



*Strengthening*  
Families  
Communities &

Promising Practices in  
Adoption-Competent  
Mental Health Services

A White Paper  
Executive Summary

Casey Family Services  
The Casey Center  
for Effective  
Child Welfare Practice

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## Promising Practices in Adoption-Competent Mental Health Services

### *A White Paper*

**C**asey's Commitment to Adoption and Post-Adoption Services. Casey Family Services, the direct service arm of the Annie E. Casey Foundation, understands that adoption is a life-long process and that children's needs for ongoing mental health supports and services do not end when their adoptions are finalized. Developmental challenges that emerge prior to and during the foster care experience are bound to have an impact on children's relationships prior to, during, and throughout the adoption experience. These challenges have lifelong implications for their newly formed families.

Casey Family Services has provided an array of child welfare and family services since 1976. In 1991, Casey Family Services began to provide a comprehensive array of post-adoption services within six of its eight divisions. In December 2000, Casey Family Services held the first National Conference on Post-Adoption Services. More than 500 people attended to learn from, and network with, one another. State Adoption Program Managers and adoptive families together with court and legislative representatives addressed a range of practice, policy, and research issues. Accessing quality adoption-competent mental health services for adopted children and their families topped the list of their concerns.

Across the country, children are finding families through adoption in unprecedented numbers. According to data available from the U.S. Department of Health and Human services in its Adoption and Foster Care Analysis and Reporting

"I am so tired of being offered what is not needed and never being offered what is really needed!"

— Adoptive Parent

System (AFCARS) report, 51,000 children were adopted through the child welfare system in Federal Fiscal Year 2000, more than twice as many as the 24,000 children who were adopted through our public child welfare systems in 1996.<sup>1</sup> While many children who are adopted do not require ongoing mental health services, there are a significant number of children adopted from the public child welfare system who do need these services.

**Purpose and Focus.** This paper responds to this urgent need by highlighting promising practices in adoption-competent mental health services – creative services, training initiatives, collaborations – which can emerge among child welfare, mental health and Medicaid systems to address the complex mental health needs of adopted children and their newly formed families. This paper also builds a strong case for adoption-competent mental health services and identifies the gaps that exist in current systems of mental health services for the vulnerable children adopted through public and nonprofit child welfare systems, as well as those adopted privately in the United States and from other countries. While many of these promising practices have yet to be evaluated, their efforts are worth highlighting as a stimulus to state child welfare, mental health and Medicaid systems to more strategically fund similar programs and evaluate their effectiveness over time.

While this paper reviews relevant literature, the primary focus is on the perspectives and experiences of adoption professionals and families who have adopted children through the public welfare system. Families have thoughtfully shared what works for them, what has been difficult, where gaps exist, and where they see practices that give them hope. Thus, the stories of adoptive families provide wisdom and guidance on how child welfare and mental health systems can be more collaboratively integrated. Their experiences also highlight the need for adoption-competent mental health professionals who can see beyond troubling diagnoses. It describes promising practices that are strengths-based and family-centered.

“Supporting and preserving adoptive families is a topic that traditionally receives less attention than the process of adoption itself. We are convinced that, in some cases, post-adoption services are essential to helping children and families address problems and build healthy relationships.”

— Raymond L. Torres  
Executive Director

In many ways, the struggles that adoptive families face in accessing adoption-competent mental health services mirror the challenges other families face in accessing competent mental health services. All families seeking mental health services for their children confront a patchwork of underfunded services and supports, guided by an often bewildering mix of theories, philosophies, and treatment interventions. The vast majority of families – adoptive or otherwise – inevitably rely on publicly funded services or services available through private health insurance programs. Thus, they routinely face limitations in the availability, intensity, and duration of mental health services. The challenge of finding competent mental health services is even more complex when adoption-related issues are a component of mental health needs.

