SOMEWHERE TO TURN

Meeting the Mental Health Needs of Adoptive and Guardianship Families

AB 1790 Implementation Guide and Toolkit
for County Behavioral Health Agencies
Recommendations to Remove Barriers to Accessing Adoption-Competent Mental Health Professionals

Prepared by Families NOW with funding from Sierra Health Foundation, Walter S. Johnson Foundation, California Department of Social Services and California Association of Adoption Agencies

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MEETING THE MENTAL HEALTH NEEDS OF ADOPTIVE AND GUARDIANSHIP CHILDREN, YOUTH AND FAMILIES

WHY IT MATTERS

Belonging to a committed permanent family can create the best environment for healing from a history of trauma and loss. But simply joining a permanent family is often not sufficient to compensate for a child's adverse childhood experiences (ACEs). At different developmental ages and stages, youth can re-experience or process trauma differently. Services may be necessary to help youth understand their past histories and to reconcile emotions related to adoption or guardianship.

Some families will need or want professional help when these concerns arise. Working with a mental health professional who does not understand adoption and permanency clinical issues can result in ineffective or even damaging treatment. Rather than getting the help needed, many adoptive parents and guardians are misunderstood, even blamed for their child's challenges, leaving the family in more difficulty than when they arrived.

Likewise, many children feel misunderstood just like the parents. They are often blamed for behaviors that have protected them from harm at other stages of their lives, rather than being helped to understand and integrate their past histories, to process emotions related to adoption or guardianship, and learn new, and developmentally appropriate ways to heal past traumas. The simple act of helping families understand their children's perspectives is critically important.

LEGISLATIVE IMPERATIVE: AB 1790 (2014 – DICKINSON)

This Guide and Toolkit offers tools and tips to assist agencies and mental health professionals implement recommendations made by the AB 1790 Stakeholder Group on how to remove barriers to the provision of mental health services by adoption-competent professionals. The recommendations are grounded in the guidance found in California's Integrated Core Practice Model.

HOW TO USE THIS GUIDE AND TOOLKIT

Terminology

Because the needs of adoptive and guardianship families overlap so closely, throughout this guide, the terms "adoption" and "adoption-competent" should be understood to encompass "guardianship" and "guardianship-competent."

Recommendations

The recommendations are grouped in categories, ranging from creating procedures to support adoption and permanency-informed practice, training and skill building for staff, and maximizing funding options.

- Consider a first read-through with an eye to low-hanging-fruit implementation items.

Self-Assessment Tool

This tool is designed to help you measure your organization against the AB 1790 Stakeholder recommendations. It can help staff and leaders identify opportunities for program improvement, assist in professional development, and inform organizational policy change.

- Consider recruiting a staff taskforce to complete the self-assessment, including comments and recommendations for actions to be taken.
- Build an action plan and timeline to implement prioritized recommendations.

Tip Sheets

Each guide has a tip sheet for the particular sector, as well as reproducible tip sheets to share with adoptive and guardianship parents and youth. These are designed to aid your process to meet the mental health needs of families.

DEFINITION: ADOPTION-COMPETENT MENTAL HEALTH PROFESSIONAL (See Endnotes on page 5)

The National Adoption Competency Mental Health Training Initiative (2018)

An adoption-competent mental health professional has:

- The requisite professional education and professional licensure to provide clinical services;
- A family-based, strengths-based and evidence-based approach to working with children and youth and their adoptive and birth families;
- Well-developed knowledge, skills and values in clinically working with children and youth with a history of abuse, neglect, trauma and other adverse early experiences;
- Well-developed knowledge, skills and values in clinically working with adoptive families and birth families; and
- The ability to clinically work with adopted children and youth and their adoptive and birth families with sensitivity to and respect for racial, ethnic and cultural heritage, sexual orientation and gender identity, and health and disability issues.

An adoption-competent mental health professional has a full understanding of the nature of adoption as a form of family formation and the different types of adoption; the clinical issues that are associated with grief, separation and loss, attachment, and adoptive identity formation; the common individual and family developmental challenges in the experience of adoption; and the characteristics and skills that make adoptive families successful.

An adoption-competent mental health professional is highly skilled in conducting full assessments and using a range of evidence-based and promising therapies that are trauma informed in order to:

- Effectively engage adoptive families toward the mutual goal of helping the child or youth to heal;
- Empower parents to recognize themselves as agents of healing and the experts on their child or youth and to advocate for their child or youth;
- Assist adoptive families to strengthen or develop and practice parenting skills that support attachment, healthy family relationships and long-term well-being; and
- Engage extended families and other networks to support adopted children and youth and their adoptive and birth families.

"You simply cannot expect a child to attach to a new family when he/she has not faced and healed from the grief and loss of not being a part of his/her birth family."

— Debbie Riley,
Center for Adoption Support and Education

RECOMMENDATIONS FOR MEETING THE MENTAL HEALTH NEEDS OF ADOPTIVE AND GUARDIANSHIP FAMILIES

COUNTY BEHAVIORAL HEALTH AGENCIES

CREATE PROCEDURES TO SUPPORT ADOPTION AND PERMANENCY-INFORMED PRACTICE

- Include a question on all agency inquiry and intake forms that identifies if members of the family have experienced foster care, adoption or legal guardianship;
- Before referring an adoptive or guardianship family to a specialty mental health, Medi-Cal Managed Care, or fee-for-services provider be sure that the provider has specialized training and experience in adoption and permanency clinical issues; request private agency partners to do the same;
- Ensure that all agreements and contracts with mental health providers serving adoption and guardianship families stipulate that the provider has identified staff with specialized training and experience in adoption and permanency clinical issues;
- Complete an Agency Self-Assessment to guide your organization's efforts to improve clinical practice to meet the mental health needs of adoptive and guardianship families (page 7);
- Include identification of clinicians with specialized training in adoption and permanency clinical issues in the Mental Health Plan credentialing & certification processes;
- Consider availability of clinical staff with specialized training and experience in adoption and permanency clinical issues when awarding or renewing specialty mental health contracts; include in MOU.

SUPPORT PROFESSIONAL CLINICAL DEVELOPMENT

- Make evidence-informed adoption/permanency clinical training[1] available to behavioral health in-house staff and contracted providers and strongly encourage or require contracted providers to participate;
- Arrange for training option outside of normal clinical hours;
- Provide time and encouragement for clinical staff to complete the NTI adoption competency mental health training (free 25-hour online training[2]),
- Require all specialty mental health providers working with families impacted by adoption or guardianship to complete specialized training in adoption and permanency clinical issues;
- Request training entities such as the Regional Training Academies, Resource Center for Family-Focused Practice and California Institute for Behavioral Health, as well as independent training partners, to add adoption and permanency clinical training to their curricula;
- Request degree granting postsecondary education institutions to include courses on adoption and permanency clinical issues in their curricula;
- Ensure that staff training addresses cultural issues and concerns of adoptive and guardianship families including families of color, single parent families, LGBTQ families, and relative families.

ADDRESS STIGMA OF SEEKING AND RECEIVING MENTAL HEALTH SERVICES

- Assure that your organization's literature explains the value of mental health services in dealing with trauma, loss, abuse and neglect issues;
- Stress to adoptive parents, guardians, and youth that seeking mental health services is a sign of strength;
- Build on or develop adoption and permanency mental health parent and youth partner models specific to supporting youth around adoption and permanency clinical issues;
- Share web-based resources such as *9 Ways to Fight Mental Health Stigma* (See Resources and Links, page 21).

PROMOTE AWARENESS OF NEED FOR ADOPTION COMPETENT MENTAL HEALTH SERVICES

- Inform your community that you provide adoption/permanency-competent mental health services;
- Provide literature to staff and adoptive and guardianship families regarding selecting and working with a therapist skilled in adoption and permanency clinical issues; Disseminate *Finding*

an Adoption-Competent Therapist (Page 26) or similar document as required by AB 1006;[3]
- Make *Tips for Adoptive Parents and Guardians* (page 28) and *Tip Sheet for Adopted Youth and Those in Guardianship* (page 34) available in your waiting room and directly to youth and families served;
- Provide youth engagement organizations with training in:
  - Adoption and permanency clinical issues;
  - General mental health training on engaging youth living with mental health issues[4];

ADDRESS THE LACK OF ACCESS TO SERVICE

- Create a strong adoption-competent service delivery system within your organization; encourage others to do the same;
- In collaboration with child welfare department, review current service delivery system in order to assess the county's capacity to meet the adoption competencies identified by the National Adoption Competency Mental Health Training Initiative (NTI) (page 2.);
- Take steps necessary to meet the NTI mental health adoption competencies;
- Ensure availability of culturally-competent mental health services within your pool of local providers with specialized training and experience in adoption and permanency clinical issues;
- Include specific stakeholder meetings for adoptive and guardianship families as part of the county's formal Mental Health Services Act (MHSA) Stakeholder process;
- Make targeted efforts to recruit and hire clinicians with specialized training and experience in adoption and permanency clinical issues; request your contracted mental health providers to do the same;
- List your adoption-competent mental health providers on Centralized Post Adoption Resource Site www.cakidsconnection.org/PostAdoption[5]; keep list current.

COLLECT DATA

- Collaborate with the child welfare department to conduct county resource mapping to be aware of what supports are available for adoptive and guardianship families and/or take other steps to be aware of what supports are available for those families within your county;
- Create and distribute a survey to determine whether county and contracted mental health providers:
  - Have an intake and assessment protocol that addresses adoption and permanency clinical issues;
  - Have staff with specialized training and experience in adoption and permanency clinical issues;
  - Address cultural issues and concerns of adoptive and guardianship families including families of color, single parent families, LGBTQ families, and relative families;
  - See page 16 for sample survey questions;
- Track how many of the families you serve have members that have experienced foster care, adoption or legal guardianship;
- Track how many were provided services by clinicians with specialized training and experience in adoption/permanency clinical issues;
- Compare clinical outcomes between those served by adoption competent clinicians and those served by clinicians without the specialized training and experience;
- Keep a current database of adoption-competent mental health providers in your county.

