National Quality Improvement Center

QIC•AG

Adoption & Guardianship Support and Preservation

**A Program funded through a five-year cooperative agreement with
Department of Health and Human Services,
Administration for Children and Families, Children's Bureau in partnership with:
Spaulding for Children
The University of Texas at Austin,
The University of Wisconsin-Milwaukee, and
The University of North Carolina at Chapel Hill**

**Child Welfare in the 21st Century:
The Need for a Pre-and Post-Permanence Service Continuum**

Updated 9/22/15

WELCOME

Ingrid Parks

OVERVIEW OF WEBINAR

- Webinar will be 1 hour and 30 minutes

- Availability of PPT slides

- Webinar will be recorded and posted on www.qic-ag.org

- We will have time for questions at the end of the webinar
  - Questions can be posted via chat or through phone line

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PRESENTERS

- **Melinda Lis, Director**
  Vice President of the Academy for Family Support and Preservation
  Spaulding for Children

- **Nancy Rolock, Co-Principal Investigator**
  Assistant Professor, Helen Bader School of Social Welfare
  University of Wisconsin-Milwaukee

- **John Johnson, Professional Consortium Member**
  President, National Association of State Adoption Programs, Inc.
  Director of Foster/Kinship Care, Guardianship and Adoption
  Tennessee Department of Children's Services

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OVERVIEW OF QIC-AG INITIATIVE

Melinda Lis

QIC-AG LEADERSHIP TEAM

QIC-AG is funded through a five year cooperative agreement with Department of Health and Human Services, Administration for Children and Families, Children's Bureau.
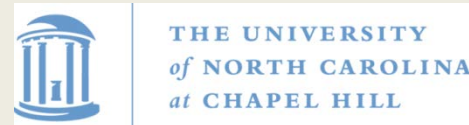
❖ **Spaulding for Children**

❖ **University of Wisconsin-Milwaukee**

❖ **University of Texas at Austin**

❖ **University of North Carolina at Chapel Hill**

QIC-AG GOAL

QIC-AG will develop evidence-based models of support and intervention that can be replicated or adapted by other child welfare systems across the country to achieve long-term, stable permanency in adoptive and guardianship homes for waiting children as well as for children and families after adoption or guardianship has been finalized.

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TARGET GROUPS

- **Target Group 1:** Children with challenging mental health, emotional or behavioral issues who are awaiting an adoptive or guardianship placement as well as children in an identified adoptive or guardianship home but the placement has not resulted in finalization for a significant period of time.

- **Target Group 2:** Children and families who have already finalized the adoption or guardianship. This group includes children who have obtained permanency through private guardianship and domestic private or international adoptions.

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THEORY OF CHANGE

- *Services need to be provided early.*
  - Interventions targeting adoptive or guardianship homes nearing disruption and dissolution are often provided too late.
  - Services should target the earliest sign of difficulty.
  - Preparation should begin prior to finalization and equip families with the capacity to weather unexpected difficulties and seek services and supports.

- *Identify families most at risk.*
  - Research has shown predictors of post-permanency instability that can be assessed to determine which families to target for post permanency instability.
  - Regular check-ins can identify families most at risk of instability and in need of services.

- *Services should be evidence-supported.*
  - Appropriate services should be culturally-responsive models that are tested to determine their effectiveness and can be replicated with fidelity.
  - Well-conducted RCTs measure important outcomes and distinguish services that produce sizable effects from those that do not.

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PARTNER SITES

The QIC-AG will work in partnership with 8 sites (state, county or tribal child welfare systems), to develop system capacity and implement and evaluate interventions that promote and support adoption and guardianship. The partner sites include:

- ❖ Catawba County- North Carolina
- ❖ Illinois
- ❖ New Jersey
- ❖ Tennessee
- ❖ Texas
- ❖ Vermont
- ❖ Winnebago Tribe of Nebraska
- ❖ Wisconsin

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CHILD WELFARE IN THE 21ST CENTURY

Nancy Rolock

NATIONAL AVERAGE MONTHLY IV-E FUNDED CASELOADS
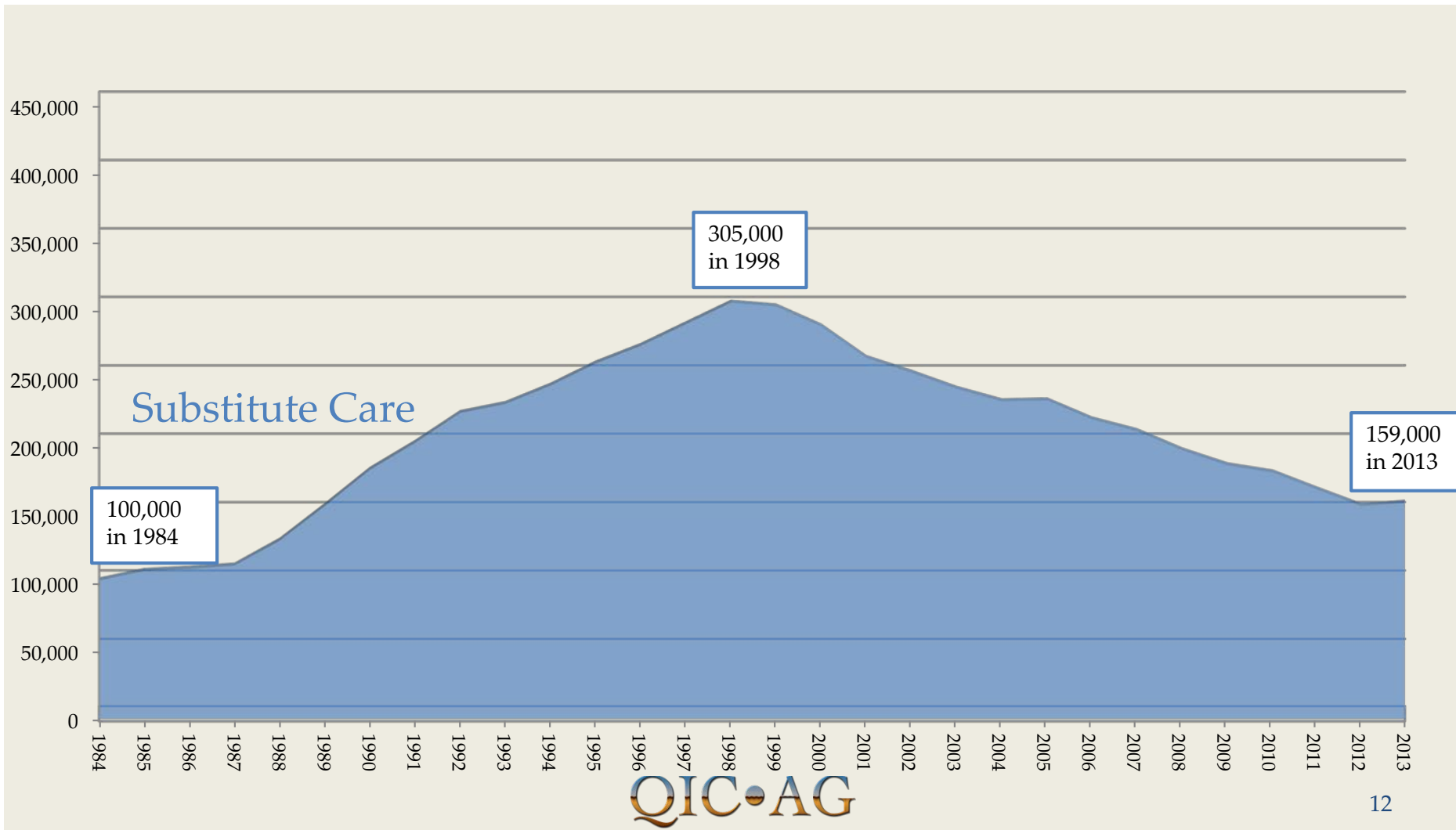
Substitute Care

100,000 in 1984

305,000 in 1998

159,000 in 2013

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Source: Committee on Ways and Means of the U.S. House of Representatives, 2014

