With its five-year grant from the U.S. Children's Bureau, Project Broadcast is designed to improve outcomes for children birth to age 5 and teens 13 to 18 in nine North Carolina counties by increasing the availability of trauma-informed services. Begun in 2011, the program includes:

- Trauma-informed assessment and treatment recommendations for all children entering foster care.
- Training for mental health professionals on evidence-based and evidence-informed treatments including the Structured Psychotherapy for Adolescents Responding to Chronic Stress program; the Attachment and Biobehavioral Catch-Up model; Parent-Child Interaction Therapy; and Trauma-Focused Cognitive Behavioral Therapy. (See pages 206 to 239 for more information about these treatments.)
- Training for foster, adoptive, and kinship care parents using the National Child Traumatic Stress Network's resource parent curriculum. (See page 58.)
- Training on the effects of trauma for the child welfare workforce and other professionals serving children who have experienced trauma using a curriculum for the National Child Traumatic Stress Network.
- A resource directory of mental health professionals who have received training or certification in trauma-informed therapies.
- A plan to help agencies serving children and youth in the child welfare system share data to improve outcomes for children and families.

Project Broadcast is a partnership of the North Carolina Department of Health & Human Services, Division of Social Services; Buncombe, Craven, Cumberland, Hoke, Pender, Pitt, Scotland, Union, and Wilson Counties; the Center for Child & Family Health; and the University of North Carolina at Chapel Hill.

For more information, contact Jeannie Preisler, Project Broadcast coordinator: jeannie.preisler@dhhs.nc.gov; 919-334-1133.

Thrive, Maine

Thrive is designed to strengthen trauma-informed practice in Maine. Begun in 2005 with a federal Substance Abuse and Mental Health Services Administration grant, Thrive helps child welfare, behavioral health, juvenile justice, mental health, and other community-based agencies across the state enhance their ability to offer trauma-informed care. Services include:

- Assessments of agencies to determine whether they are providing trauma-informed services; the System of Care Trauma-Informed Agency Assessment tool uses data-driven decision-making to help agencies implement, sustain, and evaluate efforts to create a more trauma-informed system.

- Training (on site and Web-based), technical assistance, and consultation to educate youth- and family-serving organizations about the effects of trauma and build their capacity to offer trauma-informed care.
- The Trauma-Focused Cognitive Behavioral Therapy Learning Collaborative, which provided training on this evidence-based treatment model. (See page 232.)
- Youth programs such as Youth MOVE Maine, which supports youth's efforts to improve policies that affect their lives and the lives of other youth in their communities, and youth court, through which youth use a restorative justice framework to hold other youth accountable.

Thrive originally offered a family-partnering program, which provided family support partners to work with families referred from local child welfare, juvenile justice, and mental health agencies. Families received about six months of peer support related to raising a child or youth who has experienced trauma. This portion of the program is now operated by another family-based organization.

For more information, contact Arabella Perez, director, Thrive: aperez@thriveinitiative.org; 207-878-5020.

National Native Children's Trauma Center, University of Montana

Established in fall 2007 with a grant from the Substance Abuse and Mental Health Services Administration and funded further by the U.S. Children's Bureau in 2011, the National Native Children's Trauma Center partners with tribes to implement, adapt, evaluate, and disseminate trauma interventions to decrease the social, emotional, spiritual, and educational impact traumatic experiences have on American Indian and Alaska Native children. So far, the center has worked with six tribes in Montana. Its goal is to create a model for working in Indian Country across the United States.

The center offers the following services:

- Training for child welfare workers, mental health providers, and others on treatments and tools such as Trauma-Focused Cognitive Behavioral Therapy; the Cognitive Behavioral Intervention for Trauma in Schools program; trauma-informed positive behavior supports; secondary traumatic stress intervention; the Attachment, Self-Regulation, and Competency framework; and the Child Welfare Trauma Training Toolkit
- Training and consultation for tribes in how to develop child protection team meetings that engage the whole child-serving system and how to conduct trauma-focused assessments
- Training and consultation to enable tribes to implement trauma-informed family group decision making that empowers families to be a part of the permanency-planning process

- Training for foster parents and other caregivers using the National Child Traumatic Stress Network's resource parent curriculum (See page 58.)
- Technical assistance to help schools offer trauma-informed interventions and services
- Technical assistance to help tribal programs adapt and use trauma-specific interventions that are culturally responsive to the Native community
- Training for youth and family services agencies on suicide prevention and mitigation of secondary traumatic stress for professionals

The National Native Children's Trauma Center is a partnership of the University of Montana's College of Education Institute for Educational Research, the Bureau of Indian Affairs, Montana child welfare and education agencies, tribal governments, and the Butler Institute for Children and Families at the University of Denver School of Social Work.

For more information, contact Jim Caringi, director, National Native Children's Trauma Center: james.caringi@umontana.edu; 406-242-5548, or Patrick Shannon, behavioral health specialist: patrick.shannon@umontana.edu; 406-242-6249.

Massachusetts Child Trauma Project

The Massachusetts Child Trauma Project, initiated in 2011 with a grant from the U.S. Children's Bureau, is designed to develop a trauma-informed child welfare system statewide, through which children and youth affected by trauma receive screening, assessment, and treatment to address the effects of the trauma they have experienced. The effort is a partnership of the Massachusetts Department of Children and Families, Boston Medical Center's Child Witness to Violence Project, the Trauma Center at the Justice Resource Institute, LUK, Inc., and the University of Massachusetts Medical School's Department of Psychiatry. The project:

- Uses the National Child Traumatic Stress Network's Child Welfare Trauma Training Toolkit to provide child welfare staff with information on the essential elements of a trauma-informed child welfare system.
- Trains caregivers using the National Child Traumatic Stress Network's curriculum for resource parents (see below for more information).
- Creates local trauma-informed leadership teams of public and private agency staff and mental health providers to develop trauma-informed innovations.
- Develops screening tools for agencies and mental health providers to assess the needs of children and youth.
- Trains mental health providers in evidence-based treatments: Child-Parent Psychotherapy, Trauma-Focused Cognitive Behavioral Therapy, and the Attachment, Self-Regulation, and Competency model. (See pages 213, 232, 211 for more on these treatments.)
- Lists trained providers on its website.

For more information, contact Beth Barto, project coordinator, Massachusetts Child Trauma Project: 978-829-2327; bbarto@luk.org, or Ruth Bodian, project manager, Massachusetts Child Trauma Project: ruth.bodian@state.ma.us.

Training for Resource Parents

Other organizations are also seeking to improve access to trauma-informed services. In 2010, the National Child Traumatic Stress Network, funded by the Substance Abuse and Mental Health Services Administration, developed a 16-hour, evidence-informed training curriculum for resource parents — Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents — which is being offered statewide in Wisconsin, North Carolina, and Michigan and in other communities across the country. Presented over a period of eight weeks, the training helps parents understand trauma, see behaviors as symptoms of trauma, and learn how to respond to trauma. It also covers how parents can advocate for effective services and assess whether services are trauma-informed. The network is also doing extensive training about trauma for professionals who serve children, youth, and families.

Adoption- or Permanency-Competent

Over the last decade there has been a significant movement in the United States to ensure that services provided to adoptive families are adoption competent, meaning that the service provider understands the core issues in adoption and the common challenges adoptive families face. Although typically described as "adoption competent," the desired skill set of service providers includes understanding key issues often affecting foster and kinship care families as well.

Adoption- or permanency-competent programs are those where providers have in-depth expertise on trauma (as outlined above) but also in the core — often lifelong — issues in adoption. Silverstein and Kaplan first outlined seven core issues affecting all members of the adoption triad or constellation. Each has different meanings and implications for adoptees, birth parents, and adoptive parents at different points in time: loss, rejection, guilt/shame, grief, identity, intimacy and relationships, and control/gains.[77] In a recent publication, Brodzinsky noted: "Effectively managing adoption-related tasks requires parents to first acknowledge the inherent differences associated with raising adopted children (Kirk, 1964), especially the reality that their sons and daughters are, and will always be, connected to two or more families — those with whom they live, those who gave them life and, in many cases, those who fostered them."[78] Adoption-competent programs also help parents and providers address issues of openness in adoption, guardianship, foster care, and kinship care.

Acknowledging the losses and complexities of adoption — or foster care and kinship care — is just one part of being adoption or permanency competent. Program staff also need expertise on the higher incidence of disabilities, mental health issues, prenatal exposure to drugs and alcohol, and behavior problems in children and youth who are or who have been in foster care or who suffered early

deprivation. Adoption-competent programs also examine clinical and ethical issues in preparing for, and supporting permanency.

A national task force convened by the Center for Adoption Support and Education identified that adoption-competent mental health providers:

- Maintain a family- and strength-based approach and embrace developmental and systemic perspectives
- Use empirically based and empirically informed intervention strategies whenever possible
- Have the training and experience to work with individuals who have experienced abuse and trauma
- Have extensive knowledge about adoption as a social service and as a way to form a family
- Understand the challenges facing all members of the adoption/kinship system, and the reasons for those challenges
- Have the knowledge and skills to support psychological growth and resilience in those who were adopted, adoptive parents, and birth parents, and to build healthy relationships within and between adoptive families and families of origin
- Are culturally competent with respect to the children's and families' racial and cultural heritage and are skilled at working with diverse families
- Are skilled at working with other service systems on behalf of adoptive families[79]

Training in Adoption and Permanency Competence

Across the United States many programs offer training on adoption and permanency competence, including the Seneca Family of Agencies' Kinship Center, the Center for Adoption Support and Education, the North American Council on Adoptable Children, and universities such as Portland State University, Rutgers University, and the University of Minnesota (which is one of 13 Center for Adoption Support and Education Training for Adoption Competency sites). The National Resource Center on Adoption developed an adoption competency curriculum and *Adoption Competence: A Guide to Developing an Adoption Certificate Program for Mental Health Providers*. The latter, published in 2007, highlights a number of existing programs. In 2013, the Donald Adoption Institute published *A Need to Know: Enhancing Adoption Competence among Mental Health Professionals*, which explores the meaning of adoption competence and lists programs around the country.

In 2014, the Administration on Children, Youth and Families funded the Center for Adoption Support and Education to establish the National Adoption Competency Mental Health Training Initiative. This program, once fully operational, is designed to build adoption and guardianship competent mental health services by making accessible Web-based training to mental health providers and child welfare professionals in all States, Tribes, and Territories.

Child-Centered and Family-Focused

One of the most critical factors in a successful support program is that services center on the child or youth while serving or involving the entire family. Child-centered services see each child or youth as a unique individual and respond to the child's or youth's strengths, interests, and current developmental stage and needs — including social, cognitive, emotional, and physical needs as well as cultural, racial, and spiritual needs. But effective services do not treat the child alone, instead seeing each child as an integral part of a family system and understanding that the actions of each family member affects the entire family. All children and youth in the family — whether birth, adopted, step, or foster — are affected by one another, and their individual and group relationships can shape the entire household. As a result, a family-focused program provides services to the whole family, not only the child, the youth, or the parents.

> **"Child-centered services see each child or youth as a unique individual and respond to their strengths, interests, and current developmental stage and needs.**

Having a family focus also means seeing the parents and the rest of the family as part of the solution to any challenges being faced. Family-focused services also acknowledge that the parents' own history of trauma or attachment challenges affect the family's relationship with the child or youth. In particular, the therapeutic programs described beginning on page 206 highlight ways in which many successful services pay close attention to strengthening the relationship between children or youth and their parents. Building trust and commitment between and among family members is critically important to helping children and youth who have experienced trauma, loss, and grief.

Relationship-Based

Many of the services described above and programs outlined below are designed based on the guiding principle that trusting relationships are necessary to facilitate effective interventions. Services such as peer support, case management, mentoring, and coaching rely on the ability of the person offering support to build trusting connections with the individuals receiving services. Peer support is usually provided by someone who has experienced a similar journey as the child, youth, or parent and can build a solid peer-to-peer relationship.

A goal of relationship-based services is to ensure children, youth, and parents feel comfortable accessing services and know whom to contact. Relationship-based programs focus heavily on building a strong, equal partnership between the service provider and the client and seek to ensure one point of contact for families seeking services. Having one point of contact helps the families feel connected and saves them from having to tell their story over and over again to multiple contacts.

Relationship-based services may be particularly important for tribes and programs serving Native communities. The National Resource Center for Tribes explains, "American Indian/Alaska Native cultures and communities are relationship-based in that each individual exists within an intricate web of familial, kinship, tribal, and community relationships. Furthermore, behaviors and interpersonal interactions occur in response to, and are mediated by, the interplay of the individual's relational connections. When working from a relational and holistic world view, tribal workers typically conceptualize family struggles as resulting from a lack of balance in critical areas of individuals'

relationships, not only those with other people, but with the environment, self (mental and emotional functioning), and the spiritual world."[80] The Resource Center's assessment of tribal child welfare practice found that tribal child welfare staff interacted more frequently and more personally with the families being served than is typical for state or county child welfare workers.[81]

Strengths-Based

Another common element of effective services is that they are strengths-based, meaning they identify the skills, knowledge, interests, capacities, virtues, and other positive attributes of each child, youth, or parent and make enhancing and building upon those strengths central to the service provided. By focusing on strengths, service providers are better able to engage family members and provide hope for improved outcomes. Strengths, especially when enhanced through effective support, serve as protective factors when challenges arise. For example, if a child or youth has a particular interest or skill, service providers can help parents build attachment to the child or youth by having them pursue that activity together. Or if a youth shows leadership ability, program staff can develop that capacity by pairing the youth with a mentor, which builds the youth's skills, creates connections to others, and may reduce behavior problems. A family that has a strong faith tradition may be able to learn to better handle stress by relying on their faith and seeking support from their faith community.

In *The Strength-Based Approach: Philosophy and Principles for Practice*, Maryann Roebuck identifies principles of a strengths-based model, including:

- Every individual has strengths that can be identified and developed.
- Focusing on strengths instead of weaknesses may result in higher motivation and improved outcomes.
- Services that focus on skills and strengths are better able to involve children, youth, and families in the treatment.[82]

It is important to note that using a strengths-based approach does not mean ignoring challenges or deficits, but rather using positivity to achieve reductions in challenges or provide hope to persevere when challenges remain. The evidence-based therapeutic techniques (beginning on page 206) almost all strongly emphasize a strengths-based approach.

Culturally Responsive

Culturally responsive services are those that acknowledge the unique issues facing each family, with services tailored to meet the racial, ethnic, language, and other cultural needs of each family, including families where parents and children or youth are of different races or ethnic backgrounds from one another. Acknowledging each individual's background as a source of strength is one element of being culturally responsive. As the tribal programs described later demonstrate, helping children and youth understand their ancestry and culture can enable them to grow and develop.

Child Welfare Information Gateway cites the Child Welfare League of America's definition of cultural competence as "the ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds, sexual orientations, and faiths or religions in a manner that recognizes, affirms, and values the worth of individuals, families, tribes, and

communities, and protects and preserves the dignity of each." The Gateway notes that developing cultural responsiveness is an ongoing process of learning about different races, ethnicities, cultures, orientations, and value systems and integrating what we learn into all aspects of an individual's or agency's services with children, youth, and families.

From an organizational leadership perspective, cultural responsiveness means ensuring that staff have the knowledge and skills to work effectively and respectfully with individuals from diverse backgrounds and assessing cultural responsiveness as part of staff evaluations. Other strategies to embrace and enhance an organization's or program's cultural competence might include:

- Recruiting diverse staff and volunteers
- Ensuring service providers receive effective training on cultural responsiveness
- Partnering with diverse community-based organizations or service providers
- Being flexible to meet diverse community needs
- Using translation or interpretation services[83]

Tip for Tribes

The Seminole Tribe's Family Services Department helps ensure cultural competence or responsiveness in the services provided to the tribe's families by:

- Offering training on culture to all department staff
- Incorporating culture in policies and procedures
- Involving community members in cultural training
- Holding interagency culture training with the state child welfare agency staff, residential treatment providers, and other local agencies working with the tribe's children, youth, and parents[84]

Flexible and Accessible

Because each child, youth, and family has unique characteristics and needs, services should be flexible in adapting to those needs. Each family may not require the exact same set of services at the same time, so many of the most effective programs offer a menu of services from which families can choose based on their own needs. For example, one family may want youth and parent support groups, training, and family therapy but not see the value in respite care for their family. For another, having access to high quality respite care may be the most important form of support.

Flexibility also extends to when families need support. Too often, services are offered at the beginning of a placement but end after six, 12, or 18 months. Research has shown that many adoptive families seek support when their children become teenagers, which may be many years after the adoption was finalized. Flexible services enable children, youth, and families to access support when they have a need, rather than on a set schedule.

But services must also be accessible. Families in smaller communities, single parents, larger families, and others may struggle to attend in-person services. Parents working full time, night shifts, or weekends may not be able to attend traditional classes, support groups, or therapy sessions. Accessible services offer varied and flexible hours and locations, and may even offer services in the family's home or school.

Examples of Flexible and Accessible Services

In Minnesota, the North American Council on Adoptable Children operates the Adoption Support Network, which provides peer support to adoptive parents statewide. Parents can access support through about 25 in-person parent groups as well as one-on-one phone and email support from two experienced adoptive parents. But the most accessible — and popular — peer support is provided through Facebook groups serving about 1,000 parents across the state. These private, staff-monitored groups give parents the opportunity to provide mutual support on their own schedule. Parents ask questions, offer advice, make referrals, and provide emotional support day and night, rather than having to wait a month for an in-person support group to happen.

Another example of accessible services is offered by the Alaska Center for Resource Families. Given the larger, rural nature of the state, reaching all families is a significant challenge. The center provides in-person trainings in four regions and offers teleconferences for families who live in rural communities. The program presents one-hour webinars and three-hour Web-based trainings with exercises and post-training questionnaires, all of which can count toward foster parents' training requirements.

What Services Are Offered

The availability of services around the country varies greatly depending on where families reside; whether they are foster, adoptive, or kinship families; and for which children they are seeking services. Foster families may have the greatest access to formal services because the child is in the care and legal custody of the government, which retains responsibility for the child. Kinship caregivers outside of the formal child welfare system typically report the greatest lack of services and supports, particularly financial supports. In adoption, families who adopt from foster care more often have specific services available to them while families who adopt privately or internationally may not. Of course, access to services is far more complicated than this, with great variations depending on where families live.

In general, families in rural communities may have significant difficulty finding services — particularly mental health services that are adoption- or permanency-competent or trauma-informed — or providers who accept Medicaid. In-person support groups and trainings are more often provided in urban or suburban settings where population density makes attendance easier. Services available in

tribes may vary greatly depending on the size of the tribe and its access to funding. In a needs assessment conducted by the National Resource Center for Tribes, many tribal child welfare directors noted the challenges of meeting service demands given budget constraints[85] and cited foster program funding as "inadequate."[86] Many tribes do not currently access federal Title IV-B or IV-E funding,[87] which are primary sources of child welfare funding for many states.

Services for Foster Families

Foster families most often access support services through their state, county, tribal, or private child placing agency. The most common service available is case management, as this is typically required by law and court order. Some agencies offer specific services such as respite care, training, peer support, and mental health services for the child or youth in care. A number of programs profiled later in this guide, however, provide extra support to children and youth in foster care and their foster families. Leading sources of additional support to foster families are local or statewide foster parent associations (or, more often, foster and adoptive parent associations), which typically offer training, support groups, and advocacy, and may offer more extensive services.

The National Foster Parent Association lists 29 affiliated statewide associations and 10 local or regional affiliated associations. Other states and many local communities have foster parent associations that are not currently affiliated with the national association.

Services for Kinship Care Families

Support for kinship caregivers and the children and youth they are raising varies significantly depending on whether the family is involved with the child welfare system. Of course, many kinship families are formal foster or adoptive families and can usually access the same services as other foster and adoptive families do. It is important to note, though, that relative foster parents are not always offered the same level of services as nonrelative foster parents even though they have the same or ever greater needs.[88]

Other kinship families, particularly those whose children did not come to the attention of the child protection system, often have little support beyond access to Temporary Aid to Needy Families Child-Only Grants and Medicaid or the Children's Health Insurance Program.

There are, however, hundreds of private groups providing information, education, and support to kinship caregiving families all around the United States. For example, the Brookdale Foundation funds local and regional Relatives as Parents Programs in 44 states, the District of Columbia, and Puerto Rico. More formal supports have grown since passage of the Fostering Connections to Success and Increasing Adoptions Act of 2008, which created federally funded kinship navigator programs to help relative caregivers find and access needed support and services. The law enabled the U.S. Children's Bureau to fund six navigator programs in 2009 and seven in 2012.

AARP has compiled state-by-state fact sheets listing organizations providing support services to relative caregivers, including support groups, resource centers, and advocacy organizations.[i]

i Access the fact sheets at www.aarp.org/relationships/friends-family/grandfacts-sheets/

Post-Adoption Services

A number of organizations have conducted surveys of support services available for adoptive families across the United States. The most recent — *Supporting and Preserving Adoptive Families: Profiles of Publicly Funded Post Adoption Services* — released by the Donaldson Adoption Institute in 2014, is based on surveys from 49 states. Of these states, the report classified 17 as having substantial post-adoption programs, 19 as moderate, and 13 as having no specific post-adoption services beyond adoption assistance benefits. Most of the states provided services only to families who adopted from foster care, although 21 offered at least some services — most often support groups and training — to all types of adoptive families.[89]

The post-adoption services most commonly offered are support groups for parents and information and referral. The Adoption Institute survey found only 13 states offered support groups for children and youth. Twenty-two states offered counseling or therapeutic services, usually through contracts with private agencies. The most difficult-to-access service was residential treatment.[90]

Child Welfare Information Gateway provides detailed information about post-adoption services available in each state. Like the Donaldson report, the most common services listed are information and referral, support groups, and training, although offerings vary greatly across and within states.[91]

A 2014 National Resource Center for Adoption report — *Adoption Support and Preservation: A Continuing Public Interest* — found that about half of all states provided services to families with international and private adoptions, in addition to the families who adopted from foster care.[92] Many of the services offered to adoptive families are also provided to families with guardianship placements.

Sample Programs to Support Adoptive, Foster, and Kinship Care Families

In the section below, we profile many programs and services that are helping provide adoptive, foster, and kinship care families with placement stability and permanency; enhancing relationships and family functioning; improving children's well-being; and ensuring parents have the support required to meet the needs of their children. A few of these programs have more rigorous evaluations and are considered evidence based. Others are evidence-informed or represent promising practices that came highly recommended. We know there are many more fascinating, worthy programs and services around the United States today. Both space and time limited our ability to include every program that would be of interest to state and tribal child welfare administrators.

We sought to present a diverse array of programs — with some serving families statewide, others targeting a particular county, some primarily focused on children and youth, and others serving the entire family. Although our focus is on children and youth in the child welfare system, some programs have a broader focus. In kinship care, for example, most programs serve relatives who are caring for children who might otherwise have entered the system, but also support children in the formal foster care system living with kin. Adoption programs often serve any adoptive family, but most of their clients tend to be those who adopted from foster care. In almost all cases, however, the children's or

youth's needs are the same or similar, and what works for the family raising a child outside the child welfare system also works for families whose children are or have been in foster care.

Programs are listed alphabetically, and the matrix on the next page can help you find programs serving particular populations or offering specific services. Please keep in mind that the services offered by a program serving one type of family may be of use to other types of families as well.

If your needs assessment suggests your community would benefit from additional support services for adoptive, foster, or kinship care families, we hope that you will be able to learn from these programs and find ideas you can implement in your State, Tribe, or Territory.

Sources of Information About the Child Welfare Evidence Base

A number of organizations have sought to identify proven and promising practices and programs in child welfare, most notably the California Evidence-Based Clearinghouse for Child Welfare (http://www.cebc4cw.org/). The clearinghouse rates programs as:

- 1 — Well-Supported by Research Evidence
- 2 — Supported by Research Evidence
- 3 — Promising Research Evidence
- 4 — Evidence Fails to Demonstrate Effect
- 5 — Concerning Practice
- NR — Not Able to Be Rated

Other sources of evidence-based or promising services related to child welfare include the RAND Corporation's Promising Practices Network (www.promisingpractices.net/), the federal Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices, and the National Child Traumatic Stress Network's list of empirically supported treatments and practices.

So far, too little work has been undertaken to establish an evidence base in post-placement services, and most of the programs highlighted in the following pages have not been rated. Almost all of the therapeutic techniques listed beginning on page 206 have been rated. When programs or services listed in this guide have been formally assessed, we note the rating in the profile.

Overview of Profiled Programs

Below we outline the types of families or individuals served as well as the services provided by each profiled program.
(Please refer to the key below the table for icon definitions.)

Program	Families or Children & Youth Served	Types of Service Provided
Adoption Network Cleveland	AF OA F Ad C	i Tr B M OC Ed Th
Adoption Support and Preservation	AF OA Ad	i Tr Ed R Th Cr
Alabama Pre/Post Adoption Connections	AF OA F K Ad C	i Tr M R Th Cr
Anu Family Services	F C	CY B Tr CM Th Cr
Bethany Christian Services ADOPTS Program	AF OA F Ad C	CY Tr Th
Bridges to Health	AF F Ad C	CY Tr OC CM Ed R $ Th Cr
Camp to Belong	Ad C	OC
Child Wellbeing Project	AF Ad	CY Tr CM Ed $ Th Cr

Families or Children & Youth Served

- **AF** Families who adopted or are adopting from foster care
- **OA** Other adoptive families
- **F** Foster families, including relative foster families
- **K** Kinship care families outside foster care
- **Ad** Adoptees
- **C** Children and youth in foster care or kinship care

Types of Service Provided

- **CY** Child/youth assessment
- **i** Information
- Navigation, advocacy, referral
- **Tr** Training and other development
- **B** Birth family mediation and search
- Peer support — parents/family
- Peer support — children/youth
- **M** Mentoring
- **OC** Other children/youth supports
- **CM** Case management
- **Ed** Education support and advocacy
- **R** Respite
- Camps or retreats
- **$** Financial or material supports
- **Th** Therapeutic services
- **Cr** Crisis intervention

Program	Families or Children & Youth Served	Types of Service Provided
The Children's Home Kinship Care	F K C	CY CM Ed R $
Children's Trauma Assessment Center	Ad C	CY Tr Ed Th
Choctaw Nation Foster Care/Adoption Program	AF F Ad C	Tr OC CM $
DePelchin's CPS Post Adoption Program	AF Ad	i Tr CM R Th Cr
Edgewood Center for Children and Families	F K C	CY OC CM R Th
Foster and Adoptive Care Coalition	AF F Ad C	Tr OC Ed R $ Cr
Fostering Healthy Futures	Ad C	Tr M R
Illinois Adoption & Guardianship Preservation Program	AF OA Ad	i Tr B CM R $ Th Cr
Iowa Foster and Adoptive Parent Association	AF OA F K Ad C	i Tr R $

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Program	Families or Children & Youth Served	Types of Service Provided
KEEP (Keeping Foster and Kin Parents Supported and Trained)	F K	Tr
Kennedy Krieger Institute Therapeutic Foster Care	F C	CY Tr B OC CM Th
Midwest Foster Care and Adoption Association	AF OA F K Ad C	i Tr M OC R $ Th Cr
Mockingbird Family Model	F C	Tr M OC R
Native American Youth and Family Center	F K C	Tr B CM OC Ed
Placer County Permanency Support Services	AF F K Ad C	i Tr Ed Th Cr
A Second Chance	F K C	CY i Tr B OC CM R $ Th
Seminole Tribe Family Services Department	F K C	CY Tr OC CM Ed Th
Seneca's Adoption/Permanency Wraparound	AF Ad	Tr OC CM Ed Th

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- **Th** Therapeutic services
- **Cr** Crisis intervention

Program	Families or Children & Youth Served	Types of Service Provided
Sierra Post Adoption Support Services	AF OA Ad	i Tr Th
Treehouse	C	Tr M Ed $
UCLA TIES for Families	AF Ad	CY Tr M OC Ed Th
Washington State's Kinship Support Programs	F K	i OC R $
Yakama Nation Kinship Program	K	i OC Ed R $

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Adoption Network Cleveland, Ohio

Overview	Adoption Network Cleveland provides an array of services for the adoption community, including supporting children and youth waiting for families, helping prospective adoptive and adoptive families, and supporting adult adoptees and birth families.
Population Served	• All of those in northeast Ohio whose lives have been touched by any type of adoption, including adoptees, birthparents, adoptive parents, foster youth and alumni, foster parents, and professionals. The organization provides some services in Columbus and offers search support to anyone who was adopted or placed a child for adoption in Ohio. • In 2012, the organization served: ◦ 250 parents and 70 youth in the post-adoption services program ◦ 250 individuals through support and discussion meetings ◦ 313 prospective adoptive parents ◦ 38 youth in foster care through a teen support group ◦ 39 youth in foster care through mentoring ◦ 717 adult adoptees, birth parents, or birth siblings through search and other assistance for triad members
Theory of Change	Through support, education, and advocacy, people touched by adoption and foster care are connected, empowered, and enabled to heal through the lifelong journey of adoption. In addition, these services promote community awareness and progressive policies in adoptive practice, policy, and law that lead to greater acceptance and support of those touched by adoption and foster care.
Provider	Adoption Network Cleveland is an independent nonprofit organization.
Role of Public Child Welfare Agency	The Cuyahoga County Division of Children and Families is a major funder and refers families to the program.

Key Service Components

- **Adoption navigator program** — Experienced adoptive parents, called adoption navigators, provide one-on-one support to guide prospective adoptive parents through the adoption process and provide information, support, and referral to other services. Navigators continue to support families after an adoption has been finalized.
- **Adoption helpline** — Adoption Network Cleveland staffs a phone helpline during business hours through which anyone touched by or interested in adoption can request information, support, or resources.
- **Workshops** — In addition to training prospective adoptive parents about the adoption process, Adoption Network Cleveland offers training to adoptive parents and public child welfare professionals through the Ohio Child Welfare Training Program. Sample topics include characteristics of successful adoptive families, understanding and addressing risky behavior in adolescents, and listening and communication skills for families.
- **Support services for adoptive families** — Adoption Network Cleveland offers a monthly post-adoption support group, a men's support group, a transracial family support group, workshops on health and wellness for adoptive mothers, and various social activities for adoptive families. In addition, an experienced school professional helps adoptive families address any school-related issues their children may face. A four-day camp provides information and support to families who have adopted black children transracially.
- **Services for adoptees, birth parents, and birth siblings** — The organization hosts regular support and discussion groups for adoptees and birth mothers, assists with search and reunion efforts, hosts an annual event in honor of birth mothers, provides a series of workshops for adult adoptees on many aspects of the adoption journey, and advocates for open records.
- **Mentoring** — The Permanency Champions program provides long-term mentors to youth ages 14 and older in foster care. Mentors provide support to youth, participate in activities with them, help them develop life skills, and assist in finding a permanent family. Each mentor is expected to make a multi-year commitment, receives a three-hour orientation training, and participates in monthly 90-minute support and training meetings.

Key Service Components *(continued)*	• **Child preparation** — Adoption Network Cleveland prepares children for adoption by helping them develop coping skills, build strengths, and address divided loyalties. The organization offers a Get Real peer support group for teens waiting for an adoptive family, works with youth on the production of "Digital Me" videos that can be used to recruit an adoptive family, and hosts cooking classes to help youth learn to prepare nutritious, low-cost meals. • **Counseling services** — Adoption Network Cleveland contracts with adoption-competent counselors who have proven expertise working with adult adoptees, birthparents, adoptive parents, and families on adoption-related issues.
Outreach Efforts	During the year, Adoption Network Cleveland staff and volunteers participate in more than 100 community events to reach adoptive families and identify prospective foster and adoptive families. The network provides each family in Cuyahoga County who finalizes an adoption with an information packet about available services. Staff also mail program information to foster and adoptive families in the county. In addition, staff work to ensure a presence in the media with more than 160 media mentions in a year.
Staffing	The organization has a staff of 18 (16 full-time equivalent), including the following staff for adoption support programs: • 1 full-time director of programs • Adoption navigators — 1.3 full-time equivalent • 1 full-time program specialist for adult adoptees and birthparents • 1 full-time post-adoption coordinator • 1 full-time educational liaison • 1 half-time youth services coordinator • 1 half-time child preparation staff member • 1 half-time training coordinator • Mentoring coordinators — 1.5 full-time equivalent

Training Requirements

All new staff members attend a half-day orientation, which includes information about the programs and services offered as well as adoption and foster care competence and the effects of trauma.

Staff attend monthly all-staff training sessions, many of which focus on adoption and child-welfare related issues, such as abuse prevention. Each staff person also receives up to five professional development days each year and has a training budget and plan, through which she or he can attend additional training on topics that relate to their program.

About two-thirds of the staff have a personal connection to adoption or foster care.

Evaluation and Outcomes

Evaluation Design

Recently, the agency reassessed the goals of each program and designed new program evaluations driven by goals and deliverables. These evaluations allow participants to comment on the programming as well as provide suggestions or recommend changes. The staff and the board's program committee track and evaluate this feedback to highlight areas of need for improvement. Adoption Network Cleveland tracks trends and makes program adjustments as necessary through a continuous process of program improvement. In addition, the Post Adoption Services program uses an outcomes-measurement tool from United Way that indicates the ways in which programs increase parental confidence in dealing with behavioral issues, knowledge about where they can go to seek services, and ability to advocate for their child's needs.

Key Findings

Results of the Parenting Skills Survey (the United Way measurement tool) from January to July 2013 show the greatest gains in parenting confidence are:

- 89 percent of survey respondents agreed or strongly agreed that they were aware of how to help their children's development after receiving services, compared to only 36 percent before receiving services.

Evaluation and Outcomes *(continued)*	• 92 percent of survey respondents agreed or strongly agreed that they had confidence in their ability to parent and take care of their children after receiving services, compared to 47 percent before receiving services. • 90 percent of survey respondents agreed or strongly agreed that they could stand up for what their children need after receiving services, compared to 42 percent before receiving services. Evaluation responses related to the adoptive parent support group showed: • 100 percent responded that the support group provided support and information helpful in parenting their adopt children. • 92 percent agreed that they "better understand the impact of adoption on my children and myself." Program evaluations from parents using the services of the educational liaison found: • 83 percent of parents agreed or strongly agreed that they were better informed and able to advocate for their child's educational needs. • 81 percent of parents agreed or strongly agreed that they knew how to access educational resources. Program evaluations from youth attending the teen support group indicated: • 95 percent of youth agreed or strongly agreed that the topics explored in the group allowed them to participate, express their feelings, and share important experiences from their lives. • 95 percent of youth agreed or strongly agreed that participating in a group with other teens who are adopted is helpful.
Approximate Annual Budget for Services Described	$820,000
Funding	The largest sources of funding are the Cuyahoga County Division of Children and Families and the United Way of Greater Cleveland. Program services are also funded with significant contributions from local and statewide corporations and foundations, individual donations, special events, program fees, and membership. The county funds are primarily used to provide support for families who are adopting or who have adopted from the child welfare system and to support youth at greatest risk of aging out of foster care without a family.

Partnerships Required or Recommended	• The Cuyahoga County Division of Children and Families is a partner for funding and for referrals of families and children in need of families. • Adoption Network Cleveland is a member of the Ohio Child Welfare Training Program, through which the organization provides training to staff in public child welfare agencies in the Cleveland area. • Adoption Network Cleveland partners with the Junior League of Greater Cleveland on "Cooking with Cuyahoga's Kids" to provide food preparation and nutrition instruction to youth in foster care. • Adoption Network Cleveland partners with the Ohio Birthparent Group to offer programming in Columbus. • Adoption Network Cleveland is affiliated with the American Adoption Congress and the Ohio Adoption Planning Group, among other organizations.
Challenges	• Adoption Network Cleveland continues to navigate shifts in funding, including reduced funding from government sources, increased competition for support from foundations and corporations, and changes in focus for foundations and other funding sources. • Adoption Network Cleveland seeks to keep existing programs vital while responding to new needs as they emerge in the community.
Background	• Adoption Network Cleveland was founded in 1988 by Betsie Norris, an adoptee, after she successfully searched for her birthparents. In its early days, Adoption Network Cleveland focused services and advocacy on members of the adoption triad, but more recently has served the needs of youth and teens in foster care, foster parents, and adoption professionals. • Adoption Network Cleveland redesigned the system for adoption of waiting youth in Cuyahoga County through the Adopt Cuyahoga's Kids Initiative, an innovative public-private partnership. These systemic innovations were instrumental in reducing by more than half the number of youth available for adoption in Cuyahoga County.

Learn More

- Patricia Hill, director of programs, Adoption Network Cleveland: patricia.hill@adoptionnetwork.org; 216-325-1000, ext. 120
- Ayanna Abi-Kyles, program coordinator, ayanna.abi-kyles@adoptionnetwork.org; 216-325-1000, ext. 131
- Adoption Network Cleveland website: www.adoptionnetwork.org

Sources

- Patricia Hill, written information submitted to author, March 18, 2014.
- Adoption Network Cleveland website, accessed March 17, 2014, www.adoptionnetwork.org

Adoption Support and Preservation (ASAP), Tennessee

Overview	Tennessee's Adoption Support and Preservation (ASAP) network offers an array of services, including pre-adoption training, in-home therapy, respite care through relief team development, support groups, a website, a Facebook page, crisis intervention, a lending library, therapeutic family camps, and advocacy.
Population Served	• All types of adoptive families in Tennessee. Services are free to families who adopt from foster care. International adoptive families are asked to pay a small fee, based on a sliding scale, and typically receive therapy in an office rather than at home. • Families of 680 children were served during fiscal year 2012, including 200 to 300 who received pre-adoption training and 350 to 400 who received treatment from therapists.
Theory of Change	Families need preparation for the lifetime commitment of adoption and many need ongoing therapeutic and other family support services to elevate overall family satisfaction and stability. ASAP is dedicated to supporting a family's capacity to foster resiliency through attachment, self-regulation, and competency building.
Provider	The program is funded by the Tennessee Department of Children's Services, through contracts with two private, nonprofit adoption agencies: • Harmony Family Center, serving eastern Tennessee • Catholic Charities of Tennessee, serving western Tennessee
Role of Public Child Welfare Agency	The Tennessee Department of Children's Services is the primary funder of the program and administers the program. The department also provides each new adoptive family with information about the program.
Key Service Components	• **Pre-adoption training** — The network designed its own attachment-based, trauma-informed adoption preparation training that covers topics such as caregiver motivation and expectations, parental self-awareness, attachment and resiliency building skills, how to build a relief team, grief and loss, race and culture, and emotional triggers. • **In-home therapeutic services** — Master's level clinicians provide in-home therapy to children and families throughout the state. The therapists use trauma-informed, evidence-based and promising techniques including Trauma-Focused Cognitive Behavioral Therapy; the Attachment, Self-Regulation, and Competency model; and Trust-Based Relational Intervention.

Key Service Components *(continued)*

- **Crisis intervention** — Therapists are on call 24 hours a day to help families address crises.
- **Help to develop a support network** — Staff work with parents to help them identify their own relief network, a natural support system that can provide ongoing support and respite care.
- **Support groups** — Therapists ran 36 support groups around the state for both parents and children in fiscal year 2012, serving almost 500 families. In addition, social events such as parents' night out and family fun night also enable families to support one another.
- **Advocacy** — Program staff work with families to address needs that may arise, including problems at school, day care, or elsewhere in the community. For children whose adoptions are not finalized, staff work collaboratively to address barriers to permanency, and build a team with workers, teachers, parents, guardians ad litem, and others involved in the child's life. The goal of this team is to ensure that professionals remain focused on the child's needs, including on achieving placement permanency and developmental permanency for the child.
- **Website** — The site lists trainings, events, and support groups, and links to numerous adoption-related resources.
- **Retreats** — ASAP hosts an annual R.E.S.T. (Respite Education Support & Training) retreat that provides parents an opportunity to spend a weekend learning from one another, while also experiencing leisure time.
- **Family camps** — Beginning in 2012, the network has hosted weekend therapeutic camps serving the entire adoptive family. In 2013, they offered four camps that promote attachment and strengthen relationships by offering individual and family counseling, equine-assisted therapy, and recreational activities.

In addition, ASAP provides training to mental health providers and other community members to increase the community's capacity to support adoptive families.

Outreach Efforts

The Tennessee Department of Children's Services sends each family a packet of information about the program upon the adoption finalization. Other outreach efforts include:

- The ASAP website: www.tnasap.org
- Attending, exhibiting, and presenting at foster parent trainings, pre-adoption panels, and other events
- Actively participating in the statewide Department of Children's Services permanency specialist meetings
- Using Facebook with daily postings to share news, links, program information, and compelling stories
- Posting information around the community at regional Department of Children's Services offices

Staffing

- 1 program director
- 1 client intake coordinator
- 1 resource center coordinator
- 2 clinical managers
- 17 family therapists

Both adoptive parents and youth who were adopted participated in a video used in the pre-adoption training. Adoptive parents serve as mentors to other adoptive parents and provide peer support through support group.

Training Requirements

- Staff receive ongoing training on key adoption issues, with a special focus on Attachment, Self-Regulation, and Competency. (See page 211 for information on the Attachment, Self-Regulation, and Competency model.)
- Master's level clinicians must have five years' experience working in the public child well-being system, demonstrate some mastery of attachment-based treatment modalities, and have knowledge of unique needs of adoptive families. Clinicians also receive 80 hours of program orientation before working with clients in the field.
- Clinicians are expected to participate in the Center of Excellence's Learning Collaboratives around the state, which introduce and advance the latest treatment protocols such as Attachment, Self-Regulation, and Competency and Trauma-Focused Cognitive Behavioral Therapy.

Evaluation and Outcomes	***Evaluation Design*** In addition to tracking the numbers and types of families served and case outcomes, Adoption Support and Preservation does a number of assessments before and after treatment that are used during casework and to help the family during discharge planning. The assessments include a parental stress index, traumatic stress index, and child behavior checklists. ***Key Finding*** Families receiving Adoption Support and Preservation services have a disruption rate (before finalization) of just under 7 percent and a less than 2 percent dissolution rate (after finalization).
Approximate Annual Budget for Services Described	Just under $2 million; past program funding was as high as $3 million
Funding	The program is funded through a contract with the Tennessee Department of Children and Families, using federal Title IV-B, Part 2 funds.
Partnerships Required or Recommended	• The program is a partnership between the Tennessee Department of Children's Services and the funded agencies. • The program also partners with the statewide and regional foster and adoptive care associations for the purposes of providing educational forum opportunities, conference involvement and support, and strategizing on how best to support families. • Several churches provide meeting space for support groups, adoption preparation classes, and other training events.
Challenges	Pre-adoption training is not required by the state, which means many families do not voluntarily participate in class offerings. As a result, many of them do not have the information they need before an adoptive placement.
Background and Future Directions	The Adoption Support and Preservation network was founded in 2004, after settlement of a class action lawsuit (Brian A) required the creation of a post-adoption support program. Program design was guided by a needs assessment of adoptive families. In the beginning, the program offered services only after adoption, but program leaders soon discovered that earlier involvement was better for children and their families. Staff then developed and added the adoption preparation training.

Learn More

- Nicole Coning, project director, Harmony Family Center: nicole@harmonyfamilycenter.org; 865-342-0216
- Adoption Support and Preservation website: www.tnasap.org
- National Council for Adoption, *Adoption Advocate No. 56*

Sources

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- Adoption Support and Preservation Facebook page, accessed June 27, 2013, www.facebook.com/pages/Adoption-Support-Preservation-of-Tennessee/174799109292133?sk=info/

Alabama Pre/Post Adoption Connections (APAC)

Overview	Alabama Pre/Post Adoption Connections is a statewide program offering services from recruitment and training to post-adoption support.
Population Served	All members of all types of adoptive families in Alabama; some services are also available to foster and kinship care families, prospective adopters, and professionals working with adoptive, foster, and kinship care families. Each year, the program serves about 2,000 families. In 2011–2012, the program served 5,040 parents and children.
Theory of Change	Providing support, information, and resources can empower adoptive families to successfully respond to adoption-related challenges and build stronger bonds within adoptive families.
Provider	Children's Aid Society operates the program. Services are provided through a central office in Birmingham, three regional offices, and one satellite office.
Role of Public Child Welfare Agency	The Alabama Department of Human Resources provides funding and oversight for the program, and was a partner in program design and implementation.
Key Service Components	• **Information, support, and referral** — Through a toll-free help line or website inquiry response, program staff answer adoption-related questions, provide information, and make referrals if needed. • **Support groups** — Twenty monthly groups throughout the state provide adoptive parents an opportunity to support one another and receive emotional and informational support from trained therapists. Children have separate groups, also guided by trained therapists. Child care is provided if needed. • **Family adjustment counseling** — Depending on their needs, families with adoption-related concerns can receive short-term, ongoing, or crisis counseling services provided by licensed therapists who are adoption experts. • **Adoptive family mentor** — Adoptive parents who prefer private, one-on-one information and support over group meetings or counseling are matched with experienced adoptive parents who provide support by phone. • **Lending library** — Housed in three locations around the state, the library has more than 4,000 books, fact sheets, DVDs, CDs, and other resources related to adoption and special needs. Resources are mailed and returned free of charge.