**Audience.** This paper is written for State Adoption Program Managers, Child Welfare Directors, Mental Health and Medicaid Managers, advocates, and adoptive families who can make these promising practices a reality in each state. It is our hope that these nuggets of creative practices can be adapted, evaluated, and eventually, sustained in communities across this country. For without the availability of, and access to, quality adoption-competent and family-centered mental health supports and services, many of these adoptive families may not thrive. It is our hope that this paper will be useful in advancing local, state and national efforts to support adoptive families so they can reach their hopes and dreams.

Raymond L. Torres  
Executive Director  
Casey Family Services

Sarah B. Greenblatt  
Director  
The Casey Center for Effective  
Child Welfare Practice

“Some of the agencies just don’t get that they have to work with families. . . . We are part of the problem and the solution.”

— Adoptive Parent

<sup>1</sup>U.S. Department of Health and Human Services, Administration for Children and Families. Adoption and Foster Care Analysis and Reporting System (AFCARS). (September 2000).

## Research Perspectives on Adoption-Competent Mental Health Services

The perspectives of a diverse array of adoptive families have been key to the growing understanding of their needs and experiences. The search for promising practices in adoption-competent mental health services includes perspectives of families whose adopted children have experienced significant mental health challenges.

A synthesis of these conversations suggests that adoptive families are struggling to meet the mental health needs of their children. Families repeatedly report running into policy barriers, resource barriers, and inadequacies in the competency of the mental health professionals around the issues of adoption and their children's overall mental health. As families shared their stories, these core needs emerged:

- Increased adoption expertise within systems of health and behavioral health care;
- Better integrated health and mental health systems of care;
- Improved accessibility for adoptive parents to better information about their children's past experiences and present needs and advice about how to manage their developmental challenges;
- Greater opportunities for adoptive family support from one another and from adoption-competent professionals who can see beyond troubling diagnoses.

### How are Adoption-Competent Professionals Defined?

Adoptive families and professionals have begun to develop a comprehensive definition of the attributes of "adoption-competent" mental health practice, including professionals who:

- Know that adoption is one way to build a family and understand that adoption is a lifelong process, with both universal experiences and unique individual feelings and perspectives;
- Recognize that parenting relationships and family connections are the single most therapeutic elements in the life of a child;
- Understand that there are common developmental challenges related to adoption;
- Help families promote secure attachments and healthy relationships despite developmental challenges;
- View adoption from a culturally competent *family perspective* by understanding the power of the triad of family relationships;
- "Balance the power" with adoptive families by collaborating with them and colleagues toward a mutual goal of helping a child to heal;
- Avoid blaming adoptive parents for their children's behavior by reframing everyone's goal as being "part of the solution";
- Help adoptive families honor their child's past and talk with their child about separation, loss and feelings about birth parents;
- Support adoptive parents in assuming parental entitlement and authority by fully empowering them as decision-makers and "experts" when it comes to their child and family;
- Recognize and respect the characteristics and skills that make adoptive families successful and help families to develop and practice those skills;

- Work to provide in-home and outreach services to families that meet them “where they are”;
- Recognize that temporary out-of-home treatment may be necessary, and work to keep the child and family connected and reunified as soon as possible.<sup>3</sup>

### Demographics of Children Adopted from the Child Welfare System

Since 1995, there has been a dramatic increase across the country in the numbers of children adopted through public child welfare systems. This has created a burgeoning need for services to support these often vulnerable families. In Federal Fiscal Year (FFY) 2000, an estimated 51,000 children achieved permanency through adoption,<sup>4</sup> with an additional 50,000 estimated to be adopted in FFY 2001.<sup>5</sup> These children were on average 6.9 years of age when adopted, had been in foster care an average of 3.3 years prior to their adoption finalization and had experienced 2.9 moves while in out-of-home care.<sup>6</sup> The majority of these children had entered foster care due to a finding of neglect or abuse<sup>7</sup> and received a special needs adoption subsidy.<sup>8</sup> These children were disproportionately children from minority backgrounds.<sup>9</sup>

These data speak to the complex special needs of the children being adopted through the public child welfare system: they are older children of color who have had multiple relationship disruptions. In many ways, they are the most vulnerable of an already vulnerable population. They are children who need families who can understand their past experiences and present adjustment needs. They also need families who can form

nurturing relationships that will help them to manage their feelings of grief and loss. A mix of services and supports will be needed to meet the ongoing needs of these children and to help their adoptive families sustain a commitment to them. Service providers who are family-centered, culturally sensitive, and adoption competent are essential. These professionals must be able to see beyond troubling diagnoses to find the children’s competencies and families’ strengths.