NATIONAL AVERAGE MONTHLY IV-E FUNDED CASELOADS

Adoption or Guardianship Subsidy
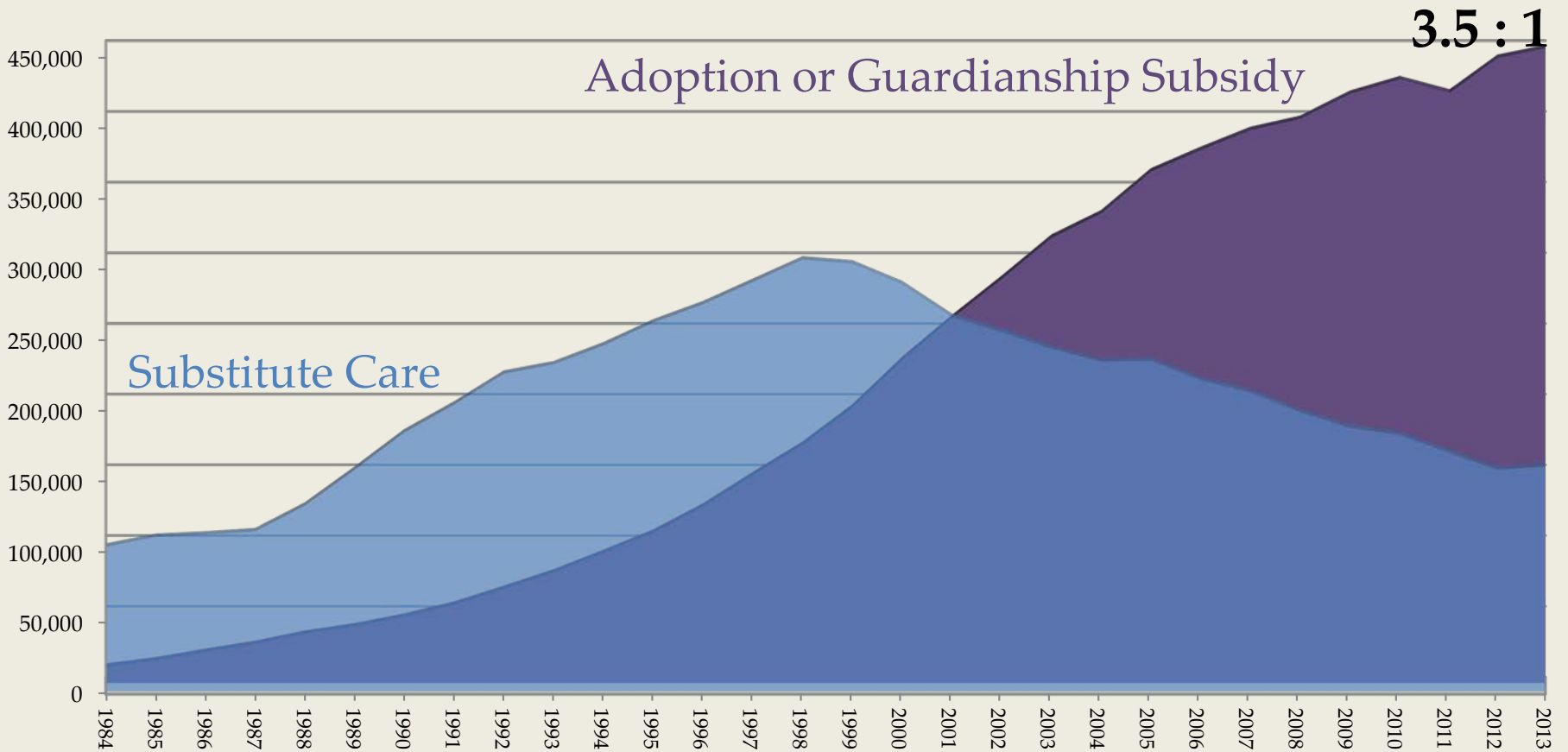
11,600 in 1984

448,800 in 2013

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Source: Committee on Ways and Means of the U.S. House of Representatives, 2014

NATIONAL AVERAGE MONTHLY IV-E FUNDED CASELOADS

Source: Committee on Ways and Means of the U.S. House of Representatives, 2014
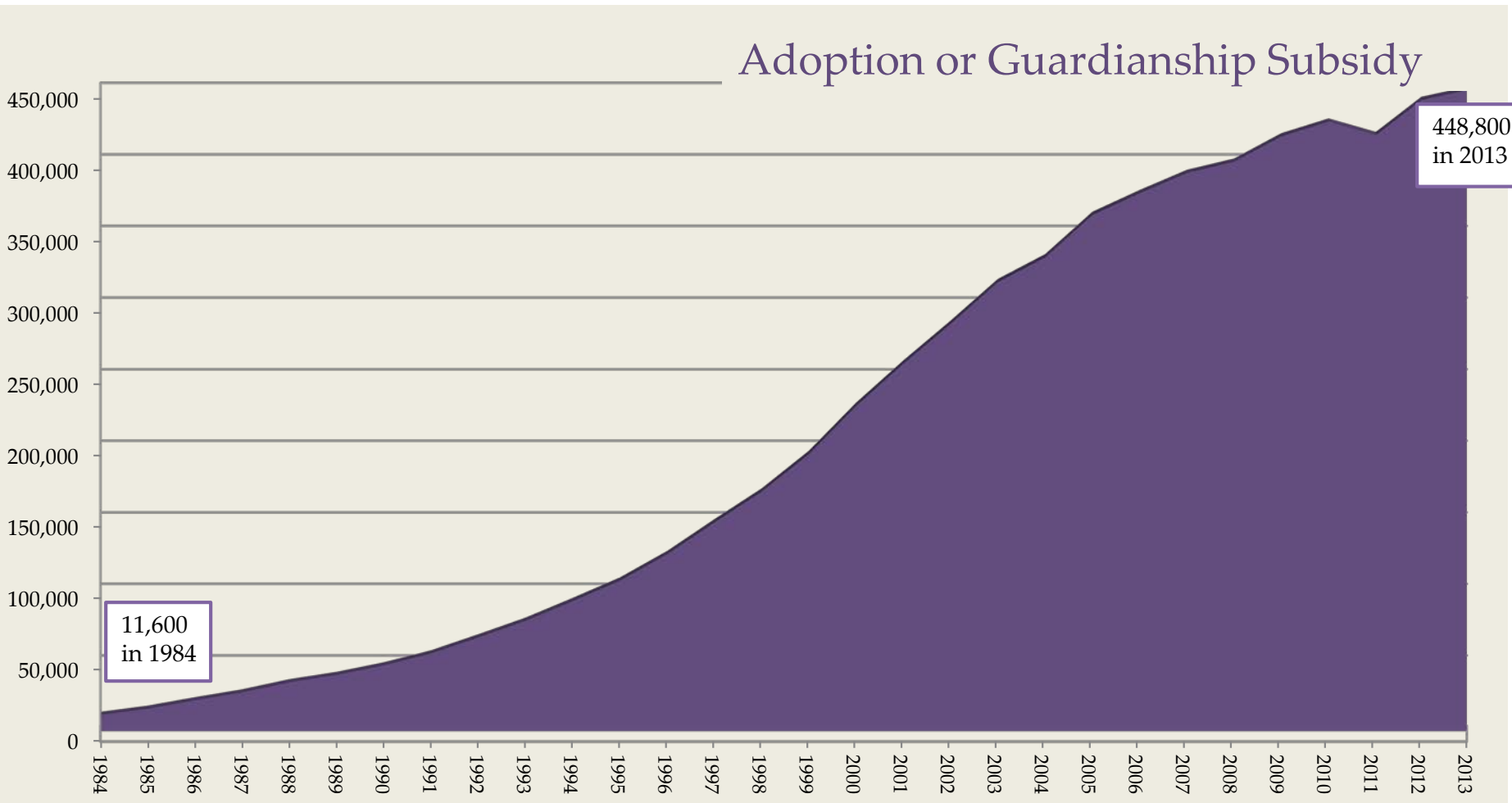
ISSUES I WILL ADDRESS

- (1) What does the research tell us about the post-permanency population?

- (2) Thoughts on future directions

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WITH SUCCESS,
COMES NEW CONCERNS

- Did the push for adoption and guardianships pressure too many families into making ill-considered commitments that will eventually translate into an unprecedented proportion of children returning to foster care? Was there a "rush to permanence"?
  (Coakley & Berrick, 2008; Gendell, 2001)

- Do these families have the necessary supports and services to weather the challenges of parenting special-needs children, especially as they enter adolescence?

- What do we know about these children and families which protect against post-permanency discontinuity of care?

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STABILITY POST-PERMANENCE WHAT IS KNOWN?

Adoption Disruption and Dissolution

Definitions

What is disruption?

The term disruption is used to describe an adoption process that ends after the child is placed in an adoptive home and **before** the adoption is legally finalized, resulting in the child's return to (or entry into) foster care or placement with new adoptive parents.

What is dissolution?

The term dissolution is generally used to describe an adoption in which the legal relationship between the adoptive parents and adoptive child is severed, either voluntarily or involuntarily, **after** the adoption is legally finalized. This results in the child's return to (or entry into) foster care or placement with new adoptive parents.

What research still needs to be done?

No national studies on adoption disruptions or dissolutions have been conducted. Most of the research to date has focused on narrowly defined populations or adoptions from public agencies. A number of researchers have called for the establishment of uniform terminology and more complete and accurate outcome data (e.g., see Evan B. Donaldson Institute, 2004; Groze, 1996; Goerge et al., 1997). Additional research on the cause of adoption disruptions or dissolutions could promote the design and delivery of more evidence-based pre- and postplacement preventive services to prevent disruption and dissolution.