Key Service Components *(continued)*

- **Training** — APAC offers free webinars monthly to hundreds of families and professionals and, on request, offers on-site group trainings on adoption topics. Up to 300 child welfare professionals attend an annual permanency conference. Twice a year, APAC brings in nationally known adoption experts to educate a trained therapist network.
- **Special events** — During the year, APAC offers a variety of informal gatherings for adoptive families to get to know and support one another, including holiday parties, family fun days with children's activities, movie night, skating or bowling parties, picnics, and three- or four-hour respite events.
- **Camp APAC** — Each year about 140 adopted children ages nine to 18 (and their birth or foster siblings) are able to attend a four-day summer camp. Camp is free for families who have adopted at least one child from foster care.

Outreach Efforts

- APAC mails a quarterly newsletter to all the families it serves and the professionals on its mailing list.
- Email notices and postcards remind adoptive families of support group meetings and special events.
- Children's Aid Society uses its website, Facebook page, blog, and Twitter feed to publicize events and share information and opinions.
- APAC exhibits at community events, health fairs, conferences, school activities, and other child service agency events.
- Other outreach includes participating in TV or radio talk shows, newspaper calendar postings, magazine ads, sharing human interest stories in the media, speaking at public welfare agency adoption preparation panel meetings, and participating in other child welfare agency committees.

Staffing

Post-adoption staff — 15 full-time equivalent:

- 10 licensed social workers, with master's degrees in social work
- 2 licensed counselors
- 1 program coordinator
- 2 regional coordinators
- 1 administrative coordinator
- 1 marketing specialist

Adoptive parents help lead support groups, along with licensed therapists. Other program staff include adoptees, adoptive parents, foster parents, and a sibling in an adoptive family.

Staffing *(continued)*	The social workers and counselors in the post-adoption program have at least five years of experience. Pre-adoption service staff — 6 full-time equivalent: • 3 licensed social workers, all with master's degrees and more than 10 years of experience • 4 support staff
Training Requirements	All staff receive ongoing continuing education. Social workers and counselors are required to have 15 hours of training per year to maintain their license. APAC provides general training on adoption laws and issues, diversity, crisis intervention, and other work-related needs. Trainings are provided based on staff needs and feedback. Staff are also encouraged and supported to pursue their individual training requirements.
Evaluation and Outcomes	***Evaluation Design*** Each service is evaluated separately to determine if clients received what they needed or increased their knowledge of how to handle a particular adoption issue. Clients provide feedback through a survey after individual services are provided. The agency tracks the numbers of services provided, number of clients served, and number of families served, along with the survey results for quality of services. ***Key Findings*** In fiscal year 2012–2013: • 94.6 percent of survey respondents participating in an adoption-related training reported that they received knowledge that helped them better understand or manage an adoption-related issue. • 93 percent of survey respondents attending adoptive family support groups reported receiving emotional support and improved family functioning as a result of attending the group. • 100 percent of survey respondents receiving adoptive family adjustment counseling reported improved family functioning at exit. • 100 percent of survey respondents with children attending Camp APAC reported that camp had a positive impact on their child and family. • 95 percent of professionals who participated in a webinar training reported gaining knowledge that will improve their skills in working with adoptive and foster families.

Approximate Annual Budget for Services Described	$2 million
Funding	The program is funded primarily through a contract with the Alabama Department of Human Resources. About 75 percent of the contract funds are federal funds, including Title IV-B funds and Adoptive Incentive payments. State funds come primarily from the state's general fund. Children's Aid Society also receives United Way funds.
Partnerships Required or Recommended	• Children's Aid Society and the Alabama Department of Human Resources designed the program together and are partners in its implementation. • Program staff also partner with Heart Gallery Alabama for recruitment events, public awareness events, and conferences. • The Alabama Foster & Adoptive Parent Association and APAC partner by exhibiting at each other's conferences and providing training at conferences. • APAC also partners with other child-placing agencies for outreach awareness and provision of training for the agencies' foster and adoptive families.
Challenges	• Reaching families to inform them of services • Cutbacks due to economic constraints • Impact of contract cycles (staff retention, changes in staff roles, budget changes)
Background	Congress mandated funding for adoption promotion and support in the Adoption and Safe Families Act of 1997. The Alabama Department of Human Resources made the decision to use these funds to develop a long-needed post-adoption services program. A 15-member Adoption Advisory Committee — with adoptive parents and representatives from county and state departments of human resources, mental health/mental retardation, and education — came together to identify specific services that would respond to the needs of adoptive families after finalization. The committee recommended the post-adoption services that, beginning in 2001, were provided through contracts with Children's Aid Society. Pre-adoption services were added in 2007 when the state increased efforts to find permanent families for children in foster care. APAC has found that connecting with families sooner — at recruitment and during the home study process — is better for families and can improve their outcomes.

Learn More

- Deb Hawk Finley, program director, Alabama Pre/Post Adoption Connections: dfinley@childrensaid.org; 205-259-3778
- Alabama Pre/Post Adoption Connections website: www.childrensaid.org/apac

Sources

- Deb Hawk Finley, interview, July 25, 2013.
- Alabama Pre/Post Adoption Connections website, accessed July 30, 2013, www.childrensaid.org/apac

Anu Family Services Treatment Foster Care with Permanency Services, Wisconsin and Minnesota

Overview	Anu Family Services provides treatment foster care with an intensive permanency services program that helps children and youth address grief, loss, and trauma while developing caring adult connections for these children.
Population Served	• Children and youth who need treatment foster care, the majority of whom have been victims of abuse and neglect. • In 2013, Anu served 159 children and youth in Wisconsin and Minnesota.
Theory of Change	Individuals develop best when they are connected to loving and stable families. To become connected to families, children and youth need to address the grief and trauma caused by out-of-home placement and complex losses and increase their networks of support. Foster parents, adoptive parents, and other caregivers who understand the effects of grief, loss, and trauma are best able to parent children who have experienced them.
Provider	Anu Family Services is a nonprofit organization and an accredited provider of treatment foster care, with three offices in Wisconsin and one in Minnesota. Anu also provides family preservation, parent coaching, respite foster care, adoption and kinship care home studies, and mentors for families whose children have returned home from foster care or are at risk of entering foster care.
Role of Public Child Welfare Agency	County child welfare agencies are the primary source of funding for the program.
Key Service Components	Youth are at the heart of the Anu Family Services model. They are considered the "boss of the process" and have the ability to hire and fire their caseworkers and to drive the services provided to and for them. Anu provides children and youth who have significant medical, behavioral, emotional, or mental health challenges with supportive foster families who can meet their needs. Staff assess each child's needs and then find and support families to meet those needs. To ensure children and youth achieve the best possible well-being and permanency outcomes, Anu offers a dual approach — addressing children's grief and loss while conducting intensive family search and engagement: • **Helping children and youth cope with trauma** — Using the 3-5-7 Model, an Anu permanence specialist helps children and youth work through their grief and loss and improve their emotional well-being. (See page 207 for information on the 3-5-7 Model.)

Key Service Components *(continued)*	• **Conducting intensive permanency services** — Caseworkers use specialized techniques to increase youth connections and identify potential permanent families. First staff members connect with the youth and care providers (therapist, county case manager, caregivers, and others) to identify existing youth connections. Using the techniques in the *Six Steps to Find a Family* practice model, the caseworker then seeks to increase the number, quality, and frequency of the child's or youth's connections with caring adults. If the child or youth cannot return home, these identified adults are likely permanency resources. Additional support services include: • **Coaching and support for caregivers** — Anu provides short-term support for foster, adoptive, and kinship care parents to teach methods and tools that promote attachment and self-esteem while feeding the development of positive behaviors. Much of the coaching is focused on helping parents become trauma informed. • **Ongoing support** — By having staff with low caseloads, Anu is able to provide ongoing support to foster families. All foster parents receive ongoing training, including in the 3-5-7 Model, family search and engagement, therapeutic crisis intervention for families, and the importance of permanency for children and youth.
Outreach Efforts	Prospective parents are recruited by staff and other foster parents who make outreach an everyday event. Anu's foster parent ambassadors are highly experienced foster parents who take a lead role in promoting and representing Anu at events and in the community. Anu staff also deliver regular trainings and presentations on topics such as permanency; permanence-driven supervision; grief, loss, and trauma; recruiting healing parents and partners; innovations in child welfare; and measuring child well-being.
Staffing	• Anu has 26 full-time equivalent staff, of whom half have or are working toward a master's degree in social work or a related area of study. Eleven work in the treatment foster care and permanency services program. • Workers' caseloads are eight children and youth in the intensive permanence/trauma services program and 11, on average, for treatment foster care.

Training Requirements	• Staff receive extensive, ongoing internal and external training on topics such as the 3-5-7 Model, self-care in the social work field, well-being, integrated healing practices, the effects of trauma on the brain, family connections, and the Therapeutic Crisis Intervention for Family Care Providers program. • Staff have clinical consultation opportunities each month to help address challenging situations. • Six staff have completed or are enrolled in the University of Minnesota's Permanency and Adoption Competence Certificate Program.
Evaluation and Outcomes	***Evaluation Design*** Anu Family Services tracks case outcomes for children and youth (such as exit to permanency). In addition, staff use two scales to assess well-being: • The Child and Adolescent Needs and Strengths assessment tool is administered within 30 days of placement and re-administered every six months. • The Youth Connections Scale assesses emotional and relational connectedness, focusing primarily on those individuals who will be present throughout the youth's life. Together these indicators demonstrate how the child or youth is faring, while the Youth Connections Scale also identifies possible permanency resources for the child or youth. ***Key Findings*** • In 2013, more than 60 percent of the children and youth served by Anu left foster care to reunification or adoption. • 95 percent of children and youth served by Anu remained in one foster placement during their time in foster care. • Average lengths of stay for children in foster care decreased from 16 months in 2008 to 9.2 months in 2011. • 100 percent of children and youth who participated in intensive permanence services for 10 months or more demonstrated increases in the quantity and quality of their connections.
Approximate Annual Budget for Services Described	$5 million
Funding	• Primarily county child welfare funds • Some foundation grants and donations

Partnerships Required or Recommended	• Anu partners with the county child welfare agencies in the communities it serves, with children and youth referred by the county agency for treatment foster care, and with permanency services. • The agency has partnered extensively with the University of Minnesota Center for Advanced Studies in Child Welfare in the development of the Youth Connections Scale and in documenting the agency's path to becoming a permanence-driven organization. • Other partnerships include University of Minnesota Center for Spirituality and Healing, the Center for the Study of Social Policy, and Casey Family Programs.
Challenges	No specific challenges reported by program staff
Background and Future Directions	Anu Family Services began as PATH Wisconsin, a treatment foster care agency. In 2008, Anu became a separate organization, and in 2011 it expanded its services to Minnesota.
Learn More	• Amelia Franck Meyer, chief executive officer, Anu Family Services: afranckmeyer@anufs.org; 877-287-2441 • Anu Family Services website: www.anufs.org

Sources

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Bethany Christian Services ADOPTS Program, Various Sites

Overview	The Bethany Christian Services ADOPTS Program (Therapy to Address Distress of Post Traumatic Stress) is a specialized, trauma-focused treatment that includes therapy sessions for children, parent groups, and child and adolescent groups. It is offered at 11 of Bethany's branches around the United States.
Population Served	• Adopted and foster children who have experienced physical abuse, sexual abuse, domestic violence, traumatic loss, and chronic neglect and who are struggling in their adoptive families. The program primarily serves children and youth ages eight to 17, but a modified version is available for children ages four to eight. Children in all types of adoptions are served. • In 2013, the ADOPTS program served 200 children and their families, most of whom were in adoptive families or pre-adoptive placements.
Theory of Change	By helping children develop healthy expressions of emotions, understand the effects of trauma, increase capacity to form attachments, and build personal strengths and self-identity, we can prevent disruption and reduce symptoms of trauma for children and families and help families thrive.
Provider	Bethany Christian Services is a global nonprofit organization with sites on five continents and 38 states. Bethany's services include family support and preservation, adoption, foster care, pregnancy counseling, training, refugee services, sponsorship, and an infertility ministry providing family preservation and child welfare services.
Role of Public Child Welfare Agency	The local public child welfare agency refers families to the program. For children who are still in foster care, the agency that has responsibility for the child pays for the services.
Key Service Components	Adapted from the Attachment, Self-Regulation, and Competency model (described on page 211), ADOPTS has four primary service components for children eight to 17 and their families: • **Assessment** — A master's level therapist conducts a thorough trauma assessment to design a specific treatment program. The therapist meets with the parents to talk about the assessment results. • **Individualized therapy** — Over a period of about 16 weeks, family therapists provide 12 to 18 therapy sessions for children or youth and their parents, emphasizing how they can heal from past trauma. Children and youth learn skills for managing emotions, enhancing relationships, handling social situations, and improving self-identity. Treatment includes caregiver education components.

Key Service Components *(continued)*	• **Parent groups** — Parents attend a six-week support group where they receive support and develop skills and knowledge to meet the challenges of parenting children or youth who have experienced trauma. • **Child and adolescent groups** — Children and youth attend six weeks of support groups where they learn to build social skills, enhance self-concept, and develop healthy relationships. Many of the ADOPTS branches offer a modified version of the program for younger children (ages four to eight), which offers filial play therapy and attachment activities through play. The assessment and group components remain a part of this model for younger children.
Outreach Efforts	Families can ask to participate in the ADOPTS program by completing a form on the Bethany website (www.bethany.org/adopts) or contacting a Bethany office or the Bethany Post-Adoption Contact Center.
Staffing	Each branch has different numbers of staff, depending on the number of children and families served. The Grand Rapids, MI, program, for example, has 15 therapists. Each ADOPTS program is staffed by family therapists and social workers with a master's degree. All have experience in foster care and adoption.
Training Requirements	Each staff member participates in a two-day training on the ADOPTS model and attends a refresher training every three years. The training focuses on extensive trauma education, adoption-specific needs for children and families, program protocols, trauma and adoption interventions, and program fidelity.
Evaluation and Outcomes	***Evaluation Design*** Children, youth, and parents participating in ADOPTS complete a pre- and post-test and a 12-month follow-up to assess significant changes. For the children and youth, the three tests examine their trauma symptoms (hyperactivity, anxiety, depression, anger, etc.) and behaviors (social skills, leadership, adaptive skills, withdrawal, aggression, conduct problems, etc.). Clinicians also assess the children and youth before the intervention and after on the Post-Traumatic Stress Disorder Scale for Children and Adolescents. As a pre-test, post-test, and 12-month follow-up, parents complete the Parental Stress Index, which measures defensive responses, overall stress, parental distress, parent/child dysfunction, etc.

Evaluation and Outcomes *(continued)*	Parents and children or youth complete a 12-month follow-up questionnaire. Parents are asked to assess any changes in the family and identify how the child or youth is doing and how the parent is functioning. Children report how they are doing and how they are getting along with their family and other children or youth, and answer questions related to understanding and expressing their feelings. ***Key Findings*** Evaluation results reported in 2013 showed the following changes 12 months after program completion: • Respondents showed statistically significant reductions from pre-test in parental stress, child anxiety, child hyperactivity, child aggression, and parental views of the child as difficult. • Children and youth had statistically significant increases from pre-test in social skills, adaptability, leadership, and daily living skills. • 98 percent of parents report having more confidence in parenting. • 39 percent of parents report their children's behaviors were much better, while 37 percent said they were a little bit better. • 88 percent of the children were currently living at home; the others were in hospitals, treatment centers, or other placements.
Budget	Each branch has its own budget for the program; the agency's costs per family are about $3,000.
Partnerships Required or Recommended	• Branches fund the program through private fundraising and collecting fees for services provided. Families who have insurance may pay for the program using their insurance. For children in foster care, the foster care agency may pay for services. • The Grand Rapids branch received a federal grant of $400,000 from the U.S. Department of Health and Human Services to offer the program. • Bethany's national office has a scholarship fund, which provides limited funding to each Bethany branch providing the ADOPTS services.
Challenges	• Accessing stable sources of funding • Helping parents to understand that the entire family needs to be part of the therapeutic process

Background and Future Directions	The program began in 2004 and has served more than 700 children, youth and their families. The program is offered in 11 branches in the Bethany system. Although the program is mostly crisis oriented, in the future, Bethany would like to see the program more focused on prevention. Eleven additional branches are in the process of starting the ADOPTS program in their community.
Learn More	• Rebecca Rozema, national director of ADOPTS program, Bethany Christian Services: rrozema@bethany.org; 616-254-7769 • ADOPTS program website: www.bethany.org/main/adopts-program

Sources

- Rebecca Rozema, interview, October 22, 2013.
- ADOPTS program website, accessed October 22, 2013, www.bethany.org/main/adopts-program
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- Bethany Christian Services, ADOPTS program brochure (2013).

Bridges to Health, New York

Overview	The New York State Office of Children and Family Services has operated Bridges to Health, a Medicaid-waiver program, since 2008. This program offers services not otherwise available in the community to children in foster care who have significant mental health needs or complex medical conditions.
Population Served	• Children and youth in foster care and in the juvenile justice system, including: ◦ Those with serious emotional disturbances ◦ Those with developmental disabilities ◦ Medically fragile children and youth Once enrolled, children may continue to receive services until age 21, as long as they remain otherwise eligible. Services may continue after reunification, adoption, or kinship foster care placement. • The program is currently serving about 3,300 children and youth.
Theory of Change	By supporting the needs of children and youth in out-of-home care in the least restrictive home or community setting, the Bridges to Health waiver program provides opportunities for improving the health and well-being of the children and youth served, while supporting stability and permanency.
Provider	Bridges to Health is overseen by the New York State Office of Children and Family Services and the New York State Department of Health, through a waiver from the U.S. Department of Health and Human Services' Centers for Medicare and Medicaid Services. Through the program, the Office of Children and Family Services enters into provider agreements with 20 health care integration agencies (voluntary authorized child care agencies) to manage the program.
Role of Public Child Welfare Agency	The New York State Office of Children and Family Services administers and oversees the program. Local departments of social services and the Office of Children and Family Services' Division of Juvenile Justice and Opportunities for Youth are responsible for making referrals, eligibility determinations, and enrollment decisions.
Key Service Components	Children and youth have a care manager (called a health care integrator) who works with the family, child or youth, and involved agencies to assess the need for services and develop an individualized health plan addressing the child's goals and needs. The plan is approved by the local Department of Social Services.

Key Service Components *(continued)*

With a budget of up to $51,600 per child or youth per year, children and youth can access needed services and supports from the following menu of services:

- **Health care integration** — Case managers coordinate and access needed care and services for the child and family.
- **Family or caregiver supports and services** — These services enhance the child's ability to function as part of a family unit and enhance the family's or caregivers' ability to care for the child or youth in the home or in the community.
- **Skill building** — These services support, guide, mentor, coach, or train the child or family in successful functioning in the home and community, given the context of the child's disability.
- **Day habilitation** — Individuals with developmental disabilities receive assistance to develop the self-help, socialization, and adaptive skills necessary to successfully function in the home and community.
- **Special needs community advocacy and support** — This service improves the child's or youth's ability to benefit from the educational experience and enables the child's or youth's school to respond appropriately to the child's or youth's disability or health care issues.
- **Prevocational services** — These services are individually designed to prepare a youth age 14 or older with severe disabilities to engage in paid work. Services are geared toward facilitating success in any work environment for children whose disabilities do not permit them access to other prevocational services.
- **Supported employment** — Individually designed services help youth 14 or older who have severe disabilities as they perform in a work setting; for example, a job coach might help the youth adjust to a new job and work to ensure supervisors understand the youth's disability.
- **Planned respite** — This service provides planned short-term relief necessary to enhance caregivers' ability to support the child's or youth's disability or health care issues.
- **Crisis avoidance, management, and training** — These services may include psycho-education and training to address specific issues that disrupt or jeopardize the child's or youth's successful functioning in the community.

Key Service Components *(continued)*	• **Immediate crisis response services** — Available 24 hours a day, these services are designed to respond immediately to crises that threaten the stability of the child's or youth's placement and ability to function in the community. • **Intensive in-home supports and services** — These services are delivered as specified in the crisis stabilization plan to secure the child's and family's health and safety following a crisis. • **Crisis respite** — Families or caregivers can access emergency short-term relief to resolve a crisis and transition back to the child's successful functioning and engagement activities and to assist the family or caregivers in supporting the child's or youth's disability or health care issues. • **Adaptive and assistive equipment** — Technological aids and devices can be added to the child's home, vehicle, or other waiver-eligible residence to enable the child or youth to accomplish daily living tasks necessary to support health, welfare, and safety. • **Accessibility modifications** — Bridges to Health can provide internal and external physical adaptations to the child's home or other waiver-eligible residence necessary to support health, welfare, and safety. The health care integration agency completes a detailed service plans within 30 days of enrollment and updates the plan at least every six months.
Outreach Efforts	Children and youth are referred to Bridges to Health by the local Department of Social Services or Division of Juvenile Justice and Opportunities for Youth.
Staffing	• Each health care integration agency hires its own staff, and staff levels vary by agency depending on the number of children or youth served by the agency. • Health care integrators have a bachelor's or master's degree in social work, psychology, or other related field, or are licensed as a qualified health care practitioner, registered nurse, or special education teacher. Each must have either a minimum of one year of experience providing service coordination and information, linkages, and referrals for community-based services to children with special needs, individuals with disabilities, or seniors, or a bachelor's degree in social work, psychology, or other related field and four years of experience providing service coordination.

Training Requirements	All health care integrators, their supervisors, and waiver-service providers, including staff hired by the health care integration agency to provide Bridges to Health services, are required to have appropriate training in the following areas before providing services: • First aid/CPR • Mandated reporting on suspected child abuse and neglect • Overview of Bridges to Health waiver program documentation requirements Health care integrators and waiver-service providers have other required trainings specific to their jobs.
Evaluation and Outcomes	***Evaluation Design*** The New York State Office of Children and Families Services Bureau of Evaluation & Research evaluates Bridges to Health. ***Key Findings*** Anecdotal research suggests that Bridges to Health is effective in meeting the needs of children, youth, and families. Validated outcome measures are not available at this time.
Budget	Each child or youth has an allocated yearly budget of $51,600 for Bridges to Health services.
Funding	The program uses federal Medicaid funds, allocated through a Medicaid waiver.
Partnerships Required or Recommended	The program is a partnership, as described under Provider above. In addition, Health Care Integration Agencies may partner with other voluntary agencies to provide Bridges to Health services.
Challenges	No specific challenges reported by program staff
Background and Future Directions	The U.S. Department of Health and Human Services approved the Bridges to Health Home and Community-Based Services Waiver application in July 2007. The waiver application was developed following multiple meetings with stakeholders about how to meet the needs of children and caregivers in foster care. Stakeholders included children and youth in foster care, parents of children and youth in foster care, adoptive parents, clinicians, local departments of social services, foster care providers, and representatives from New York state agencies, including the Office of Children and Family Services, Department of Health, Office of Mental Health, Office for People with Developmental Disabilities, and Office of Alcoholism and Substance Abuse Services. All three Bridges to Health waivers were reauthorized in 2012 for five years.

Learn More

- Mimi Weber, executive director, Bridges to Health, Division of Child Welfare and Community Services: mimi.weber@ocfs.ny.gov; 518-408-4064
- Kim Jefferson, assistant director, Bridges to Health: kim.jefferson@ocfs.ny.gov
- Bridges to Health website: www.ocfs.state.ny.us/main/b2h/about.asp

Sources

- Mimi Weber, interview, May 5, 2014.
- Mimi Weber, written communication, June 2014.
- Bridges to Health website, accessed June 10, 2014, www.ocfs.state.ny.us/main/b2h/about.asp
- New York State Office of Children and Family Services, NYC Children's Services Bridges to Health (B2H) Waiver Service Description flyer.
- New York State Office of Children and Family Services, Bridges to Health Home and Community-Based Services Medicaid Waiver Program Manual (2011).

Camp to Belong, Locations Around the United States

Overview	Camp to Belong offers summer camps and other special events around the United States that reunite siblings who are in or have been in foster care and are living separately.
Population Served	• Children ages eight to 18 who have been separated from siblings through foster care, adoption, or kinship care. At least one member of the sibling group is typically still in foster care. • Each year about 1,000 children participate in Camp to Belong camps in the United States. Camps are located in California (Orange County), Colorado, Georgia, Maine, Massachusetts, Nevada, New York, Oregon, and Washington state.
Theory of Change	Children and youth benefit and are empowered when they have opportunities to build and strengthen relationships with their siblings and to form childhood memories with each other and with other children in similar situations.
Provider	Founded in 1995, Camp to Belong is an international nonprofit organization. The organization governs the member camps, each of which is its own nonprofit.
Role of Public Child Welfare Agency	Social workers at public (and private) agencies make referrals to the local Camp to Belong camps.
Key Service Components	Camp to Belong offers weeklong summer camps with specific activities designed to help separated siblings develop and strengthen their bonds. During the camp, the sibling groups spend all of their days together. In addition to the usual summer camping activities, special activities include: • Creating a pillow with special messages for each sibling • Hosting a camp-wide birthday party where siblings have an opportunity to celebrate together and to exchange small gifts and birthday cards • Creating a scrapbook with pictures taken together at camp Certain camp locations host ongoing activities to help brothers and sisters further connect, including weekly or monthly gatherings, holiday events, and special events such as trips to a baseball game or show. For in-town camps, parents typically bring their children to camp. In some cases, foster parents are provided a gas card or a stipend to cover the costs of transportation. For camp locations farther out of town, children may gather in one or two areas in town and take buses to the camp.

Outreach Efforts	Most campers are referred by social workers. Camp staff may receive a referral from one child's worker and need to find and contact other siblings' workers. Each spring, staff present information to local child welfare agencies' staff and managers about the camp.
Staffing	Each camp has: • 1 camp director, who is typically a staff member or key volunteer at the local nonprofit running the camp • 1 head counselor who may be paid or a volunteer • 50 volunteer camp counselors (for 100 children); counselors' food and housing are covered during the camp The camp site typically has its own staff (lifeguards, food service workers, etc.) who are included in the contract for that camp. Children ages 16 to 18 who have participated in a camp can come back in the future as counselors in training.
Training Requirements	• The camp director is hired, trained, and supervised by the local nonprofit running the local camp. • Each counselor receives two days of training on issues such as camper behavior, how to handle emergencies, being responsible and respectful, mandatory reporting, and key behaviors and issues facing children in foster care (such as food issues or separation anxiety).
Evaluation and Outcomes	***Evaluation Design*** Each camper completes a pre- and post-camp survey that assesses the goals of the summer program: creating childhood memories, strengthening the sibling bond, and emotional empowerment. ***Key Findings*** • For the past four years, the majority of campers have consistently reported that they strongly agree that they have created memories with their siblings during their time at camp. • Campers reported a significant decrease in the amount of sibling conflict during their time at camp. • Campers report feeling a strong connection to their sibling, ability to show that they care, and feeling that their sibling understands them while at camp. • Campers report that after their time at camp, they have a more positive attitude about themselves and their futures. • Campers report a sense of belonging by indicating that while at Camp to Belong they got to meet young people whose lives are similar to theirs and that people understand them.

Budget	Local organizations spend about $800 to $900 per child per camp; each camp typically serves about 100 children.
Funding	Each local camp funds its own activities through foundation and other grants, private donations, and other fundraisers. Some local camps accept county payment for some campers' fees.
Partnerships Required or Recommended	• Local camps often partner with the local foster or adoptive parent association, which may run the camp or be a partner in its operation. • Each camp must have a solid partnership with local child welfare agencies to ensure the referral of children to the camp. • Local camps also have strong partnerships with local community organizations that may provide volunteers, host special events, or make donations to support the camp or campers.
Challenges	• Sometimes adoptive parents do not want their children to participate. • In the past, local camps were often run by an individual, which was a heavy burden and planning could be interrupted by an unplanned life event. Now that local nonprofits plan and run each camp, the services have been more successful.
Background and Future Directions	Camp to Belong was founded in 1995 by Lynn Price, who had been in foster care and was separated from her sister. It began as one small camp in a Nevada college dorm, and has grown into 10 camps in the United States and Australia and has served more than 7,500 children.
Learn More	• Philip McAnelly, executive director, Camp to Belong: phil@camptobelong.org; 916-860-7099 • Camp to Belong website: http://camptobelong.org/

Sources

- Sherry Brock, executive director, interview, July 2, 2013.
- Camp to Belong website, accessed July 1, 2013, http://camptobelong.org/

The Child Wellbeing Project, North Carolina

Overview	The Child Wellbeing Project is a research project in Catawba County, North Carolina, that provides an array of support services to families of children who have left Catawba County foster care.
Population Served	• Children aged birth to 15 who have left the custody of Catawba County Social Services to reunification, adoption, legal custody, or guardianship. • Between 2010 and July 2013, the program served 84 families. About 180 families were offered services. As of July 2013, there were 45 active cases, including 15 reunified birth families, 15 adoptive families, 13 relative adoptive families, and two legal custody cases.
Theory of Change	Increasing protective factors and reducing risk factors will reduce a child's chance of re-entering foster care. The interplay between risk and protective factors influences a family's resilience. Providing services to families will reduce risk factors, increase protective factors, promote a stable and safe environment for children, and increase child and family resilience. In the long term, these services will increase children's well-being, including education, employment, housing, connection to family and community, access to health and mental health care, and life choices.
Provider	The program is run by Catawba County Social Services.
Role of Public Child Welfare Agency	Catawba County Social Services operates the program and provides some funding.
Key Service Components	• Through this voluntary in-home service, success coaches: ◦ Engage families in a supportive partnership ◦ Assess child and family protective factors, needs, trauma history, and goals related to the following: functioning, resiliency, well-being, safety, economic self-sufficiency, community and family connections, education, employment, and concrete needs ◦ Work with the family to develop a success plan with goals to increase protective factors and reduce the risk of maltreatment ◦ Coordinate services ◦ Help families increase skills in areas such as health and wellness, resiliency, financial management, communication, and parenting ◦ Provide crisis intervention services

Key Service Components *(continued)*	• Based on families' needs, the coaches coordinate the following additional services:
	  ◦ Educational advocacy — An educational advocate works with 44 schools in the county to promote children's educational achievement, stability, and continuity.
	  ◦ Material supports — Discretionary funds are available to families served by success coach to meet critical concrete needs that affect the child's well-being (such as paying for car repairs enabling parents to remain employed, paying for summer camp opportunities, etc.).
	  ◦ Parent-Child Interaction Therapy — Families with children ages 2 to 6 can receive this evidence-based treatment to address behavior problems or a history of abuse or neglect. (See page 222 for more information about the therapy.)
	  ◦ Therapeutic services — Individual, couple, and family therapy is available, as needed, in the home or in an office.
	  ◦ Adoption therapy groups — Adopted children, grades two to 12, can participate in therapeutic support groups to address the grief, loss and identity issues they have experienced. Parents participate in four concurrent sessions, while children attend 11 sessions.

Outreach Efforts	• The program receives referrals from Catawba County Social Services as children exit foster care and when children who were previously in Catawba County Social Services' custody return to the attention of child protective services. • Information about the service and referral process is provided to child welfare social workers through team meetings. • Adoptive families receive information at the pre-adoption training. • Success coaches meet each family prior to the child's leaving foster care to explain the services.
Staffing	• 1 half-time project director • 1 full-time post-care supervisor • 3 success coaches — 1 full-time equivalent • 1 half-time evaluation coordinator • 1 educational advocate — .8 full-time equivalent during school year • 1 half-time post-care clinician • 1 full-time administrative assistant

Training Requirements	Success coaches receive extensive training (more than 100 hours during the first year on the job). Some of these trainings are provided internally and others are provided by state or external providers on: • Engagement with families and activities for skill-building • Family preservation • Assessment tools • Trauma • Sexual abuse • Effect of separation and loss • Child development
Evaluation and Outcomes	***Evaluation Design*** In addition to tracking the services provided to children and families, the project: • Assesses and tracks improvement in family or individual function using measures such as the North Carolina Family Assessment General Services + Reunification, Devereux Early Childhood Assessment, and Casey Life Skills Assessment • Tracks child protective services involvement or foster care re-entry • Holds monthly staff meetings to review staff meet monthly to review program data and make data-informed improvements to service delivery ***Key Findings*** • Outside evaluators were engaged in a process evaluation during the pilot phase of services. This has not been a rigorous, random trial, but rather an effort to determine whether services have a positive impact on families. Results showed that of families who accepted and fully engaged in the success coach service, 96 percent (72 of 75) have maintained permanency compared to 95 percent (105 of 110) of families who declined the service.
Approximate Annual Budget for Services Described	$515,000
Funding	The Duke Endowment funds the majority of the project. There is some ability to draw down Title IV-E or Medicaid funding for adoption support groups and Parent-Child Interaction Therapy. In addition, the county provided up-front costs for the two initial staff.

Partnerships Required or Recommended	• The program is a partnership between Catawba County Social Services and The Duke Endowment. The success of the program requires collaboration and partnership with multiple units within the agency including Family Builders (Adoption and Foster Home Licensing unit), the Foster Care unit, and Family Net (the child mental health services unit) to ensure integration in the child welfare continuum. • The educational advocate also has strong partnerships with the three public school systems operating in the county.
Challenges	• Helping families to see the services as helpful. Many families do not want additional services after the child is home. • Helping staff see post-care services as part of the child welfare continuum, along with mandated services.
Background and Future Directions	The program was founded in 2010 after The Duke Endowment approached Catawba County Social Services' leaders to partner on improving well-being of children in foster care. They were concerned that child well-being was not being adequately addressed with the traditional focus in child welfare services on safety and permanence. Following planning efforts, the decision was made to focus on well-being of children who had achieved permanency. Decisions about program services were informed by focus groups held with staff, adoptive, reunified, and guardianship families. The formal outcome evaluation phase of the project began in 2014, and will assess the impact of this service on child well-being across several counties. Catawba County prepared a replication manual, an Access database to house all program data, data report templates, fidelity measures, a success coach manual for social workers, a training program and implementation plan with built-in technical assistance to ensure successful implementation in other locations. In 2014, the post-adoption portion of the program was expanded to eight new counties in North Carolina.
Learn More	• Chrissy Triplett, post-care supervisor, Catawba County Social Services: ctriplett@catawbacountync.gov; 828-695-4428 • Child Wellbeing Project website: www.catawbacountync.gov/dss/PW/childwellbeing.asp

Sources

- Chrissy Triplett, interview, July 1, 2013.
- Catawba County Child Wellbeing Project materials.

The Children's Home Kinship Care Program, Florida

Overview	The Children's Home Kinship Care Program offers an array of coordinated services for those caring for their relative's children, including in-home case management and navigation services to connect caregivers to services, support groups, and respite care.
Population Served	• Kinship caregivers and the children and youth in their care in Hillsborough, Pinellas, and Pasco Counties in central Florida. • Each year, the program serves about 350 kinship caregivers with about 800 children. Roughly 75 percent of those served are outside of the foster care system; the others are formally placed with caregivers by the dependency court.
Theory of Change	Providing support to relative caregivers enables them to access necessary services, expands family support systems, and ultimately reduces stress and promotes family stability.
Provider	The Children's Home is a nonprofit founded in 1892 as an orphanage. The Children's Home cares for struggling families and children seeking the comfort of a loving family by providing residential treatment and counseling services, family support and resource centers, and foster and kinship care services in central Florida.
Role of Public Child Welfare Agency	Local county departments of child welfare provide some funding to The Children's Home.
Key Service Components	• **In-home case management** — Kinship caregivers receive up to six months of case management services to address their family's needs and connect them with services. After a family is referred or contacts the agency for help, an intake coordinator conducts an extensive interview to identify the family's needs. Within 24 to 48 hours, a family support coordinator or kinship navigator comes to the home to meet with the family. The staff member conducts assessments of the child and family, and designs a family support and service plan. The Children's Home then offers services such as counseling, tutoring, child care assistance, or emergency financial assistance, and connects the family to community partners that offer services such as legal assistance, substance abuse education and services, or mentoring. Family support coordinators remain engaged with the family to ensure the family is accessing services and benefitting from them. Before closing the case, the staff repeats the assessments and determines if needs have been met.

Key Service Components *(continued)*

- **Navigation** — Experienced kinship caregivers, called kinship navigators, provide peer-to-peer support to caregivers either in the home or by phone. Navigators have access to an interdisciplinary team with expertise in education, legal services, substance abuse treatment, public benefits, child welfare systems, and health care. The team works with the navigator to help caregivers negotiate the system and address key issues the family is facing. Over time, the navigator partners with particular members of the team to provide targeted services. (Team members either donate their services or get paid for consultation.) Navigators also have laptops and access to a Web portal to help caregivers apply for public benefits.
- **Support groups and social activities** — The program offers 10 to 14 support groups each month around the three-county area. The schedules vary to ensure caregivers have options that work for their schedules. Support groups include time for sharing stories, fellowship, educational workshops, and learning about and sharing community resources. Groups also offer social activities such as picnics, movies, or theme park trips, all at no charge to the families.
- **Other services** — The program provides other services such as respite care, child care (for about three to six months), tutoring, and caregiver health assessments. Program staff also advocate on behalf of families to access services or address policies or practices that are barriers to the family's success. The Children's Home also provides families with back-to-school supplies, holiday assistance, and food, clothing, bedding, and furniture.

Other than case management, services are not time limited. Case management can continue past six months if the family has unmet needs or changes in the family situation. Families can also be re-enrolled if there are identified needs.

Outreach Efforts	Staff make presentations to a variety of service providers, including local public schools, universities, child welfare staff, child protective investigators, court administrators, local churches, and community groups. Program staff have appeared on local television and radio programs to educate and inform the public. The agency created a community collaborative of service providers that meets monthly to discuss the services they offer and explore how to coordinate care. Other outreach includes running radio and television public service announcements, participating in church events or community fairs, and attending school activities.
Staffing	The program has a total of 29.5 full-time equivalent staff including: • 12 family support coordinators who have bachelor's degrees in social services • 8 kinship navigators who are kinship caregivers • 4 support group assistants who are kinship caregivers • 5.5 support staff and supervisors
Training Requirements	• All staff receive a standard orientation and then shadow experienced staff in the field, where they learn to use assessment tools, conduct family team conferences, design eco maps, and develop service plans. • All staff participate in agency-wide training on diversity, safety, child abuse reporting, and other key issues. • Kinship navigators receive training on boundaries and safety, as well as technology and how to help older caregivers understand parenting issues related to technology. • The Children's Home offers in-service training on trauma-informed care. In addition, mental health professionals attend support groups to talk about grief, loss, and trauma and how they affect children.
Evaluation and Outcomes	***Evaluation Design*** • Families are contacted three, six, and 12 months after completing case management services. • The program recently began a randomized control evaluation. Select formal caregivers received program services, and the control group accessed the usual services from a local community-based care agency.

Evaluation and Outcomes *(continued)*	• A five-year evaluation on kinship support services in Pinellas County from October 2005 to September 2010 assessed social support and family resource needs for caregivers before and after services were provided. The evaluation surveyed all participants in the first two years of the study and followed up with a random sample of participants during years three to five. The five-year evaluation also used county administrative data to assess child safety and permanency. The evaluation assessed the services of three organizations providing kinship support services in the county, including The Children's Home. ***Key Findings*** The five-year evaluation report on kinship support services in Pinellas County found: • Caregivers had statistically significant increases in their social support after services were provided. The highest increases in support were from professional agencies, parent support groups, social groups or clubs, and professional helpers. • Families also saw statistically significant increases in their family resources, with the biggest changes in time to socialize, dental care, money for equipment and supplies for the family, public assistance, alone time, money to buy things for the caregiver, and medical care for the family. • 99 to 100 percent of children served remained with their relative caregiver or returned to their birth parents, even up to 12 months after services were provided. • The cost of providing the kinship support services was less than half the cost of what would have been spent if the children had to enter formal foster care (foster care was six times more expensive than the program and residential treatment was 21 times more expensive).
Approximate Annual Budget for Services Described	$2 million
Funding	• More than half of the program budget is provided by the local United Way and by the counties served. The county funds are provided through local Children's Services Councils, the Children's Board of Hillsborough County, and the Juvenile Welfare Board of Pinellas County. • A three-year federal Fostering Connections grant of $750,000 per year funds the kinship navigator program and other services.

Funding *(continued)*	• A contract with a child welfare agency uses funds from the state's Title IV-E waiver to offer case management and support groups in Pasco County. • A small amount of funding comes from Medicaid, which funds case management services for some families whose children are at risk of entering foster care. • An $80,000 grant from the Juvenile Welfare Board of Pinellas County funds respite care services in Pinellas. • Other program funds are covered by foundation grants and other private funds.
Partnerships Required or Recommended	• The Children's Home has a partnership with Big Brothers, Big Sisters so that children in the program have first priority to be matched with mentors. • The program partners with local attorneys, education personnel, and other community providers to staff the interdisciplinary teams used by the kinship navigators. • Through the community collaborative, agency staff work with other agencies and community providers to share information about available services and to coordinate related services. • The program partners with Senior Holistic Living, Inc., through its Caregiver Hour radio program (WHNZ 1250AM) and its Caregiver Resource Helpline. The program also partners with the local foster parent associations. • The Children's Home partners with a local university school of social work to secure outside program evaluation. Researchers have helped in program design, use of valid and reliable research tools, analysis, and training for the program staff.
Challenges	• People who are caring for their relatives do not always recognize themselves as "kinship caregivers" so specialized marketing and outreach are required. • The economic downturn really affected kinship caregivers, which meant program staff had to spend more time helping families meet basic needs (such as food and shelter) and less time helping them address core issues such as grief and loss.

Background and Future Directions	The Kinship Care Program was started in 2000 with a small United Way grant and one staff member. After doing surveys and focus groups with caregivers, and talking with child welfare staff, The Children's Home designed a program to offer coordinated services ranging from legal assistance to child care to social support. Initially, the program served only informal caregivers (those outside the foster care system), but soon staff realized relative foster parents also needed the same support services and expanded to that population. In 2012, The Children's Home received a federal Fostering Connections grant, which enabled the program to expand significantly and to offer a kinship navigator program.
Learn More	• Larry Cooper, project director, Kinship Care Program: lcooper@childrenshome.org; 813-901-3423 • The Children's Home website: www.childrenshome.org

Sources

- Larry Cooper, interview, June 27, 2013.
- Kerry Littlewood, "Kinship Services Network of Pinellas Five Year Evaluation Report: An Expanded Array of Community-Based Family Support Services and Case Management for Informal Kinship Families" (2012), Juvenile Welfare Board.

Children's Trauma Assessment Center, Michigan

Overview	The Children's Trauma Assessment Center at Western Michigan University provides a comprehensive neurodevelopmental assessment of the impact of trauma on children, and informs families and caseworkers about the assessment results.
Population Served	• Children and youth ages three months to 18 who are in foster care or kinship care or who have been adopted or who otherwise need a trauma assessment. • Each year, the center serves about 250 children and youth from across Michigan. 75 percent of children served are in foster care or kinship care, 15 percent have been adopted, and 10 percent are with their birth parents.
Theory of Change	If caregivers understand the effect of trauma over a child's lifespan, they are better able to meet the needs of children who have experienced complex trauma and violence. Children have the best chance to succeed in a family and in the community if those caring for and interacting with them understand their behaviors and relationships from a trauma-informed perspective. A trauma-informed perspective also includes a focus on resiliency to create the optimum opportunities for child well-being.
Provider	The Children's Trauma Assessment Center is a transdisciplinary (medicine, social work, occupational therapy, speech and language) clinic at Western Michigan University, which is a public university.
Role of Public Child Welfare Agency	Public child welfare agencies across the state make referrals to the program.
Key Service Components	• The neurodevelopmental trauma-informed assessment includes: ◦ Brief medical exam ◦ Screening for fetal alcohol spectrum disorder ◦ Assessment of children's language, attention, visual processing, motor processing, executive function, and memory ◦ History from parents and caregivers about children's social and emotional functioning using the Child Behavior Checklist, Child Sexual Behavior Inventory, and Sensory Profile ◦ Psychosocial interviews with children to understand each child's perspective and worldview, including perception of self

Key Service Components *(continued)*	◦ Use of trauma-specific tools to determine symptoms of post-traumatic stress disorder, depression, anxiety, and other conditions that may result from trauma ◦ Assessment of caregiver and child attachment using Theraplay tools • Immediately after the assessment, staff conduct an interdisciplinary team meeting to discuss assessment results and begin to formulate findings and recommendations. Next, they develop a written report for caregivers presenting and explaining the results and explaining the child's behavior from a trauma perspective. • Staff then meet in person or by phone with caregivers to discuss the assessment and explore in-home and out-of-home services and interventions that may help, as well as those that are not likely to benefit the child. Staff educate parents or caregivers about the impact of trauma on the brain and how trauma affects a child's behavior. If applicable, a physician will discuss options for medications with caregivers and will write a report to the child's physician about any pharmacological needs. • In some cases, staff will also: ◦ Attend school meetings or discuss the assessment findings with treatment providers ◦ Make recommendations for placement options ◦ Work with case managers to ensure serves are provided Some center staff provide children with evidence-informed therapies, such as Trauma-Focused Cognitive Behavioral Therapy, Parent-Child Interaction Therapy, and Theraplay. (See pages 232, 222, and 236 for more on these therapies.) The center typically serves just one or two children at a time, and therapy is provided away from the assessment center.
Outreach Efforts	The center is well known to the child welfare community and most referrals come from caseworkers. For those outside the system, referrals come primarily from doctors or schools.

