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**COLLABORATIVE ADOPTION PROJECT (CAP)**

**FINAL EVALUATION REPORT**

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## PROJECT SUMMARY

The Collaborative Adoption Project (CAP) was an innovative partnership of a public child welfare agency, the Department of Family and Protective Services (DFPS)—formerly known as the Texas Department of Protective and Regulatory Services, (TDPRS)—and a statewide network of private foster and adoptive placement agencies, “Texas CAN!”. Texas CAN! is a consortium of 13 private adoption and foster care agencies established with the purpose of improving commonality in practice among the private agencies and to provide DFPS with a single point of contact. This collaborative partnership was committed to integrating private and state operations and inter-regional practices into a more seamless system. The primary goal of this partnership was to place children who were removed from their homes more quickly and with fewer moves, thus reducing the backlog of children waiting for adoption, as well as the pool of children designated as not adoptable.

Through a system of shared protocol and standard procedures, the match/selection strategies implemented in the CAP project were intended to expedite the permanency process for children and increase the shared decision-making of the private and public sectors.

The CAP Project began March 1, 2002 and was originally scheduled to end on February 28, 2004. A one-year no-cost extension carried the project through February 2005. A CAP workgroup accomplished a number of activities, including gathering documentation and data to identify and analyze permanency barriers, proposing and prioritizing solutions, and piloting strategies designed to redress barriers and delays to cross-jurisdictional adoptive placements. All of the workgroup’s activities were aimed towards increasing the number of finalized adoptions in the state.

### **Background**

The CAP project was proposed in response to the needs identified in the federal legislation underlying the Adoption Opportunities program. In April, 1997, the Dallas County Adoption Initiatives Task Force was formed under the leadership of Maurine

Dickey, then chairperson of the DFPS state board, to address the findings of (1. the final report of Governor George W. Bush's Committee to Promote Adoption and (2. adoption reform legislative initiatives. The task force's mandate was to operationalize the recommendations and requirements of the report and legislation, and to create an innovative model for Dallas County.

The results of the Dallas County Adoption Initiative Task Force listed joint efforts between the private and public sectors as a primary strategy to address barriers to adoption and promote permanency for Texas children in CPS care. The findings emphasized that the partnership should encompass a continuum of adoptive services that included:

- joint recruitment processes,
- joint pre- and post-training processes for prospective family and staff, and
- joint placement decision processes.

These findings were incorporated into the CAP project and the CAP workgroup operationalized the findings via the initial pilot project. By actively involving both the public and private sectors from the earliest stages of the placement process and by encouraging standardization of the joint processes and procedures, the CAP project set out to improve and/or create an adoption system that placed the needs of waiting children first.

Collectively, the CAP project was an initiative that addressed some important aspects of the Adoption Assistance and Child Welfare Act of 1980, the Adoption and Safe Families Act of 1997, the expedited timeframes mandated by the Child Abuse Prevention and Treatment Act (CAPTA), and the adoption goals identified by an Executive Memorandum titled Adoption 2002. All of these acts are intended to help move children more quickly through the system by encouraging better, consistent, child-centered decisions.

## **Project Goal and Objectives**

The goal and objectives of the CAP project were originally identified in the grant application submitted in 2001. Throughout the project, the goal and objectives remained the same:

- *Goal* - To increase the permanent placement of children removed from their homes more quickly and with fewer moves.

To accomplish this goal, the following objectives were established.

- *Objective 1.* Facilitate placements across jurisdictions;
- *Objective 2.* Provide cross-jurisdictional post-adoptive services;
- *Objective 3.* Increase private agency adoptions;
- *Objective 4.* Support an increase in private providers' use of dual licensure.

Strategies were designed to redress barriers and delays to cross-jurisdictional adoptive placements, provide post-adoptive services across jurisdictional boundaries, and increase the number of finalized adoptive placements. As a result, the following strategies were used:

- Creation of a partnership model wherein all public and private sector participants view themselves as team members, working together to achieve optimal placement of children (co-housing, joint recruitment);
- Identification of barriers for both adoptive placements and post adoption services. Identifying factors within the state system that caused delays and inefficiencies when cooperation was required among DFPS regions and counties;
- Identification of barriers to DFPS fully utilizing private adoption agencies to assist in placing children for adoption;
- Development of strategies to address the barriers identified;

- Promotion of joint training opportunities to public and private sectors' staff in order to increase the capacity and effectiveness of limited available resources;
- Development and implementation of standardized formats and tools for sharing case information statewide that would provide staff members with a uniform set of procedures and consistent protocol;
- Maintenance of an ongoing effective communication between the public and private sectors, thus facilitating information sharing, collaboration and teamwork; and
- Execution of a pilot study to provide insight and feedback about the effectiveness of the strategies employed prior to the statewide implementation (see Appendix A).

## **ISSUES AND BARRIERS IDENTIFIED**

### **Budget Crisis**

During the time the CAP Project was underway, the Texas DFPS underwent major restructuring as a result of legislative efforts to address a \$10 billion state budget deficit for state fiscal years 2004 and 2005. The restructuring process resulted in significant changes within DFPS. The changes included the consolidation of many administrative functions within the Texas Health and Human Services enterprise (an enterprise that includes DFPS and three other legacy health and human services agencies) and the reduction or complete elimination of funding for several child abuse and juvenile delinquency prevention programs. There was a significant reduction in DFPS state office and regional staff, too.

Child Protective Services (CPS)--the largest program area within DFPS--faced a \$42 million deficit during that time. The deficit affected the CAP Project during the latter part of state fiscal year 2003 when CPS had exhausted its budget for funding private agency adoptions. Private agencies were informed that the agency could no longer fund adoption services for the remainder of the fiscal year. While some agencies were able

to receive partial payments for their adoption services, other agencies received no payments if those agencies elected to provide services under “no pay” contract agreements.

The CPS fiscal deficit had a significant overall impact on the CAP Project. The particular impact to each of the DFPS regions has been described in detail in the regional summaries from CAP semi-annual reports.

### **Regional Impact**

The regional impact resulting from budget deficits was discussed at CAP statewide workgroup meetings. The discussions focused on the attitudes and perceptions of private adoption agencies that resulted from the funding changes adopted by DFPS. As stated above, funding for private agency adoptions was severely curtailed during the later part of 2003. Many agencies were apprehensive about the funding changes and their continued participation in CAP. Historical barriers between CPS and private adoption agencies began to resurface as a result. The barriers included mistrust and breakdowns in communication. Prior to the budget cuts, the CAP liaisons made progress in addressing and breaking down these barriers to the extent that relations between the state and the private agencies had improved on several fronts. Much of the progress was disrupted or set back by the shortfall in funds for private agency adoptions.

Budget cuts also resulted in assigning lower priorities to the CAP project by various local CPS offices. In some regions, DFPS staff was instructed to consider CPS families before private adoption agency families when matches were being determined. This development adversely affected many of the CAP project sites. Moreover, this development required the CAP project director to directly intervene and help local CPS offices refocus on the project goal and objectives. In some regions cooperation and open communication between CPS and the private adoption agencies was reestablished. In others, the issues that arose from the budget and funding crisis could not be overcome.

## **Diversity of Regional Practices**

Texas is a large state divided into eleven regions, each with its own unique regional culture and adoption practices. In response to the state's geographic and cultural diversity, the "Report of the Regions Adoption Programs" was written to record the various foster/adoption processes and procedures for each region. The report was subsequently disseminated to all private adoption agencies as well as DFPS Foster and Adopt Development (FAD) staff. Statewide dissemination of the report is believed to have made clearer the diverse adoption procedures utilized regionally.

## **Dual Licenses and Staff Turnover**

During the time of the CAP project, the department continued its move towards a dual licensing process (i.e., homes that are licensed as both foster and adoptive homes). The dual licenses are thought to be responsible, in part, for a trend where an increasing number of foster parents began adopting and stopped fostering. Recruitment and training efforts could not keep pace with the reduction in the number of families who no longer fostered once they adopted children. Exacerbating this issue is the agency problem of staff turnover. Turnover makes difficult the ongoing need to recruit, develop, and supervise additional foster and adoptive families. At the time this report was prepared, the Texas legislature passed into law a requirement for the agency to outsource FAD services. According to the legislation, the outsourcing of FAD services will begin in one region during state fiscal year 2007 and continue until all FAD services are outsourced throughout the state before September 2011.

## **Reimbursement and Dissemination of Information**

A major barrier for establishing a working relationship with private child placing agencies appeared to be the insufficient reimbursement for purchased adoption services. The amounts allocated for the purchase of those services apparently were not enough to make placement of DFPS children a priority. Additional information is

needed to understand the specific dynamics related to this barrier, but it nonetheless appeared to create a barrier for placements.

Inadequate communication and project awareness were also identified as issues creating a barrier. Specifically, DFPS caseworkers were not been made aware that the co-housed CAP liaisons needed to be identified and assigned a role as secondary workers for children needing adoptive placements. The identification and assignment of the liaisons as secondary workers would have allowed them access to the children's electronic case records in the department's data system, thereby enhancing the liaisons' ability to assist in the match and placement selection process.

In sum, the following barriers were identified and action plans developed using strategies designed to address each of the barriers. The barriers, action plans, and strategies were the result of the collaborative process incorporated by the project.

- The barrier first identified by the CAP workgroup was labor intensive and cumbersome match/selection process. DFPS home studies and those of private agencies were dissimilar;
- Lack families and staff created another barrier. There were insufficient numbers of dual-licensed families and/or adoptive families for the children waiting adoptive placements. In addition, there were insufficient numbers of experienced foster and adoptive home staff for the volume of children awaiting placements;
- A third barrier to permanency was the lack of "shared vision at intake". In other words, stakeholders did not share the philosophy that the permanency process begins at intake;
- Lack of financial resources created a fourth barrier;
- Inadequate communication and dissemination of project information was identified as a fifth barrier. In addition to the communication issues noted above, a lack of information about the work responsibilities and work functions of both DFPS and private agency workers resulted in some duplication of services. This situation resulted in additional stress being

placed on a system or process that already had limited resources. Joint recruitment and training of DFPS staff with private agency staff was a strategy used to overcome this particular barrier.

## COOPERATIVE WORK AGREEMENTS

### Year One

During the first year implementation, the CAP project selected three regions to participate – Region 03 (Arlington), Region 06 (Houston), and Region 08 (San Antonio). These are the three largest administrative regions in the state where approximately 2,041 children were waiting adoption. Collectively, these three regions accounted for more than 64 percent of the total number of children waiting adoption in Texas.

In Dallas County, there were many private child-placement agencies that serve this part of the state. The agencies operating in this area have a long history of providing foster care services but not adoption services. During the first year of the CAP project, the Dallas region was already participating in another collaborative effort known as *Target: Kids in Court*. This initiative involved the Dallas community working with local, state, and federal governments to create positive outcomes for children and adolescents in the courts and foster care system. Most private agencies in the region were participating in the *Target: Kids in Court* initiative. In that this and other initiatives were already taking place in the region, and considering that most of the region's private agencies focused primarily on foster care rather than adoption, many of the private child-placement agencies were not willing to participate in the CAP project. The lead agency that hired the regional CAP liaison, Buckner Children and Family Services, did not have a state adoption but agreed, nonetheless, to be the lead CAP agency while at the same time working to obtain an adoption license and contract. Two other agencies, Lutheran Social Services and the Bair Foundation, also agreed to be part of the CAP collaboration. Even though these two agencies had adoption licenses, their operations were relatively small in Region 3. Overall, the most difficult barrier to overcome in Region 3 was one of historical service delivery; that is, most agencies including the largest ones in the region had always focused on providing foster care services.

In Houston, a collaboration among adoption agencies already existed when the CAP project began. Known as *Adopt 2000*, that collaboration was organized by the Center for Community Initiatives of the Greater Houston Community Foundation. It was created to increase the number of adoptive homes available for children who had been abused and neglected. The *Adopt 2000* alliance included seven Houston agencies: Catholic Charities, DePelchin Children's Center, Homes of St. Mark, Houston Achievement Place, Lutheran Social Services of the South, Spaulding for Children and DFPS. Given the work already achieved by this collaborative initiative, the *Adopt 2000* coalition was selected to become the lead agency for the CAP project. As such, implementation of the CAP, as well as establishing working relationships among agencies in Region 6 was quite easy.

During the first year of the CAP project, private agencies in Region 8 (the San Antonio region) had already begun meetings in an attempt to replicate the *Adopt 2000* process in Region 6. The initiative in Region 8 took on the name of *San Antonio Collaborative Adoption Network* or *SACAN!* (see Appendix B for more details). This collaboration sought to increase the number of adoptive or foster families and increase the awareness of adoption needs among minority families. With funding and support from the Kronkosky Foundation *SACAN!* was successfully implemented. The Children's Shelter of San Antonio had been selected as the lead agency for *SACAN!* and subsequently selected as the lead agency for the CAP project. The Casey Family Program, Pathways and DFPS joined the Children's Shelter of San Antonio to establish a formal working partnership to focus on adoption services in Region 8. The CAP project was instrumental in hiring and co-housing a liaison in the Region, thereby augmenting the existing work and efforts *SACAN!* and the new CAP collaboration.

## **Year Two**

During the second year of the project, the CAP project was implemented in the remaining regions of the state. The remaining regions, unlike the Dallas, Houston, and

San Antonio regions, had smaller populations and larger rural areas. These differences had some impact on the implementation and success of the project.

The Austin region (Region 7) had numerous private child-placement agencies that agreed to participate and collaborate as part of the CAP project. The Corpus Christ region (Region 11) had fewer agencies operating in the area but was viewed as an untapped resource with great potential for collaboration and capacity development. Many of the existing agencies in Region 11 expressed interested in becoming the lead agency for the region and those that didn't agreed to participate in the project. The end result was the implementation of a successful collaboration. The Lubbock (Region 1) and El Paso (Region 10) regions consist of one or two urban counties and many rural counties. As such, each of these regions had only a handful of existing private child placing agencies. Among those existing agencies, there was not much interest in creating new or additional agencies given the relatively small adoption populations in those areas of the state. The project was however, able to successfully establish collaboration among the existing agencies.

In the least populated regions of the state (e.g., Region 4 and Region 9), there were noticeable limitations on child placement and adoption resources. In spite of the lack of resources, the CAP project was easily implemented but required the project to focus on a different set of objectives that were within the scope of the grant. In each of these regions, a lead agency was identified. However, due to the unique characteristics of the regions, CAP liaisons were hired to focus on conducting joint recruitment and training activities instead of dedicating the majority of their time performing the high-level matching of children and families.

### **Implementation of Strategies**

To breakdown the barriers identified by the CAP collaborations, a number of solutions were implemented as a direct result of the project. Below, a brief description of those solutions is provided.

- Development of standardized home study guidelines to be utilized by both public and private agencies;
- Creation of standardized child and family forms to use in the match selection process;
- Making a recommendation to the DFPS Board to increase the adoption reimbursement amounts for purchased adoption services by a significant percentage. The recommendation was implemented on November 1, 2000;
- Provision of collaborative training opportunities;
- Placement of co-housed private agency staff in the CPS office to represent all private adoption agencies that served each region;
- Communication between the Child Placement Agencies (CPAs) and DFPS, including on-going communication and technical assistance provided by the project directors to ensure successful systemic changes.

Additional information regarding the solutions can be found in any of the semi-annual project update reports. The reader should note here that other barriers were encountered within regions as the project progressed. While the project's statewide workgroup was able to address and manage those barriers, the looming state budget crisis was impossible to overcome.

## **REGIONAL IMPLEMENTATION and ACCOMPLISHMENTS**

### **Year One**

The CAP Project identified and successfully implemented a strategy to address barriers to cross-jurisdictional adoptive placements by placing a private agency staff person in a public child welfare office.

In Region 3, a contract was awarded in April 2001 to Buckner Children and Family Services. The contractor hired a liaison to be co-housed with DFPS staff during a six-month pilot period in Dallas County (one of several counties making up DFPS Region 3). As a result of the pilot, this region was the first to implement the CAP project under

the new three-year grant period that followed the six-month pilot period. In May 2001, Spaulding for Children hired the co-housed liaison for the Houston region (Region 6). Two months later, in July 2001, the Children's Shelter of San Antonio hired the co-housed liaison for the San Antonio region (Region 8). The three co-housed individuals were well received by DFPS staff. All three had offices located with the DFPS adoption units in their region. The proximity of office locations afforded the liaisons access to the children's caseworkers, as well as case record information. Access to caseworkers and children's information was needed by the liaisons to assist in their efforts to make adoptive placements and matches. The private agencies and DFPS utilized the services of the CAP liaisons in a variety of ways. These included making adoptive matches, facilitating adoptive placements, and requesting assistance in identifying a child's caseworker in order for the agency to begin moving a case towards adoption.

All three CAP liaisons were former DFPS employees who understood how the public agency worked and who possessed the knowledge, skills, and abilities required for the liaison function. Co-housing private agency staff person with public child welfare workers was successful and that success was demonstrated by the outcomes of implementing that strategy. The first three CAP liaisons were directly tied to the adoptive placements of 89 children with 61 private agency families during the first 12 months of the project. As intended, the liaisons' skills were utilized to help facilitate the adoptive placement of children with private child-placing agency families.

Another major accomplishment during the first year was the implementation of joint training for public and private agency staff. Staff, from both public and private agencies received training in *Techniques In Placement: Skills and Strategies* from DePelchin Children's Center. The funding for the training was available through the CAP grant. DFPS received positive feedback from the trainers and trainees about the training. Numerous comments indicated that the interaction and dialogue afforded by the training was most useful and helpful. The joint training also allowed staff from public and private agencies to acquire and learn similar skills and techniques necessary to prepare children and families for adoption.

During the first year, the CAP project also provided opportunities to conduct joint recruitment activities. Contributing to the joint recruitment efforts of the project were other initiatives taking place in the three CAP regions. In Houston, the *Adopt 2000* initiative received the Adoption Excellence Award for 2001. At the same time, the *CAN! Collaboration* initiative was occurring in San Antonio, as was the *Target: Kids in Court* initiative in Dallas. Each of these initiatives established working partnerships with CAP.