Additional research is needed in several areas:

- Total numbers of disruption and dissolution for adoptions, regardless of type

- Risk and protective factors related to dissolution or disruption, including links between pre- and postadoption services and disruption and dissolution rates

- Incidence of voluntary disruptions or dissolutions as a means of obtaining needed services for a child

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TERMS FOR POST-PERMANENCY DISCONTINUITY (1)

- **Displacement:** child _no longer in the physical custody_, but guardianship or parental rights remain intact

- **Post-adoption placement:** child reenters state custody to receive necessary services (61% of post-adoption reentries; _Festinger & Maza, 2009_)

- **Dissolution:** guardianship or adoption legally terminated _for reason other than parent death or incapacitation_

- **Subsidy ended prematurely:** subsidy payment ends prior to the child reaching age 18; may be related to child's absence from household or caregiver death _(Rolock, 2015)_

Post-permanency discontinuity

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TERMS FOR POST-PERMANENCY DISCONTINUITY (2)

Post-Permanency Discontinuity is <u>different</u> than:

- **Disruption:** a child is removed from a prospective guardian's or adoptive parent's home *<u>prior to finalization</u>*

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ESTIMATES OF POST-PERMANENCY DISCONTINUITY

Between 1 and 10 percent of adoptions end after they have been finalized (Children's Bureau, 2012)

- **New York**
  - 4 years after adoption, 3% reentered substitute care
  - Adoptive parent: Expectation that the child would return home again
  - Services after adoption were important in promoting stability *(Festinger, 2002)*

- **Kansas**
  - 18 to 24 months after adoption, 3% child not living in the adoptive parents' home *(McDonald, Propp, & Murphy, 2001)*

- **Illinois**
  - During a 5 year period, 8% experienced instability after state custody
  - 85% of families were able to meet their service needs on their own
  - Of the 15% with unmet service needs, the families often expressed a profound feeling of frustration that impacted their family functioning *(Fuller, et al., 2006)*

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ESTIMATES OF POST-PERMANENCY DISCONTINUITY

Many of these studies involve:
- Small or convenience samples
- Ambiguous concepts and definitions
- Short follow-up periods (typically 18-24 months)

It is difficult to track children after adoption
- Names, SSNs, IDs change, birthdates are corrected
- Link files do not exist in many sites

Not the same issue with guardianship

Some families may not welcome post-permanency outreach by the child welfare system
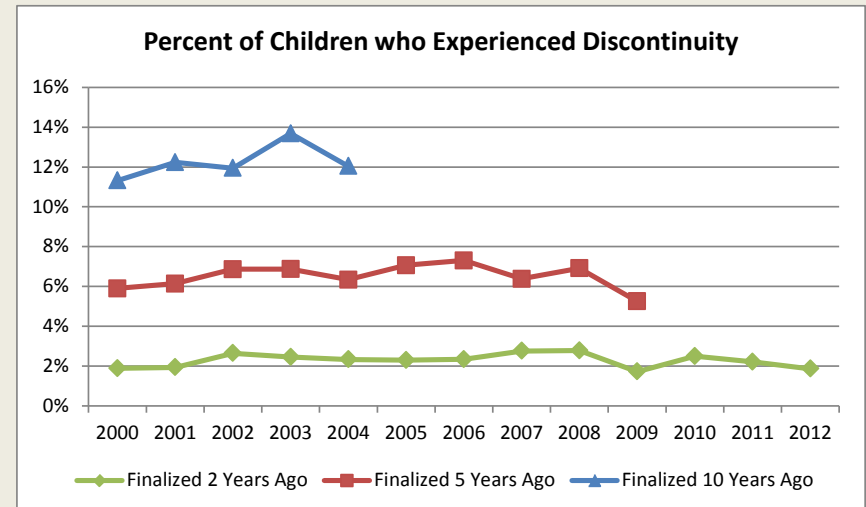
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ESTIMATES OF POST-PERMANENCY DISCONTINUITY

Tracking post-adoption outcomes for 2 decades, approximately:

- 2% at 2 years post adoption finalization
- 5% at 5 years
- 12% at 10 years

It takes time for discontinuity to occur

(Rolock, 2015)

Percent of Children who Experienced Discontinuity

Legend: Finalized 2 Years Ago · Finalized 5 Years Ago · Finalized 10 Years Ago

NATIONAL SURVEY OF ADOPTIVE PARENTS (NSAP)

- Nationally representative survey of parents who had adopted children from the U. S. child welfare system, international adoptions and private domestic adoptions

- NSAP foster care sample

  - **54%** reported that children had special health care needs, compared to **19%** of the general child population

  - Most adoptive parents reported **children were doing well**, and reported satisfaction with the adoption

  - 76% reported children were in **"excellent" or "very good" health**

  Malm, Vandivere & McKlindon, 2011a; 2011b

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LONGITUDINAL POST-PERMANENCE IN ILLINOIS

- All children (N= 21,629) adopted or taken into legal guardianship in the State of Illinois between 1998 and 2002
  - An open adoption or guardianship assistance case on June 30, 2005
  - Tracked for a minimum of ten years, or through the age of majority (status as of December 31, 2012)
  - *13% experienced post-permanency discontinuity*

    Rolock, N. (*in press*). Post-permanency continuity: What happens after adoption and guardianship from foster care? *Journal of Public Child Welfare.* doi: 10.1080/15548732.2015.1021986

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POST-PERMANENCY DISCONTINUITY

Subsidized Adoption or Guardianship
N = 21,629

87%

Discontinuity (all)
2,151 (13%)

Paper changes N=188 7%	Returned to caregiver N=69 3%

Intensive services N=571 21%	Traditional / kinship N=682 25%	Short-term foster care N=176 6%

Subsidy ended
N=1,034
38%

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POST-PERMANENCY DISCONTINUITY

- *Intensive services*

  Rosa
  - Adopted by non-relatives at 4, 11 years
  - At 15 reentered state custody, living in institutions, hospitalizations, group homes, detention and in temporary living placements for the next four years
  - Still in state custody

- *Traditional / kinship*

  Hannah
  - Adopted by relatives at 6, 11 years
  - At 17 she reentered state custody where she lived primarily with kinship foster parents, has also had spells in detention
  - Aged out of foster care

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POST-PERMANENCE CAREGIVER INTERVIEWS

- Telephone interviews with 346 adoptive and guardianship caregivers in 2006

- Children between 6 and 17 years at the time of the interview

- In 2012, child records linked to child welfare administrative data to determine continuity or discontinuity status

Testa, M. F., Snyder, S., Wu, Q., Rolock, N. & Liao, M. (*2014, October 20*). Adoption and guardianship: A moderated mediation analysis of predictors of post-permanency continuity. *American Journal of Orthopsychiatry*. Advance online publication. http://dx.doi.org/10.1037/ort0000019

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POST-PERMANENCE CAREGIVER INTERVIEWS

Main effect

When children have more behavioral problems, the odds of post-permanency discontinuity significantly elevates.
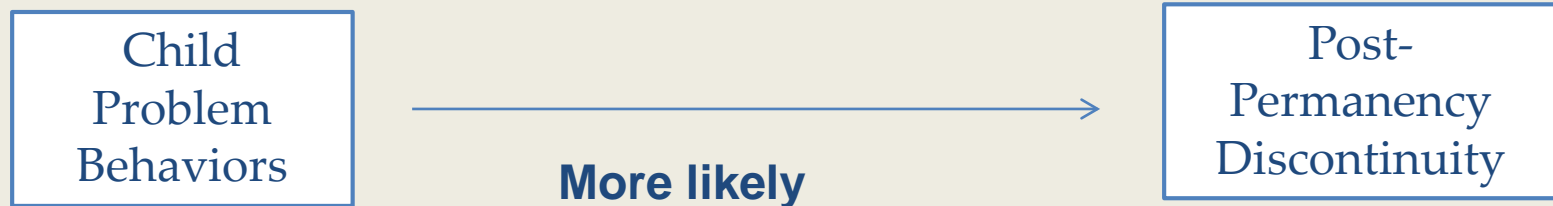
| Child Problem Behaviors | **More likely** → | Post-Permanency Discontinuity |

Controlling for child age, caregiver age and caregiver education

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POST-PERMANENCE CAREGIVER INTERVIEWS

Impact of asking caregiver:

How often do you think of ending the adoption or guardianship?