Staffing	• 8 staff involved in assessments, including 4 clinicians, 1 clinical director, and 4 university faculty (in speech and language, occupational therapy, medicine, and social work) • Up to 12 interns per semester, including 4 in the master's degree of social work program, 3 in speech, 2 in nursing, and 3 or 4 in occupational therapy • 2 support staff • 2 staff who work on specific grants • 1 evaluator who supervises 2 research coordinators working on specific grants All staff have an educational background or experience in trauma-informed care.
Training Requirements	• Interns receive 12 hours of training on the assessment process and the tools used to conduct it, as well as eight to 10 hours of training in issues such as fetal alcohol spectrum disorder and trauma, sensory processing issues, attachment, complex trauma, and trauma-informed assessments. • Interns also receive one hour of ongoing training each week. • Supervisors use one-way mirrors to observe assessments and provide feedback to interns during and after assessments.
Evaluation and Outcomes	The Center collects data on the children who have been through an assessment and has published several articles from the data, but has not done any research or follow-up with those served. Both caseworkers and parents provide positive reviews of the Center's services. Research in the field generally has shown that children who have a thorough assessment fare better than those who do not.
Approximate Annual Budget for Services Described	$800,000 (The organization receives an additional $1.3 million dollars a year from federal and state grant work focused on developing trauma-informed systems in Michigan.)
Funding	• Child welfare departments pay a fee for the assessment of foster children. • For adoptive parents, adoption subsidy benefits may pay a portion of the costs; parents may pay the remainder. • Multiple contracts, including a contract with the Michigan Department of Community Health to provide trauma-informed mental health care to local mental health systems, and two family drug court grants to build trauma-informed drug courts. • Donations and grants. • Training fees.

Funding *(continued)*	The center also has a number of grants for special research or training projects in certain counties or areas of the state.
Partnerships Required or Recommended	Center staff work closely with child welfare caseworkers, who make referrals for assessments.
Challenges	• Demand for assessments is very high, and the center has a waiting list of 10 months. A delayed assessment can affect the child's permanency plan and limit the services or support provided to the child. • The University's current leadership is very supportive of the program, but there is no formal, ongoing commitment to maintain the Child Trauma Assessment Center. As a result, center staff are committed to identifying other sources of funding and support.
Background and Future Directions	In 2000, five professionals (three professors, a physician, and a community therapist) with extensive experience working in child welfare began to discuss how the system could better serve children who had experienced trauma. Western Michigan University's dean of the College of Health and Human Services provided seed money to conduct a needs assessment. Subsequently, a local foundation made a $20,000 start-up grant, which provided the initial funds to open the Children's Trauma Assessment Center. Center staff have conducted training around the state to create similar assessment centers. They also have a contract with the State of Michigan to expand trauma-informed practice around the state. As part of this effort, they have conducted training on the assessment and in providing Trauma-Focused Cognitive Behavioral Therapy.
Learn More	• Dr. James Henry, project director, Children's Trauma Assessment Center: james.henry@wmich.edu; 269-387-7073 • Connie Black-Pond, clinical director, Children's Trauma Assessment Center: connie.black-pond@wmich.edu; 269-387-7053 • Denise Wheatley, training director, Children's Trauma Assessment Center: denise.r.wheatley@wmich.edu; 269-387-7269, ext. 1 • Children's Trauma Assessment Center website: www.wmich.edu/traumacenter

Sources

- Betsy Bennett, Connie Black-Pond, James Henry, Frank Vidimos, and Cara Weiler, interview, July 8, 2013.
- Children's Trauma Assessment Center website, accessed July 1, 2013, www.wmich.edu/traumacenter

Choctaw Nation Foster Care/Adoption Program, Oklahoma

Overview	The foster care and adoption program of the Choctaw Nation of Oklahoma provides ongoing, flexible support to the tribe's foster and adoptive families. Services include training, ongoing case services, financial support, and children's activities.
Population Served	• Foster and adoptive families in the Choctaw Nation, with at least one parent who has a Certificate of Degree of Indian Blood card listing the Choctaw Nation. • The program serves about 50 foster and foster/adoptive families each year.
Theory of Change	Meeting families' needs ensures that children can stay in a stable, loving home and won't have to move again.
Provider	Choctaw Nation of Oklahoma's Children and Family Services program
Role of Public Child Welfare Agency	The program is run by the tribe's Children and Family Services Department. The Oklahoma Department of Human Services places children who are in state custody and who are eligible to be Choctaw members in the tribe's foster and adoptive families.
Key Service Components	To support foster and adoptive families in the Choctaw Nation, the program offers: • **Training for parents** — The tribe sponsors two full-day trainings each year, which meet the 12 training hours required for foster parents. The tribe ensures families can attend by providing lodging the night before the training, mileage reimbursement if necessary, and child care. Training topics include the effects of trauma, skill building, first aid/CPR, and other issues relevant to foster and adoptive parents. Each training also includes cultural activities such as stickball, dance, basket weaving, or beadwork. • **Children's programming** — At the trainings, children participate in cultural activities and are supervised by Children and Family Services staff or Indian Child Welfare staff. Members of the tribe's Youth Advisory Board (teenagers who are future tribal leaders) also work with the children, often doing cultural crafts and activities. • **Flexible funding support** — When needed, the program can provide families with short-term assistance such as paying a utility bill for a parent who has lost a job. If a child outgrows a bed or clothes, the program can purchase new items to meet the child's needs.

Key Service Components *(continued)*	• **Daycare and other assistance** — For adoptive families, the program will keep the case file open for a short time after finalization to ensure the child and families' needs are met. For example, the tribe may provide funds for daycare for six months after the adoption or provide travel reimbursement to attend training events that address issues the family is having.
Outreach Efforts	Most families find out about foster care through word-of-mouth and at events. Staff inform families who are providing foster care about support services.
Staffing	• 1 full-time coordinator, who is also an experienced foster parent • 1 full-time social worker Only a portion of the staff's time is spent on support. Staff also do recruitment, licensing, home studies, adoption assessments, annual home assessments, and coordinate events.
Training Requirements	• Adoption and foster care staff attend training each year about child welfare and foster care. • Staff attend collaboration workgroups with the state of Oklahoma and other tribes on matters related to foster care and adoption.
Evaluation and Outcomes	Staff solicit feedback from participants on the value of trainings and suggestions for future training events.
Budget	The support services are an integral part of the overall Children and Family Services budget so a specific budget cannot be identified.
Funding	The program is funded using tribal funds and private grants.
Partnerships Required or Recommended	• The tribe partners with Oklahoma Department of Human Services since most of the children are referred by the department and are in the state's custody. • The program works closely with Choctaw Indian Child Welfare staff and Department of Human Services staff to provide support to parents to address any challenges the children may be facing.
Challenges	Because the tribe is quite large (covering 10 and a half counties), the program was unable to sustain in-person support groups.

Background and Future Directions	The Choctaw Nation foster care and adoption program was founded before 1990 and has been serving 10 and a half counties on tribal land. The tribe began to serve foster families in the Oklahoma City area in 2014 and will be serving foster families in Tulsa in the near future.
Learn More	• Larry Behrens, foster care/adoption coordinator, Choctaw Nation Child and Family Services: 580-924-8280, ext. 2331; lbehrens@choctawnation.com

Sources

- Larry Behrens, interview, February 28, 2014.
- Larry Behrens, written communication, September 5, 2014.

DePelchin Children's Center CPS Post Adoption Program, Texas

Overview	DePelchin's CPS (child protective services) Post Adoption program offers families who adopted from foster care an array of services including information and referral, case management and planning, education, support groups, respite care, and therapeutic services. DePelchin is one of five organizations providing similar services across Texas.
Population Served	• Adopted children under age 18 and their families in Texas Regions V and VI, as long as the child was in the custody of the Texas Department of Family and Protective Services before the adoption or the family received adoption assistance from Texas. • The program serves about 500 children and youth in 140 families in Region VI, which includes Houston, and 300 children in 80 families in Region V, which is in east Texas.
Theory of Change	Providing an array of services — including screening, assessment, case management, and therapeutic services — will preserve families and help children and youth who have been traumatized to heal. Improving the course of children's lives will also improve outcomes for the next generation.
Provider	DePelchin Children's Center is a nonprofit organization offering psychiatric services, counseling, programs for at-risk youth, parent education, residential treatment, foster care, and adoption. It has locations across Texas, including the headquarters in Houston and affiliate organizations in Austin, Brownwood, Lubbock, and San Antonio.
Role of Public Child Welfare Agency	The Texas Department of Family and Protective Services contracts with DePelchin to operate the program. The state agency oversees the program.
Key Service Components	• **Information and referral** — A staff member responds to a phone helpline and email to provide adoptive families information on various issues and make referrals to internal agency and community services to address their needs. • **Casework and service planning** — A trained social worker assesses a family's needs and connects the family with appropriate resources, provides ongoing consultation, and offers support. Caseworkers partner with families to set goals, which are re-evaluated every six months. Families can remain in the program as needed until the youngest child turns 18.

Key Service Components *(continued)*

- **Parent education** — The program offers numerous classes and webinars on topics including attachment disorders, mental health issues, medications, parenting styles, behavior issues, and educational supports.
- **Support groups and other mutual support** — Through monthly and quarterly support groups, often led by therapists and sometimes co-facilitated by parents, adoptive families share and receive support from other families who have adopted. Parents can also participate in marriage-enrichment retreats.
- **Parent therapy or counseling** — The program provides counseling or individual therapy to adoptive parents related to the child's or youth's behavioral, attachment, or trauma-related needs. The therapy is based on the Trust-Based Relational Intervention model.
- **Respite care** — Parents receive financial assistance to pay for short-term care for their children, allowing the parents to have a break from parenting.
- **Therapeutic services** — To help children and families cope with and overcome difficult issues, clinicians provide referrals to DePelchin and other local adoption-competent mental health professionals who can provide services to the adoptive family. Therapy includes the Trust-Based Relational Intervention and Attachment, Self-Regulation, and Compenency models.
- **Residential placement services** — Children experiencing severe emotional problems may qualify for payment for treatment outside the home for 60 to 90 days.
- **Crisis intervention** — The program has a 24-hour hotline, staffed by clinical case managers, and families can call any time they need support. The case manager helps facilitate crisis services the family needs.

Outreach Efforts

- The Texas Department of Family and Protective Services provides the program with a list of families receiving adoption assistance, and DePelchin informs families of available services.
- Staff share information about services at the program's support groups and at pre-adoption training of families.
- Other outreach activities include media, local fairs, conferences, and partnerships with faith-based communities.

Staffing	• 6 staff and contracted clinical case managers (4 in Region VI; 2 in Region V) who either have a bachelor's degree in human services or a master's degree in social work • 1 full-time administrative assistant • 1 full-time program coordinator • 1 full-time program manager • 1 full-time program director • 1 full-time program vice president Other DePelchin staff provide services to the program, including training, counseling, research, and grants management.
Training Requirements	All staff receive training in the Trust-Based Relationship Intervention model, as well as the impact of trauma on children (based on the curriculum of the National Child Traumatic Stress Network). Staff also receive two days of training about key issues in the adoption of children from foster care. Case managers are required to have 20 hours of professional development each year, including 10 hours of training specific to adoption.
Evaluation and Outcomes	***Evaluation Design*** Evaluation includes a client satisfaction survey and outcome survey. The outcome surveys assess inquiry, services, support, disruption, and stabilization. A staff team helps manage reporting, evaluation, and quality improvement for this and other programs. ***Key Findings*** • 96 percent of families receiving post-adoption counseling demonstrated improvement on meeting treatment goals. • 99 percent of adopted children remained in permanent legal custody of their adoptive parents at follow-up.
Approximate Annual Budget for Services Described	$500,000
Funding	• The majority of funding is from a contract with the Texas Department of Family and Protective Services. • Additional funds come from local foundations, including the Temple Foundation.

Partnerships Required or Recommended	• In addition to funding the program, the Texas Department of Family and Protective Services is an active partner. • DePelchin subcontracts with the Spaulding for Children adoption agency to provide some services.
Challenges	• Maintaining a sufficient funding stream • Helping families understand the impact of trauma on children • Helping adoptive couples maintain their relationships when they are struggling to raise children who have been traumatized
Background	The oldest nonprofit social service agency in the Houston area, DePelchin started in 1892 as a safe house for orphans. DePelchin has held a CPS Post Adoption program contract since 1991.
Learn More	• Atasha Kelley-Harris, program manager, DePelchin Children's Center: AKelley-Harris@depelchin.org; 713-802-7675 • DePelchin Children's Center website: www.depelchin.org/cps-post-adoption/

Sources

- Atasha Kelley-Harris, interview, November 17, 2013 and June 24, 2014.
- DePelchin Children's Center website, accessed June 24, 2014, www.depelchin.org/cps-post-adoption/

Edgewood Center for Children and Families' Kinship Program, California

Overview	Edgewood Center for Children and Families provides direct support of kinship caregivers in San Mateo and San Francisco Counties. Families, including both informal kinship caregivers and those in the formal foster care system, receive an array of support services. The profile below presents information about the San Mateo County program.
Population Served	• Kinship caregivers and their families in San Mateo County, CA. • Each year, the program serves about 250 caregivers and 215 children. About 90 percent of kinship caregivers served are outside the formal child welfare system. The other 10 percent are relative foster parents.
Theory of Change	If children cannot remain with their birth parents, they do better with relative caregivers and in familiar communities. These caregivers may need ongoing support to best meet their needs and the needs of the children.
Provider	Edgewood Center for Children and Families is a private, nonprofit organization.
Role of Public Child Welfare Agency	The San Mateo Human Services Agency contracts with Edgewood to provide the services and makes referrals to the program.
Key Service Components	• **In-home case management** — For families who choose case management, staff do an in-home assessment and then work with the family to develop a six-month case plan based on the family's priorities. Plans vary and can include goals such as accessing education, mental health, or recreational resources for children, improving the caregiver's mental health or physical health, or developing a financial plan and budget. Staff work with the family to accomplish the goal and can close or extend the case when necessary. The goal is to help family members build their own skills and a natural support system so they are equipped to address future issues that arise. • **Support groups** — Offered in both English and Spanish, these six groups are led by kinship caregivers who are program employees. Five groups meet weekly, the sixth meets once a month. Program staff also provide child care during the meetings. • **Individual and family therapy** — Program staff can provide therapy for children or, if it is part of the child's therapeutic goals, for the entire family.

Key Service Components *(continued)*	• **Health team services** — A nurse, peer educator, and intern work with families on issues related to nutrition, basic health care, and caring for chronic diseases (for either the child or caregiver). For children up to age five, the nurse can do a developmental assessment and will connect families to needed services if the assessment shows any signs of delay. • **Respite and recreation** — Edgewood offers Saturday recreational activities and provides transportation for children and youth to attend. In addition, the agency is sometimes able to provide scholarships so children can attend camp or join recreation programs in the community. • **Child care** — The agency has limited funds for occasional child care, which is most often used to allow caregivers to get respite. • **Family group conferencing** — For caregivers who need support to achieve a goal that requires multiple providers or systems to work together, the kinship program offers facilitated family group conferencing sessions.
Outreach Efforts	• Exhibit tables at community events such as back-to-school nights, and health fairs) • Public services announcements on local TV channels • Information included in the city park and recreation guide • Strong connections with other service providers, including child welfare and county mental health agencies and other local nonprofits • Partnerships with probate court clerks and investigators who refer caregivers who are applying for guardianship
Staffing	• 2 case managers (1.7 full-time equivalent) — one case manager is bilingual Spanish and English • 3 support group facilitators (1 full-time equivalent) — one is bilingual, all must be current kinship caregivers • 1 half-time licensed clinical supervisor — provides clinical supervision of case managers and provides some therapy to children • 2 clinicians (.7 full-time equivalent) — provide therapy to caregivers and children • Peer educator (about .2 full-time equivalent) — this bilingual staff member supports the nurse with clients who are Spanish-speaking

Staffing *(continued)*	• 2 program assistants (1 full-time equivalent) — provide recreational activities for children and child care for support groups • 1 full-time program director • 1 program manager (.8 full-time equivalent) • 1 administrative assistant (.38 full-time equivalent) • 1 nurse (.75 full-time equivalent)
Training Requirements	• Edgewood provides all staff with one and a half weeks of training on mandated reporting, first aid, interpersonal connections, an overview of the agency's programs, de-escalation, and more. All staff also receive training in cultural inclusiveness. • Case managers receive additional training in family systems. • Direct care staff receive training that includes the effects of trauma and how to provide trauma-informed care.
Evaluation and Outcomes	***Evaluation Design*** Edgewood collects information about families served, including the placement type, reason the child or youth is in care, and if the child or youth achieves permanency. For families receiving case management, staff do a pre- and post-intervention family strengths assessment. The nurse does a pre- and post-intervention assessment with families provided with health services. ***Key Findings*** • 97 percent of the children and youth remain in the kinship caregiver's home. • The pre- and post-assessments from 2007 to 2011 showed statistically significant improvements in 11 of 52 family strengths and no significant decreases. The areas with improvements included ability to find resources to address family members' well-being, planning for the child's long-term stability, and obtaining resources, health care, and services for themselves and their family.
Approximate Annual Budget for Services Described	$600,000

Funding	• MediCal for therapy costs • County-designated funds from the state's Kinship Support Services Program (the state provides counties with these funds, and they are allocated at each county's discretion) • Foundation grants and donations from individuals
Partnerships Required or Recommended	• Edgewood partners closely with the county child welfare department, which shares program information with kinship caregivers and brings Edgewood staff into team decision-making meetings when relative placement is an option. • Staff forge strong connections with community agencies so they are aware of community-based resources available to kinship caregivers and understand community needs. • The case managers, program manager, and program director all participate in at least one community group or advisory committee, including the Children's Collaborative Action Team, Citizen's Review Panel, and Area Office on Aging providers meeting.
Challenges	The primary challenge is funding. Foundation support may come and go as a foundation's priorities change. Agency staff continue to educate funders about the needs of relative caregivers and the children they are raising. Staff are also creative and rely as much as possible on volunteers to sustain the program.
Background and Future Directions	Edgewood began proving the Kinship Support Program in 1993, after a local grandparent support group made a connection with Edgewood. Together they advocated for state funds and were successful in having specific legislation passed to fund support for kinship caregivers. Originally, case managers were kinship caregivers but, as reporting requirements increased the need for computer and written communication skills, the agency changed the requirement. The agency remains committed to the peer support model, and all support groups continue to be led by current kinship caregivers. The programs' mental health and nursing services expanded over time to meet the needs of more families. In addition to San Mateo and San Francisco, there are now 18 counties in California using the Edgewood model of support for kinship caregivers. The California Department of Social Services contracts with Edgewood to provide training and technical assistance to other kinship programs around the state.

Learn More

- Jamila McCallum, kinship program director for San Mateo County, Edgewood Center for Children and Families: jamilam@edgewood.org; 650-832-6910
- Edgewood's website: www.edgewood.org/whatwedo/kinship

Sources

- Jamila L. McCallum, interview, July 1, 2013.
- Edgewood Center for Children and Families website, accessed July 2, 2013, www.edgewood.org/whatwedo/kinship/edgewood-kinship-san-mateo.html

Foster and Adoptive Care Coalition of Greater St. Louis, Missouri

Overview	In addition to recruiting foster and adoptive families, the Foster and Adoptive Care Coalition provides an array of post-placement support services, including crisis intervention, educational advocacy, family advocacy, support groups, financial education, training, and resource for clothes and other tangible items. The agency serves as the Eastern Missouri Adoption Resource Center.
Population Served	• Foster families and families who have adopted from foster care in the St. Louis, MO, metropolitan area. • The Foster Care and Adoptive Coalition serves about 11,000 foster and adoptive families each year, of whom 2,500 use the agency's support services.
Theory of Change	By providing socially significant programming based on the community's needs, the Foster and Adoptive Care Coalition can achieve permanency for children and youth in foster care.
Provider	The Foster and Adoptive Care Coalition is a private, nonprofit organization serving the greater St. Louis, MO, area. The organization both recruits families for foster care and adoption and provides ongoing support services to those families.
Role of Public Child Welfare Agency	The Missouri Department of Social Services funds more than 10 percent of the agency's support services budget. Local Children's Divisions and their contracted agencies make referrals to the program.
Key Service Components	• **Crisis intervention** — The agency offers 24-hour crisis intervention services to adopted children, children under guardianship, and children in pre-adoptive or pre-guardianship placements in St. Louis County, St. Louis City, Jefferson County, and St. Charles County. Using the Homebuilders model, intervention specialists work closely with families who are overwhelmed or at risk of disruption. Through this program, staff conduct an intake or risk assessment, create a safety plan, assess the family's relationships and functioning, and create a service plan. The specialists then work with the family to help build skills and connect with resources to meet the family's needs. • **Educational advocacy** — Educational specialists can help children and youth in foster, adoptive, or guardianship families address educational needs, including providing help to address school enrollment, special education services, individualized education programs, suspensions, school transitions, and more.

Key Service Components *(continued)*	• **Family advocacy** — A staff member is available to help foster, adoptive, or kinship parents and professionals navigate the child welfare system and find the resources to meet their children's or youth's particular needs.
	• **Family development and training** — Four Saturdays each year, the coalition offers an all-day training for foster, adoptive, and kinship families. Child care is available, although space is limited to 100 children. Topics covered include maintaining a healthy home and family, discussing challenging issues with children or youth, developing child well-being, building cultural competency, and addressing educational concerns.
	• **Support groups** — The coalition offers skill-building support groups for foster and adoptive parents and older youth. The monthly youth groups serve youth ages 13 to 18 who have been or are preparing to be adopted.
	• **Respite** — Periodic respite events enable foster and adoptive families to take a break while children and youth spend time together. These three- to six-hour sessions are hosted by the agency's Junior Board and Foster Friends volunteer group, and include outings to the circus, movies, and gymnastics.
	• **Other services** — The coalition offers a number of special services for children and youth in foster care, including:
	  ◦ Little Wishes, which provides funding of up to $200 for things such as summer camp, lessons, sports team participation, room makeovers, graduation expenses, and fun days with siblings
	  ◦ Birthday Buddies, which provides birthday gifts to children and youth in foster care
	  ◦ 2 resale stores providing discounted clothing and accessories for children and youth of all ages
	  ◦ Fostering Success: Refresh, a work-skills and job-placement program for youth ages 16 to 21 in foster care

Outreach Efforts	• The Missouri Department of Social Services provides the agency with names of newly licensed families and families who are receiving adoption assistance benefits. • The agency distributes a quarterly print newsletter and a monthly e-news bulletin to all local licensed foster, adoptive, and kinship families.

Staffing

The agency has 29 full-time equivalent staff members, including 11 who provide support services:

- 4 full-time crisis intervention specialists
- 2 full-time educational advocates
- 1 full-time training and community support
- 3 clothing providers — 2.25 full-time equivalent
- 1 tangible goods provider — .5 full-time equivalent
- 1 communications manager — .5 full-time equivalent

Most of the staff have a master's degree in social work, counseling, or a related degree. Many are also foster or adoptive parents, adopted persons, or people who had been in foster care.

Training Requirements

Staff receive initial and ongoing training on key issues in foster care and adoption, including training on trauma, reactive attachment disorder, addressing sexualized behaviors, and the 3-5-7 Model of preparing children for adoption.

Evaluation and Outcomes

Evaluation Design

The Foster and Adoptive Care Coalition holds quarterly case-file reviews and outcome reviews for its programs. At these meetings, a team of staff members evaluates the quality of case records and assesses progress toward annual outcome goals.

For the crisis intervention and educational advocacy services, workers track the child's or family's goals and determine through case review if the goals have been met.

For families receiving crisis intervention services, family's relationships are measured using the Global Assessment of Relational Functioning. Self-management skills are measured using the North Carolina Family Assessment Scale. Improvement in a youth's educational success is measured through the Children's Global Assessment Scale.

Evaluation surveys are used after support groups and training events to assess knowledge gained and satisfaction. For youth support groups, youth are asked to report on their connections and support from others as well as their coping skills at the end of each support group.

Evaluation and Outcomes *(continued)*	***Key Findings*** In 2013, the crisis intervention services saw the following outcomes: • 89.6 percent of children and youth remained safely at home. • 82.6 percent of families improved their family relationships. • 83.5 percent of families developed self-management skills. Other outcomes include: • 98 percent of foster parents served by the organization continued to be foster parents. • 94.8 percent of youth receiving educational advocacy met their educational goals. • 100 percent of parents involved in support groups reported increases in knowledge. • 97.8 percent of youth in support groups report feeling connected to other adopted youth, having a peer support network, and/or having developed coping skills.
Approximate Annual Budget for Services Described	$1.1 million
Funding	The agency's funding sources include: • United Way • Local foundations, corporations, and individuals • Special events • Missouri Department of Social Services, which covers 10 percent of the agency's budget through funding designated for adoption resource centers and recruitment efforts
Partnerships Required or Recommended	The Foster and Adoptive Care Coalition partners with a wide variety of community organizations and individuals: • 33 member agencies, including the Children's Division offices (St. Louis City and the counties of St. Louis, St. Charles, and Jefferson) • Private contractors (such as Missouri Alliance, Our Little Haven, Family Resource Center) • Local family courts • Court appointed special advocates • Local public and private foster care and adoption agencies • Both public and private foster care and adoption agencies • More than 700 community member volunteers

Challenges	There are many needs and challenges in child welfare, and it can be difficult to add programs and services in a planned and deliberate way.
Background	The coalition was created in the late 1990s, when local social workers came together seeking a solution to a growing problem — the need to find foster parents for the increasing numbers of children entering state custody. From the beginning, the coalition has been committed to both recruiting and supporting foster and adoptive families. The organization has more than doubled in size since 2004.
Learn More	• Melanie Scheetz, executive director, Foster and Adoptive Care Coalition: melaniescheetz@foster-adopt.org; 314-367-8373 • Foster and Adoptive Care Coalition website: www.foster-adopt.org

Sources

- Melanie Scheetz, interview, July 16, 2013.
- Foster and Adoptive Care Coalition Annual Report (2012).
- Foster and Adoptive Care Coalition website, accessed July 16, 2013, www.foster-adopt.org
- Foster and Adoptive Care Coalition, 2009–2013 Strategic Plan Summary.
- Foster and Adoptive Care Coalition, Agency Level Application, St. Louis County Children's Service Fund (2012).

Fostering Healthy Futures, Colorado

Overview	Fostering Healthy Futures is a 30-week preventive intervention for children ages nine to 11 who are or have been in foster care. In addition to receiving mentoring from graduate students at local universities, the children participate in weekly therapeutic skills groups. Operated as a research study since 2002, the program began to be offered by one Colorado community mental health organization in fall 2013.
Population Served	• Maltreated children ages nine to 11 who entered any type of out-of-home care within the prior year. • During the clinical trial, Fostering Healthy Futures served 228 children in a five-county area around Denver. Of the children served, half were Latino and one-third were African American.
Theory of Change	Providing children in foster care with a healthy adult relationship and specific skills training can result in: • Reduced stigma of being in foster care • Improved outcomes in areas such as healthy relationships with peers and adults, positive attitudes about self and the future, better coping and behavior regulation skills, and improved mental health functioning
Provider	The research trial was conducted by the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, University of Colorado School of Medicine. Providers could be: • Mental health centers • Mentoring organizations • Youth-serving organizations • Other entities with the capacity to supervise graduate students and have connection to the child welfare community
Role of Public Child Welfare Agency	Local child welfare agencies make referrals to the program.

Key Service Components

The program consists of 30 weeks of mentoring and skills groups, running from September through May:

- **Weekly therapeutic skills training** — In these 1.5-hour sessions, groups of eight children meet other children in foster care. Facilitated by two adults, sessions enable children to explore their feelings about foster care, develop communication and anger management skills, and acquire tools for resisting peer pressure. The skills groups follow a written curriculum that combines the teaching of social skills with the opportunity for children to process their out-of-home care experiences. Topics include problem solving, cultural identity, change and loss, healthy relationships, and focusing on the future. The last half hour of each group is a meal and social time.
- **Two to four hours of one-on-one mentoring each week** — Graduate students in social work and psychology serve as advocates and role models to the children, helping them build connections in the community and serving as liaisons between the children's birth and foster families. Mentors help connect children with community-based activities such as sports, social activities, and recreation, with each child's activities being different based on the child's strengths and needs. Mentors also help children practice skills learned during the weekly skills sessions. Mentors provide transportation for the children to attend skills group and eat dinner with the group.
- **Respite** — While children are with mentors or in skills sessions, parents receive a break.

Although it was not a core program component, children in the trial (and in a randomly selected control group) were given an initial assessment of their cognitive development and mental health status. For those receiving the Fostering Healthy Futures intervention, mentors were able to help ensure the child was connected with resources.

Outreach Efforts

During the study, researchers recruited all children nine to 11 who had entered foster care in the counties during the year.

Staffing

- Mentors (18–20 hours per week) — graduate student interns in behavioral health fields such as social work or psychology from a nearby university served as mentors to two children each; these unpaid positions meet requirements for internships; mentors are reimbursed for transportation and out-of-pocket expenses.
- Skills group facilitator — master's or doctorate-level clinician prepare for and run each skills group.

Staffing *(continued)*	• Skills group co-leader — a graduate student intern (unpaid) co-facilitates each group. • Skills groups assistants — students are paid $1,000 per year to order food and set up the sessions. • Project manager/coordinator — a staff member who supervises mentors and other staff.
Training Requirements	• Mentors complete 24 hours of training that covers their role, cultural competence, foster care information, program policies, and more. In addition, they attend a weekly seminar to increase their capacity, learning about attachment or suicide assessment, for example. Mentors also receive one hour of individual supervision each week and one hour of group supervision (held during the child's skills group). • Before they begin work, skills group co-leaders receive eight hours of training on clinical skills for leading these groups based on the curriculum, behavioral management strategies, minimizing deviance, and common issues for children in out-of-home care. In addition, they receive 1.5 hours per week of ongoing training for leading groups and supervision.
Evaluation and Outcomes	***Evaluation Design*** From 2002 to 2009, the program was run as a research study with children randomly assigned to a control group or to the Fostering Healthy Futures intervention. Researchers assessed the children's mental health using the child's self-report on the posttraumatic stress and dissociation scales of the Trauma Symptom Checklist for Children, and an index of mental health problems with reports from caregivers and teachers. In addition, caregivers reported on the child's use of mental health services and psychotropic medicines. ***Key Findings*** • Six months after participating, children served saw significant reductions in mental health symptoms, particularly in the areas of trauma, anxiety, and depression. • Children who participated were also less likely to access mental health treatment or receive psychotropic medication. • One year after the intervention, children who participated in Fostering Healthy Futures were 71 percent less likely to be in residential treatment than children in the control group.

Evaluation and Outcomes *(continued)*	• Children in non-relative placements had 44 percent fewer placement changes, and were five times more likely to achieve permanence within one year of participating in the program. (For the overall program sample, there were not statistically significant differences in placement changes or permanency.) • Of the 32 children whose parental rights were terminated, 26 percent of those who received program services (five of 19) were adopted within one year after program completion, compared to only 8 percent (one of 13) in the control group. The California Evidence-Based Clearinghouse for Child Welfare rated the program as supported by the research evidence, and the Washington State Institute for Public Policy rated the program as research-based.
Budget	About $5,000 to $7,000 per child
Funding	The research study was funded through 10 years of grants from the National Institute for Mental Health plus significant state and foundation funding. The program is currently being offered by a community mental health agency in three counties with funding from the county's core service dollars. Other sites interesting in replicating the program are exploring other funding strategies, including the use of Medicaid dollars.
Partnerships Required or Recommended	• Local universities who can arrange for graduate student interns • Connections with child welfare agency to refer children
Challenges	• Retaining children in the program after they were adopted • Affording mileage reimbursement for transportation • Maintaining boundaries between children and mentors, particularly in social media (for example, some children sought to friend or follow their mentors on Facebook)

Background and Future Directions	Associate professor Heather Taussig created the program in 2002 to research ways to help children who were in foster care. She sought a strengths-based approach to reduce stigma associated with out-of-home care. To design the program, Taussig held focus groups with youth in care, biological parents, foster families, caseworkers, and kinship caregivers. In 2013, a community-based mental health organization in Colorado began to offer the program. Other communities are also considering implementing the model. Researchers are currently conducting an analysis of the program's cost effectiveness, with results to be available in about 2015. They are also planning to test a similar program for teenagers.
Learn More	• Heather Taussig, professor and associate dean for research, Graduate School of Social Work, University of Denver: heather.taussig@du.edu; 303-871-2937 • The California Evidence-Based Clearinghouse for Child Welfare: www.cebc4cw.org/program/fostering-healthy-futures-fhf/detailed • University of Colorado website: www.ucdenver.edu/academics/colleges/medicalschool/departments/pediatrics/subs/can/FHF/Pages/default.aspx

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Illinois Adoption & Guardianship Preservation Program

Overview	The Illinois Department of Children and Family Services contracts with private agencies to offer intensive family preservation services to adoptive and guardianship families around the state. These include crisis intervention, case assessment and management, clinical services, support groups, and limited financial support.
Population Served	• Families in Illinois who have at least one child under the age of 18 who was adopted or for whom guardianship was awarded through the Illinois Department of Child and Families Services. The program serves all types of adoptive families. • Each year, the program serves about 1,100 adoptive and guardianship families.
Theory of Change	Comprehensive, home-based assistance from highly skilled adoption- and guardianship-sensitive professionals can enable struggling families to remain together.
Provider	Services are provided by six contracted agencies around Illinois, with agencies delivering services through more than 20 sites statewide. Contracted providers include child-placing agencies and multiservice social service agencies.
Role of Public Child Welfare Agency	The Illinois Department of Children and Family Services contracts with the private agencies to provide services. The department also promotes the program to adoptive and guardianship families and refers families directly to the program in their area.
Key Service Components	While each contractor offers a slightly different Adoption and Guardianship Preservation Program, in all cases most services are provided in the family's home. Services are typically offered for 360 days but can be prolonged for up to 24 continuous months, with approval for extension. Services include: • **Crisis intervention** — Program staff responds to families by phone within 24 hours and make a home visit within three days of first contact. • **Comprehensive assessment** — Therapists help families identify their strengths, complete an assessment, and develop a family treatment plan within 30 days of the family's referral to the program.

Key Service Components *(continued)*

- **Clinical services** — Therapeutic intervention includes individual or family counseling to help parents, children, and youth understand the dynamics of adoption and the impact of loss and trauma. Services are designed to help the family see the link between the child's current difficulties and the child's history. Adoption/guardianship therapists may provide intensive, home-based services.
- **Case management and advocacy services** — To help the family follow the treatment plan developed during the assessment phase, workers attend meetings and court hearings, make referrals for outside services, and accompany the family to services if the family wants extra support. Workers help families access services when necessary.
- **Support groups** — Agencies offer support groups for parents and children at varying times and locations. Some sites offer ongoing groups; others offer time-limited groups.
- **Children's mental health services** — If a child has significant mental health needs, the program will provide or facilitate services.
- **Cash assistance** — Families can receive up to $500 per year if they have a specific financial hardships or need to access services that cannot be covered through other means.

The state also offers a number of other services to adoptive and guardianship families, although not specifically through the Adoption and Guardianship Preservation Program. These include:

- **Maintaining Adoption Connections Programs** — Two agencies in Cook County, IL, provide outreach and a variety of short-term clinical, case management, and advocacy services to families who have adopted or taken subsidized guardianship of children through the Illinois Department of Children and Family Services.
- **Respite care** — Families of children and youth in subsidized adoptions or guardianship placements can receive up to one year of free respite care provided through purchase of service agreements between the Department of Children and Family Services and licensed child welfare providers. This can include hourly in-home care, overnight care, and special camps.

Key Service Components *(continued)*	• **Older caregiver services** — Staff at two agencies assess the needs of older parents and caregivers, help them develop a stronger support system, and work with them to make backup plans in case serious health issues arise. • **Payment for residential treatment** — In some very select cases, the department will grant a waiver to pay for residential treatment for a child or youth who is being served by the Adoption and Guardianship Preservation Program and for whom clinicians believe the best treatment option is residential care. • **Training** — The department's Office of Training hosts training for adoptive, guardianship, and foster families, and contracts with Adoption Learning Partners to provide online training for parents. • **Search and reunion** — The Illinois Department of Children and Family Services funds the Midwest Adoption Center to provide search and reunion services.
Outreach Efforts	The contracted community-based organizations have brochures and websites and also seek media attention to promote the available services. The department promotes the program on its website and in brochures provided to adoptive and guardianship families. Most families refer themselves to the program. Others are referred by child welfare or other community agencies or service providers.
Staffing	• The number of staff varies by agency, with services most typically offered by adoption/guardianship therapists. A few agencies use case managers. • Adoption/guardianship therapists have average caseloads of 10 families.
Training Requirements	• Adoption/guardianship therapists are required to have a master's degree in counseling, social work, or a related field. They also have advanced training and experience and are licensed or working toward licensure. • Case managers must have a bachelor's degree in social work or a related field plus advanced training and experience. • Staff are required to complete the Adoption and Guardianship Preservation curriculum developed by the Center for Adoption Studies at Illinois State University, as well as training in Theraplay; the Attachment, Self-Regulation, and Competency framework; the Trust-Based Relational Intervention model; and trauma.

Evaluation and Outcomes	***Evaluation Design***
	The Center for Adoption Studies at Illinois State University has conducted research and evaluation on the program in the past. Current evaluation requirements for each program include maintenance of a quality assurance process that includes compilation of outcomes and compilation of client satisfaction surveys, which are reviewed by the department.
	Key Findings
	• The rate of children and youth in adoption and guardianship returning to the system has been less than 1 percent for all adoptive and subsidized guardianship families.
	• In 2006, Susan Livingston Smith reported the following outcomes for the program based on data collected on more than 900 families served from 1999 to 2001:
	  ◦ At the conclusion of services, social workers reported 74 percent of families had somewhat or significantly improved family functioning, and 70 percent of children had somewhat or significantly improved behaviors.
	  ◦ 87 percent of children were still living at home, and 94 percent either lived at home or were expected to return home from an out-of-home placement.
	  ◦ 92 percent of families who returned a survey were satisfied or very satisfied with services.

Approximate Annual Budget for Services Described	$11 million
Funding	Funding sources include: • State child welfare funds • Federal Title IV-B, Part 2 funds • General state revenue • A small amount of federal Title XIX Medicaid funds
Partnerships Required or Recommended	The Department of Children and Family Services partners with local community-based organizations to provide services. Each community provider has its own local partners to reach families and to identify additional services that may be of use to families.
Challenges	Reaching all of the adoptive and subsidized guardianship families entitled to services and providing services as early as possible

Background and Future Directions	The state law that created the Department of Children and Families mandated that family preservation services be available to families who had adopted a child. The program was founded in 1991 with the goal of strengthening and preserving families and reducing disruptions and out-of-home placements. The program has grown in capacity as the number of adoptions and guardianship placements in the state has increased.
Learn More	• Pamela Mills, Adoption/Guardianship Preservation Services, Illinois Department of Children and Family Services: pamela.mills@illinois.gov

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- Susan L. Smith, "A Study of the Illinois Adoption/Guardianship Preservation Program" in Martha Morrison Dore, *The Postadoption Experience: Adoptive Families' Service Needs and Service Outcomes* (Child Welfare League of America, 2006).

Iowa Foster and Adoptive Parent Association

Overview	The Iowa Foster and Adoptive Parent Association serves foster, adoptive, and kinship families by providing training, peer support, information sharing, respite care, and other services.
Population Served	• Adoptive, foster, and kinship care families from across the state, including all types of adoptive families and kinship caregivers both inside and outside the child welfare systems. • Each year, the program serves about 7,000 families, including about 2,000 who receive peer support and 4,000 who receive training.
Theory of Change	Support services for foster, adoptive, and kinship care families promote safety, permanency, and well-being for Iowa's children.
Provider	The Iowa Foster and Adoptive Parent Association is a nonprofit organization founded in 1973. It has more than 7,000 foster, adoptive, and kinship care parents as members and serves as a voice for Iowa's children in foster care, adoption, and kinship care.
Role of Public Child Welfare Agency	The Iowa Department of Human Services contracts with the Iowa Foster and Adoptive Parent Association to provide the services and is a partner in program development and implementation.
Key Service Components	• **Peer liaisons** — Eleven foster and adoptive parents around the state provide peer support to other foster parents in their community. They provide general information, help parents work with birth families, discuss children's behaviors, and provide other support. • **Resource information specialists** — These staff members help families meet the challenges of parenting by providing phone support, educational materials, referral to services, and connections with other families. • **Friends of Children in Foster Care** — Through this program, the association provides children and youth in foster care with funds for items such as musical instruments, senior class pictures and summer camp. • **Training** — Parents are able to attend a variety of training workshops and a two-day annual conference, with sessions to help parents foster healing, build self-esteem and resiliency, improve relationships, and gain parenting skills. The association is also training resource parents and social workers around the state using the National Child Traumatic Stress Network's curriculum. (See page 58.)

Key Service Components *(continued)*

- **Kinship Connections Project** — Through this project, a resource information specialist provides relative caregivers with information, resources, and referral to community services.
- **Support groups** — The association provides information and support to 52 local support groups across the state. These groups provide parents with ongoing peer support, training, and connections with other foster, adoptive, and kinship care families.
- **Respite care** — Adoptive families who receive adoption assistance receive funding for up to five days of respite care each year. The association administers the funding, although families find their own providers.
- **Other services** — The association also offers a website, newsletter, weekly email newsletter, resource materials for families, an email Listserv where parents ask and answer questions, and a telephone helpline for families facing allegations of abuse. It also advocates for policy changes to help children and parents in foster care, adoption, and kinship care.

Outreach Efforts

The Iowa Department of Human Services provides the association with the names of all foster and subsidized adoptive families who give permission each month. The association sends a welcome packet and the local peer liaison contacts the family within 30 days.

Other outreach includes an email newsletter, a print newsletter, Facebook, and word of mouth among families.

Staffing

The organization's support services are provided by the following staff:

- 11 parent liaisons (6.5 full-time equivalent), each serving a different area of the state; all are foster and adoptive parents who have been licensed in Iowa for at least three years
- 2 full-time resource information specialists; one is a foster/adoptive parent, the other is a kinship care provider
- 1 full-time training coordinator
- 55 individuals who offer training on a contract basis; 28 trainers are current or former foster/adoptive parents and 11 have a master's degree or doctorate
- 4 full-time administrative staff — the executive director, director of operations, a communications coordinator, and a project coordinator

Training Requirements	• Parent liaisons meet monthly to learn from one another and receive training on key issues such as new rules for foster parents; differential response; the court system; the child welfare system; expectations from the foster/adoptive parenting journey; working with birth parents; family interactions and connections with siblings; ways to address children's mental health, behavioral, and physical needs; referrals to supports and training; foster parents' needs, concerns, and issues; and respite care. • Staff have also received training from the National Child Traumatic Stress Network on the effects of trauma and trauma-informed care.
Evaluation and Outcomes	***Evaluation Design*** • Each quarter, the association conducts an online survey of parents served to assess services provided and the results of those services. • All trainings have a pre-test and a post-test to assess knowledge gained. ***Key Findings*** In the first quarter of 2014, survey results showed: • Of 1,930 individuals attending classes, 98.9 percent reported that the training improved their knowledge and skill level and 98.7 percent were very satisfied or very satisfied. • Of those who received support services, 99 percent were satisfied or very satisfied. • Of those who received support from a peer liaison, 95.8 percent were satisfied or very satisfied. • Overall, 98 percent of those served by the association were satisfied or very satisfied.
Approximate Annual Budget for Services Described	$900,000
Funding	• Almost all funding is through a contract with the Iowa Department of Human Services, with monies from state and federal (Title IV-E) funding streams. • Other sources of funds include private grants and donations, a fundraising walk, and some fees for the conference and CPR/first aid training.