As noted in the previous section of this report, CAP also helped to establish formal collaborations in the regions that were preparing to implement the project during the year two of the grant. The CAP workgroup devoted time and effort to developing guidelines for standardizing the Foster Adoption Home Study. As a result, the quality of home studies submitted to DFPS improved dramatically. All private agencies involved with CAP implemented the home study guidelines developed by the workgroup.

As CAP moved into its second year, the project was implemented in 10 counties such that all remaining DFPS regions would benefit from the grant. Those regions and the corresponding counties were:

- Region 1: Lubbock, Potter and Randal counties
- Regions 2 and 9: Taylor and Jones counties
- Regions 4 and 5: Gregg and Harrison counties
- Region 7: Travis county
- Region 10: El Paso county, and
- Region 11: Nueces county

### **Year Two and Year Three**

During year two, the CAP Project proceeded as planned. The statewide CAP workgroup continued to meet on a semi-annual basis while the CAP liaisons met quarterly. This provided an excellent opportunity for various regional agencies to better understand best practices and developments occurring in other regions, and to be informed of any major developments taking place in the state office.

The development of a new curriculum for Special Needs Adoptions was discussed at length. Private agencies and DFPS personnel were very interested in having another training module that could provide training beyond the basics for working with special needs children. A consensus generally existed for the need for a new curriculum. DFPS issued a Request for Proposal (RFP) for the development of this new curriculum. A focus group was conducted for the purpose of identifying topics, subject matters and issues that should be covered in the new curriculum. The curriculum was tailored to meet the needs of public/private agency staff in Texas.

DFPS rules and regulations involving adoption and foster care were among other topics discussed during the CAP workgroup meetings. This included proposing new rules for compensating foster and adoption parents, changes to open enrollment contracts, and criminal history background checks.

Another topic of interest for the CAP workgroup members was the potential for using faith-based communities to recruit foster and adoptive parents. Related to this topic was an effort by State Senator Steve Ogden to work and inform congregations from various denominations about the pressing need for foster and adoptive parents. The recruitment of families through faith communities was strengthened by a faith-based initiative funded by the Texas Legislature. The Texas Legislature allocated funds to hire dedicated CPS recruiters in each of areas to promote a closer working relationships between DFPS and the faith community.

## **EVALUATION FINDINGS**

The Contract Performance Division of DFPS completed the final evaluation of the CAP Project. The evaluation plan included both processes and outcomes components. The process evaluation component focused on the activities of the CAP workgroup and the progress made towards generating solutions to address the identified barriers to the final placement of children.

The plan for the outcome evaluation was to examine selected adoption indicators from a statewide data set. It became clear, given the data, that changes in the indicators could not be attributed solely to the CAP project. The effects of other factors, including growth in adoption population, staffing issues, and budget constraints could not be accounted for when analyzing the outcome data. Hence, the plan for the outcome evaluation quickly shifted and evaluation resources were put into the process evaluation component.

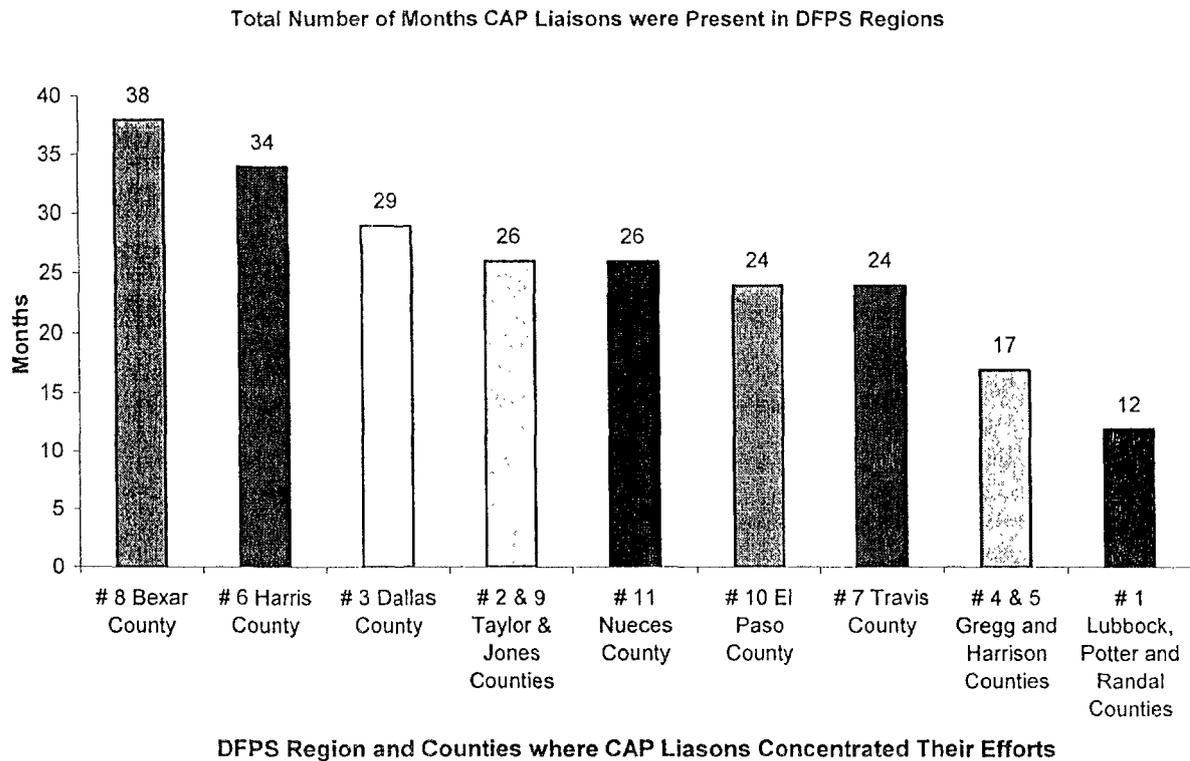
### **Process Evaluation**

A variety of activities, including those of the workgroup and the evaluator occurred during the three-year CAP grant period. Initially, a CAP Implementation Plan was created and disseminated. That plan is provided as an appendix (Appendix D) to this report. Another major achievement for CAP was the successful co-housing of private agency staff with public child welfare staff in public agency facilities. Figure 1 shows the number of months CAP liaisons were co-housed in each of the DFPS regions. For the three regions where the initial liaisons were hired (Regions 3,6, and 8), the average number of months liaisons were employed was 33.7 (range = 29 to 38 months). For the remaining regions, CAP liaisons were employed for an average of 21.5 months (range = 12 to 26 months). The CAP project did not expand to remaining regions until year two.

In addition to developing an implementation plan and hiring and co-housing liaisons in DFPS facilities, the CAP project was solely or partly responsible for the following. Note that throughout the course of the project, various evaluation activities occurred and the results were presented in a variety of documents. Those documents are attached as appendices to this report.

- Conducting meetings and discussions with the statewide CAP workgroup and the CAP liaisons on a monthly basis during the planning phase and semi-annually thereafter until the project was completed;
- Sending CAP staff to annual grantee's meetings;

**Figure1**



- Enhancing the automated Texas Adoption Resource Exchange (TARE) registry. TARE was designed to promoted the statewide exchange of adoption information and to match prospective adoptive families with DFPS children who are legally free for adoption;
- Providing collaborative trainings using:
  - Child Welfare League of America’s PRIDE curriculum, and
  - Collaborative Advanced Preparation Skills (CAPS)
- Creating the PRIDE distance learning project funded by The Casey Family Program;
- Creating the “Adopt 2000” initiative in Houston;
- Including Texas CAN! members in workgroup meetings and using the members to disseminate project information to stakeholders;

- Participating in panel presentations and presenting information and results at appropriate state and national conferences;
- Compiling and distributing CAP project reports statewide to organizations involved in adoptions and/or foster care. The reports were also made available to others through interlibrary loan agreements;
- Conducting Research Focus Groups including the
  - Advanced Curriculum for Special Needs Adoption/Foster Care Workers Focus Group (see Appendix E for details)
  - Initial Evaluation-CAP Workgroup Focus Group (see Appendix F for details);
- Conducting interim evaluation interviews with the CAP Liaisons and regional supervisory staff to determine caseworker and agency perceptions of project (see Appendix G for details);
- Interviewing members of adoption preparation units to obtain their satisfaction with, and assess their knowledge of, the Collaborative Advanced Preparation Skills trainings provided (see Appendix H for details).

These activities were consistent with the grant's objectives to reduce delays in cross-jurisdictional adoptive placements and ensure the provision of services for foster children across jurisdictional boundaries.

The CAP project was able to establish a foundation that facilitated the statewide implementation of shared protocols and consistencies in policies and practices. Additionally, the project provided the public and private sectors with a framework to view foster placements as temporary settings for children and that permanency planning for children must begin as soon as the child enters the foster care system.

There were eight private child placing agencies providing adoption services in 2000. Most of the state's larger agencies were not among the agencies providing adoption services. In 2005, there will be fifteen agencies providing adoption services to the state. Most of these agencies participated in the CAP project through local Cooperative

Working Agreements and have now come forward to obtain their adoption licenses. This is an important and positive finding for the CAP project.

In sum, the process evaluation results for CAP (including the information provided in the appendices) reveals the successes and challenges of a project this size.

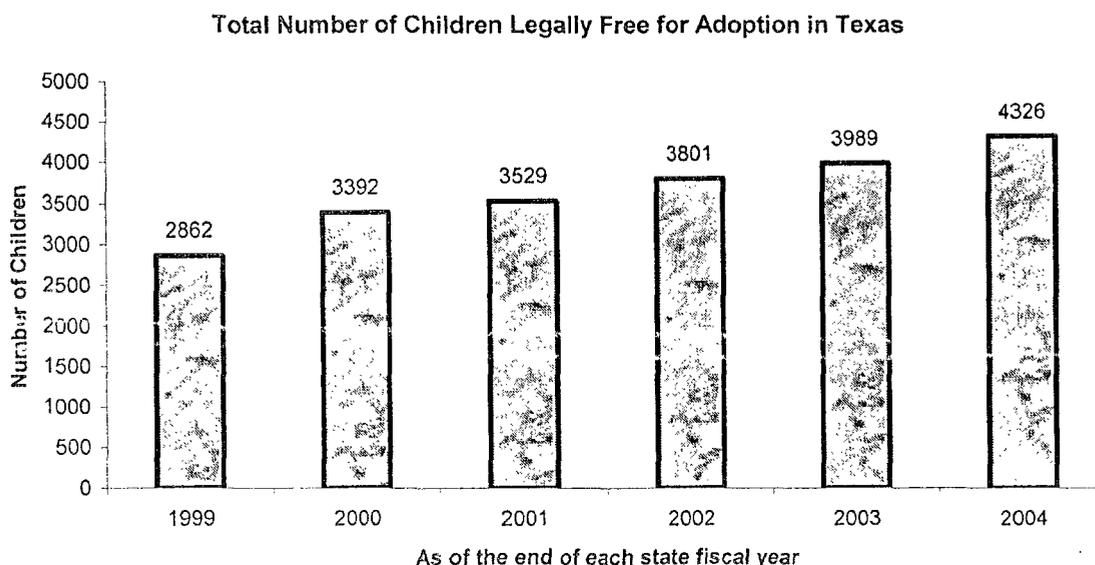
### **Selected Adoption Indicators for the Outcome Evaluation**

Data were gathered to for fiscal years 1999 through 2004 (FY 1999 – FY 2004) for the purpose of measuring project outcome. These data included the:

- number of children legally free for adoption in the state, as of August 31 for each year data were collected (see Figure 2);
- total number of finalized adoptions for each fiscal year (see Figure 3), and the
- number of foster/adopt and adoptive families available as of August 31 for each year data were collected (see Figure 4).

As can be see in Figure 2, the number of children free for adoption steadily increased from 1999 and 2004. Due to that steady increase, it is difficult to know what impact the

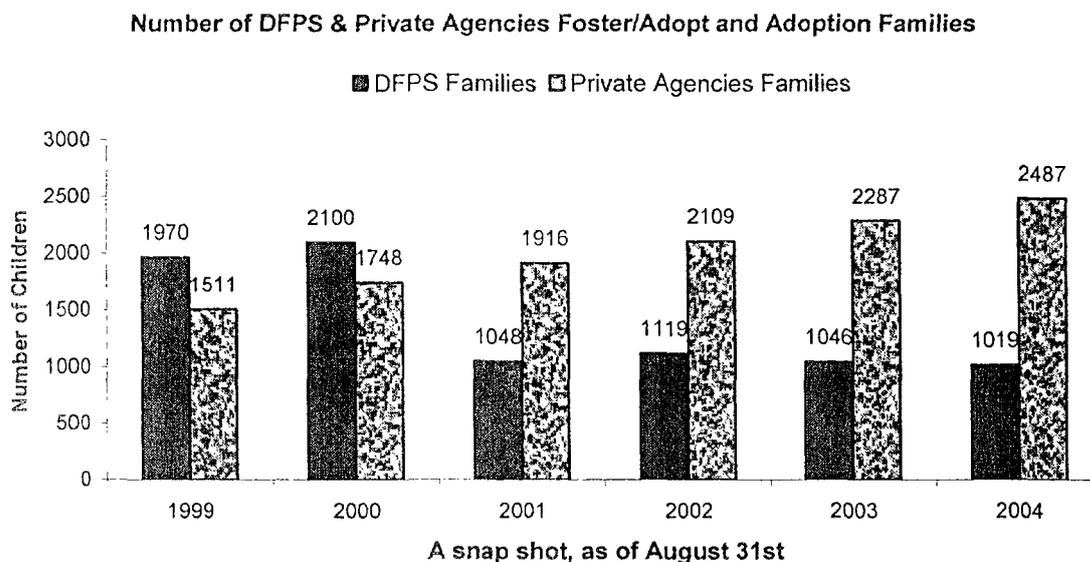
**Figure 2**



CAP project have had on reducing the number of children free for adoption. Had the adoption population remained static over the evaluation period, the impact that the project had could have been much easier to measure. Whether or not the CAP project had an impact on freeing children up for adoption remains elusive.

It does appear that the project had some affect on the overall number of private agency adoptive families but not on the overall number of DFPS adoptive families. As can be seen in Figure 3, there was more than a 164 percent (164.6%) increase in the number

**Figure 3**

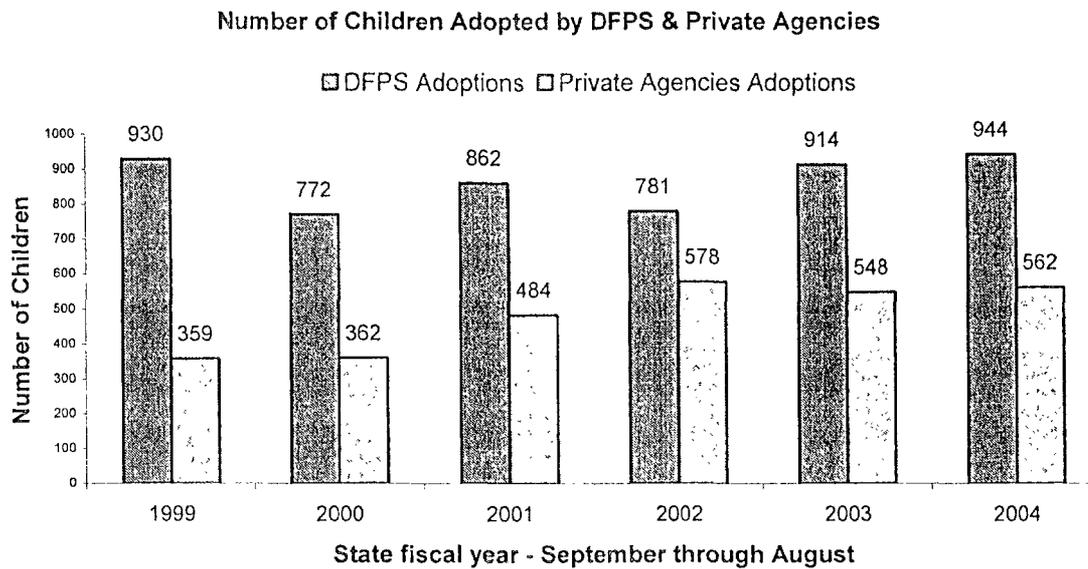


private agency adoptive families from 1999 to 2004. While the project is not entirely responsible for that increase, process evaluation findings from focus groups and interviews would suggest that CAP is somewhat responsible.

Similarly, the number of children adopted by private agency families increased by more than 156 percent (156.5%) from 1999 to 2004 (see Figure 4). Again, the results from the process evaluation would suggest that the CAP project is in part, responsible for some of that change. It is interesting to note that the number of DFPS adoptive families decreased by about 48 percent (48.3%) between 1999 and 2004 while the number of

children adopted by DFPS families remained consistent, increasing by about 1.5 percent from 1999 to 2004. Neither of these percentages reflects a trend of sorts, unlike the data for private adoption agencies.

**Figure 4**



The reader is strongly advised to review the appendices attached to this report. It is clear, given some of the issues and problems encountered during the life of the project, that any conclusions from the outcome evaluation component are speculative at best. The number of children free for adoption compared to the number of cases the liaisons could manage makes it difficult to understand the impact, if any, those individuals had on the adoption process. The process evaluation findings are much more conclusive and have provided a great deal of information that the evaluator and project staff could use to make recommendations about similar projects and initiatives. Those recommendations are included in the Discussion section below.

**Sustainability of Adoption Coalitions**

The Cooperative Agreements executed at the regional level for the CAP project were designed to replicate the *Adopt 2000* model using grant funding. These agreements

were also created to encourage cooperative working relationships among agencies and hire a private agency liaison to be housed in a public child welfare office.

After the funding period ended, DFPS intended to continue co-housing the private agency liaisons to represent the private agencies in the region. Unfortunately, only Region 7 (the Austin region) and Region 8 (the San Antonio region) elected to continue co-housing a liaison but only for a limited time.