### Experiences of Children in Foster Care

Over most of the past 40 years, there has been a significant increase in the number of children entering and remaining in state child welfare systems. This increase has been due, in part, to the emergence of child abuse and reporting laws in the 1960s and the negative impact of persistent poverty, racism, and a changing sociopolitical environment. In addition, many children in foster care have been diverted from other systems, specifically the mental health and juvenile justice systems. Increasingly, the child welfare system is being used to care for children and youth who previously would have been served through children’s mental health or correctional facilities.<sup>10</sup> Thus, the number of children in foster care has increased from 272,000 in 1962 to approximately 556,000 in FFY 2000.<sup>11</sup> The kinds of challenges these children pose have become more complex over time.

Recent studies have contributed to a broader understanding of the extent to which children in foster care experience a greater incidence of emotional, behavioral and developmental problems than children not in out-of-home care.<sup>12</sup> The American Academy of Pediatrics estimates that 30 percent of children in foster care have severe emotional, behavioral or developmental problems.<sup>13</sup>

“We need information about the behavioral health issues – the path of progression from birth to age 18 and the interventions needed along the way...”

— Adoptive Parent

<sup>3</sup> Characteristics of adoption-competent professionals build on the following research:

Howard, J. and Livingston-Smith, S. (1995). *Adoption preservation in Illinois: Results of a four-year study*. Springfield, Ill. Department of Children and Family Services.

Howard, J. and Livingston-Smith, S. (1997). *Strengthening Adoptive Families: A Synthesis of Post-Legal Adoption Opportunities Grants*. Center for Adoption Studies. Illinois State University;

Spaulding for Children & the National Consortium for Post-Legal Adoption Services (1996). *Adoption Support and Preservation Services: A Public Interest*; Conversations with adoptive families and adoption professionals.

<sup>4</sup> U.S. Department of Health and Human Services, Administration for Children and Families. AFCARS Report #7.

<sup>5</sup> U.S. Department of Health and Human Services, Administration for Children and Families. AFCARS Report #8.

<sup>6</sup> AFCARS Report #7.

<sup>7</sup> Barbell, K. and Freundlich, M. (2002). *Foster Care Today*. Casey Family Programs.

<sup>8</sup> AFCARS Report #7.

<sup>9</sup> Ibid.

<sup>10</sup> Barbell, K. and Freundlich, M. (2002). *Foster Care Today*. Casey Family Programs.

<sup>11</sup> AFCARS Report #7.

<sup>12</sup> Barbell, K. and Freundlich, M. (2002). *Foster Care Today*. Casey Family Programs.

<sup>13</sup> Ibid.

### Changing Adoption Trends

Adoptions of children in foster care have increased dramatically: 28,000 in FFY 1996 to 31,000 in FFY 1997; 36,000 in FFY 1998; 46,000 in FFY 1999; and 51,000 in FFY 2000. And an estimated 50,000 in FFY 2001.<sup>14</sup> The Adoption 2002 Initiative established in 1996, followed by the Adoption and Safe Families Act of 1997, encouraged states to find adoptive families for children unable to remain with, or return to, their biological parents. To expedite these adoptions, the federal government offers states financial incentives for each foster child adopted above a baseline number. Yet, in FFY 2000, AFCARS reports that 131,000 children were waiting to be adopted,<sup>15</sup> with an estimated 126,000 children waiting to be adopted at the end of FFY 2001.<sup>16</sup>