Partnerships Required or Recommended	• Iowa Department of Human Services funds the program and is an integral partner. • Other partnerships include having staff participate on advisory groups and committees such as the Court Improvement Project (Children's Justice Council and Advisory Group and subcommittees on education and quality of representation); the Iowa Plan (Medicaid and behavioral health); Child Family Service Reviews and Program Improvement Plan committees; Iowa KidsNet (the state's recruitment and retention contractor); and local teams such as transitioning youth to independence and Community Partnerships for Protecting Children.
Challenges	• Sustaining funding • Low state training requirements for foster parents (6 hours, of which only 3 hours must be in person) • Parents' difficulty getting to training
Background	The parent liaison program started in 1994 in response to a legislature-mandated study of foster parents' needs. The association is hoping to build its capacity to reach and support kinship families.
Learn More	• Kaci O'Day Goldstein, executive director, Iowa Foster and Adoptive Parent Association: kodaygoldstein@ifapa.org; 800-277-8145 • Iowa Foster and Adoptive Parent Association website: www.ifapa.org

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KEEP (Keeping Foster and Kin Parents Supported and Trained), Multiple Locations

Overview	KEEP is a 16-week training and support program for foster and kinship caregivers. The program has been implemented in Oregon, New York City, Baltimore, and in 12 sites across England.
Population Served	• Foster and kinship caregivers of children ages five to 12, particularly children with challenging behaviors. • In New York City, more than 2,000 caregivers have been through the program.
Theory of Change	If foster and kinship caregivers have information and support, they will be better able to deal with their children's externalizing behavior problems. Foster and kinship caregivers can become agents of change with the opportunity to change the course of a child's life.
Provider	The program can be offered by any child welfare organization, with training, implementation support, and consultation provided by the Oregon Social Learning Center.
Role of Public Child Welfare Agency	Local child welfare agencies refer caregivers to the program.
Key Service Components	KEEP is a 16-week program, with the following key program elements: • Each week a group of seven to 10 foster and kinship caregivers attend a 90-minute meeting and training session run by a facilitator and co-facilitator. During these interactive, participatory sessions, the caregivers learn about effective behavior management methods. A training manual is used, but discussion is adapted based on the specific situations facing the families. • Caregivers receive homework assignments to complete between sessions. • The facilitator or co-facilitator calls each family weekly to discuss any problems the family is having and to gather data on the child or children's behaviors during the day. • If caregivers are unable to attend group sessions, they may receive a home visit where a facilitator will present the materials to them. • Child care is provided during the group time.

Key Service Components *(continued)*	Curriculum topics include: • Framing the foster or kin parents' role as that of key agents of change for the children in their care • Methods for encouraging child cooperation, using behavioral contingencies and effective limit setting and balancing encouragement and limits • Dealing with difficult problem behaviors including covert behaviors • Promoting school success • Encouraging positive peer relationships • Strategies for managing stress brought on by providing foster care
Outreach Efforts	The agency offering the program is responsible for any outreach to its caregivers.
Staffing	Each group is run by a trained facilitator and co-facilitator. The primary work is provided by paraprofessionals with bachelor's degrees and training on the program. Supervisors are master's level clinicians. After conducting three 16-week groups with intensive support from the KEEP implementation team, facilitators become KEEP-certified facilitators.
Training Requirements	To implement the program in new sites, the Oregon Social Learning Center provides up to one year of training and consultation. Initial training takes five days, which is followed by weekly telephone supervision for one year. In addition, those implementing the model video record sessions to ensure ongoing program fidelity.
Evaluation and Outcomes	***Evaluation Design*** Over the years, program designers have conducted a number of studies of the program, including a randomized control trial from 1999 to 2005 of more than 700 families in San Diego County. This trial randomly assigned families to either the 16-week program or to the usual casework services. At baseline and after the intervention, child behavior problems were measured using the Parent Daily Report Checklist. The New York City effort is being evaluated by Chapin Hall at the University of Chicago.

Evaluation and Outcomes *(continued)*	***Key Findings from the San Diego Trial*** • The trial found higher levels of positive reinforcement and lower levels of children's behavior problems in the families who were assigned to the KEEP group, compared to those in the control group. The differences were greatest for those children who initially showed more behavior problems at the baseline assessment. • Children in the KEEP group were more than twice as likely to have a positive exit from care, meaning either reunification with birth parents or a relative or adoption. Children in the KEEP group also saw fewer placement disruptions than those in the control group. • Children whose families participated in KEEP were no more or less likely to have a negative exit (either running away, a placement change, or a more restrictive placement) than those in the control group. For children who had a higher number of placements before the KEEP program, the intervention may have had a positive effect on reducing negative exit types. The California Evidence-Based Clearinghouse for Child Welfare rated KEEP as having promising research evidence.
Budget	Costs to start up the program are about $40,000. Operating costs depend on the staff costs of the participating agency and the number of families served.
Funding	Agencies fund the program in a variety of ways, including using federal Title IV-E funds and IV-E waivers. Some agencies have been able to access family support or preservation funds for the program.
Partnerships Required or Recommended	Agencies must work with Oregon Social Learning Center to implement the KEEP program.
Challenges	KEEP requires child welfare agencies to make a change in the way they operate — to engage families more deeply in the process during the 16-week program. For some agencies, this cultural shift is a challenge.

Background

In the early 1990s, KEEP grew out of multidimensional treatment foster care, a family-based alternative for teens with significant behavioral or mental health challenges. Multidimensional treatment foster care is an evidence-based practice that places children and teens in well-trained and supported foster families. The program developers sought to determine if the training and support features of multidimensional treatment foster care could be used with other foster and kinship families. In 1996, the first KEEP group was created.

Currently, the organization is planning how to take the project to scale in larger ways while maintaining program fidelity.

Learn More

- Patricia Chamberlain, PhD, senior research scientist, Oregon Social Learning Center: pattic@oslc.org; 541-485-2711
- KEEP website: www.keepfostering.org
- The California Evidence-Based Clearinghouse for Child Welfare website: www.cebc4cw.org/program/keeping-foster-and-kin-parents-supported-and-trained/detailed

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Kennedy Krieger Institute Therapeutic Foster Care, Maryland

Overview	Kennedy Krieger Institute's Therapeutic Foster Care program provides trauma-sensitive treatment foster care, using the Attachment, Self-Regulation, and Competency framework.
Population Served	• Children and youth who need foster care placement, most of whom have experienced complex trauma and have a history of, or are at risk for, institutional placements. Many have experienced multiple placement moves and many have developmental and other disabilities, medical conditions, and emotional or behavioral challenges. • The program serves about 100 children and youth at one time. The average age of youth served is about 14 years old.
Theory of Change	When families receive necessary training and support, they can care for children and youth who have experienced complex trauma and help these children heal and learn to attach and trust again.
Provider	Kennedy Krieger Institute is a nonprofit organization in Baltimore, MD, dedicated to improving the lives of children and adolescents with pediatric developmental disabilities and disorders of the brain, spinal cord, and musculoskeletal system, through patient care, special education, research, and professional training.
Role of Public Child Welfare Agency	The Maryland Department of Human Resources is the primary funder of the program.
Key Service Components	Kennedy Krieger's Therapeutic Foster Care program operates using a Trauma Integrative Model, which integrates elements of treatment foster care with the Attachment, Self-Regulation, and Competency framework. (See page 211 for more information about the framework.) Services include: • **Assessments** — Children and youth entering the program receive comprehensive psychosocial and medical assessments. Family and community functioning are evaluated using the Child and Adolescent Needs and Strengths tool. The results of these assessments are used to guide case planning and services provided. • **Case management** — A clinical social worker serves as case manager and facilitates the development of relationships between the child and her treatment parents, between the treatment parents and the birth parents, and between the child and the birth parents. The social worker also facilitates and supports permanency planning.

Key Service Components *(continued)*	• **Therapeutic services** — The child and family have access to evidence-based treatments such as Trauma-Focused Cognitive-Behavioral Therapy, Structured Psychotherapy for Adolescents Responding to Chronic Stress, and Parent-Child Interaction Therapy. (See pages 232, 226, and 222 for more on these therapies.) The case manager also connects the child and family with needed psychiatric services, medical care, or community-based supports. • **Training and support for parents** — Treatment foster parents receive extensive training, including on the Attachment, Self-Regulation, and Competency framework, positive behavior management, best practices in permanency, and other key issues facing children who have experienced complex trauma. They are trained and supported to: ◦ Develop a safe, secure environment for the child or youth ◦ Use trauma-sensitive approaches to respond to behaviors ◦ Help the child access effective medical, educational, legal, or other services ◦ Serve as key members of the treatment team ◦ Develop supportive relationships with birth family and other relatives, and help the child maintain and build relationships with birth family members ◦ Support permanency ◦ Support the relationship between the child and her birth family members • **Transition support for older youth** — The program uses the Transition to Independence Process model, which is an evidence-supported model to help youth exiting care to prepare for their futures. • **Adoption support** — If children leave the program to adoption, the adoptive family can attend adoption support groups and receive ongoing support.
Outreach Efforts	Treatment parents are recruited through an ongoing integrated recruitment campaign that includes current treatment parents, staff, social media, and outcome data.

Staffing	• 15 clinical social workers, all of whom have master's degrees in social work or who are licensed clinical social workers • 1 program director and 2 managers/supervisors who are licensed certified social workers and have many years of clinical and child welfare experience • 1 parent recruitment staff member • 1 part-time foster parent recruiter • Administrative professional staff The agency has access to a neuropsychologist, three psychiatrists, a developmental pediatrician, and a research director who provide support and assistance to the Therapeutic Foster Care program.
Training Requirements	• Staff receive training in the Trauma Integrative Model and Attachment, Self-Regulation, and Competency framework. • In addition, staff receive hand-on training, weekly supervision meetings, and weekly clinical training sessions. Staff have access to training on evidence-based models and receive reimbursement for continuing education and tuition.
Evaluation and Outcomes	***Evaluation Design*** The Therapeutic Foster Care program contracts with the Children's Outcome Management Center at the University of Maryland School of Medicine, Department of Psychiatry for the use of the KIDnet outcome database system, which is used by the state of Maryland for its therapeutic foster care providers. KIDnet is used to develop treatment plans, evaluate outcomes, and conduct other research, and gathers information on: • The child's or youth's case • The treatment process • Case outcome information • Results of the Child and Adolescent Strengths and Needs Assessment The program also uses case-based review and review of crisis calls to assess program outcomes and learn from previous cases. ***Key Findings*** In 2013: • 58 percent of children and youth served left the program to less restrictive placements • 9 children and youth left to permanency (6 to adoption and 3 to reunification)

Approximate Annual Budget for Services Described	$5 million
Funding	• The Maryland Department of Human Resources provides 90 percent of the program funding using federal Title IV-E funds, Medicaid, and general state revenue. • Remaining program funds are provided through contracts with Maryland's Developmental Disabilities Administration.
Partnerships Required or Recommended	• As noted above, Kennedy Krieger partners with the University of Maryland for data tracking and evaluation. • Partnerships with the Maryland Coalition for Families, the University of Maryland School of Social Work, and the Trauma Center enable the agency to extend its resources and increase staff knowledge on current treatments to then better help our clients.
Challenges	• Building a diverse funding base • The challenging needs of children and youth in care • Recruiting families who have the capacity to parent children who have experienced complex trauma
Background and Future Directions	Kennedy Krieger was founded in 1937, and Therapeutic Foster Care has been offered since the 1990s. The program has also begun to include children in kinship care, but this model is still in the early stages of development.
Learn More	• Paul Brylske, director, Therapeutic Foster Care, Kennedy Krieger Institute: brylske@kennedykrieger.org; 443-923-5989 • Kennedy Krieger Institute website: www.kennedykrieger.org

Sources

- Paul Brylske, interview, June 20, 2013.
- Kennedy Krieger Institute website, accessed April 23, 2014, http://www.kennedykrieger.org/community/community-programs/therapeutic-foster-care
- Laura Boyd, Paul Brylske, and Erin Wall, "Beyond Safety and Permanency: Promoting Social and Emotional Well-Being for Youth in Treatment Foster Care" (2013), Foster Family-based Treatment Association, accessed April 24, 2014, www.ffta.org/publicpolicy_advocacy/Beyond_Safety_and_Permanency.pdf

Midwest Foster Care and Adoption Association, Missouri

Overview	The Midwest Foster Care and Adoption Association provides an array of services to recruit, license, train, and support foster, adoptive, and kinship care families in the western half of Missouri.
Population Served	• Foster, kinship care, and adoptive parents of all types who live in, or have children from, the states of Missouri and Kansas. • The association provides support to about 850 foster, adoptive, and kinship care families each year.
Theory of Change	Children who have suffered trauma heal and thrive best in the context of family, and information and support can strengthen these families and ensure the best outcomes for children.
Provider	The Midwest Foster Care and Adoption Association is a nonprofit social service agency. The organization has its main office in Kansas City, and six chapters around Missouri that provide programming in their communities.
Role of Public Child Welfare Agency	The Missouri Department of Social Services funds almost half of the support services budget and is a partner in program development and implementation.
Key Service Components	• **Advocacy and support** — Individual family advocates help families resolve problems and reduce barriers as they work through the system. • **Parent mentoring** — Called Strengthening Our Families, this program has adoptive or foster parent mentors engage and guide new parents through their first year after placement. • **Respite care** — The program certifies, trains, and makes referrals to respite providers who can provide adoptive, foster, and kinship caregivers a needed break. • **Youth mentoring** — The agency connects youth in need with trained and supported adult mentors to increase their opportunities for educational success or career development. • **Support groups** — The agency sponsors a number of ongoing regional peer support groups, as well as two specialized groups — one for lesbian, gay, bisexual, and transgender parents and another for parents raising children who have reactive attachment disorder. • **Training** — The association offers two annual conferences for parents and monthly training on a variety of topics chosen by parents. In addition, parents can participate in specialized training to improve their ability to care for children with special behavioral needs.

Key Service Components *(continued)*	• **Information sharing** — A print newsletter and email updates provide information and resources to caregivers and local child welfare professionals. • **Crisis case management** — Family advocates help families in crisis make a plan to resolve the problems they are having. • **In-home residential treatment** — A pilot program offers 15 families professional residential treatment in their own home. Professionals come to the house to address difficult behaviors, while parents are able to provide love and nurturing, and the child remains at home with the family. • **Other** — The program provides children with clothes, toys, school supplies, and other items, and offers a food pantry for families. With funds from a local law firm, the agency helps children in foster, adoption, and kinship care pursue activities or programs to develop their skills or talents.
Outreach Efforts	• The state provides the agency with a list of all foster and adoptive families, and agency staff reach out to those families to inform them about services. • Staff attend pre-service trainings; participate in local, regional, and statewide boards and committees; contribute articles to statewide newsletters; and link the association's website to the Children's Division and other agencies websites. • Many families learn about available services from other adoptive, foster, and kinship care families.
Staffing	• 3 individual family advocates — 2.5 full-time equivalent • 2 advocacy supervisors — .5 full-time equivalent • 1 training director — .5 full-time equivalent • 1 youth development program director — 1 full-time equivalent • 3 licensing workers/family advocates — 3 full-time equivalent • 1 licensing supervisor/family advocate — 1 full-time equivalent Support services and mentoring are provided by foster, adoptive, or kinship parents. Young adults who have been in foster care or who have been adopted serve as mentors to youth.
Training Requirements	• Staff receive up to 30 hours of training each year, specific to their job. Training includes diversity and cultural competence. Many staff have a master's degree in human services or social work. • New staff learn by shadowing more experienced staff.

Evaluation and Outcomes	***Evaluation Design*** The association evaluates each of its services by tracking families served and assessing outcomes whenever possible. Each training is evaluated through surveys following the event. ***Key Findings*** • 96 percent of foster families licensed by the agency have been retained as foster parents, for a minimum of one year. This statistic is measured annually. • In fiscal year 2013, crisis intervention services prevented 32 adoption disruptions and stabilized more than 100 families.
Approximate Annual Budget for Services Described	$450,000
Funding	• About 45 percent of the budget is provided through a contract from the Missouri Department of Social Services. • Other funding is from private donations and grants, including a large grant from the Healthcare Foundation of Greater Kansas City, and fundraising events generating more than $100,000 per year.
Partnerships Required or Recommended	• The support services are a result of a partnership with the Missouri Department of Social Services. • The agency also partners with other state agencies (health and children's justice), local private foster care and adoption agencies, and community-based organizations. For example, the association is a subcontractor on state grants to other local child welfare organizations.
Challenges	• Raising funds, especially for youth programming • Responding to increases in the number of children and youth coming in to care • Maintaining a diverse, passionate staff
Background	The Midwest Foster Care and Adoption Association was founded in 1999 as a small foster and adoptive family support group, and is now a multiservice agency. The association plans to open a Kansas chapter by the end of 2015.
Learn More	• Lori Ross, president, Midwest Foster Care and Adoption Agency: lori@mfcaa.org; 816-350-0215 • Midwest Foster Care and Adoption Agency website: www.mfcaa.org

Sources

- Lori Ross, interview, July 1, 2013.
- Midwest Foster Care and Adoption Association, annual report 2011/2012.

Mockingbird Family Model, Washington State and Other Locations

Overview	In the Mockingbird Family Model, a licensed foster or respite family (known as a hub home) provides support to six to 10 satellite families caring for children in or at risk of entering foster care. Together the hub home and satellite families are known as a constellation that serves as a mutual support network.
Population Served	• Families of children of any age who are in foster care or at risk of entering foster care. The hub-home family is an experienced, licensed foster or respite family. The satellite families are most often foster families, but can also include pre-adoptive families, kinship care families, and birth parent families. Each satellite home has about one to three children. • In 2010, the program served about 200 children and youth in 72 families in sites around the United States.
Theory of Change	If foster and other families have a supportive community around them, they are better able to meet the needs of the children and youth in their care.
Provider	The Mockingbird Family Model was created by the Mockingbird Society, a nonprofit in Washington state that advocates for foster care reform, supports youth leaders, and shares information about the Mockingbird Family Model. The Mockingbird Family Model is being replicated in the following areas: • 6 sites in Washington state • 3 sites in Kentucky • 8 sites in Washington, D.C. • Blackfeet Nation in Montana Other sites across the United States are currently in the process of implementing the model. Each program must be operated by a family support, foster parent licensing, or child-placing agency (known as a host agency). The host agency operates the program, including providing oversight; ensuring the hub home has information about all of the children and youth in the constellation; offering training and support to the hub home family and all satellite families; and participating in training and leadership meetings with the Mockingbird Society.

Role of Public Child Welfare Agency	State, county, or tribal child welfare agencies fund most of the program costs in each community. The child welfare agencies also provide social work supervision to the families, coordinate constellation and other meetings with the families, and whenever possible arrange for children or youth to be placed within the constellation if a crisis or placement disruption occurs.
Key Service Components	In the Mockingbird Family Model, a constellation of six to 10 foster, kinship, birth, or adoptive families (satellite families) receive support from an experienced foster family (the hub home) and from one another. The hub-home family offers the following services: • Peer mentoring and coaching • Planned and crisis respite care for children in the satellite families; planned respite is available almost 24 hours per day, seven days a week • Training, with topics and sessions arranged based on the needs of the participating families and children and youth, as well as the required training to retain a foster parent license • Help accessing other support and services the children, youth, and families need (system navigation) • Communicating with satellite families weekly, every two weeks, or monthly depending on the family's needs • Monthly constellation meetings • Coordination of recreational and cultural activities for children and youth in the constellation • Coordination of planned and impromptu social activities • Support for the implementation of a child's permanent plan The hub-home family receives a monthly retainer from the child welfare agency operating the program.
Outreach Efforts	Outreach efforts to engage families in the Mockingbird Family Model include recruitment events, talking with current caregivers to connect them with the program, child welfare agency staff outreach to particular families in need, and word of mouth among foster caregivers.
Staffing	The host agency must assign a case manager or social worker to each constellation. This case manager performs the same duties and provides the same service they would to any foster family. The hub home is able to serve as a liaison between the case manager and the other families in the constellation.

Training Requirements

The satellite home families receive a full day of orientation on the philosophy and features of the Mockingbird Family Model. Mockingbird provides a manual about the program and its services for both the hub and satellite families and for the host agency. Families in the hub home receive an additional half- or full-day training on the role and responsibilities of the hub home.

Before implementing the program, host agencies receive training and implementation support from the Mockingbird Society. The amount of training depends on the scope of the program being created.

Evaluation and Outcomes

Evaluation Design

The University of Washington School of Social Work's Northwest Institute for Children and Families evaluated the Mockingbird Family Model from 2004 to June 2007.

In addition, each year the Mockingbird Society collects data on child safety, permanency, and well-being.

Key Findings

In its evaluations for 2005 and 2006, the University of Washington evaluation found the Mockingbird Family Model:

- Protected the stability of placements
- Preserved connections with the child's community and heritage
- Prevented disruptions by offering respite care (based on reports from caregivers)
- Reduced caregivers' isolation
- Provided children and youth with opportunities for social interaction with other children in similar life situations

Annual program outcomes for 2009 include:

- There were no founded allegations of abuse or neglect in Mockingbird Family Model constellations.
- Hub-home caregivers provided more than 13,000 hours of respite care.
- 21 percent of children in Mockingbird Family Model constellations achieved their permanency goals.

Evaluation and Outcomes *(continued)*	• 83 percent of children in the Mockingbird Family Model had no placement moves unrelated to their permanency plan during the year. • Constellations retained 88 percent of caregivers, compared to national estimates of 30 to 50 percent retention rates. The California Evidence-Based Clearinghouse for Child Welfare was not able to rate the Mockingbird Family Model because there were no published peer-reviewed research studies on the program.
Budget	The current retainer for a hub-home family serving basic foster care families is $30,000; the retainer for those serving specialized treatment foster care families is $50,000. Other program costs include the casework by the host agency.
Funding	Programs are funded in various ways, with most program costs covered by state child welfare funds. Medicaid covers some services to children. At this point, funding the hub home requires a dedicated funding source. In Washington state, the legislature and Children's Administration has provided funding for the hub home.
Partnerships Required or Recommended	To implement the Mockingbird Family Model, child welfare agencies must work with the Mockingbird Society during the implementation process. The Mockingbird Family Model encourages the local community to rally around or "adopt" a constellation in each particular area, creating what is known as a resource bank to support the foster families.
Challenges	• If a hub home leaves the program, it can be difficult to find another local foster family with the same level of experience and willingness to lead the constellation. When a hub home leaves, staff immediately begin recruitment of a new hub home both within the constellation and in the general foster parent community. • Since the Mockingbird Family Model is a new way to organize and structure the delivery of foster care, financing the support of the hub home presents a challenge. The current opportunity in Washington state to take the Mockingbird Family Model to scale will provide critical learning regarding the benefits to children, youth, and families as well as the value of restructuring funding.

Background	The Mockingbird Family Model was created in 2004 with federal funding for a pilot program in Washington state. The number of sites and families involved has increased every year since then. The Mockingbird Society continues to help local communities across the country implement the program.
Learn More	• Degale Cooper, director of family programs, or Jim Theofelis, executive director, Mockingbird Society: 206-323-5437; degale@mockingbirdsociety.org or jim@mockingbirdsociety.org • Mockingbird Society website: http://mockingbirdsociety.org/index.php/what-we-do/mockingbird-family-model

Sources

- Lauren Frederick, interview, June 20, 2013.
- The Mockingbird Society website, accessed July 9, 2014, http://mockingbirdsociety.org/index.php
- The Mockingbird Society, "The Mockingbird Family Model: An Innovative Approach for Child Welfare Reform" (2010).
- The California Evidence-Based Clearinghouse for Child Welfare, accessed July 9, 2014, www.cebc4cw.org/program/the-mockingbird-family-model-mfm/detailed
- The Mockingbird Society, "Mockingbird Family Model: 2009 Management Report on Program Outcomes January 1 to December 31, 2009" (2010).
- Northwest Institute for Children and Families, "Mockingbird Family Model Year Two Evaluation Report" (2006).
- Northwest Institute for Children and Families, "Mockingbird Family Model Year Three Evaluation Report" (2007).

Native American Youth and Family Center Foster Care Support Program, Oregon

Overview	The Native American Youth and Family Center's Foster Care Support Program helps youth and families who are involved with state or tribal foster care systems by providing culturally appropriate individual and family-based support that helps build understanding of and maintain Native cultural traditions and connections.
Population Served	• Children and youth aged birth to 24 involved with state or tribal foster care systems. • The Foster Care Support Program serves more than 55 youth and their families.
Theory of Change	Empowering youth with 10 core values — respect, balance, pride, giving, community, tradition, kindness, accountability, diversity and leadership — will provide them with enhanced stability. Empowering youth and supporting families will change generational trauma for Native families.
Provider	The Native American Youth and Family Center (known as NAYA) is a nonprofit organization that serves self-identified Native American families throughout the Portland, OR, metropolitan area. Agency services include in-home support, elder services, housing, education, and other services to meet the community's needs.
Role of Public Child Welfare Agency	The Oregon Department of Human Services and tribal child welfare agencies refer children and families to the program and co-manage the cases of children and youth who engage in NAYA services.
Key Service Components	NAYA builds connections between and among youth, their tribe, and other Native people to help youth and families develop strengths and resiliency. NAYA offers the following services to children, youth, and families in the Foster Care Support Program: • **Monthly sibling and family visits** — A monthly gathering with meals and activities enables children and youth who are in foster care or kinship care to visit, have fun, and spend time with their siblings, caregivers, and birth family members in a safe environment. Youth also participate in cultural teachings and activities. • **Coaching** — Through case management, staff help foster and birth parents build a larger network of cultural and academic support so that they in turn can support the youth in their care. Coaching also offered helps birth parents navigate the system and work on their parenting plan.

Key Service Components *(continued)*	• **Training** — NAYA offers the Positive Indian Parenting curriculum four to five times a year to all community members; foster parents and relative caregivers are encouraged to attend. • **Educational Support** — Youth can attend NAYA's alternative high school where they are taught using culturally specific techniques. NAYA also provides after school programming and tutoring. • **Generations Project** — NAYA is in the process of creating intergenerational housing to support youth and their kinship, foster and adoptive families by providing housing and cultural supports. Elders will also live in the complex and volunteer 10 to 12 hours each week to support the youth through tutoring and mentoring in cultural ways.
Outreach Efforts	• Families who have been served by the program serve as ambassadors to the program and conduct outreach. • NAYA staff communicate frequently with state child welfare workers about the available services. • The NAYA website and email newsletter spread the word.
Staffing	• 2 full-time foster care specialists • 1 full-time foster care services manager
Training Requirements	All foster care staff receive training in: • The Native American Youth and Family Center's core values and engagement techniques • Trauma-informed care • Positive Indian Parenting curriculum • Domestic violence (40 hours) Staff also participate in two to four hours of additional training each month and attend an annual foster care conference.
Evaluation and Outcomes	***Evaluation Design*** The NAYA Center evaluation, designed by the director of the National Indian Child Welfare Association, focuses on the NAYA assessment tool. The tool is a culturally based measurement that guides case planning and assesses youth across the domains of context, mind, spirit, and body. Measurements include: • Healthy relationships • Connections to Native ancestry

Evaluation and Outcomes *(continued)*	• Safety • Coping capacities • Personal capacities • Focus and determination ***Key Findings*** For the Foster Care Support Program, results include: • 95 percent of youth involved in the program report a positive or improving outlook on cultural identity. • The majority of children and youth served are on target with connections to kin and family.
Approximate Annual Budget for Services Described	$211,000
Funding	The primary funders of the Foster Care Support Program are the City of Portland (through the Portland Children's Levy), the Oregon Children's Fund, the Children's Trust Fund of Oregon, and the Kellogg Foundation. The Oregon Department of Human Services provides funding for youth receiving independent living services.
Partnerships Required or Recommended	NAYA works closely with the Oregon Department of Human Services and tribal child welfare agencies, and also partners with local community-based agencies providing foster care or serving foster families.
Challenges	• It is difficult to find and build trust with youth and families who most need the support. • Services are limited to the city of Portland due to funding restrictions.
Background and Future Directions	The Native American Youth and Family Center was informally founded by parent volunteers in 1974 and became a nonprofit organization in 1994. The center has continued to grow to meet the needs of the Native community in Portland, and now provides services to youth from birth to age 24 and their birth and foster parents. In the future, NAYA would like to expand beyond the Portland city limits and to be able to provide more support and empowerment services to families.

Learn More

- Alise Sanchez, foster care services manager: alises@nayapdx.org; 508-288-8177, ext. 314
- The Native American Youth and Family Center website: http://nayapdx.org

Sources

- Alise Sanchez, interview, July 7, 2014.
- The Native American Youth and Family Center website, accessed August 5, 2014, http://nayapdx.org

Placer County Permanency Support Services, California

Overview	The Placer County Permanency Support Services program offers a wraparound model of support through which adoptive and kinship families can receive therapeutic support, training, peer support, and other services depending on their needs.
Population Served	• Families of children and youth adopted from foster care or placed in kinship care in Placer County, CA. • In 2013, the program served the families of 35 children, most of whom were adopted.
Theory of Change	By providing adoption-competent, home-based wraparound services, we can prevent out-of-home placements and increase the chances that children and youth achieve permanency.
Provider	Placer County Permanency Support Services is a collaboration of Sierra Forever Families and Placer County Children's System of Care as part of a joint recruitment, licensing, and support initiative called Placer Kids. Sierra is a nonprofit agency providing adoption and foster care services in 12 California counties. Placer County Children's System of Care is an integrated team of county agency staff from the Departments of Children's Mental Health, Child Welfare, Probation, Alternative Education, Substance Abuse Services, and Public Health.
Role of Public Child Welfare Agency	The Placer County Department of Health and Human Services is a partner in the Placer County Children's System of Care. The agency also refers families to the program.
Key Service Components	The Placer County Permanency Support Services program offers adoption-competent, mostly in-home wraparound services to families provided by a team of a clinician, a permanency specialist, and a family partner who is typically an experienced adoptive parent. Services include: • **Individual therapy** — Offered for the child or youth and family, therapy can include Parent-Child Interaction Therapy (page 222), Dialectical Behavior Therapy, and other psychotherapy. The treatment plan often involves working with the entire family. • **Information and referral** — Staff share information and direct families to relevant community resources, including support groups provided by Placer County that offer training, discussion, and support. • **School consultation** — Staff may help parents write the child's individualized education program, consult with teachers, and provide in-classroom support to help with communication and develop problem-solving and social skills.

Key Service Components *(continued)*	• **Skills training and coaching** — Depending on the child's or youth's specific needs, the service team may provide skills training and coaching to the child or to the entire family. • **Crisis services** — Staff are on call 24 hours a day, and can go to the family's home, school, or other settings depending on the nature of the crisis. Clinicians may also help family access immediate psychiatric services.
Outreach Efforts	• Staff share information about the program through support groups, the adoption helpline, and local schools. • Adoptive parents share information with other families about the program. • Placer County child welfare and mental health departments refer families to the program.
Staffing	• 1 full-time therapist • 1 full-time permanency specialist • 1 part-time parent partner (4 hours per week) • 1 part-time clerical staff member (4 hours per week)
Training Requirements	Staff attend monthly trainings on topics such as attachment, motivational intervention, and trauma. In addition, they can access 24 hours of electronic training on various issues in adoption. The two full-time staff have been through the Training for Adoption Competency curriculum created by the Center for Adoption Support and Education.
Evaluation and Outcomes	***Evaluation Design*** Children and youth are assessed using the Child and Adolescent Needs and Strengths instrument, with follow-up assessments at 60 days, six months, and case closure. ***Key Findings*** For fiscal year 2014: • 91 percent of children and youth served showed improvement in the scores on the Child and Adolescent Needs and Strengths assessment. • 93 percent of children and youth served showed improvements on an outcome screening tool. • 95 percent of children remained in the family home. Two children were placed in group care for additional services.

Approximate Annual Budget for Services Described	$198,000
Funding	• The primary funding source is MediCal's Early Periodic Screening, Diagnostic, and Treatment (EPSDT) program. • Other funds come from individual and organizational donations.
Partnerships Required or Recommended	• The program is a public/private collaboration between Placer County and Sierra Forever Families. • Other partners include Placer Community Foundation, which has supported events, and the Placer County Youth Empowerment Program.
Challenges	• It was difficult to secure funding for the program in the beginning. • It was initially a challenge to connect families with the services.
Background and Future Directions	The Placer Kids program started in 1997, and the director of Placer County was concerned about the number of children and youth being placed in residential treatment. The Permanency Support Services program began in 2012.
Learn More	• Glynis Butler-Stone, program director, Sierra Forever Families: gbutler-stone@sierraff.org; 916-368-5114, ext. 347

Source

- Glynis Butler-Stone, interview, July 17, 2013.

A Second Chance, Inc., Pennsylvania

Overview	A Second Chance, Inc. is a full-service kinship care placement agency, providing foster care licensing, training, and support services to relative caregivers. Support services include in-home clinical services, respite care, and support groups.
Population Served	• Kinship care families in the Pittsburgh and Philadelphia area, both those with a formal foster care placement and those caring for relatives outside of the system. • The organization serves about 1,300 children each year in Allegheny County and nearly 800 in the Philadelphia area.
Theory of Change	By providing needed services, such as case management and other supports, children and youth can be safe and thrive. Serving the entire kinship triad — child or youth, caregiver, and birth family — is the best way to strengthen and preserve healthy families for children.
Provider	A Second Chance is a private nonprofit organization dedicated to strengthening and preserving healthy kinship families for children and youth. The services provided are a partnership of A Second Chance and Allegheny and Philadelphia counties. The organization has its headquarters near Pittsburgh and a regional office in Philadelphia.
Role of Public Child Welfare Agency	The Allegheny County and Philadelphia County child welfare agencies pay a per diem rate for each child or youth from the county who is served by the program. The counties' child welfare agencies also identify the relative caregivers to be served by the program.
Key Service Components	The following services are offered in the Pittsburgh area: • **Full-service case management** — A case manager works with families to identify and address their needs. Services include: ◦ Assessments at the beginning of placement, including a Kinship Strengths Assessment that examines parental capacity and the needs of the triad as the family works toward permanency; young children up to age five receive the Ages and Stages Questionnaire and children five and older receive the Child and Adolescent Needs and Strengths assessment to screen their developmental, social, and emotional strengths and needs

Key Service Components *(continued)*

- Discussion of the results of the assessments and any resulting service needs
- Execution of a 60-day certification process where client-centered services work closely with the kinship family to ensure success
- Ongoing case management services to assist with strengthening and stabilization of the kinship placement and achievement of permanency for the child or youth

- **In-home mental wellness services** — When appropriate, a case manager works with the families to identify and address their mental health needs. Services include:
  - Review and discussion of the results of the assessments and any resulting service needs as identified by the ongoing caseworker.
  - Independent assessment to identify the family's strengths and needs.
  - Development of a 60-day plan to provide in-home clinical services or connect families with services; the 60-day timeframe can be extended as needed.
  - For families under more stress, staff hold a critical case conference to identify sources of stress and areas of risk that can be addressed to avoid a crisis. Staff also develop a four-week stabilization plan.
- **Planned and emergency respite care** — Respite is provided by approved foster parents.
- **Support groups** — The agency offers separate monthly support groups for kinship caregivers, children, and birth parents.
- **A summer basketball camp** — Youth 12 to 18 can attend the camp, which is offered four days per week.
- **Training for caregivers** — Training is based on the Standards for Assessing and Recognizing Kinship Strengths curriculum, which addresses the behavioral, psychological, educational, social, and emotional well-being of the kin family. It is a trauma-informed curriculum that provides strategies, resources, and tools for caregivers on parenting, adolescent brain development, parenting at-risk youth, behavioral health of youth, trauma, and attachment.

Key Service Components *(continued)*	• **Family group decision making** — At these meetings, families jointly develop a permanent plan for their children. • **Reunification or adoption services** — The agency provides special support for children, youth, and families when reunification or adoption is the chosen permanency plan. • **Material supports** — Supports include clothing and food banks and access to a computer lab. • **Other programs** — A Second Chance also offers an end-of-year holiday celebration, the Dance for Life etiquette classes and cotillion for adolescents, and a blood pressure screening event for caregivers to promote physical well-being. Caregivers who are not part of the agency's formal caseload also receive information, attend support groups, receive referrals to community resources, and have access to pro bono legal services. The Philadelphia office offers kinship placement services, family group decision making, support groups, and training.
Outreach Efforts	The county identifies relatives who can care for a child who needs a family and does the initial clearance of that family. The county then refers the potential caregiver to A Second Chance for licensing, training, and support services.
Staffing	• 4 master's level social workers (2.5 full-time equivalent) who provide in-home services as well as other services for kinship caregivers • 1 support group leader (.25 full-time equivalent) who is a kinship caregiver • 9 trainers (7 full-time equivalent) run support groups and train caregivers; they also train staff and do other work at the agency • 14 master's level social worker managers and executive staff who take case management cases as needed • Administrative support staff (.5 full-time equivalent) who operate the clothing bank
Training Requirements	• Staff providing in-home case management services have master's degrees in social work or related field. • All staff receive a minimum of 40 hours of training per year, in addition to specialized training for new employees. Mandatory annual training topics include recognizing child sexual abuse, cultural competency, de-escalation and passive restraint training, first aid, and CPR. • Staff also receive training in cultural intelligence, including race and culture, age, and socioeconomic status.

Evaluation and Outcomes	***Evaluation Design*** The agency's evaluation includes tracking individuals served and the services they received, and assessing client satisfaction after every event and periodically while services are ongoing. In addition, the agency tracks disruption and placement rates and permanency for children in its care. Currently, evaluation for the mental wellness program centers on quantitative data (length of services, number of services, reasons for closure, etc.). The agency is beginning the process of identifying and measuring outcomes. In addition, A Second Chance randomly select 60 cases for which to do a home visit and ask the family about the quality of services received. The agency's quality assurance division monitors each aspect of the agency's work to ensure it is meeting client needs. ***Key Findings*** • Between January 2007 and July 2013, 81 percent of the 2,779 children served experienced only one placement. • Since January 2007, there have been no founded allegations of abuse for the 3,566 children in the care of A Second Chance families. Over its entire history, serving more than 13,000 children, there have been only eight allegations of abuse for children in A Second Chance families. • Since 2011, 75 percent of cases have closed to permanency. Since 2006, 60 percent of all cases were closed due to the child's or youth's achieving permanency — 30 percent to reunification, 15 percent to adoption, and 15 percent to permanent legal custody. • Youth served have lower rates of teen pregnancy and higher rates of graduating on time than other youth in care. For example, in 2011, 78 percent of youth served graduated on time. In 2012, it was 74 percent.
Approximate Annual Budget for Services Described	$11 million
Funding	• The primary source of funding is a per diem rate (for each child or youth on the agency's caseload) provided by Allegheny and Philadelphia counties. • Other sources of funds include foundation grants, individual and organizational donations, and in-kind donations for the clothing and food bank.

Partnerships Required or Recommended	• Allegheny and Philadelphia counties are the primary partners, as they refer families and provide the bulk of funding. • Agency staff also partner with local schools, community organizations, faith-based organizations, and others to inform them about the needs of kinship care families.
Challenges	• Kinship care families need support even if the child or youth is diverted from the system, but it can be more difficult to find funding for those services. • Kinship caregivers often face more challenges than other resource families, including being older, having more health concerns, and having lower incomes.
Background and Future Directions	A Second Chance was founded in 1994 when, with support from a local foundation, the agency was able to hire a part-time staff member to organize its first support group for kinship caregivers. The partnership with the Allegheny County Department of Children, Youth and Families began in 1994, and the organization expanded to the Philadelphia area in 2005. Now, A Second Chance, Inc., is a national leader in kinship care, providing training to more than 30 jurisdictions on how to license, train, and support relative caregivers.
Learn More	• Dr. Sharon McDaniel, president and chief executive officer, A Second Chance, Inc.: 412-342-0600 • A Second Chance, Inc. website: www.asecondchance-kinship.com

Sources

- Dr. Sharon McDaniel, inteview, July 16, 2013.
- A Second Chance, Inc. website, accessed July 2, 2013, http://www.asecondchance-kinship.com
- A Second Chance, Inc. brochure.
- A Second Chance, Inc. brochure "The Kinship Care Process From Placement to Permanency" (presentation slides, 2012).

Seminole Tribe of Florida, Family Services Department

Overview	The Seminole Tribe of Florida provides ongoing support to children and youth in out-of-home care and their caregivers, including initial assessments; ongoing case management; health, behavioral, and educational support for children and youth; and parenting classes.
Population Served	• Children and youth who are not living with their birth parents and who have an open case with the Florida Department of Children and Families. These children and youth are sometimes in formal foster care placements or permanent guardianships. Most are in the care of relatives. • Each year, the Seminole Tribe serves about 70 to 100 children and youth.
Theory of Change	By providing comprehensive wraparound services delivered by culturally responsive staff, the Seminole Tribe of Florida can keep children and youth safe within their tribe.
Provider	Services are provided by the Family Preservation Program of the Seminole Tribe of Florida's Family Services Department. The tribe serves six reservations in six counties, with staff in each county. Efforts are coordinated with both the state and county child welfare departments and the local private Community Based Care agency.
Role of Public Child Welfare Agency	Services are provided by the tribe's Family Services Department. The Florida Department of Children and Families and local public child welfare agencies refer eligible children and youth and remain engaged in the case.
Key Service Components	When a Seminole child or youth is under child protective services investigation, the Family Services Department provides the full continuum of care — from investigation, to home study of a potential family, to ongoing work with the child, the birth parents, and the new caregivers. Children and youth who are in out-of-home care, and their caregivers, receive wraparound services including: • **Assessments** — When a child or youth enters care, the Family Services Department conducts bio-psycho-social assessments for older children and youth, and collaborates with the tribe's Children's Center for Diagnostics and Therapy, which conducts developmental assessments for younger children to identify any challenges and need for ongoing services.

Key Service Components *(continued)*	• **Children's services** — If a child or youth has service needs, the Family Services Department teams with the Seminole Tribe's Education Department and Health Department to provide responsive services, such as psychiatric care; counseling and other mental health services; behavioral health services; speech therapy; occupational therapy; and educational support such as transferring records, updating individualized education programs; and supporting learning disabilities. Depending on the child's needs, services can be provided in the home. For example, if the family is struggling with a child's challenging behavior, a behavioral therapist can work with the child and family at home. • **Enhanced case management** — In addition to the county or private agency's required once-a-month visits, Family Preservation staff visit families two to three times per month. During these visits, caseworkers discuss children's and youth's needs, seek solutions to any issues, help caregivers understand and set boundaries with birth parents, and make referrals for needed services. The child or youth will have the same worker from investigation through the home study until the case is closed so there is a strong relationship between both the child and the worker and the family and the worker. Caseloads are very small, with each worker serving only four or five families at a time. If a child exits care to a permanent guardianship, caseworkers will continue to visit periodically to offer support and services. • **Parenting classes** — Caregivers have the opportunity to attend training using the National Indian Child Welfare Association's Positive Indian Parenting curriculum, which provides culturally grounded and responsive parenting skills. In-home sessions have been added to the curriculum to help families implement the skills learned in classroom sessions. These classes are offered on all six reservations.
Outreach Efforts	Families are connected with the Family Preservation program by state, county, or private agencies when a child abuse or neglect report involves a Seminole child or youth. The Family Services Department's Family Preservation Program then makes contact with the child's or youth's caregivers and birth parents.
Staffing	The program has 12 staff spread over the six different reservations served: • 10 social workers — most with bachelor's degrees in social work (or a related degree); some with master's degrees • 2 administrative staff

Training Requirements	All new staff members receive training on the Indian Child Welfare Act. Staff receive ongoing training on key issues such as ethics, boundaries, family engagement, and risk assessment, and one-on-one supervision and education. Staff also attend one major conference each year, such as the National Indian Child Welfare Association's annual conference.
Evaluation and Outcomes	The Seminole Tribe uses electronic records to track children's placement status, placement moves and stability, and the length of time children remain in the system. The tribe is very successful at keeping Seminole children and youth in the tribe — placing them with relatives, clan relatives, or other tribal members. The tribe also does cost-benefit analysis of the services it offers. For example, in the past it was outsourcing the work now done by the Family Services Department's child psychologist. The analysis showed that, given the high demand for services, it would be more cost effective for the tribe to offer those services itself.
Budget	The support services are an integral part of the overall department services so a specific budget cannot be identified.
Funding	All services are funded using tribal funds designated to the Family Services Department, with a small amount of funding from the Bureau of Indian Affairs.
Partnerships Required or Recommended	• The Seminole Tribe partners closely with the Florida Department of Children and Families, as well as local child welfare departments and the private Community Based Care agency assigned to the child or youth. Children remain on the other government's caseload while also receiving services from the Seminole Tribe Family Services Department. • Because the tribe does not yet have its own tribal court, Family Services Department staff work closely with court personnel at the state dependency courts to ensure referral of Seminole children and adherence to the Indian Child Welfare Act. • Within the tribe, the Family Services Department partners closely with the Education Department, the Health Department, the Seminole Police Department, the Seminole Preschool, and tribal schools to ensure seamless services for children, youth, and their families.