Four of the existing coalitions continued to operate after the grant period. These included the *Adopt 2000* coalition now known as *Adoption*. The coalition consists of the Greater Houston Community Foundation, Houston's WB, A Brink & Co., Easterly & Co., BrivicBriggs Media, and Crisis Intervention of Houston. The original private child placing agencies and DFPS continue to be part of the coalition.

The *Central Texas Adoption Coalition* is now known as the *Adoption Coalition of Texas* and operating under the umbrella of the Austin Community Foundation. The *Adoption Coalition of Texas* is a collaboration consisting of DFPS and five private child-placing agencies --the Arrow Project, Child Placement Center, Lutheran Social Services, Marywood Children and Families, and Pathways Youth and Family Services. The collaboration continues to work to find adoptive families for abused and neglected children.

*SACAN!* continues to operate as a collaboration between the Children's Shelter of San Antonio and DFPS. Some of the other original member agencies were forced to drop out of the coalition in 2003. The state's budget crisis contributed to the loss of those agencies. The Children's Shelter of San Antonio has pledged to continue to recruit additional members in the future.

The *South Texas CAN!* coalition continues to operate in Corpus Christi as a collaboration of nine private agencies and DFPS. The nine member agencies include the Children's Shelter of San Antonio, Arrow Project, Bair Foundation, Circles of Care, Coastal Bend Youth City, Open Arms, Lutheran Social Services, Pathways, Spaulding for Children, and A World For Children. This coalition has agreed to pursue funding

opportunities and expand the program to better serve south Texas children in need of adoptive placements.

## **DISCUSSION**

The CAP Project put into practice the strategies developed by the workgroup to address the barriers identified in the permanent placement of children. The main strategy implemented was to co-house a private agency staff person (CAP Liaison) in the public child welfare agency for the purpose of recommending foster/adoptive placement of children waiting adoption while private agency families wanted to adopt. The co-housed representatives were responsible for high level matching of private child placing agency families with DFPS children.

Additionally, all regional child-placing agencies participating in the project implemented the use of the new standardized home study format, thus removing a critical barrier to the placement of DFPS children.

The CAP project was introduced as planned and communications between the public and private sectors were improved. Adoption reimbursement was increased and use of standardized tools implemented. Through knowledge regarding each other's work, duplication of services were reduced or eliminated. Furthermore, the joint recruitment and collaborative training efforts played an essential role in this project's accomplishments.

A replicable partnership model was created wherein DFPS and private agency participants worked together to achieve optimal placement of children. The workgroup meetings were ongoing and collaborative, involving professional representatives of six of the eleven Texas regions and numerous private agencies from across the state. Moreover, members demonstrated commitment to the project and the team effort of creating permanency for the Texas children waiting adoption. As a result of this increased dialogue and collaboration, the CAP workgroup has produced many creative solutions that will have a lasting effect on the state of Texas' adoption process.

The CAP Project final evaluation report focused on the strategies developed and implemented by the work group to address the barriers identified in the permanent placement of children. The outcome evaluation originally planned to use selected indicators from statewide adoption data were not used to measure outcomes because the data that were available did not or could not reflect the impact of that the CAP project had on adoptions per se. The impact that other factors (i.e., population growth, staffing issues, and budget constraints) had on the project and on the adoption system could not be separated and measured apart from the activities and impact of the project.

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Collaborative Adoption Project  
(CAP)

Evaluation Report

Robert B. Hampson, Ph.D.  
Southern Methodist University

Research Assistant: Anne V. Ellis, M.A.

## Project Evaluation

The initial evaluation of the Collaborative Adoption Project was conducted in Dallas County by Robert Hampson, Ph.D., and a research team of two graduate students and several undergraduate volunteers. Dr. Hampson and students are based at Southern Methodist University in Dallas. The graduate students were Anne Vahala Ellis, M.A., and Mary O'Boyle. The undergraduate interviewers were: Andrew Beer, Tai Blanscet, Lindy Bowen, Vicky Chu, Ashley Endress, Kari Griffin, Jane Kalyvas, Mary Lazarus, Monica Miller, Carrie Phelps, Courtney Smith, Christine Smith, and Katherine Ryan.

Two central issues were evaluated in the first year of the project: 1) Stakeholder and key informants' process evaluation of the advantages, pitfalls, potential problems, and suggested methods of overcoming such barriers; and 2) Pilot study of family-based methods of assessing successful placements, and potential of using family assessments as a matching index prior to placement.

### Deliverables:

1. Process Evaluation: Through a scheduled focus group in June, 2000, and scheduled interviews (up to 6) with key participants who could not be involved in the scheduled meeting, several important process themes were investigated. Three follow-up interviews with caseworkers (2) and a supervisor were conducted in August. These process themes include: a) Perceived advantages and disadvantages of collaborative adoptions across jurisdictional lines; b) potential problems with cross-jurisdictional placements; c) possible solutions to work around these problems; and d)

testimonials regarding processes involved in successful and unsuccessful placements.

A written summary of the focus group and interviews follows.

2. Family assessments: A sample of 50 families with a consummated adoption within the calendar years 1998, 1999, and 2000 were invited to be observed and evaluated as part of their post-adoptive services. The instruments used include the family rating scales referenced below, the placed child's HSEGH and Psychological evaluation, and a caseworker summary of placement success. In order to insure a randomized sample, every 6<sup>th</sup> family adoption consummated through Child Protective Services was targeted for evaluation. The purposes of this phase of the project were to develop a database to help determine the feasibility of family-child "match" factors to assist in larger program evaluation studies.

The measures of family functioning include:

*Self-Report Family Inventory.* The Self-Report Family Inventory (SFI; Beavers & Hampson, 1990) is a 36-item self-report family instrument that measures five family domains: Health/Competence, Conflict Resolution, Cohesion, Leadership, and Emotional Expressiveness. The Health/Competence domain includes 19 items involving overall family competence, family mood and tone, coalitions between the parents, arbitration abilities, independence and individuality, optimism versus pessimism, and acceptance of family members. The Conflict Resolution domain includes 12 items involving hidden versus open conflict and unresolved conflict in forms of arguing, blaming, fighting openly, willingness of family members to take responsibility for their actions, and acceptability of expression of negative personal feelings. The Cohesion domain includes five items having to do with satisfaction received from family togetherness. The Leadership domain includes three items involving the strength of leadership patterns of

the parents in regard to issues of control and firmness. Finally, the *Emotional Expressiveness* domain includes six items dealing with acceptability of sharing expressions of closeness.

The SFI is based on a five-point Likert scale, excluding only the final two questions, with 1 being “Yes: fits our family well,” 3 being “Some: fits our family some,” and 5 being “No: does not fit our family.” The last two items, in which respondents are asked to rate the overall functioning and style/independence levels of their families, are based on scales of 1–5. The general competence item is rated from 1, being “My family functions very well together” to 5, “My family does not function well together; we really need help”. The style item is rated from 1, “No one is independent,” “There are no open arguments,” “Family members rely on each other for satisfaction rather than on outsiders” to 5, “Family members usually go their own way,” “Disagreements are open,” “Family members look outside of the family for satisfaction.”

The SFI has high reliability (Cronbach  $\alpha$  between .84 and .93 and test-retest reliabilities of .85 or better) and validity (Canonical correlations of .62 or better between the SFI Competence scores and the observer-rated Beavers Interactional Competence Scale) and clinical validity in studies discriminating groups of psychiatric patients (Beavers & Hampson, 1990). The SFI also corresponds well with other self-report family scales measuring conceptually similar domains.

### *Observational Measures*

*Beavers Interactional Competence Scale.* Beavers Interactional Competence Scale (Beavers & Hampson, 1990) is a 12-item structured rating scale designed to assess a family’s overall level of health/competence. The couple was rated by the therapist and separately by a pair of trained research raters.

Pairs of trained observers rated the couple after viewing them in a videotaped

discussion task. During the task, the therapist presented the assignment, "Discuss together what you would like to see changed in your family," and then left them alone for 10 min. Each subscale provided anchored rating points for raters; some are reverse-keyed to reduce rater halo effects. Subscales were rated from 1 (healthy) to 5 (dysfunctional), while the Global Health/Competence Scale was rated from 1 (optimal functioning) to 10 (severely dysfunctional). Inter-rater reliabilities (6 coefficients) ranged from .76 (closeness scale) to .88 (range of feelings), with a .86 coefficient for the Global Competence rating.

The observational ratings were completed by pairs of trained raters, who reached at least 90% overall reliability in training and maintained an 85% reliability across ratings. For each year of the study there were three teams of rater pairs. Therapist ratings were done individually and then compared with the trained raters. The scale also showed a high degree of internal consistency (Cronbach's  $\alpha = .94$ ).

The validity of the competence scale has been demonstrated by a number of clinical and empirical demonstrations. The original Timberlawn study (Lewis, Beavers, Gossett, & Phillips, 1976) found that the Competence Scale successfully discriminated families with hospitalized adolescents from nonclinical families, with significant differences on the Global Competence and subscales. The Competence Scale also showed a high degree of construct validity with self-report versions of the Beavers Model (the SFI:  $R = .62$ ) and with those from the McMaster Model (Epstein, Bishop, Ryan, Miller, & Keitner, 1993).

*Beavers Interactional Style Scale* Beavers Interactional Style Scale (Beavers & Hampson, 1990) is a structured observational scale designed to assess Centripetal (CP) and Centrifugal (CF) family style on the basis of observed behavior. The videotape of the couple's discussion were rated by raters and therapists at the same time the Competence scale is rated.

The scale was designed to measure a family's behavioral and emotional

interactional style, which stems from systems theory regarding extreme differences in binding (CP) and expelling (CF) patterns of systems. The scale, and its subscales, range from highly Centripetal (most satisfaction sought from within the family, emotional conflicts subdued) to highly Centrifugal (most satisfaction sought outside the family, hostility and conflict overtly expressed).

The eight-item style scale is comprised of seven subscales and a global Style rating, each based on a 1 (CP) to 5 (CF) rating, with several reversals to reduce halo ratings. Interrater reliabilities (6) range from .76 (Adult Conflict scale) to .88 (Positive vs. Negative feelings), with a coefficient of .81 for global Style. The internal consistency of the Style scale is .88 (Cronbach's  $\alpha$ ).

Validation research on the Style scale is ongoing. Data from families assessed in a psychiatric emergency room (Beavers & Hampson, 1990) indicate that Style was a significant predictor of internalizing versus externalizing diagnoses of patients. More recent research (Hampson & Beavers, 1996b) indicates that families with a more Centripetal style respond better to traditional family therapy than do Centrifugal families.

#### *Adopted Child Measures:*

1. Perceived Competence Scale (Harter, 1989). This is a 15-item scale addressing three dimensions of children's perceived competence, which is a dimension of self-esteem related to what the child actually feels he/she can do. These dimensions are: Academic Competence, Social Competence, and General Esteem. The scale has good reliability and validity.

2. Thematic Apperception Test (TAT; Murray, 1942) is a projective psychological test which presents rather ambiguous pictures to the examinee, and the person is asked to tell a story about the picture. This test can be used with children as young as 4 years of age.

*Structured Family Interview:*

All families completed a structured family interview (See Appendix A), which addressed Child and Family Background and family composition, the family's adoption experience, the child's development, including any special challenges or problems, family lifestyle and rules, and summary advice and concluding remarks. This interview was administered by the graduate student team leader.

# Results

## Part 1

### Collaborative Adoption Project

#### Process Evaluation Interview

Interview Date: June 19, 2000

Location: Buckner Baptist Children's Charities Office  
600 N. Pearl Street  
Dallas, Texas 75201

Participants: (see appended list of participants)

The afternoon session of the CAP participants' meeting was a Focus Group conducted by Robert B. Hampson, Ph.D., project evaluator, and graduate students. The session opened with a description of the collaborative adoption project, and then progressed to the key issues of trust and collaboration.

#### Issues with Current Placement Process

One of the most consistent barriers addressed by the workgroup is the lack of adoptive families for this CPS population. One reason addressed is that these children are often older, have had emotional and family traumas, and may present psychological difficulties. There are also financial problems, in that many families need to have two full-time careers, and there is no financial support once these children are legally adopted. There is also some difficulty with recruiting families; members of the team from both private and public sectors would like to see more media help.

In terms of cross-agency placements, there is a lack of consistency in evaluation of adoptive homes, including a wide variation in methodology for conducting home studies. There is also considerable variation in training programs across agencies, ranging from none to highly systematic training. Note that all Texas PRS regions use the same training protocol for all their adoptive families, *PRIDE*. These are surmountable differences that are being addressed by the work group, and some of the variation has been reduced already just through collaborative planning.

Members of the work group also addressed some of the disincentives of a foster family to adopt, including the cessation of monthly foster family payments, and a possible change in caseworkers. In some agencies, there is minimal or no caseworker support post adoption, which can be especially difficult for families adopting CPS children. Again, these are potentially surmountable obstacles, especially with grant support and some

pilot studies.

For those dual-licensed (foster and adoptive) homes, there are some possible reasons why families in private agencies might have more limited access to certain children. First, private agency parents are not available for emergency foster placements, especially when children need to be placed after hours. Some agencies do not take emergency placements. Finally, sibling groups may be harder to place across agency lines; multiple-sibling placements make up nearly half of the placements in Dallas County in the past three years.

There are other potential barriers to the CAP program which deal with human rather than programmatic or procedural issues: trust, turf, and control. The only way to deal effectively with these basic personal issues is to continue to meet, work together, and develop personal relationships. These have already begun to develop.

The potential for mistrust between caseworkers and agencies can stem from several sources. One is trusting that another agency's preparation of their families is adequate, from recruitment to training to support services. Another is trust that the shared working relationship in which a child from my agency is placed with one of your families will be truly collaborative, and not a subservient or controlled relationship. In the Focus Group, these issues of trust were raised on several occasions, and participants from private agencies indicated that one of the biggest issues was that of control: which agency will retain primary control over the placement. Several indicated that a private agency family taking a CPS child could be lost to the larger public sector.

Other sources of mistrust and control surround the issues of "ownership" and "turf". Several caseworkers confessed that they don't want to share their families they've worked hard to recruit, especially ones that they consider among their "best" families. Each region and agency is understandably protective of their children. Finally, there may be different policies and procedures, including training of employees and families, particularly across private and public sectors (Note that all Texas PRS regions do use the exact same training protocol for their families, *PRIDE*). There may also be a sense of competition, especially among private agencies, for funding, or for meeting their individual mission statements. Finally, there was a slight sense of superiority on the part of PRS, since they have uniform training, regularized home study and evaluation procedures, and standard requirements for licensure of homes.

These "human" barriers can only be addressed through ongoing dialog and shared experience in the collaborative placement process.

#### Possible Resolutions

1. Working together more effectively at initial placement.
2. Joint recruitment and training of families, hopefully with funding.
3. Consistent method of evaluating families (home studies) to be used across CPS regions and by private agencies.
4. Incentives for private agencies when their families are used to place a CPS child.
5. More funding for the evaluation and training of families and for collaboration between CPS and private agencies.

From the Focus Group, and the several planning meetings that have been conducted, several goals and procedural steps have emerged. These shall be presented in logical stepwise order, although there may not be a conclusion or ending marker for one step before the next begins.

1. In order to build a collaborative and trusting relationship between PRS and other agencies and regions, the team needs to create a partnership model wherein the private and public sector participants view themselves as team members and partners, rather than one sector feeling subservient to another. A series of planning and brainstorming sessions has begun to develop a core team, and this goal appears to be as nearly met as possible this early in the project.
2. In order to have the placement process run smoothly, the project needs to identify factors within the state system that lead to delays or decreased cooperation across PRS regions in both the adoptive placement and in the delivery of post-adoptive services (whether the home is a PRS family or a private sector family). These factors have been identified, and team members are currently in the process of involving key players at the statewide level in this pilot program in Dallas County.
3. It is also important to identify barriers to PRS regarding fully utilizing private adoption agencies to assist in placing PRS children for adoption. Such key issues as trust, ownership and “turf” issues, and different standards and procedures have been identified, and are currently being addressed in ongoing planning meetings. While there still has not been a large number of private adoptions in this program, the collaborative and collegial relations between Dallas County PRS and many of the local private adoption agencies have been accomplished, and more cross-agency adoptions appear to be forthcoming.
4. Of course, it is important for all the participants, public and private, to develop strategies to address and reduce the impact of the identified barriers. PRS has taken the primary initiative here, and has sponsored regular monthly meetings for addressing these potential barriers.
5. Finally, PRS and this study will utilize information garnered from a pilot study to provide further feedback regarding implementation of strategies and reduction of barriers. Although this has not yet begun, members of the planning and implementation teams have consented and prepared for the study, and the Institutional Review Board at Southern Methodist University (home base for Dr. Hampson) has approved the study.

In the study, 50 randomly-selected adoptive families (public and private) who have had children placed from PRS in the years 1998-2000 will be observed and interviewed, and psychological evaluations for the placed child will be reviewed. Two primary themes will be addressed: 1) the “fit” or “match” of family interactional competence and style with important child demographic and psychological factors, in predicting more/less successful and problem-level placements; and 2) the family’s perception of the placement process,

including recruitment, training, post-adoptive support, and collaboration across agencies or offices.

Robert B. Hampson  
SMU

## Results

### Part 2

#### Family Assessments and Interviews

##### *The Sample:*

A total of 50 families represented the final pool of a representative sample of adoptive families from Dallas County, for adoptions consummated in 1998, 1999, and 2000. The research team went through the entire list of adoptive families for those years, and came up with just 50 families who were willing to participate. Each family was paid \$50.00 for participation; the subject pay beyond the allotted \$20.00 in the TDPRS Contract was donated by the Communities Foundation of Dallas and Anne Ellis.

Anne Ellis was the sole contact person for each family contacted by telephone, and explained the nature of the process interviews by telephone. Between half and two-thirds of the contact information for the families were wrong, in that people had moved and the phone numbers were no longer operational. Of those we did reach, most families declined right away. Others were willing to participate, but could not arrange to get the whole family to come in. For these, we scheduled telephone interviews with the parents (N = 19). The remaining 31 families came in to the office, and were interviewed, videotaped in a discussion task, and took several tests. We went through a list of over 225 families to reach this final sample. Hence, there was a great deal of “down time” for the interviewers, who were scheduled into weekly time slots on Monday, Tuesday, and Wednesday evenings each week.