- never
- not very often
- some times
- frequently

POST-PERMANENCE CAREGIVER INTERVIEWS

Mediation of Main Effect

- When children have more behavioral problems, their caregivers are more likely openly to express thoughts about ending the adoption or the guardianship, which in turn significantly elevates the odds of post-permanency discontinuity
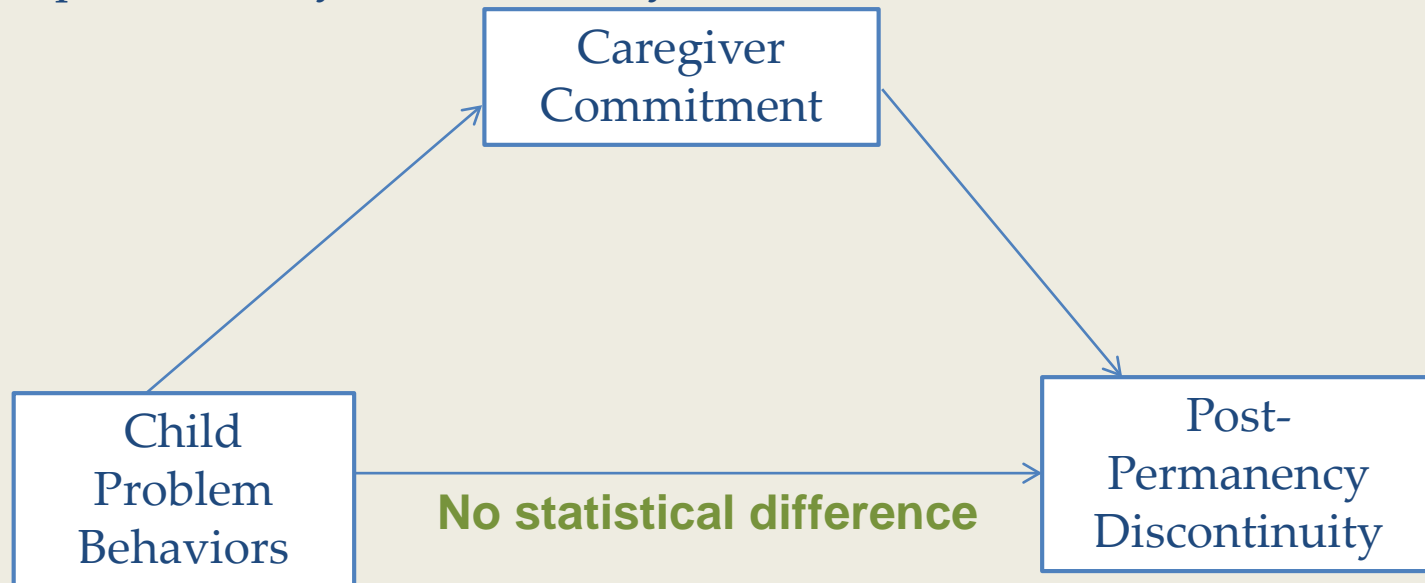
Controlling for child age, caregiver age and caregiver education

THE RESEARCH SUMMARIZED

Post-Permanence

1. Most families are doing well
2. This information isn't collected in many sites so better mechanisms are needed
3. It takes time for discontinuity to occur; we need to track outcomes across many years post-permanence
4. Services need to be targeted at those most in need
   - Caregiver assessment of problem behaviors and commitment may help to identify families most in need
   - Kinship, sibling, and marital status may impact outcomes

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Future Directions

SCOPE OF PUBLIC INTEREST

CONSTRAINED
(Narrow Scope of Public Interest)

Safety: Public child welfare should be satisfied primarily with the safe reduction in the number of children entering foster care

UNCONSTRAINED
(Diffuse Scope of Public Interest)

Well-Being: Public child welfare should set its sights on a diffuse range of child well-being improvements:
- Fostering secure parent-child attachments
- Intervening when child development lags behind normative milestones
- Extended support to youth who age out of the foster care system

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SCOPE OF PUBLIC INTEREST

CONSTRAINED
(Narrow Scope of Public Interest)

2010

33%

33%

UNCONSTRAINED
(Diffuse Scope of Public Interest)

34%

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SCOPE OF PUBLIC INTEREST

CONSTRAINED
(Narrow Scope of Public Interest)

UNCONSTRAINED
(Diffuse Scope of Public Interest)

2014

35%

33%

32%

Gallup 9/24/14
http://www.gallup.com/poll/177422/americans-remain-divided-preference-gov-activity.aspx

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WICKED PROBLEMS

A term coined in the policy sciences

A problem that defies ordinary solutions because:

- Contradictory definitions of the problem
- Interconnectedness to other problems
- Lack of consensus about successful or unsuccessful resolution

We use the term "wicked" in a meaning akin to …tricky"

Rittel & Webber. (1973). Dilemmas in a general theory of planning. *Policy Sciences*

Privatization

Evidence-Based

Well-Being

Alliance for Childen and Families Magazine, Issue 4 2011
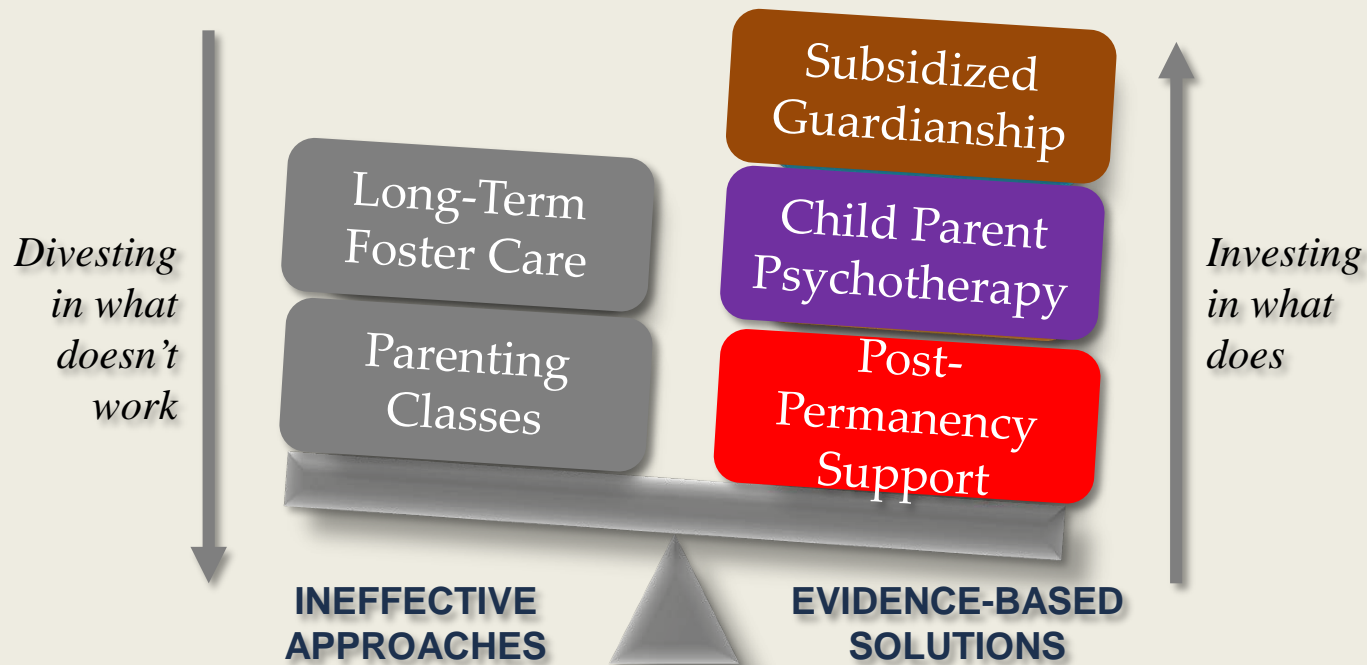
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WICKED PROBLEMS PERSPECTIVE

- You don't understand a wicked problem until you have found an evidence-based solution that works.

- The interconnected nature of wicked problems necessitates an interconnected response.