Challenges	• Because they serve children on six reservations in six counties, there are many and varied government-to-government relationships to maintain — staff must work with state, local, and private agency staff as well as the state courts. • As the program has grown over time, the Family Services Department is seeking to become more formal without adding too many unnecessary complications or complexities.
Background and Future Directions	The Seminole Tribe is in the process of replacing its existing electronic records system with a new electronic records system to improve data gathering and analysis. The tribe is also in the process of developing a mandatory training for Native foster parents and relative caregivers that will provide information about children's issues and how caregivers can assess and respond to problems.
Learn More	• Kristi Hill, family preservation administrator, Family Services Department, Seminole Tribe of Florida: kristihill@semtribe.com; 954-965-1314

Source

- Kristi Hill, interview, March 26, 2014.

Seneca Family of Agencies' Adoption/Permanency Wraparound, California

Overview	Seneca Family of Agencies' Adoption/Permanency Wraparound program provides intensive support for adoptive and guardianship families at risk of having a child re-enter out-of-home care. The program is strengths-based, family-driven, and flexible. Its goal is to help the family develop skills and supports to prevent or reduce the possibility of residential treatment of their child.
Population Served	• Families from 12 California counties (Alameda, Marin, Monterey, Orange, San Benito, San Francisco, Santa Cruz, San Joaquin, San Mateo, Santa Clara, Solano, and Sonoma) who have adopted or taken guardianship from foster care and whose children are at risk of placement in group care. • Each year, the program serves more than 75 families. Most of the children served are adolescents who have been in the adoptive or guardianship family for many years. Families are primarily from San Francisco, Marin, Sonoma, Solano, Santa Clara, and Orange counties.
Theory of Change	The Adoption/Permanency Wraparound program enables families to revisit their original ideas about adoption or guardianship and recast the future with knowledge and empowerment. Through this process, families feel more stable and children are able to remain in the family home.
Provider	Seneca Family of Agencies is a mental health, educational, and social services nonprofit organization that creates and supports families for children through adoption, foster care, guardianship, and permanency. Agency services include adoption, foster care, kinship care, mental health services, and training for parents and professionals.
Role of Public Child Welfare Agency	The child welfare departments in the 12 counties are primary funders of the program. Children are also referred to the program by county child welfare agencies and private agencies.
Key Service Components	Wraparound services are offered for up to 18 months. Each family is assigned to a family team — consisting of a facilitator, a parent partner, a family assistant, and sometimes a youth partner or other community members. Over time, the family team can grow to include many more natural supports that can remain in place long after the close of services. These additional team members might include the family's or child's therapists, teachers, service providers, relatives, the young person's boyfriend or girlfriend, local clergy, school supports, extended family, neighbors, and friends.

Key Service Components *(continued)*	Services include: • **Case planning and management** — The team works with the family to develop new resources and solutions. With the team's support, the family identifies the child's and family's strengths and outlines goals they would like to accomplish during the service period. Often goals relate to increasing warmth and attachment, family stability, and educational attainment. Together the team and family work to develop a list of tasks that will help them achieve their goals. The team meets regularly with the family, and offers services 24/7 including a crisis support hotline. • **Peer support** — Family partners, who are caregivers that have experienced similar challenges as the client families, provide peer support and behavioral coaching to increase the parent's skills and capacity. • **Support and advocacy** — Family support counselors provide a variety of services to the child and family, including help getting to appointments, behavioral intervention, assistance with enrollment and attendance in pro-social activities, educational support, and respite. • **Connection to other services** — As the 18-month support period nears an end, the team helps the family identify local, low-cost support services to help maintain family stability. • **Mental health services** — Families also receive therapeutic mental health services from adoption- and permanency-competent mental health providers who have been trained by Seneca Family of Agencies.
Outreach Efforts	All of the families are referred by post-adoption workers in public or private agencies.
Staffing	• 10 facilitators who have master's degrees in social work or a related field • 5 family partners who are experienced adoptive parents • 14 family support counselors • Child psychiatrists • Therapists
Training Requirements	All staff receive 48 hours of training in adoption competency, plus 80 hours of training in core issues in adoption, permanency, mental health, and education. Staff also receive ongoing training in trauma, attachment, trauma-informed parenting, issues specific to kinship care, and issues specific to fathers.

Evaluation and Outcomes	***Evaluation Design*** • Seneca Family of Agencies collects data on each family served, documenting changes in the child's placement, educational attainment at discharge, number of days of respite used, changes in family functioning and changes in behavioral/emotional presentation. • Families also complete satisfaction surveys annually and at discharge. Seneca shares outcomes with each county it contracts with. ***Key Finding*** • About 80 percent of participating families have been able to remain together with the child in the home.
Approximate Annual Budget for Services Described	$3 million
Funding	The program has a varied funding base including: • Adoption Assistance Program funds through contracts with six county child welfare agencies • Medicaid Early Periodic Screening, Diagnostic, and Treatment funding
Partnerships Required or Recommended	The program requires collaboration with the child welfare departments in each county. These counties make referrals to the programs and fund the services. Each program, located in the counties contracting with Seneca, formally partners with other community-based organizations and community groups to develop a network of supportive services available to the family long after the close of services.
Challenges	Youth and families are often profoundly disconnected from the kinds of formal and informal supports that ensure families can experience success and stability. Therefore, one the most important tasks for the wraparound team is to urgently engage in a process of intense family finding in which the wraparound teams assesses the entire family, neighborhood, educational, and extended support system for potential strength in meeting the child's and family's needs.

Background	The program was first implemented in Santa Clara County in 2001 after post-adoption services staff became concerned about the challenges facing families adopting from care. The California Department of Social Services funded a training with national experts in wraparound services, and Seneca Family of Agencies adapted the services for adoptive families.
Learn More	• Leticia Galyean, executive director, Seneca Family of Agencies: leticia_galyean@senecacenter.org; 510-760-6858 • Seneca Family of Agencies website: www.senecafoa.org

Sources

- Graham Wright, interview, July 18, 2013.
- Seneca Family of Agencies, written communication, August 2014.
- Seneca Family of Agencies, "About Adoption Wraparound at AFTER: The Beginnings."

Sierra Forever Families' Post Adoption Support Services, California

Overview	Sierra Forever Families offers its Post Adoption Support Services program in eight rural counties in California, providing adoptive families with access to information and referrals, support groups, training, counseling services, and local family events.
Population Served	• Adoptive families of all types living in Colusa, Glenn, Lassen, Modoc, Siskiyou, Sierra, Sutter, and Yuba counties. • In 2013, the program served more than 100 children and their families.
Theory of Change	When families, particularly those in rural communities, have access to support services they are better able to remain together and to thrive.
Provider	Sierra Forever Families is a nonprofit agency providing adoption and foster care services in 12 California counties.
Role of Public Child Welfare Agency	The California Department of Social Services provides program funding and refers families to the program. The public child welfare agencies in the eight counties also send families to the program; offer free space for trainings, support groups, and events; and promote the program at community events.
Key Service Components	• **Support groups** — The program holds four monthly support groups for parents in three centrally located communities. • **Information, support, and referral services** — Staff share information and resources and refer adoptive families to necessary services. Families needing in-person services can receive two one-hour sessions with the family resource specialist. • **Adoption-competent therapeutic services** — Community-based clinicians provide families who need mental health services with evidence-based treatments including Parent-Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy (see pages 222 and 232), Eye Movement Desensitization and Reprocessing, play therapy, and the loss and trauma model used by Daniel Hughes. • **Training for parents and professionals** — Sierra offers five workshops per year in three centrally located counties. Topics focus on helping parents with attachment and with emotional, behavioral, and developmental issues their adopted children are experiencing. • **Help with adoption assistance** — Staff help adoptive parents and pre-adoptive parents access necessary adoption assistance benefits for their children and youth.

Outreach Efforts	Outreach includes sharing program information with community organizations and local adoption agencies and through the California Department of Social Services.
Staffing	• 1 full-time family resource specialist with a master's degree • 1 quarter-time program supervisor • 1 quarter-time administrative support staff member
Training Requirements	Staff attend 24 hours of training each year on topics such as core adoption issues, trauma, grief and loss, Beyond Consequences, attachment, schools and educational collaboration, and sensory integration.
Evaluation and Outcomes	***Evaluation Design*** Program statistics are maintained and evaluated by the California Department of Social Services, and include tracking whether the adoptive families served remain together. ***Key Finding*** In 2012, 97 percent of families served remained intact.
Approximate Annual Budget for Services Described	$230,000
Funding	The program is fully funded by the California Department of Social Services.
Partnerships Required or Recommended	Sierra partners with other local adoption agencies, the Adoptions department at the California Department of Social Services, and churches to reach families in the rural communities served.
Challenges	• Staff believe the program would benefit from having case managers; however, contracts dictate how services are provided. • Changes in how California funds child welfare services may affect program funding.
Background and Future Directions	The program began in 2001 in Nevada County. In 2014, it was expanded to serve eight northern California counties.
Learn More	• Leslie Damschroder, family resource specialist, Sierra Forever Families: ldamschroder@sierraff.org; 530-879-386

Sources

- Allison Guerrero, interview, July 25, 2013.
- Glynis Butler-Stone, written communication, August 5, 2014.

Treehouse, Washington State

Overview	Treehouse provides educational and material support to children and youth in out-of-home care in Washington state, with a goal of increasing the likelihood of high school graduation for youth in foster care.
Population Served	• Children and youth in out-of-home care who are having issues with elementary or secondary education — kindergarten through 12th grade. The Educational Advocacy program is provided to children and youth statewide; the other programs are available to children and youth in King County. • Treehouse serves about 6,000 children and youth each year. With a recent shift in focus to high school graduation, about 80 percent of those served are in grades six to 12.
Theory of Change	If educational advocates work with schools, social workers, relatives, foster families, and youth to resolve difficult issues and remove barriers for youth, youth will have improved educational outcomes and better graduation rates. When children and youth receive academic and essential supports they are more likely to be successful.
Provider	Treehouse is a nonprofit organization in Seattle, WA.
Role of Public Child Welfare Agency	Washington state's Children's Administration contracts with Treehouse to provide many of the services and oversees program design and implementation. Children's Administration social workers also refer children and youth to the program.
Key Service Components	• **Educational Advocacy** — In this statewide program, educational advocates work with schools, social workers, foster families, and youth in foster care to remove barriers to success in school. Services — provided to 1,200 children and youth in 2013 — include minimizing disruptions for children and youth who are transferring schools; ensuring access to special education support; and helping youth search for financial aid for college. Regional coordinators provide information and referral to caseworkers and caregivers about resources that may help children and youth improve their educational outcomes. Coordinators offer about 24 trainings per year, through which caregivers and social workers learn how to be educational advocates. Through an informal mentoring program, experienced caregivers provide peer support to other caregivers related to the educational needs of the children and youth in their care.

Key Service Components *(continued)*	• **Graduation Success** — Education specialists partner with youth in grades six to 12 in King County (368 in the 2013 school year) to help them work toward high school graduation. Through weekly check-ins, the specialists help students with education planning, monitoring, coaching, and support. The program employs the ABC Plus model, which focuses on attendance, behavior, and course completion plus participation in extracurricular activities, developing a mindset of persistence and perseverance, and developing a student-centered plan for the future. The specialist also works with a team (social workers, caregivers, teachers, school counselors, and an in-school mentor) to identify goals and needs and to monitor progress. The in-school mentor is a school staff member who receives a stipend from Treehouse to provide Check & Connect services. Under the Check & Connect model, mentors meet with students regularly and provide intensive services as soon as a concern arises. The Treehouse specialists help youth access services to meet their goals, using services from Treehouse and other community providers such as the YMCA and the Boys & Girls Club. If a child has a behavior problem or needs special support at school, the program uses short-term intervention to reduce out-of-class time and keep children in school. • **The Wearhouse** — Children and youth in King County (1,600 in 2013) can visit this free store up to six times per year to pick out new and like-new clothes, shoes, school supplies, toys, books, and other essentials. • **Little Wishes** — This King County program provides funding to help 1,400 children participate in core social, emotional, and academic development activities such as camps, sports, summer learning sessions, school events, and extracurricular activities. • **Holiday Magic** — Treehouse provides a significant holiday gift to many children and youth served by the program (5,400 children and youth were served in 2013).
Outreach Efforts	Children's Administration social workers refer youth needing educational advocacy services to Treehouse.

Staffing	37 full-time equivalent program staff, including: • 13 educational advocates (12 full-time equivalent), who have bachelor's degrees or relevant experience fields such as social work or education • 24 full-time educational specialists, who have bachelor's degrees or relevant experience fields such as social work or education The organization also has management, fundraising, and administrative staff not listed above.
Training Requirements	All staff receive about 40 hours of training on education advocacy, special education, education law, working with youth in foster care, secondary trauma, cultural competency, and using the Treehouse tracking database. In addition, Graduation Success staff receive comprehensive training on student-centered planning and the Check & Connect model, volunteer engagement, and crisis intervention.
Evaluation and Outcomes	***Evaluation Design*** The Washington State Institute for Public Policy evaluated the Educational Advocacy program's impact from 2006 to 2011 using a matched comparison group of similar students in foster care who were not served by the program. The Graduation Success program will be evaluated to assess its short-, medium-, and long-term goals, including the following: • Decrease disciplinary actions • Facilitate school enrollment and stability • Increase attendance • Enhance educational experience for youth academically, cognitively, and socially • Increase the number of social workers and caregivers able to advocate and resolve future situations • Increase communication between caregivers and school • Increase awareness of the educational needs of foster youth • Improve school and placement stability • Improve the high school graduation rate of youth in foster care by removing educational barriers and improving the educational experience through long-lasting advocacy efforts

Evaluation and Outcomes *(continued)*	***Key Findings*** • The Washington State Institute for Public Policy found that children and youth in the Educational Advocacy program had fewer unexcused absences and fewer school moves than their peers who were not served by the program. The two groups had similar grade point averages and graduation rates. • Of the first class of 39 students to participate in the Graduation Success program, 23 graduated on time and 20 plan on attending college or vocational training. Fifteen others have a plan for completing high school.
Approximate Annual Budget for Services Described	$8 million
Funding	The Washington State's Children's Administration contracts with Treehouse to fund the Educational Advocacy and Holiday Magic programs. The Children's Administration also funds a portion of the Graduation Success program. Other funding sources include grants, contributions, and in-kind donations.
Partnerships Required or Recommended	The Children's Administration is the primary partner for the Educational Advocacy program. Treehouse also partners with caregivers and school districts to support the removal of educational barriers.
Challenges	The biggest challenge facing the program is the fact that both the education and child welfare systems are underfunded and slow to change. Treehouse seeks to overcome this barrier by partnering with the Children's Administration on internal policy changes, participating in statewide education reform efforts, and providing feedback on school and district accountability.
Background and Future Directions	Originally called the Children's Fund, Treehouse was founded in 1988 by social workers from the Washington State Department of Social and Health Services who wanted to provide birthday presents, after-school activities, and other things to help children and youth in care feel loved and capable. In 2001, Treehouse began providing educational advocacy services in King County (Seattle). In 2006, the educational advocacy services expanded statewide. In 2012, the legislature promoted a focus on improved high school graduation outcomes for youth in foster care, so the Children's Administration and Treehouse created the Graduation Success program to increase advocates' capacity to serve more children and youth in middle school and high school and to have a greater impact on high school completion.

Learn More

- Angela Griffin, senior manager, Treehouse: angela@treehouseforkids.org; 206-767-7000
- Treehouse website: www.treehouseforkids.org

Sources

- Angela Griffin, interview, April 8, 2014.
- Treehouse website, accessed August 12, 2014, www.treehouseforkids.org
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- Treehouse, Report to our community (2013), accessed August 12, 2014, http://www.treehouseforkids.org/about/financials
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- University of Minnesota, "Check & Community Spotlight" (2014), accessed August 12, 2014, http://checkandconnect.umn.edu/implementation/spotlight_treehouse.html

UCLA TIES for Families, California

Overview	The University of California at Los Angeles (UCLA) TIES (Training, Intervention, Education, and Services) for Families offers three phases of support: (1) preparation and support of prospective adoptive parents; (2) pre-placement assessment of children and consultation with families; and (3) early intervention during the first year of placement and beyond.
Population Served	• Children birth to age 21 who are in the process of being adopted from foster care or have been adopted from care. Children and youth are most often referred by the Los Angeles County Department of Children and Families Services, but can be referred by others as long as they are in the process of or have been adopted through the foster care system. • The program serves about 150 children and youth each year.
Theory of Change	Effective support services — offered before, during, and immediately after placement — can promote the successful adoption, growth, and development of children and youth ages birth to 21 who have disabilities and other challenges, including prenatal substance exposure. Providing support during the vulnerable period during a child's transition from foster care to adoption promotes opportunities for attachment, prevents problems from escalating, and supports parents through the potential challenges of adopting a child or youth who has experienced trauma.
Provider	The University of California at Los Angeles Departments of Pediatrics and Psychology, in partnership with the Los Angeles Department of Children and Family Services
Role of Public Child Welfare Agency	The Los Angeles Department of Children and Family Services refers families and contracts with the University for the provision of services.
Key Service Components	UCLA TIES for Families offers services in three phases: 1 **Preparation and support of prospective adoptive parents —** Prospective adopters receive nine additional hours of education before they are matched with a particular child or children. The training focuses on: • The challenges and rewards of parenting high-risk children and youth • The effects of prenatal drug exposure, abuse and neglect, and parental histories of mental illness • Parenting strategies for children and youth in foster care at highest risk for difficulties

Key Service Components *(continued)*

- Understanding addiction and building empathy for birth parents
- Strategies for preventing substance abuse

2 **Pre-placement assessment of children and youth and consultation with families —** Once a family is matched with a child or youth, TIES clinicians provide a multi-disciplinary review of social service, legal, medical, mental health, and educational records, and evaluate the child's or youth's development, strengths, and needs.

The TIES team — usually a psychologist, pediatrician, clinical social worker, educational advocate, speech pathologist, and child psychiatrist, if necessary — present the assessment results in person with prospective parents and child welfare workers so parents can make informed decisions, learn about the child's strengths and needs and recommended supports, and discuss the child's or youth's transition to the new home.

3 **Adoption-informed early intervention after placement —** As a child or youth moves into the new home, TIES staff provide an array of preventive services, support, and education to the family. Services typically are offered for the first year after placement, but can be extended. The services include:

- *Developmental assessments and home visiting of infants —* This service is designed to promote optimal parent-child interaction and child development, identify families under stress, and provide parenting intervention, support, and connections to additional services.
- *Monthly support groups for parents and older children, and parent-child groups for families with infants and toddlers —* Each group provides parents or youth an opportunity to support one another and discuss key topics. Parent topics include coping with children's or youth's challenges and behaviors; maintaining contact with birth families; and talking with children about their histories. Older children discuss feelings of isolation, rejection from peers, feeling different from other youth, or missing birth or former foster parents. In the parent-child groups, participants discuss concerns about effects of prenatal substance exposure, feeding and sleeping problems, attachment, security concerns precipitated by birth parent visits and legal uncertainty, and issues related to adoption.

Key Service Components *(continued)*

- *Adoption-informed counseling* — Mental health providers help families address issues such as understanding the fit between a child's and parents' temperaments; nurturing a secure attachment; coping with behavior problems associated with prenatal substance exposure or histories of maltreatment or neglect; understanding child identity development; dealing with child grief and loss of birth parents and past caregivers and divided loyalties; understanding issues related to transracial adoption and nontraditional families; and coping with stressors from legal and social service systems.
- *Interdisciplinary consultations and services* — Staff from various fields work to address the family's concerns. Educational consultants may attend individualized education program meetings or advocate for classroom accommodations to stabilize school placements. Other staff can provide in-home behavioral support, assess speech and language needs, or link families with medical professionals familiar with problems common in this population.
- *Mentoring of youth* — Children and youth are matched with undergraduates or graduates of UCLA who have spent time in foster care or adoption.
- *Mentoring of parents* — Parents who have adopted from foster care provide peer support to those who are going through the process or who need additional support.
- *L.I.F.T. Program (Loss Intervention for Families in Transition)* — L.I.F.T provides short-term grief counseling and grief support group services to families who are facing the imminent loss of a child or youth to reunification or have already had a child or youth reunified.
- *Psychiatric Medication Management Clinic* — Board-certified child and adolescent psychiatrists perform evaluations and help families manage medication if needed.
- *Other evidence-based practices* — The program can provide families with evidence-based therapies such as Parent-Child Interactive Therapy, Child-Parent Psychotherapy, and Trauma-Focused Cognitive Behavioral Therapy. (See pages 222, 213, and 232 for more on these therapies.)

Outreach Efforts	• TIES staff attend the last session of adoption preparation training provided by the Los Angeles County Department of Child and Family Services and invite parents to attend additional training offered by TIES. • TIES staff make presentations and exhibit at adoption and other related events and encourage adoption professionals make referrals to the program.
Staffing	• Licensed psychologists — 5.25 full-time equivalent • Social workers — 3.75 full-time equivalent • Mental health providers — 7 full-time equivalent • Psychiatrist — .6 full-time equivalent • Pediatrician — .3 full-time equivalent • Support staff and program administration — 4 full-time equivalent
Training Requirements	• All staff receive 40 hours of training in issues specific to adoption and foster care in their first month with the program. • Staff are provided with eight additional hours of training each quarter on issues relevant to working with children and youth in foster care and adoption, including adoption-informed psychotherapy and evidence-based practices and multidisciplinary approaches to interventions with this population.
Evaluation and Outcomes	***Evaluation Design*** All parents complete a satisfaction survey. Program evaluators are conducting a longitudinal study of 82 families, collecting data two and 12 months after the intervention, and then every year until the children are five. ***Key Findings*** • The vast majority of families surveyed report TIES was the most useful service received during the transition period. • Prospective adopters were more likely to be willing to parent a child who had prenatal substance exposure after attending the TIES training, and felt more confident in their ability to meet such a child's needs. • The longitudinal study showed disruption rates of only 3 percent and parents reported less stress and more satisfaction over time. • During the first year of intervention, children in the longitudinal study showed increases in cognitive development and decreases in internalizing behavior problems.

Approximate Annual Budget for Services Described	$2.5 million
Funding	• Contracts with the Los Angeles Department of Child and Family Services and the Los Angeles Department of Mental Health. • MediCal for the therapeutic and medical services. • Foundation grants cover portions of the program not covered by the contracts.
Partnerships Required or Recommended	• The program relies on a strong relationship with the Los Angeles County Department of Child and Family Services. The child welfare department makes referrals and enables TIES program staff to conduct outreach during pre-adoption training. • TIES also works closely with local and national child advocacy organizations.
Challenges	• Relying on public funds during tough economic times • Only being able to serve children and youth being adopted from foster care
Background and Future Directions	TIES began as a two-year program, originally funded by a federal Adoption Opportunities Program grant. Since its inception, the program has served more than 1,000 children and their caregivers, and about 2,000 families have received training. TIES has created a manual to guide other practitioners in the use of its eight-module adoption-specific psychotherapy model (called ADAPT). A pilot study of its effectiveness is underway.
Learn More	• Audra Langley, Ph.D., executive director, UCLA TIES for Families: alangley@mednet.ucla.edu; 310-794-2460 • UCLA TIES website: www.tiesforadoption.ucla.edu/

Sources

- Susan Edelstein and Audra Langley, interview, June 26, 2013.
- Unique TIES Components fact sheet.
- UCLA TIES website, accessed July 14, 2013, http://www.tiesforadoption.ucla.edu

Washington State's Kinship Support Programs

Overview	Washington state operates and provides support programs for families caring for their relative children and youth, including a Kinship Navigator Program to connect families with needed community resources, and a Kinship Caregivers (financial) Support Program that covers costs for concrete needs, and a statewide kinship resource website. Although these are separate programs, we describe them together here because they serve much of the same population.
Population Served	• The Kinship Navigator Program provides support to relative caregivers, including some in the formal foster care system. In 2012, the program provided services to 2,052 caregivers raising 3,542 children and youth. • The Kinship Caregivers Support Program serves relative caregivers raising children and youth outside the formal child welfare system. In fiscal year 2012, the program served 3,342 children and youth and 2,193 relative caregivers.
Theory of Change	Grandparents and other relatives can provide a safe, loving family for a child or youth who cannot remain at home safely with birth parents. These relatives (kinship caregivers) may need targeted help to access resources to meet the children's or youth's needs. When given proper support, kinship caregivers keep children and youth out of foster care and provide permanency, thereby saving state funds.
Provider	The Washington State Department of Social and Health Services' Aging and Long-Term Support Administration contracts with 13 local community organizations that are part of the Area Agencies on Aging network to provide the Kinship Caregivers Support Program. Eight of these agencies also run a Kinship Navigator Program.
Role of Public Child Welfare Agency	The Washington State Department of Social and Health Services funds and oversees the services through the Aging and Long-Term Support Administration. The department also refers families to the program.
Key Service Components	• **Kinship Navigator Program** — Kinship navigators: ◦ Connect caregivers with community resources, such as health care, financial services, legal services, support groups, training, educational advocacy, and emergency funds

Key Service Components *(continued)*	◦ Inform caregivers about how to apply for federal and state benefits; actively mediate with state or local agencies to ensure caregivers receive needed benefits ◦ Provide caregivers with emotional support and information ◦ Educate the community about the needs of kinship caregivers • **Kinship Caregivers Support Program** — This program provides specific financial assistance to relative caregivers to cover basic needs such as clothing and food, school and youth activities, housing, transportation, and legal services. • **Kinship center** — In King County (Seattle), a Kinship Collaboration has created a kinship center where caregivers can visit with a navigator or other resource specialists, take workshops, get information, and pick up donated items like clothes or diapers. At the center, children can participate in activities with other children in kinship care (such as drill team). In other parts of the state, local kinship care programs have created kinship closets. • **Support groups** — Around the state, there are about 35 kinship support groups available to provide emotional support and pertinent resource information. • **Other services** — In some areas of the state, kinship caregivers also have access to respite and legal services.
Outreach Efforts	• A kinship specific website: www.dshs.wa.gov/kinshipcare • Information and resource brochures (translated into eight languages) • Connections with local Department of Social and Health Services' offices and offices operating Temporary Assistance to Needy Families (TANF) • An annual Voices of Grandchildren contest, which generates media coverage and includes a reception in the governor's or lieutenant governor's office • Trainings, support groups, and conferences • Navigators' actively seeking caregivers in their communities, particularly those not already connected with support networks and those who are geographically isolated through school systems, early childhood programs, mental health, and family service agencies • Presenting at conferences with tribes to reach Native American caregivers

Staffing	• There are 7.5 full-time equivalent kinship navigators. Agencies are encouraged to consider kinship caregivers in the hiring process, and some of the navigators are kinship caregivers or were raised by relatives. • Each contracted Area Agency on Aging decides whether to deliver its Kinship Caregivers Support Program directly or to contract it out to a local family service agency. Only 10 percent of the program's budget can go for direct service delivery staffing.
Training Requirements	• The state spells out the duties and responsibilities, needed knowledge base, and recommended qualifications for the kinship navigators through its Request for Proposal process, and each contract agency trains the staff on program requirements and rules. • Most kinship navigators are trained by shadowing an experienced navigator and through host agency staff. • Kinship navigators meet face to face about once a year for additional training and typically participate in conference calls held during the year to share information with one another and learn from subject experts.

Evaluation and Outcomes	***Evaluation Design***
	The contract agencies are required to provide the state with detailed reports on how funds are allocated through the Kinship Caregivers Support Program along with case scenarios. The state conducts periodic reviews of case files to ensure the proper use of funds.
	For the Kinship Navigator Program, contract agencies submit quarterly reports on numbers served, types of services provided, and satisfaction of caregivers with the services.
	Key Findings
	• In 2012, 73 percent of the financial support provided by the Kinship Caregivers Support Program covered basic needs such as clothing and food.
	• About 12 percent funded school and youth activities.
	• Other funds were used for transportation (5 percent), legal services (3 percent), and other needs (6 percent).
	• Between July 2011 and June 2012, kinship navigators provided support to kinship caregivers with the following needs:
	  ◦ Financial needs — 43 percent
	  ◦ Support (respite and support groups) — 23 percent
	  ◦ Legal issues — 11 percent

Evaluation and Outcomes *(continued)*	◦ Housing — 7 percent ◦ Health care or children with special needs — 7 percent ◦ Counseling for child/relative — 5 percent ◦ Education advocacy — 2 percent ◦ Incarcerated parents or substance abuse — 2 percent
Budget and Funding	• Kinship Navigator Program — $650,000 per year in state general funds. Each of the eight contract agencies receives about $85,000 to offer the program in its area. • Kinship Caregivers Support Program — $1,000,000 in state funds through the state's Aging and Long-Term Support Administration. • Support groups and legal and respite services — about $230,000 annually comes out of federal funds provided to the state through the Older Americans Act/National Family Caregiver Support Program to support kinship caregivers ages 55 and older, with up to 10 percent of the total program budget of $2.8 million. Washington state spends about 8 percent on relative caregivers. (The remainder of the program funds support family caregivers caring for elders with functional disabilities or individuals of any age living with dementia.)
Partnerships Required or Recommended	• Kinship navigators build strong relationships with community-based organizations providing services to relative caregivers and partner with local child welfare departments. • The Department of Social and Health Services operates a Kinship Work Group with representatives from the Health Care Authority, the Department of Health, the Office of the Superintendent of Public Instruction, and the Department of Early Learning to plan how to best collaborate to support kinship caregivers from policy and practice considerations. • Since 2003, the state has had an active, legislatively mandated Kinship Oversight Committee to identify caregivers' needs and available resources and provide critical feedback to the department. Membership includes caregivers, state agency staff, kinship navigators, advocates, and partner agencies.
Challenges	In 2013, for the first time, funding for the Kinship Caregivers Support Program was in jeopardy right up to the last day of the legislative session. It is critically important to make sure policymakers and the public understand the challenges faced by kinship care families and the value of safety-net programs like this one.

Background	Surveys conducted with kinship caregivers in 2002 showed the community's number one need was financial help. In 2004, the Washington legislature created the Kinship Caregivers Support Program as an emergency fund for kinship care families outside the system. The legislature also ordered the creation of a kinship navigator program, but did not provide funding. Casey Family Programs funded an 18-month pilot navigator program and its evaluation beginning in 2004, and in 2005 the legislature provided $100,000 in funding for the continuation of the pilot program. By 2009, the navigator program was funded at about its current level of $650,000.
Learn More	• Hilarie Hauptman, manager, Kinship and Family Caregiver Program, Washington Department of Social and Health Services: hilarie.hauptman@dshs.wa.gov; 360-725-2556 • Kinship Care in Washington state website: www.dshs.wa.gov/kinshipcare

Sources

- Hilarie Hauptman, interview, July 1, 2013.
- Washington Department of Social and Health Services, Kinship Caregiver Support Program fact sheet (2013).
- Washington Department of Social and Health Services, Kinship Navigator Program Description (2013).
- Washington Department of Social and Health Services, "Did you know about the following services and supports for grandparents and other relatives?"

Yakama Nation Kinship Program, Washington State

Overview	The Yakama Nation Kinship Program serves relative caregivers who are affiliated with the Yakama Nation in Washington state. Services include connecting caregivers with community and tribal services, support groups, activities for caregivers and youth, and providing material supports such as food and clothing.
Population Served	• Children and youth and their caregivers who are in court-approved kinship care and are enrolled with Yakama Nation. • The program serves 50 families with more than 100 children and youth.
Theory of Change	If kinship caregivers are provided with necessary supports, they are better able to meet the needs of the children and youth in their care and the entire family will function more successfully. If caregivers have a person to contact when they need emotional support and other services, fewer tribal children and youth will enter the formal foster care system.
Provider	Yakama Nation Justice Services oversees the Yakama Nation Kinship Program.
Role of Public Child Welfare Agency	The tribe's child welfare program (Nak Nu We Sha) refers families for support services. Kinship Program staff work closely with child welfare staff if the caregivers' children are under the child welfare agency's authority. The Washington Department of Social and Health Services also refers families to the program.
Key Service Components	• **Monthly support groups** — Through monthly support groups, kinship caregivers provide peer support to one another and share information about effective services and resources. Children and youth also attend to make connections with others in similar circumstances and participate in activities. Food is provided at the meetings. • **Caregiver events and respite** — Caregivers participate in dinner and social events (such as theater shows, NBA basketball games, fairs, swimming and skating parties, and rodeos) where they can have fun, connect with one another, and take a break from caregiving. The local YMCA also offers three-hour respite events on Saturday evenings. • **Camps** — Youth are able to participate for free in Yakama Nation camps, including a weeklong summer camp and a special weeklong camp for high school students. The program has also arranged for discounted rates for a local day camp. While youth have fun and learn at camps, caregivers have respite.

Key Service Components *(continued)*	• **Navigation services and advocacy** — Staff help kinship caregivers find and access needed services and resources in the community and build their understanding of the state or tribal child welfare system if the case involves child protection services. If the family requests support, the program manager can attend court hearings and school meetings as a family advocate. • **Youth participation in events** — The Kinship Program is able to send about 10 children or youth from the kinship group to participate in fairs, sporting events, and other activities offered as part of the Tribe's LISTEN Together Youth Activities program. The LISTEN program helps youth develop leadership skills and build awareness of their heritage. Youth also serve as ambassadors and volunteer in the community when there is a need. • **Educational support** — The Indian Education program in the local school district provides youth in need with additional services and can help arrange for financial support to meet a specific educational request. • **Material supports** — About five families per month can access food through the tribe's commodities program. Program staff also take caregivers who live on the reservation shopping where they can buy clothes, shoes, and other needed items for the children or youth in their care. The Yakama Nation Area Agency on Aging also has a fund of $5,000 to provide material support to the tribe's kinship families. • **Lending library** — Caregivers can borrow articles, resource materials, books, and movies related to kinship care.
Outreach Efforts	• The local paper, *Yakama Nation Review*, donated advertising to promote the monthly support groups. A local radio station also promotes the program and events on air. The program also uses Facebook to announce events. • Local agencies refer families to the program.
Staffing	• 1 full-time program manager • 1 full-time case manager to be added
Training Requirements	The staff member is a court-appointed special advocate and has received training on Parenting a Second Time Around, historical trauma, and other topics related to child welfare and kinship care.
Evaluation and Outcomes	***Evaluation Design*** The program manager is working with Casey Family Programs to develop evaluation tools for the program.

Approximate Annual Budget for Services Described	$149,000
Funding	The Kinship Program is funded primarily through tribal funds, with an additional, one-time grant from Casey Family Programs. The Area Agency on Aging's fund of $5,000 for material supports is from the state of Washington. (See page 198 for more on the state program.) The program also receives in-kind donations.
Partnerships Required or Recommended	• The program partners with Casey Family Programs on program design, implementation, and evaluation, and Casey Family Programs provides ongoing technical assistance. • Staff also partner with local agencies to conduct outreach to families and identify potential community and tribal resources for families.
Challenges	• Ensuring ongoing, sufficient program funding • Not enough staff to meet the service demand • Tracking families and contacts
Background and Future Directions	The Kinship Program was started in January 2014 after the kinship caregivers and youth in kinship care met with tribal leaders to talk about their needs for services. Program staff also met with tribal council, Casey Family Programs staff, and others to talk about the needs of families in kinship care and how to help them access needed resources. Tribal leaders attended a number of kinship events, and agreed to fund the program to support families in relative care. Before this, the program manager had provided support to tribal kinship caregivers for 10 years as an employee of Casey Family Programs.
Learn More	• Jenece Howe, manager, Yakama Nation CASA & Kinship Program: jhowe@yakama.com; 509-865-5121, ext. 4878

Source

- Jenece Howe, interview, April 15, 2014.

Therapeutic and Skills-Based Programs

In this section, we describe 16 therapeutic techniques and skills-based programs that have evidence showing their effectiveness or promise with children and youth who are experiencing challenges. Most are offered around the United States or even the world by various programs and providers. These programs are not exclusively designed for children and youth in adoption, foster care, or kinship care, but all have been used with these populations.

When examining the techniques and programs below, several themes emerge. First and foremost, the approaches focus on the family, acknowledging that healing from trauma is a team effort of the child or youth and his or her family, along with trained professionals. Second, the programs typically take a strength-based approach, highlighting the strengths of the child or youth and the family's capacities. Starting with their strengths and abilities enables children and youth to heal and thrive far more than simply focusing on their deficits would. Finally, most of these programs have a short or limited duration.

These techniques have been shown to make a real difference for children with mental health issues or behavioral problems, and including these interventions in your services for adoptive, foster, and kinship care families may be a strategy for improving child well-being. Of course, implementation of any of these techniques requires fidelity to the program model and specific training on the techniques and program.

3-5-7 Model

Target Population	Children, youth, and parents in the child welfare system
Goals	Prepare children for permanency by helping them: • Understand the events of their lives and reconcile the losses they have experienced (clarification) • Rebuild relationships in their lives and understand they can be members of more than one family (integration) • Visualize belonging to a permanent family (actualization)
Intervention	The 3-5-7 Model uses three tasks (listed under goals above), five conceptual questions, and seven interpersonal skill elements to help children and their families address grief and build relationships. Through a series of specific activities and techniques including life-books, life maps, life/loss lines, and collages, the 3-5-7 Model helps children and youth answer five questions: • What happened to me? (exploring issues of loss) • Who am I? (identity) • Where am I going? (attachment) • How will I get there? (relationships) • When will I know I belong? (claiming and safety) Practitioners of the model use seven skills and interpersonal abilities to support the work of children, youth, and families: engage children in the process and give them voice, listen to the expression of their feelings, respond briefly, affirm the perspective expressed, create a safe environment for the child, recognize that painful feelings can be expressed through behaviors, and acknowledge that children, youth, and families must do the work of healing.
Duration	• In-person sessions of 15 minutes to an hour or more are held with the child about every other week, with a call in the off week. • The duration depends on the child's needs and readiness, with 12 months of consecutive services preferred and six months as the suggested minimum.

Training for Providers	Practitioners must have a bachelor's degree in human services and received the following specific training: • Half-day administrative overview • 2-day training on the model • 2 follow-up days of coaching and consultation, the first 6 weeks after training and the second 16 weeks after training Ongoing monthly coaching and consultation
Results	No specific results available
Rating	The California Evidence-Based Clearinghouse for Child Welfare was unable to rate the 3-5-7 Model due to a lack of research evidence.
Implementation Information Available	Darla Henry: dhenry@darlahenry.org; 717-919-6286

Sources

- Darla Henry, interview, June 27, 2013.
- The California Evidence-Based Clearinghouse for Child Welfare, accessed June 27, 2013, www.cebc4cw.org/program/3-5-7-model/detailed
- Darla Henry website, accessed June 27, 2013, http://darlahenry.org/sub/357model
- Darla Henry, "The 3-5-7 Model: Preparing Children for Permanency," *Children and Youth Services Review*, 27 (2005): 197–212.

Attachment and Biobehavioral Catch-Up (ABC)

Target Population	Parents of children 6 to 24 months in foster care, adoption, or kinship care, and parents at risk of abusing their children; the intervention is currently being tested for children older than 24 months
Goals	• Address problems that arise when children who have been abused and neglected have behaviors that push caregivers away • Enable caregivers to understand the causes of the behaviors and to provide nurturing care even when the child is distressed • Help children develop their own ability to regulate their behavior and their bodies • Ensure caregivers don't use behaviors that could be frightening or intrusive
Intervention	Parent coaches provide the intervention in the home through 10 weekly one-hour sessions. Coaches work with parents, providing immediate feedback (called "In the Moment" comments) about their behaviors and how they affect the child. • Sessions 1 and 2 help parents interpret behaviors and provide nurturing care. • Sessions 3 through 5 help caregivers follow the children's lead. • Session 6 helps parents understand how their behavior could be frightening to a child. • Sessions 7 and 8 encourage caregivers to explore their past experiences and help them understand what influences their parenting choices. • Sessions 9 and 10 help caregivers learn to make connections between the items covered in the earlier sessions and build on their successes.
Duration	10 weeks
Training for Providers	• Parent coaches must have experience working with children and have strong interpersonal skills. They receive training in how to use a structured training manual that details each session and its interventions. • Coaches also receive training in how and when to offer "In the Moment" comments.

Results	Studies of both foster parents and birth parents receiving the intervention suggest the intervention reduces stress in infants and children and improves attachment between parents and children. Children in the foster parent study exhibited more advanced executive functioning than children in a control group.
Rating	• The California Evidence-Based Clearinghouse for Child Welfare rates Attachment and Biobehavioral Catch-Up as well-supported by the research evidence. • The National Child Traumatic Stress Network lists Attachment and Biobehavioral Catch-Up as an empirically supported treatment and promising practice.
Implementation Information Available	• Dr. Caroline Roben, director of ABC dissemination, University of Delaware: croben@psych.udel.edu; 302-319-1229

Sources

- Mary Dozier, Elizabeth Meade, and Kristin Bernard, "Attachment and Biobehavioral Catch-up: An Intervention for Parents at Risk of Maltreating Their Infants and Toddlers" in S. Timmer & A. Urquiza, *Evidence-Based Approaches for the Treatment of Child Maltreatment* (New York: Springer, 2014).
- The California Evidence-Based Clearinghouse for Child Welfare, accessed April 8, 2014, www.cebc4cw.org/program/attachment-and-biobehavioral-catch-up/detailed
- U.S. Department of Health and Human Services, Home Visiting Evidence of Effectiveness, "Implementing Attachment and Biobehavioral Catch-Up (ABC) Intervention," accessed April 8, 2014, http://homvee.acf.hhs.gov/document.aspx?rid=3&sid=51

Attachment, Self-Regulation and Competency (ARC) Clinical Services

Target Population	Children who have experienced multiple or repeated trauma, including physical and sexual abuse; these children typically are experiencing anxiety, depression, post-traumatic stress disorder, grief, and other problems.
Goals	• Build attachments • Increase children's ability to self-regulate • Increase children's and caregivers' skills and competencies
Intervention	ARC is a flexible framework for treatment that includes core principles of intervention, strategies in three core domains, and 10 building blocks under those domains. ***Attachment*** • Caregiver affect management — In this area, the technique works to inform caregivers about the effects of trauma, helps them depersonalize children's behaviors and actions, and increases their ability to understand and manage affect. • Attunement — ARC helps caregivers respond to the emotional reason for a child's behaviors and informs them about triggers. The intervention targets positive engagement between the child and caregiver. • Consistent response — Clinicians provide caregivers with tools to improve their ability to respond regularly and appropriately to the child's behaviors. • Routines and rituals — In this building block, caregivers learn how predictable routines can help them prevent problems during certain trouble times, such as during transitions or at bedtime. ***Self-Regulation*** • Affect identification — ARC helps children understand the emotions related to their traumatic experience and see the connections between those emotions and behaviors and coping mechanisms. • Affect modulation — In this building block, children develop strategies to control their bodies' response to stress or trauma and to manage emotions. • Affection expression — Clinicians work to help children communicate their feelings and to identify safe emotional resources.

Intervention *(continued)*	***Competency*** • Developmental tasks — In this area, ARC identifies areas where a child may be developmentally behind and works to help the child make progress in a number of areas, including social skills, school performance, motor skills, and responsibility. • Executive functions — This intervention helps children learn to problem solve and to understand the connection between actions and outcomes, and thus make better choices. • Self development — ARC treatment helps children build a strong, positive sense of self and learn to focus on the future.
Duration	No set duration
Training for Providers	Clinicians receive an initial two-day training on how to use ARC, ongoing consultation, and advanced follow-up trainings.
Results	• Early evaluations showed the framework resulted in reduced anxiety, depression, and symptoms of post-traumatic stress disorder, and increased adaptive and social skills. • Caregivers reported children's behaviors had improved and their own stress was reduced.
Rating	The National Child Traumatic Stress Network lists Attachment, Self-Regulation and Competency as an empirically supported treatment and promising practice.
Implementation Information Available	Trauma Center at Justice Resource Institute: www.traumacenter.org/research/ascot.php; 617-232-1303

Sources

- Trauma Center at Justice Resource Institute web site, accessed March 13, 2014, www.traumacenter.org/research/ascot.php
- National Child Traumatic Stress Network fact sheet, "Attachment, Self-Regulation, and Competency (ARC): A Comprehensive Framework for Intervention with Complexly Traumatized Youth."
- Margaret E. Blaustein and Kristine Kinniburgh, "Intervening Beyond the Child: The Intertwining Nature of Attachment and Trauma," British Psychological Society, *Briefing Paper* 26 (2007), 48–53.