MAXIMIZE FUNDING OPTIONS

- Partner with county child welfare department to use Title IV-E training funds to provide in-depth adoption competency training for your clinical staff, contracted specialty mental health providers and others providing clinical services to adoptive and guardianship families;
- Play an active role in your county's MHSA Stakeholder Group to advocate for use of MHSA Community Services and Supports, Prevention & Early Intervention, and Workforce Development funds to provide adoption/permanency mental health services and clinician training;
- Allocate a portion of MSHA funds at risk for reversion[6] to provide adoption competency clinical training to mental health providers;
- Use county mental health realignment growth dollars for post adoption and post guardianship support services;
- Partner with child welfare department to use Promoting Safe and Stable Families Funds[7] (PSSF) for adoption promotion and support services (20% must be spent on adoption promotion and post permanency support services);
- Use Medi-Cal Workforce Development Funds to increase the number of mental health providers with specialized training in adoption/permanency clinical issues;

- Coordinate with child welfare development to use Adoption Assistance Program delink savings for post adoption services and training as required by federal law[8];
- Advocate for county reinvestment of a portion of savings resulting from prevention of adoption disruptions through provision of adoption-competent mental health services into increasing access to, and availability of adoption-competent mental health providers[9,10];
- For more information on funding refer to *Funding for Mental Health Services*, page 17.

INTEGRATE WITH CORE PRACTICE MODEL[11]

- Deliver adoption/permanency support services within Integrated Core Practice Model framework, integrating initial and on-going engagement, assessment, service planning, delivery, coordination and care management, including monitoring and adapting services, and transitioning when care is completed;
- Coordinate access to services for members of adoptive and guardianship families in collaboration within highly integrated Systems of Care—where county partners share fiscal, personnel and technical resources;
- Ensure that service professionals empower youth and family members through inclusive decision-making.

ENDNOTES FOR RECOMMENDATIONS

1 A number of trainings are available in California:

- ACT - An Adoption and Permanency Curriculum for Child Welfare and Mental Health Professionals.
  ACT is a post-graduate permanency curriculum that provides intensive practice and clinically informed training to adoption and permanency professionals and community-based therapists. The curriculum expands the application of techniques and knowledge from related fields, such as education, mental health, and neurobiology to the practice of adoption and relative guardianship. ACT is designed to advance and inform adoption practice, expand the pool of qualified child welfare and mental health providers available to adoptive and guardianship families, integrate permanency practice across an array of programs, and engage and retain qualified professional staff in adoption and post-permanency services. ACT transmits core competencies to individual professionals and to agency staff groups seeking to improve and standardize their programs with shared, quality knowledge and a commitment to integrated practice principles.
  http://www.kinshipcenter.org/education-institute/classes/professional-classes.html

- TAC - Training for Adoption Competency.
  TAC is a post-Master's curriculum designed by Center for Adoption Support and Education (C.A.S.E.) with the assistance of a National Advisory Board of adoption experts. Through classroom and remote instruction as well as clinical case consultation, TAC students master 18 areas of knowledge, values and skills that are critical to adoption-competent mental health services.
  http://adoptionsupport.org/adoption-competency-initiatives/training-for-adoption-competency-tac/

- Adoption Competency Training – North American Council on Adoptable Children (NACAC)
  This in-depth training, developed in adherence to NACAC's national best practice advisory committee's identified goals and objectives, helps mental health practitioners and child welfare workers understand the importance of building skills and knowledge related to working with adoptive and guardianship families. This training emphasizes family strength to ensure clinical practices are family-based and value all members of the adoption triad. Providers (including parent mentors, school personnel, community support workers, pastoral counselors, and mental health workers) who work with adoptive and guardianship families will benefit from the opportunity to build their skills, knowledge, empathy, and understanding of this journey, as they learn to seek resources in their home states and counties that can also meet families' needs.
  https://www.nacac.org/get-training/training-by-request/adoption-competency/

2 NTI - National Adoption Competency Mental Health Training Initiative is a free online training designed to enhance the capacity of child welfare professionals and mental health practitioners to understand and effectively address the mental health and other complex needs of children and adolescents moving to permanency through adoption or guardianship or already in adoptive or guardianship placements. NTI will provide professionals in all States, Tribes and Territories access to two free, state of the art, evidence-informed, standardized web-based trainings to provide the casework and clinical practices to promote permanency, child well-being and family stability. The training for child welfare professionals is a 20-hour training with an additional 3 hours for child welfare supervisors, along with a downloadable Supervisor Coaching and Activity Guide. The training for mental health professionals is a 25-hour curriculum with coaching sessions offered during the pilot. Though 2018 trainings are only available in pilot sites, including California, and will be available nationally beginning in 2019. For more information about accessing the NTI trainings, go to: www.adoptionsupport.org/nti. NTI is funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Cooperative Agreement #90CO1121.

3 AB 1006 (2017 – Maienschein)) amended CA WIC 371 and WIC 16119 to require adoptive and guardianship families to be given written information regarding the importance of working with mental health providers that have specialized adoption/permanency clinical training and experience should their families need clinical support, and a description of the desirable clinical expertise the family should look for when choosing an adoption/permanency-competent mental health professional. The statutes require the information to be given at each of the following milestones in the journey to permanency:
• At the time of application for adoption of a child who is potentially eligible for AAP;
• When the court orders a child placed or adoption or has appointed a relative or nonrelative legal guardian;
• Immediately prior to finalization of the adoption decree.
As this guide goes to print, CDSS is developing a brochure to fill the mandated requirement regarding the written information. To request information on the availability of the brochure email apu@dss.ca.gov.

4 Youth Empowerment Program http://www.cfpic.org/projects/yep.

5 Centralized Post Adoption Resource Site, funded by CDSS and managed by California Kids Connection (CKC). Includes a menu of ten categories of post-permanency resources. Whether a family is looking for summer camps, skilled therapists, or the latest information about SOGIE related developments, they may click on a topic and find a list of providers in or near their county of residence. If a family does not find the resource they were looking for, they may also contact the CKC referral line by calling 1(800) KIDS-4US. This toll-free line connects families directly with CKC program staff to answer additional inquiries. Monolingual Spanish speaking families are also encouraged to call the referral line to speak with someone in Spanish. These community-based resources and services are updated often, so families should check back to get the most current information. https://www.cakidsconnection.org/PostAdoption

6 Under the MHSA, funds are distributed to counties for local assistance, and must be spent for their authorized purpose within 3 years or revert to the state to be deposited into the fund and be available for other counties in future years. AB 114 (2017-Committee on Budget), includes language that will ensure that MHSA funds are being used to provide critical community mental health services. http://www.counties.org/csac-bulletin-article/mental-health-services-act-issue-resolved-budget

7 *Promoting Safe and Stable Families (PSSF)*: Title IV-B, Subpart 2, of the Social Security Act - The primary goals of PSSF are to prevent the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for children by reuniting them with their parents, by adoption or by another permanent living arrangement. States are required to spend 20% of their funding for each of the following service areas: family support, family preservation, time-limited family reunification, and adoption promotion and support.

Funds go directly to child welfare agencies and eligible Indian tribes to be used in accordance with their 5-year plans. Promoting Safe and Stable Families requires a non-federal, local match of 25%. Matching contributions are provided by private, state or local sources. https://www.acf.hhs.gov/cb/resource/pssf-title-iv-b-subpart-2-ssa

8 Federal PL 110-351 (Fostering Connections to Success and Increasing Adoptions Act) allows states to shift otherwise qualified non-federal AAP cases to Title IV-E eligible cases by de-linking the federal eligibility income requirements from the Aid to Families with Dependent Children-Foster Care (AFDC-FC). A child defined by law as an "applicable child" no longer needs to meet the 1996 AFDC-FC income requirements to be eligible for Title IV-E AAP funding. The de-link was applied to all new cases that were phased-in based on age groups. Currently, any AAP eligible child adopted at age 2 or above is now federally eligible for federal AAP.

To conform to PL 110-351, California Welfare and Institutions Code (WIC) section 16118(d) and WIC section 16132 require counties to reinvest savings resulting from application of the de-link on new or expanded foster care and adoption services programs. Prior to 2011 Realignment, the AAP De-link savings were reinvested statewide. Post-Realignment, the non-federal portion of the savings was allocated to counties as part of the realignment base. As a result, the savings realized are reflected as LRF and county funds. The de-link savings must be spent within two years of when they were earned and cannot be used to supplant existing program expenditures. If savings are not reinvested within two years, the counties must provide an explanation and a detailed plan including timelines for reinvesting these savings. PL 112-34 (Child and Family Services Improvement and Innovation Act) further clarifies that beginning with Federal Fiscal Year 2011, Title IV-E agencies must document how the de-link savings (if any) are reinvested. These changes were codified in CA Senate Bill (SB) 1013 (Chapter 35, Statutes of 2012).

