# SOMEWHERE TO TURN

*Meeting the Mental Health Needs of Adoptive and Guardianship Families*

AB 1790 Implementation Guide and Toolkit
**for Private Nonprofit Child Welfare 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, Stensrud Foundation, Roseann Mattern, Doupnik Family and California Association of Adoption Agencies

# ACKNOWLEDGEMENTS

This guide and toolkit could not have been completed without time and resources from a broad array of stakeholders united in their concern that adoption and permanency-competent mental health services are available to all families making a lifelong commitment to parent children in foster care.

We offer respectful gratitude to former Assemblymember Roger Dickinson for recognizing the importance of carrying and passing AB 1790 to increase availability of and access to mental health professionals with specialized training and experience in adoption and permanency clinical issues. Special thanks also goes to Les Spahnn, Assemblymember Dickinson's legislative director who worked with us to get the bill passed.

Kathy Van Osten deserves special recognition for her pro bono legislative consultant support. She is our hero.

The following funders made this project possible. Our deep appreciation goes out to them:

- Sierra Health Foundation for core funding and publishing support
- Walter S. Johnson Foundation for core funding
- California Department of Social Services for core funding
- Roseann Mattern for printing and ongoing support
- Stensrud Foundation for printing and ongoing support
- Doupnik Family for printing and ongoing support
- California Association of Adoption Agencies for co-sponsoring the bill and financial support

Credit for the richness of the recommendations you will find in this guide belongs to the members of the AB 1790 Stakeholders Group. We thank them for their time and expertise as they took on the task of identifying the barriers that prevent adoptive and other permanency families from accessing adoption-competent mental health services. The recommendations they offer for removing the barriers are thoughtful, insightful and appropriately targeted. For a complete list of the Stakeholders Group, see the inside back cover of this guide.

Thanks too to Debbie Riley, Center for Adoption Support & Education (C.A.S.E.) for her leadership in making adoption-competency mental health training accessible. Special appreciation to CBHDA and Bill Arroyo for adding expertise and support to the project, Jeff Rackmil, Alameda County Behavorial Health Care Services, for his time and thoughtful input as we developed the sample Survey Monkey questionnaire, and to Kim Medina for help developing the Tip Sheets you will find in the guide.

Special thanks go to my key "go to" experts Richard Knecht, Lynn Thull, Mike Schertell and Valerie Earley.

Gail Johnson Vaughan

Gail Johnson Vaughan, *Project Director*

This Guide and Toolkit was researched and written by
Gail Johnson Vaughan (gail@gjv4kids.com) and Fredi Juni (fredijuni58@gmail.com)

# TABLE OF CONTENTS
## PRIVATE NONPROFIT CHILD WELFARE AGENCIES

INTRODUCTION


Introduction: 1
Why It Matters 1
Legislative Imperative – AB 1790 1
How to Use This Guide and Toolkit 1
Definition of Adoption Competency 2


RECOMMENDATIONS, SELF-ASSESSMENT & TIPS


Recommendations 3
Training and Skill Building for Staff 3
Initial Preparation and Training for Adoptive and Guardianship Families 3
Ongoing Training and Support for Adoptive and Guardianship Families 3
Address the Stigma of Seeking and Receiving Mental Health Services 3
Promote Awareness of Need for Adoption-Competent Mental Health Services 4
Address the Lack of Access to Adoption-Competent Services 4
Partnership with Other Child Welfare & Behavioral Health Agencies 4
Collect Data 4
Maximize Funding Options 4
Integrate with Core Practice Model 5
Endnotes for Recommendations 5
Self-Assessment Tool: Private Nonprofit Child Welfare Agencies 8
Tip Sheet for Public and Private Child Welfare Agencies 15


RESOURCES


Sample Survey Monkey Questionnaire 17
Funding for Mental Health Services 18
Funding for Training Adoption/Permanency-Competent Mental Health Professionals 21
Resources and Links 22


HANDOUTS


Finding an Adoption-Competent Therapist 27
Tips for Adoptive and Guardianship Parents 29
Tip Sheet for Parents 30
Parenting After Foster Care: Addressing Your Child's Mental Health Needs 31
Debunking Myths About Adopted Children/Youth and Families 32
Helping Children with Grief and Loss 32
Resources for Talking to Children and Youth About Adoption 33
Continuum of Development of Adopted Children 34
AAP/Kin-Gap and SSI/SSA Survivor Benefits 35
Tip Sheet for Adopted Youth and Those in Guardianships 38


STAKEHOLDERS


AB 1790 Stakeholders Group 40

# 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 CHILD-SERVING PROFESSIONAL (See Endnotes on page 5)

The National Adoption Competency Mental Health Training Initiative (2018)

**An Adoption Competent Child-Serving Professional...**

**Values** the role of parents as healing agents for their children, using practices that mitigate harm from trauma, prevent re-traumatization, recognize and preserve connections, promote healing, foster healthy identity, and build strengths and resilience.

**Understands** the nature of adoption as a form of family formation; the common developmental challenges in adoption or guardianship; the mental health issues that are associated with early adverse experiences; the importance of maintaining connection with siblings, kin, community and culture.