### Who is Adopting Children from the Foster Care System?

The profile of people adopting children from the foster care system reflects that children are increasingly being adopted by families known to them: 61 percent are adopted by their former foster parents; 21 percent by relatives; and 18 percent by non-relative family resources recruited for them.<sup>16</sup>

While the emerging field of post-adoption services requires better empirical information on the characteristics of adoptive families, the work of Barth et al.<sup>17</sup> provides emerging information about the pool of families who are, or might become, post-adoption service users. In the states researched in the Barth study, over 70 percent of the families adopting children under the age of 6 are married couples with both parents working outside of the home. Between 35 to 40 percent of the families adopting older children are single parent households where the parent works outside the home. Between 30 to 40 percent of families adopting children have other foster children or birth children also living in the home.

“The sense of isolation is incredible...I just did not know so many others were experiencing what I have been experiencing.”

— Adoptive Parent

<sup>14</sup> AFCARS Report #7 and #8.

<sup>15</sup> AFCARS Report #7.

<sup>16</sup> Preliminary AFCARS Report #8.

<sup>17</sup> Barth, R., Gibbs, D. and Siebenaler, K. (April 2001). *Assessing the Field of Post-Adoption Service: Family Needs, Program Models, and Evaluation Issues*. Research Triangle Institute and University of North Carolina School of Social Work.

Further, a substantial proportion of adoptive families have relatively low incomes. Thus, adoption assistance appears to be an important source of support for families raising adopted children. Demographic changes in the circumstances of who is adopting the increasing number of vulnerable children waiting for adoption would imply that community-based services will be needed to support and sustain these children and families with special needs.

### After Adoption: Service Needs of Adopted Children and Their Families

Research from a variety of sources raises concern about the challenges to the developmental well-being of many of the children who have been adopted from the public child welfare system. In general, adopted children are more likely to be diagnosed with Attention Deficit Hyperactivity Disorder (ADHD).<sup>18</sup> They experience dramatically higher rates of “acting out” behaviors – including defiance, running away, sexual acting out, aggressive and antisocial behavior – than children who were not adopted.<sup>19</sup> Another study found that adopted children generally are disproportionately represented in child psychiatric populations. The same study found that they are particularly prone to developmental challenges with both genetic and environmental factors contributing to the manifestation of these problems.<sup>20</sup>

It is important to recognize, however, that it is not the adoption itself that poses the core challenge these children and their families face. Rather, it is most often the effects of neglectful early life experiences combined with the trauma of multiple relationship disruptions while in foster care that may result in challenging behaviors and developmental adjustment reactions once adoptions are legalized.

<sup>18</sup> Deutsch, C.K. (1990). *Adoption and Attention Deficit Disorder*. New York: Pergamon Press.

<sup>19</sup> Benson, P.L., Sharma, A.R., and Roehlkepartain, E.C. (1994). *Growing Up Adopted: A Portrait of Adolescents and Their Families*. Search Institute. Minneapolis, Minnesota.

<sup>20</sup> Ingersoll, B. (1997). *Psychiatric Disorders Among Adopted Children: A Review and Commentary*. Haworth Press.

### Finding Adoption-Competent Mental Health Services and Post-Adoption Supports

In spite of the compelling need for education, services and supports, one study found that only one half of eligible adoptive families used post-adoption mental health services within five years of the adoption,<sup>21</sup> raising concern about the accessibility of the limited services available, and adoptive parents' comfort in seeking help after adoptions are finalized. While states continue to increase the numbers of adoptions through legislative mandates and incentives, there have been no similar incentives to support these families once the adoption is finalized. However, an increasing number of public child welfare and adoption agencies view post-adoption services as an essential piece of the service continuum if the lifelong process of adoption is to succeed.