Each county is responsible for reinvesting and reporting the savings to CDSS. CDSS is responsible for annually reporting to the federal Administration for Children and Families (ACF), both the pre- and post-realignment savings, reinvestment amounts and a narrative on what the funds were spent on for the post-realignment savings. Therefore, counties are responsible for submitting and maintaining documentation that reflects the amount of savings reinvested and the type and nature of services funded. See ALL COUNTY FISCAL LETTER NO. 16/17-74
http://www.cdss.ca.gov/Portals/9/CFL/2016-17/16-17_74.pdf?ver=2017-06-29-154335-540

9 *Supporting and Preserving Adoptive Families – Profiles of Publicly Funded Post Adoption Services* (2014); Donaldson Adoption Institute; Reviews how adoptions not only benefit children but also result in reduced financial and social costs to child welfare systems, governments and communities and shows how for over three decades, the U.S. Government has focused considerable effort and funding on promoting adoptions from foster care, resulting in huge increases in the number of children adopted in the ten most recent years - from an estimated 211,000 in FY 1988-1997 to 524,496 in FY 2003-2012
(Maza, 1999; USDHHS, 2013).

10 *Funding Youth Permanency – A County Guide*; Families NOW; This guide helps users understand how to calculate the fiscal savings achieved by moving children and youth from foster care into permanent adoptive and legal guardian families. It is also useful in calculating the cost to the child welfare system when adoptions and guardianships fail and the youth returns to foster care. https://www.sierrahealth.org/assets/Funding_Youth_Permanency_Guide_June_2015.pdf

11 Core Practice Model Guide (2018) http://www.childsworld.ca.gov/res/pdf/CorePracticeModelGuide.pdf

SELF-ASSESSMENT TOOL

County Behavioral Health Services

This self-assessment is intended to serve as a tool to:

- Assist public behavioral health care agencies to review their organization's ability to best serve the needs of adoption/permanency children, youth and families;
- Ensure that staff and contracted providers have specialized training and experience in adoption/permanency clinical issues;
- Help staff and leaders identify opportunities for program improvement, assist in professional development planning, and can be used to inform organizational policy change.

Creating Procedures to Support Adoption and Permanency Informed Practice

	The Behavioral Health Agency:	Yes	No	Do not know
1	Includes a question on all behavioral health inquiry and intake forms that identifies if members of the family have experienced foster care, adoption or legal guardianship.			
	Comments / actions to be taken:			
2	Ensures if specialty mental health, Medi-Cal Managed Care, or fee-for-services providers have specialized training and experience in adoption and permanency clinical issues before referring an adoptive or guardianship family; requests private agency partners to do the same.			
	Comments / actions to be taken:			
3	Ensures that all children's mental health service agreements and contracts with providers who serve adoption and guardianship families stipulate that the provider has identified staff with specialized training and experience in adoption and permanency clinical issues.			
	Comments / actions to be taken:			
4	Includes identification of clinicians with specialized training in adoption and permanency clinical issues in the mental health plan credentialing and certification processes.			
	Comments / actions to be taken:			
5	Considers availability of clinical staff with specialized training and experience in adoption and permanency clinical issues when awarding or renewing specialty mental health contracts; includes in MOU.			
	Comments / actions to be taken:			

Supporting Professional Clinical Development

	The Behavioral Health Agency:	Yes	No	Do not know
1	Makes evidence-informed adoption/permanency clinical training available to behavioral health staff and contracted providers; • Strongly encourages or requires contracted providers to participate. • Arranges for training options outside of normal clinical hours.			
	Comments / actions to be taken:			
2	Provides time and encouragement for clinical staff to complete NTI adoption competency mental health training (free 25-hour online training).			
	Comments / actions to be taken:			
3	Requires all specialty mental health providers working with families impacted by adoption or guardianship to complete specialized training in adoption and permanency clinical issues.			
	Comments / actions to be taken:			
4	Requests training entities such as the Regional Training Academies, Resource Center for Family-Focused Practice and California Institute for Behavioral Health Solutions, as well as independent training partners, to add adoption and permanency clinical training to their curricula.			
	Comments / actions to be taken:			
5	Ensures that staff trainings address cultural issues and concerns of adoptive and guardianship families including families of color, single parent families, LGBTQ families, and relative families.			
	Comments / actions to be taken:			
6	Requests degree granting postsecondary education institutions to include courses on adoption and permanency clinical issues in their curricula.			
	Comments / actions to be taken:			

Addressing the Stigma of Seeking and Receiving Mental Health Services

The Behavioral Health Agency:		Yes	No	Do not know
1	Includes explanation of the value of mental health services in dealing with trauma, loss, abuse and neglect issues in your organizational literature.			
	Comments / actions to be taken:			
2	Stresses to adoptive parents, guardians, and youth that seeking mental health services is a sign of strength.			
	Comments / actions to be taken:			
3	Builds on or develops adoption and permanency mental health parent and youth partner programs.			
	Comments / actions to be taken:			
4	Shares web-based resources such as *9 Ways to Fight Mental Health Stigma* (See Resources and Links, page 21).			
	Comments / actions to be taken:			

Promoting Awareness of Need for Adoption Competent Mental Health Services

The Behavioral Health Agency:		Yes	No	Do not know
1	Informs your community that you provide adoption/permanency-competent mental health services. (If you do.).			
	Comments / actions to be taken:			
2	Provides literature to staff and adoptive and guardianship families regarding selecting and working with a therapist skilled in adoption and permanency clinical issues. Disseminates *Finding an Adoption-Competent Therapist* or similar document.			
	Comments / actions to be taken:			

3	Makes *Tips for Adoptive and Guardianship Parents* (page 28) and *Tip Sheet for Adopted Youth and Those in Guardianship* (page 34) available in your waiting room and directly to youth and families served.			
	Comments / actions to be taken:			
4	Provides youth engagement organizations with training in: • Adoption and permanency clinical issues; • Engaging youth living with mental health issues.			
	Comments / actions to be taken:			
5	Includes in your newsletters, blogs, and publications, articles regarding importance of adoptive and guardianship families working with therapists with specialized training and experience in adoption and permanency clinical issues.			
	Comments / actions to be taken:			

Addressing the Lack of Access to Services

	The Behavioral Health Agency:	**Yes**	**No**	**Do not know**
1	Creates a strong adoption competent service delivery system within your organization; encourage others to do the same;			
	Comments / actions to be taken:			
2	With county child welfare department, reviews current service delivery system in order to assess your county's capacity to meet the adoption competencies identified by the National Adoption Competency Mental Health Training Initiative (Page 2).			
	Comments / actions to be taken			
3	Takes steps necessary to meet the mental health adoption competencies identified by the National Adoption Competency Mental Health Training Initiative (NTI).			
	Comments / actions to be taken:			

4	Ensures availability of culturally-competent mental health services within your pool of local providers with specialized training and experience in adoption and permanency clinical issues.			
	Comments / actions to be taken:			
5	Includes specific MHSA stakeholder meetings for adoptive and guardianship families as part of the county's formal Mental Health Services Act (MHSA) stakeholder process.			
	Comments / actions to be taken:			
6	Makes targeted efforts to recruit and hire clinicians with specialized training and experience in adoption and permanency clinical issues; requests contracted mental health providers to do the same.			
	Comments / actions to be taken:			
7	Lists your adoption competent mental health providers on Centralized Post Adopt Resources Site (www.cakidsconnection.org/PostAdoption); keeps list current.			
	Comments / actions to be taken:			

Collecting Data

The Behavioral Health Agency::		Yes	No	Do not know
1	Collaborates with the child welfare department to conduct county resource mapping and/or takes other steps to be aware of what supports are available for adoption and guardianship families within your county.			
	Comments / actions to be taken:			
2	Created, distributes, and analyzes a survey to determine whether county and contracted mental health providers: a. Have an intake and assessment protocol that addresses adoption and permanency clinical issues; b. Have staff with specialized training and experience in adoption and permanency clinical issues; c. Address cultural issues and concerns of adoption and guardianship families including families of color, single parent families, LGBTQ families, and relative families. (See page 16 for sample questions)			
	Comments / actions to be taken:			

3	Keeps a current database of adoption-competent mental health providers in your county			
	Comments / actions to be taken:			

Maximizing Funding Options

The Behavioral Health Agency:		Yes	No	Do not know
1	Partners with county child welfare to use Title IV-E training funds to provide in-depth adoption competency training for your staff, contracted specialty mental health providers and others providing clinical services to adoptive and guardianship families;			
	Comments / actions to be taken:			
2	Plays an active role in your county's MHSA Stakeholder Group to advocate for use of MHSA Community Supports and Services, Prevention & Early Intervention, and Workforce Development funds to increase the number of mental health providers with specialized training in adoption and permanency clinical issues.			
	Comments / actions to be taken:			
3	Allocates of a portion of MHSA funds at risk for reversion to provide adoption competency clinical training to mental health providers.			
	Comments / actions to be taken:			
4	Uses Medi-Cal Workforce Development Funds to increase the number of mental health providers with specialized training in adoption/permanency clinical issues;			
	Comments / actions to be taken:			
5	Uses county mental health realignment dollars for post adoption and permanency support services.			
	Comments / actions to be taken:			

6	Partners with child welfare department to use Promoting Safe and Stable Families Funds (PSSF) forpost adoption and guardianship support services. (20% must be spent on adoption promotion and post permanency support services).			
	Comments / actions to be taken:			
7	Coordinates with child welfare department to utilize Adoption Assistance Program delink savings for post adoption services and training as required by federal law.			
	Comments / actions to be taken:			
8	Advocates for county reinvestment of savings resulting from prevention of disruption through provision of adoption-competent mental health services into increasing access to and availability of adoption competent mental health providers.			
	Comments / actions to be taken:			

Integrating with Core Practice Model

	The Behavioral Health Agency:	**Yes**	**No**	**Do not know**
1	Delivers adoption and permanency support services within the Core Practice Model framework, integrating initial and on-going engagement, assessment, service planning, delivery, coordination and care management, including monitoring and adapting services, and transitioning when care is completed.			
	Comments / actions to be taken:			
2	Coordinates access to services for members of adoptive and guardianship families within highly integrated Systems of Care—where county partners share fiscal, personnel and technical resources.			
	Comments / actions to be taken:			
3	Assures that service professionals empower youth and family members through inclusive decision-making.			
	Comments / actions to be taken:			

TIP SHEET FOR BEHAVIORAL AND MENTAL HEALTH PROVIDERS

TIP #1

Be aware that clinical training programs and graduate education programs typically do not include coursework covering adoption and permanency clinical issues.