**Applies** trauma-informed, attachment-based casework or clinical skills and effectively utilizes skills to help children understand their past experiences, facilitate healing from loss, and build culturally appropriate practices that promote healthy identity formation and addresses issues of race, culture, and diversity in adoptive and guardianship families; providing full disclosure, preparation, planning and support for families to provide the healing environment for their children; and assisting parents in using therapeutic parenting strategies.

**Responds** to current trends and research, actively engages in ongoing professional development, and commits to utilizing evidence-informed and trauma-sensitive practices.

**"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 Private Nonprofit Child Welfare Agencies

## TRAINING AND SKILL BUILDING FOR STAFF

- Ensure that all staff receive training on permanency options for children and youth, including psycho-social and legal issues[1]; provide updated training as needed; provide staff with written materials on these options and issues to routinely share with families;
- Allocate time for all case-carrying staff and supervisors to complete the NTI adoption competency child welfare training (free 20-hour online training)[2]; strongly encourage or require staff to participate;
- Require NTI or other adoption competency training[3] for all adoption staff and staff serving children with a permanency plan for adoption, guardianship, or APPLA;
- Provide all child welfare staff with written materials required by WIC 371 and WIC 16119 regarding the mental health needs of children with histories of trauma, separation and loss, and the importance of adoptive and guardianship families working with adoption-competent clinicians if the need for mental health services arises.[4] (See Handouts - *Finding an Adoption-Competent Therapist*, page 27.)

## INITIAL PREPARATION AND TRAINING FOR ADOPTIVE AND GUARDIANSHIP FAMILIES

- Require pre-permanency training in adoption and permanency clinical issues for families planning to adopt or take guardianship of a child in their care (in addition to initial Resource Family Training);
- Provide trauma-informed parenting training to all resource families[5];
- Inform all prospective adoptive and guardianship families of Adoption Assistance and Kin-Gap regulations related to a child's Social Security income (page 35).

## ONGOING TRAINING AND SUPPORT FOR ADOPTIVE AND GUARDIANSHIP FAMILIES

- Have adoption-competent staff and/or community partners available to adoptive and guardianship families and youth to provide support and services before and after permanency[6];
- Develop in-house adoption-competent clinical services;
- Provide adoption-competent resource and referral services to adoptive and guardianship families upon request, and other support when needed, including information regarding children's educational needs, childcare, and juvenile court processes;
- Provide post-permanency training for adoptive and guardianship families, including training for older children and youth;
- Provide ongoing support groups for adoptive and guardianship parents, children and youth;
- Maintain a current list of local adoption-competent therapists; share with families; post and update on Centralized Post Permanency Resource Site (www.cakidsconnection.org/PostAdoption)[7]; agencies in the Sacramento and Chico areas also post on Post Adoption Link (www.postadoptionlink.org)[8];
- Assist families in building a post-permanency support team (identifying individuals, natural supports, and recreational activities that can provide relief and support for all family members);
- Plan special activities for adoptive and guardianship families (such as Family Fun Night, Parents' Night Out, picnics, and other recreational activities);
- Provide ongoing support to adoptive and guardianship families through newsletters, website, blogs, etc. which might include phone and web-based services such as chat rooms, a lending library, and other educational opportunities[9];
- Provide advocacy upon request to ensure the child's mental health needs are met in special education, regional center, and residential treatment settings;
- Refer post-permanency families to voluntary short-term case management services.

## ADDRESS THE STIGMA OF SEEKING AND RECEIVING MENTAL HEALTH SERVICES

- Provide training and/or information for families to explain 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;

- Provide resource families with written information to help remove the stigma of seeking mental health services including:
  - Normalizing seeking support and help after permanency; makes *Tip Sheet for Parents*, page 30, and *Tip Sheet for Adopted Youth and Those in Guardianship*, page 38, available in your waiting room and directly to youth and families served;
  - The importance of working with clinicians with specialized training and experience in adoption/permanency clinical issues;
- Share web-based resources such as *9 Ways to Fight Mental Health Stigma* (page 22).

## PROMOTE AWARENESS OF NEED FOR ADOPTION-COMPETENT MENTAL HEALTH SERVICES

- Inform your community of the importance of adoption-competent child welfare services;
- Provide literature to adoptive and guardianship family applicants regarding selecting and working with a therapist skilled in adoption and permanency clinical issues as required by WIC 371 and WIC 16119 (See end-note 4). Disseminate *Finding an Adoption-Competent Therapist* (page 27) or similar document;
- Include, 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.

## ADDRESS THE LACK OF ACCESS TO ADOPTION-COMPETENT SERVICES

- Ensure that your programs meet the child welfare adoption competencies identified by the National Adoption Competency Mental Health Training Initiative (page 2)[10];
- Partner with your county child welfare department to advocate to your county Mental Health Plan (MHP) and CA Dept of Health Care Services to assure access to adequate EPSDT and Medi-Cal Managed Care funds to provide needed adoption-competent mental health services;
- Promote availability of culturally competent mental health services within the pool of local providers with specialized training and experience in adoption and permanency clinical issues;
- If your agency provides mental health services as well as child welfare services, follow the recommendations included in the Guide and Toolkit for Community Mental Health Providers.

## PARTNERSHIP WITH OTHER CHILD WELFARE & BEHAVIORAL HEALTH AGENCIES

- Build strong collaborative relationships with adoption-competent public and private child welfare agencies providing post-permanency services to adoptive and guardianship families;
- Build strong collaborative relationships with adoption-competent public and community mental health providers;
- Facilitate, or co-facilitate with adoption-competent public or private mental health and/or child welfare agencies, ongoing support groups for adoptive and guardianship families, children and youth.