Yet, obtaining quality mental health services for any child in this country is challenging. The Federation for Families, the National Alliance for the Mentally Ill (NAMI), and other national and local advocacy groups have been fighting for decades to improve access, quality and availability of child and family mental health services. The availability of clinicians skilled in the provision of culturally sensitive and adoption-competent mental health services is even more limited. Families report that mental health professionals are unfamiliar with issues related to older child adoption and the adoption of sibling groups. The families often have to teach therapists about the most basic issues of adoption: issues related to divided loyalties, loss, rejection, and trust.<sup>22</sup>

### Helping to Prevent Adoptive Relationship Disruptions

While the approximate disruption rate of special needs adoptions is somewhere between 10 and 16 percent,<sup>23</sup> a review of

<sup>21</sup> Ingersoll, Barbara, D. (1997). "Psychiatric Disorders Among Adopted Children: A Review and Commentary." *Adoption Quarterly*, Vol. I (1). Haworth Press, Inc.

<sup>22</sup> Howard, J. and Livingston-Smith, S. (1997). *Strengthening Adoptive Families*. A synthesis of post-legal adoption opportunity grants.

<sup>23</sup> Barth, Richard, Gibbs, Deborah and Siebenaler, K. (April 2001). *Assessing the Field of Post-Adoption Service: Family Needs, Program Models and Evaluation Issues*. Research Triangle Institute and University of North Carolina School of Social Work.

the research suggests that there may be some indicators for disruptions in adoptive family relationships and placements that can be attended to in the adoption preparation and post-placement support process. These risk factors may result in disruptions in adoptive placements prior to adoption legalization, temporary placements outside the adoptive family once the adoption has been legalized, or, in some cases, legal dissolution of the adoption.

Several studies<sup>24</sup> have identified key potential indicators for disruptions in adoptive families, including:

- Children with special needs;
- Children who are older;
- A child who is placed in a family with other biological children;
- Incomplete disclosure of information regarding the child's history and problems;
- More highly educated mothers; and
- Family is unable to obtain needed support.

In addition, others have identified the adoption preparation and support services which may be associated with reduced risk of disruption, including:

- Comprehensive and realistic information about the child;
- Educational support throughout the adoption process; and
- Access to and pursuit of timely adoption preservation services (including mental health services) that are flexible and long lasting.<sup>25</sup>

### Relinquishing Custody in Order to Access Mental Health Services

Both adoption professionals and adoptive families report that in order to access necessary in-patient psychiatric or residential mental health treatment, many states still require that

"We need to have voluntary foster care...the idea of giving up custody to get my child's needs met is fundamentally wrong...."

— Adoptive Parent

<sup>24</sup> Barth, Richard, Gibbs, Deborah and Siebenaler, K. (April 2001). *Assessing the Field of Post-Adoption Service: Family Needs, Program Models and Evaluation Issues*. Research Triangle Institute and University of North Carolina School of Social Work.

Barth, Richard. (August 2001). "Designing Post-Adoptive Services and Supports (PASS)." Presentation at Annual NACAC Conference.

Barth, R. and Brooks, D. (1997). A longitudinal study of family structure and size and adoption outcomes. *Adoption Quarterly* 1, 29-56.

<sup>25</sup> Barth, R. (August 2001). "Designing Post-Adoptive Services and Supports." Presentation at Annual NACAC Conference.

adoptive parents (as well as birth parents) relinquish custody to the public child welfare system or juvenile justice systems.<sup>26</sup> It is difficult to envision a more agonizing decision for any parent to make than to *have* to give up the custody of a child to the state in order to access urgently needed mental health treatment services. Thus, in the process of desperately seeking help for their children, parents are often treated as abusive or neglectful, and are deprived of the legal ability to raise their child.<sup>27</sup> Given the past history of abandonment and multiple relationship disruptions, the “return to state custody” is highly contraindicated, particularly for adopted children. It is unlikely that such draconian conditions would be placed on access to physical health care. The stigma of psychiatric disability and the inadequacy of coverage for mental health in public and private insurance have made custody relinquishment all too common among parents of children with behavioral health needs.

“Delays [in adoption] cause more damage and trauma to children...”