- Encourage staff and contracted clinicians to participate in training focused on the unique needs of adoptive and guardianship children, youth and families.
- Explore partnering with local child welfare agencies to provide joint trainings for clinicians and child welfare professionals regarding the mental health needs of adoptive and guardianship children, youth and families.
- Inform staff that Federal IV-E Training programs allow clinicians and others outside the public child welfare system to participate in specialized trainings that support the needs of children and families involved in the child welfare system.

TIP #2

Recent law requires adoptive and guardianship parents to be informed of the unique mental health needs their children and youth may face and are advised to seek out providers who have expertise in adoption/permanency clinical issues.

- Become familiar with information provided to these families and disseminate information to your staff and providers.[1]

TIP #3

Complete a self-assessment in order to be prepared to best serve these children, youth and families.

- Identify adoption-competent staff within your agency or network.
- Identify and meet the training needs of your staff.
- Ensure that your agency's screening and assessment tools ask questions to families about their experiences with foster care, adoption and/or legal guardianship. This is essential to best match these families with clinicians with competency and expertise in meeting their needs.

TIP #4

Be aware that children adopted or in guardianship from foster care continue their Medi-Cal eligibility.

TIP #5

Be aware that Medi-Cal Managed Care Plans and Fee-for-Service providers must provide medically necessary mental health benefits for those children/beneficiaries who do not meet medical necessity criteria for Specialty Mental Health Services (SMHS).

- The following additional mental health services that do not meet SMHS medical necessity criteria are covered by Medi-Cal Managed Care Plans and in the Fee-for-Service (FFS) Medi-Cal program for beneficiaries with a mental health disorder as defined by the current Diagnostic and Statistical Manual (DSM):
  - Individual and group mental health evaluation and treatment (psychotherapy);
  - Psychological testing, when clinically indicated, to evaluate a mental health condition;
  - Outpatient services for the purposes of monitoring drug therapy;
  - Psychiatric consultation; and
  - Outpatient laboratory, drugs, supplies and supplements (excluding medications as described in the Medi-Cal Provider Manual and All Plan Letter (APL) 13-021).
- Be aware that there is some overlap in the types of services provided by the Medi-Cal Managed Care organizations and fee-for-service providers and County Mental Health Plans.

TIP #6

Be aware that County Mental Health Plans (MHP) must provide specialty mental health services to all Medi-Cal eligible children and youth who meet SMHS medical necessity criteria under EPSDT regardless of their level of impairment (mild, moderate or severe).

- DHCS recognizes that the medical necessity criteria for impairment and intervention for Medi-Cal SMHS differ between children and adults.
- Under EPSDT the "impairment" criteria component of SMHS medical necessity is less stringent for children and youth than it is for adults, therefore children with low levels of impairment may meet medical necessity criteria for SMHS (Cal. Code Regs., tit.9, chapter 11, §1830.205 and § 1830.210)
- To receive SMHS, Medi-Cal children and youth must:
  - Have a covered diagnosis;[2]
  - Have at least one of the listed impairments[3] as a result of the covered mental health diagnosis; and
  - Meet the specified intervention criteria.[4]

1 As this guide goes to print, CDSS is developing a brochure to fill the mandated requirement regarding written information to be provided to adoptive and guardianship parents. To request information on the availability of the brochure, email apu@dss.ca.gov.

2 Diagnoses covered:
- Pervasive Developmental Disorders, except Autistic Disorders
- Disruptive Behavior and Attention Deficit Disorders
- Feeding and Eating Disorders of Infancy and Early Childhood
- Elimination Disorders
- Other Disorders of Infancy, Childhood or Adolescence
- Schizophrenia and other Psychotic Disorders, except Psychotic Disorders due to a General Medical Condition
- Mood Disorders, except Mood Disorders due to a General Medical Condition
- Anxiety Disorders, except Anxiety Disorders due to a General Medical Condition
- Somatoform Disorders
- Factitious Disorders
- Dissociative Disorders
- Paraphilias
- Gender Identity Disorder
- Eating Disorders
- Impulse Control Disorders Not Elsewhere Classified
- Adjustment Disorders
- Personality Disorders, excluding Antisocial Personality Disorder
- Medication-Induced Movement Disorders related to other included diagnoses.

3 Listed impairments
- A significant impairment in an important area of life functioning.
- A reasonable probability of significant deterioration in an important area of life functioning.
- Except as provided in Section 1830.210, a reasonable probability a child will not progress developmentally as individually appropriate.
- For the purpose of this Section, a child is a person under the age of 21 years.

4 Specified intervention criteria
- The focus of the proposed intervention is to address the identified impairment listed in endnote #3.
- The expectation is that the proposed intervention will:
  - Significantly diminish the impairment, or
  - Prevent significant deterioration in an important area of life functioning, or
  - Except as provided in Section 1830.210, allow the child to progress developmentally as individually appropriate.
- The condition would not be responsive to physical health care-based treatment.

SAMPLE SURVEY MONKEY QUESTIONNAIRE

County Behavioral Health Agencies Questionnaire

For use by County Behavioral Health Agencies to determine adoption/permanency competence of contract specialty mental health providers.

1. Does your intake and/or clinical assessment include questions geared to finding out if a child or youth is now or ever has been in foster care?
   ◯ Yes ◯ No

2. Does your intake and/or clinical assessment include questions geared to finding out if a child or youth is adopted or in a legal guardianship?
   ◯ Yes ◯ No

3. If yes, do you find out the child's age at the time of adoption or legal guardianship?
   ◯ Yes ◯ No

4. Do you assess to what degree, if any, the current challenges a child or youth is dealing with are tied to being adopted, in legal guardianship, or being in foster care in the past?
   ◯ Yes ◯ No

5. Is your program currently serving children and youth living in foster care?
   ◯ Yes ◯ No ◯ Don't know

If YES, how many?

6. Is your program currently serving children and youth who are adopted or in a legal guardianship?
   ◯ Yes ◯ No ◯ Don't know

If YES, how many?

7. Do you have clinicians who have specialized training and experience in adoption/permanency clinical issues?
   ◯ Yes ◯ No ◯ Don't know

If YES, how many?

8. [Your org name] is considering providing specialized training in adoption clinical issues. Is this something you would be interested in for your staff? (include only if considering offering the training)
   ◯ Yes ◯ No ◯ Maybe

Developed and beta tested with the help of Jeff Rackmil, Director, Children and Young Adult System of Care, Alameda County Behavioral Health Services.

FUNDING FOR MENTAL HEALTH SERVICES

Funding Source	Eligibility	Limitations	Sharing Ratio
EPSDT (Early, Periodic Screening, Diagnosis and Treatment)	Federal entitlement for: • All Medi-Cal eligible minors to age 21, this includes all former foster youth; • All children determined eligible for AAP are categorically eligible.	Child must have: • A covered diagnosis; and • at least one of the listed impairments as a result of the covered diagnosis; • Meet specified intervention criteria; • Even though realignment added confusion about how counties access funds to meet the federal entitlement, these services remain an entitlement for all eligible children.	• 50% fed, 45% realignment or other local sources of funds, 5% co GF.
AAP	• Children 0-18 if adopted from foster care; • Youth age 18-21 if adopted from foster care at age 16 or older; • Youth 18-21 if adopted from foster care at any age with documented disabling condition that warrants continuation of care; • Children adopted through private agency adoption or independent adoption and the child is determined to be "at risk for dependency."	• AAP grant cannot be more than child would have received in foster care; • Families receive basic foster family home rate based on AAP start date and may receive a special care rate negotiated based on child's needs, including need for mental health services; • Cannot pay directly for goods or services; • AAP agreement must be signed before adoption is finalized.	• 50% fed, 50% realignment for all children adopted from foster care at age 2 or older; • 50% fed, 50% realignment for all federally-eligible children adopted under the age 2 (unless the child has qualifying special needs); • 100% realignment for non-federally eligible children adopted from foster care under age 2 (see Endnote #5).
Reinvestment of Savings Accrued from Delinking AAP federal eligibility	• Must be spent on new or expanded foster care and adoption services programs; • 30% of the total delink savings each year must be spent on post-adoption, post-guardianship services, and services to support and sustain positive permanency outcomes. At least 2/3 of the 30% must be spent on post adopt and post guardianship services.	• Counties must report amount of delink savings, amount reinvested, and how they were used; • Funds must be spent within 2 years of being earned; • Cannot be used to supplant existing expenditures.	• Funded 100% from county savings accrued from delinking of federal eligibility for AAP.