## COLLECT DATA

- Track: number of adoptive and guardianship families that request support and are referred to mental health services and other post-permanency services; what support and/or services were provided; and if services were provided by adoption-competent mental health providers;
- Track number of adoptive and guardianship children, youth and families that are receiving mental health and/or support services through your agency; include how many were served by adoption-competent clinicians;
- Create and distribute a survey to determine whether your own staff and that of any partner agencies providing post placement services to your adoptive and guardianship families:
  - Have an intake and assessment protocol that addresses adoption and permanency clinical issues;
  - Have staff with specialized training and experience in adoption/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 sample survey questionnaire (page 17).

## MAXIMIZE FUNDING OPTIONS

- Encourage your county to use Title IV-E and/or IV-B training funds to provide quality, in-depth adoption competency child welfare and mental health training for partner private agency staff providing services to adoptive and guardianship families;
- Play an active role in your county MHSA stakeholder process to advocate for:
  - Use of MHSA Community Services and Supports, Prevention & Early Intervention, and Workforce Development funds to provide adoption-competent mental health services and training;

- Allocation of portion of MHSA funds at risk for reversion[11] to provide adoption-competency training to mental health providers;
- Funding for provision of adoption-competent services to sustain at-risk adoptive and guardianship families;
- Advocate for your county to utilize Adoption Assistance Program delink savings for post adoption services and training as required by federal law;[12]
- Make County Board of Supervisors aware of savings resulting from reduction in adoption disruptions due to increased access to and availability of adoption-competent mental health providers. Advocate for Board approval to reinvest those savings to further increase number of adoption-competent mental health providers;[13, 14]
- For more information on funding, refer to *Funding for Mental Health Services* (page 18).

**INTEGRATE WITH CORE PRACTICE MODEL[15]**

- Deliver adoption and guardianship support services within Core Practice Model framework, integrating initial and ongoing 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;
- Assure that service professionals empower youth and family members through inclusive decision-making.

# ENDNOTES FOR RECOMMENDATIONS

1 A Guide to Permanency Options for Youth, Revised 2018, https://familypaths.org/wp-content/uploads/2018/02/2018-Guide-ToPermanencyOptions-FINAL-January-9-2018.pdf

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 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/

4 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.

See *Finding an Adoption-Competent Therapist* (page 27). 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.

5 Free trauma-informed parenting training resources:
- Free Trauma-Informed Parenting Training for Resource Parents from NCTSN Learning Center.: www.nctsn.org/products/caring-for-children-who-have-experienced-trauma
- ARC Reflections: Trauma Training for Foster Parents and Caregivers - A new, skill-building curriculum to help foster parents, kin and other caregivers support children who have experienced trauma. Free from Annie E Casey Foundation http://www.aecf.org/blog/arc-reflections-trauma-training-for-foster-parents-and-caregivers/
- TST-FC: A Trauma-Focused Curriculum for Caregivers. Trauma Systems Therapy for Foster Care (TST-FC) is a powerful new training curriculum designed to enhance foster parents' understanding of how trauma affects children's behavior. Free from Annie E. Casey Foundation. http://www.aecf.org/blog/introducing-tst-fc-a-trauma-focused-curriculum-for-caregivers/

6 Tennessee ASAP - excellent example of post adoption support. http://www.tnasap.org/

7 Centralized Post Adoption Resource Site – Funded by CDSS and managed by 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 in or near their county of residence. If a family does not find the resource they were looking for, they may also contact our 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

8 Post Adoption Link - 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

9 Examples of online resources:
- National Child Traumatic Stress Network – Resources for Parents and Caregivers
  http://www.nctsn.org/resources/audiences/parents-caregivers
- QPI Florida – Just in Time Training
  http://www.qpiflorida.org/justintime/pages/training.html

10 NTI definition of Adoption-competent Child-Serving Professional: See page 2.

11 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

12 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 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 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 eligible for federal AAP.

To conform to PL 110-351, CA WIC section 16118(d) and WIC section 16132 require states 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 delink 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 delink 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 delink 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 post-realignment savings funds were spent on. 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

13 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).

14 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

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

**"We sat in the waiting room as instructed while our daughter was in therapy, not knowing what was being discussed or how best to support her. We followed the suggested behavior plan of removing privileges. We were trying to be good parents. But our 6-year-old with low self-esteem became our 6-year-old who was suicidal. Her tantrums lasted for hours and her migraines lasted for days.**

**"Taking things away from a child who has already experienced the most primal loss of not being raised by the woman to whom she was born doesn't lead to good behavior; it fuels her belief that she never deserved anything in the first place.**

**"When our family finally found professionals who had specialized training and a deep understanding of the complexities of adoption, the tears flowed and the healing began."**

– AB 1790 Testimony by Debbie Schugg, Adoptive Parent

# SELF-ASSESSMENT TOOL
## PRIVATE NONPROFIT CHILD WELFARE AGENCIES

This Agency Self-Assessment is intended to serve as a tool to assist private child welfare agencies in reviewing their organization's ability to provide a full range of adoption-competent pre- and post-permanency services to the children, youth and families that they serve, with a focus on their mental health needs. This tool can help staff and managers identify opportunities for program improvement, assist in professional development planning, and can be used to inform organizational policy change.