Child-Parent Psychotherapy

Target Population	Children ages birth to 5 who have experienced trauma and are having resulting behavior, attachment, or mental health problems, and their caregivers
Goals	• Strengthen the parent-child relationship • Reduce symptoms of trauma in the child such as depression or anxiety • Identify and address trauma triggers
Intervention	Child-Parent Psychotherapy is based in attachment theory and integrates psychodynamic, developmental, trauma, social learning, and cognitive behavioral theories. Treatment is often offered in the home and usually includes play activities to facilitate communication between the parent and child. The child and a primary caregiver are seen together. Key elements of Child-Parent Psychotherapy include: • Focusing on the parent-child relationship and reciprocity in the parent-child and other relationships • Promoting safe behaviors, establishing parent-child roles, and helping parents set limits • Addressing the trauma by helping the parent acknowledge the trauma, helping both parties understand each other's situations, working with parents to understand their own past experiences and feelings, and reinforcing helpful behaviors • Encouraging healthy behavior and developing a predictable daily routine • Using reflective supervision
Duration	Weekly sessions of 1 to 1.5 hours for 1 year
Training for Providers	• Master's level clinicians typically participate in a three-day workshop and quarterly two-day workshops, along with ongoing phone case consultation. • Supervisors must have a master's degree and at least one year of training in the program model.

Results	Studies showed the following results: • Higher parent-child empathy scores and fewer angry behaviors for children • Improved attachment between parent and child • Improved parent-child relationship expectations • Reductions in children's symptoms of trauma and behaviors problems • Improvements in parents' mental health
Rating	• The California Evidence-Based Clearinghouse for Child Welfare rates Child-Parent Psychotherapy as supported by research evidence. • The National Child Traumatic Stress Network lists Child-Parent Psychotherapy as an empirically supported treatment and promising practice.
Implementation Information Available	Child Trauma Research Program at the University of California, San Francisco: cpp.training@ucsf.edu; 415-206-5312

Sources

- The California Evidence-Based Clearinghouse for Child Welfare, accessed June 25, 2014, www.cebc4cw.org/program/child-parent-psychotherapy/detailed
- Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices, accessed June 25, 2014, www.nrepp.samhsa.gov/ViewIntervention.aspx?id=194
- Child Trauma Research Program website, accessed February 7, 2015, http://childtrauma.ucsf.edu/

Dyadic Developmental Psychotherapy

Target Population	Children in adoption or foster care who have experienced abuse or neglect and who suffer from significant developmental trauma
Goals	• Build attachment between the child or youth and parents • Help children and youth learn to trust and build relationships • Reduce the child's or youth's controlling behaviors and stress
Intervention	Dyadic Developmental Psychotherapy is part of a broader framework of Dyadic Developmental Practice, which includes support through parenting, schools, and the community. The practice is based on the core practices of PACE: • Playfulness — creating an atmosphere of lightness and interest, using a light tone of voice • Acceptance — actively communicating to children and youth that you accept who they are as a person and their wishes, feelings, thoughts, urges, motives, and perceptions • Curiosity — exploring, without judgment, why children have the behaviors and feelings they do • Empathy — showing compassion and joining the child in her feelings during difficult times The therapy includes the following steps: • The therapist meets with the parents to explain the practice and prepare them for their role in the process. The therapist and parents develop trust and respect. • The therapist helps parents explore their own attachment history and how this may affect their parenting role. • Once the therapist believes the parents are ready, the child joins the therapy sessions. The therapist shows the child that he understands what she has been through and helps the child regulate emotions. • The therapist helps the child talk to the parents, helping the child understand her experience. Each session focuses on a theme, often raised by the child, through which the therapist can help the child connect on a deeper emotional level. Sessions help the child explore experiences.

Intervention *(continued)*	Key principles of Dyadic Developmental Psychotherapy include: • Eye contact, tone of voice, and touch are used to communicate safety, acceptance, and other positive emotions. • Children and parents have opportunities for joint fun and play every day. • Participants seek success and use successes to develop skills. Small successes are celebrated. • Adults must have the ability to regulate their own emotions and model this behavior to children and youth. • Children's behaviors are symptoms of their history that they must understand in order to move forward. Adults must accept and show that they know the children are doing the best they can, given their past trauma.
Duration	No set timeline
Training for Providers	To become a certified practitioner of Dyadic Developmental Psychotherapy, practitioners must participate in the 56-hour Dyadic Developmental Psychotherapy Core Training offered by the Dyadic Developmental Psychotherapy Institute. The first level of training includes: • Overview of the model • Core components • Working with parents and caregivers • Day-to-day parenting, application of the therapeutic technique in different circumstances, working with other agencies and professionals In Level Two, practitioners use role-playing, case studies, and examples to discuss how to apply Dyadic Developmental Psychotherapy. The trainer provides feedback and consultation to help trainees develop their skills and knowledge about the technique.
Results	Two studies comparing children and youth who received Dyadic Developmental Psychotherapy with a control group found: • One year after treatment, the children who received the Dyadic Developmental Psychotherapy treatment had clinically and statistically improved scores on the Child Behavior Checklist. These children and youth now had scores in the normal range on the checklist. The children and youth in the control group saw no significant changes in their scores.

Results *(continued)*	• Three to four years after treatment, children and youth who had met the clinical criteria for reactive attachment disorder before treatment had statistically significant reductions in attachment disorder, aggressive and delinquent behaviors, social problems and withdrawal, anxiety and depressive problems, thought problems, and attention problems. The control group saw no such improvements and even became worse in some cases.
Rating	• The California Evidence-Based Clearinghouse for Child Welfare rates Dyadic Developmental Psychotherapy as having promising research evidence. • In a systematic review of therapeutic interventions for children and youth in foster care, Craven and Lee found Dyadic Developmental Psychotherapy to be a supported and acceptable treatment.
Implementation Information Available	The Dyadic Developmental Psychotherapy Network: http://ddpnetwork.org; 717-867-8335

Sources

- The Dyadic Developmental Psychotherapy Network website, accessed June 15, 2014, http://ddpnetwork.org
- Arthur Becker-Weidman and Daniel Hughes, "Dyadic Developmental Psychotherapy: An Evidence-Based Treatment for Children with Complex Trauma and Disorders of Attachment," *Child & Family Social Work*: 13 (2008): 329–337.
- The California Evidence-Based Clearinghouse for Child Welfare, accessed June 25, 2014, www.cebc4cw.org/program/dyadic-developmental-psychotherapy/detailed

Functional Family Therapy (FFT)

Target Population	Youth ages 10 to 18 with problems such as acting out, conduct disorder, or substance abuse
Goals	• Identify risk and protective factors affecting the youth • Explore how family relationships influence the youth and the therapeutic process
Intervention	Functional Family Therapy takes youth and families through five phases: • Engagement — Therapists work to establish a strengths-based relationship with clients. They demonstrate accessibility, respect, responsiveness, and cultural competence to establish credibility. • Motivation — Therapists focus on the relationship between the youth and his family, work to reduce negativity, and encourage clients to believe that lasting change is possible. Clinicians seek to interrupt negative interactions and explore reasons for negative behaviors, while establishing hope for a positive future. • Relational assessment — During this phase, the therapist concentrates on family relationships and works to identify values, interaction patterns, sources of resistance, and resources. • Behavior change — At this stage, the therapist seeks to reduce problem behaviors and improve family relations by providing training on family communication, parenting, problem solving and conflict resolution. Professionals will model and prompt positive behavior and find creative ways to encourage desired behaviors. • Generalization — The final phase of treatment is to teach the family to use resources and skills to prevent future problems. Again, the therapist emphasizes family relationships and links to community resources, while also developing a relapse prevention plan.
Duration	8 to 30 1-hour therapeutic sessions (average is 12 sessions)
Training for Providers	• Therapists and supervisors receive training on the Functional Family Therapy method. • Supervisors learn about the Functional Family Therapy method and attend required weekly group supervision with therapist teams.

Results	• A number of studies have shown reductions in problem behaviors by youth served by Functional Family Therapy. • The Promising Practices Network notes that reviews suggest Functional Family Therapy may be effective at improving outcomes such as reducing alcohol, tobacco, or drug use; reducing violent or other problems behaviors; and improving anxiety or mood disorders.
Rating	The California Evidence-Based Clearinghouse for Child Welfare rates Functional Family Therapy as supported by the evidence.
Implementation Information Available	Functional Family Therapy website: www.fftllc.com/about-fft-training/implementing-fft.html

Sources

- The California Evidence-Based Clearinghouse for Child Welfare, accessed April 3, 2014, www.cebc4cw.org/program/functional-family-therapy/detailed
- Office of Juvenile Justice and Delinquency Prevention Model Programs Guide, accessed April 3, 2014, www.ojjdp.gov/mpg
- Functional Family Therapy web site, accessed February 7, 2015, www.fftllc.com/
- Promising Practices Network, accessed April 3, 2014, www.promisingpractices.net/program.asp?programid=192

Multisystemic Therapy (MST)

Target Population	Youth 12 to 17 at risk of out-of-home placement or involved with juvenile justice
Goals	• Help youth focus on education and job skills • Connect youth with recreational activities • Help caregivers increase parenting skills • Create a network of support around the family
Intervention	Therapy, offered by master's level clinicians, is provided in the family home, at school, or other locations chosen by the child or family. Treatment providers are available to the families 24 hours a day. Multisystemic Therapy is guided by nine principles: • Finding out how the youth's problems make sense in the context of the youth's environment • Focusing on the youth's and family's strengths and using them to promote positive change • Increasing responsibility and decreasing irresponsible actions • Focusing on the present, highlighting actions that can be taken now and helping the family work toward goals • Targeting sequences of behavior that lead to problems • Providing developmentally appropriate services based on the youth's age and development; helping the youth develop social, academic, and vocational skills • Maintaining continuous effort so that the youth and families show commitment and address problems rapidly • Evaluating services and being accountable for overcoming barriers families face • Investing caregivers with the ability to address problems long into the future
Duration	3 to 5 months, through sessions offered from once a week to daily (intensity varies depending on need)
Training for Providers	Clinicians must have a master's degree.

Results	• Research has shown that Multisystemic Therapy keeps youth in their families, in school, and out of trouble. • Multisystemic Therapy improves family functioning, and reduces youth's mental health problems and drug and alcohol use • Follow-up studies have shown that positive results continue more than a decade after the intervention.
Rating	The California Evidence-Based Clearinghouse for Child Welfare rates Multisystemic Therapy as well-supported by the evidence.
Implementation Information Available	Multisystemic Therapy website: www.mstservices.com

Sources

- The California Evidence-Based Clearinghouse for Child Welfare, accessed March 27, 2014, www.cebc4cw.org/program/multisystemic-therapy/detailed
- Multisystemic Therapy website, accessed March 27, 2014, www.mstservices.com

Parent-Child Interaction Therapy (PCIT)

Target Population	Children ages 2 to 7 who have behavioral or emotional problems
Goals	• Improve the parent-child bond and interactions • Teach new parenting skills • Improve the child's social skills and cooperation • Reduce problem behaviors

Intervention	Therapists coach parents on how to use new parenting skills, in two types of interventions:
	• Child-directed interaction — Through one-way glass, therapists observe parents interacting with their children and are able to provide parents with tips and redirection. By receiving feedback, parents learn how to:
	  ◦ Follow the child's lead
	  ◦ Praise the child for positive behavior and ignore negative behavior
	  ◦ Decrease negative interaction
	• Parent-directed interaction — After the parent has mastered the skills taught during child-directed interaction, they move on to this second phase. Again a therapist watches the parents and provides ongoing coaching. During parent-directed interaction, parents learn to:
	  ◦ Lead the child's behavior effectively
	  ◦ Use commands that are direct, specific, positive, polite, etc.
	  ◦ Provide praise when the child obeys
	  ◦ Use and communicate effective time outs when the child does not obey

Duration	Typically one or two one-hour sessions each week, with a total of 10 to 20 sessions; treatment typically continues until parents master particular skills and the child's behaviors are within normal limits.
Training for Providers	• Therapists must have prior training in cognitive behavior therapy, child behavior therapy, and therapy process skills. • Therapists should receive 35 to 40 hours of intensive skills training as well as supervision during four cases before seeing clients alone.

Results	• Parent-Child Interaction Therapy has been shown to improve the behavior of preschool age children, changing the behavior of children with conduct disorder so that it falls within the normal range. • Parents have seen improvements in listening and pro-social verbalization, and decreases in sarcasm and criticism of the child. • All studies have shown parents are highly satisfied with the process and its outcomes.
Rating	• The California Evidence-Based Clearinghouse for Child Welfare rates Parent-Child Interaction Therapy as well-supported by the evidence. • The National Child Traumatic Stress Network lists Parent-Child Interaction Therapy as an empirically supported treatment and promising practice. • The Substance Abuse and Mental Health Services Administration lists the program in its National Registry of Evidence-based Programs and Practices.
Implementation Information Available	Parent Child Interaction Therapy International website: www.pcit.org

Sources

- The California Evidence-Based Clearinghouse for Child Welfare, accessed March 20, 2014, www.cebc4cw.org/program/parent-child-interaction-therapy/detailed
- PCIT International website, accessed March 20, 2014, www.pcit.org/
- Substance Abuse and Mental Health Services Administration National Registry of Evidence-based Programs and Practices, accessed March 20, 2014, www.nrepp.samhsa.gov/ViewIntervention.aspx?id=23

Positive Peer Culture

Target Population	Youth ages 12 to 17
Goals	• Improve social competence and build strengths • Increase care and concern for others • Help youth develop a sense of belonging, mastery, independence, and generosity
Intervention	During group sessions with eight to 12 youth, youth build trust and respect for one another, and create group norms that support positive attitudes and reject antisocial behavior. Essential components include: • Building group responsibility — Staff purposefully create opportunities for youth to help other group members and to make the right choices. Youth work together to keep one another out of trouble. Negative peer pressure is turned around with youth guiding one another to make the right choices. • Holding structured group meetings — With the guidance of a trained adult leader, the groups enable youth to help one of their peers through an organized agenda of problem reporting, deciding which member's issues will be the primary topic for the meeting, problem solving, and a group leader summary. • Service learning — Youth become involved in community projects where they can learn the value of helping others (such as working for Habitat for Humanity, providing meals to homeless people, or tutoring younger children). Ultimately, youth increase their sense of self-worth as they contribute to the community. • Teamwork primacy — Staff teams are organized around teams of children and youth.
Duration	6 to 9 months, with 90-minute group meetings held up to 5 times per week
Training for Providers	• Bachelor's degree in helping profession • 5 years of experience in positive youth development • Classroom and other training in the program model

Results	A variety of studies have shown youth participants have: • Improved resistance to temptation and moral development or judgment. • Improved social skills and lower recidivism rates • Improved behavior and self-esteem
Rating	The California Evidence-Based Clearinghouse for Child Welfare rates Positive Peer Culture as supported by the evidence.
Implementation Information Available	Erik Klejs, Egsmark Associates: erik.klejs@gmail.com; 804-543-2568

Sources

- The California Evidence-Based Clearinghouse for Child Welfare, accessed February 19, 2014, www.cebc4cw.org/program/positive-peer-culture/detailed
- Larry K. Brendtro, Martin L. Mitchell, and Herman McCall, "Positive Peer Culture: Antidote to 'peer deviance training," *Reclaiming Children and Youth*, 15 (2007): 200–2006.
- Erik K. Laursen, "The Academy for Positive Peer Culture," *Reclaiming Children and Youth*, 18 (2010): 50–51.
- Erik K. Laursen, "The Evidence Base for Positive Peer Culture," *Reclaiming Children and Youth*, 19 (2010): 37–42.

Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)

Target Population	Chronically traumatized adolescents 12 to 21 who are experiencing difficulties in several areas of functioning (such as self-perception, impulsivity, anger, and dissociation)
Goals	• Help teens cope and regulate emotions • Enhance teens' self-efficacy and self-perception • Improve youth's ability to connect with others and establish relationships • Help youth find meaning in their lives

Intervention	• Structured Psychotherapy of Adolescents Responding to Chronic Stress is held in group sessions of six to 10 participants, where they use mindfulness exercises, role plays, and other activities to help them develop their innate strengths and build resilience.
	• Using a set manual, leaders guide teens in discussions on the following topics:
	  ◦ Managing emotions
	  ◦ Understanding the bodies' reaction to stress
	  ◦ Improving communication skills
	  ◦ Relationships and getting needed support
	  ◦ Creating meaning for the past and purpose for the future
	• Group leaders help youth develop skills in effective communication, problem solving, and assertiveness.
	• An optional component of the program includes six group sessions for the youth's families in which family members learn emotional regulation strategies and communication skills.

Duration	16 1-hour sessions led by 2 leaders who are mental health clinicians
Training for Providers	To become fully certified, mental health clinicians: • Participate in consultation to prepare for groups • Attend 2 full days of training • Attend another 2 days of training (8 weeks after the first training) • Participate in a series of conference calls over a period of 9 to 12 months

Results	• Studies have shown significant improvement in teens' overall functioning, including a reduction in post-traumatic stress disorder symptoms and high-risk behaviors. • Pilot data showed decreased drug and alcohol use, reductions in attachment challenges and behavior problems, improvements in coping strategies, and decreases in symptoms of depression.
Rating	• The National Child Traumatic Stress Network lists Structured Psychotherapy of Adolescents Responding to Chronic Stress as an empirically supported treatment and promising practice. • The California Evidence-Based Clearinghouse for Child Welfare was not able to rate the program.
Implementation Information Available	Structured Psychotherapy of Adolescents Responding to Chronic Stress website: www.sparcstraining.com

Sources

- SPARCS website, accessed April 18, 2014, www.sparcstraining.com
- National Child Traumatic Stress Network, SPARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress fact sheet (2012), accessed April 18, 2014, www.nctsn.org/sites/all/modules/pubdlcnt/pubdlcnt.php?file=/sites/default/files/assets/pdfs/sparcs_general.pdf&nid=156
- The California Evidence-Based Clearinghouse for Child Welfare, accessed April 18, 2014, www.cebc4cw.org/program/structured-psychotherapy-for-adolescents-responding-to-chronic-stress/detailed

Teaching-Family Model

Target Population	Troubled youth in foster care, birth families, schools, group homes, and other residential settings
Goals	• Change problem behaviors • Increase social, academic, independent living, and community-living skills
Intervention	For home-based programs with foster parents, the foster parent can be paired with a case manager who helps develop an individual plan for the youth, finds ways to motivate the youth, trains the foster parent on how to provide services, works directly with the youth, and otherwise assists the parent to become the teaching parent. In other home-based settings, family specialists partner with families to teach skills and improve family functioning. In addition to working directly with youth, teaching parents inform the youth's parents, teachers, employers, and peers to ensure support for positive changes. The model has several core elements: • Teaching systems — The program brings a strengths-based perspective as it provides supportive teaching of skills and behaviors. • Self-determination — Children, youth, and families choose their goals and the services provided and accept responsibility for those choices. • Client advocacy — Children and youth are empowered to advocate for themselves and take advantage of all relevant resources. • Relationships — A therapeutic partnership between provider and client, based on mutual trust and respect, is central to the provision of high-quality services. • Family-sensitive approach — Services must be provided in a way that recognizes the family as central to the client and the approach. • Diversity — Services must be culturally and ethnically competent. • Professionalism — Practitioners must participate in training, consultation, and evaluation and become certified in the model.
Duration	6 to 10 weeks for home-based interventions, with 10 to 15 sessions each week

Training for Providers	• Care providers receive one year of training, during which they learn to provide individualized treatment. • Consultant supervisors provide feedback, problem solving, coaching, and data analysis to help practitioners achieve maximum effectiveness. • Agencies that offer the model must be reviewed and certified each year.
Results	Various studies showed: • Reductions in offenses and improved behaviors • Improved youth-adult communication • Improved relationships with parents and others • Improved education achievement while in treatment
Rating	The California Evidence-Based Clearinghouse for Child Welfare rates the Teaching-Family Model as promising.
Implementation Information Available	Teaching-Family Association web site: www.teaching-family.org

Sources

- The California Evidence-Based Clearinghouse for Child Welfare, accessed May 5, 2014, www.cebc4cw.org/program/teaching-family-model/detailed
- Teaching-Family Association web site, accessed May 5, 2014, www.teaching-family.org
- Teaching-Family Association, The Teaching-Family Model: An Evidence-Based Best Practice Treatment Model brochure.
- Gary A. Bernfeld, Karen A. Blase, and Dean L. Fixsen, (2006). "Towards a Unified Perspective on Human Service Delivery Systems: Application of the Teaching-Family Model," *The Behavior Analyst Today*, 792 (2006): 168–187.

Trauma and Grief Component Therapy for Adolescents

Target Population	Children and youth aged 12 to 20 who have been exposed to trauma, including those affected by community violence, traumatic bereavement, disasters, domestic violence, and physical assaults
Goals	• Reduce symptoms of post-traumatic stress disorder • Improve behavior
Intervention	Based on cognitive behavioral therapy and social provisions theory, Trauma and Grief Component Therapy for Adolescents addresses trauma's complexity; explores the roles of trauma and loss reminders and the relationship between trauma and grief; and examines the link between trauma and behaviors. The treatment is based on a manual and workbook — which can be adapted for the child's or youth's specific situation — and can be offered in individual or group sessions. Key components include: • Conducting an assessment and developing a case and treatment plan • Providing psychoeducation to help children and youth deal with their mental health and behaviors • Building skills to regulate emotions • Addressing traumatic stress experiences and reactions • Promoting coping skills such as building social support, problem solving, and contending with trauma and loss reminders • Addressing maladaptive beliefs relating to trauma and loss • Promoting adaptive developmental progression • Addressing grief and loss • Maintaining routines that can grow and change as needed • Preventing regression • Monitoring and evaluating responses to treatment • Holding sessions with family members and parents at certain points in treatment • Using assessment tools to measure all specific outcomes
Duration	About 10 to 24 sessions, averaging 50 minutes
Training for Providers	Providers receive a two-day training in the treatment, along with ongoing consultation and supervision.

Results	Open trials and a randomized controlled trial showed: • Significant reductions in post-traumatic stress disorder, depression, and grief reactions • Improvements in school behavior
Rating	The National Child Traumatic Stress Network lists Trauma and Grief Component Therapy for Adolescents as an empirically supported treatment and promising practice.
Implementation Information Available	William R. Saltzman, Ph.D., professor, Advanced Studies in Education and Counseling, California State University, Long Beach: wsaltzman@sbcglobal.net

Source

- National Child Traumatic Stress Network, TGCT: Trauma and Grief Component Therapy for Adolescents fact sheet (2008), accessed November 9, 2014, www.nctsn.org/sites/default/files/assets/pdfs/tgct_general.pdf

Trauma-Focused Cognitive Behavioral Therapy

Target Population	Children and teens ages 3 to 18 who have a known trauma history and are experiencing significant emotional or behavior symptoms of post-traumatic stress disorder, and their caregivers
Goals	• Reduce symptoms of post-traumatic stress disorder • Improve child or youth's behaviors • Improve parenting skills and parent's support of the child • Improve parent-child interaction and attachment • Enhance child's ability to function
Intervention	Trauma-Focused Cognitive Behavioral Therapy is an individual therapy that combines cognitive behavioral therapy with trauma-sensitive interventions. Participating children and caregivers are provided information to help them address the trauma; manage thoughts, feelings, and behaviors; and improve family unity and functioning. The treatment protocol includes: • Separate sessions with the child and the parent(s) • Some combined parent-child sessions Key components of the treatment are identified by the acronym PRACTICE: • Psycho-education about trauma and post-traumatic stress disorder, parenting skills • Relaxation strategies • Affective expression and regulation to help the child control emotions, better express emotions, and sooth himself • Cognitive coping to help the child understand how thoughts, feelings, and behaviors are interrelated and can result from trauma • Trauma narratives to help children describe their traumatic experiences using verbal, written, or symbolic narratives — using techniques that don't trigger the emotional responses • In vivo (direct) exposure to enable children to safely experience things that might trigger reminders of the trauma so they can learn to control emotions • Conjoint parent-child sessions, typically held toward the end of treatment, to enable parents to learn behavior management skills; together the family learns to improve communication and determines how to discuss issues at home • Enhancing personal safety and growth by providing children with training, if necessary, on sexual safety and interpersonal relationships, and using the skills learned to address future trauma

Duration	Weekly 60 to 90-minute sessions (half of the time for the child or youth, half for the caregivers) for about 12 to 18 weeks
Training for Providers	Master's level clinicians with specific training in the treatment techniques; training consists of: • An overview • 2 to 3 days of basic training • Ongoing phone consultation for 6 to 12 months Advanced training is also available.
Results	Numerous peer-revised and random controlled studies have been conducted, with results including: • Significantly reduced symptoms of post-traumatic stress disorder • Reduced depression, anxiety, or fear • Improved child functioning • Fewer behavior problems, with some studies showing these improvements lasted over time • More effective parenting skills
Rating	• The California Evidence-Based Clearinghouse for Child Welfare rates Trauma-Focused Cognitive Behavioral Therapy as well-supported by the evidence. • The National Child Traumatic Stress Network includes Trauma-Focused Cognitive Behavioral Therapy in its list of empirically supported treatments and promising practices.
Implementation Information Available	The *How to Implement Trauma-Focused Cognitive Behavioral Therapy* (TF-CBT) manual: www.nctsnet.org/nctsn_assets/pdfs/TF-CBT_Implementation_Manual.pdf

Sources

- The California Evidence-Based Clearinghouse for Child Welfare, accessed May 5, 2014, www.cebc4cw.org/program/trauma-focused-cognitive-behavioral-therapy/detailed
- National Child Traumatic Stress Network website, accessed April 1, 2014, www.nctsn.org/resources/topics/treatments-that-work/promising-practices www.nctsn.org/content/treatments-children-and-families
- National Child Traumatic Stress Network, Trauma Focused Cognitive Behavioral Therapy fact sheet (2012), accessed April 1, 2014, www.nctsn.org/sites/default/files/assets/pdfs/TF-CBT_fact_sheet_3-20-07.pdf
- National Child Traumatic Stress Network, "How to Implement Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)" (2004), accessed April 1, 2014, www.nctsn.org/sites/default/files/assets/pdfs/TF-CBT_Implementation_Manual.pdf

Triple P – Positive Parenting Program

Target Population	Parents of children ages birth to 16
Goals	• Prevent and treat behavioral and emotional problems • Improve parents' self-sufficiency, self-efficacy, self-management, and problem solving
Intervention	The Triple P system has five levels of intervention: **1** A media campaign to share information on positive parenting with all families in an area. **2** Seminars or single sessions. **3** One to four sessions to identify and address common childhood behaviors. **4** Eight to 10 sessions offering comprehensive strategies to improve relationship and family functioning; sessions are designed to address moderate to severe behavior problems. **5** Ongoing support for families experiencing difficult transitions, at risk of maltreating their children, and who need further help after level 4. Triple P provides parents with tip sheets on behaviors, and in levels 4 and 5 parents receive a workbook, DVD, and other resources to help families. In levels 4 and 5, practitioners lead groups of up to 12 parents or provide services one on one. Services are delivered through group meetings, individual telephone consultation, and online modules.
Duration	Levels 4 and 5 typically last four to five months.
Training for Providers	Two to five days of training; practitioners typically have a bachelor's degree in a health or helping profession.
Results	• Evaluations have showed reductions in children's behavioral and emotional problems, and even reductions in substantiated child maltreatment and out-of-home placements. • Parents reported reduced stress, depression, and coercive parenting.
Rating	The California Evidence-Based Clearinghouse for Child Welfare rates the Triple P System as supported by the research evidence. Level 4 is rated as well-supported by the evidence.

Implementation Information Available	Triple P — Positive Parenting Program website: www.triplep.net

Sources

- The California Evidence-Based Clearinghouse for Child Welfare, accessed May 10, 2014, www.cebc4cw.org/program/triple-p-positive-parenting-program-system/detailed
- SAMHSA's National Registry of Evidence-based Programs and Practices website, accessed May 10, 2014, www.nrepp.samhsa.gov/ViewIntervention.aspx?id=1
- Triple P — Positive Parenting Program website, accessed May 12, 2014, www.triplep.net

Whole Family Theraplay

Target Population	Adoptive families, including the adopted child or children, siblings, and parents; the family has to have at least one adopted child aged three to 12; most were experiencing troubles with children's behaviors and relationship problems.
Goals	• Facilitate emotional attachment • Build family trust • Improve family functioning

Intervention	Operated as a study in Fresno, CA, whole family Theraplay integrates structural family therapy and experiential family therapy with play therapy (Theraplay) to treat the entire adoptive family.
	
	The intervention consists of:
	
	• An initial assessment session where families participate in a series of activities such as playing with hats, playing a family game, putting lotion on the children, and feeding the children; two co-therapists observe the session.
	• An ongoing series of weekly therapeutic sessions, with the treatment designed based on what the co-therapists observed; each session includes:
	  ◦ 30 to 35 minutes of attachment-based Theraplay activities with the whole family
	  ◦ 15 to 20 minutes of debriefing where one co-therapist talks to parents about the activities, answers questions, and suggests activities at home, while the other co-therapist plays with the children
	• Mid-week phone or email follow-up from the co-therapists to the parents during which parents can ask questions and receive additional coaching without the children present
	
	Theraplay activities are interactive and relationship-based, guided by the adult, multi-sensory, playful, responsive, and focused on right-brain development. Theraplay activities address four dimensions:
	
	• Structure (safety, organization, and regular)
	• Engagement (connection, optimal arousal, shared joy)
	• Nurture (regulation, self-worth, empathy)
	• Challenge (competence, mastery)

Duration	12 to 15 sessions

Training for Providers	• Graduate students in the marriage and family therapy program received three days of training in Theraplay. • Students take courses in child and adolescent development, child welfare services, and the needs of families in foster care and adoption. • Ongoing supervision and training was provided by a university-based Theraplay researcher who is a marriage and family therapist.
Results	In a study with 12 adoptive families, whole family Theraplay showed promise at: • Improving family communications • Enhancing parents' interpersonal relational skills • Helping children have improved behavioral functioning and better subjective emotional experiences
Rating	The California Evidence-Based Clearinghouse for Child Welfare rates Theraplay as a promising practice. Whole family Theraplay has not been rated.
Implementation Information Available	Kyle Weir, associate professor of marriage and family therapy, California State University, Fresno: kyle_weir@csufresno.edu; 559-278-0169

Sources

- Kyle N. Weir, Song Lee, Pablo Canosa, Nayantara Rodrigues, Michelle McWilliams, and Lisa Parker, "Whole Family Theraplay®: Integrating Family Systems Theory and Theraplay® to Treat Adoptive Families," *Adoption Quarterly*: 16 (2013): 175–200.
- The California Evidence-Based Clearinghouse for Child Welfare, accessed April 8, 2014, www.cebc4cw.org/program/theraplay/detailed
- Theraplay Institute website, accessed April 8, 2014, www.theraplay.org
- Kyle Weir, interview, June 13, 2013.

Wraparound

Target Population	Children and youth who have severe mental health, behavioral, or emotional problems
Goals	• Keep children safely in their families • Improve child and family functioning
Intervention	Families, caregivers, and extended family come together to plan how to meet the youth's and family's specific needs. The planning process is guided by 10 specific principles: family voice and choice, team based, natural support, collaboration, culturally competent, individualized, strengths based, persistence, and outcome based. The notion of natural support is that the team draws from family members' existing relationships outside of the social service system, emphasizing those supportive options that are present and will remain available to them after the intervention ends. The wraparound process includes four distinct phases: • Engagement and team preparation — During this phase, which lasts one to two weeks, staff seek to develop trust and find a shared vision for the services through meeting first with the youth and family and then with the broader team. Tasks including orienting the youth and family; stabilizing any crises and addressing immediate concerns; exploring strengths, needs, culture, and vision; identifying, engaging, and informing new team members; and planning for future meetings. • Initial plan development — Next, through a series of one or two meetings, the facilitator guides the team to develop a plan of care that includes the mission, needs and goals, desired outcomes for each goal, strategies to follow, and action steps for each team member to take. In addition, the team creates a safety or crisis plan to respond to potential problems that may arise. • Implementation — Team members then implement the plan, completing each action step while the group tracks and evaluates overall progress. During this stage, it is also important to document and celebrate successes. Based on evaluation and progress, the team will update the plan as necessary. The facilitator is careful during this phase to remain connected to the team and help maintain team cohesion.

Intervention *(continued)*	• Transition — Toward the end of the intervention, the team must plan for a transition out of the program, including identifying how to respond to crises that may arise. The plan identifies both natural and formal supports that will be necessary to support the youth and family into the future. The facilitator leads the team to create a check-in plan to ensure the family is functioning successfully after the intervention.
Duration	14 months, on average, with more frequent team meetings during the initial phases
Training for Providers	• Training is available on the wraparound program, although there is no set manual for providers. • Most supervisors and care coordinators have a bachelor's degree.
Results	Studies have shown the following outcomes: • Fewer placement changes • Less restrictive placements • Greater likelihood of being in a permanent placement • Improved scores on child and adolescent functioning assessments • Improved school attendance and performance • Reduced school discipline problems
Rating	The California Evidence-Based Clearinghouse for Child Welfare rates wraparound as promising.
Implementation Information Available	National Wraparound Implementation Center: www.nwic.org

Sources

- The California Evidence-Based Clearinghouse for Child Welfare, accessed April 1, 2014, www.cebc4cw.org/program/wraparound/detailed
- Eric J. Bruns, Janet S. Walker, Jane Adams, Pat Miles, Trina Osher, Jim Rast, John VanDenBerg, and the National Wraparound Initiative Advisory Group, *Ten Principles of the Wraparound Process* (2004).
- Janet S. Walker, Eric J. Bruns, John VanDenBerg, Jim Rast, Trina Osher, Pat Miles, Jane Adams, and the National Wraparound Initiative Advisory Group, *Phases and Activities of the Wraparound Process* (2004).
- Eric J. Bruns and Jesse C. Suter, "Summary of the Wraparound Evidence Base" in Eric. J. Bruns & Janet S. Walker (Eds.), *The Resource Guide to Wraparound.* (Portland, OR: National Wraparound Initiative, 2010).

CHAPTER FOUR

Partnering with Community-Based Organizations to Provide Support Services

Few of the support programs featured in the previous chapter are run exclusively by a public agency — most are operated by nonprofit organizations in partnership with the State, Tribal, or Territorial agency, with the public agency offering expertise, funding, and oversight. For States, Tribes, and Territories interested in providing valuable, sustainable post-placement services to adoptive, foster, and kinship families, partnering with nonprofit organizations can be an effective strategy. In an analysis of social services partnerships, the U.S. Department of Health and Human Services and James Bell Associates found that collaborating with community-based organizations was one of the key factors in a project's long-term success and its capacity to make a positive difference.[93] Public agency leaders we talked to also emphasized the importance of public/nonprofit partnerships to enable them to most effectively accomplish their goals of supporting families and sustaining programs and services over time.

In most of the programs profiled in Chapter 3 and other support services we examined, the State, Tribe, or Territorial child welfare agency partnered with organizations that were already serving children, youth, and parents. Common partners included parent support groups, foster and adoptive parent associations, adoption exchanges, child-placing agencies, and youth development organizations. These entities, which we'll refer to in this chapter as family support organizations, are some of the most likely nonprofit partners to offer support services for adoptive, foster, and kinship care families, but other community-based organizations (such as mental health providers) may also be a good fit.

In this chapter, we'll explore why partnerships with family support organizations and other community-based organizations may be beneficial. Then we'll explore steps States, Tribes, and Territories can take to build and maintain partnerships to achieve their goals of supporting and sustaining families in adoption, foster care, and kinship care.

Much of the advice presented here was gathered during a January 2014 convening of 40 public agency and nonprofit leaders whose organizations are partnering to provide support services to adoptive, foster, and kinship families or whose agencies are operating diligent recruitment programs for children and youth in foster care. The convening's purpose was to gather information about public/nonprofit partnerships; seek insights about implementing support services (presented in Chapter 5); and share information about how to integrate recruitment and support services to achieve better outcomes for children, youth, and families.

Benefits of Public/Nonprofit Partnerships

Public/nonprofit partnerships are almost the norm in the provision of post-adoption support in this country, and are quite common in foster care and kinship support as well. This didn't happen by accident — there are clear reasons why public/nonprofit partnerships are an excellent way to provide family support services. Focusing on and leveraging the strengths that each partner brings to

an initiative offers public/nonprofit partnerships three primary benefits: they can get started more quickly, be more successful, and increase the likelihood of sustaining programs over time. Below we explore the benefits public agencies may see as a result of partnering with family support organizations and other nonprofit partners.

Partnerships Can Make Implementation Easier

Typically, nonprofits offer increased flexibility in implementation compared to public agencies. As one state child welfare agency leader noted at the January 2014 convening, nonprofits can usually hire staff more quickly than a public agency can. Another representative at the convening noted that nonprofits typically have fewer regulations or protocols than public agencies do when starting or operating a program.

In county-administered systems, having one privately operated initiative or a few regional service providers may be more efficient than having each county offer its own program. At the 2014 convening, a public agency staff member from a county-administered state explained that her state decided to offer post-adoption services through a contract with a nonprofit organization operating statewide rather than funding more than 50 different programs in 50 different counties, each with its own way of doing business. The nonprofit is able to offer services across county lines and host statewide events, such as conferences or webinars available to individuals regardless of where they live in the state.

> **“Public/nonprofit partnerships can get started more quickly, be more successful, and increase the likelihood of sustaining programs over time.**

In addition, and as described in more detail below, many nonprofit partners bring established and trusted connections with children, youth, and families. These connections can ensure quick initial implementation of new programs because the organization’s established base of clients and strong credibility with parents makes outreach and start-up simpler.

Partnerships Can Make Programs More Successful

States, Tribes, and Territories can often make their family support programs more successful by partnering with nonprofit organizations already serving children, youth, and families. Such partnerships can contribute to success by increasing access to families, ensuring service providers know the population they serve, helping families feel more comfortable asking for help, increasing diversity, and building on each partner’s strengths.

Increasing Access to Families

New programs, even those offering an incredibly valuable service, sometimes struggle to reach their desired clientele and often have to invest significant time in outreach to families with whom they may not be connected. Parent or youth support groups and parent associations typically have well-established and ongoing relationships with many parents and youth in the community. They often have mailing lists of families, knowledge of events families attend, and proven strategies to reach the target families in their area. Similarly, child-placing agencies and adoption exchanges have established relationships with the families they have worked with. Having an existing network

of parents, children, and youth ensures a connection with the target population for the support program and offers an excellent source of word-of-mouth outreach, which was noted by several of our featured programs as the most effective way to reach families to tell them about the program's services.

At the 2014 convening, public agency and private organization leaders noted that public/private partnerships can also increase support programs' ability to reach families by:

- Opening doors in communities of color and other underserved communities
- Increasing services in rural communities
- Reaching families statewide in county-administered systems without having to offer dozens of different programs
- Reaching families who adopted privately or internationally or who are not otherwise connected to the State, Tribal, or county child welfare agency
- Avoiding — or minimizing the impact of — the stigma that the public agency may have with some populations

While partnering with organizations that are already working with children and families often makes outreach to families easier, it is important to note that the public agency also has a significant role in connecting families with needed services. In several of the programs highlighted in Chapter 3, the public agency provides program information to all adoptive, foster, or kinship care families or shares the names of foster families and families receiving adoption or guardianship assistance with the nonprofit provider to conduct outreach. In all of the public/nonprofit partnerships we highlighted, the public agency also refers families to the program. Reaching out to families to inform them about available services is likely to remain a shared responsibility of public agency and nonprofit partners.

Ensuring Knowledge and Insights About the Needs of Children, Youth, and Families

Organizations with experience serving adoptive, foster, or kinship care families have a baseline of information and expertise when they offer support to these families. These organizations typically have been hearing from youth and parents for years about the community's needs, the services they most value, and effective ways to reach and serve families. The youth and parent leaders of these organizations have a wealth of information that can enhance program design, make implementation easier, and ensure services are more effective.

Many organizations offering support services have noted the tremendous value in learning from the children, youth, and parents they serve, with a particular emphasis on hearing from youth. Partnering with family support organizations can make gathering this input much easier. A state agency staff member at the 2014 convening noted that the insights youth provided have enabled them to change their practices and improve outcomes. Another state agency staff member at the convening noted that hearing from parents can change the culture of a program and even the culture of the state agency — and can result in improvements in services. Partnering with organizations already serving youth and families can make accessing this input much easier for public agencies.

Helping Families Feel More Comfortable Asking for Help

As noted above, partnering with a family support organization can help ensure families are aware of available services. But support programs need to do more than reach families — they must engage them in service provision in an effective and meaningful way. One way experienced support program leaders have found to engage families is to make sure experienced youth and parents are part of the service-provision team. Family support organizations such as support groups, peer networks, and parent associations often have as their core feature that many services are provided by youth and parents. Partnering with community-based organizations may also reduce any reluctance families have to seek services from the public child welfare agency. Below we explore these two ideas further:

- **Having at least some services provided by parents and youth** — In their analysis of barriers to the provision of post-placement services, Ryan et al. noted the following: "Another possible reason for low usage of post-placement services, particularly those that are provided through agencies, is adoptive families' use of and preference for informal rather than formal help (Dhami et al., 2007; Kramer & Houston, 1998). The foregoing review shows that barriers to post-placement services are not only financial, logistical, and informational but also psychological and/or social." They went on to explain: "The use of support groups and mentoring or master adoptive families/parents should be encouraged as a complement to preparation and ongoing training in these normalization efforts. Support groups should also be developed because their largely informal nature and peer-like characteristics may make it easier for adoptive families to share problems and ask for and receive information on available services."[94]

  Parents may feel most comfortable receiving services designed and offered by their peers. There is often an increased level of trust with people who have walked a similar path and know the challenges that can occur when parenting children and youth who have experienced abuse, trauma, and neglect. Youth may be most open to engaging with services if providers have experienced foster care, adoption, or kinship care themselves or have colleagues who have been through the system. At the 2014 convening, one director of a statewide support organization said that many parents only want to be served by other parents and feel less comfortable if agency staff are present. Another leader at the convening noted that receiving support from one's peers can normalize the experience of being part of an adoptive, foster, or kinship care family.

  > "Support groups' largely informal nature and peer-like characteristics may make it easier for adoptive families to share problems and ask for and receive information on available services.

  Almost all of the programs in Chapter 3 have some services provided by youth and parents who have experienced foster care, kinship care, or adoption. Many have the provision of services by peers as a primary program component. The kinship navigator programs, for example, rely on expert caregivers to help other caregivers access benefits, find community resources, and meet their children's needs. By definition, peer support services rely on support from youth and parents who have shared experiences. But many programs featured in this guide have experienced caregivers or youth providing services other than traditional peer support, such as case management, training, and advocacy.

- **Reducing reluctance to rely on the public agency** — By working with a family support or community-based organization, State, Tribal, and Territorial child welfare agencies can make it easier for families to request help. For example, some parents who care for children adopted from the child welfare system may be reluctant to engage the public agency in their lives again, but may not have similar hesitations about working with organizations run by their peers or other community members. Those who have been approved and trained to adopt, foster, or provide kinship care may feel like failures or worry that they will be judged if they have to reach out to the public agency for help. Kinship caregivers may have some negative feelings about the public agency if their family members have had children removed from the home or if they fear the children they are caring for might end up in foster care. Even if the public agency offers a support program directly, a partner community-based organization can help connect families to services and encourage families to trust the agency and its service providers.

Increasing Diversity

One of the many benefits of collaboration is that it can enable an initiative to be more diverse — and more effective at serving diverse groups — than it might be with just one agency working alone. Partnerships with community-based organizations are a good way to ensure that service providers are more diverse and better represent the clients to be served. A public agency can partner with multiple organizations to ensure it reaches all of the communities that need support services, with specialized services offered by partners who have connections with and expertise serving different populations.

For example, if a community has a large Native American population, a partnership with a tribal nonprofit may enable the agency to more easily provide culturally responsive and appropriate services. To ensure culturally competent services to lesbian, gay, bisexual, or transgender youth in care, agencies might partner with local nonprofits already serving this population. In other cases, a nonprofit organization may already be serving diverse community members and have diverse staff, enabling the agency to partner with just one entity and accomplish its goals of serving a diverse clientele.

Tips on Partnering with Organizations to Achieve Diversity

A public child welfare agency staff member at the 2014 convening emphasized that it is important to be respectful and thoughtful when reaching out to establish potential partnerships in communities of color. She explained that you have to be clear that you want a collaboration, not just a way to reach families you haven't served before. She also noted that identifying a community's true leaders may not always be easy, and the best contacts may not be the most visible members of the community.