Only four families from private agencies were willing to participate. However, in the time period 1998-2000, there were a total of 21 families from private agencies who adopted a total of 34 children from CPS. Hence, our sample represents 19 percent of this population.

We encountered some problems with a few families, particularly surrounding the issue of confidentiality. Many of the families contacted claimed they never got a letter from CPS regional office, and were surprised to be contacted by phone. Anne Ellis contacted one man who was upset about his name being released, since he was in hiding from a biological mother who had threatened to kill him. We guaranteed absolute confidentiality, and destroyed his contact information. A second person was irate about CPS releasing her identity and contact information, and went as far as contacting the chair of the Institutional Review Board at Southern Methodist University, and made some threats about legal action. If we are involved in any future studies, we have to be absolutely certain that a letter goes out about a week ahead of any phone contact.

Parents completed the process interview and the Self-Report Family Inventory. Children who were 10 and older completed a Self-Report Family Inventory, a Perceived Competence Scale, and the "target" adopted child responded to several TAT (Thematic Apperception Test) picture cards. The whole family was involved in a videotaped discussion task. Each family discussed together, "What would you like to see changed in your family?", and the interaction was rated by pairs of trained raters on the Beavers Interactional Competence and Style Scales. The whole process took 90 minutes.

The results will be presented in two sections. The first involves the data on the family competence, observational and self-report competence data, and how it relates to

child self-esteem and functioning. The second is a detailed summary of the feedback from these parents regarding their adoption experience, and the parents' recommendations for improving that process.

1. *Family strengths, weaknesses, and patterns.*

Of the 31 families who were videotaped and observed directly, most were in the midrange level of competence or better. The ratings were based on the average of two trained raters, who viewed the videotaped family interaction separately. Across all the families, the inter-rater reliability was +.79. The actual breakdown of the family ratings was:

13 families were rated in the "Adequate" range of family competence, which connotes healthy and autonomous relationships, clear communication, relatively little dominance and submission, and generally positive feelings. There were eight two-parent families and five single-parent families in this group. This proved to be a breadth-enhancing experience, in that competence can be found in very non-traditional family structures. One of the most competent families in this sample was a single mother with 8 adopted children, and the family operated like a well-led group.

14 families were rated in the "Midrange" level of family competence, which involves more rigid controlling interactions. Many of these families have rigid rule structures, including very traditional sex-role stereotyping and parental duties. In this group, nine families were married couples, and five were single parents.

Four families were rated as Borderline Dysfunctional, which indicates problems with clear communication, disruptive or chaotic interaction patterns, and fluctuations

between rigid control and lack of control in the parenting role. Two were married couples, and two were single.

Overall, the families were skewed toward the Midrange or Adequate range of family functioning, which may indicate that the home studies conducted by the agencies may be reasonably effective in identifying families with some strengths. However, this must be interpreted VERY cautiously, since this group of 31 families who consented to come in for an interview represents only 11 percent of the families on the roster for adoptions in the years 1998 through 2000.

#### *The Relationships Between Self-Ratings and Observational Competence*

One important question at the outset was whether a questionnaire such as the Self-Report Family Inventory (SFI) could be used on a large scale (regional or state-wide) to screen for family competence. On the basis of the results from this sample, such a screening device is not recommended. The actual correlations between self-ratings and observed competence was very low for mothers ( $r = .09$ ) and for fathers ( $r = .18$ ), both non-significant associations. The typical trend for these ratings was for the parents in the less competent families to rate themselves positively. This is a similar finding to one we have found in legal-correctional samples. The association was stronger in the four private agency homes ( $+ .50$ ), but because of the small sample size, this was also nonsignificant.

Interestingly, the person whose view of the family corresponded most accurately with that of the raters was the adopted child. The correlation between the child's SFI Competence rating and the observers' ratings based on the videotaped interaction was strongly positive ( $r = .81, p < .02$ ). This mirrors the findings we have seen in family

counseling samples, where the children often have clearer views of family strengths *and weaknesses* than the parents do.

These findings would be circular arguments if it were not for the important association between family functioning and the children's well-being and perceived happiness. There is a strong association between the child's sense of perceived social competence and observed family competence ( $r = .76, p < .01$ ), and, not surprisingly, with the child's SFI rating of family competence ( $r = .84, p < .01$ ). Hence, children report feeling better about themselves in families where they (and outside observers) feel supported. Interestingly, the associations between the child perceived competence scales and parents' SFI family competence ratings were considerably lower, and mostly nonsignificant statistically. The only association that was significant was the relationship between the child's academic perceived competence and mother's SFI ratings of family cohesion ( $r = .74, p < .02$ ). In this regard, children felt better about their academic abilities in more cohesive families.

While there appears to be some strong predictors of child well-being in certain family patterns (more cohesive, more competent families), there was not support for the use of self-report measures as a means of screening. The more expensive and time-consuming observational measures reveal much more about the family's potential to offer support to the children.

#### *How Are the Children Faring. The Parents' View*

None of the parents had any substantial regrets about having adopted the child(ren). Close to half the sample (46 percent) indicated that they felt the child's overall adjustment was "excellent", with another 24 percent indicating "very good". Most of the

children were doing fairly well in school, with 36 of the 50 families reporting their children were making grades in the A and B range. Only two families reported any trouble with a child getting in trouble with the police, and only one family reported any trouble with drugs or alcohol.

When asked about the child's overall mental health status, the results were more varied:

Poor	3	(6%)
Fair	5	(10%)
Good	12	(24%)
Very Good	14	(28%)
Excellent	13	(26%)
(Missing)	3	(6%)

Again, these self-report measures and estimates must be taken as such; the relationship between child mental health and observed family competence was rather low ( $r = -.19$ ), but was higher for mothers' SFI competence ratings ( $r = -.40$ ,  $p < .04$ ).

In summary, these parents report being quite satisfied with the children.

#### *The Adoption Process: The Parents' View*

In the interviews, the section on the family's experience generated the most dramatic reactions from the parents. One family was universally positive in its praise for the adoption experience, citing their experience with a very supportive caseworker as the key. Forty-nine families had some moderate to substantial negative experiences with the adoption process. There were a few differences in term of private (4) versus CPS families

(46), particularly in what they reported in terms of available services. Private agency families reported a higher proportion of child counseling services offered (50%), compared with 22% of CPS families (Chi-square = 7.77,  $p < .05$ ). Similarly, the private agency families reported a higher frequency of family counseling services (50%) than did CPS families (12%); this was also a significant difference (Chi-square = 20.45,  $p < .01$ ).

The following tabulation of the various experiences and comments from the interviews provides some insight and feedback to the agencies from the view of the consumer. Whether or not services were actually available or offered, these comments largely indicate that many of these families felt less than supported through the adoption process.

### Subjective Response Summary

- *Based on responses from parents in 50 interviews.*
- *Includes responses to items 2-6 and 2-7 requesting the most important pre-adoption and post-adoption services and items 5-7 and 5-8 regarding what has contributed to their satisfaction or dissatisfaction with the adoption process and what would have made it better. Also includes spontaneous comments about their experience with CPS and the adoption process.*

#### Comments about the adoption process

The process prior to adoption is too stressful on adoptive parents. 18

- Difficult visitation process – no separation between biological parents and foster parents which makes it risky to foster parents and uncomfortable for the children.
- Waiting period – not knowing whether you will have the child or not due to removal process uncertainties – is too stressful.
- Heart-breaking to visit the children in foster homes.
- Too much paperwork, too many home studies, and too much time between the decision to adopt and the adoption.

Foster parents are not treated with respect or supported by CPS. 16

Pre-adoption and post-adoption services are too difficult to get – too much paperwork. There is not a good, consistent source to go to for services. 13

CPS is unorganized and does not work effectively with other CPS agencies – 11.

Caseworkers are inexperienced, incompetent, overloaded with cases, and not empathetic with foster parents, and there is too high a turnover. 7

There are horrible foster homes out there and kids have too many placements prior to adoption. 4

Direct quotes:

- “Foster parents are treated like stepchildren.”
- “Families are degraded by CPS and treated like 2<sup>nd</sup> class citizens.”
- “The system is flogged.”
- “I felt lied to and conned by CPS (tears). They weren’t truthful with us.”
- “When adoption is final, CPS cuts all ties.”
- “They (CPS) take your whole life and don’t provide support.”
- “These kids are hard. They say they’re ‘basic care’ but they’re not.”
- “CPS needs to stop thinking they can play God by thinking they can ‘pick’ the right parent. (Instead), they need to (speed up the process) and put the kids in with parents that will provide them with a permanent situation.”
- “There is a huge lack of communication between the child’s caseworker and the family’s caseworker. They don’t trust each other.”
- “CPS is grossly understaffed and doesn’t tell the truth.”

### Pre-adoption services needed

Better preparation and honesty regarding the psychological and behavioral makeup of abused children. Never expected that these children would have as many psychological and emotional problems as they have. CPS does not prepare you for that and only focus on the upsides of adoptions, not the downsides. 18

Easier way to understand the biological, social, medical, and psychological background of children – not enough information was provided and the information that was provided was too difficult to go through and make sense of (stacks and stacks of copies of things). 15

Counseling – marital, family, and individual for the children. 13

Instructions on how to deal with CPS and what to expect during the process. 13

Involvement with and case studies about other people who have adopted CPS kids to open people's eyes into what they are going to be dealing with. 10

Parenting classes, especially with this population of children. 5

Legal information as to rights of an adoptive parent. 5

More of a “goodbye” process between biological siblings when being split up. 1

Pictures of the birth parents should be retained and given to the adoptive parents to give to the children. 1

### Post-adoption services needed

Counseling – marital, family, and individual for the children. 22

Ongoing financial and other support services for adoptive families, including help with obtaining Medicaid, paid prescriptions, subsidies for daycare, parenting classes, and support groups with other adoptive families. 20

Respite care from competent, trustworthy individuals. 6

More contact with prior foster family. 1

### Other recommendations made by families

CPS should have someone in charge of improving the recruitment of foster families – there are lots of families out there that want to adopt and don't want to go through the “baby buying” process involved in private adoptions.

Families should not be allowed to adopt until you've had the children in your home 2-3 years because too many bad behaviors start to come out

There should be a psychologist on call for families to contact with issues – not long-term therapy but someone like a family pediatrician.

## Other observations

The caseworkers appeared to be critical to the process. When someone had a good one, it made their experience much better, even with the other negatives. But, when families had bad ones or significant turnover, they hated the process so much that most of them said they would never adopt again.

MAP classes seemed to be very helpful to most families.

Not many of these families has received services aside from the MAP classes and ongoing required training.

### *Suggested Support Services:*

These parents suggested some support services and information sources that would be provided in an ideal adoption experience (in decreasing order):

- Providing information about the child's social, medical, and/or genetic history
- Classes/workshops on understanding your adopted child
- Child counseling
- Family therapy
- Support/counseling groups for adoptive parents
- Providing respite care
- Intensive crisis counseling
- Talking to other adoptive parents (to know what you're getting into)
- 24-hour help line
- Legal advice
- Support/counseling groups for adopted children
- Classes about how to communicate with your adopted child about adoption
- Marital or individual counseling
- Support group for children who have been adopted transracially
- Providing opportunities for children to meet other children with the same racial or ethnic background
- Providing information and insight about the child's racial/ethnic background
- Providing accurate information about the financial cost of adoption

*Concluding Remarks:*

Overall, most of these families encountered at least some difficulty and pain with the adoption process. There were some interviews that were tearful, some that were more angry, and some that were matter-of fact. We have more to do with some of the predictors of successful placements, with information from the Psychological Evaluations and caseworker ratings.

One possibility for the seemingly negative reports about the adoption process by many of these families was that this was a rather self-selected group. Most of the families we contacted declined participation in the study. This may have been a group who had significant issues with CPS, and viewed the interview as a means of sounding off.

On the other hand, it is important for CPS and collaborating agencies to listen to some of these problem areas and suggestions if more and more families are to come forward to take on the critically important role of adoptive parent for these children.

Attachment: Adoption Interview

# ADOPTION INTERVIEW

Name of child \_\_\_\_\_  
Born on \_\_\_\_\_

## SECTION 1. CHILD AND FAMILY BACKGROUND

1-1 What is your relationship to the adopted child described above?

- 1 Mother
- 2 Father
- 3 Both

1-2 Before the adoption, were you related to this child by blood or marriage? .

- 0 No (skip to question 1-4)
- 1 Yes

1-3 What was your relationship to the child?

- 1 Grandparent
- 2 Aunt or uncle
- 3 Cousin
- 4 Other relative (please specify):

1-4 What is your child's race or ethnicity? (CIRCLE ALL THAT APPLY)

- 1 Asian or Pacific Islander
- 2 Black or African American
- 3 Hispanic or Latin
- 4 Native American or American Indian
- 5 White or Caucasian
- 6 Other (please specify):

1-5 List children in the family.

	<u>Name</u>	<u>Date of birth</u>	<u>Gender</u>	<u>Birth, adopted, or foster child</u>			<u>Race or ethnicity</u>
				Birth	Adopted	Foster	
1st Child		____/____/____	M F	Birth	Adopted	Foster	
2nd Child		____/____/____	M F	Birth	Adopted	Foster	
3rd Child		____/____/____	M F	Birth	Adopted	Foster	
4th Child		____/____/____	M F	Birth	Adopted	Foster	
5th Child		____/____/____	M F	Birth	Adopted	Foster	
6th Child		____/____/____	M F	Birth	Adopted	Foster	
7th Child		____/____/____	M F	Birth	Adopted	Foster	
8th Child		____/____/____	M F	Birth	Adopted	Foster	
9th Child		____/____/____	M F	Birth	Adopted	Foster	
10th Child		____/____/____	M F	Birth	Adopted	Foster	

1-6 What is your current marital status?

- |   |                     |   |           |
|---|---------------------|---|-----------|
| 1 | Single              | 4 | Separated |
| 2 | Living with partner | 5 | Divorced  |
| 3 | Married             | 6 | Widowed   |

1-7 What is your current employment status?

- 1 I am retired
- 2 Employed part-time
- 3 Employed full-time
- 4 I am currently not employed because (CIRCLE ONLY ONE RESPONSE):
  - a. I have chosen not to work
  - b. I cannot find work
  - c. I am unable to work because of a physical or mental disability

1-8 What is the current employment status of your spouse or partner?

- 0 Doesn't apply
- 1 She/he is retired
- 2 Employed part-time
- 3 Employed full-time
- 4 Currently not employed because (CIRCLE ONLY ONE RESPONSE):
  - a. She/he has chosen not to work
  - b. She/he cannot find employment
  - c. She/he is unable to work because of a physical or mental disability

## SECTION 2. YOUR FAMILY'S ADOPTION EXPERIENCE

2-1 How old was your child when she/he came to live with you? \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)

2-2 About how old was your child when the adoption was legally finalized in court? \_\_\_\_\_

2-3 Please indicate to the best of your knowledge whether or not your child was placed in each of the following settings prior to adoption. When applicable, also indicate approximately how long your child was placed in that setting (CIRCLE A RESPONSE FOR EACH ITEM)

<u>in setting</u>	<u>Child was placed?</u>		<u>Total time</u>
a. Foster care with me/us Months	Yes	No	_____ Years
b. Foster care with one or more other families Months	Yes	No	_____ Years
c. An orphanage Months	Yes	No	_____ Years
d. A group home or residential treatment facility Months	Yes	No	_____ Years
e. Other (please describe): _____ Months	Yes	No	_____ Years

2-4 Please indicate the types of post-adoption counseling or support for adoption you or your family received and how helpful they were. (CIRCLE A RESPONSE FOR EACH ITEM)

<u>Very</u>	<u>Didn't</u>	<u>Not</u>	<u>Somewhat</u>	
<u>Helpful</u>	<u>receive</u>	<u>helpful</u>	<u>helpful</u>	
a. Support group for adoptive parents 4	0	1	2	3
b. Support group for adopted children 4	0	1	2	3
c. Marital or individual counseling 4	0	1	2	3
d. Child counseling 4	0	1	2	3
e. Family therapy 4	0	1	2	3
f. Read books or articles on adoption 4	0	1	2	3

2-5 Imagine that you could help a new adoption agency design its services for adoptive families. Based on your experiences with adoption, how much importance would you advise the agency to place on each of the following (CIRCLE A RESPONSE FOR EACH ITEM):

A great deal		Very			
		None	little	Some	Quite a bit
a.	Classes/workshops on understanding your adopted child	0	1	2	3
b.	Support/counseling groups for adoptive parents	0	1	2	3
c.	Support/counseling groups for adopted children	0	1	2	3
d.	Classes on how to communicate with your adopted child about adoption	0	1	2	3
e.	Classes for extended family members on understanding adoption	0	1	2	3
f.	Marital or individual counseling	0	1	2	3
g.	Child counseling	0	1	2	3
h.	Family therapy	0	1	2	3
i.	Intensive crisis counseling	0	1	2	3
j.	Providing respite care	0	1	2	3
k.	Providing information on child's social, medical and/or genetic history	0	1	2	3
l.	Providing legal advice	0	1	2	3
m.	Providing information on the financial cost of adoption	0	1	2	3
n.	Providing reading material about adoption	0	1	2	3
o.	Providing information on how to search for birth relatives	0	1	2	3

p. 4	Providing information and insight about child's racial/ethnic background	0	1	2	3
q. 4	Support group for parents who have adopted transracially	0	1	2	3
r. 4	Support group for children who have been adopted transracially	0	1	2	3
s. 4	Providing reading material about transracial adoption	0	1	2	3
t. 4	Providing opportunities for children to meet other children with the same racial or ethnic background	0	1	2	3
u. 4	Other (please specify): _____	0	1	2	3

2-6 What do you think are some of the most important pre-adoption services or supports that agencies can offer to families who are about to adopt or to children about to be adopted?