- Child well-being is an appropriate metric for evaluating the effectiveness of child welfare interventions to support safe and permanent homes for children.
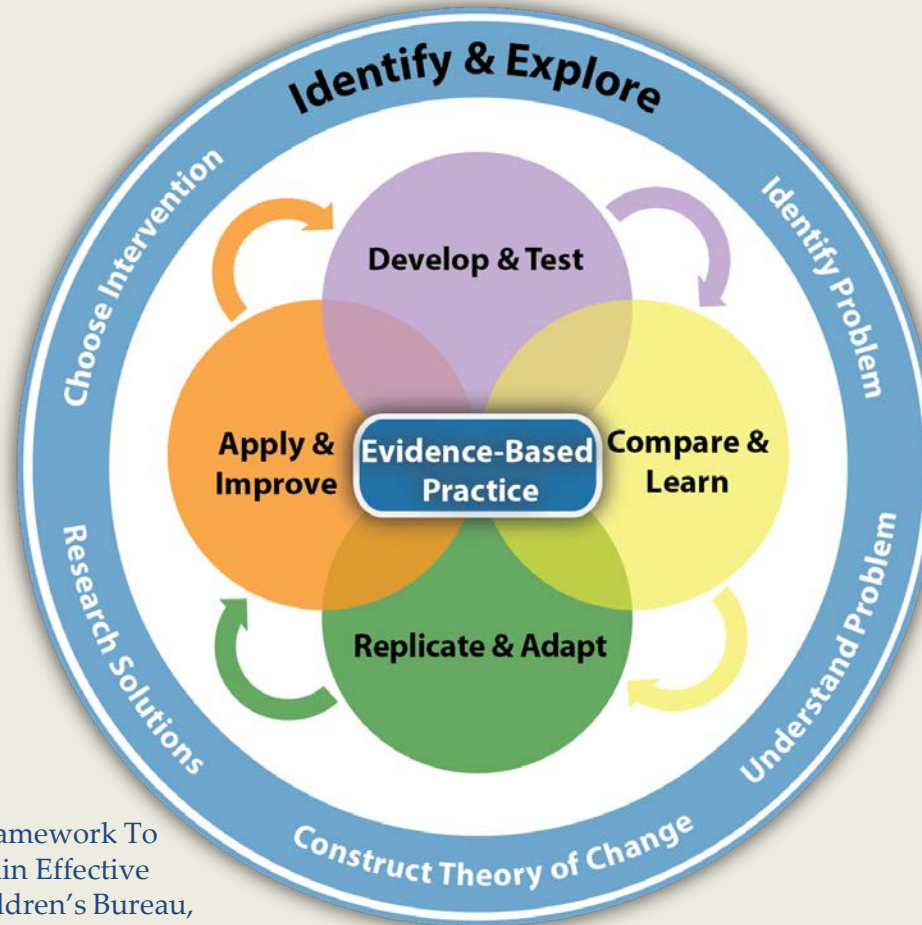
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EVIDENCE-BASED POLICYMAKING

INVESTING IN EVIDENCE-BASED SOLUTIONS

Diverting in what doesn't work

Long-Term Foster Care

Parenting Classes

INEFFECTIVE APPROACHES

Subsidized Guardianship

Child Parent Psychotherapy

Post-Permanency Support

EVIDENCE-BASED SOLUTIONS

Investing in what does

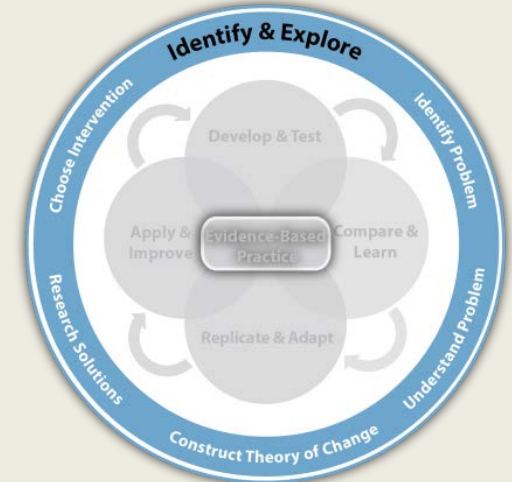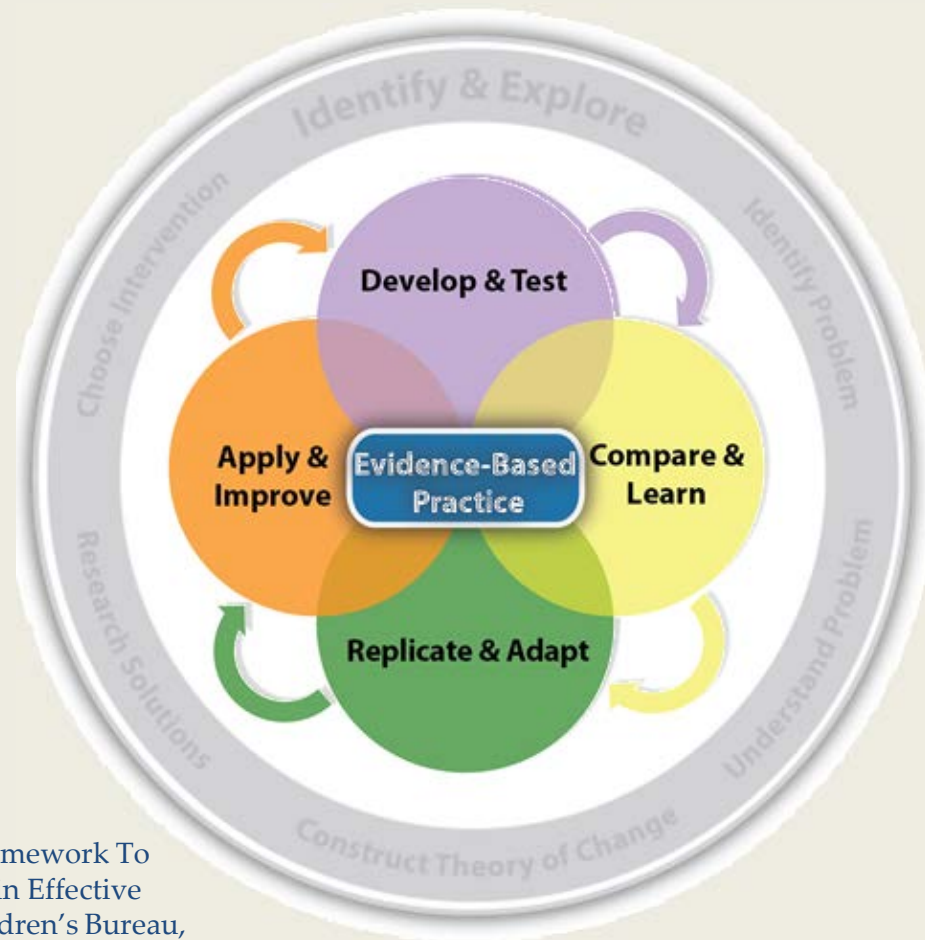Adapted from NGA Foster Youth Roundtable

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FRAMEWORK

Framework Workgroup. "A Framework To Design, Test, Spread, and Sustain Effective Practice in Child Welfare." Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. February 2014.

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IDENTIFY & EXPLORE

- Purpose: To identify the problem and target population, to construct a theory of change, and to identify possible solutions to the problem

- Result: Selection of an intervention with an existing evidence base or development of a new intervention based on well-reasoned theory, practice experience, cultural and community knowledge, and relevant research and evaluation that addresses the identified problem

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IMPLEMENTATION & EVALUATION

Framework Workgroup. "A Framework To Design, Test, Spread, and Sustain Effective Practice in Child Welfare." Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. February 2014.
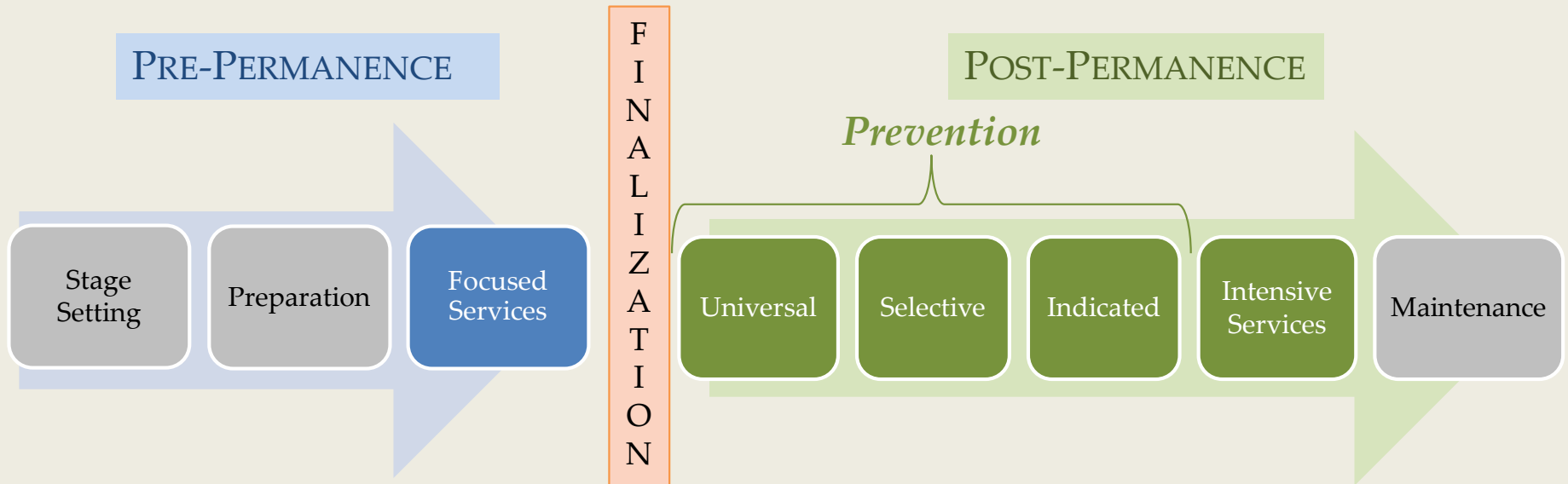
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CASE WORKER

- *One of the most difficult cases I am working with.*
  - 15-year-old boy with a criminal record (car theft)
  - In care since a young age
  - All he wants is a family that will love him forever.
    - He asks me on a daily basis why I haven't found that family for him.
    - This request keeps me up at night.