### Training, Tools and Skill Building for Social Work Staff

| The agency: | | Yes | No | Do not know |
|---|---|---|---|---|
| 1 | Ensures that all staff, including supervisors, receive training on permanency options for children and youth, including psychosocial and legal issues; training updates are provided as needed; these materials are routinely shared with families. | | | |
| | Comments / actions to be taken: | | | |
| 2 | Allocates time for all case-carrying staff and supervisors to complete the NTI adoption-competency child welfare training (free 20-hour online training); strongly encourages or requires staff to participate. | | | |
| | Comments / actions to be taken: | | | |
| 3 | Requires NTI or other adoption-competency training for all adoption staff and staff serving children with a permanency plan for adoption, guardianship, or APPLA. | | | |
| | Comments / actions to be taken: | | | |
| 4 | Provides all child welfare staff with written materials regarding the mental health needs of children with histories of trauma, separation and loss and the importance of permanent families working with adoption-competent clinicians if the need for mental health services arises as per WIC 371 and WIC 16119. | | | |
| | Comments / actions to be taken: | | | |

## Initial Preparation and Training for Adoptive and Guardianship Families

| The agency: | | Yes | No | Do not know |
|---|---|---|---|---|
| 1 | Requires pre-permanency training in adoption and permanency clinical issues for all resource families planning to adopt or take guardianship of a child in their care. (In addition to initial Resource Family training.) | | | |
| | Comments / actions to be taken: | | | |
| 2 | Provides trauma-informed parenting training to all resource families. | | | |
| | Comments / actions to be taken: | | | |
| 3 | Informs all prospective adoptive and guardianship families of Adoption Assistance and Kin-Gap regulations related to a child's Social Security income. | | | |
| | Comments / actions to be taken: | | | |

## Ongoing Services and Support for Adoptive and Guardianship Families

| The agency: | | Yes | No | Do not know |
|---|---|---|---|---|
| 1 | Has adoption-competent staff in house, or on contract, available to provide support and services before and after permanency to adoptive and guardianship families and youth. | | | |
| | Comments / actions to be taken: | | | |
| 2 | Develops in-house adoption-competent clinical services. | | | |
| | Comments / actions to be taken: | | | |
| 3 | Provides adoption-competent resource and referral services to adoptive and guardianship families upon request, and other support when needed, including information regarding children's educational needs, childcare, and juvenile court processes. | | | |
| | Comments / actions to be taken: | | | |

| | | | | |
|---|---|---|---|---|
| 4 | Provides post-permanency training for adoptive and guardianship families including older children and youth. | | | |
| | Comments / actions to be taken: | | | |
| 5 | Provides ongoing support groups for:<br>• Adoptive and guardianship parents<br>• Adoptive and guardianship children<br>• Adoptive and guardianship youth | | | |
| | Comments / actions to be taken: | | | |
| 6 | Maintains a current list of local adoption-competent therapists; shares with families and posts/updates list on Centralized Post Permanency Resource Site. | | | |
| | Comments / actions to be taken: | | | |
| 7 | Assists families in building a post-permanency support team (identifying individuals, natural supports, and recreational activities that can provide relief and support for all family members). | | | |
| | Comments / actions to be taken: | | | |
| 8 | Plans special activities for adoptive and guardianship families (such as Family Fun Night, Parents' Night Out, picnics, and other recreational activities). | | | |
| | Comments / actions to be taken: | | | |
| 9 | Provides ongoing support to adoption and guardianship families through newsletters, website, blogs, etc. which might include phone and web-based services such as chat rooms, a lending library, and other educational opportunities. | | | |
| | Comments / actions to be taken: | | | |
| 10 | Provides advocacy upon request to ensure the child's mental health needs are met in special education, regional center, and residential treatment settings. | | | |
| | Comments / actions to be taken: | | | |

| | | | | |
|---|---|---|---|---|
| 11 | Refers post-permanency families to voluntary short-term case management services. | | | |
| | Comments / actions to be taken: | | | |

## Addressing the Stigma of Seeking and Receiving Mental Health Services

| The agency: | | Yes | No | Do not know |
|---|---|---|---|---|
| 1 | Provides training and/or information for families to explain the value of mental health services in dealing with trauma, loss, abuse and neglect issues. | | | |
| | 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 | Provides resource families with written information to help remove the stigma of seeking mental health services including:<br>• Normalizing seeking support and help after permanency;<br>• The importance of working with clinicians with specialized training and experience in adoption/permanency clinical issues. | | | |
| | Comments / actions to be taken: | | | |
| 4 | Makes *Tips for Adoptive and Guardianship Parents* (page 29) and *Tip Sheet for Adopted Youth and Those in Guardianship* (page 38) available in your waiting room and directly to youth and families served. | | | |
| | Comments / actions to be taken: | | | |
| 5 | Shares web-based resources such as *9 Ways to Fight Mental Health Stigma,* page 22 | | | |
| | Comments / actions to be taken: | | | |