2-7 What do you think are some of the most important post-adoption services or supports that agencies can offer adoptive families?

**SECTION 3. YOUR CHILD'S DEVELOPMENT**

3-1 How would you rate your child's overall-adjustment compared to other children her/his age?

- |   |      |   |           |
|---|------|---|-----------|
| 1 | Poor | 4 | Very good |
| 2 | Fair | 5 | Excellent |
| 3 | Good |   |           |

3-2 What are some of your child's positive traits and good qualities? \_\_\_\_\_

3-3 Does your child have any of the following conditions or difficulties? (CIRCLE ALL THAT APPLY)

		<u>No</u>	<u>Yes</u>	<u>I</u>
<u>don't know</u>	a. Exposed to drugs before birth		0	
1	2			
0	1			
	b. Down's Syndrome			
	1			
	2			
c.	Fetal Alcohol Syndrome	0	1	
2				
d.	History of physical abuse prior to adoption	0	1	
2				
e.	History of sexual abuse prior to adoption	0	1	
2				
f.	History of neglect prior to adoption	0	1	
2				
g.	History of multiple homes	0	1	
2				
h.	Physical/medical disability	0		1
2				
i.	Developmental disability	0	1	
2				
j.	Learning disability	0		1
2				
k.	Emotional/behavioral problems	0	1	
2				
l.	HIV/AIDS	0		1
2				

3-4 On average, what are/were your child's grades in school like?

- 1 "A" average or excellent
- 2 "B" average or Good
- 3 "C" average or O.K.
- 4 "D" or "F" average or needs improvement

3-5 In general, how does/did your child feel about school?

- 1 Dislikes school
- 2 Enjoys and dislikes it about the same
- 3 Enjoys school

3-7 Has your child ever been suspended or expelled from school? (CIRCLE ALL THAT APPLY)

- 0 No
- 1 Yes, was suspended in grade(s)
- 2 Yes, was expelled in grade(s)

3-8 Has your child ever been enrolled in any special education or gifted and talented classes such as those listed below?

- 0 No
- 1 Yes (CIRCLE ALL THAT APPLY)
  - a. Classes for learning disabilities
  - b. Classes for speech or language difficulties
  - c. Classes for the emotionally or behaviorally disturbed
  - d. Classes for the mentally handicapped or retarded
  - e. Classes for the deaf or hearing impaired
  - f. Classes for the blind or vision impaired
  - g. Classes for the physically or orthopedically handicapped
  - h. Classes for the gifted and talented (e.g. GATE, MGM)
  - i. Other (please specify):

3-9 Please indicate how often your child has exhibited the following behaviors: (CIRCLE A RESPONSE FOR EACH ITEM)

		<u>Not at all</u>	<u>Just a little</u>	<u>Pretty</u>
<u>much</u>	<u>Very much</u>			
a.	Fidgeting .....	0	1	2
3				
b.	Hums and makes other odd noises .....	0	1	2
3				
c.	Excitable, impulsive .....	0	1	2
3				
d.	Inattentive, easily distracted .....	0	1	2
3				
e.	Fails to finish things she/he starts or has has a short attention span .....	0	1	2
3				
f.	Quarrelsome .....	0	1	2
3				
g.	Acts "smart" .....	0	1	2
3				
h.	Temper outbursts .....	0	1	2
3				
i.	Defiant .....	0	1	2
3				

j. Uncooperative ..... 0 1 2  
3

3-10 Have your child's teachers ever complained to you that these behaviors have hurt her/his school performance?

0 No  
1 Yes

3-11 To the best of your knowledge, have these behaviors ever interfered with your child's relationships with other children?

0 No  
1 Yes

3-12 Has your child ever taken medication for these behaviors?

0 No (skip to question 5-20)  
1 Yes, my child has taken the following medication(s) (CIRCLE ALL THAT APPLY):

- |    |                    |    |                         |
|----|--------------------|----|-------------------------|
| a. | Ritalin/Ritalin SR | d. | Imipramine              |
| b. | Dexedrine          | e. | Other (please specify): |
| c. | Cylert             |    |                         |

3-13 Is your child currently taking medication for the behaviors?

0 No  
1 Yes, my child is currently taking the following medication(s) (CIRCLE ALL THAT APPLY)

- |    |                    |    |                         |
|----|--------------------|----|-------------------------|
| a. | Ritalin/Ritalin SR | d. | Imipramine              |
| b. | Dexedrine          | e. | Other (please specify): |
| c. | Cylert             |    |                         |

3-14 Has your child ever been arrested or in trouble with the police?

0 No.  
1 Yes. Please describe and indicate the age at which this first occurred: \_\_\_\_\_ years old

3-15 Has your child ever had any alcohol or drug problems? Please describe.

0 No.  
1 Yes. Please indicate the age at which this first occurred: \_\_\_\_\_ years old

3-16 Overall, how would you rate your child's mental health?

1	Poor	4	Very good
2	Fair	5	Excellent
3	Good		

3-17 Has your child ever seen a doctor or counselor for emotional or behavioral problems?

- 0 No.  
 1 Yes. Please indicate the age at which this first occurred: \_\_\_\_\_ years old

3-18 Please describe briefly the reasons your child saw a doctor or counselor: \_\_\_\_\_

3-19 Below is a list of items that describes your child now or within the last six months. If the item is *never true* of your child, please circle the "0". Circle the "1" if the item is *somewhat or sometimes true* of your child. Circle the "2" if the item is *very true or often true* of your child. Please answer all the items as well as you can, even if some don't seem to apply to your child.

		Never	Somewhat or	Very
		<u>true</u>	<u>sometimes true</u>	<u>often</u>
1.	Has sudden changes in mood or feelings.	0	1	2
2.	Feels or complains that no one loves him or her.	0	1	2
3.	Is rather high-strung, tense or nervous.	0	1	2
4.	Cheats or tells lies.	0	1	2
5.	Is too fearful or anxious.	0	1	2
6.	Argues too much.	0	1	2
7.	Has difficulty concentrating, cannot pay attention for long.	0	1	2
8.	Is easily confused, seems to be in a fog.	0	1	2
9.	Bullies, or is cruel or mean to others.	0	1	2
10.	Is disobedient at home.	0	1	2
11.	Is disobedient at school.	0	1	2
12.	Does not seem to feel sorry after misbehaving.	0	1	2
13.	Has trouble getting along with other children.	0	1	2
14.	Has trouble getting along with teachers.	0	1	2
15.	Is impulsive, or acts without thinking.	0	1	2
16.	Feels worthless or inferior.	0	1	2
17.	Is not liked by other children.	0	1	2
18.	Has difficulty getting his or her mind off certain thoughts, has obsessions.	0	1	2
19.	Is restless or overly active, cannot sit still.	0	1	2
20.	Is stubborn, sullen, or irritable.	0	1	2
21.	Has a very strong temper and loses it easily.	0	1	2
22.	Is unhappy, sad or depressed.	0	1	2
23.	Is withdrawn, does not get involved with others.	0	1	2
24.	Breaks things on purpose, deliberately destroys his/her own or other's things	0	1	2
25.	Clings to adults.	0	1	2

26.	Cries too much.	0	1	2
27.	Demands a lot of attention.	0	1	2
28.	Is too dependent on others.	0	1	2
29.	Feels others are out to get him or her.	0	1	2
30.	Hangs around with kids who get into trouble.	0	1	2
31.	Is secretive, keeps things to himself/herself.	0	1	2
32.	Worries too much.	0	1	2

SECTION 4. YOUR FAMILY'S LIFESTYLE AND RULES

4-1 In general, how often does your child experience difficulty in getting along with other children in the family?

- 0 Doesn't apply, there are no other children in the family
- 1 Never
- 2 Hardly ever
- 3 Sometimes
- 4 Often
- 5 All the time

4-2 In general, how difficult has your child been to raise?

- |   |                      |   |                     |
|---|----------------------|---|---------------------|
| 1 | Not difficult at all | 3 | Quite difficult     |
| 2 | A little difficult   | 4 | Extremely difficult |

4-3 How would you describe your current attachment to your child?

- |   |                                    |   |                         |
|---|------------------------------------|---|-------------------------|
| 1 | Very distant                       | 4 | Somewhat warm and close |
| 2 | Somewhat distant                   | 5 | Very warm and close     |
| 3 | Neither distant nor warm and close |   |                         |

4-4 How would you describe your spouse or partner's current attachment to your child?

- |   |                  |   |                                    |
|---|------------------|---|------------------------------------|
| 0 | Doesn't apply    | 3 | Neither distant nor warm and close |
| 1 | Very distant     | 4 | Somewhat warm and close            |
| 2 | Somewhat distant | 5 | Very warm and close                |

4-5 How often is your child affectionate or tender with you?

- |   |            |   |                       |
|---|------------|---|-----------------------|
| 1 | Very often | 3 | Not very often        |
| 2 | Sometimes  | 4 | Almost never or never |

4-6 How satisfied are you with how affectionate or tender your child is with you?

- |   |                    |   |                    |
|---|--------------------|---|--------------------|
| 1 | Very satisfied     | 3 | Not very satisfied |
| 2 | Somewhat satisfied | 4 | Very dissatisfied  |

4-7 How much does your child seem to appreciate what you do for her or him?

- |   |                       |   |                         |
|---|-----------------------|---|-------------------------|
| 1 | Very appreciative     | 3 | Not very appreciative   |
| 2 | Somewhat appreciative | 4 | Not at all appreciative |

4-8 How satisfied are you with how appreciative your child is?

- |   |                    |   |                    |
|---|--------------------|---|--------------------|
| 1 | Very satisfied     | 3 | Not very satisfied |
| 2 | Somewhat satisfied | 4 | Very dissatisfied  |

- 4-9 Overall, how close do you feel toward your child?
- |   |                |   |                  |
|---|----------------|---|------------------|
| 1 | Very close     | 3 | Not very close   |
| 2 | Somewhat close | 4 | Not at all close |
- 4-10 About how many books does your child have?
- |   |        |   |            |
|---|--------|---|------------|
| 1 | None   | 3 | 3 to 9     |
| 2 | 1 or 2 | 4 | 10 or more |
- 4-11 About how often do you read stories to your child?
- |   |                       |   |                      |
|---|-----------------------|---|----------------------|
| 1 | Never                 | 4 | Once a week          |
| 2 | Several times a year  | 5 | About 3 times a week |
| 3 | Several times a month | 6 | Every day            |
- 4-12 How often is your child expected to clean her/his own room?
- |   |                         |   |                         |
|---|-------------------------|---|-------------------------|
| 1 | Almost never            | 4 | More than half the time |
| 2 | Less than half the time | 5 | Almost always           |
| 3 | Half the time           |   |                         |
- 4-13 About how often does your child read for enjoyment?
- |   |                       |   |                      |
|---|-----------------------|---|----------------------|
| 1 | Every day             | 4 | Several times a year |
| 2 | Several times a week  | 5 | Never                |
| 3 | Several times a month |   |                      |
- 4-14 Does your child get special lessons or belong to any organization that encourages activities such as sports, music, art, dance, drama, etc.?
- |   |     |  |  |
|---|-----|--|--|
| 0 | No  |  |  |
| 1 | Yes |  |  |
- 4-15 How often has a family member taken or arranged to take your child to any type of musical, concert, show, or theatrical performance within the past year?
- |   |               |   |                                 |
|---|---------------|---|---------------------------------|
| 1 | Never         | 4 | About once a month              |
| 2 | Once or twice | 5 | About once a week or more often |
| 3 | Several times |   |                                 |
- 4-16 About how often does your whole family get together with relatives or friends?
- |   |                            |  |  |
|---|----------------------------|--|--|
| 1 | Once a year or less        |  |  |
| 2 | A few times a year         |  |  |
| 3 | Once a month               |  |  |
| 4 | Two or three times a month |  |  |
| 5 | Once a week or more        |  |  |

4-17 About how often does your child spend time with her/his adoptive father or father figure?

- 1 Once a day or more often
- 2 At least 4 times a week
- 3 Once a week
- 4 Once a month
- 5 A few times a year or less

4-18 How often does your child eat a meal with both mother and father or father-figure?

- |   |                      |   |                    |
|---|----------------------|---|--------------------|
| 1 | More than once a day | 4 | About once a week  |
| 2 | Once a day           | 5 | About once a month |
| 3 | Several times a week | 6 | Never              |

4-19 Sometimes children get so angry at their parents that they say things like "I hate you" or swear in a temper tantrum. Please circle all actions you would take if this happened.

- 1 Grounding
- 2 Spanking
- 3 Talk with child
- 4 Give child a household chore
- 5 Ignore it
- 6 Send child to room for more than 1 hour
- 7 Other (please specify):

4-20 Sometimes kids mind pretty well and sometimes they don't. Have you spanked your child in the past week?

- 0 No
- 1 Yes. How many times in the past week did you spank your child? \_\_\_\_\_ times

## Section 5. Closing

- 5-1 Overall, how do you think your adopted child feels about being adopted?
- 1 Feels negative about it
  - 2 Feels mostly negative about it
  - 3 Feels neutral about it
  - 4 Feels mostly positive about it
  - 5 Feels positive about it
- 5-2 What specifically has contributed to your child's positive or negative feelings about being adopted? \_\_\_\_\_
- 5-3 Has the adoption of this child strengthened or weakened your marriage (or relationship with partner)? *(Note: We mean your spouse or partner at the time that you adopted)*
- 0 Doesn't apply
  - 1 Strengthened the marriage/relationship
  - 2 Has had no effect
  - 3 Weakened the marriage/relationship
- 5-4 If you knew everything about the child before placement that you now know, how might that have affected your decision to accept her or him for placement?
- 1 I/we would have definitely not accepted the child
  - 2 I/we would have probably not accepted the child
  - 3 I/we would have probably accepted the child
  - 4 I/we would have definitely accepted the child
- 5-5 If you had it to do over again, would you adopt a child?
- 1 Definitely would not adopt again
  - 2 Most likely would not adopt again
  - 3 Most likely would adopt again
  - 4 Definitely would adopt again
  - 5 I don't know
- 5-6 At this time, how satisfied are you with your adoption experience?
- |   |                       |   |                |
|---|-----------------------|---|----------------|
| 1 | Very dissatisfied     | 3 | Satisfied      |
| 2 | Somewhat dissatisfied | 4 | Very satisfied |
- 5-7 What specifically has contributed to your satisfaction or dissatisfaction with your adoption experience? \_\_\_\_\_
- 5-8 What would have made your experience better?

## Appendix B



Collaborative Adoption Network

### **Membership Responsibilities**

The San Antonio Collaborative Adoption Network (San Antonio CAN!) was formed by the Children's Shelter of San Antonio, Casey Family Programs, Methodist Mission Homes, and Child Protective Services in 1998 in order to find adoptive families for the 300 children in Region 8 who were legally free for adoption.

Most of the children who continue to wait for their adoptive families are Hispanic, they are primarily school-aged brothers and sisters that need to be adopted together, what they all have in common is the need for a family to call their own.

Through San Antonio CAN! member agencies are combining our time, resources, and talent to find the families that want to provide these children with the home they deserve.

Members of San Antonio CAN! must agree to:

Work collaboratively with other members of the network to increase the number of adoptive families available to the children in this area who wait for permanent families.

Possess a valid license to conduct adoption activities in Texas.

Be committed to special needs adoption.

Have, or be working toward, the achievement of a Special Needs Adoption Open Enrollment Contract with the Texas Department of Protective and Regulatory Services (TDPRS).

Be committed to using the CWLA recommended PRIDE pre-service training curriculum.

Be mutually supportive in recruitment efforts.

Share equally in the financial responsibility, time commitments, and use of other resources necessary to ensure the success of recruitment efforts.

## Memorandum of Agreement

Pathways Youth & Family Services, Inc., Lutheran Social Services of the South, Inc., The Arrow Project-Texas, The Children's Shelter, The Bair Foundation, Coastal Bend Youth City, Inc., A World For Children, Spaulding for Children, The Open Arms Agency, Inc., Circles of Care, Inc. and Texas Department of Protective and Regulatory Services agree to collaborate in accordance with the following:

- The Collaborative Adoption Project (CAP) group, A.K.A. South Texas CAN, will be supported by the CAP Liaison whose job description is attached.
- While input regarding training and establishing and communicating job expectations may be given and received by all members the CAP Liaison will be an employee of Pathways Youth and Family Services, which has sole authority to hire, fire, evaluate and discipline him/her.
- The initial cash outlay for hiring, compensation, travel and training will be provided by Pathways.
- All TDPRS contract payments will be paid to Pathways.
- The expenses of having the CAP Liaison minus the contract payments received from TDPRS will equal the net cost of the CAP Liaison.
- The net cost of additional expenses will be divided equally between the member agencies with an invoice sent to the address provided. There is a cap on the cost to each private agency set at \$1,000 annually as per the contract date. This cap can be adjusted upon agreement of the members. Each member agrees to pay \$500 at the onset of this agreement. The initial payment will be applied against the annual cost cap.
- The Texas Department of Protective and Regulatory Services will provide office space, telephone, office supplies and computer access to the CAP Liaison.

I understand and accept this agreement.

Address to send invoice to:

\_\_\_\_\_  
Name and Agency

\_\_\_\_\_  
Attention:

## Appendix C



- (2) Individual interviews with each child three years or older living in the home and any other person living full time with the family;
- (3) A joint interview with the prospective foster or adoptive parents; and
- (4) A family group interview with family members living in the home.

§745.4035 You must document in the record all interviews and attempts to interview persons listed in §745.4033 of this title.

§745.4037 You must make at least one visit to the home when all members of the household are present.

### **Additional Information Needed:**

**List the names and species of each pet.**

#### **Directions to the Home:**

Provide directions on how to get to the foster or adoptive home. Use a landmark as the starting point, such as a DFPS office.

[<< previous page](#)

## **I. Motivation**

State the applicants' initial reasons for wanting to become foster and/or adoptive parents. Include the length of time they have been considering foster care and/or adoption.