- *What allows me to finally sleep at night?*
  - I am implementing a program that is supported by research.
  - The research says that if I implement the program as I have been trained, this youth *will* find a home.

CONTINUUM FRAMEWORK

Melinda Lis

CONTINUUM OF SERVICES

PRE-PERMANENCE

FINALIZATION

POST-PERMANENCE

Prevention

| Stage Setting | Preparation | Focused Services | Universal | Selective | Indicated | Intensive Services | Maintenance |

Stages that are capacity building only are in grey.
Areas where the QIC-AG will build capacity AND implement and evaluate interventions are blue (pre-permanence) and green (post-permanence).

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Stage Setting

STAGE SETTING

- *Population*
  - All children in foster care

- *Service Examples*
  - Intensive relative search
  - Concurrent planning
  - Coordinated staffing
  - Preparation of both relative and non-relative foster parents
  - Trauma assessment and treatment

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Preparation

PREPARATION

- ***Population***
  - Children awaiting, and children in, adoptive or guardianship placements

- ***Service Examples***
  - Full disclosure
  - Prepare children and adoptive parents or guardians for permanence
  - Addressing trauma, loss, family integration
  - Planning for birth parent involvement post permanence

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Focused
Services

FOCUSED SERVICES

- *Population*
  - Children who fall into this interval often have:
    - challenging mental health, emotional, or behavioral issues
    - been in foster care for 24 months, reunification has been ruled out and they do not have a permanent family identified

    OR
    - Been in an identified adoptive of guardianship home that has not finalized for at least 12 months
  - This may include children whose placements have disrupted or dissolved, including children who have been adopted privately or internationally

- *Focused Services are:*
  - Designed to meet the emotional, behavioral and mental health needs of children and families when the children's needs are hindering the attainment of permanence
  - Intended to help prepare families so that they have the capacity to meet the needs of the children and become permanent resources

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Focused Services

TENETS

- Equip prospective adoptive parents and guardians with the array of supports and resources needed to effectively manage the specific needs of their children.

- Assess and implement interventions that help families manage their children's mental health, emotional, or behavioral issues.

- Tailor recruitment and matching services to the individual needs of children.

- Develop detailed plans outlining the specific services and supports the children and families will receive post permanence.

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EXAMPLES OF INTERVENTIONS

- New York Permanent Parents for Teens Project

- Utah, Pathway to Adoption 'Just in Time' Program

- California, The Kinship Center's Permanency Specialty Children's Mental Health Center

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Focused
Services

OUTPUTS/OUTCOMES

- Improved child-caregiver interactions
- Improved child behavioral health
- Decreased parenting stress and burden
- Reduced disruptions
- Increased permanencies
- Reduced time in foster care
- Increased placement stability in foster care

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DEFINITIONS

- First three stages in the post-permanency continuum focus on prevention

- The population narrows

- As the average degree of risk for discontinuity increases, so does the intensity of the intervention
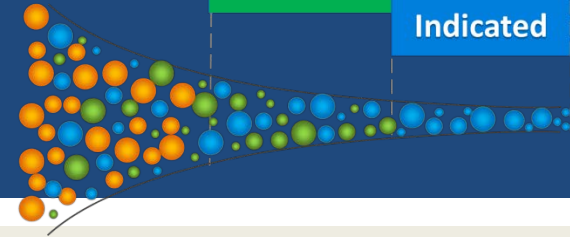
Types of Prevention
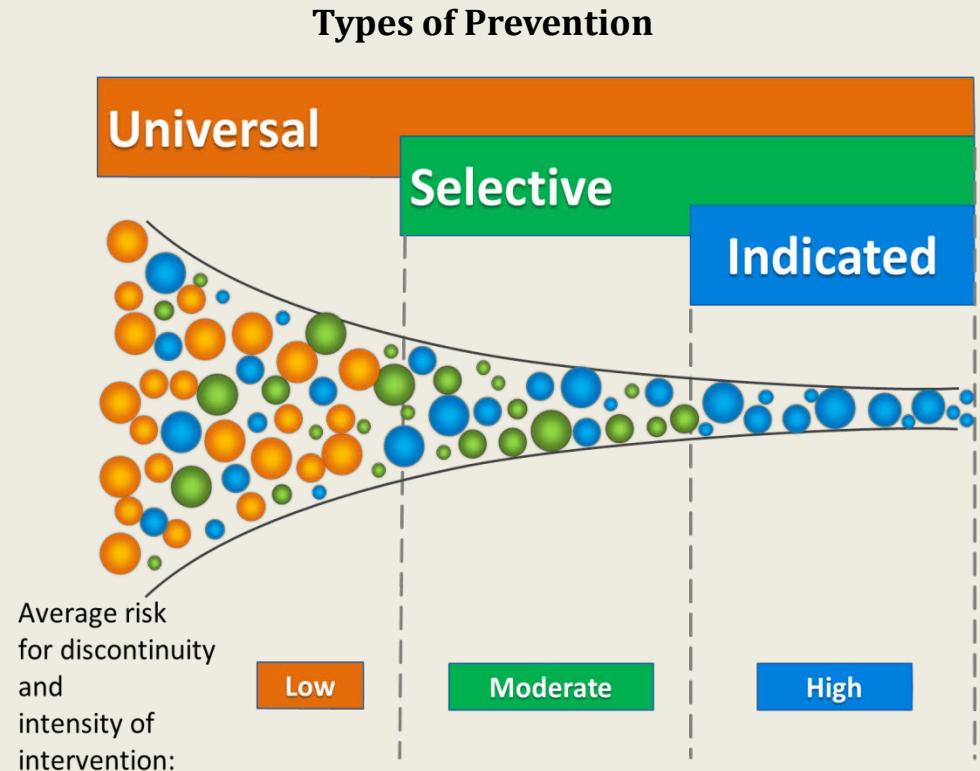
The continuum post-permanence is based on: Springer, F. & Phillips, J. L. (2006). The IOM model: A tool for prevention planning and implementation. Folsom, CA: Community Prevention Institute *Prevention Tactics* 8:13.

Universal

UNIVERSAL

- *Population*
  - All children and families in adoptive or guardianship homes

- *Universal Services*
  - Make families aware of the array of supportive services available to them now and in the future
  - Provide ongoing access to the information and training
  - Include 'light touch' interventions that message to the family, "we are here for you anytime you need us"

Universal

TENETS

- Proactive in nature

- Maintain ongoing connections with all families post adoption or guardianship

- Reinforce availability of support services for existing or emerging issues

- Provide ongoing access to educational opportunities and information related to opportunities for adoption or guardianship

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Universal

EXAMPLES OF INTERVENTIONS

FOSTERPARENTCOLLEGE.COM® – Training when it's convenient for you

What is FosterParentCollege.com®?

Interactive multimedia training courses for adoptive, kinship and foster parents

These courses explore specific behavior problems, emotional disorders in children, and practical parenting strategies. Effective and powerful messages are presented through dramatized vignettes, interviews with parents, and instruction from nationally-known parenting experts.

Online Training – convenient

- **Self-Paced Courses**
- ► Available 24/7 for 30 days
- ► Self-driven, self-paced study
- ► Course-related discussion boards available indefinitely
- ► Supplemental handouts for many courses
- ► Most cost $10 per person
- ► Most yield 2 hours of training

New Jersey Adoption Resource Clearing House

SUMMER
The PARCs of Wisconsin

Northeastern:
800-998-9609
300 Crooks St.
P.O. Box 22308
Green Bay, WI 54305-2308

Western:
888-212-4357
448 N. Dewey St.
Eau Claire, WI 54703

877-832-3483
3710 East Ave.
La Crosse, WI 54601

Northern:
888-212-4357
540 S. Third Ave.
Wausau, WI 54402

Southern:
888-236-4673
1810 S. Park St. Ste 200
Madison, WI 53713

Southeastern/Milwaukee:
800-762-8063
6682 W. Greenfield Ave. Suite #310
Milwaukee, WI 53214

PARC Newsletter
Northeastern Wisconsin Region
Post-Adoption Resource Center, a program of Family Services of Northeast Wisconsin
Summer 2015

Talking to Your Kids About Adoption: 11 Tips

I recently stumbled across a list in Adoptive Families magazine titled "30 Things Adoptees Wish They Knew About Their Birthparents – But Often Are Afraid To Ask." Many of the questions I grew up wondering about, and sometimes stressing about, were sitting in front of me on a piece of paper written and published by someone else. The fact that someone had taken the time to write these 30 questions was very validating for me. It was a profound moment.