Tribal staff members at the National Indian Child Welfare Association conference in spring 2014 also noted the importance of establishing trusting relationships with tribal elders. They noted that program developers need to get to know a community well before they learn which partners might be the best for their effort.

Building on the Strengths of Each Partner

Although each agency's or organization's strengths will differ, according to *A Model for Public and Private Child Welfare Partnerships*, private partners may be more likely than public partners to be able to:

- Initiate action quickly
- Specialize services
- Tailor policies and practices

The publication notes that public partners can:

- Respond better to large problems
- Maintain consistent and stable funding
- Divert or obtain other sources of funding when needed[95]

Public/private partnerships can bring these strengths together to provide a well-funded, stable, nimble, and specialized program.

Several public agency staff at the 2014 convening noted that the basis for partnering is to draw on the varied strengths of different entities. For example, one state child welfare administrator explained, "When different voices come to the table, you develop better ideas than working alone." A nonprofit leader at the meeting added that each partner brings different expertise to the table — one might bring customer service experience, for example, while another brings financial resources. She noted that coming together in collaboration enables all of the partners to enhance services while also building their individual organization's capacity.

Partnerships Can Increase Sustainability of Programs

Another major benefit of public/nonprofit partnerships is that they may make it more likely that a new program is able to continue over time. Sustaining services is important because families' needs continue over time and because it takes time to develop a program, build trust and relationships with clients, and fully implement a program. If a program isn't sustainable, it may never reach its full potential to improve outcomes for children, youth, and families. If your support services aren't sustained and relatively consistent over time, it will also be challenging for families to develop trust that they will be able to access the services they need down the road.

Community-based organizations can play a key role in the efforts of States, Tribes, and Territories to sustain effective support services. In *Implementation Resource Guide for Social Service Programs: An Introduction to Evidence-Based Programming*, the authors note, "Project partners and community goodwill appear to play a critical role in the ability of a project to sustain itself." The report continues, "It appears that, beyond participant referrals, one of the most important roles a partner organization can play is in project sustainability. Creating a network of agencies that are invested in the success and continuation of your project is key to successful sustainability."[96]

Below we explore several ways support organizations and other community-based groups can help sustain support services over time.

Enabling the Public Agency to Maintain Its Priorities and Adjust to Shifting Priorities

At the 2014 convening, one state child welfare administrator noted that a state agency may face shifting priorities based on political changes or crises. Working through a public/private partnership, she explained, enables the nonprofit partner to keep offering support services to adoptive, foster, and kinship care families even if public agency staff have to focus elsewhere. Another state administrator at the meeting shared that it's also helpful for public agency staff to have a trusted partner to whom they can refer families when workloads don't permit them to provide all of the necessary support. Another convening participant said that having a nonprofit-run support program can also save public agency staff time by reducing the calls that staff members have to handle themselves.

Improving Access to Other Financial Resources

Public agencies often don't have the ability to try a small project as a pilot or to access corporate, foundation, or individual donations. As one nonprofit director at the 2014 convening explained, nonprofits can typically find funding for a small innovative program. Then once they have proven its success, the group can go to the public agency or other funders and partner on a larger, more sustainable effort.

Another leader of a public/private support program explained at the meeting that nonprofits can access United Way and foundation funding that would not be options for a public agency working alone. She added that increasing the funding pool means increasing their partnership's ability to serve more families. Nonprofit partners can also accept in-kind donations from businesses for food, clothing, school supplies, and similar items, which can help keep program costs lower and make it easier to keep the program going with limited funds. Nonprofits are typically better able to attract volunteers, which can keep program costs lower than if all services are provided by paid staff.

Building Community Engagement in Child Welfare and Increasing the Community's Capacity to Respond

Partnerships can also help public agencies build public acceptance of and support for their goals. In "Community Partnerships Offer a Means for Changing Frontline Child Welfare Practice," the authors state, "Community partnerships can help child welfare systems cope with the magnitude of child maltreatment cases and provide a better way of protecting children and supporting the families they serve by sharing the mission of child protection more broadly."[97] Although the article focuses on child protection, the notion of expanding responsibility for caring for vulnerable children, youth, and families certainly extends to those in adoption, foster care, and kinship care.

At the 2014 convening, several participants echoed this sentiment. One nonprofit staff member explained that partnerships help raise community awareness about the needs of vulnerable children and youth and their families. Another agreed that neither public nor private agencies should take on child welfare issues on their own. She explained that partnerships help improve the whole community's capacity to serve families, which is better for everyone in the long run.

Another nonprofit leader at the 2014 convening shared that by engaging community organizations, public partners can demonstrate the value of supporting families involved in the child welfare system.

Through such partnerships, community members see firsthand the challenges facing children and youth in foster care and how they can succeed if they have families who receive the support they need. She noted that once a community can see the value of services, it is more likely to support and sustain those services in the future.

Steps to Building Relationships with Family Support Organizations and Other Community Partners

We know partnerships have benefits, but they also take careful thought and consideration to succeed. Partnerships may struggle or even fail due to lack of trust, lack of shared vision, insufficient resources, and unstated power imbalances. Once you have decided to support adoptive, foster, and kinship care families through a partnership, some of the key steps for building a successful collaboration are:

1. Deciding on the type of partnership
2. Identifying partners
3. Establishing trust, shared vision, and values
4. Clarifying roles and expectations
5. Nurturing the partnership

Please note that steps one and two may be reversed, depending on the situation. Sometimes an agency will determine how it's going to offer services and then search for the right community-based partner. In others, the public agency and potential partners will come together to plan a program and then decide under what structure they'll work together. Below, we describe these key steps to create and sustain effective partnerships to support adoptive, foster, and kinship care families.

1. Determining the Type of Partnership

The programs in Chapter 3 represent a variety of models of partnership — from public agency-run programs that partner with nonprofits in order to access additional services to nonprofit-run programs that accept referrals from the public child welfare agency. Below we explore the diverse program structures and highlight a few key facts about each. It's useful to think about the many options as you begin to explore creating a partnership to offer support services to adoptive, foster, or kinship care families. Please note that the programs listed as examples are only some of programs of each type and may not meet all of the characteristics.

Type	Characteristics	Examples (see profiles in Chapter 3 for details)
Public program with public funds	• The public child welfare agency both funds and operates the program. • Funding can be local, State/Territorial/Tribal, federal, or a combination of these sources. • The agency may refer to community-based organizations or other types of public agencies for additional services needed by families.	Seminole Tribe
Public program with public and private funds	• The public child welfare agency operates the program and is a significant funder. • Some funding is raised from foundations, corporations, or individuals. • Private funders may also offer technical assistance, evaluation, and other program support.	Yakama Nation Kinship Support Program
Public program with mostly private funds	• The public child welfare agency operates the program, with most funding from a private source such as a foundation. • The public agency and private organization are close partners in program development and evaluation.	The Child Wellbeing Project

Type	Characteristics	Examples (see profiles in Chapter 3 for details)
Publicly funded program with multiple provider agencies	• The public agency designs program, often with input from provider agencies or the community, and issues a request for proposals. • The public agency contracts with numerous nonprofits to offer services. The different contracts may be regional or may be for different types of services (one nonprofit offers peer support, while another provides therapeutic services). • Even if providing the same types of services, nonprofit providers may have regional or other variations in services offered. • The public agency may do overall program evaluation or analysis.	Washington state kinship support services Illinois Adoption/ Guardianship Preservation Program Bridges to Health
Single privately operated program with one public agency as primary or sole funder	• The public agency often outlines overall program goals and issues a request for proposals for funding. Funding may also be negotiated as a sole-source contract. • The nonprofit organization has some flexibility to design a program responsive to the request for proposals. • The nonprofit organization may do additional fundraising to enhance services.	Alabama Pre/ Post Adoption Connections Iowa Foster and Adoptive Parent Association
Purchase of service or per diem	• Public agencies contract with nonprofit providers to manage the cases of particular children in care. Funding is typically determined per child or youth or for specific services. In county-administered systems, different counties may contract with the same provider for the same services. • The nonprofit provider designs and offers services to meet the public agency's goal. • The nonprofit may raise private funds to provide enhanced services.	A Second Chance, Inc. Anu Family Services

Type	Characteristics	Examples (see profiles in Chapter 3 for details)
Public/private partnership	• The public agency and nonprofit provider jointly plan and offer services, often with each partner providing particular services. • The public agency is typically the primary funder, but the nonprofit partner may do additional fundraising to add or enhance services.	Placer County Permanency Support Services
Private program with multiple public funders	• A nonprofit organization designs services, often in partnership with at least one public child welfare agency partner. • Other public child welfare agency partners provide funding to the nonprofit to offer the same or similar services in their community. • This type of partnership is more likely in county-administered systems.	Edgewood Center for Children and Families Seneca Adoption/ Permanency Wraparound
Private program with multiple funders, including significant support from the public agency	• A nonprofit organization or university designs a series of supportive services and raises funds from various entities to cover the services. • At least one public child welfare agency is a major funder. The public child welfare agency may be actively involved in program design. • The public agency may pay for particular elements of the service array and refers families to the program.	Adoption Network Cleveland Foster and Adoptive Care Coalition UCLA TIES for Families
Private program with limited public agency funding	• A nonprofit designs a program and services and is responsible for funding the program primarily through foundation, corporate, and individual donations and other sources. • The nonprofit is typically solely responsible for evaluating the program. • Public agencies often refer families to the program. • For children still in care, the public child welfare agency may provide financial support for services.	Camp to Belong Bethany ADOPTS

2. Identifying Partners

One of the most important parts of a successful partnership is finding the right partner or partners. There are many nonprofit organizations that might be a good fit for a partnership to support adoptive, foster, and kinship care families. For example, the partners in the programs profiled in Chapter 3 varied greatly and included the following types of organizations:

- Parent support groups (such as Adoption Network Cleveland)
- Foster and adoptive parent associations (such as the Iowa Foster and Adoptive Parent Association)
- Community-based agencies that grew from parent support organizations (such as A Second Chance and Midwest Foster Care and Adoption Association)
- Youth-service or advocacy organizations (such as Treehouse and the Native American Youth and Family Center)
- Agencies that place children for adoption, foster care, or kinship care (such as Sierra Forever Families, Bethany Christian Services, and The Children's Home)
- Multiservice agencies that offer a wide variety of social or human services in their communities (such as Kennedy Krieger Institute and Anu Family Services)
- Universities (such as the University of California Los Angeles and Western Michigan University's Children's Trauma Assessment Center)

As a public agency administrator at the 2014 convening said, public agencies need to find partners that share their interests and are already committed to children, youth, and families. She explained that partnering with organizations that share a common mission with the public agency makes implementation much easier. Others at the meeting noted that choosing a partner who is already doing similar work helps ensure easier start-up. When organizations have similar missions, it is also easier to establish trust.

Another public agency staff member at the convening highlighted the importance of having a partner with an established presence in the community, so the organization can start right away and won't need to build credibility. This can be particularly important for agencies seeking to reach families in communities of color or other underserved populations. Partnering with an agency that has a proven track record in the community can lower the barriers to project outreach and increase chances for success.

During the 2014 convening, another public agency leader noted that it's important to research the potential partner's commitment and mission by checking with others in the community about the organization's effectiveness and its past success. It's important to ensure that any partner organizations have the capacity to meet your goals, and the best way to know this is to learn what they are currently doing. If the group is already providing some support services to adoptive, foster, and kinship care families, they are more likely to be able to help you meet your objectives. If they have proven success in this arena or in similar programs, your agency may also have a more solid foundation for the partnership.

Others at the convening noted that partnering with organizations that have strong parent and youth involvement and leadership — such as parent support groups, advocacy networks for

adoptees or former foster youth, and foster/adoptive parent associations — is the most likely way to ensure success.

3. Establishing Shared Vision, Mutual Trust, and Common Values

Once you have identified a potential partner and determined how you will work together, the next step is to discuss your goals and values to be sure your partnership has a shared vision. Through these discussions and the investment of time to get to know one another, the organizations can also develop a trusting relationship.

Identify Program Goals

As a representative of the public child welfare agency, it's important for you to clearly explain to any partner why you want to establish the partnership — in this case, to enhance support to adoptive, foster, or kinship care families and improve outcomes for children and youth — and what your specific goals are for the proposed collaboration. Your potential partner also will want to know why you think partnership — both in general and this partnership in particular — is the right way to proceed.

Then it's good to learn more from your potential partners about their mission and goals, and see if they have common ground with your agency that will enable the partnership to proceed. At the 2014 convening, one state/nonprofit team noted that they started quickly and had success but then realized they were operating without a shared foundation for the work. The participants explained that they found it beneficial to pause and jointly clarify the purpose of their collaborative work. Investing more time upfront to clarify each partner's specific understanding of goals — and roles and expectations, which are discussed further below — can save time in the long run and prevent potential challenges. Without a shared foundation, partners may struggle to agree how to proceed or face conflicts over priorities. Again, during these early discussions it's useful to be specific. Everyone may share a goal of ensuring children and youth are in supported families who can meet their needs, but digging deeper will allow all potential partners to be sure they are on the same page about what objectives you seek to accomplish to meet that ultimate goal.

Invest Time in Relationship Building

Early, frequent, and in-depth conversations between partners can be helpful to build a solid relationship and establish trust in one another. Partnerships typically benefit when leaders from each organization take the time to get to know one another and discuss common ground as well as how they will address conflict. It's also good to discuss potential concerns and any past conflicts or disagreements. Taking the time for these early conversations helps establish a baseline of good will that can help leaders overcome challenges or conflicts that may develop in the future. During these discussions, partners can also show that they can have difficult conversations while continuing to move forward in a positive way. Through this process, leaders are also modeling how future conflicts may be addressed.

During the relationship-building phase, one good way to establish trust is to remind each other of your shared goal of improving outcomes for adoptive, foster, and kinship care families, and how each of your organizations has accomplished this goal in the past.

Discuss Values, Including Where Values Diverge

Even with a shared mission and goals, each organization will bring its own values to a partnership. During early discussions, partners can highlight their organization's values so common ground is established and any differences can be addressed. For example, both organizations may place a strong value on strength-based and client-driven services. They may also share a fundamental commitment to listening to the voices of youth who have experienced foster care, kinship care, or adoption. But their values may diverge in other areas. The public agency may place a very strong value on accountability, for example, while a community-based organization may see flexibility as more important.

> **Partnerships typically benefit when leaders from each organization take the time to get to know one another and discuss common ground and how they will address conflict.**

At the 2014 convening, several participants noted another potential area of value conflict. They said that one of a family support organization's core values may be advocating for families, which can mean taking a different position than the public child welfare agency in certain cases. Both public and nonprofit staff at the convening said that balancing values and priorities in situations like this is definitely possible, but takes many conversations and strong relationships between partners to identify the common values and determine how to address differences. Convening participants explained that it's important to remind one another how often the public child welfare agency and the nonprofit are on the same side of an issue and use this common ground to strengthen the partnership and emphasize the organizations' shared values.

Through conversation, the partners can develop a set of values that define how this particular partnership will work together and in which situations they will agree to respectfully disagree. As explained below, they will also want to be clear about what the nonprofit partner can continue to do on its own (outside the partnership).

4. Clarifying Roles and Expectations

In many of the partnerships described in Chapter 3, the public agency is a primary funder, but the partnerships go deeper than simply a relationship between a funder and a recipient of funds. The public agencies often remain involved in program design, evaluation, and implementation. Because each partnership is unique, being clear from the beginning about specific roles can help prevent confusion or conflict down the road. Below we address some key topics to think about and discuss as you develop a partnership.

Intensity of the Public Agency's Involvement

When the public agency funds a nonprofit organization to offer support services, the agency's level of engagement in program development and delivery can vary. At the 2014 convening, several participants recommended a deeper level of involvement between the partners. One state child welfare leader reminded participants why deeper public agency engagement matters. He explained that his state used to simply fund a post-adoption services contract and had no ongoing engagement in the

work. Over time, the partners began to take each other for granted, and eventually the state terminated the contract. Now, the state has redeveloped a partnership where public agency staff meet with the nonprofit partner regularly and collaborate more deeply on program goals and implementation.

Other participants at the convening emphasized how important it is to bring partners together during the planning process so the program is developed jointly. These collaborative conversations can result in more ideas, better program design, and an improved ongoing relationship.

Partners' Roles and Workplan

One of the most important things to clarify is the role of each partner in the collaboration. Will the public agency simply be funding the program and reviewing quarterly reports? Or will the agency be involved in hiring decisions, event planning, and program evaluation? What does the funded nonprofit have to send to the public agency for approval? Which services are covered under the contracts and which aren't? Partnerships are likely to do best when all of these questions have been clearly answered before service delivery begins.

One participant at the 2014 convening noted how important it is to go carefully through a program plan to identify activities and then clarify which person or entity is responsible for each one. This planning process can help ensure that all partners have sufficient staff assigned to accomplish the partnership's goals, calculating the additional time it can take to prepare for and nurture a lasting collaboration.

Once these discussions about roles and responsibilities have happened, a written contract, memorandum of understanding (MOU), or partnership agreement can ensure all parties are on the same page and have a point of reference during staff transitions or program changes.

It can also be valuable during these negotiations to discuss what isn't part of the partnership or agreement. At the 2014 convening, one state staff member used the advocacy example mentioned above to highlight the importance of detailing what a state contract funds and what it does not. For example, a contract might permit the nonprofit organization to help individual families access needed public benefits and services, while specifically prohibiting lobbying for increased overall benefits from the state legislature. The nonprofit partner would remain free to take on such advocacy, but not through the state-funded project.

Power Dynamics

With funding and oversight responsibility can come a power imbalance that has the potential to affect a partnership's success if it is not acknowledged. If one partner is contributing significant resources, it may help if that partner acknowledges the power — both real and perceived — that comes with funding while also clearly enabling and empowering the other partner to make decisions and sharing accountability for success. Discussing these real and perceived power differentials — and talking about where a nonprofit partner can take the lead and where staff must consult with the public agency — can prevent resentment or any misunderstandings that might damage the partners' relationship.

Measures of Success

At the 2014 convening, one nonprofit leader emphasized the importance of being clear about how the public agency will measure success. An administrator in another state agreed and suggested that outcome measures be developed jointly by both the public agency and the nonprofit partner. Without specific agreement on the desired outcomes, partners can have very different views of whether the investment of the State, Tribe, or Territory is paying off for children and families. (See Chapter 5 for more information on evaluating outcomes.)

5. Nurturing the Partnership

Creating a true partnership is not a one-time task. The relationship needs ongoing investment of time and resources to keep it strong and healthy. A public agency leader at the 2014 convening noted that his agency saw a partnership die from lack of attention. He stressed the importance of tending to partnerships over time before problems get too deep or intractable. Frequent, honest, and open conversations and planned information sharing can ensure partners remain on the same page, continue to strengthen relationships, and maintain or enhance the partnership over time. Below are a few specific tips to nurturing ongoing relationships.

Invest Time

A participant at the 2014 convening noted that the partnership her group is involved with succeeds because of the time both organizations invest in building trusting relationships with one another. She emphasized that it's just like working well with families — it takes time, commitment, flexibility, and trust to keep a successful partnership going. In *Implementation Resource Guide for Social Service Programs: An Introduction to Evidence-Based Programming*, the authors found that ongoing communication was critical to keeping partners invested in an initiative over the long term.[98]

Take Care During Transitions

At the 2014 convening, participants particularly emphasized the importance of keeping in touch during staff, leadership, or funding transitions. If a staff member from one organization leaves, the partners need to meet and do a careful transition with new staff members to ensure the new staff understand the partnership, its goals, roles, and the important parts of its history.

Review the Relationship

No matter how much work you put in at the beginning, partners' roles may need to change over time. Any successful partnership relies on periodic reviews to make sure everything is working the way it should. One public/private partnership team at the 2014 convening shared that they didn't do enough planning up front, and had to stop and regroup once their project was underway. Another team learned that their assigned roles weren't working the way they wanted, so they decided to revisit how the partnership would operate.

Even without substantial changes in roles, regular check-ins about the partnership can be valuable. During meetings, leaders can ask if there are any problems or concerns and be open to discussions about how the collaboration is progressing.

Tribal Partnership Example

The Washoe Tribe of Nevada and California and Alpine County (California) Department of Health and Human Services recently developed a unique partnership to offer enhanced child welfare services to members of the tribe living in Alpine County. Although it is a public/public partnership between two government agencies, the entities went through a careful planning and development process that can inform others who are establishing public/private child welfare partnerships.

About half of the children in Alpine County elementary schools are Native American, most of whom are affiliated with the Washoe Tribe. Children were being served by the tribal child welfare system, but the county had funds it felt could benefit the tribe's children and youth. The county was looking to share its resources, and the tribe needed funds to better serve children and families. Representatives of the tribe and the Department of Health and Human Services began by having conversations about how the county could help Washoe's leaders meet their child welfare goals.

At first the partners talked with one another from a more legal point of view — focusing on rules and regulations — but leaders soon realized they needed to approach the partnership from a social services point of view, with a focus on their mission and their relationship. Both partners were committed to improving outcomes for children, youth, and families, and they worked through how they could make delivery of services most effective and efficient. Representatives from both the tribe and the county invested energy into relationship building, taking the time to become comfortable with one another. The county invited the tribe to be part of program improvement plans and gave the tribe a grant from the county's share of Promoting Safe and Stable Families funds. Staff from both organizations met with each other and attended training on Indian child welfare so all parties were informed about the issues. The tribal child welfare leader spent a lot of time with tribal council members to explain the goal of the partnership and get their buy-in.

When it came time to develop a specific agreement, Washoe Tribe and Alpine County hired an experienced Indian Child Welfare Act attorney who served as an informed mediator. She helped them negotiate and draft a unique county/tribal memorandum of understanding. The agreement ensures that families can choose between county or tribal services and that both parties share supervision of the placement. Cases will continue to be heard in the Washoe Tribal Court, but Alpine County attorneys will be admitted into the court so they can participate.

Both parties agree that the keys to successful partnership are communication and relationship building, leadership from the tribe and the county, staff commitment, and clarity about how the partnership would work.

Source: Suzanne Garcia, Washoe Tribe, and Nichole Williamson, Alpine County Department of Health and Human Services, interview, March 31, 2014.

Building the Capacity of Family Support Organization Partners

As we've highlighted above, there are excellent reasons to partner with organizations already serving children and families in foster care, adoption, or kinship care as you seek to provide support services to families. It can make implementation easier, ensure services are more effective, and help sustain the program over time. But in some cases family support organizations may need additional help to enable them to be a full partner in program implementation and provision.

Below, we highlight just a few strategies your State, Tribal, and Territorial child welfare agency can take to ensure local family support organizations have the capacity to partner with you to better serve children, youth, and families.

Providing Leadership Training for Parents and Youth

At the 2014 convening, a director of a statewide adoption support program shared that her agency offers a regular youth leadership training where young people who were in foster care or who have been adopted learn more about child welfare and develop advocacy skills. She explained that the training empowers young people to be service providers and to take on the work of helping other children and families in the future.

A state child welfare administrator at the meeting noted that providing parents and youth with advocacy skills can help build community support for child welfare services. She explained that youth and parents who have been served by a program are often able make an excellent case for why the program matters, and can help educate community leaders about the importance of providing ongoing support services. Another representative at the meeting shared that trained parent and youth champions can also help explain the value of a program when new agency leaders come on board.

Developing a Network of Groups

A State, Tribal, or Territorial child welfare agency is in a unique position to bring together smaller organizations or groups already serving adoptive, foster, and kinship care families. The public child welfare agency may be able to convene these organizations and provide funding to help them develop a coordinated network of groups, which would then be better prepared and positioned to offer services to families.

At the 2014 convening, a number of service providers emphasized the importance of offering services tailored to the needs of different communities within a state. One noted that rural communities may have different needs than urban ones, while one region might have access to better mental health services than another. Networks of local support groups or organizations may be best positioned to offer the regionally tailored services families need. In many states, the public child welfare agency supports a statewide foster or adoptive parent association, which brings together the expertise of local chapters around the state. Such partnerships expand the capacity of the association and increase foster, adoptive, and kinship care families' access to needed services.

As we have also seen many times across the country, parent and youth groups can grow into full service agencies that recruit and support families for children in care. Over time many support groups

have become key partners for the public child welfare agency. But this growth takes time and care, and ongoing funding and support from the public agency can be an important contributor to, and facilitator of, the growth process.

Providing Resources

In many cases, family support organizations or networks may simply need financial support from the public child welfare agency to enhance support services for families. The North Carolina Division of Social Services, in *Treat Them Like Gold: A Best Practice Guide to Partnering with Resource Families*, suggests that public child welfare agencies can increase retention of resource parents by supporting their local foster parent association and by participating in state and national foster parent associations. The guide notes that agency leaders can show the importance of supporting resource families by ensuring the agency budget includes funding for respite, training, and other programs that support foster families.[99]

> **These children and families are not ours. They belong to the community, and the community deserves the right to come up with solutions.**

Even if you don't fund a full-service adoption, foster care, or kinship support program, public child welfare agencies can expand families' access to support services by providing resources to local family support organizations. Small grants can enable parent and youth groups to host regular support meetings, offer enhanced training opportunities, create respite networks, and provide other services to adoptive, foster, and kinship care families in their area.

Small grants and other investments in organizations supporting adoptive, foster, and kinship care families can be a wise use of limited dollars. In many cases, the funds can serve essentially as seed money, enabling the group to leverage additional private funds. In other cases, the group can use start-up funding to prove the value of its work and then present successful outcomes in future grant requests. (See AdoptUSKids' *Creating and Sustaining Effective Respite Services: Lessons from the Field* for additional information about how small grant programs can lead to lasting services that make a difference for children and youth and their families.)

Although partnerships are not required for public child welfare agencies to offer support services to adoptive, foster, and kinship care families, they are one of the most common ways such services are provided and can make for a more successful program. But the benefits of partnership don't happen easily or accidentally. Rather they are achieved through investment of time and attention to developing a collaborative relationship. A public agency staff member at the 2014 convening emphasized that the only way to truly benefit from the strengths of both the public and nonprofit partner in child welfare work is to maintain a true collaboration. She noted that her state had tried both having the state agency offer services and outsourcing the work altogether; neither approach was as successful as it should have been. In the end, she explained, "The only way to do it is to come together. These children and families are not ours. They belong to the community, and the community deserves the right to come up with solutions."

CHAPTER FIVE

Key Considerations in Implementation of Adoptive, Foster, and Kinship Care Support Services

The previous chapter offered thoughts about how you might partner with family support or community-based organizations if you are interested in implementing programs ideas like those presented in Chapter 3. Regardless of whether you act with a partner or alone, though, there is more to consider as you proceed with developing any new support services for adoptive, foster, and kinship care families. This chapter offers advice to help you — and your partners if you have them — plan and prepare for adoption and installation of a new program or service. It will cover:

- Beginning to plan the program
- Thinking about implementation drivers
- Reaching and engaging families
- Evaluating your program
- Addressing barriers to successful implementation
- Funding supporting service

As with Chapter 4, much of the advice in this chapter comes from the leaders of nonprofit and public agencies offering recruitment and support for adoptive, foster, and kinship care families we convened in January 2014. Additional insights are presented from the sample programs profiled in Chapter 3 and from literature on program implementation.

Beginning to Plan Your Program

Implementing a new program or idea sounds simple enough, but recent research has shown that *how* you choose to incorporate new work into your agency can be as important as the new program idea itself. Implementing new programs successfully and fully takes from two to four years and requires careful planning and preparation. As explained in the introduction to this guide, the stages of implementation are:[100]

- Exploration and adoption
- Program installation
- Initial implementation
- Full operation
- Innovation
- Sustainability

In this section, we'll cover several steps to help you start your exploration phase.

Identify an Implementation Team That Includes Stakeholders

An important early step in program planning is identifying a team to take the lead in creating your program and preparing for implementation. For your effort to succeed, you'll need team members who are passionate about helping children and youth and their families and are committed to the belief that adoptive, foster, and kinship care families who need it deserve ongoing support. Implementing new programs can be challenging and stressful, and having a team of individuals who believe you will succeed and understand the importance of your effort is critical. The programs in Chapter 3 show that implementing successful support programs is possible, and we encourage you to use this guide to build team members' confidence and knowledge.

You likely already know of staff members who would be a natural fit to be on this planning team, but even if you aren't using a formal external partnership, we recommend including stakeholders and community partners as well. Multiple program leaders at the 2014 convening noted that having youth and parents involved in assessing needs and program planning led to better information. One leader shared, "We trained youth on how to interview or do focus groups with other youth. We got rich input because the youth were speaking to other youth." One nonprofit agency director expressed the opinion that it simply isn't ethical to design and provide these support services without the involvement of people who have had similar experiences.

> **"For your effort to succeed, you'll need team members who are committed to the belief that adoptive, foster, and kinship care families deserve ongoing support.**

Many of the programs featured in Chapter 3 involved caregivers and youth in program planning and design, including on advisory boards and on program design teams. Both public and private leaders at the 2014 convening emphasized the importance of having an engaged advisory team with people from diverse areas — including parents, state administrators, youth who had been in care, community-based agencies, and residential centers — to provide insights and to change the way staff think about permanency and family support. The team is critical in the early planning process we're discussing here, but can also serve an ongoing purpose over time as part of program refinement or adaptation.

Consider How Identified Needs Can Be Addressed by Services

As part of the exploration phase of implementation, your team can use the results of any assessment you conducted (see Chapter 2) to determine the primary needs adoptive, foster, and kinship care families have identified and which services they have most sought or valued. From there, you can develop a theory of change — that is, how will particular interventions address your community's needs and make the difference you seek for adoption, foster, and kinship care families? The descriptions of programs in Chapter 3 can help you think about which types of services might be best designed to meet your local support needs and goals. An engaged group of experienced youth and parents can also be helpful here — to be part of analyzing the results of the needs assessment and translating needs into services that are most likely to help.

As part of the planning process, you may want to develop a logic model, which enables program planners to link goals with specific activities and decide how to evaluate whether those activities are resulting in the stated goals and objectives. Developing a logic model helps clarify goals, identify the resources needed to accomplish those goals, and ensure any services provided are likely to achieve the desired objectives. Child Welfare Information Gateway has developed a logic model builder for post-adoption support programs[i] that can also be used for support services for foster and kinship care families.

The exploration phase is an important time to consider multiple services and program models to determine which will best align with your community's needs and with your goals. In *Tips for Implementation of Evidence-Based Practice*, Child Welfare Information Gateway recommends gathering copies of guidelines and curricula, discussing the program with those who are currently operating it, and making a site visit to meet with staff, families served, and other stakeholders.[101] If there is a program that particularly interests you, you may want to contact program staff to discuss specifics about the program, including which components of the program they consider core to accomplishing their outcomes and which staff and leadership elements are necessary to have in place to ensure effectiveness.

Consider Necessary Changes and the Scale of Your Program

You can use the sample programs to generate ideas for your community and think about how they can be incorporated into what you're already doing. You can also choose to start small, perhaps with a pilot or local program or with a smaller group of the most essential services.

During the exploration and learning phase, however, it's also important to think about how much you can change a program model that you wish to replicate and still accomplish similar outcomes. First, you'll need to consider if you want to *adopt* a particular program model, implementing it in much the same manner, or *adapt* it by making changes based on your resources and your community's needs.

If you want to adopt a model, implementation science experts caution against making too many changes upfront, particularly with models that are truly evidence-based. Research on implementation suggest that while changes might make it easier to go forward with implementing a new program, the same changes might make your new program less effective than the original model that you choose to replicate. It can be difficult to know which components of the program, or the even the relationship between program components, generate the results you're hoping to emulate. So if you're planning to make changes to a model, it can be helpful to explore these issues with the agencies or organizations operating the model you are interested in adapting. For true replication, experts recommend making changes only after you know what is truly a core element of the program and, ideally, waiting to make any changes until after you've implemented the full model.[102]

i The logic model builder is available at https://www.childwelfare.gov/topics/adoption/postplacement/evaluation-of-postadoption-services-programs/logic-model-builder-for-postadoption-services-programs/

Thinking About Implementation Components or Drivers

Once you've narrowed down your goals and possible services you'll provide, you need to focus on how to bring a program to reality. In this section, we share information from research about implementation science and describe the key issues that are likely to affect the successful creation of a new initiative. The National Implementation Research Network has identified several key elements that drive whether one can successfully implement a program:

- Competency drivers — As defined in implementation science, competency drivers are "mechanisms that help to develop, improve, and sustain one's ability to implement an intervention with fidelity and benefits to consumers."
- Organizational drivers — Organizational drivers are defined as "mechanisms to *create and sustain hospitable organizational and systems environments*."
- Leadership drivers — Implementation science describes leadership drivers as "*methods to manage technical problems* where there are high levels of agreement about problems and high levels of certainty about solutions and to constructively *deal with adaptive challenges* where problems are not clear and solutions are elusive."[103]

The Network also explains that while the drivers should be integrated to ensure maximum effect, they also compensate for one another, so that a strength in one component may offset a weakness in another.[104]

Below we present insights and suggestions related to these implementation drivers, gathered from our interviews with the leaders of the organizations featured in Chapter 3 and through discussions with state and nonprofit leaders held at the 2014 convening. An additional resource to help you think about implementation is *Implementation Drivers: Assessing Best Practices*, developed by the National Implementation Research Network, which identifies ideal practices for each driver and enables leaders to evaluate how well their organization is implementing a new program or service.

Competency Drivers

Recruitment and Selection of Staff

Without the right frontline staff and supervisors, new programs are likely to falter. Part of planning for implementation includes determining your staff needs, including the qualities — such as knowledge, skills, and abilities — of individuals who will deliver key services. At the 2014 convening, leaders of both public and private agencies noted the following as key characteristics of staff providing support to adoptive, foster, and kinship care families:

- **Experienced with foster care, kinship care, and adoption** — Children, youth, and parents benefit when service providers have in-depth understanding of the key issues the family is facing. For many organizations we interviewed, this meant service providers included adoptive or foster parents, kinship caregivers, or youth with experience in care or with adoption. The support organizations took various approaches to accomplishing this. One nonprofit at the January 2014 convening hired staff only after they had been licensed foster parents for at least five years, while other organizations made sure that the service team included some adoptive or foster

parents or kinship caregivers and individuals who were adopted or had spent time in foster care or kinship care. Other leaders didn't require personal experience in child welfare for a given position or team, but did see it as a bonus to have staff members who were personally involved in adoption, foster care, or kinship care. A program leader at the 2014 convening explained that having a youth navigator on the staff helped shape how all staff thought about youth and how to work with them. In most programs we reviewed, clients received at least some services from their peers, most often through support groups, navigator programs, or mentoring.

- **Have excellent interpersonal skills** — The ability to engage families — establishing effective connections with children, youth, and parents as clients — is key to successful implementation of support programs, and the leaders at our convening reiterated the importance of this characteristic. Several managers of the programs profiled in Chapter 3 also noted this as a primary staff requirement. *Implementation Resource Guide for Social Service Programs: An Introduction to Evidence-Based Programming* notes the best frontline staff are genuine and caring, able to connect personally with participants, seen as credible by participants, respectful of participants, and passionate about the program. This research suggests these interpersonal skills are often more important than educational background, shared life experience or racial or culture background with clients, or previous experience with the core issues involved.[105] (See page 270 for additional information about how organizations can assess and improve their ability to engage client families.)
- **Committed** — A post-adoption program manager emphasized that staff need to be compassionate and committed and believe the services provided are necessary and valuable. This commitment can help staff keep doing what is sometimes difficult work.
- **Responsive to clients** — "Customer service-oriented" is one of the ways many attendees at the 2014 convening described their staff members. They agreed that staff need to be client-focused and able to see the strengths of the children, youth, and parents being served. Providing responsive, effective customer service helps ensure successful family outreach and engagement in services. Effective customer or client service means that the families served feel respected, heard, valued, cared for, and supported as much as possible. Among other things, customer service means putting relationships first, treating families as partners in service provision, and empowering families. To ensure good customer service, agency leaders should create an organizational environment that values service and develop processes to monitor and improve services whenever necessary. For more information, read *Using Customer Service Concepts to Enhance Recruitment and Retention Practices*, published by the National Resource Center for Diligent Recruitment at AdoptUSKids.
- **Culturally responsive** — As described in Chapter 3, cultural responsiveness is critically important to successful service provision. One nonprofit group leader at the 2014 convening mentioned the importance of having bilingual staff since many of her agency's clients were Spanish-speaking. Other agency leaders explained that their partnerships with diverse community organizations enabled them to attract staff and volunteers who reflect the racial and ethnic background of the families they serve.
- **Clinically trained** — Many of the programs offering case management or clinical services require staff to have a degree in social work or a related field. Of the profiled programs in Chapter 3, many have the bulk of their services provided by people who have a master's degree in social

work. Other clinical providers might be licensed clinical social workers or therapists. For the evidence-based therapeutic techniques described at the end of Chapter 3, certain licensing or clinical skills are particularly important to the program model.

The selection process for staff can be as important as the characteristics of candidates. One of the nonprofit leaders at the 2014 convening explained that her organization invites stakeholders — foster or adoptive parents and individuals who have been in foster care — to participate in the hiring process for their staff. Through this process, the agency is able to better gauge what applicants know about their clients' needs and to assess candidates' ability to engage with youth and parents. A nonprofit program director noted that if you are creating a new initiative, you shouldn't just move staff from an existing program. It's important to think carefully about the skills and qualifications staff will need most in the new program.

> **Effective customer or client service means that the families served feel respected, heard, valued, cared for, and supported.**

Another nonprofit leader at the meeting noted that her organization, with the permission of the public agency, hires state social workers and staff as hourly contractors to provide child care or do children's activities for the support program. This strategy builds connections between the nonprofit and the state, increases the public agency's knowledge of and support for the program, and reinforces to families that the public agency understands and cares about adoption, foster care, and kinship care.

Training

Staff selection is just the beginning of ensuring competence in program delivery. Staff need information about the program model and professional development to help them perform their jobs effectively. For the programs profiled in Chapter 3 and the support services offered by the leaders attending the January 2014 convening, the most common training provided to staff includes:

- In-depth information on the program model, services provided, specific therapeutic or other techniques used, and the agency's overall mission and goals
- The effect of trauma on children and youth and how to provide trauma-informed care
- Grief and loss
- Key issues in adoption, foster care, and kinship care; adoption and permanency competence
- Cultural competence and diversity
- Family engagement or coaching
- Family preservation
- Common disabilities or challenges in child welfare, such as fetal alcohol spectrum disorder, sexual abuse, and attachment
- Responding to challenging behaviors
- Confidentiality and maintaining boundaries

In addition to noting key topics, public and private agency leaders at the January 2014 convening offered a variety of specific tips about training staff in support programs:

- **Promote cross training** — Several managers shared that they have staff go through the same or a shortened version of the training foster or adoptive parents are required to attend. They noted this helps staff see the role of caregiving differently and more completely. Another agency offers staff train-the-trainer workshops so they learn how to offer educational sessions to prospective and current parents and caregivers. This gives staff in-depth knowledge about key issues facing families and helps build early connections between staff and clients during the training. Another state agency held a convening of regional state staff, foster parents, adoptive parents, and youth where they learned from each other and then brainstormed how to improve recruitment and support services for families. In its brief on implementing model programs, Child Trends notes that one way to ensure organization buy-in is to include training on the program for all levels of staff, not just frontline service providers.[106]
- **Involve parents and youth** — Many of the leaders at the convening use experienced and trained parent and youth panels in pre-service training for staff to help workers better understand the issues families are facing and to see parents as part of the service team. Other program managers reported that their primary trainers are adoptive or foster parents, kinship caregivers, or youth who have been in care. One nonprofit organization's leader emphasized the importance of having parents and youth help plan the training curriculum too.
- **Ensure orientation and ongoing training opportunities** — It is important that staff have sufficient information before they start providing services, and that they continue to develop professionally and keep up with changing needs and research in the field. Both convening attendees and staff of the programs profiled in Chapter 3 emphasized the need for upfront and ongoing training. A few programs require as many as 80 to 100 hours of training for new staff members in the program model and key issues facing their clients. Others require a week or a few days of orientation. Many leaders also report that staff must complete minimum ongoing training requirements each year. Others offer monthly in-service trainings or provide staff with an annual training budget. As mentioned in Chapter 3, many service providers are training staff in adoption or child welfare competency.

Coaching and Support

Just as ongoing training is important to ensure staff competence, so too are supervision, support, and coaching in the program model and in key issues in child welfare. Leaders at the January 2014 convening noted the following ways they help staff remain engaged, committed, and following the program model:

- **Use current technology to support staff in different locations** — Program managers reported using private Facebook groups or email groups to share resources, information, tips, and strategies with staff working in different locations. These avenues also enable supervisors and other staff members to support one another and brainstorm solutions to difficult cases.
- **Provide training and support** — As noted above, most of the program leaders emphasized the importance of ongoing training and saw it as a support to staff. Several organizations provide staff with monthly or annual training events where they learn new skills and have an opportuni-

ty to learn from and support one another. Another organization hosts an annual retreat to help support and rejuvenate staff members. Several organizations provide staff with training on self-care, vicarious (secondary) trauma, or preventing burnout. One nonprofit leader reported that her organization offers staff classes in laughing yoga or meditation, while another reported that post-adoption support staff met quarterly with an adoption-competent therapist to discuss how to keep from burning out while doing what can be a very draining and difficult job. One nonprofit program manager emphasized the importance of supporting volunteer mentors and parent or youth group leaders as well as staff.

- **Value supervisors** — One expert at the 2014 convening emphasized that it's important not to forget about supervisors. Supervisors are critical to recruiting, retaining, training, and supporting frontline staff, and programs can stumble or fail if supervisors aren't on board and supported in turn. A director at one nonprofit organization explained that they increased the number of supervisors for their peer support program since staff needed more one-on-one time with supervisors than other program staff did. Another program manager at the convening suggested training managers and supervisors in brain-based supervision techniques or tools such as emotional intelligence so they are better able to lead their staff members. A state child welfare staff member noted that training supervisors on the program model is very important because if the supervisors aren't convinced about the value of the program and the service model, they are not able to properly ensure effective implementation by frontline staff. It's also useful to train supervisors in preventing and recognizing compassion fatigue and burnout so they are able to address these issues with frontline staff.

Several of the programs in Chapter 3 provide more formal coaching or supervision to staff on the program model. The Children's Trauma Assessment Center, for example, has supervisors observe interns through one-way glass so they can provide feedback on the assessment. The Children's Home has new workers shadow more experienced workers so they learn to use assessment tools, host family group conferences, and develop service plans. Other organizations offer case consultation or weekly supervision meetings to ensure staff receive the support and information they need.

Organizational Drivers

Data

Data and data systems play many roles in ensuring program effectiveness, including assessing short-term and long-term outcomes for individuals served; tracking resources spent and activities or services offered; and guiding program changes or adjustments. Leaders in the field at the 2014 convening had the following advice about data and using data systems effectively:

- **Look at data early** — One 2014 convening participant said her agency found it necessary to look at data very early in the planning process — both to understand the needs and to determine what data they were currently collecting and what would need to change in their data collection and tracking. It takes time to make changes in data systems, so knowing what you have and what you want to be gathering is an early priority.
- **Use data to decide where investments are needed** — A state child welfare leader explained that her state uses program and outcome data to determine where more resources are need. Data on

the needs of children, youth, and parents have helped convince leaders where to invest. She explained that data showed children were often being placed with relatives, so the state increased the support services available to kinship caregivers and their families.

- **Use data to assess accomplishments** — Data on program outcomes can be a key element of performance assessment, but can also be intimidating to staff. At the 2014 convening, one leader emphasized the importance of helping staff understand the value of data. She explained that her program uses the phrase, "Data is not a hammer, it's a flashlight." Leaders inform staff how data can shed light on ideas to help them perform better and understand the program, rather than to document failures or mistakes.
- **Understand the power of data** — Another manager at the January 2014 convening said that data was one of the best ways to inform and engage leaders who are not involved in these issues on a day-to-day basis. She explained that data can be used to build program support and high-level commitment. A nonprofit organization leader at the convening noted that data can also engage staff. He explained that those in charge of gathering and reporting data can and should share it with others to highlight wins, note concerns, and build agency awareness of the program's outcomes. Data can also show staff if changes need to be made, and they can then be involved in guiding those changes. Another leader agreed that data has great power with staff, especially if managers can tie data points to the program's or staff members' values. For example, if staff or leaders believe strongly in placement stability, data on how many moves a child or youth makes can be extremely persuasive in making the case for the need for family support.

More information on data can be found in the Evaluation section below. (See page 275.)