Funding Source	Eligibility	Limitations	Sharing Ratio
Fed Kin-Gap	• Federally eligible children 0-18 in legal guardianship with kin including Non-Related Extended Family Members (NREFMs); • Youth age 18-21 if entering guardianship from foster care at age 16 or older; • Youth 18-21 if entered legal guardianship from foster care with documented disabling condition that warrants continuation of care.	• Cannot be more than child would have received in foster care; • Families receive basic rate based on Kin-GAP start date and may receive a special care rate negotiated based on child's documented needs, including need for mental health services; • Cannot pay directly for goods or services; • Federal Kin-Gap agreement must be signed prior to the establishment of the guardianship.	• Federally-eligible children:50% federal, 50% realignment; • Non-federally eligible children 100% realignment.
IV-B Promoting Safe & Stable Families	• Family preservation services, including preserving adoptive and guardianship families; • 20% of county's allocation must be spent on adoption and support services.	• Limited amount of funds; • Each county develops their own plan; • MH services have to compete with a range of other eligible services; • Extended through FY 2021.	• 75% fed/25% realigned local match.
Family First Prevention Services Act	• Includes adoptive and guardianship families at risk of disruption and return of child to foster care; • Must be identified in a prevention plan as safe to remain at home or in a kinship placement with receipt of services; • Parents or kin caregivers where services are needed to prevent the child's entry into foster care; • IV-E eligibility not required.	• CA legislature must vote to opt in to the program; • Prevention services limited to 12 months beginning at identification of prevention strategy; • New prevention plan may begin another 12 months for children/ families identified again as candidates.	• 50% fed, 50% state.
Federal Adoption & Guardianship Incentive Funds	• Rewards states that increase their rates of adoption & guardianship of children in foster care from one year to the next; • Specifically allows funds to be used to provide post adoption services to children to avert adoption disruptions for children and youth.	• Incentives are allocated to counties based on the county's rate of improved permanency outcomes.	• 100% fed.

SCHOOL-BASED FUNDING

Funding Source	Eligibility	Limitations	Sharing Ratio
AB 114 (2011) Funded through federal IDEA funding - Educationally-Related Mental Health Services (ERMHS)	• Students with IEPs who demonstrate behavioral health issues that impact their ability to learn and access the school curriculum; • ERMHS funds are not restricted to students who have "emotional disturbance" as their identified disability.	• Need for mental health services must be documented in the child's Independent Education Plan (IEP).	• Capped allocation is 100% fed and state up to full allocation; • SELPAs are required to provide needed MH services even after the capped allocation is depleted. Those services are 100% local school district funded.
Section 504 of the Rehabilitation Act of 1973	• Students with mental and behavioral health disabilities in need of mental health services to receive an "appropriate" education; • IEP not required but does require a plan to accommodate the disability.	• No federal funding, full cost born by the school district.	• 100% local School district.

OTHER MENTAL HEALTH SERVICES FUNDING

Mental Health Services Act (MHSA) :	• Depends on county/community approved MHSA plan; • Stakeholder process drives investments of the fund;	• Advocates for funding for adoption-competent services have been missing in most counties; • Mental health services to adopted children is under represented in county MHSA plans. •Funds not spent within their mandated timeframes are to be returned to the State for re-allocation to County MHPs, a process called "reversion"	• 100% MHSA funds allocated to the county.
Victims of Crime Benefits includes outpatient mental health treatment or counseling.	• All ages; • Sub -allocations for Minors age 0-18; • Crime must have been reported to law enforcement.	• Limited to out-of-pocket expenses not reimbursed with other funds. See endnote 13; • Underutilized; • Managed by District Attorney (DA); • Some county departments of social services don't like to this funding stream because of management by DA.	• 100% from State Restitution Fund.
First Five	• Minors age 0-5 and sibs in the same home.	• Funds distributed by local First Five Commissions, normally through RFP Process.	• 100% State Prop 10 funds.

FUNDING FOR TRAINING ADOPTION/PERMANENCY COMPETENT MENTAL HEALTH PROVIDERS

FEDERAL

Funding Source	Eligibility	Limitations	Sharing Ratio
IV-E training funds	• Funds may be used for training of: o child welfare staff; o foster and adoptive parent, and relative guardians of children from foster care; o private agencies providing care to foster and adopted children receiving assistance under title IV-E; o institutions providing support and assistance to foster and adopted children (including mental health providers); o court personnel, attorneys, guardians ad litem, court appointed special advocates.	• Mental health providers only eligible to receive IV-E funded training for services to improve their ability to support children in child welfare, including those adopted or in guardianship.	• 75% fed, 25% local.
IV-B training funds	• Funds can be used to provide training, professional development and support to ensure a well-qualified work force.		75% fed, 25% local.
Federal Grants	• Discretionary, awarded competitively.	• Highly competitive. RFPs for post adopt services do not happen every year.	Grants often require a local match, which can be met with in-kind services.
National Adoption Competency Training Initiative	• No eligibility limitations.		• Free online training for adoption-competent child welfare casework (20 hours) and adoption-competent mental health providers (25 hours)

FEDERAL

Mental Health Services Act (MHSA) Workforce Development Funds	Depends on county/community approved MHSA plan.	• Local advocates must participate in MHSA planning meetings and successfully advocate for funds for this underserved population.	100% State MHSA funds
Reinvestment of Savings Accrued from Delinking AAP federal eligibility	• See Page 17		

All County Information Notice 1-26-16 AB 1790; this official CDSS document includes all of the identified barriers to availability of, and access to adoption competent mental health providers, and the recommendations for removing them as identified by the AB 1790 Stakeholders Group http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acin/2016/I-26_16.pdf

Achieving and Sustaining Permanent Families

9 Ways to Fight Mental Health Stigma (2017), NAMI
https://www.nami.org/blogs/nami-blog/october-2017/9-ways-to-fight-mental-health-stigma

A Guide to Permanency Options for Youth (2018); Alameda County Department of Children and Family Services; Provides a rich assortment of info for use when considering options for permanency for youth, including youth in extended foster care. The guide is designed as a tool for many different audiences including foster and kin caregivers, foster family agency staff and families, STRTP providers, those who care for and support Nonminor Dependents in foster care, and child welfare staff and families.
https://familypaths.org/wp-content/uploads/2018/02/2018-GuideToPermanencyOptions-FINAL-January-9-2018.pdf

Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents (2010); NCTSN (National Child Traumatic Stress Network); Power Point-based curriculum designed to be taught by a mental health professional and foster or adoptive parent as co-facilitators. The complete curriculum is available on the NCTSN Learning Center website. (Note: you must create a no-cost account in order to join the community)
http://www.nctsnet.org/products/caring-for-children-who-have-experienced-trauma

How to Ask "Are You OK?"; RUOK?; Provides great tips intended to empower everyone to meaningfully connect with people around them and support anyone struggling with life.
https://www.ruok.org.au

Impact of Adoption on Adopted Persons; Child Welfare Information Gateway (2013); This factsheet for families discusses the impact of adoption on adopted persons who have reached adulthood. There are several themes that emerge from personal accounts and data from academic studies about issues that adopted persons may face. This factsheet addresses these themes, which include loss, the development of identity and self-esteem, interest in genetic information, and managing adoption issues.
https://www.childwelfare.gov/pubs/f-adimpact/

Preparing and Supporting Foster Parents Who Adopt (2013); Child Welfare Information Gateway; This bulletin for professionals discusses the ways that they can help foster parents before, during, and after they adopt a foster child in their care, in order to ensure that the child and family experience a successful adoption outcome.
https://www.childwelfare.gov/pubs/f-fospro/

Providing Adoption Support and Preservation Services; Child Welfare Information Gateway (2018); This bulletin draws from available literature and practice knowledge to summarize key issues related to providing effective services to support the stability and permanency of adoptions. It is intended to support adoption professionals in addressing adoptive parents' and children's needs for services, recognizing key considerations in providing services, addressing emerging issues, and meeting common challenges in service delivery.
https://www.childwelfare.gov/pubPDFs/f_postadoptbulletin.pdf

Support Matters: Lessons from the Field on Services for Adoptive, Foster, and Kinship Care Families (2015); AdoptUSKids; This guide is intended to equip State, Tribal, and Territorial child welfare managers and administrators — as well as family support organizations — with current information about effective strategies for developing data-driven family support services and research findings to help them make the case for implementing and sustaining these services.
https://www.adoptuskids.org/_assets/files/AUSK/support-matters/support-matters-resource-guide.pdf

Taking Care of Yourself: Tips for Foster and Resource Parents; Center for the Study of Social Policy, Strengthening Families Framework; This tool is designed to help foster and adoptive parents: • reflect on their experience as a foster or resource parent • identify their strengths and where they may need more support • be aware of how traumatic experiences may affect the child in their care and how that might impact them as a caregiver • respond to the child in a supportive way even when their behavior is challenging
https://www.cssp.org/reform/strengtheningfamilies/practice/body/Self-Care-for-Foster-Parents.pdf

UCLA Ties for Families; UCLA; UCLA TIES (Training, Intervention, Education, and Services) for Families is an interdisciplinary program dedicated to optimizing the growth and development of foster/adoptive children from birth to age 21, and their families.
https://www.uclahealth.org/mattel/ties-for-families/about-us

See also *Talking Points about Post Adoption Services* in the Funding section

Adoption Competency Training

ACT - An Adoption and Permanency Curriculum for Child Welfare and Mental Health Professionals; Kinship Center Educational Institute; A post-graduate permanency curriculum that provides intensive practice and clinically informed training to adoption and permanency professionals and community-based therapists. The curriculum expands the application of techniques and knowledge from related fields, such as education, mental health, and neurobiology to the practice of adoption and relative guardianship. ACT is designed to advance and inform adoption practice, expand the pool of qualified child welfare and mental health providers available to families, integrate permanency practice across an array of programs, and engage and retain qualified professional staff in adoption and post-permanency services. ACT transmits core competencies to individual professionals and to agency staff groups seeking to improve and standardize their programs with shared, quality knowledge and a commitment to integrated practice principles.
http://www.kinshipcenter.org/education-institute/classes/professional-classes.html