— Adoptive Parent

### The Impact of Medicaid Managed Care

Over the past 15 years, state Medicaid systems have been enrolling consumers in managed care programs. As a result, many foster and adopted children are now included in these Medicaid Managed Care reform efforts, although many of the critical services that adopted children need are not routinely covered by Medicaid Managed Care initiatives. According to one survey, the services *least* likely to be covered by managed care reforms include respite services, therapeutic group or foster care, and residential treatment. Because these services may be critically needed by children adopted from public child welfare systems, families are often forced to access these services outside the managed systems of care, often at exceedingly high costs. As a last resort, families may allow the public child welfare agency to take custody of the child. Thus, families with children adopted from the child welfare system, using Medicaid as their primary source of health care coverage, may have a difficult time accessing the services they need in general, particularly adoption-competent support.<sup>28</sup>

<sup>26</sup> See GAO Report. (April 2003). *Federal Agencies Could Play a Stronger Role in Helping States Reduce the Number of Children Placed Solely to Obtain Mental Health Services*.

<sup>27</sup> Ibid.

<sup>28</sup> Stroul, B., Poires, S. and Armstrong, M. (August 2001). *Health Care Reform Tracking Project: Tracking States Managed Care Reforms as They Affect Children and Adolescents with Behavioral Health Disorders and Their Families*. University of Southern Florida.

## Promising Practices in Adoption-Competent Mental Health Services: A Beginning Look

The experiences and recommendations of adoptive families regarding adoption-competent mental health services have guided Casey’s exploration of promising practices. Through conversations with adoptive families and a variety of adoption professionals who work with them, this search for “promising practices in adoption-competent mental health services” has identified a blend of public policies, funding strategies and mental health programs that promote exciting and innovative practices with adopted children and their families. Together these strategies can improve the breadth and responsiveness of services to adopted children and their families. Partnerships are needed with state child welfare agencies and their counterparts in mental health and Medicaid to engage in planning and implementation of an array of adoption-competent mental health services, supports and educational opportunities for adoptive families and professionals alike.

The following discussion highlights an array of specific examples of promising adoption-competent child welfare and mental health programs and practices that can serve as a guide to states as they plan strategies to meet the ongoing mental health needs of adopted children and their families.

### Comprehensive Approaches to Adoption-Competent Support, Education and Mental Health Services

A fundamental framework for post-adoption services is best described by the National Consortium for Post-Legal Adoption Services and enhanced by the work of Smith and Howard at the Center for Adoption Studies at Illinois State University.<sup>29</sup> This framework is reflected in agencies (e.g. The Center for Adoption Support and Education in Maryland, as well as the Casey Family Services' Post-Adoption Services Programs) that have introduced a full array of coordinated services for adoptive families, including:

- Advocacy (case, interagency and systems)
- Family Support and Education (workshops and support groups)
- Information and Referral
- Financial Supports
- Community Supports
- Psycho-social Services (individual and family counseling or therapy)
- Reunions and Search Inquiries
- Mediation and Problem Solving
- Service Coordination
- Professional Training
- Community Awareness Education
- Respite Care

The National Consortium for Post-Legal Adoption Services also found that when a comprehensive array of adoption-competent post-adoption services and supports are available, certain positive outcomes for adoptive families are likely to be present, including:<sup>30</sup>

- Strengthened family integration
- Strengthened attachment
- Strengthened family functioning
- Strengthened parental entitlement and claiming
- Strengthened identity formation of family members
- Strengthened community networks

<sup>29</sup> Spaulding for Children and the National Consortium for Post-Legal Adoption Services. (1996).

*Adoption Support and Preservation Services: A Public Interest.*

Livingston-Smith, S. and Howard, J. (1997). *Strengthening Adoptive Families: A Synthesis of Post-Legal Adoption Opportunities Grants*. Center for Adoption Studies, Illinois State University.

<sup>30</sup> Spaulding for Children and the National Consortium for Post-Legal Adoption Services. (1996). p. 19.