## Promote Awareness of Need for Adoption-Competent Mental Health Services

| The agency: | | Yes | No | Do not know |
|---|---|---|---|---|
| 1 | Informs your community of the importance of adoption-competent child welfare services.<br><br>Comments / actions to be taken: | | | |

| | | | | |
|---|---|---|---|---|
| 2 | Provides literature to adoptive and guardianship family applicants regarding selecting and working with a therapist skilled in adoption and permanency clinical issues as required by WIC 371 and WIC 16119; Disseminates *Finding an Adoption-Competent Therapist* (page 27) or similar document; | | | |
| | Comments / actions to be taken: | | | |
| 3 | 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 Adoption-Competent Services

| | **The agency:** | **Yes** | **No** | **Do not know** |
|---|---|---|---|---|
| 1 | Ensures that your programs meet the child welfare adoption competencies identified by the National Adoption Competency Mental Health Training Initiative (page 2). | | | |
| | Comments / actions to be taken: | | | |
| 2 | Partners with your county child welfare department to advocate to your county Mental Health Plan (MHP) and CA Dept of Health Care Services to assure access to adequate EPSDT and Medi-Cal Managed Care funds to provide needed adoption-competent mental health services. | | | |
| | Comments / actions to be taken: | | | |
| 3 | Promotes availability of culturally competent mental health services within the pool of local providers with specialized training and experience in adoption and permanency clinical issues. | | | |
| | Comments / actions to be taken: | | | |
| 4 | If your agency provides mental health services as well as child welfare services, you follow the recommendations included in the Guide and Toolkit for Community Mental Health Providers. | | | |
| | Comments / actions to be taken: | | | |

## Partnership with Other Child Welfare & Behavioral Health Agencies

| The agency: | | Yes | No | Do not know |
|---|---|---|---|---|
| 1 | Has strong collaborative relationships with adoption-competent public and private child welfare agencies providing post-permanency services to adoptive and guardianship families. | | | |
| | Comments / actions to be taken: | | | |
| 2 | Has strong collaborative relationships with adoption-competent public and community mental health providers. | | | |
| | Comments / actions to be taken: | | | |
| 3 | Facilitates (or co-facilitates with adoption-competent public or private mental health and/or child welfare agencies) ongoing support groups for adoptive and guardianship families, older children and youth. | | | |
| | Comments / actions to be taken: | | | |

## Collecting Data

| The agency: | | Yes | No | Do not know |
|---|---|---|---|---|
| 1 | Tracks:<br>• The number of adoptive and guardianship families that request and are referred to mental health and other services;<br>• What support and/or services were provided;<br>• If services were provided by adoption-competent mental health providers. | | | |
| | Comments / actions to be taken: | | | |
| | | | | |
| 2 | Tracks number of adoptive and guardianship children, youth and families receiving mental health and/or support services from your agency; includes notation of how many are served by adoption-competent clinicians. | | | |
| | Comments / actions to be taken: | | | |
| 3 | Has created and distributed a survey to determine whether your own staff and that of any partner agencies providing post-placement services to your adoptive and guardianship families:<br>• Have an intake and assessment protocol that addresses adoption and permanency clinical issues;<br>• Have staff with specialized training and experience in adoption and permanency clinical issues;<br>• 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: | | | |

## Maximizing Funding Options

| The agency: | | Yes | No | Do not know |
|---|---|---|---|---|
| 1 | Encourages your county to use Title IV-E and/or IV-B training funds to provide quality, in-depth adoption-competency child welfare and mental health training for partner private agency staff providing services to adoptive and guardianship families. | | | |
| | Comments / actions to be taken: | | | |
| 2 | Plays an active role in your county MHSA stakeholder process to advocate for:<br>• Use of MHSA Community Services and Support, Prevention & Early Intervention, and Workforce Development funds to provide adoption-competent mental health services and training;<br>• Allocation of portion of MHSA funds at risk for reversion to provide adoption-competency training to mental health providers;<br>• Funding for provision of adoption-competent services to sustain at-risk adoptive and guardianship families. | | | |
| | Comments / actions to be taken: | | | |
| 3 | Advocates for your county to utilize Adoption Assistance Program delink savings for post-adoption training and services as required by federal law. | | | |
| | Comments / actions to be taken: | | | |
| 4 | Makes County Board of Supervisors aware of savings resulting from reduction in adoption disruptions due to increased access to, and availability of adoption-competent mental health providers. Advocates for Board approval to reinvest those savings to further increase number of adoption-competent mental health providers. | | | |
| | Comments / actions to be taken: | | | |

## Integrating with Core Practice Model

| The agency: | | Yes | No | Do not know |
|---|---|---|---|---|
| 1 | Delivers adoption and guardianship support services within Core Practice Model framework, integrating initial and ongoing 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 in collaboration 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 PUBLIC AND PRIVATE CHILD WELFARE AGENCIES

## TIP #1

Talking with children, youth and families about difficult issues and experiences, including permanency, rarely comes naturally.

- Being able to talk effectively about painful, challenging issues is more difficult for some child welfare workers than others. For some it comes "naturally." For others it takes training and skill development to be able to talk effectively with children and youth at different developmental levels regarding their experiences, situations, options and plans. It can also be difficult to talk to parents about challenging issues. These skills are not commonly taught in social work school.
- All child welfare workers, regardless of their primary roles with children, youth and families need to be trained to understand the permanency needs of the children and youth they serve.