Adoption Competency Training; North American Council on Adoptable Children (NACAC); Developed in adherence to NACAC's national best practice advisory committee's identified goals and objectives, helps mental health practitioners and child welfare workers understand the importance of building skills and knowledge related to working with adoptive families. This training emphasizes family strengths to ensure clinical practices are family based and value all members of the adoption triad. Providers (including parent mentors, school personnel, community support workers, pastoral counselors, and mental health workers) who work with adoptive families will benefit from the opportunity to build their skills, knowledge, empathy, and understanding of this journey, as they learn to seek resources in their home states and counties that can also meet families' needs.
https://www.nacac.org/get-training/training-by-request/adoption-competency/

NTI (National Adoption Competency Mental Health Training Initiative) (2018); free online training designed to enhance the capacity of child welfare professionals and mental health practitioners to understand and effectively address the mental health and other complex needs of children and adolescents moving to permanency through adoption or guardianship, or already in adoptive or guardianship placements. NTI will provide professionals in all States, Tribes and Territories access to two free, state of the art, evidence-informed,

standardized web-based trainings to provide the casework and clinical practices to promote permanency, child well-being and family stability. The training for child welfare professionals is a 20-hour training with an additional 3 hours for child welfare supervisors, along with a downloadable Supervisor Coaching and Activity Guide. The training for mental health professionals is a 25-hour curriculum with coaching sessions offered during the pilot. Through 2018 trainings are only available in pilot sites, including California, and will be available nationally beginning in 2019. NTI is funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Cooperative Agreement #90CO1121.
www.adoptionsupport.org/nti

Post Adoption Resource Information - Post Adoption Training Handouts; Ohio Child Welfare Training Program (2015); Rich collection of useful information in training handout form.
http://ocwtp.net/PDFs/Trainee%20Resources/Assessor%20Resources/All%20Post%20Final%20Handouts%202015.pdf

TAC - Training for Adoption Competency; C.A.S.E Center for Adoption Support and Education; Post-Master's curriculum designed with the assistance of a National Advisory Board of adoption experts. Through classroom and remote instruction as well as clinical case consultation, TAC students master 18 areas of knowledge, values and skills that are critical to adoption-competent mental health services.
http://adoptionsupport.org/adoption-competency-initiatives/training-for-adoption-competency-tac/

Centralized Post Adoption Resource Site; California Kids Connection (CKC); Includes menu of ten categories of post permanency resources. Whether a family is looking for summer camps, skilled therapists, or the latest information about SOGIE related developments, they may click on a topic and find a list of providers near their county of residence. If a family does not find the resource they were looking for, they may also contact the referral line by calling 1(800) KIDS-4US. This toll-free line connects families directly with CKC program staff to answer additional inquiries. Monolingual Spanish speaking families are also encouraged to call the referral line to speak with someone in Spanish. These community-based resources and services are updated often, so families should check back to get the most current information. https://www.cakidsconnection.org/PostAdoption

Finding an Adoption Competent Therapist

Choosing an Adoption Competent Therapist; New Mexico FIESTA Project; This blog provides useful info on finding and choosing a therapist for adoptive and guardianship families.
http://nmfiesta.blogspot.com/2008/09/choosing-adoption-competent-therapist.html

Selecting and Working with a Therapist Skilled in Adoption; Child Welfare Information Gateway; This factsheet offers information on the different types of therapy and providers available to help, and it offers suggestions on how to find an appropriate therapist. Foster parents also may find the definitions and descriptions in this factsheet useful.
https://www.childwelfare.gov/pubPDFs/f_therapist.pdf

Post Adoption Link; Capital Adoptive Family Alliance; Post Adoption Link is dedicated to helping Sacramento area adoptive families navigate post adoption supports, resources and educational information related to the special needs of adoption. Includes list of therapists in the greater Sacramento and Chico areas who have registered themselves as adoption competent.www.postadoptionlink.org;

Funding

EPSDT - A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents; US Department of Health and Human Services (2014);
www.medicaid.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf

California County Mental Health Plans' toll free numbers; CA Department of Health Care Services;
http://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx

Funding Youth Permanency – A County Guide; Families NOW; This guide helps users understand how to calculate the fiscal savings achieved by moving children and youth from foster care into permanent adoptive and legal guardian families. It is also useful in calculating the cost to the child welfare system when adoptions and guardianships fail and the youth returns to foster care.
https://www.sierrahealth.org/assets/Funding_Youth_Permanency_Guide_June_2015.pdf

Talking Points about Post Adoption Services; NACAC (North American Council on Adopted Children); Key talking points that can help advocacy for post adoption support programs. When the point is based on research, citations are listed. If the talking point is in quotation marks it is a direct quote from the cited source.
https://www.nacac.org/help/post-adoption-advocacy/how-to-advocate-for-support/talking-points-about-post-adoption-services/#_ftnref2

Supporting and Preserving Adoptive Families – Profiles of Publicly Funded Post Adoption Services (2014); Donaldson Adoption Institute; Reviews how adoptions not only benefit children but also result in reduced financial and social costs to child welfare systems, governments and communities and shows how for over three decades, the U.S. government has focused considerable effort and funding on promoting adoptions from foster care, resulting in huge increases in their numbers – from an estimated 211,000 in FY 1988 – 1997 to 524,496 in the most 10 recent years, FY 2003-2012 (Maza, 1999; USDHHS, 2013).

See also *Support Matters: Lessons from the Field on Services for Adoptive, Foster, and Kinship Care Families* in the Achieving and Sustaining Adoptive and Guardianship Families section.

Understanding the Need for Adoption Competent Mental Health Services

Adoption-Competent Therapy Vs. Regular Therapy; What Is the Difference? Holt International – Post Adoption Service Blog; Discusses some common misunderstandings or misdiagnoses that adopted children encounter in the mental/behavioral health profession. The article includes observations on how adopted children — of all ages — are at risk for changes in their brain's chemistry and structure. These alterations don't just go away with time and, if not effectively treated, can become increasingly problematic as a child grows older. A generalist therapist may conclude that the child is untreatable. Or the parents may repeatedly change therapists, keeping up hope that this next therapist will have the magic cure. This cycle of dashed hopes brings everyone down.
http://holtinternational.org/pas/newsletter/2015/08/19/adoption-competent-therapy-vs-regular-therapy-what-is-the-difference/

Adoption Competent Clinical Practice: Defining its Meaning and Development; Atkinson, A. J., Gonet, P. A., Freundlich, M., & Riley, D. B. (2013); Adoption Quarterly, 16(3-4), 156-174; Addresses the lack of adoption competence among mental health professionals.
http://www.tandfonline.com/doi/abs/10.1080/10926755.2013.844215

Adoption Competency in Clinical Social Work (2013); Deborah H. Siegel, PhD, LICSW, DCSW, ACSW, Social Work Today Vol. 13 No. 6 P. 16; Discusses how lack of training in adoption competency leaves social workers at risk for overlooking or possibly mismanaging key issues faced by adoptive and guardianship families, adding to the distress of the clients they want to help. The article also highlights the values, knowledge and skills, and societal context which help define adoption competence.
http://www.socialworktoday.com/archive/111113p16.shtml

A Need to Know: Enhancing Adoption Competence among Mental Health Professionals; Donaldson Adoption Institute; Brodzinsky, D. (2011); This report seeks to raise the level of awareness among mental health professionals about the nature and importance of adoption clinical competence, heighten their desire to receive such training, and identify various means by which the relevant knowledge and skills can be obtained. It addresses the fact that for a variety of reasons, mental health professionals typically do not receive the training required to fill adoption-related counseling needs and,

too often, either do not fully understand why such training is necessary or mistakenly believe the knowledge they already have is sufficient.
http://www.adoptioninstitute.org/old/publications/2013_08_ANeedToKnow.pdf

Keeping the Promise: The Critical Need for Post-Adoption Services To Enable Children And Families To Succeed; Donaldson Adoption Institute; Synthesis of research on risk and protective factors in adoption & on adoption competence.
http://www.adoptioninstitute.org/wp-content/uploads/2014/04/Keeping-the-Promise-Case-for-ASAP-Brief.pdf

Testimony Advocating for Adoption Competent Therapists; Debbie Schugg, adoptive parent; Powerful testimony before the California Assembly Health Committee in support of AB 1790 to improve access to adoption competent mental health professionals.http://adoptingteensandtweens.com/2014/11/02/debbie-schugg-testimony-advocating-adoption-competent-therapists/

Removing the Cloak of Secrecy: Understanding the Clinical Needs of Adoption and Guardianship Families (2015); CalSWEC; Webinar with Dr. Ruth McRoy, Boston College Graduate School of Social Work; This webinar focuses on the history and research that led to a more enlightened understanding of the clinical needs of adoption and guardianship families, why this is such a complex issue and what is being done to improve clinical and other support services. In addition, it discusses effective training and practice models.
http://calswec.berkeley.edu/evidence-informed-webinar-series (scroll down to find this webinar)

Please also refer to the Endnotes following the Recommendations for Improving Clinical Services for Adoptive and Guardianship Families (page 5).

