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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- Camps or retreats
- **$** Financial or material supports
- **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	• Ayanna Abi-Kyles, program coordinator – post adoption, 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, family preservation director, Harmony Family Center: nicole@harmonyfamilycenter.org; 865-982-5225
- 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 website, accessed June 27, 2013, www.tnasap.org
- 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.

Alabama Pre/Post Adoption Connections (APAC)

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

- Suzie Diamond, project director, Alabama Pre/Post Adoption Connections: sdiamond@childrensaid.org
- 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, CEO, Alia Innovations (founder of Anu): amelia@aliainnovations.org; 651-705-8872 • Anu Family Services website: www.anufs.org

Sources

- Amelia Franck Meyer, interview, July 2, 2013.
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- Anu Family Services website, accessed June 19, 2014, www.anufs.org
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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.
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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: http://ocfs.ny.gov/main/b2h/manual.asp

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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	• Camp to Belong, info@camptobelong.org; 774-258-0269 • 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	• Ligia Cushman, post care supervisor, Catawba County Social Services: lcushman@catwabacountync.gov; 828-695-5702 • Child Wellbeing Project website: www.catawbacountync.gov/dss/PW/childwellbeing.asp • Post Adoption Success Coach website: http://www.postadoptionsuccesscoach.org/default.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 or 888-920-8761 • The Children's Home website: www.childrenshomenetwork.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 • Margaret Richardson, research evaluator and clinical interventionist: margaret.m.richardson@wmich.edu; 269-387-7073 • 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.

Choctaw Nation Foster Care/Adoption Program, Oklahoma

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 supervisor, 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

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

Sources

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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

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

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

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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.fosteringhealthyfutures.org

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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, Statewide Adoption/Guardianship Preservation Services, Illinois Department of Children and Family Services: pamela.mills@illinois.gov

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- Christine Feldman, "Illinois Adoption Preservation Program," *The Roundtable*: 26 (2013)
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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.

Iowa Foster and Adoptive Parent Association

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	• Iowa Foster and Adoptive Parent Association: ifapa@ifapa.org; 515-289-4225 • Iowa Foster and Adoptive Parent Association website: www.ifapa.org

Sources

- Lynhon Stout, interview, July 15, 2013.
- Lynhon Stout, written communication, June 2014.
- Iowa Foster & Adoptive Parents Association web site, accessed June 12, 2014, www.ifapa.org

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.

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

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

Sources

- Patricia Chamberlain and Peter Sprengelmeyer, interview, June 13, 2013.
- KEEP website, accessed July 9, 2014, http://www.oslccp.org/ocp/services.cfm#keep
- Oregon Social Learning Center website, accessed July 9, 2014, www.oslc.org
- The California Evidence-Based Clearinghouse for Child Welfare, accessed July 9, 2014, www.cebc4cw.org/program/keeping-foster-and-kin-parents-supported-and-trained/detailed

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)

Kennedy Krieger Institute Therapeutic Foster Care, Maryland

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

Midwest Foster Care and Adoption Association, Missouri (Now known as FosterAdopt Connect)

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, FosterAdopt Connect (formerly Midwest Foster Care and Adoption Association): lori@fosteradopt.org; 816-350-0215 • FosterAdopt Connect website: www.fosteradopt.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 Annie Blackledge, executive director, Mockingbird Society: 206-323-5437; degale@mockingbirdsociety.org or annie@mockingbirdsociety.org • Mockingbird Society website: www.mockingbirdsociety.org

Sources

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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	• Elisha Big Back, independent living program coordinator, elishabb@nayapdx.org; 503-288-8177 ext. 330 • 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.

Placer County Permanency Support Services, California

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. 316

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	• Shamika Beasley, family preservation administrator, Family Services Department, Seminole Tribe of Florida: 954-964-6338 ext. 10372

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	• Ken Berrick, CEO, Seneca Family of Agencies: ken_berrick@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; 530-879-3961 • Sierra Post Adoption Support Services website: http://sierraff.org/programs-services/post-adoption-services/

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, chief program officer, 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
- Washington State Institute for Public Policy, "Educational Advocates for Foster Youth in Washington State: Program Impacts and outcomes" (2012), accessed August 12, 2014, www.wsipp.wa.gov/rptfiles/12-11-3902.pdf
- Treehouse, Report to our community (2013), accessed August 12, 2014, http://www.treehouseforkids.org/about/financials
- Treehouse, Graduation Success Overview factsheet.
- 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, Kinship and Lifespan Respite manager, 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 • 3-5-7 Model website: darlahenry.org/model-overview/

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, August 20, 2017, http://darlahenry.org/model-overview/
- 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 August 22, 2017, https://homvee.acf.hhs.gov/Implementation/3/Attachment-and-Biobehavioral-Catch-Up--ABC--Intervention-Implementation/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 August 22, 2017, http://legacy.nreppadmin.net/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 August 25, 2017, http://legacy.nreppadmin.net/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 August 20, 2017, http://www.nctsnet.org/sites/default/files/assets/pdfs/sparcs_general.pdf
- 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 August 25, 2017, http://legacy.nreppadmin.net/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).