## TIP #2

Support all child welfare staff, regardless of their role in the agency, to examine any biases they may have around adoption and permanency in general, and specifically any issues they may have around relative adoption.

- Recognize that child welfare staff bring their own biases and experiences to the work they do. Professionals have varying degrees of training, experience, skill and comfort working with children, youth and families on permanency planning when family reunification efforts are not successful. Help your staff identify and address any biases they may have around permanency.
- Children and youth in foster care face unique challenges at different developmental stages regarding their experiences and losses. All child welfare staff, not only those working directly on permanency planning, need to be trained to be aware of the needs of these children and youth in order to effectively support them and the families who are caring for them, both pre- and post-permanency.

## TIP #3

Pre-permanence, trauma-informed training is essential.

- Pre-permanence training, including trauma-informed parenting techniques, is essential for all potential adoptive parents and guardians. It assists them to understand the challenges and issues that may arise and prepares them to make skillful trauma-informed responses. Good preparation can help to sustain families and avoid potential disruption and harm.
- Initial caregiver training is not enough, these families need to understand the long-term effects of trauma and loss and be supported to seek help from adoption-competent professionals when and if the need arises.

## TIP #4

Public and private child welfare social workers must address with families the stigma they may experience around seeking help for mental health issues. This is the first step to assist families in examining their own attitudes and beliefs around asking for help.

- The stigma around addressing mental health issues is currently in the spotlight across the country. Seeking help with mental health issues is crucial to well-being and should not be treated as shameful.

- Child welfare and private agency social work staff must be supported to recognize stigma that exists in our culture and to consider any personal biases they may hold around admitting to needing help or seeking help when needed.
- Child welfare and private agency social work staff need to be proactive in helping families they work with to understand that asking for help when needed is an important strength.

## TIP #5

Build a network of adoption/permanency-competent community services by providing information and training to: county behavioral health departments, community mental health and health providers, educators, attorneys, and other community service providers.

- Raising awareness is always the first step.
- Public and private child welfare agencies need to take the lead on addressing local barriers to accessing clinical professionals with training and experience in adoption/permanency clinical issues.
- IV-E training funds permit training of mental health providers to support child welfare services.

## TIP #6

Partner with public/private agencies to offer training to staff, providers and families.

- All families who are potential caregivers to children and youth in foster care need to receive the same level of training and support, whether they work with a public or private agency. Similarly, all child welfare and social work professionals need training to best serve their families, children and youth. Sharing resources to make training available benefits the agencies and the families they serve.

## TIP #7

Develop a strong post-permanency support program.

- Families need a range of post-permanency support services. Child welfare agencies, both public and private, have a responsibility to help sustain and support the families they have helped to build. This includes the placing county, foster family agencies, adoption agencies, group homes, and short-term residential therapeutic programs.
- Consider collaborating with local partner agencies for shared post-adoption and post-guardianship support and services.

## TIP #8

Provide families with information about Social Security disability benefits and how these benefits interface with AAP funding.

- Advise families that are caring for children or youth with severe mental health needs that they may apply for Social Security benefits, which, if higher than their Adoption Assistance Program (AAP) rate, may be available to supplement AAP and Kin-Gap funding;
- Advise families with youth who are eligible for both SSI funds and for AAP funding to age 21 to apply for SSI funding prior to their AAP ending on the youth's 21st birthday.
- See AAP/Kin-Gap and SSI/SSA Survivor Benefits, page 37.

# SAMPLE SURVEY MONKEY QUESTIONNAIRE

**Private Nonprofit Child Welfare Agencies**

For use by Private Nonprofit Child Welfare Agencies to determine adoption/permanency competence of current and potential contractors providing clinical support to adoptive and guardianship children and youth and their families.

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:<br>• All Medi-Cal eligible minors to age 21, this includes all former foster youth;<br>• All children determined eligible for AAP are categorically eligible. | Child must have:<br>• A covered diagnosis; and<br>• at least one of the listed impairments as a result of the covered diagnosis;<br>• Meet specified intervention criteria;<br>• 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;<br>• Youth age 18-21 if adopted from foster care at age 16 or older;<br>• Youth 18-21 if adopted from foster care at any age with documented disabling condition that warrants continuation of care;<br>• 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;<br>• 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;<br>• Cannot pay directly for goods or services;<br>• 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;<br>• 50% fed, 50% realignment for all federally-eligible children adopted under the age 2 (unless the child has qualifying special needs);<br>• 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;<br>• 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;<br>• Funds must be spent within 2 years of being earned;<br>• 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);<br>• Youth age 18-21 if entering guardianship from foster care at age 16 or older;<br>• 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;<br>• 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;<br>• Cannot pay directly for goods or services;<br>• Federal Kin-Gap agreement must be signed prior to the establishment of the guardianship. | • Federally-eligible children:50% federal, 50% realignment;<br>• Non-federally eligible children 100% realignment. |
| IV-B Promoting Safe & Stable Families | • Family preservation services, including preserving adoptive and guardianship families;<br>• 20% of county's allocation must be spent on adoption and support services. | • Limited amount of funds;<br>• Each county develops their own plan;<br>• MH services have to compete with a range of other eligible services;<br>• 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;<br>• Must be identified in a prevention plan as safe to remain at home or in a kinship placement with receipt of services;<br>• Parents or kin caregivers where services are needed to prevent the child's entry into foster care;<br>• IV-E eligibility not required. | • CA legislature must vote to opt in to the program;<br>• Prevention services limited to 12 months beginning at identification of prevention strategy;<br>• 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;<br>• 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;<br>• 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;<br>• 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;<br>• 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;<br>• Stakeholder process drives investments of the fund; | • Advocates for funding for adoption-competent services have been missing in most counties;<br>• Mental health services to adopted children is under represented in county MHSA plans.<br>•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;<br>• Sub -allocations for Minors age 0-18;<br>• Crime must have been reported to law enforcement. | • Limited to out-of-pocket expenses not reimbursed with other funds. See endnote 13;<br>• Underutilized;<br>• Managed by District Attorney (DA);<br>• 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:<br>o child welfare staff;<br>o foster and adoptive parent, and relative guardians of children from foster care;<br>o private agencies providing care to foster and adopted children receiving assistance under title IV-E;<br>o institutions providing support and assistance to foster and adopted children (including mental health providers);<br>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 18 | | |