Include the applicants' stated reasons for deciding to commit to foster care and/or adoption after receiving preparatory training. Look for language indicating a desire to protect and nurture children, meet developmental needs, and connect children to lifelong relationships.

Indicate whether or not the applicants' have been verified to foster or approved to adopt by another child-placing agency. Address your perceptions and assessment of issues where appropriate, giving examples.

*Note:* The topics in Section I address the following minimum standards:

§745.4061.5 You must evaluate why the prospective parents want to foster or adopt at this time.

§745.4061.21 You must evaluate background information from child-placing agencies that previously verified a foster home or approved an adoptive home.

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## **II. Applicants' Feelings About Themselves, Their Parents, and Their Childhood**

### **Mother's and Father's History**

(Include information for both mother and father for all these sections.)

**Description of Applicant.** Describe the applicant's appearance (include height and weight) and personality.

Provide details about the applicant's educational background, work history, and present employment.

Include the applicants' citizenship and length of time they have spent at each residence over the last ten years.

### **Parents**

Include the applicant's description and feelings about their parents or parent figures. (Include information about absent parent, if appropriate.) Describe the quality of their parent's marital relationship, support/nurturance, and decision-making. Address the applicant's understanding of the effects their parents had on their life.

### **Childhood**

Present the applicant's description and feelings about their childhood, including the way they were disciplined and their feelings about it. What would they change about their parents and their childhood?

Address both the happiest and most traumatic memories of their childhood, and their overall feelings regarding their childhood.

**Discuss the applicant's birth order**, their relationship with siblings (past and present), and which sibling(s) they feels closest to. Does the applicant believe all siblings were treated equally and fairly? How was sex education handled in the applicant's family of origin? Include the effects on the applicant's current feelings and how they would handle (or has handled) this with their own child(ren).

**History of Child Abuse and Neglect.** Discuss the applicant's history of child abuse (physical and sexual) and neglect, if any, and their resolution of this experience.

**History of Drug and Alcohol Use.** Discuss the applicant's history of drug or alcohol use, if any, and her resolution of this experience. (Address these issues regarding other members of the family if appropriate.)

**Abuse/Neglect and Criminal History Checks.** Explain any criminal history and subsequent rehabilitative activities. Document the results of both checks.

**Physical, Mental and Emotional Status.** Include an assessment of the physical (health), mental (psychological), and emotional status of the adoptive mother and father in relation to their ability to provide foster and/or adoptive care. (Report their perceptions and your own.)

**Disabilities.** Discuss any disabilities the applicant has in relation to their adjustment to the disability and any limits it imposes on their ability to care for a child.

**Summary Statement.** Discuss the applicant's feelings about themselves now; include their work, education, personality, and appearance. (Include a summary of the mother's caregiver capabilities based on the Risk Assessment, if one was completed.)

*Note:* The topics in Section II address the following minimum standards:

§745.4061.18 and Appendix. L Criminal backgrounds and abuse/neglect backgrounds.

§745.4061.4.A and C

You must include in the history:

A. The length of time spent at each residence for the past ten years;

C. The citizenship of the prospective adoptive parents and whether they are legal or illegal immigrants. This is required to assess the stability of the home.

§745.4061.6 You must include the physical, mental, and emotional status (including substance abuse history) of all persons living in the home in relation to the family's ability to provide a foster or adoptive home and to assume parenting responsibilities. Consideration must be given to the health and age of the prospective adoptive parents. There must be a plan in place to ensure the child will be raised in a stable and consistent environment to adulthood.

§745.4061.7 You must evaluate individuals who are disabled in relation to their adjustment to the disability and any limits the disability imposes on the prospective foster or adoptive parents' ability to care for a child.

§745.4061.9 You must include any history of abuse or neglect experienced by the prospective adoptive parents and their resolution of the experience.

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### III. Family Interaction

**Previous relationships.** Include discussions of previous significant relationships and marriages. Describe the history of their past relationships including how they met, their courtship, and their decision to marry, if applicable. Include discussions of children by previous marriages or relationships, parental visitation, and child support. How were the relationships ended and resolved? Include date and place of divorce(s), if applicable.

**Current relationships.** Describe the applicants' interactions as husband and wife. Describe the history of the relationship including how they met, their courtship, and decision to marry. Report the date and place of marriage. Discuss any separations and/or marital counseling. Address their decision-making processes (including financial), how they handle disagreements, their support for and nurturance of one another, their individual feelings about themselves as spouses, and their sexual relationship. Discuss the effects of adding a child to the home. Describe the strengths and needs of their marriage, including their perceptions and your own. Describe other emotional support systems each applicant has.

**Couples with children.** Address the same issues as noted above with "current relationships." Describe the applicants' interaction as parents. Address their decision-making processes, their agreements about parental discipline, their disagreements and how they are resolved, their support for one another as parents, and any other issues of possessiveness, excessive control, and so forth.

**Single parents.** Discuss the applicants' single-parent support system. Describe

the applicants' significant relationships with both men and women, including sexual relationships.

**Issues of infertility.** Discuss applicants' condition of infertility, their feelings about infertility, how infertility was and/or is handled, and how this has been resolved. Identify whether infertility has affected their sexual relationship.

**Parenting.** Include an assessment of the physical (health), mental (psychological), and emotional status of each child living in the home in relation to the family's ability to provide foster and/or adoptive care. Ask children how they are disciplined, what the rules are in the family, their opinions/perceptions of the family's decision to foster/adopt, etc. (Report their perceptions, your own, and your observations of the children's interaction with parents.)

**Include the applicants' feelings about themselves as parents.** How do the applicants describe each of their children? Describe the realism of the applicants' expectations of each of their children and the foster and/or adoptive children.

**Other household members.** Discuss other household members, including any who reside in the home part time. (Include grandparents, college children, exchange students, and part-time or full-time help.) Also include the results of both abuse/neglect and criminal history checks of each person 14 years of age and older in the home.

**Religion.** Describe the family's religious background and practices. Discuss the family's ability to be accepting of religious practices other than their own. Also discuss the family's willingness to take a child to the church of his or her choice. Describe the health protection plan the family will give a child if their religious beliefs prohibit certain medical treatment.

**Family rules and boundaries.** Discuss in regard to expectations, responsibilities, division of labor, nudity, privacy, etc.

**How family members handle stress and express negative feelings.** Be specific. Include examples of statements and behaviors that support your assessment.

**Extended family.** Describe the applicants' interaction with their extended family and the community. Describe the applicants' relationships with members of their extended family, friends, neighbors, church, and community. Discuss the attitudes extended family members have toward the applicants becoming foster and/or adoptive parents, including their degree of acceptance.

**References.** If information from the applicants' references is positive, summarize them briefly using direct quotes. If information from the applicants' references raises any concern, address the concerns carefully. At least one contact must be made with each adult child and each minor child 12 years of age or older of the foster and/or adoptive family who is no longer living in the home. This contact may be made in person, by letter, or by telephone.

**Summary statement.** Address the overall quality and stability of marital and family relationships in relation to the family's ability to provide a foster and/or

adoptive home. Address your perceptions and assessment of issues where appropriate, giving examples.

*Note:* The topics in Section III address the following minimum standards:

§745.4033.b b. Interviews for a foster home screening and a pre-adoptive home screening for family applicants must also include any minor child 12 years old or older or adult child of the prospective foster or adoptive parents not living in the home. These interviews may be conducted by telephone, in person, or by letter.

§745.4061.3 Each prospective foster or adoptive parent must provide information about what emotional support system he or she has in place. You must document all marriages, divorces, deaths of former spouses, and significant relationships.

§745.4061.8 You must describe the quality of the relationship in relation to the family's ability to provide a foster or adoptive home. You should assess the stability of a couple's relationship.

§745.4061.10.A-C You must evaluate prospective foster adoptive parents on:

- A. Their willingness to respect and encourage a child's religious affiliation, if any;
- B. Their willingness to provide a child opportunity for religious and spiritual development, if desired; and
- C. The health protection they plan to give a child if their religious beliefs prohibit certain medical treatment.

§745.4061.14 The attitude of the prospective adoptive parents' extended family regarding adoption.

§745.4061.18 Each person 14 years of age or older who will regularly or frequently be staying or working at the home while children are being provided care, must obtain a criminal history and central registry background check. The results of those checks must be documented.

§745.4061.19(adoption only) You must include information about the couple's fertility. The couple's fertility is important only in relation to unresolved feelings about their infertility and their ability to accept and parent a child not born to them.

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## **IV. Home Environment**

**The applicants' home and neighborhood.** Describe the income level and age group of residents, the racial makeup, the maintenance of the property, and so on.

In the description of the applicants' home, include sleeping arrangements and physical descriptions of the foster and/or adoptive child(ren)'s room(s), as well as the applicants' housekeeping standards.

Address the applicants' home and neighborhood as an environment for child care, including the adequacy of space for children to play both inside and outside.

**Safety issues.** The applicants' knowledge of basic care and safety issues must be discussed along with firearm safety issues, water safety, and basic home health and safety issues (pool and trampoline issues are addressed here). If firearms are present, all necessary precautions must be taken (firearms and ammunition must be kept separate from each other and in locked compartments at all times). Discuss the family's plan to keep medications out of children's reach and how these plans meet minimum standard requirements.

**Financial situation.** Identify the applicants' employment history, income, expenses, and ability to manage money.

For foster families only, address the family's ability to manage the expenses of caring for foster children prior to receipt of the first foster care reimbursement payment.

For adoptive families only, verify income and insurance coverage (medical and life) of all household members, including the children to be placed. (Children being placed may have private insurance coverage or be eligible for Medicaid through SSI or adoption assistance.)

Verify that the applicants have been informed of the application process for the adoption assistance program (subsidy), including the non-recurring adoption expenses program (adoption only). Address the adoptive family's ability to support a child with and without a subsidy or prior to reimbursement.

**Summary statement.** Address the family's ability to provide a safe home environment. (Include a summary of the home environment on the Risk Assessment, if one was completed.) Address your perceptions and assessment of issues where appropriate, giving examples.

*Note:* The topics in Section IV address the following minimum standards:

- 2510.4 of Appendix F "All medications must be kept out of the reach of children or in a locked storage area."
- 2510.5 of Appendix F "Medication requiring refrigeration must be separated from food in a designated container."
- 3200.1.a-e, Appendix F "The foster home and outdoor areas must be maintained, repaired, and cleaned so that they are not hazardous to the children in care.
  - (a) Outdoor areas must be well drained.
  - (b) Windows and doors used for ventilation must be screened.
  - (c) Equipment and furniture must be safe for children.
  - (d) Children must be protected from inflammable and poisonous substances.
  - (e) Explosive materials, firearms, and projectiles such as darts, arrows, and B-B's must be stored out of reach of children."

- 3300.2, Appendix F "A sleeping room must have at least 40 square feet of floor space for each occupant. Single occupant bedrooms must have at least 80 square feet of floor space."
- 3300.3, Appendix F "Each child must have his or her own bed and mattress; two children of the same sex may share a double bed."
- 3300.4, Appendix F "Each child must have storage space for clothing and personal belongings."
- 3620.1 "Before verifying an agency home, the agency must perform an inspection and document that the home meets appropriate minimum standards. Verification must include that either no firearms are or will be present in the home or that all appropriate precautions are taken."

§745.4061.17 "Financial status and ability to support a child, including employment history and insurance coverage."

- 4310.5 "Before placing a child into a home, the child placing agency must discuss basic care and safety issues with the adoptive parents, and ensure that the home provides an environment safe for the child or children to be placed. This must include firearm safety, water safety, and basic home health and fire safety."
- 4310.6 "Before placing a child into a home, the child placing agency must give prospective adoptive parents information about the TDFPS adoption assistance programs, including the non recurring adoption expenses program."

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## **V. Supporting the Child's Needs Regarding Birth Family**

Information about the child (Only include if this is an adoption by a relative)

- the child's name, age, general health, and any specific medical problems;

- the child's history of previous placements and a description of the current placement;
- the child's school adjustment (include at least the following information: grade, academic performance, conduct problems);
- the child's feelings about the relative and the amount of past and current contact with the relative; and
- any observations of the child's interactions with the relative.

**Birth family connections.** Discuss the applicants' sensitivity to and feelings about children who may have been subjected to abuse and/or neglect; and who are dealing with their separation from, and the loss of, their biological family.

Describe the applicants' sensitivity to and feelings about the (prospective foster and/or adoptive) child's birth family.

Address the applicants' sensitivity to and feelings about maintaining sibling relationships.

Discuss the applicants' acceptance of the (prospective foster or adoptive) child's feeling about his or her birth family, and the applicants' ability to help the child deal with these feelings.

Describe the applicants' ability to support the child's relationship with his or her birth family, including extended family. Include the degree of support for contacts between the child and his or her birth family and siblings. Describe the adoptive parents' expectations about any ongoing relationship with the birth family.

Address the applicants' feelings, willingness, and ability to work with birth families towards reunification, including methods used to support this plan (foster only).

Discuss the applicants' ability to support a child's search for his or her birth family (adoption only).

If this is an adoption by relatives, address the relatives'

- plan for protecting the child from exposure to the conditions from which the child was removed,
- attitudes towards the child's parents and other members of the child's family,
- thoughts and feelings about the parents,
- frequency of contact with the child's parents,
- attitudes towards parental visitation and contact, and
- proximity to the child's parents.

**Other significant relationships.** Describe the applicants' sensitivity to and feelings about the child's need to stay connected to people (other than birth parents) who have been important in the child's life (foster parents, teacher, friends, siblings).

**Personal identity.** Include the applicant's understanding of child identity issues related to child abuse and neglect. These issues could include questions about reasons for care, being a good or bad person, desire to find birth parents, "where did I come from" questions, "who am I" questions, gender identity questions, and questions pertaining to sexuality. (Do not include any general assessments pertaining to ethnic and racial identity.)

For adoptive parents, include the applicant's plans regarding the child's name.

*Note:* The topics in Section V address the following minimum standards:

§745.4061.12 You must evaluate the prospective foster or adoptive parents' sensitivity to and feelings about children who may have been subjected to abuse, neglect, separation from, and loss of their biological family, if the applicants are planning to adopt a child who is not a newborn. You must evaluate whether the prospective foster or adoptive parents' environment is appropriate to nurture such a child. The environment includes the prospective adoptive parents' interest and ability to help the child deal with these experiences, and the available community resources.

§745.4061.13 You must evaluate the prospective foster or adoptive parents' expectations about any ongoing relationship with the birth family as well as their sensitivity to, and feelings about, birth families.

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## VI. Dealing with Separation and Loss

- Address the applicants' understanding of the dynamics of separation and placement, significant losses, how these have been dealt with, and how they have been managed and/or resolved. You may include stages of grieving. Examples: the deaths of friends or relatives, the death of a child, miscarriages, infertility, experiences of victimization, loss of job, children leaving home, health losses, and natural disaster.
- How have the applicants' own losses equipped them to help an adoptive and/or foster child work through his or her losses?
- Discuss the applicants' ability to communicate with and help the child deal with his or her foster placement and/or adoption.
- Address the applicants' ability to separate from a foster child when the child leaves their home.
- Discuss the applicants' ability to help children grieve by accepting feelings of denial, anger, and depression.
- Address the applicants' ability to help build continuity in the child's life. Address work on the child's memory/life book and support work on DFPS's efforts on the life book.
- Address your perceptions and assessments of issues where appropriate, giving examples.

*Note:* The topics in Section VI address the following minimum standards:

745.4061.12 You must evaluate the prospective foster or adoptive parents' sensitivity to and feelings about children who may have been subjected to abuse, neglect, separation from, and loss of their biological family, if the applicants are planning to adopt a child who is not a newborn. You must evaluate whether the

prospective foster or adoptive parents' environment is appropriate to nurture such a child. The environment includes the prospective adoptive parents' interest and ability to help the child deal with these experiences, and the available community resources.

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## **VII. Dealing With Children Who Have Been Physically, Sexually Abused and/or Neglected**

Discuss the applicants' understanding of the dynamics of child abuse and neglect.

Address the applicants' sensitivity to and feelings about children who may have been subjected to abuse and/or neglect; and who are dealing with their separation from, and the loss of, their biological family.

Include the applicants' understanding of how these issues and feelings will affect them as well as the children they will foster and/or adopt.

Include the applicants' ability to help the child with their experience of abuse and neglect and the availability of community resources to meet the needs of the child.

*Note:* The topics in Section VII address the following minimum standards:

§754.4061.4.B You must include in the history:

B. An assessment of the available community resources to meet the needs of children; and

§745.4061.12 Sensitivity to and feelings about children who may have been subjected to abuse, neglect, separation from, and loss of their biological family.

§745.4061.15 The prospective foster or adoptive parents' expectations of foster or adoptive children.

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## **VIII. Child Management and Discipline**

**Discipline.** Describe the ways in which the applicants were disciplined as children, and their feelings about the discipline they received then.

Discuss the applicants' values (parenting philosophy) regarding child discipline and care.

Describe the applicants' current methods of disciplining children, and their

feelings about the discipline of children. If their current disciplinary practices are incompatible with DFPS's discipline policies, how do they plan to reconcile their practices with DFPS's policies? Include the applicants' ability to support DFPS's discipline policy.

**Child-Care knowledge.** Describe the applicants' knowledge of child development.

Discuss the applicants' child-care experience if they have no children.

Address the applicants' expectations of the foster and/or adoptive children and of working with these children. Are these expectations realistic? (Include examples of behaviors and activities that can help facilitate discussion include parents' expectations about school visits, school performance, public displays of inappropriate behaviors, etc.)

Describe the applicants' ability to:

- assess and identify a child's needs,
- promote a child's self-esteem,
- follow through on professional advice, and
- prepare an older child to live independently as an adult.

Address the applicants' plans for child care, if both are employed, and their plans for any baby-sitting needs during emergency or occasional outings.

**Child management.** Discuss the applicants' ability to manage the behaviors of children who have been sexually or physically abused and/or neglected. (Explore the applicants' abilities to manage specific behaviors, e.g., sexual acting out, aggression, abusive language, etc.)