### Adoption-Competent Family Support and Education Groups

Adoptive families report that family support and education services comprise the most important option for adoption-competent community support because families help families as they adjust to the adoption challenges. For parents, support groups serve to normalize children's behavior or to provide positive comparisons. Support groups further provide a safe place for parents to express their feelings with others who share their concerns, and gain a sense of being understood and supported. Parent support groups provide the essence of a normative approach to the delivery of mental health services and can lead to the early identification of issues that may need more frequent or intensive intervention, as well as links to resources in the community.

Family support and education groups include the following components:

- Information and Referral
- Support Groups
- Internet Chat Rooms
- Educational Materials via the Internet

### Adoption-Competent In-Home Therapeutic Intervention

This search identified several examples of adoption-competent mental health assistance provided through *intensive in-home* adoption preservation programs – services that offer hands-on crisis intervention and long-term support with pre-adoptive and adoptive families through challenging times. In the Community Infant Program in Boulder, Colorado, in-home health and mental health services are provided immediately upon the foster, pre-adoptive or adoptive placement of young children in order to assess and address developmental and behavior concerns before they escalate. In the Illinois Adoption Preservation Program, a statewide in-home adoption preservation program, which grew out of the family preservation movement, is available to families voluntarily seeking services due to struggles in the family that threaten the stability of the adoptive family.

“...schools have the opportunity to serve as a gateway to mental health services...but they often refuse.”

— Adoptive Parent

### **Innovative Adoption-Competent Professional Educational Models**

Many states have used specially funded projects to jump-start adoption-competent mental health and child welfare training programs. To sustain adoption-competent mental health services beyond the life of specially funded initiatives, many jurisdictions have chosen to build partnerships with local universities and schools of social work to invest in the adoption competence of existing mental health practitioners within their communities. The goal is for trained mental health practitioners who have developed a sensitivity to and enhanced their understanding of adoption to continue to share their knowledge and expertise with adopted children and families long after the special funding disappears. There are several sites across the country that have introduced innovative options to developing the adoption competency of their mental health professionals within the state, such as post-graduate adoption and foster care certification and continuing education programs.<sup>31</sup>

### **Existing Mental Health Systems of Care: Opportunities Waiting to Happen**

Adoptive parents and professionals across the country suggested that there may be many opportunities for creating adoption competence within existing mental health systems. Specific examples involve partnerships with the state Medicaid agency using Medicaid dollars as a vehicle to fund adoption-competent mental health services. Additionally, there are examples of the potential opportunities “waiting to happen” within the existing Comprehensive Community Mental Health Services Systems of Care sites across the country.<sup>32</sup> These experiences suggest that states can build adoption competency within the systems of care collaborators and raise the level of awareness of the unique mental health needs of families who come together through adoption.

<sup>31</sup> A partnership between the New Jersey Division of Youth and Family Services and Rutgers University School of Social Work, Antioche University in Seattle, Washington, and the state of Oregon.

<sup>32</sup> Systems of Care: Promising Practices in Children’s Mental Health – New Roles for Families. (1998). SAMHSA. [www.samhsa.gov/centers/cmhs/cmhs](http://www.samhsa.gov/centers/cmhs/cmhs).

### **Adoption-Competent Services within Residential Care**

There are times when children’s mental health treatment may require a very structured residential environment where wraparound services help to stabilize their behavior and emotions, and where they can learn better self-regulation skills. While this may not be the first treatment option considered, some children need time-limited, intensive residential treatment care as part of their array of adoption-competent mental health services. Given this reality, examples are cited of residential programs that not only honor the role of adoptive families in their children’s recovery, but also have made efforts to honor the adoption experience and relationship dynamics as they help children to heal.<sup>33</sup>

“This was one of the biggest gifts that this program gave to our family...early and effective diagnosis and intervention.”

— Adoptive Parent

<sup>33</sup> Family Resources, Inc., Davenport, Iowa, and Nashua Children’s Home, Nashua, New Hampshire.

## Summary & “Can Do” Recommendations

One key intent of the Adoption and Safe Families Act of 1997 (ASFA) was to facilitate permanency for children through family preservation and support, reunification, adoption, or a legal guardianship when that is an appropriate goal. As a result of ASFA, as well as the Adoption 2002 Initiative, which challenged states to double the number of public child welfare adoptions for waiting children, permanency through adoption has indeed been achieved for many children who might otherwise have not found safety and stability within a lifetime family. While this is good news, these accomplishments bring additional federal, state and local community challenges and obligations.