Questions that stood out for me were:

- Where was I born?
- Did my birthmother see me or hold me?
- What did my birthmother name me?
- How old were my birthparents when I was born?
- Do my birthparents love me?
- Do my birthparents think about me? Did they ever regret their decision?

The answers to these questions require basic information. Yet they also call into play some very emotionally loaded subjects. My response, as an adopted person who has never known her birthparents, was, "Are there really people who have access to this much information about themselves and/or their birthparents?"

I was so intrigued by the list that I made it a permanent part of my adoption workshops. I recently met an adoptive mother who claimed she could provide all 30 answers to her child. I thought, "Wow! How lucky is this child!" But in the same breath I realized that just because a parent has all the answers does not necessarily mean they know how to comfortably approach delicate subjects with their children. In fact, having a lot of information might be just as challenging, at different stages in the child's life, as having none. The adoptive parent in an open adoption carries the extra burden (and privilege) of presenting information in a way that makes sense to the child.

From the day I was adopted at age 4, I knew it would hurt my parents' feelings if I asked about my birth family. Where did this come from? I had never been told I shouldn't talk about my birth family. I had never seen anyone get in trouble for asking about his or her birth family. Yet I knew it did not feel right to bring up the subject. At a very young age I thought the rules of love specified that if you loved one set of parents you were disloyal to them

Post-Adoption Resource Center of Family Services
300 Crooks Street, P.O. Box 22308
Green Bay, WI 54305-2308

post-adoption resource center
Family Services

Telephone: 800-998-9609 / 920-436-6800
Fax: 920-436-5966
E-mail: postadoption@familyservicesnew.org

Helping Families Wisconsin
Wisconsin Post Adoption Resource Centers

OUTPUTS/OUTCOMES

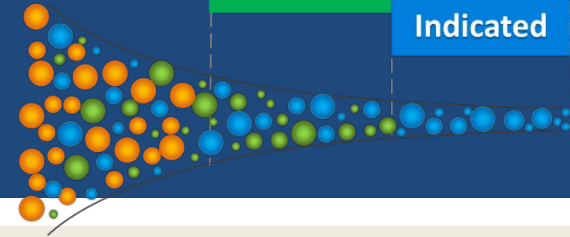- Percentage contacted

- Response rate

- Percentage identifying a need

- Satisfaction with adoption or guardianship arrangement and services

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SELECTIVE

- *Population*

  Selective interventions target children and families who, at the time of finalization, exhibit characteristics that research suggests might put them at higher risk for post-permanency discontinuity. These characteristics are based on what is known at the time of adoption or guardianship finalization.

- *Selective Services:*

  - Target risk factors known at the time of finalization; it does not necessarily mean that children or families have demonstrated problematic behavior
  - Increase support to families with known risk factors and decrease their potential for poor outcomes
  - Through proactive out-reach to families with information, services and supports, selective prevention efforts aim to reduce the overall risk for discontinuity

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Selective

TENETS

- Provide selective outreach efforts based on information (risk factors associated with discontinuity) known at time of the adoption or guardianship finalization.

- Provide increased supports to groups that have been identified as having risk factors.

- Provide proactive services and supports to children and families before behavior manifest.

- Use data to target families at risk for poor outcomes.

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EXAMPLES OF INTERVENTIONS

- Vermont Adoption Program sending letters to caregivers before the child's 16th birthday.

- The Adoption Preservation, Advocacy and Linkage & Maintaining Adoption Connections Programs in Chicago, Illinois

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Selective

OUTPUTS/OUTCOMES

- Strengthened permanency commitments

- Level of satisfaction with outreach, home visits and training

- Prevention of adoption or guardianship dissolution and discontinuity
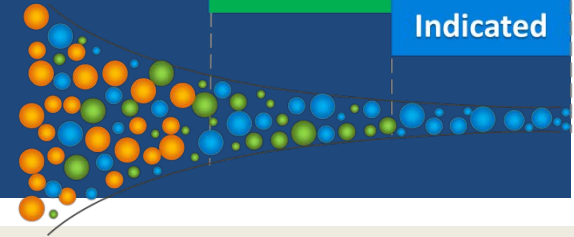
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INDICATED

Indicated

Universal

Selective

Indicated

Population

- Children and families with an escalating risk of post-permanency discontinuity. Families could be identified through outreach or have contacted the agency directly for assistance. In this interval, families are starting to ask for help as problems have become more evident.

- Families are currently experiencing issues that put them at heightened risk of discontinuity of stability.

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TENETS

- Prevent issues from escalating and becoming a crisis;
- Reduce tensions and promote stability;
- Provide in-depth engagement of the service provider (more than just information and referral);
- Implement interventions targeted at addressing characteristics associated with an elevated risk of discontinuity.
- Stabilize behaviors and relationships and assess for on-going service needs.

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Indicated

EXAMPLES OF INTERVENTIONS

- **Adoption Support for Kentucky**
  - Peer support and mentoring programs
  - Family survey:
    - 69% of families reported they stabilized after problems erupted
    - 38% of families reported program prevented discontinuity

- **Educational Advocacy Program**
  - Advocacy within school system to ensure child's needs are met
  - Peer and academic issues common and very stressful for families

- **AD-OPTS: Address the Stress of Post-Traumatic Stress**
  - Teaching strategies to parent child is trauma history
  - Based on Trust Based Parenting, utilizing Attachment, Resiliency, Competence framework
  - Individual and companion group for children and parents

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OUTPUTS/OUTCOMES

- Measures of successful outreach
- Engagement in intervention
- Fewer crisis episodes
- Strengthened permanency commitments
- Increased post permanency stabilization
- Improved child and family well being

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Intensive
Services

INTENSIVE SERVICES

- ***Population***
  - Children and families who are experiencing a crisis that threatens the stability of their placement AND children and families who have, or are at risk for, experiencing discontinuity

- ***Intensive Services:***
  - Tend to be more crisis oriented
  - Can include interventions for children who are still in the home as well as interventions for children who are not in the home
  - Are high frequency programs that provide immediate supports and services
  - Aim to reduce the risk for dissolution, increasing resiliency and promoting stability

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TENETS

- Strengthen Social Connections and Relationships
  - Approach service delivery from a family systems perspective
  - Support ways to maintain and strengthen familial relationships

- Increase Knowledge and Skills
  - Increase confidence by provide acceptance and understanding to caregivers
  - Increase competence by promoting building of caregiver skills

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EXAMPLES OF INTERVENTIONS

- **Crisis Response**—to provide immediate relief and stabilization to the child and family
  - *Mobile Urgent Treatment Team for Foster Families (MUTT-FF)*

- **Comprehensive Assessment**—to assess the current need and determine the correct treatment approach for the identified need
  - *Neurosequential Model of Therapeutics (NMT) Assessment*

- **Family Centered Therapy**—to address the underlying issues that precipitated the crisis event
  - *Theraplay and Child Parent Relationship Therapy*

- **Skill Development**— to increase the family's ability to respond to a crisis in the future
  - *Our Home Our Family (OHOF)*

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OUTPUTS/OUTCOMES

- Improved child behavioral health
- Strengthened permanency commitments
- Increased post-permanency stability
- Improved child and family well-being
- Reduced time a child spends outside the home
- Decreased number of crisis calls
- Increased support reported by the adoptive parents, guardians and child
- Engagement in services

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Maintenance

MAINTENANCE

- *Population*
  - Children and families who received indicated or intensive services, including children and families who have experienced discontinuity

- *Intervention examples*
  - Strategies to prevent re-escalation of crisis
  - Programs that strengthen post-permanency stability and caregiver commitment
  - Specialized training programs
  - Regular check-ins to ensure stability is maintained
  - Booster sessions that provide supports and services to children and families
 - Development of a maintenance and preservation plan

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APPLICATION OF THE CONTINUUM FRAMEWORK

John Johnson

WHAT IS THE CONTINUUM FRAMEWORK?

The continuum framework designed by the QIC-AG challenges the user to consider all of the services and supports provided to adoption and guardianship clients at the pre and post-adoption stages at eight (8) different intervals. The exercise includes documenting all of the supports and services in each agency's unique service array at the individual interval to identify strengths, areas for improvements, and gaps.