Discuss the applicants' ability to manage a child's behavior associated with separation and loss.

**Summary statement.** Address your perceptions and assessment of issues where appropriate, giving examples.

*Note:* The topics in Section VIII address the following minimum standards:

§745.4061.11 The prospective foster or adoptive parents' values, feelings, and practices in regard to child discipline and care.

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## IX. Working with the Agency

- Describe the applicants' participation in pre-service training.
- Describe the applicants' ability to accept and act on suggestions.
- Describe the applicants' willingness to participate in continued training (foster only).
- Discuss the applicants' willingness to participate in post-adoption services when appropriate (adoption only).

- Explore the applicants' understanding of their role as caregivers in partnership with DFPS, and their ability to advocate for the child's needs.
- Discuss the applicants' willingness to support the child's plan of service.
- Address the applicants' understanding and acceptance of DFPS's decision-making process.
- Address the applicants' knowledge of who to contact if they have complaints about the screening process and that they have been notified of their right to appeal.
- Include the applicants' ability to communicate with DFPS workers about a foster and/or adoptive child's adjustment and needs.
- Include the applicants' ability/willingness to transport the child to medical, therapeutic, educational and visitation appointments (foster only).
- Address your perceptions and assessment of issues where appropriate, giving examples.

*Note:* §745.4061.20 You must include telephone numbers for entities where it is appropriate for the subject of the study to file complaints about how the pre-adoptive or foster home screening was conducted.

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## **X. The Mutual Problem-Solving Plan**

Describe the problem-solving plan worked out with the applicants during their preparatory training.

Identify the

- need the plan addressed;
- process used to meet the need (examples: contracting, gathering more information, discussions in training meetings, and reading assignments); and
- results.

If you have already described the need, process, and results elsewhere in the home study, make only a brief statement here.

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## **XI. Verification of Compliance with Minimum Standards**

The following statement **MUST** be on each home study:

The (name of family) is in compliance with all minimum standards as outlined in Minimum Standards for Child-Placing Agencies, including Appendix \_\_\_\_.\* These were discussed with the applicants, and the applicants were evaluated and found to be in compliance with the standards.

Foster Homes only: choose one or more of the following:

- Appendix F - Basic Care;
- Appendix G - Basic Group Care;
- Appendix H - Primary Medical Needs Care;
- Appendix I - Habilitative Care;
- Appendix J - Therapeutic Care; and/or
- Appendix K - Autistic-Like Behavior

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## **XII. Type of Child**

Discuss the type of child the parents are best qualified to foster and/or adopt. Include specific special needs and/or disabilities and behaviors the family is best qualified to manage (such as: sexual acting out, withdrawal, hyperactivity, noted emotional problems needing counseling, noted mental delays or retardation, minor to severe medical problems, etc.). Identify any special abilities or qualifications the family has to meet the needs of special-needs children. Discuss behavior, background, special-needs status, or other characteristics of a potential foster and/or adoptive child that the family cannot accept.

Address the family's ability to accept a child with parents who have

- a documented physical or mental illness (schizophrenia, bipolar disorder, etc.);
- alcohol abuse and/or drug usage;
- criminal history; or
- no available background information.

Address your perceptions and assessment of issues where appropriate, giving examples.

*Note:* The topics in Section XII address the following minimum standards:

§745.4061.16 You must evaluate the behavior, background, special needs status, or other characteristics of a potential foster or adoptive child that the family cannot or will not accept.

§745.4093.4 Evaluate all areas required for the foster home screening and make recommendations regarding the home's ability and approval to work with children with respect to their age, gender, special needs, and the number of children.

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## **XIII. Recommendations**

- Summarize the family's gifts and strengths (what the family can give to the child) related to the following categories: educational, emotional, medical/physical, behavioral, relationship-building, and spiritual.
- Summarize what the family needs from the child to feel successful in the following categories: educational, emotional, medical/physical, behavioral, relationship-building, and spiritual.
- Summarize the concerns of the family in the following categories: educational, emotional, medical/physical, behavioral, relationship-building, and spiritual.
- Summarize the Risk Assessment if one was completed. (Use statements such as: "The Risk Assessment revealed no areas of concern except for...")
- Make specific recommendations about the family's capacity to work with children. (Be specific about what type of special needs the family can handle and why).
- This family is best able to parent (describe the age, sex and number of children.)
- Mr. and Mrs. state a desire to adopt a child of (provide a description of the child or children).

Caseworker Signature

Date\_\_\_\_\_

Level One Supervisor's Signature Date\_\_\_\_\_

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## Appendix D

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## Project Summary

The Collaborative Adoption Project (CAP) is an innovative partnership of a public child welfare agency (TDPRS) and a statewide network of private foster and adoptive placement agencies (Texas CAN – Collaborative Adoption Network, or TCAN). This collaborative partnership is committed to integrating private and state operations and inter-regional practices into a more seamless system. The goal is to place children just removed from their homes more quickly and with few moves, to reduce the backlog of children waiting for adoption, and to reduce the pool of children designated as unadoptable. Specific objectives are to facilitate placements across jurisdictions, increase private agency adoptions, support an increase in private providers' use of dual certification, and provide cross-jurisdictional post-adoptive services.

The CAP collaboration recruited professionals from the entire adoption continuum including multiple TDPRS regions. These professionals developed a common purpose and mutual trust. Upon this foundation, they developed shared protocols, consistent policy and practice, and opportunities for joint action including recruitment, selection, and training. The collaboration also developed the opportunity for public and private agencies to streamline communication and learn more about each other by creating a CPA representative, which would be housed with TDPRS staff.

## Statewide Workgroup

The statewide workgroup of the CAP collaboration consisted of professionals from the entire child-placing continuum including shelter care, basic foster care, therapeutic foster care, habilitative care, primary medical needs foster care, adoption, and post-adoption services. In addition to the combination of public and private workgroup members, the collaboration was co-chaired by a member of the public agency and a member of the private sector.

The workgroup met monthly starting in January of 2000 to identify barriers and created an action plan to achieve the goal of the project. The barriers were identified in four categories: 1) matching/selection/placement, 2) lack of resources/families/staff, 3) shared vision at intake, and 4) lack of financial resources. After workgroup members gathered and analyzed data, recommendations were made in an attempt to alleviate the barriers. Short term and long term goals were identified in each category and prioritized to create an action plan. Sub-committees or small workgroups were then identified from the statewide workgroup to develop strategies for implementation of the identified goals. These workgroups included members of both public and private sector. The number of workgroups created was dependent upon the number of identified goals within each barrier.

Workgroups developed specifically to impact the identified barrier of matching/selection/placement included a group that would be responsible for creating a standardized home study format, a group to look at opportunities to develop joint training of CPS and CPA staff, a group to define roles and

responsibilities during the matching process, and a group to develop the concept of having the CPA's jointly fund a staff person to be housed with TDPRS FAD staff.

Workgroups developed specifically to impact the identified barrier of lack of resources/families/staff included a group that would develop a pamphlet regarding the difference between PMC and adoption and a group that would develop protocol for child presentation and family selection. In addition, it was identified that joint recruitment and training of foster/adoptive families would also conserve resources. The development of a specific process to achieve this goal was left for the individual regional CAP groups so that the needs of each participating agency within a region could identify a system that would benefit all the participants within the individual regions.

There was one workgroup developed specifically to impact the identified barrier of shared vision at intake. This workgroup developed prompts and protocol to facilitate gathering more information from potential parents. Workgroups previously created for impact of other barriers would be developing tools that would also impact this barrier. One example is the development of joint training of CPS and CPAs.

Short term goals identified to impact the fourth barrier identified, which was lack of financial resources, included the use of "Adopt 2000" marketing ideas, sharing of market and adoption research, the development of a resource manual for families, review of post adoptive services with positive outcomes, and

community forms with private sectors advocating to community leaders and legislators.

The statewide workgroup believed that the aforementioned strategies would have a positive impact on the development and on-going collaboration of private and public agencies. To review the completed list of short-term and long-term goals of the CAP collaboration, see the attached Action Plan.

### **The Pilot**

The pilot was implemented in Region 03. There were a number of participating agencies at the initial meeting. After a couple of meetings the number of agencies was reduced; however, those continuing to participate were committed to the project. The collaboration agreed to utilize the products of the statewide work group and hired a CPA representative to be housed with TDPRS staff. This individual met with all the private agencies to learn how each specific agency functioned and to provide information about how CPS functions. He also provided one-page overviews to the CPAs to complete on their families and return. This tool in conjunction with the one-page summaries completed by CPS allows for the employee to begin the matching process with some high level matches. This alleviates numerous phone calls from different CPS employees to the CPAs and alleviates the CPAs from providing the same information over and over again. This process facilitated numerous placements for children within the region. In addition, this employee was able to communicate to both the public and private agencies expectations of the other and facilitate communication.

The collaboration continues and in conjunction with other collaborative efforts is working toward joint recruitment, information meetings, and training. This allows for a more user-friendly system for families interested in adoption and foster care. The families are provided with information about all the participating agencies during the process, and they have the opportunity to make an educated choice when selecting an agency.

The collaboration has also allowed for a trusting relationship to grow not only between the public and private sector, but also among the private agencies, increasing the number of private placements, thus allowing for more children to have permanent homes.

### **Preparation for Implementation**

#### *Identification of Public and Private Leaders*

It is important to initially identify individuals in both the public and private sector that are open, committed, and willing to work in the collaboration. These individuals should be utilized as leaders in the collaboration.

#### *Collecting Information Regarding Local Child-Placing Agencies*

Information needs to be gathered regarding the directors, addresses, and phone numbers all the private child-placing agencies in the area. The most appropriate source for this information is from the list of agencies with current open-enrollment contracts for adoption. This information will be used to invite appropriate staff to join the collaboration.

### *Planning the Initial Information Meeting of the Collaboration*

A date, time and location for the initial meeting should be identified. The date and time should be convenient for all potential participants. The location should be centralized with a pleasant atmosphere. Snacks should be provided, if possible.

The Texas CAN! Coordinator, co-facilitator of the statewide workgroup, should be the individual contacting local private sector administrators to introduce the idea of the collaboration and invite them to the initial meeting. During this contact, any questions or concerns should be addressed. The potential participants should also be encouraged to have open communication during the meeting. The Texas Can! Coordinator should also provide the administrators with his name and phone number in case any questions arise prior to the meeting. A follow up letter should be sent after the contact with the information regarding the meeting date, time, and location.

### **The Initial Information Meeting**

Individuals from the public and private sector that participated on the statewide work group should be present the initial meeting of the potential local collaboration. The meeting should be co-facilitated by the representative of the public sector, the CPA Project Director, and a representative of the private sector, the Texas CAN! Coordinator. The private sector representative should present the concept and overview of the statewide work group. The identified barriers should be shared and philosophy for selection of initial barriers to

attempt to impact. Handouts should be available and suggested handouts should be 1) action plan with list of barriers and short-term and long-term goals, PMC pamphlet, home study outline, adoption selection format, job description for CPA representative to be housed with TDPRS staff, and forms for the CPA representative to utilize in high level matching. There should also be discussion of how the collaboration would want to establish joint recruitment and training in the local area.

There should be detailed discussion concerning the CPA representative, possible funds provided for this position during the first year via the grant, how to determine a fiscal agent for the position, how to ensure that the fiscal agent is not responsible for any losses that might be incurred, and how to handle the funding of the position after the initial year of implementation. Due to the sensitive nature of these discussions, open and honest communication should continue to be encouraged.

Participations in the initial meeting should be allowed to discuss concerns and these concerns should be addressed, when possible. They should also be asked to think about the discussion and what part they feel they can play in the collaboration. A follow-up meeting should be scheduled prior to participants leaving. The participants should be encouraged to contact the CAP representative, if questions or concerns arise prior to the next meeting.

### **Follow-Up**

After the initial meeting, leaders in the collaboration should make phone contact with participants to encourage participation in the collaboration and answer any questions or concerns that may have arisen after the meeting. There should also be a verbal reminder of the next meeting during this conversation. A written reminder should also be sent.

### **Future Meetings**

The second meeting of the collaboration should also include public and private sector members from the statewide work group and from the pilot in region 03. *These individual can give examples of how they utilized the opportunity to participate in the collaboration and how it can look different for the needs of the different regions.*

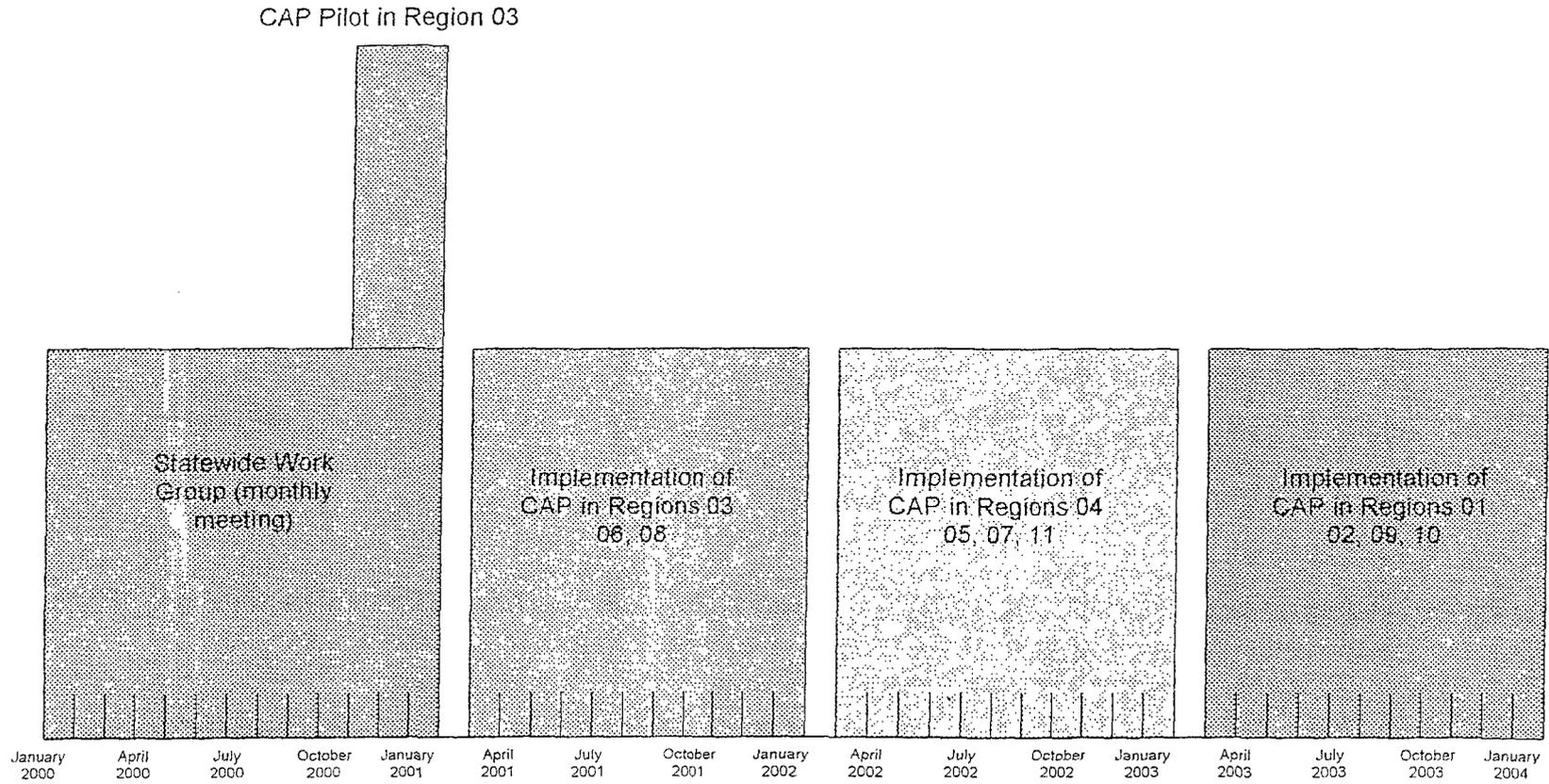
An action plan for the specific collaboration can be initiated. There can also be the development of local workgroups to address issues specific to the local area and how the agencies want to develop joint recruitment and training. Time frames should be given to the work groups and clear expectations of reports to be presented to the collaboration.

### **The Continuation of the Collaboration**

The collaboration should be initiated and local leaders should assume responsibility for continuation of the collaboration. Regularly scheduled meeting should occur with clear agendas to meet the target goals, which the local

collaboration identified. One major goal of the collaboration is to develop trusting relationships between the public and private agencies to benefit the children needing permanency.

# Collaborative Adoption Project Time-line



## Appendix E

**Advanced Curriculum for  
Special Needs Adoption/Foster Care Workers  
Focus Group Findings  
Wednesday, September 18, 2002**

A focus group of TDPRS adoption workers and representatives from various adoption agencies was held on Wednesday, September 18, 2002 in the Winters Building, Austin, Texas. The purpose of the focus group was solicit feedback, comments, suggestions and impressions regarding the development of a new curriculum that that will be funded by the Collaboration Adoption Project federal grant through the Texas Department of Protective and Regulatory Services. A Request for Proposal will be issued by TDPRS to experts in adoption worker training.

Participants who were part of the focus group included:

Agnes Zacarro –	A trainer with the Spaulding agency from Houston, Texas,
Billie Jose Weinberg -	A trainer with the Spaulding agency from Houston, Texas,
Pat Simmons -	Program Manager, Depelchin agency, Houston, Texas
Marilyn Waters -	Casey Family Programs, Austin, Texas
Karen Cagel -	Program Director, Region 7, TXDPRS
Debbie Bakey -	Program Director, Region 1, TXDPRS
Deborah North -	Program Director, Region 8, TXDPRS
Deana O-Mara -	Adoption Director, San Antonio Children’s Shelter
Sandy Besig -	Supervisor - Adoptions, Region 6, TXDPRS
Susan Henny -	Post-doctoral Researcher, Adoption Evaluation, University of Texas, Austin

Most of these participants are part of a Collaboration Adoption Project (CAP) workgroup that meets on a periodic basis to discuss challenges and issues involved in the implementation of the CAP group grant in . The focus group was facilitated by Steven Dietz, Section Lead, Evaluation and Data Management of TXDPRS and Dionisio Salazar, Program Specialist, Evaluation and Data Management, TXDPRS.