To suggest additional resources to be added to this list please contact Gail Johnson Vaughan gail@gjv4kids.com

FINDING AN ADOPTION-COMPETENT THERAPIST

Parenting any child, born to you or not, brings challenges. Children can be wonderfully creative in their choices of behaviors to test your limits, try to have things go their way, or protect themselves when they do not feel safe. When those behaviors are troubling, you may wonder if it is normal childhood development for a child that age, or something related to their adoption or guardianship. The time may come when you decide to seek help from a mental health professional. Here are some things you should keep in mind when you do:

- Members of adoptive and guardianship families may need professional help when concerns arise. Adoption-competent professionals often can prevent concerns from becoming more serious problems.
- Not all therapists are trained to deal with the needs of adoptive and guardianship families. In fact, most therapists do not receive adoption clinical training as part of their standard curriculum.
- Children adopted from foster care are a vulnerable population. When mental health needs and challenges inherent in adoption or guardianship are left unaddressed, these unmet and misunderstood mental health needs are likely to derail normal child development.
- Challenging behaviors can be a child's way of communicating. They may be telling us something, responding to triggers that send them back to their days of trauma, neglect and abuse. They may be trying to control their environments because they don't believe they will be safe if they do not.
- Adoptive families, including those who adopted years ago and those who have built their families more recently form a large chorus crying out for access to mental health professionals who understand their unique issues.
- Asking for help when needed is a strength, not a weakness.

"As foster and adoptive parents, we are told repeatedly that it is crucial for our children to go to therapy. It can, indeed, be an incredibly helpful tool...if it is guided by an adoption-competent therapist in a model that includes the parents. The attachment-savvy therapist understands that the family is the healing agent and the parent-child relationship is a priority. With the right therapist, we can have access to more help than ever before.

Therapy is not about "fixing" the child. Therapists trained in adoption and permanency know that it is about building on the strengths of the people in that child's world, sharing ways in which we can weave attachment-building moments into our everyday interactions. It's about strengthening relationships, honoring connections and equipping the family for its journey toward healing."

by Debbie Schugg, Kinship Center® White Paper Series, Vol. 1, #101 ©2011 Seeking Meaningful Therapy: Thoughts from an Adoptive Mom

QUESTIONS TO EXPLORE WITH POTENTIAL THERAPISTS FOR YOUR ADOPTION OR GUARDIANSHIP FAMILY

1. What training have you received on working with adoptive and guardianship families to help them address adoption and permanency clinical issues? What have you learned from those trainings?
2. What is your experience with adoption and adoption issues? (Be specific about the adoption issues, such as open adoption, transracial adoption, grief and loss, searching for birth relatives, abuse or institutionalization history, or attachment difficulties.)
3. What are some of the important, but different, issues for children adopted as newborns and those placed later?
4. Have you ever worked with children who were not infants at the time of their adoption, or with children who were in foster care?
5. What percentage of your clients are adoptive or guardianship families? (ideally 1/3 or more)
6. Do you see the child individually or in a family therapy model? (Look for a therapist who understands the importance of using a family therapy model, especially in the first session.)
7. How do you include the parents/caregivers in therapy?
8. How do you address behavioral concerns? (Avoid therapists who recommend punitive measures, including loss-based discipline – time-out alone, etc.)
9. Do you have experience working with international and trans-racial adoptees? (if applicable)
10. Do you attend conferences related to adoption needs and concerns? (Some good ones are held by the American Adoption Congress, Child Welfare League of America and North American Council on Adoptive Children.)
11. What are your thoughts on open versus closed adoption? (Should favor open across the board with the exception of very contentious situations.)
12. Do you know of any local support groups for adoptive parents, adoptees or birth parents?
13. Are you a licensed mental health professional or being supervised by a licensed mental health professional?
14. How long have you been in practice, and what degrees, licenses or certifications do you have?
15. Notice if they ask probing questions when you tell them you are an adoptive or guardianship family.
16. Find out what they understand about implicit/pre-verbal memory.
17. Notice if they make negative comments about the family of origin or country of origin.

Questions complied from the works of B.E. Randolph, *Red Flags that a Potential Therapist Could Do More Harm Than Good*; Leslie Pate MacKinnon, *Ten Suggested Questions to Ask a Potential Therapist*; Center for Adoption Support & Education; Child Welfare Information Gateway, *Selecting and Working with a Therapist Skilled in Adoption*

TIPS FOR ADOPTIVE AND GUARDIANSHIP PARENTS

Tip Sheet for Adoptive Parents and Guardians

Parenting After Foster Care: Addressing Your Child's Mental Health Needs

Debunking Myths About Adopted Children/Youth and Families

Helping Children and Youth with Grief and Loss

Resources for Talking to Children and Youth About Adoption

Continuum of Development of Adopted Children

TIP SHEET FOR ADOPTIVE PARENTS AND GUARDIANS

TIP #1 Understand the unique developmental needs of children and youth who have experienced trauma and loss, so you can be prepared to address your child's needs as they arise.

TIP #2 Be open with your child or youth as soon as possible, at their developmental level, about adoption and guardianship, and support them to express feelings about their own story. Understand that examining and talking about their story is an ongoing process that they may revisit at different developmental stages, page ??

TIP #3 Examine your own beliefs about asking for help as you begin the process of building your family.

TIP #4 When you are ready to seek out a mental health professional, select one with specialized training and experience in adoption and permanency clinical issues. Ask your agency's post-permanency support staff for referrals.

TIP #5 Know that you are not alone, and not the only family to face challenges. Build a network of support with family and friends and include other adoptive and guardianship families in your network.

TIP #6 Advocate for your child and family with their teachers and coaches. Educate the educators about the diversity of families they serve, so that adoption and guardianship youth do not feel invisible or discriminated against in school settings.

TIP #7 Children who experience traumatic or stressful events may exhibit challenging behavior. This can be hard for you, of course, and can be particularly tough when you and your child are in social situations. It may be helpful to let those close to you know that the child is going through a stressful and traumatic time so they can join you in being supportive and non-judgmental even in the face of challenging behavior.

TIPS FOR PARENTS
PARENTING AFTER FOSTER CARE: ADDRESSING YOUR CHILD'S MENTAL HEALTH NEEDS

Parents who have adopted or become legal guardians of a child or youth from foster care may find themselves unprepared to manage their child's or youth's mental health needs. Any training they may have received related to the trauma and loss experienced by children in foster care often becomes a distant memory. Once permanency has been established, they no longer have a case manager to consult with. This can leave parents feeling isolated and alone when facing challenges. Many families are unaware of the post-permanency services offered by the child welfare or adoption agency that facilitated their adoption or guardianship or provides their adoption or Kin-Gap subsidy. Others may be hesitant to admit they are in need of help.

Sadly, to many parents in our society, the idea of seeking help for themselves, their child or their family is a sign of weakness. For adoptive parents and guardians, this belief may be even more common. As part of the fostering, adoption and guardianship process, families must go through an initial assessment. Some may feel that they had to 'prove themselves' to be good enough to become a parent. When a child or youth is struggling, some believe that it's their fault...or that their child's problems may indicate some deficit in their parenting abilities. It is common for parents to experience feelings of embarrassment, shame or inadequacy. It's important for families to know that they are not the only ones who face these challenges and that there is strength in knowing when to ask for help.

Reluctance to request help from a post-permanency child welfare worker, or to decide to seek therapy or counseling, may be difficult to overcome. It's helpful to examine feelings you may have around asking for help as you embark on the journey of parenting. Examine your attitudes around the possibly of needing help before you need it!

Understand that your child's or youth's earlier experiences can lead to future challenges for them at different developmental stages. It's important to recognize that there are some skills that professionals have that most average folks just don't have. We readily seek professional help when our washing machine breaks down. When we have a leaky pipe we call a plumber. We seek out a mechanic when our car breaks down if we can't fix it ourselves. There's no shame in getting help when it comes to home repairs or fixing an appliance. And, we go to the doctor when we are sick or hurt beyond a cold, cough or minor injury. But somehow in our society, many of us have taken on the belief that if our spirits or minds are hurting, there's shame in seeking help.

ASKING FOR HELP WHEN NEEDED IS A STRENGTH, NOT A WEAKNESS.

TIPS FOR PARENTS DEBUNKING MYTHS ABOUT ADOPTED CHILDREN/YOUTH AND FAMILIES

Not all adoptees are troubled. Recent long-term studies of adoptees in America show that they are no different in emotional health, psychological well-being, self-esteem and attachment to family as children raised by their biological parents.
Adoptive Families: The Top Ten Myths about Adoption
https://www.adoptivefamilies.com/how-to-adopt/myths-about-adoption/

Not all children from foster care have special needs, are violent or are troubled.
While many children in foster care do indeed have some special needs that must be addressed, it doesn't mean they are troubled or violent. These children have experienced a terrible loss and sometimes a traumatic early life. They are strong and capable of healing. They may test boundaries, push buttons, need time, extra love and support, or even medical, therapeutic or educational assistance, but it is not something that should keep you from considering adoption from foster care. Education is your best defense and preventative measure in succeeding in this type of adoption!
Adoption.com: Adoption Myths
https://adoption.com/myths

HELPING CHILDREN AND YOUTH WITH GRIEF AND LOSS

Common Themes:

- Grief
- Loyalty
- Rejection
- Fear of Abandonment
- Trust
- Identity
- Self-esteem

Children who have suffered a loss through death, divorce, foster care, adoption or other separations seem to share several common issues. However, each child will react or respond to the loss dependent upon:

1. The significance of the loss
2. Whether the loss is temporary or permanent
3. Inherent coping abilities of the child
4. Availability of supports
5. Age and cognitive abilities of the child (at the time of loss and at the present time)

Consequently, while some children may react in extreme ways, others may respond mildly or not at all. In addition, while one child may be affected in the area of loyalty, for example, another may be preoccupied with identity issues.