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 for Recommendations (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

AAP/Kin-Gap and SSI/SSA Survivor Benefits

# 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 34.

**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.<br>• Loves to hear his/her adoption story.<br>• Can repeat it verbatim but has little understanding of the concepts. | • Child understands concept of adoption.<br>• Begins grieving process.<br>• May stop asking questions as part of denial.<br>• Realizes that he/she had to lose something to be adopted. | • Child enters anger stage of grieving.<br>• May resist authority and try on new identities.<br>• May be angry over loss of control in his/her life. | • Youth may be depressed and over-react to losses.<br>• 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).<br>• Develop a "Life Book" for child, including these concrete bits of information.<br>• Begin talking comfortably and positively with your infant, family and friends about adoption. | • Encourage questions and answer honestly.<br>• Difficult issues may be omitted (but never changed) until child is older.<br>• Tell their Adoption Story as a favorite bedtime story.<br>• Use and add to their Life Book.<br>• 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.<br>• Let your child know it is understood that he/she can love both sets of parents. He/she does not have to choose.<br>• Ask if your child has questions or feelings he/ she would like to discuss.<br>• 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.<br>• Provide opportunities for decision-making.<br>• Help your child access and accept his/her birth information.<br>• Try to keep from responding to child's anger with more anger. Understand that much of his anger is directed at the birthparent.<br>• Be firm in limit-setting. Establish preset consequences for broken rules. Allow child to experience natural consequences of behavior.<br>• 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.<br>• Be alert for sadness when relationships with peers fail or during anniversary reactions such as birthdays or Mother's Day.<br>• Continue to keep adoption topic open within the home.<br>• Provide supportive opportunities for independence and freedom. |

# TIPS FOR PARENTS
# AAP/KIN-GAP AND SSI/SSA SURVIVOR BENEFITS

All prospective adoptive and kin guardian families should be informed of Adoption Assistance and Kin-Gap Program regulations related to a child's Social Security income. While child welfare workers can share general information with families that is detailed below, family circumstances and benefit types vary. If a child is receiving SSI or SSA survivor's benefits, families will ultimately need to seek advice from Social Security about how their Adoption Assistance or Kin-Gap Program funding may impact them and their child's SSI or SSA benefits. Specific questions regarding continued eligibility for SSI and SSA, or questions families have regarding the amount of Social Security income that the child may receive in addition to the specific AAP or Kin-Gap grant must be asked by the family to Social Security staff. Adoption and guardianship staff do not have a role nor the authority to discuss an adopted child's Social Security benefits with the Social Security Administration.

Adoption program regulations are clear. An AAP grant cannot be reduced based on a child's SSI or SSA income.

> "The reduction of the AAP benefit amount based on any type of income the child receives from a birth parent/relative or adoptive parent is prohibited. The amount of AAP a child receives cannot be reduced to a formula and/or lessened dollar for dollar based upon any resources the child, adoptive parents or family receives from any source including SSI or survivor's benefits." (All County Letter (ACL) 09-51)

Likewise, a federally funded Kin-Gap grant cannot be reduced based on a child's SSI or SSA income, however state-funded Kin-Gap grants will be.

Note: The Adoption Assistance (AAP) and federal Kin-Gap programs are entitlement programs for adopted and guardianship children, not the adoptive parents or guardians. This program is governed by the Social Security Act, Sections 471, 472, 473 and 475 and California state law Welfare and Institutions Codes Sections 16115 through 16125 and California Code of Regulations Title 22 Sections 35325 through 35352.2. The intent of P.L. 96-272–The Adoption Assistance and Child Welfare Act of 1980 is that AAP benefits are to follow the child and be used to benefit the child, and not to be counted as income for a parent. Adoptive parents are not recipients of adoption assistance benefits; rather, adoption assistance benefits are made on the child's behalf to meet his or her needs. Likewise, P.L.110-351 makes it clear that the income of the child's parents, Kin-GAP guardian or any other relative living in the household is not to be used to determine the child's federal Kin-GAP eligibility.