For the past decade, Casey Family Services has engaged in providing and learning about the comprehensive array of post-adoption services and supports together with families built through adoption. We have learned that adoption is a lifelong process that begins when children are placed with prospective families and continues beyond legal finalization. From our literature reviews, our own program research, and our ongoing experiences with adopted children and their families, we have learned that adoptive families have a need for an array of education, support and therapeutic community services. And they need to be able to access this array episodically. Joyce Maguire Pavao of the Center for Family Connections in Cambridge, Massachusetts, describes this as “brief long-term therapy.” The mix of services must be provided by service providers and therapists with an adoption-competent knowledge base and core values who can see child and family strengths amidst complex circumstances and concerning diagnoses. Families who have

come together through adoption need to be understood, encouraged and supported as they are empowered to fulfill their roles as the single most therapeutic influence in the life of their children over time.

This paper identifies a collection of promising practices in adoption-competent mental health services. These collaborations have maximized existing resources, developed new strategies, and made a dramatic difference in the lives of adoptive families. It is clear that child welfare, mental health and Medicaid agency partnerships *can* create innovative strategies that respond to the complex needs of today’s adoptive families. And it is clear that creative use of revenue resources *can* be identified to fund these innovative strategies.

The following recommendations are steps that public child welfare, mental health and Medicaid agencies can implement now. These “Can Do” recommendations can be put into place with existing funding resources<sup>34</sup> as long as there is a shared agreement that adoption-competent mental health services and supports are a priority for all three systems. There also must be agreement that these services and supports must be sustained over time to preserve the permanency of the increasing number of families coming together through adoption. These are strategies that Casey Family Services and the Annie E. Casey Foundation are committed to helping states implement through ongoing research, policy, technical assistance and training.

“Adoption is the ultimate merger of nature and nurture, where genetic heritage and parenting come together to form the individual. As such, we take a “wellness” approach and view adoption as a one-time event with lifelong implications.”

— Louise Fleischman, Director  
Center for Adoptive Families

<sup>34</sup> Federal funds that can be used to support post-adoption services include: Title IV-B, Parts 1&2; Title IV-E, Administration and Training; Medicaid; Temporary Assistance for Needy Families (TANF); Social Services Block Grants; and Adoption Incentive Funds.

## "Can Do" Recommendations

State Child Welfare, Mental Health and Medicaid Programs Can:

1. Partner with adoptive parents as full members of the professional team, meaningfully engaging and involving them at all levels of program design, policy development and evaluation as well as individual treatment planning intervention;
2. Fund and support low-cost family education, support and networking groups;
3. Fund and develop Internet-based opportunities that link families with information and support;
4. Fund and support comprehensive approaches to adoption competent support, education and mental health services, including in-home therapeutic interventions;
5. Partner with schools of social work and/or private agencies to develop innovative adoption-competent professional educational models for child welfare practitioners, community providers and mental health professionals;
6. Partner together to include mental health services for adopted children within the state Medicaid and Managed Care Plans and to identify a group of mental health providers who are certified as adoption competent and required to continue learning through specialized professional development opportunities;
7. Partner with Systems of Care Initiative implementation teams to include a focus on adoption-competent mental health services for children and families;
8. Improve the family-centeredness and adoption competency of residential treatment providers, enhancing the creative and strategic use of residential treatment to return youth to their adoptive families as soon as it is safely possible and/or to participate in an array of wraparound services designed optimally to keep adopted youth in their own homes;
9. Partner together to evaluate and monitor the effectiveness of public and private social services and mental health programs in the area of adoption competence; and
10. Promote legislative reform to ensure that families do not have to relinquish custody to secure needed services for their children.

## Promising Practices in Adoption-Competent Mental Health Services National Advisory Committee

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