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SITE-SPECIFIC CONTINUUM OF SERVICES
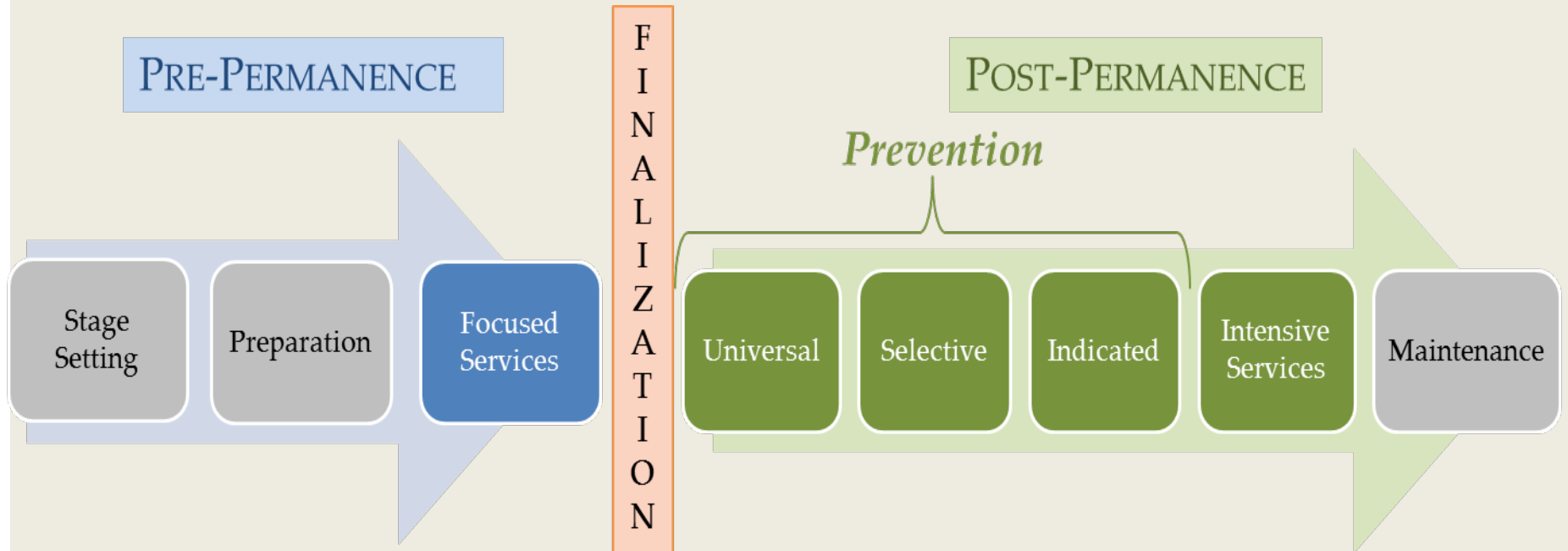
TENNESSEE'S ANALYSIS: INTENSIVE INTERVAL

Why was this interval or unique area chosen?

- Feedback from our survey of post-adoption families.
- Tennessee learned from the survey of adoption family's that many of them were still unaware of the opportunity for post-adoption support or how to access the service.
- The partnership with our post-adoption services provider.
- There is a significant # of children that are at-risk of or experience post-adoptive discontinuity that we believe have been exposed to significant traumas, specifically sexual abuse, that go untreated while in care. Additionally, it is our belief that the reasons for lack of treatment are linked to a lack of disclosure while in care (we did not know) and/or the behaviors do not manifest until later in life (adolescence).

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Stage Setting	Preparation	Focused Services
Educational Program (Private agency pre-adoption training)	Assessment (Transform)	Case Practice (Permanency Planning Round Tables)
Case Practice (CFTM)	Case Practice (Disclosure/Full Disclosure Pre-Placement Summary)	In home counseling (ASAP Individualized In Home Care)
	Educational Program (ASAP Adoption Prep Class)	Intensive Search (FOCUS)
	Educational Programs and Materials (ASAP/Adoption Library and Resources)	Search (Wendy's Wonderful Kids)
	Other (Lifebook)	Counseling (Children's Advocacy Center)
	Case Management (Contingency/Back-up Planning for SPG)	

Universal	Selective	Indicated	Intensive Services	Maintenance
Support Programs (ASAP Support Groups)	Support Programs (RCP Support Groups)	Respite (ASAP-Post Adoption Relief Team Building)	In Home Counseling(ASAP Individualized in Home Care)	Post Discharge Follow-Up (ASAP 6/12 month Follow Up)
Educational Programs and Materials (ASAP Community Education)	Information and Referral (RCP information and referral)	Advocacy (ASAP-Advocacy- Legal, Child Care, and Educational)	Out of Home Counseling (ASAP Crisis Intervention)	
Educational Programs and Materials (ASAP Resource Center/Lending Library)	Case Management (Yearly Check-In letter for state funded adoption and guardianship subsidy cases)	Support (ASAP Help Line)	Residential/Psychiatric Services (Kidlink)	
Educational Programs and Materials (ASAP/Harmony Newsletter)		Support Programs (ASAP Support Groups)	Counseling (Children's Advocacy Centers)	
Information and Referral (ASAP Resource and Referral)		Information/Referral/ Psychiatric Services (Kidlink)	Deflection(Intercept)	
Educational Programs and Materials (Children's Advocacy Centers)		Assessment: Children's advocacy Centers		*TN has the contractual authority to purchase services for children and families with an open case that can't be accessed through other means*

BENEFITS OF USING THIS TYPE OF FRAMEWORK

- Creates a better understanding of ALL the services and supports available to clients across the continuum.
- Can establish new partnerships with community stakeholders and clients.
- Engages others to discuss and assess the "health" of the permanency continuum related to adoption and guardianship exits.
- Forces the user to seek out and use data (qualitative and quantitative), related to existing services, to discern how well current programs and treatment modalities are working for clients.
- Stimulates thinking of how to improve practice, service array, and gaps with Evidence-Based and Behavioral Interventions.
- Creates next step of root-cause analysis, before moving to solutions.

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CHALLENGES TO USING THE FRAMEWORK

- The Benefits far out-weigh the challenges.
- The existing culprits: time, complacency, and competing priorities.
- Getting the "right" people to the table to identify all the service areas and the clearest picture of client experiences.
- Prioritizing the system improvements and enhancements that are identified from the analysis.

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NEXT STEPS WITH THE FRAMEWORK: ROOT/CAUSE ANALYSIS

Problem Statement: There are post-permanency children in crisis that are at risk of discontinuity.

- **Why are children/families in crisis?**
Because families can't manage the behaviors and children can't self-regulate.

- **Why can't the children/families manage their behavior/self-regulate?**
Because they don't have the skills and/or have not been provided the supports to manage their behavior or self-regulate.

- **Why don't children/families have the skills or been provided the supports to manage their behavior or self-regulate?**
Because they have not been exposed to the correct supports/programs that address developmentally appropriate responses to unresolved adoption and trauma (sexual abuse)issues.

- **Why have they not been exposed to the correct supports/programs that address developmentally appropriate responses to unresolved adoption and trauma (sexual abuse) issues?**
Because the "right" approach(s) have not been selected.

- **Why has the right treatment approach not been selected?**
Because there is not a comprehensive assessment process that identifies the most appropriate intervention to address unresolved adoption and trauma issues.

APPLICATION OF THE FRAMEWORK TO OTHER STATE, COUNTY AND TRIBAL SYSTEM

- Use as a system learning tool and facilitates team exploration and learning.
- Cost-effective way to get an honest picture of pre and post-permanency services available to clients (the adoption/guardianship triad).
- Allows the agency or user to assess the entire permanency continuum of adoption and guardianship or just specific intervals.
- Supports further analysis of unique intervals and even individual service providers to understand outcome data as well as client access, satisfaction, and service availability.
- Solutions can range including implementation of a new behavioral or evidence-based interventions.

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POLL QUESTION

Please rate the strength of your site's **pre-permanence** continuum framework related to adoption and guardianship.

My site's continuum framework related to adoption and guardianship is currently:

- Very weak - missing many services and supports
- Weak - missing many services and supports, but we are developing plans to address the needs and fill gaps
- Emerging – some services and supports are still missing, but new programs and services are in the development phase and will be rolled out soon
- Sufficient – Families have access to a basic continuum of uncoordinated post adoption/guardianship services
- Proficient/Excelling - Families have access to a complete continuum of services, and when provided across systems are coordinated and proactively provided Very strong and robust

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POLL QUESTION

Please rate the strength of your site's **post-permanence** continuum framework related to adoption and guardianship.

My site's continuum framework related to adoption and guardianship is currently:

- Very weak - missing many services and supports
- Weak - missing many services and supports, but we are developing plans to address the needs and fill gaps
- Emerging – some services and supports are still missing, but new programs and services are in the development phase and will be rolled out soon
- Sufficient – Families have access to a basic continuum of uncoordinated post adoption/guardianship services
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QUESTIONS AND COMMENTS

CLOSING

Melinda Lis

RESOURCES COMING SOON

- White papers that will provide more detail about each of the intervals on the continuum.

- Web based catalog of interventions and promising practices that are or could be adapted for adoptive and guardianship families.

- Will be hosting several webinars this coming Fiscal Year.

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POLL QUESTION

- Would you like to sign up to receive alerts about resources, tools, and webinars offered by the QIC-AG?

Yes/No

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YOUR VOICE MATTERS

QUESTIONS

Additional Information on the QIC-AG can be found at:

www.qic-ag.org

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