Team and Organizational Support Building

At the January 2014 convening, participants offered the following advice about how organizations can develop teams and change internal structures to facilitate implementation:

- **Create diverse implementation teams** — A leader of a public/private support program emphasized the importance of having a team drawn from all levels of the agency. She noted that her program's challenges with implementation were most often due to staff reluctance. By involving staff in program planning, the organization was able to create true champions of the work who could help build support with their peers. The Annie E. Casey Foundation, in its report on implementation of the foster care reform known as Family to Family, notes, "Opening the discussion to a wide group of stakeholders helps create a vision for the work that can be shared across multiple parts of the community. This shared vision provides the direction and energy needed to fuel the hard work ahead."[107]
- **Make sure you have at least one project champion** — Although teams are important, a number of program leaders reported that their success depended on having one or two deeply committed champions who were able to keep the process moving and guide the implementation team. These champions need the support and input of others, but are critical to the ability to keep going during challenges. A couple of convening participants noted that it's also important to respond if a program champion leaves the agency or project. One stated that her agency's project suffered when its main proponent left, and another explained that the implementation team was

careful to identify and prepare a new champion when they learned about a pending departure. Preparing for these transitions and working to identify multiple champions can help make staff or leader changes less disruptive. A review of successful social services programs found that all of the successful efforts had a strong project champion, and the authors and noted that it was best if the individual had influence or administrative control.[108]

- **Keep lines of communication open** — Feedback and openness among the implementation team members are important, especially if you're working with a partnership of multiple organizations. Leaders at the 2014 convening noted that building in a regular schedule of meetings or phone calls was essential during their program planning. One nonprofit staff member emphasized the need to allow staff and partners to express concerns during planning. He noted that when people feel heard during planning, they are more likely to be committed team players down the road. Chapter 4 has additional information about the importance of relationships and how to keep partnerships successful.

> **Feedback and openness among the implementation team members are important, especially if you're working with a partnership of multiple organizations.**

- **Partner with others** — Since all new efforts affect a broader community, sharing responsibility and information with the entire community is important. Having internal and external advocates is one of the best ways to ensure the entire system is able to accommodate the new effort. Chapter 4 explores the value of partnerships and offers many suggestions for working collaboratively.
- **Build system-wide capacity** — A nonprofit director at the convening recommended building commitment across the agency and beyond, ensuring that directors, line staff, supervisors, and others have the information they need about the program's goal and direction. Another noted that the entire culture of an organization may need to change, particularly if the agency has a new commitment to evaluation or to support services. Leaders and project champions can help others throughout the agency to understand the importance of a new support initiative.
- **Provide avenues for leaders to continue to engage** — A county child welfare manager explained that leaders need to remain engaged and have plans to share their vision with others throughout the planning and implementation stage. Another convening attendee noted that her agency had no project director within the public agency, which made it difficult for anyone to intervene when issues arose. She recommended ensuring someone at the public agency is in charge, even if the day-to-day work is contracted out.

Leadership Drivers

Although leadership at several levels is important in many of the other implementation drivers, it also stands alone as a significant contributor to success. Leaders must be good managers and agents of change. Attendees at the 2014 convening were in agreement about the importance of leaders in program success and offered the following strategies and tips:

- **Identify respected leaders** — A public agency representative reported that leaders were a key driver in her partnership's ability to accomplish its goals. Her agency took care to identify those individuals at each level of the agency who already had the respect of their peers and the people

they supervised. Then they worked to develop these respected leaders into project champions. By finding key people who had both passion and respect, they were able to increase commitment agency wide.

- **Involve leaders at all levels** — One state child welfare manager reported that her agency invites key administrators and community members to events hosted by the family support program. This generates increased support at higher levels and can make families feel valued. Another program staff member said his agency invites board members to events with children, youth, and parents. This strategy builds awareness of the need for the work among leaders and helps increase the number of people who think the program is valuable.
- **Ensure leaders respect staff and value their roles** — Several child welfare managers at the convening explained that true leaders respect staff and include them in program design and development. Others explained good leadership is about knowing how different staff approach their work and learning how to get the most out of each person. Involving those who are detail oriented in data analysis and someone with a big picture focus into program design may be the best way to engage people effectively.
- **Build leadership skills** — One public agency manager at the meeting noted program managers might not have all the skills they need to lead a new initiative and build organizational and community consensus for the work. Her agency engaged a coach who helped the manager develop the leadership skills she needed to implement the new project and build a team of champions.
- **Share leadership** — Meeting attendees emphasized the need to share leadership and even identify successor leaders early in program planning. They noted that programs can struggle if too much responsibility and leadership is held by one person alone. Successor or co-leaders can help smooth transitions during staff turnover as well.

Reaching Families and Serving Them Effectively

A key step in the implementation process is determining whether the program will have the ability to reach families and successfully engage them in services. If families don't feel comfortable with the host organization and service providers, they may not want to reach out for help or may not take full advantage of the services provided.

Organizations offering support to adoptive, foster, and kinship care families can use the tool below — Assessing Agency or Organizational Capacity to Engage Families in Support Services — to measure their current capacities to engage families and identify areas for improvement. Each measurement in the tool reflects an engagement strategy agencies can use to expand their ability to connect with families who need support. The strategies involve many of the implementation drivers identified earlier, including staff characteristics and training, organizational culture, and leadership.

If the tool helps you identify areas where your agency needs improvement, you may want to develop a plan to increase your rating in those areas. One suggestion is to create a short-term work group to address one or a small group of strategies. The group can then brainstorm and recommend how to make improvements. For example, consider an agency that realizes it doesn't have a formal strategy for the item in the tool that states "The organization ensures continuity of staff as much as possible. When staff changes occur, the agency has a formal plan to ensure continuity of the case or the

relationship between provider and the family." The agency's work group might develop a plan that whenever staff are promoted or resign, staff have a two-week period where they call or email their clients and let them know they are leaving and introduce either the replacement staff member or a supervisor or other staff member who is filling in.

If there are many areas where you need improvement, you may want to pull together a team to help you prioritize where to focus attention. The team can look for themes and commonalities — Do you score lower in strategies that relate to flexibility and accessibility of services? Does it seem like many of the areas for improvement relate to not having parents and youth involved as staff or advisors? By looking for themes, you may be able to see and then address broader organizational cultural issues. If you have identified things to be changed about your organization's culture, it's important to get high-level leaders involved in any change efforts. Infusing an organization with a true commitment to family engagement takes leadership and investment.

Assessing Agency or Organizational Capacity to Engage Families in Support Services

This tool is designed to help agencies, support groups, associations, and other organizations providing support to adoptive, foster, and kinship care families assess their ability to reach families who need to be served and ensure these families are willing and able to access services. It should be completed by a staff member or leader with extensive knowledge of the program and the organization. Please note that all questions may not be applicable to your program.

Please rate your organization's success in each of the following areas.

Administration and Program Planning

Family Engagement Strategy	Rating or Response
The organization has a specific written strategy on how to reach families and encourage them to use services as needed.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
Parents and youth were actively involved in planning of the support program.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
The organization has articulated principles on the value of parents and youth as service providers.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
Staff and volunteers value the role of parents and youth.	❑ Excellent ❑ Satisfactory ❑ Needs improvement

Administration and Program Planning

Family Engagement Strategy	Rating or Response
Program managers and leaders value the role of parents and youth.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
Parents and youth are in leadership roles.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
The organization has ongoing partnerships with parent- or youth-led organizations.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
Staff and volunteers providing services receive training in core permanency issues affecting children in adoption, foster care, and kinship care, including grief and loss; developmental domains; disabilities and challenging behaviors; attachment; the effect of trauma; and brain development.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
Staff and volunteers are trained on skills of working with children, youth, and families, including active listening, teamwork, collaboration, effective communication, and conflict resolution.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
The above two types of training are offered to staff and volunteers regardless of when they join the program (training is not just offered one time to staff hired at the program's inception).	❑ Excellent ❑ Satisfactory ❑ Needs improvement
Parents and youth are engaged in providing training for staff and volunteers.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
The organization provides ongoing professional development for staff and volunteers.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
Staff and volunteers receive training in cultural competence and providing culturally responsive services.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
Staff and volunteers receive training in how to accommodate any disabilities the parents or other family members may have.	❑ Excellent ❑ Satisfactory ❑ Needs improvement

Administration and Program Planning

Family Engagement Strategy	Rating or Response
The organization ensures continuity of staff as much as possible. When staff changes occur, the agency has a formal plan to ensure continuity of the case or the relationship between provider and the family.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
Supervisors evaluate staff on their skill in and success at engaging families.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
Supervisors create a plan with staff to reinforce and strengthen their approach to supporting families.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
The organization has a process to identify, review, and respond to any barriers parents report in accessing services.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
The organization has a policy on how to respond to conflicts between staff and families or volunteers and families.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
The organization collects and incorporates both formal and informal feedback from families on the program design and effectiveness of services.	❑ Excellent ❑ Satisfactory ❑ Needs improvement

Outreach

Family Engagement Strategy	Rating or Response
The program seeks and actively engages participants in the community.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
The organization conducts specific and varied outreach activities to share information with families who are not being served.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
Staff or volunteers working with families during the placement process encourage parents to access support and services after placement.	❑ Excellent ❑ Satisfactory ❑ Needs improvement

Outreach

Family Engagement Strategy	Rating or Response
Staff encourage families to join support groups or participate in other services before a placement is finalized.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
Outreach is conducted by parents or youth who have personal experience with adoption, foster care, or kinship care.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
The agency has a successful strategy to reach families before they are in crisis.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
Service providers have access to the names of all foster care, kinship foster care, guardianship families, and families receiving adoption assistance to conduct program outreach.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
The organization offers regular social events to families to keep them connected to the service provider and one another.	❑ Excellent ❑ Satisfactory ❑ Needs improvement

Service Delivery

Family Engagement Strategy	Rating or Response
Staff and volunteers include adoptive, foster, and kinship care parents.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
Staff and volunteers include individuals who are or were adopted or are or were in foster care or kinship care.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
The program offers parent mentors or liaisons for families.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
Staff and volunteers providing services have demonstrated skills in active listening and empathy, conflict resolution, and effective communication.	❑ Excellent ❑ Satisfactory ❑ Needs improvement

Service Delivery

Family Engagement Strategy	Rating or Response
Staff and volunteers have training that enables them to recognize and validate the challenges families face.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
The program has a formal process for assessing families' strengths and needs.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
Staff have clearly articulated boundaries and guidelines about working with parents and children.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
The program has flexible service hours.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
The program offers flexible service locations or other ways to receive services.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
The program offers accommodations necessary for parents or family members who have disabilities.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
Staff and volunteers respond to questions and inquiries within one business day.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
Staff and volunteers use family- or youth-friendly language in their work (including not using acronyms or jargon and not defining children or families by their diagnoses or challenges).	❑ Excellent ❑ Satisfactory ❑ Needs improvement
Staff and volunteers follow a family-centered philosophy and listen to parents and children.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
Staff and volunteers respect parents, children, and youth and use strengths-based methods.	❑ Excellent ❑ Satisfactory ❑ Needs improvement

Service Delivery

Family Engagement Strategy	Rating or Response
Staff and volunteers encourage parents to become involved with other members of the adoption, foster care, or kinship care community.	❑ Excellent ❑ Satisfactory ❑ Needs improvement
The agency/organization provides or promotes creative ways for families to maintain connections with one another between events or meetings (if applicable).	❑ Excellent ❑ Satisfactory ❑ Needs improvement
The agency/organization provides an opportunity for families to report challenges or barriers.	❑ Excellent ❑ Satisfactory ❑ Needs improvement

Evaluating Program Outcomes and Implementation

As mentioned briefly above, program evaluation is key to shaping your program and services and determining if your services are having the desired impact on children, youth, and parents served. The logic model you develop for program planning is an important tool in creating your evaluation strategy because it has identified your desired outcomes and the activities you expect to result in each goal or objective.

The evaluation plan needs to address how you will track services provided and people served, assess outcomes achieved, and monitor how the program operates. Whatever your evaluation plan is, it's important that staff understand what they need to do and how, and that the resulting data provides the information you need to fulfill reporting requirements and build your case for continued funding and support.

A well-thought-out and executed evaluation plan is essential to being able to make thoughtful, intentional modifications to your program or services as necessary over time and to sustain services into the future. Data from the evaluation offers evidence to internal and external leaders, community members, and potential funders about the value of your work and your agency's or partnership's ability to make a difference in the lives of adoptive, foster, and kinship care families.

Track Services Provided

At a minimum, your program evaluation is likely to include a system for tracking the activities or services offered and the children, youth, and parents receiving each service. Tracking methods vary, with programs using databases, tracking forms, spreadsheets, case records, and other means. With case records, the agency may have a file on each family and then record which services are provided to members of the family. Some programs use databases with a record for each family where staff can identify their needs and goals and services provided over time.

Organizations may use a tracking form for each event or service and have staff note how many or which individuals or families receive that service. Staff may also track the reason for contact. The Washington state kinship programs, for example, track the reasons caregivers need financial assistance and the purpose of contacts with the kinship navigators.

Evaluate Outcomes

Most programs do more than count activities and services — they seek to determine if the services are helping children and youth in adoption, foster care, and kinship care and their families. Below we outline a number of ways the programs in Chapter 3 evaluate the effect their services had on the children, youth, and parents served. While evaluation plans vary greatly in quantity and depth, the key is to develop a strategy that is reasonable given your staff and resources, but is rigorous enough to determine if your investment of time and funding is paying off.

It is ideal to determine how you will assess impact as part of your planning process. This can help ensure that you are offering services linked to your desired outcomes and that you have the staff and data capacity you need from the beginning to conduct the evaluation and analyze results. As in other aspects of implementation planning, representatives of successful programs suggested involving parents, youth, and community members in identifying key outcome indicators. At the Native American Youth and Family Center, for example, tribal elders and community members were asked during focus groups to identify what a healthy youth looked like. The evaluators then took these descriptions to create desired outcomes for the organization's youth development work and designed an assessment tool to measure these outcomes.[109]

Some key indicators used by the programs profiled in Chapter 3 include:

- Improvements in child or youth behaviors or well-being
- Increased parenting skills or knowledge; decreased parental stress
- Enhanced family stability or functioning
- Case outcomes such as permanency or placement stability
- Satisfaction

Below, we explore the types of tools program staff can use to measure the outcomes listed above.

Assessment Tools

Many programs supporting adoptive, foster, and kinship care families use assessment tools, both to guide case planning and to assess outcomes. Several programs in Chapter 3 use child and youth assessments, such as the Child and Adolescent Needs and Strengths tool, at the beginning of service to determine the client's needs and goals and a set a baseline. They then use the tool again over time or at the end of services to determine if the child or youth is doing better. Assessments can measure trauma symptoms such as anxiety, depression, or anger; negative behaviors; and factors related to resiliency such as leadership, social skills, and ability to adapt. Programs also used pre- and post-tests, skills surveys, and other tools to assess parents' knowledge in areas such as child development,

understanding trauma, and responding positively to difficult behaviors. The authors of *Implementation Resource Guide for Social Service Programs: An Introduction to Evidence-Based Programming* recommend using existing assessments when possible because it can save you time and also ensure that your instrument has been tried and tested.[110]

Specific programs using assessment tools include:

- Both Mockingbird and the Native American Youth and Family Center measure youth's connections to their community of origin or cultural background. The Native American Youth and Family Center also measures children's and youth's healthy relationships, coping capacities, and other attributes using a tool designed specifically for the agency.
- Tennessee's Adoption Support and Preservation program uses tools such as the Parenting Stress Index, Post Traumatic Stress Index, and Child Behavior Checklist. Bethany's ADOPTS program also has clients complete a parental stress index before and after receiving services.
- Anu Family Services and Placer County Permanency Support Services use the Child and Adolescent Needs and Strengths (CANS) assessment tool in case planning and evaluation.
- The Child Wellbeing Project uses the North Carolina Family Assessment General Services + Reunification, Devereux Early Childhood Assessment, and Casey Life Skills Assessment tools.
- Edgewood Center for Children and Families conducts pre- and post-assessments of families' strengths.
- The Foster and Adoptive Care Coalition uses the Global Assessment of Relational Functioning and other tools for families receiving crisis intervention services.

Collection of Case-Level Data or Case Review

Many of the programs in Chapter 3 — particularly those using a case management model — record client-specific data to assess placement stability, permanency, and need for additional services. The Children's Home, for example, tracks placement status for children and youth up to 12 months after case management services are completed. Seneca Family of Agencies tracks placement changes, educational attainment, respite care used, family functioning, and children's behaviors. Treehouse tracks a variety of educational indicators and outcomes for children and youth served, such as attendance and graduation rates.

Surveys of Parents and Youth

Many of the programs in Chapter 3 use surveys to assess whether parent or youth participants are satisfied with the services received and to solicit comments about the program. Surveys often ask for reports about knowledge gained, family stability, satisfaction with services, and changes in children's behaviors. Some examples include:

- The Iowa Foster and Adoptive Parent Association conducts pre- and post-tests of parents' knowledge to assess the value of trainings.
- Mockingbird asks parents to report on whether they and their children or youth feel less isolated than before participating in the program.

- Alabama Pre/Post Adoption Connections uses in-person surveys at the end of trainings, counseling sessions, or support groups to ask parents to report broadly about the value of the organization's services. This in-person approach has generated better response rates than doing a periodic survey by mail or email.
- Camp to Belong has youth participants complete pre- and post-camp surveys to assess their connections with siblings and feeling of belonging and positive attitude.
- For the Bethany ADOPTS program, parents are asked 12 months after services end to report on changes in the family's life or in children's behaviors. Children and youth are asked about how they are feeling and if they are getting along with their family.
- In addition to assessing children using a trauma checklist, Fostering Healthy Futures asks parents to report on their children's mental problems or use of mental health services. KEEP also asks caregivers to report on children's behaviors.

Interviews or Focus Groups with Individuals Served

When survey response rates are low or program staff or evaluators want more detailed information, interviews with clients are a great option. Interviews often provide a much deeper analysis of a family's situation, although they are time consuming for both staff and the family members. For a random selection of its kinship caregivers, A Second Chance, Inc. conducts a home visit to interview caregivers about services received. One program leader at the January 2014 convening said her program's staff do an exit interview with any foster parents who are leaving the program to discuss their needs and what is and isn't working.

Another evaluation option is a focus group with a selection of parents or youth served. In focus groups, evaluators can gather more in-depth information from multiple people at once. Focus groups can generate a rich discussion that highlights themes among various families served. One of the agencies at the January convening reported that their program holds two focus groups each year to talk with parents served about their needs; results have helped shaped program changes.

Gathering and truly hearing and using youth and family input not only helps ensure services are designed to best meet families' needs, but also shows respect for families' opinions when the input is used to make changes. This level of respect can make families feel better about the service-providing agency and feel more invested in the program.

Cost-Benefit Analysis

Some programs are able to analyze whether the investment of resources in the program saves money by reducing the need for other services. One program director at the January 2014 convening noted that her nonprofit is careful to track data on problems they are preventing, such as the need for out-of-home placement. The organization can then use this data to highlight the value of their supportive services.

Cost-benefit analysis can also be used to assess if there is a better way to provide services. The Seminole Tribe, for example, reviewed whether it made more financial sense to provide services using staff or outside providers. Their analysis showed that in their case, it would save money to use staff, and the Family Preservation Department made the change.

Randomized Control Groups or Longitudinal Studies

A few support programs for adoptive, foster, and kinship care families use randomized control groups to assess if outcomes are different for those served than for those receiving other traditional services or no services. A properly designed and randomized control group is one of the best way to be sure that services provided are actually having their desired impact, and is the gold standard in determining if a program is evidence based. Both Fostering Healthy Futures and KEEP have used control groups to assess the impact of the program, and The Children's Home is in the process of running a study using a control group.

Other organizations are able to follow families for a longer period to see if program impacts persist over time. In its longitudinal study, UCLA TIES is collecting annual data on families for up to five years. The programs using control groups or longitudinal studies typically employ the instruments or tools described above in their efforts to assess progress on desired indicators.

Continuous Quality Improvement

Efforts to evaluate program outcomes and assess program operation and strategy can be part of larger, ongoing continuous quality improvement efforts in your child welfare system. Through continuous quality improvement, child welfare agencies typically use teams of staff at all levels of the agency and children, parents, and other stakeholders to identify, describe, and analyze strengths and problems. They then test, implement, learn from, and revise solutions. With continuous quality improvement, agencies gather information about outcomes and processes and examine the links between them.

In an August 2012 information memorandum, the Children's Bureau identified five components of an effective continuous quality improvement system:

- Strong administrative oversight and written standards
- Quality collection of quantitative and qualitative data
- Ongoing review of case files
- Analysis of data and dissemination to stakeholders
- Use of data to guide changes in programs and process[111]

More information on continuous quality improvement in child welfare is available at Child Welfare Information Gateway and Casey Family Programs and the National Resource Center on Organizational Improvement.

Source: Children's Bureau, Information Memorandum ACYF-CB-IM-12-07: Establishing and Maintaining Continuous Quality Improvement (CQI) Systems in State Child Welfare Agencies (2012), accessed September 12, 2014, http://www.acf.hhs.gov/programs/cb/resource/im1207

Assessing Program Operation and Strategy

In addition to measuring outcomes, evaluation can also be useful in guiding program activities and services and making needed adjustments. Surveys of parents and youth, focus groups, and interviews are excellent ways to gather information about what families need, which services are most valuable, how well services are being provided, and if changes are warranted.

Two participants at the 2014 convening noted that surveys of staff or professional experts resulted in different answers than surveys or focus groups with parents or caregivers. In one example, professionals thought kinship caregivers most needed improved training and early support, but the caregivers were satisfied with those services and said they need more long-term post-permanency support. The program changed its outreach based on this input from families to emphasize the available post-permanency services.

One county child welfare leader at the 2014 convening explained that her support program hosts focus groups twice a year to see if families' needs are changing and has adapted services to reflect changing needs. Others at the meeting agreed that ongoing input from clients is very valuable and often results in program enhancements. For example, if an in-person support group isn't attracting attendees, follow-up surveys or discussions with families might clarify the root cause from several possibilities such as poor location, transportation problems, no child care, or inconvenient scheduling. Examining why families are calling in a crisis might help program staff identify additional preventive supports that can prevent future crises for other families.

One state agency leader at the convening noted that evaluation results can be used to modify services based on local or regional needs. In her state, they found that in some communities, no one would come to a "parent support group," but they would come to a gathering if it was called a coffee and chat session. Another public agency represented at the convening has hosted focus groups of foster and adoptive parent support staff to identify trends in service needs. The resulting data was surprising to program leaders, and they used it to change how they trained staff and operated support groups.

Having staff and leaders review services provided and outcome results can also help guide operations. With careful data collection, for example, managers might learn that families who participate in multiple services are seeing greater improvements on assessments than those who participate in only one activity. Or data might show that families who receive services for a minimum of 12 months do better than those who are supported for only three or six months. Data like these can help staff guide families to engage in additional services or change how services are offered in ways that are more likely to achieve positive outcomes.

With evidence-based programs in particular, program assessment can also include tools to determine if staff are using the program model properly. For example, organizations using the KEEP support and training techniques videotape sessions to ensure staff are maintaining fidelity to the program model.

Other Advice on Evaluation

Specific evaluation tips from the attendees at the 2014 convening include:

- **Hold regular program reviews** — Several program leaders reported that they have ongoing program assessment meetings, some as part of larger continuous quality improvement efforts. One explained that her county's public/private partnership hosts a monthly program review meeting with providers, supervisors, and managers. Working with a set agenda each time, participants review data and discuss what appears to be working and what isn't. They develop an action plan to address anything that needs to be changed. For example, early data showed the program wasn't serving many families with children under age five, so they decided to adapt their outreach strategy to help families understand the child assessment as an educational opportunity for the children. Another public/private partnership hosts a quarterly review where attendees look at case data and feedback from families to determine if they need to make changes to either enhance program operations or improve outcomes.
- **Bring in evaluation expertise** — One nonprofit manager at the convening said her organization felt a bit overwhelmed by the data it needed to gather. They decided to partner with a local university's social work class. Now program staff collect the data while students process and analyze the information. A number of the programs in Chapter 3 have worked with universities or other evaluation experts to design or conduct program evaluations.
- **Be specific about goals** — Another convening participant recommended having benchmarks to strive for, such as that 95 percent of families served remain together. Then the agency looks at its data related to each benchmark to see where staff can make changes or invest more time, attention, and resources to achieve their desired goals.

Addressing Common Implementation Barriers

Beginning a new initiative or program isn't easy, and leaders need to be prepared to respond as obstacles arise. Below we present a few major barriers participants at the January 2014 convening identified and their suggestions to overcome them.

Change Is Difficult

Child welfare agency leaders and staff are typically facing many priorities at once, and it can be daunting to think about implementing a new effort, especially while also addressing child protection crises, child deaths, or other system reform initiatives. Even without these specific pressures, tackling any new program can be challenging, and leaders are likely to face resistance. At the 2014 convening, leaders offered the following advice:

- **Listen to children, youth, and parents** — A nonprofit staff member advised involving youth in efforts to persuade the agency or community of the importance of efforts to support adoptive, foster, and kinship care families. He noted that no one wants to say no to children or youth, and these young people can make a very strong case. A state agency manager added that parents can also help convince doubters. Raising the voices of those who have lived an issue is a powerfully persuasive tool.

- **Bring in national experts** — One state child welfare leader said her agency found it valuable to bring in national experts or leaders of successful programs to build the case for new services or supports. By showing what others have been able to accomplish, these experts from around the country were able to inspire staff, supervisors, managers, and other leaders. She added that it worked well to combine program or data experts with those who have experienced foster care, adoption, or kinship care. Those who have personal experience can make change seem more important and more possible.
- **Take small steps and celebrate successes** — One public agency manager suggested taking baby steps to accomplish some early goals and then building from there. She said that once you've shown that change is doable and you can succeed, it's easier to convince others to join the effort. Another state leader agreed that quick wins can motivate and inspire staff, leaders, and the community, and can both energize champions and convince doubters. Another state staff member recommended viewing change as a marathon rather than a sprint, acknowledging that implementing a new program takes several years and requires dedication and a steady pace.
- **Spread out responsibility** — Several participants at the convening emphasized that sharing responsibility for implementation makes it more manageable. One said that her organization began by placing all the responsibility on one project director, but realized it should have designated a number of workgroups to tackle different aspects of the reform. Another noted that finding and supporting families for children is everyone's responsibility — from the top of the agency to all line staff. Building a broad base of support across the agency for your efforts is key to succeeding with a new initiative.
- **Relate any proposed changes to existing efforts** — One public agency manager said her agency's implementation process benefitted when they were able to relate new initiatives to what they were already doing. Her county was able to make efforts to implement new support services to improve outcomes for children and families part of a broader continuous quality improvement effort underway in the county. Focusing on similarities to existing programs or change processes helped others see where the new idea fit and realize the change wasn't that significant.
- **Have open discussions** — A state child welfare leader reported that her agency found hosting open discussions was incredibly valuable. When people were able to come together, raise concerns, and learn about the importance of permanency and support, they were able to accept the risk of change.
- **Accept that it will be a challenge** — One county child welfare manager explained that it's important to acknowledge and accept the challenge. She noted that resistance to change is natural, and truly accepting this as a given makes it easier to handle obstacles when they happen. She also said the workshops her team received on implementation science enabled them to develop reasonable expectations and plan for what troubles might arise.

Leadership Changes

Many participants at the convening listed leadership changes as a significant barrier to progress. When an agency director changed, the change effort often lost momentum or changed in some significant way. Convening attendees offered the following advice to prepare for or weather leadership changes:

- **Document the effort and the need** — A public/private team agreed that they were able to survive leadership changes because they had a document describing the effort, providing background on the goals and objectives, and summarizing what had already happened. They used this document to educate new leaders and they believe it kept new leaders from shifting priorities. Another state's team said they focused on articulating the need for the program and identified specific champions within the agency who were responsible for sharing the message with new leaders.
- **Have more than one champion** — One state experienced serious setbacks when the project's champion left the agency; another organization's program manager advised other agencies to engage more internal champions from the beginning. A broader leadership team can carry the work forward even when key leaders leave.

A New Emphasis on Data Can Be Difficult for Staff

A number of convening attendees cited staff reluctance about collecting data as a barrier to implementing a more evidence-informed program. Issues for staff included fear that data would be used against them, worry about the time it would take from client services, and a lack of understanding of the value of data. Convening attendees recommended:

- **Explain what the data measures and why it matters** — One state adoption manager noted that his agency took the time to explain how each data element is measured and calculated so staff at all levels understood what it meant. Another highlighted that if staff understand how data can and should drive program implementation and adjustment, they may be more likely to support data collection and analysis and any resulting program changes needed.
- **Break the data down** — One attendee reported that her agency found success by sharing with staff only data specific to their work. Her agency found that when data was directly applicable to a person's job, that person would use the data and was willing to gather it when needed. Another convening participant agreed data needs to be specific to have value. When her agency was able to view data at the county level or even department level, everyone was able to understand why it mattered in their day-to-day work. By drilling down to the most relevant statistics, multiple agencies were better able to use data as a tool to assess outcomes and guide decision-making.
- **Highlight successes** — One state leader said her agency used data to celebrate what the program was doing well by creating data dashboards that clearly presented the most relevant data on how children, youth, and families were faring. By keeping the data visible to staff, her agency was able to increase commitment to the effort.

Problems Can Be Demoralizing

With any system reform or change effort, setbacks will happen. They are a normal part of the change process, but can hamper implementation if they cause leaders and champions to lose hope. At the January 2014 convening, participants suggested the following strategies to respond to this barrier:

- **Admit failures or mistakes, but do so carefully** — One state child welfare leader said her agency found value in publicly admitting what hasn't worked. In her experience, people then came forward to help brainstorm solutions and work together to achieve the program's goals. A nonprofit leader agreed, but also noted the importance of balancing how you discuss problems so that you are clear you are looking for solutions, not punishing or blaming anyone who was part of the setback.

- **Plan learning opportunities** — A county social services manager at the meeting explained that her project has been careful to frame problems as learning opportunities. At regular review meetings, staff bring issues forward and the team discusses how to respond and if changes should be made. A nonprofit agency director agreed that healthy systems look at what happened and ask how to prevent similar problems from happening again, just as hospital systems have teams to review deaths or serious medical errors. Efforts such as these are part of effective continuous quality improvement systems.

Funding

One of the biggest challenges for any social service program is funding, and support services for adoption, foster care, and kinship care are no exception. Although many of the support program leaders we talked with at the January 2014 convening had stable funding sources, they still struggled with the demand for services and the need to do more with less. The section that follows is a more detailed analysis of potential funding streams, but below are a few tips shared at the convening:

- **Use data to make your case** — One meeting participant explained his agency used data to bring about change by highlighting previous efforts that had succeeded. By sharing information about evidence-based practices, the team was able to convince others to join the effort. Whether the data is about what others have done successfully or is specific to your program site, data such as that presented in Chapter 1 can show how investing in child well-being, placement stability, and permanency can save money in the long run.
- **Build external support** — Several program leaders noted that having community leaders, such as foundation staff, county commissioners, governors, state commissioners, and tribal council members, engaged in and informed about the work can help ensure more reliable funding and support. If these leaders are aware of the need to find and support families for children and youth in adoption, foster care, and kinship care, they may be more willing to invest scarce resources in services that have demonstrated value. As noted earlier, several programs invited external community leaders to conferences, support groups, and other events so they would see the value of services firsthand.
- **Engage community members** — Many of the programs in Chapter 3 and those represented at the January convening use volunteers as one way to keep program costs down. One adoption support program manager explained that when there is no staff for a particular service, it's worth exploring whether a network of volunteers can do the job. Her program has been able to rely on volunteer leaders for in-person support groups and an online support community. Another nonprofit leader identified a group of individuals who had inquired about adoption or foster care, but didn't move forward with the process. These individuals wanted to contribute somehow, so the agency ran background checks, and did a few hours of training, including having them hear from youth in care. Then the team began planning and volunteering at respite events for young people in care. Over time, the volunteer group began paying membership dues to support the agency's activities and has hosted fundraising events for recruitment and support services. One participant at the convening suggested hosting community lunches where youth and parents tell their stories to business leaders. Once they hear directly from the people they might be helping, many community members are more willing to make in-kind or monetary donations to the program.

Funding Support Services for Adoptive, Foster, and Kinship Care Families

Most programs to support adoptive, foster, and kinship care families in this guide rely on diverse sources of funding, with significant public investment (federal, state or tribal, and county) paired with private sources such as foundation or corporate grants, donations, and other nonprofit fund-raising efforts. In its review of states' publicly funded post-adoption support programs, the Donaldson Adoption Institute reports the following funding sources, with federal Title IV-B, Part 2, being the most common:[112]

States' Use of Funding Streams for Post-Adoption Services		
Funding Stream	**# States (n=41)**	**% of 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%

Federal Funding Streams[113]

There are a number of federal funding streams that can be used to offer support services for adoptive, foster, and kinship care families. The most common are outlined below.

Title IV-B, Part 2, Promoting Safe and Stable Families Program

Covered services include adoption promotion and support, family preservation, family reunification, and family support. The law requires states to spend a "significant portion" of Title IV-B, Part 2, funds on each covered area. The U.S. Department of Health and Human Services instructs states to spend at least 20 percent in each area, including adoption promotion and support, although states can obtain waivers. In 2012, states planned to spend about 21 percent of Title IV-B, Part 2, funds on adoption promotion and support. About 23 percent was to be spent on prevention and support

services and another 25 percent on crisis intervention. Both of these services can serve adoptive, foster, and kinship care families.[114] Many programs in Chapter 3 use Title IV-B, Part 2, funds, including Tennessee's Adoption Support and Preservation, Alabama Pre/Post Adoption Connections, and DePelchin's CPS Post Adoption Program.

Title IV-B, Part 1, Stephanie Tubbs Jones Child Welfare Services

Among other purposes, funds can be used to promote safety, permanence, and well-being of children in foster or adoptive placements. For 2012, states planned to spend only about 2 percent of funds on adoption promotion and support. They planned to spend about 13 percent on preventive and support services, which may have served foster, adoptive, or kinship care families. These funds can also be used to train foster and adoptive parents.[115] Only about half of tribes responding to a National Resource Center for Tribes survey reported that they are currently accessing Title IV-B funds.[116] Title IV-B, Part 1, funds are used to support post-adoption services in Colorado, Louisiana, New Hampshire, South Carolina, Utah, and Wyoming.[117]

Title IV-E

Although Title IV-E is primarily for foster care maintenance, adoption assistance, and guardianship assistance payments, it can provide funding for some supportive services. The Foster Care portion of Title IV-E can be used for support services such as case planning, management, and review and training for foster parents. Adoption Assistance funds under Title IV-E can be used to support placement costs and other administrative activities related to adoption and training for adoptive parents. The Guardianship Assistance Program of Title IV-E can cover the same types of services for families with children in guardianship placements.

For tribes, access to Title IV-E funds is still limited because most do not have a direct Title IV-E agreement with the federal government; most rely on accessing funds through cooperative agreements with states. Several tribes have direct Title IV-E agreements now and about half of the tribes recently surveyed by the National Resource Center for Tribes reported accessing Title IV-E funds through a tribal-state agreement.[118]

A few of the programs in Chapter 3 — the Iowa Foster and Adoptive Parent Association and the Child Wellbeing Project, for example — use some Title IV-E funds. Two programs, KEEP and The Children's Home, have been able to use funds from a Title IV-E waiver to provide support services.

Fostering Connections to Success and Increasing Adoptions Act

Passed in 2008, the Fostering Connections Act expanded federal eligibility for adoption assistance benefits, which has resulted in savings for states and those tribes receiving Title IV-E Adoption funding. The law requires these jurisdictions to reinvest these savings in child welfare services and many jurisdictions are specifically investing the money in supporting adoptive, foster, or kinship care families. In Minnesota, for example, the legislature designated that both Adoption Incentive and Foster Connections Act reinvestment funds be spent on post-adoption support services, including peer support. The Preventing Sex Trafficking and Strengthening Families Act, passed in fall 2014, requires states to invest at least 30 percent of these savings on post-adoption and post-guardianship

services and services to sustain other permanent outcomes for children and youth, with 20 percent designated for adoption and guardianship support. In addition, Fostering Connections funded — and the Preventing Sex Trafficking Act continued — Family Connections Grants, which have enabled some jurisdictions to fund kinship navigator and similar programs.

Adoption Incentive Program

These federal incentive funds must be spent on child welfare services such as those covered by Titles IV-B and IV-E. Many states and counties use Adoption Incentive funds to offer post-adoption and similar support services. States currently have three years to spend their Adoption Incentive monies and funding varies year to year based on increases in adoptions, which means the funds may be best used for short-term or pilot projects. The Alabama Pre/Post Adoption Connections program is funded in part with Adoption Incentive funds.

Medicaid

Medicaid funds child welfare services such as targeted case management, therapeutic foster care, and health and mental health care for many children and youth in foster care, adoption, and kinship care. Quite a few of the California-based programs profiled in Chapter 3 use Medicaid funds, particularly the Early and Periodic Screening, Diagnostic, and Treatment program, to provide support services for adoptive, foster, and kinship families.

July 2013 guidance from the U.S. Department of Health and Human Services encouraged states to use "trauma-focused screening, functional assessments and evidence-based practices (EBPs) in child-serving settings for the purpose of improving child well-being." The guidance also emphasizes that states can provide an array of home- and community-based services for individuals who have a significant need.[119]

The Affordable Care Act expanded the use of home- and community-based care waiver services for children and youth in foster care. As detailed in the Bridges to Health profile in Chapter 3, New York has used this option to offer coordinated medical and mental health care for children and youth in foster care. Alabama and Louisiana have similar systems of care.[120]

Social Services Block Grant

The Social Services Block Grant can be used to address five specific goals, including reducing unnecessary institutional care by supporting home-based care; preventing child abuse and neglect; and supporting reunification. These funds are available to tribes only through a competitive application process to the states. Colorado, Louisiana, New Mexico, South Carolina, South Dakota, Virginia, and Wyoming use Social Services Block Grant funds to support post-adoption services.[121]

Temporary Assistance to Needy Families (TANF)

Although this funding stream is first designated to economic support, States, Tribes, and Territories can use remaining TANF funds to provide family support services, including services to help children in the care of relatives or services to help children remain in their homes. TANF is a particularly relevant source of funding for kinship support programs. About 50 percent of states use TANF funds to support kinship caregivers outside the foster care system.[122]

Adoption Opportunities

Over the years, this discretionary grant source has provided funds that enable States, Territories, Tribes, and other public and nonprofit organizations the chance to offer post-adoption services and services to reduce or address trauma. Funding priorities and amounts change each year.

Older Americans Act

The Act's National Family Caregiver Support Program offers funds to States and Territories to meet the needs of a variety of older Americans, including those 55 and older who are caring for children and youth younger than 18. Nationally, many kinship programs, including the Washington state kinship programs profiled in Chapter 3, use this funding stream. The act also created the Native American Caregiver Support Services program, which enables tribal organizations to offer home- and community-based supports and can be used for support for kinship caregivers.

Other Federal Sources

Other federal sources of funds to support adoptive, foster, and kinship care families include:

- **Bureau of Indian Affairs** — For federally recognized tribes, the Bureau of Indian Affairs social services funding is an important source of funds for foster care and other child welfare services.
- **The Substance Abuse and Mental Health Services Administration** — Through its Children's Mental Health Initiative, States, Tribes, Territories, and other jurisdictions can develop a home- and community-based system of care to support children and youth with serious emotional disturbances and their families.[123] The Administration's Mental Health Block Grant also provides States and Territories with the opportunity to serve children under age 18 who have a diagnosable behavioral, mental, or emotional condition that significantly affects their daily life. The Substance Abuse Block Grant can also be used for supportive services to families. Other discretionary grant programs offer opportunities for State, Tribes, Territories, and other public and nonprofit organizations to meet the mental health needs of children and youth. The Substance Abuse and Mental Health Services Administration is a primary funder of the trauma programs mentioned on pages 55 to 58 and of the National Child Traumatic Stress Network, which developed the parent resource curriculum described on page 58.
- **Keeping Families and Children Safe Act (formerly Child Abuse Prevention and Treatment Act)** — Through the Community-Based Grants for the Prevention of Child Abuse and Neglect, both States and Tribes are able to access funding to prevent child abuse and neglect, including programs such as family support, respite, parenting programs, and peer support.
- **Chafee Foster Care Independence Act** — The act funds life-skills support for older children and youth in foster care who are likely to age out of care; services can include emotional support such as mentoring and educational support. In many states youth in adoption and guardianship are also eligible for services.
- **Title V of the Social Security Act (Maternal and Child Health)** — This section of the Social Security Act funds grants to states to address child and maternal health, particularly for mothers, children, and youth in rural areas and who have limited financial resources. Services covered can include health assessments and follow-up treatment and systems of coordinated care for children with special health needs.

- **Individuals with Disabilities Act (IDEA)** — Part C of the Act enables states to fund services for children birth to two who have disabilities and their families.

State, Tribal, Territorial, and Local Funds

State, Tribal, Territorial, and county funds are a significant source of funding for programs to support adoptive, foster, and kinship care families. Many programs use general funds to support services for these families, while others have specific legislation designating monies for support services. In Illinois, for example, the state's Family Preservation Act specifically mentions preserving adoptive and guardianship families. In Washington state, the legislature created the Kinship Support Services program and designates funds specifically for this purpose. In many cases, having the program's goals identified in legislation has helped provided a stable and growing source of funds. Other states have laws designating certain federal funding streams be used for support services, such as the investment of Adoption Incentive funds in particular types of programs.

County child welfare funds are an important funding source for county-operated systems. Local jurisdictions may contract with agencies to provide support services as in Placer County (CA) or pay a per diem for services, as the counties do for kinship services provided by A Second Chance, Inc.

In addition to designated child welfare funds, programs often use state or local mental health funding streams or support from other public agencies or departments. UCLA TIES for Families, for example, receives funding from the Los Angeles Department of Mental Health. The Seminole Family Preservation Department partners with the tribe's Departments of Education and Health to provide necessary services to children and youth in foster care. Kennedy Krieger enhances its foster care support services with funding from the Maryland Developmental Disabilities Administration.

Other Funding Sources

For the most part, the programs profiled in Chapter 3 don't rely solely on public funding. Several of the nonprofit organizations have United Way funding, almost all raise donations from individuals or businesses, and many have successfully obtained foundation grants to support their services. In addition, many of the nonprofits have special events and other fundraisers to build community commitment to the work and to raise money for support and other services. As with the federal and state funding streams described earlier, funding sources may not be those dedicated to child welfare. Program leaders reported receiving grants from health care organizations or funders with a focus in mental health, community development, education, and related fields. For kinship care programs, Area Agencies on Aging are a key funding source.

In some cases, programs share costs with families served by charging fees for trainings or events or by asking families to use adoption assistance or insurance to cover therapeutic services.

In-kind donations and volunteers are also key for many programs. Several of the programs with university partners — Fostering Healthy Futures and UCLA TIES, for example — rely on student volunteers or interns as part of the program model. Most of the programs providing material support such as food, clothes, or supplies benefit from community donations of goods.

CONCLUSION

As you know, it is important to ensure that families have the support they need to care for children who have been traumatized and are vulnerable. Many States, Tribes, and Territories have invested time and energy in improving outcomes for children and youth in adoption, foster care, and kinship care by supporting them and their families. We hope this guide has informed you and encouraged you to believe that implementing support services in your community is both necessary and possible.

This belief and your commitment will be critical to your success. Researchers exploring implementation of new evidence-based practices in child welfare note: "The results of this study suggest that the best laid plans are but a part of the process of implementation . . . . It is unrealistic to assume that implementation is a simple process, that one can identify all of the salient concerns, be completely prepared, and then implement effectively without adjustments. It is becoming increasingly clear that being prepared to implement EBP means being prepared to evaluate, adjust, and adapt in a continuing process that includes give and take between intervention developers, service systems, organizations, providers, and consumers." The study's authors conclude, "Eventual implementation is viewed as the consequence of perseverance, experience, and flexibility."[124]

But it's also important that as you move forward with implementing support services, you know you are not alone. Your colleagues in other States, Territories, and Tribes can share their expertise and experiences, and the leaders of the programs profiled in Chapter 3 are able to share additional information about their pathways to success.

As explained in more detail in Chapter 1, support of adoptive, foster, and kinship care families can be a powerful tool to enhance efforts to recruit adoptive, foster, and kinship care families. The availability of supportive services increases potential families' confidence in their ability to meet the ongoing needs of children and youth who need care. As result of the connection between support and successful recruitment, the National Resource Center for Diligent Recruitment at AdoptUSKids is available to provide training and technical assistance to help you create or enhance support services for children, youth, and families in adoption, foster care, and kinship care.

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