Important information to share with families regarding AAP and Social Security income:

- The Social Services Agency determines the maximum AAP or Kin-Gap amount the child is eligible for.
- Social Security determines the SSI or SSA benefit amount, if any, that the child is eligible for. Social Security may take into account the family's income and/or the child's AAP or Kin-Gap income.
- A family adopting a child eligible for Title IV-E Adoption Assistance or Kin-Gap who is also receiving SSI benefits is entitled to the full AAP or Kin-Gap grant based on the child's basic and special needs. The AAP or Federal Kin-Gap grant cannot be reduced due to any other income the child may receive, earned or unearned. (State-only Kin-Gap grants will be offset by the amount of a Social Security benefit.)
- The family is responsible to inform Social Security about receipt of any AAP or Kin-Gap income. Social Security may make an adjustment to the Social Security benefit amount as a result of the child's AAP or Kin-Gap income.
- AAP, federal Kin-Gap and Social Security are all federal programs. Recipients of federal programs cannot receive overlapping benefits; the total benefit amount received cannot be more than the maximum benefit the child is eligible for. (See case examples below.)

- An adopted child (or a child in kin guardianship), if eligible, may benefit from both programs simultaneously. In cases where the child is eligible for both SSI and AAP or Kin-Gap and there are payments from both programs, the child's SSI payment may be reduced, depending on the type of Social Security. The maximum amount the family can receive from either or both programs is the maximum benefit the child is eligible for. (See case examples below.)
- In order to avoid being charged with any future or retroactive overpayments by Social Security, families should be informed that they are responsible to advise Social Security that they will be receiving AAP or Kin-Gap for their adopted (or guardianship) child.
- Depending on their circumstances, the adoptive family may choose to apply for AAP or Kin-Gap funding or may choose to only receive Social Security benefits for their child.
- If the family chooses Social Security income only, and they plan to put their child on their private health insurance:
    - Adoptive families should defer AAP prior to the finalization of the adoption. If they need or choose to put the child on Medi-Cal, they should apply for AAP, with a $0 cash grant, and request Medi-Cal only. Families should do this prior to finalization of the Adoption. AAP must be started or deferred prior to finalization of the adoption to be eligible for AAP anytime in the future.
    - Kin guardian families should apply for Kin-Gap with a $0 cash grant. Families should do this prior to the dismissal of dependency and establishment of guardianship (Note: children and youth in Kin-Gap are categorically eligible for Medi-Cal until age 26.)
- If a family defers AAP, they can come back any time before the child's 18th birthday to request that AAP benefits begin or a cash grant be started.

Legal and Related References:

- Social Security Act - section 473; 20 CFR 416.1100ff; Program Operations Manual System, Part 5, Supplemental Security, Income Chapter 008 - Income, Subchapter 30 - Unearned Income: http://www.acf.hhs.gov/cwpm/programs/cb/laws_policies/laws/cwpm/qaHistory.jsp?citID=16&id=16
- All County Letter (ACL) 09-51, California Department of Social Services

This information was adapted from AAP materials distributed by Alameda County Department of Children and Family Services, then updated with Kin-Gap information for this guide.

# AAP/KIN-GAP AND SSI/SSA SURVIVOR BENEFITS

Below are some examples of possible scenarios. They are used only to highlight some possible scenarios, taking into account different circumstances. Again, due to the complexity of the Social Security program, child welfare staff should not give advice to families regarding Social Security, and direct case specific questions to Social Security.

**Case example A:**
Mary is eligible to receive a $889 total AAP or Kin-Gap grant (basic and special care rate) and has been receiving $1,000 from Social Security (SSI for his disability). The family will receive $889 from AAP or Kin-Gap and the Social Security grant is adjusted to $111. The total funding from both programs will be $1,000 (the maximum amount the child is eligible for). The family will NOT be eligible to receive $889 plus $1,000 ($1,889).

**Case example B:**
Mary is eligible to receive a $889 total AAP or Kin-Gap grant (basic and special care rate) and has been receiving $1,000 from Social Security (SSI for his disability). The adoptive family chooses to defer the $889 from AAP a -they will receive a $0 AAP cash grant and get Medi-Cal only. The Kin-Gap family chooses to apply for a $0 cash grant. The full Social Security grant of $1,000 will continue.

**Case example C:**
Anthony is eligible to receive a $1,100 total AAP or Kin-Gap grant (basic and special care rate). He has been receiving $400 from Social Security (SSI for his disability). The AAP or Kin-Gap benefit will be $1,100 (it is the maximum he is eligible for). Social Security benefits will stop.

**Case example D:**
Anthony is eligible to receive a $1,189 total AAP or Kin-Gap grant (basic and special care rate). He receives $400 SSA survivor benefits from his biological father. The AAP or Kin-Gap benefit will be the full $1,189 he is eligible for. His Social Security survivor benefit will continue in the full amount of $400. The total income from both programs will be $1,589.

**Case example E:**
Anthony is eligible to receive a $889 total AAP or Kin-Gap grant (basic and special care rate. His prospective adoptive or kin guardian family had been receiving SSI funds, paid directly to them as his caregivers while in foster care, in the amount of $1,000, based on Anthony's disability. The family has checked with Social Security, and due to the family's income after adoption, they will not be eligible for the SSI payments. The family will receive AAP or Kin-Gap only. The family is not in agreement with the agency's determination of the maximum AAP or Kin-Gap rate of $889, and the family and the agency are unable to negotiate a higher rate. The family will receive a notice of action of that we have been unable to agree on an AAP or Kin-Gap rate. They may appeal our decision and request a fair hearing before an administrative law judge.

# 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

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