TIPS FOR PARENTS
RESOURCES FOR TALKING TO CHILDREN AND YOUTH ABOUT ADOPTION

Child Welfare Gateway Talking about Adoption
www.childwelfare.gov/topics/adoption/adopt-parenting/talking/

Telling the Truth to your Adopted or Foster Child
https://www.adoptivefamilies.com/talking-about-adoption/telling-the-truth-to-your-adopted-or-foster-child-excerpt/

Talking with Children about Adoption
www.adoptivefamilies.com/talking-about-adoption/talking-about-adoption-with-children/

Talking to Your Kids About Adoption: 11 Tips
www.adoptionmosaic.org/talking-to-your-kids-about-adoption-11-tips/

Other Resources:
Centralized Post Adoption Resource Site
https://www.cakidsconnection.org/PostAdoption

Post Adoption Link
www.postadoptionlink.org

TIPS FOR PARENTS
CONTINUUM OF DEVELOPMENT OF ADOPTED CHILDREN

Adapted from Ohio Child Welfare Training Program from a handout developed by Parenthesis Family Advocates, Columbus, Ohio

0-3 Years	3-7 Years	8-12 Years	12-16 Years	16-19 Years
• Adopted child does not realize difference between themselves and non-adopted children.	• Child asks a lot of questions. • Loves to hear his/her adoption story. • Can repeat it verbatim but has little understanding of the concepts.	• Child understands concept of adoption. • Begins grieving process. • May stop asking questions as part of denial. • Realizes that he/she had to lose something to be adopted.	• Child enters anger stage of grieving. • May resist authority and try on new identities. • May be angry over loss of control in his/her life.	• Youth may be depressed and over-react to losses. • May be anxious about growing up and leaving home.
STRATEGIES FOR PARENTS				
• Collect as much concrete information as possible (goodbye letters from birthparents and pictures are helpful). • Develop a "Life Book" for child, including these concrete bits of information. • Begin talking comfortably and positively with your infant, family and friends about adoption.	• Encourage questions and answer honestly. • Difficult issues may be omitted (but never changed) until child is older. • Tell their Adoption Story as a favorite bedtime story. • Use and add to their Life Book. • Reassure your child that he/she will not lose their adoptive family.	• Don't force your child to discuss issues but let him/her know you are open and comfortable when he/she is ready. • Let your child know it is understood that he/she can love both sets of parents. He/she does not have to choose. • Ask if your child has questions or feelings he/ she would like to discuss. • Let your child know you are not threatened or angry about questions regarding birth family and/or past history.	• Allow your child to exercise control whenever possible. • Provide opportunities for decision-making. • Help your child access and accept his/her birth information. • Try to keep from responding to child's anger with more anger. Understand that much of his anger is directed at the birthparent. • Be firm in limit-setting. Establish preset consequences for broken rules. Allow child to experience natural consequences of behavior. • Continue to let child know that you love him/her no matter what.	• Let child know he/she may remain at home after graduation if he/she chooses. • Be alert for sadness when relationships with peers fail or during anniversary reactions such as birthdays or Mother's Day. • Continue to keep adoption topic open within the home. • Provide supportive opportunities for independence and freedom.

TIP SHEET FOR ADOPTED YOUTH AND THOSE IN GUARDIANSHIPS

TIP #1

If you were in foster care, you likely experienced trauma and loss.

- Know that you're not alone, or the only one to face challenges.
- Feelings around your experiences may come up for you at different times.
- Trauma and loss can make it difficult to maintain close relationships.
- It's important to have someone safe to talk to when these feelings come up.

TIP #2

Dealing with your experiences and feelings is a process and a journey that may reveal itself to you in different ways and at different times throughout your life.

- Looking at your experiences is not a one-time deal.
- Working through your feelings is an ongoing process.
- Research on how our brains work has led to new understanding and hope that we can heal from trauma and loss.

TIP #3

Asking for help is difficult for most people.

- Everyone needs help sometimes, and the best way to get it is to ask!
- It's important to look to people who you know care about you.
- People can become numb to their emotional pain or feel hopeless so they don't seek help. Don't let this happen to you.

TIP #4

Asking for help for yourself when needed is a valuable strength to have in life.

- Some people go their whole life without learning this!
- It may make you feel vulnerable or fear being seen as weak, but asking for help is a sign of strength and a way to get you what you need.
- It's okay to ask for help

TIP #5

We must challenge and debunk the stigma and shame in our society around seeking help for mental health issues.

- More and more people are talking about this. There is a national movement to debunk this myth.
- In our society, many of us have taken on the belief that if our spirits or minds are hurting, there's shame in seeking help. This is just not true.
- There's no more shame in getting professional help when our hearts and minds hurt than in getting help when it comes to home repairs or fixing an appliance, or going to the doctor when sick or hurt in other parts of your body.

TIP SHEET FOR ADOPTED YOUTH AND THOSE IN GUARDIANSHIPS

TIP #6

It's wise to ask for help before things get too hard.

- Ignoring painful feelings doesn't make them go away, and often negatively impacts our behavior and relationships.
- Pain can get worse if not dealt with.

TIP #7

Talk about your feelings!

- Sharing what you're going through with a family member or friend can make you feel less alone and help you process your experiences.
- Understand that while examining and talking about your experiences may be difficult, it is better to do so than to keep your feelings in and stay silent.

TIP #8

Sometimes we need more help than a friend or parent can offer. When you look for professional help, it's important to seek out a therapist with specialized training and experience in adoption and permanency issues.

- Being adopted or in a guardianship after foster care brings up unique concerns that not all mental health providers are trained to understand.
- Public and private child welfare and adoption agencies can refer you to a therapist with the necessary training and experience.

TIP #9

Take action!

- Join or build a network of support with other former foster youth, adopted and guardianship youth.
- Become an advocate in school and in your community to debunk the stigma against seeking mental health care.
- Educate others to recognize the diverse families that live among us.
- Speak out about the need for adoption-competent clinicians in your community.
- Replace the stigma and empower others.

AB 1790 STAKEHOLDERS GROUP

We are grateful for the time and expertise of the following individuals and organizations who served on the AB 1790 Stakeholders Group. They took on the task of identifying the barriers that prevent adoptive and other permanency families from accessing adoption-competent mental health services, and then made thoughtful targeted recommendations for removing those barriers.

Adoptive Parents	Rebecca Buchmiller (CDSS); Donna Salisbury Carruthers; Mike Schertell (San Bernardino Behavioral Health); Debbie Schugg; Howard Rowe (Probation)
Former Foster Youth	Lisa Albanez, YEP (Youth Engagement Project); Vanessa Hernandez, CA. Youth Connection (CYC); Jeremiah Langston, Adolfo Transitional Housing; Marilee Williams, Adopted Youth
County Adoption Agencies	Diana Boyer, County Welfare Director's Association (CWDA); Richard Knecht, Placer Co. System of Care; Stephanie Lynch, Sacramento Co. DHHS; Virginia "Ginger" Pierce, Monterey County; Lorna Schill, LA Co. DCFS; Dina Stuhl, LA Co DCFS
Private Nonprofit Adoption Agencies	Carol Biddle, National Center on Adoption & Permanency & Kinship Center; Carol Bishop, Seneca/ Kinship Center; April Fernando, PhD., Westcoast Children's Services; Bob Herne, Sierra Forever Families; Jill Jacobs, Family Builders; Leah Rico, Lilliput Family Services
County Behavioral Health Agencies	Michael Schertell, San Bernardino Co. Dept. of Behavioral Health; Richard Knecht, Placer Co. System of Care; Paul Sorbo, San Mateo Co Dept. of Behavioral Health
Community Mental Health Providers	Lynn Thull, Ph.D, CA. Alliance of Child & Family Services; Eugenia Hsu Tsao, Ph.D, UCLA - TIES for Families; Terri Johnson; Audra Langley, Ph.D, UCLA - TIES for Families; Kevin Tanner; Arthur Day; Charlotte Day
Professional Mental Health Associations	Guillermo Alvarez, CA. Association of Marriage & Family Therapists (CAMFT); Arthur Day & Charlotte Scott Day, African American Mental Health Providers Association; April Fernando, CA. Psychological Association; Shaaron Gilson & Janlee Wong, National Assoc. of Social Workers – California Chapter
Juvenile Probation	Harold Rowe, Probation Consultant/SME, Office of Systems Integration
Degree Granting Institutions	Sevaughn Banks & Melissa Connelly, UCB – CalSWEC; Ferol Mennen, PhD, USC School of Social Work
Advocates	Michaele Beebe & Vickie Mendoza, United Advocates for Children & Families; Carol Brown, Statewide Foster Care Task Force; Jessica Haspel, Children Now; Fredi Juni, Permanency Consultant; Katrina Lund; YEP; Alyssum Maguire, YEP; Sharon Quach, YEP; Gail Johnson Vaughan, Families NOW
CA Dept Social Services Personnel	Rebecca Buchmiller, Adoption Policy Unit, Heather Lee, Child Protection & Family Support Branch Integrated Services Unit; Sharon DeRego, Permanency Policy Bureau; Lydia Enz, Adoptions Policy Unit; Tiffiny Ferrell, & Julie Pickins, Sacramento District Adoptions Office; Karen Gunderson, Child and Youth Permanency Branch; Richard Smith, Children's Services Operations & Evaluations Branch; Kimberly Wrigley, Adoptions Policy Unit
CA Dept Health Care Services	No representative sent
Researchers	David Brodzinski, Ph.D, The Donaldson Adoption Institute; Ruth McRoy, Ph.D, Boston College
Facilitators	Lisa Molinar, Shared Vision Consultants; Stuart Oppenheim & Richard Weisgal, Child and Family Policy Institute of California

AB 1790 Implementation Guides and Toolkits are available for:
Community Mental Health, Managed Care and Fee-for-Service Providers
County Behavioral Health Care Agencies
Private Nonprofit Child Welfare Agencies
Public Child Welfare Agencies

The full set of AB 1790 Implementation Guides is available online at
www.sierrahealth.org/AB1790-Implementation-Guide

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