### **Introduction**

The beginning of the focus group began with introductions by each of the focus group participants. Participants provided their name, job title, place of employment and any experience in training or working with curriculum development for adoption training. One the first questions to emerge from the group was whether the group was meeting to provide feedback on the development of an “advanced” curriculum that would be a follow up to the existing basic curriculum or was the plan to develop a totally new curriculum that incorporated aspects of the existing curriculum in addition to other topics and subjects. Mr. Dietz explained that the facilitators were not prepared to answer that

question. That was up to Mr. Gilbert Cedillo, CAP Director. The question, however, would be answered in the announcement of the RFP

The focus group answered four basic questions. These questions were:

- 1) *What is good about the current training and preparation for adoption/foster care workers?* (This include anything ranging from educational preparation to special workshops)
- 2) *What is not good about the training?*
- 3) *What is missing from the training?*
- 4) *What should an advanced curriculum look like?*

Mr. Dietz asked questions while Mr. Salazar recorded the answers on flip charts.

### **Q1. Good Aspects of Current Training/Preparation of Adoption/Foster Care Workers**

Mr. Dietz asked all participants to write down answers to the question of what is good about the current training and preparation of adoption and foster care workers. The following are their responses:

- Spaulding basic adoption training currently available
- TIPPS training currently available
- Pride curriculum - CWLA
- Ethnic & Cultural Competence  
(Undoing Racism – group out of New Orleans that offers 3 day training)
- Supervisor training - supervisors in PREP and FAD units do a lot of “hands on” training
- Mentoring
- Sending of staff to N. American Council on Adoption training
- Being around other people doing same thing
- Participating in conferences and networks that focus on foster/adoption care
- Special training time for new employees (single day) provides direction
- Adoption Knowledge Affiliates (Austin) – upcoming conference for adoption parents
- Use of a book entitle, “A Child’s Journey Through Placement”
- Ethics training for workers that could be possible be accomplished through brown bag luncheons
- Training dealing with Worker’s Biases involving race, class and gender
- Attachment training – upcoming
  - 2 day training – various associations in Colorado
  - Bonding topics – Attach Group – Houston therapists
  - Attach – National group/association
- Film – How to Do A Lifebook with a Child
  - Good therapy - Done by foster parents
  - Part of TIPPS training

- Old film but very good
- Lots of On-The-Job training
  - Very practical and positive
  - Structured system of mentoring

**Q2/3. What is not good or missing in the training of adoption and foster care workers?**

(As the focus group proceeded, questions 2 & 3 were combined)

- Children are entering the system without proper attention
- Staff at front end not making right decisions - need more training
- Not enough time is devoted toward supervising workers
- More training is needed upfront with workers who are making critical decisions for children
- Staff doing investigations, etc., - not trained for special needs adoptions
- Current curriculum – not geared toward current situation
- Special needs curriculum:
  - Should be done in 3 days rather than 2 days
  - Challenge for staff to be away from office
  - No time, too many responsibilities in office
  - Placements being done too quickly
  - More time is needed upfront with children
- Not enough clinical assessment
- Why is there such a high turnover of workers?
  - Workers are overwhelmed
  - Workers can't meet basic requirements
  - Workers don't see training as practical
  - Supervisors should be addressing these problems
  - Supervisors should be getting training and then sharing with workers
  - Supervisors need to play a more active role in training and transferring knowledge to workers
  - Staff need to be accompanied by supervisors
- New Training is needed
  - Should be given by experienced staff
  - Workers are disillusioned with training
  - Not enough training for workers to support family and placements
- Special Needs Training
  - Only covers up to the third month of the placement
- Differences in Training Given to Public vs. Private Workers
  - Workers getting different training
  - Not enough information on what is “legally” required by public vs. private agencies
  - Private/Public agencies – do not have consistent procedures/requirements/training/education
- Social Workers in Field
  - The profession is fragmented

- Experiential Training
  - This is not included in current Pride training
  - This was previously included in NACAC training
  - Placement through children’s eyes
  - Investigative workers need this training
- Federal Grants
  - Models developed from these grants are not being shared or implemented in the field
- Pre-Placement Issues
  - More training needed in this area
  - One day training is not enough for the workers
- Foster Parent Adoptions
  - More information is needed
  - These are Special cases
- Different Tracks of Training
  - There needs to be more training tailored to specific groups of workers
  - This could possibly be more effective

**Q4. What should new curriculum look like?**

The responses to this question were broken into two parts. The first included topics that should be included in the new curriculum. The second dealt with overall approaches and methodologies to be utilized in teaching the curriculum.

**Broad Topics:**

- Pre-Placement Issues
- Ethnic & Cultural Competence
  - Has to consider Multi-Ethnic Placement Act (MEPA)
- Attachment Theory
- Post-Placement Support
- Biological Family Contact
  - Should include symbolic and actual
- Family Assessment
- Matching Process
  - Child and Family Placement
- Assessment
  - 2<sup>nd</sup> Assessment – What is really going to fit?
- Worker Biases – “Practicing the Practice”
  - Doing Lifebook work in spite of difficulty
- Transracial Placements
- Working Through Disruptions
  - Putting the Family Back Together
- Knowing Your Resources

- Special idiosyncratic situations
- Dealing with Ambiguities
- Advocacy for Children
- Use of “across-the-board” concepts (methodologies)
- Recruitment of Families
  - Old children, specialized situations, etc.,
- Child Preparation
  - Emphasis on Lifebooks and other tools
  - Therapeutic work with child
  - Should happen when worker and child initially move into the system
- Foster to Adopt Issues
- Legal Issues
- Medications

### **Approaches/Methodologies:**

- Supervisor Buy-In
- Practical
- Experiential
- Case-Based Learning
  - Using Cases and working through them
- Different Tracks
  - Supervisors
  - Beginning Workers
  - Advanced Workers
- Client Participation
- Clinical Practical & Theory
- Professional and Dynamic Training
  - Films, Exercises, - various methodologies
  - Smaller groups – more engaging, interesting
- Involvement of Supervisors and Lead Workers
  - Train the Trainer
  - Roll-out of Process
  - Private and Public agency training should not be separate but rather together
- Pre-Work Assignments
  - Bring to training an example of a real life current problem
- Take-Away Handbooks
- Video Presentations
  - From Child’s Perspective & Experts
- Multiple Vehicles for Presenting Information
- On-Going Training
  - Over several months
  - This will present opportunities for application of learning
  - Perhaps once a week brown bag lunches

- Follow-Up
- Discussion of Adoption Issues
- Knowledge Base
  - Should be provided in a Pre-Manual

## Appendix F

# Collaborative Adoption Project

## Process Evaluation Interview

Interview Date: June 19, 2000

Location: Buckner Baptist Children's Charities Office  
600 N. Pearl Street  
Dallas, Texas 75201

Participants: (see appended list of participants)

The afternoon session of the CAP participants' meeting was a Focus Group conducted by Robert B. Hampson, Ph.D., project evaluator, and graduate students. The session opened with a description of the collaborative adoption project, and then progressed to the key issues of trust and collaboration.

### Issues with Current Placement Process

One of the most consistent barriers addressed by the workgroup is the lack of adoptive families for this CPS population. One reason addressed is that these children are often older, have had emotional and family traumas, and may present psychological difficulties. There are also financial problems, in that many families need to have two full-time careers, and there is no financial support once these children are legally adopted. There is also some difficulty with recruiting families; members of the team from both private and public sectors would like to see more media help.

In terms of cross-agency placements, there is a lack of consistency in evaluation of adoptive homes, including a wide variation in methodology for conducting home studies. There is also considerable variation in training programs across agencies, ranging from none to highly systematic training. Note that all Texas PRS regions use the same training protocol for all their adoptive families, *PRIDE*. These are surmountable differences that are being addressed by the work group, and some of the variation has been reduced already just through collaborative planning.

Members of the work group also addressed some of the disincentives of a foster family to adopt, including the cessation of monthly foster family payments, and a possible change in caseworkers. In some agencies, there is minimal or no caseworker support post adoption, which can be especially difficult for families adopting CPS children. Again, these are potentially surmountable obstacles, especially with grant support and some pilot studies.

For those dual-licensed (foster and adoptive) homes, there are some possible reasons why families in private agencies might have more limited access to certain children. First, private agency parents are not available for emergency foster placements, especially when children need to be placed after hours. Some agencies do not take emergency placements. Finally, sibling groups may be harder to place across agency lines; multiple-sibling placements make up nearly half of the placements in Dallas County in the past three years.

There are other potential barriers to the CAP program which deal with human rather than programmatic or procedural issues: trust, turf, and control. The only way to deal effectively with these basic personal issues is to continue to meet, work together, and develop personal relationships. These have already begun to develop.

The potential for mistrust between caseworkers and agencies can stem from several sources. One is trusting that another agency's preparation of their families is adequate, from recruitment to training to support services. Another is trust that the shared working relationship in which a child from my agency is placed with one of your families will be truly collaborative, and not a subservient or controlled relationship. In the Focus Group, these issues of trust were raised on several occasions, and participants from private agencies indicated that one of the biggest issues was that of control: which agency will retain primary control over the placement. Several indicated that a private agency family taking a CPS child could be lost to the larger public sector.

Other sources of mistrust and control surround the issues of "ownership" and "turf". Several caseworkers confessed that they don't want to share their families they've worked hard to recruit, especially ones that they consider among their "best" families. Each region and agency is understandably protective of their children. Finally, there may be different policies and procedures, including training of employees and families, particularly across private and public sectors (Note that all Texas PRS regions do use the exact same training protocol for their families, *PRIDE*). There may also be a sense of competition, especially among private agencies, for funding, or for meeting their individual mission statements. Finally, there was a slight sense of superiority on the part of PRS, since they have uniform training, regularized home study and evaluation procedures, and standard requirements for licensure of homes.

These "human" barriers can only be addressed through ongoing dialog and shared experience in the collaborative placement process.

#### **Possible Resolutions**

1. Working together more effectively at initial placement.
2. Joint recruitment and training of families, hopefully with funding.
3. Consistent method of evaluating families (home studies) to be used across CPS regions and by private agencies.
4. Incentives for private agencies when their families are used to place a CPS child.
5. More funding for the evaluation and training of families and for collaboration between CPS and private agencies.

From the Focus Group, and the several planning meetings that have been conducted, several goals and procedural steps have emerged. These shall be presented in logical stepwise order, although there may not be a conclusion or ending marker for one step before the next begins.

1. In order to build a collaborative and trusting relationship between PRS and other agencies and regions, the team needs to create a partnership model wherein the private and public sector participants view themselves as team members and partners, rather than one sector feeling subservient to another. A series of planning and brainstorming sessions has begun to develop a core team, and this goal appears to be as nearly met as possible this early in the project.
2. In order to have the placement process run smoothly, the project needs to identify factors within the state system that lead to delays or decreased cooperation across PRS regions in both the adoptive placement and in the delivery of post-adoptive services (whether the home is a PRS family or a private sector family). These factors have been identified, and team members are currently in the process of involving key players at the statewide level in this pilot program in Dallas County.
3. It is also important to identify barriers to PRS regarding fully utilizing private adoption agencies to assist in placing PRS children for adoption. Such key issues as trust, ownership and “turf” issues, and different standards and procedures have been identified, and are currently being addressed in ongoing planning meetings. While there still has not been a large number of private adoptions in this program, the collaborative and collegial relations between Dallas County PRS and many of the local private adoption agencies have been accomplished, and more cross-agency adoptions appear to be forthcoming.
4. Of course, it is important for all the participants, public and private, to develop strategies to address and reduce the impact of the identified barriers. PRS has taken the primary initiative here, and has sponsored regular monthly meetings for addressing these potential barriers.
5. Finally, PRS and this study will utilize information garnered from a pilot study to provide further feedback regarding implementation of strategies and reduction of barriers. Although this has not yet begun, members of the planning and implementation teams have consented and prepared for the study, and the Institutional Review Board at Southern Methodist University (home base for Dr. Hampson) has approved the study.

In the study, 50 randomly-selected adoptive families (public and private) who have had children placed from PRS in the past year will be observed and interviewed, and psychological evaluations for the placed child will be reviewed. Two primary themes will be addressed: 1) the “fit” or “match” of family interactional competence and style with important child demographic and psychological factors, in predicting more/less successful and problem-level placements; and 2) the family’s perception of the placement process, including recruitment, training, post-adoptive support, and collaboration across agencies or offices.

Robert B. Hampson  
SMU

[rhampson@mail.smu.edu](mailto:rhampson@mail.smu.edu)

## Appendix G

**Interim Evaluation**  
**CAP Liaisons & CPS Supervisors**  
**Collaboration Adoption Project**  
May 30, 2003

Karen Brown  
CAP Liaison  
Regions 2/9

**1. How did you first get into this field of work?**

Ms. Brown started with the CAP at the beginning of 2003. She previously worked for New Horizons, who is the lead agency for the CAP. CAP funding will end at the end of August 2004.

**2a. CAP Liaison - What does a typical week look like in your work as a CAP liaison?**

Ms. Brown works out of the CPS office. She assists in matching CPS children with private adoption agency families. She also has been very involved in a publicity campaign sponsored by the CAP.

**2b. CPS Supervisor - How involved are you in the day-to-day activities of the CAP Liaison?**

**3a. What have been the external barriers in regards to the implementation of the CAP model?**

Competition between the various private adoption agencies has been a challenge. Specific barriers that have impeded the implementation of the CAP have been geography and the current system of certifying private agencies to do adoptions. The Spaulding agency located in Houston, Texas is the supervising agency that oversee adoptions in the Abilene area. Spaulding is not always able to send a representative to the Abilene area to supervise an adoption. This impedes the ability of foster-adopt agencies to perform the necessary 12 adoptions necessary to obtain an open enrollment contract. Ms. Brown discussed the idea of having CPS supervise local adoptions. This could significantly increase the number of private agencies that could do adoptions. This in turn would lead to more children getting adopted. These are several agencies in the area that are in the process of obtain an open enrollment contract. Ms. Brown felt that it would be more cost effective for the CPS to supervise adoptions as opposed to a third party such as the Spaulding agency from Houston, Tx. She estimated that the state could save approximately \$25,000 in one year in the Abilene area by eliminating a third party supervisor. It was not clear how Ms. Brown arrived at this figure.

**3b. To what extent have the barriers been resolved, addressed or dealt with through the CAP project?**

Ms. Brown has been in contact with the TDPRS Legal Division regarding idea of CPS supervising adoptions as opposed to a third party agency. Legal has thus far indicated that this is a possibility. It will require, however, specific permission from CPS. Ms. Brown felt that this arrangement may not work for other parts of the state but it makes a lot of sense for Abilene.

**4. During the course of the CAP project, have you seen more involvement from private agencies in the permanency planning process?**

**5. In general, can you describe the level of cooperation that exists between the private agencies?**

CAP members see benefit in meeting together and doing joint recruitment. This has not happened, however, on a large scale. There exists a basic level of cooperation. Problems have arisen with regard to which agencies families are being selected for the adoption.

The CAP is in a growing stage. Individual members need to take more ownership in the organization. Everyone is in a wait and see status.

**6. Has the CAP project served to encourage more cooperation between private agencies and CPS?**

The CAP liaison has been active in promoting cooperation between private agencies and CPS. Perceptions about private agencies within the CPS office have begun to change. More communication is occurring.

**7. CAP Liaison – How active or focused have you been in recruiting families to foster and adopt (Dual license)?**

New Horizons has been active in doing dual licenses with their families.

**8. How active or focused have other private agencies in your region been in recruiting families to foster and adopt (dual license)?**

Most of this activity has taken place through the CAP.

**9. CPS Supervisor - How do you feel the private agencies have performed in their efforts to recruit dual licensed families?**

**Concluding Remarks:**

Ms. Brown also discussed the payment system for foster care. She indicated that the current financial reimbursement system discourages foster care families from adopting. Foster care families are paid a certain amount of money based on the medical status of the child. The more severe problems a child has, the more money a foster parent receives receive from the state. This system encourages foster parents to keep foster children in a higher level of care. Once a foster care parent officially adopts a child, he or she longer receives a payment from the state. This situation encourages foster care parents to keep their children in a foster care status. This situation needs to be addressed.

**Interim Evaluation**  
**CAP Liaisons & CPS Supervisors**  
**Collaboration Adoption Project**  
**May 19, 2003**

Alma Novola  
Permanency Director  
Region 11

**1. How did you first get into this field of work?**

Alma first started working in the area of “service delivery” approximately 22 years ago. She worked as an adoption worker in rural areas. She then worked as a Foster Care supervisor. This helped her get a good perspective of adoption and foster care. In the old days, these were two very distinct areas. The philosophy of the agency was that these were two separate areas with little connection. This philosophy eventually changed when foster parents began adopting children more and more. Eventually, Alma became the Director of Foster Care/Adoptions. The new emphasis on foster/adoption care resulted in new training for workers and parents. This remains the case.

Alma started working with private agencies when CPS had the need to “outsource” therapeutic care for foster children at level 2 and above. This work began before the implementation of the Collaborative Adoption Project in Region 11. In many ways, it set the groundwork for the successful implementation of the current CAP. Alma’s experience helped her with the training of the new negotiator positions that were recently created within the agency.

**2a CAP Liaison - What does a typical week look like in your work as a CAP liaison?**

**2b. CPS Supervisor - How involved are you in the day-to-day activities of the CAP Liaison?**

Alma has been involved in the CAP statewide workgroup because of her familiarity with Foster Care/Adoption work. This was helped tremendously with working with the local CAP liaison. She was not involved, however, with the selection of the person for the position. This was done by a private agency in the collaboration. They did the hiring of the person. CPS housed the staff person.

Alma was involved in mentoring the CAP liaison regarding the foster care/adoption field. This has included providing information on PRIDE training and other information. Alma met with the CAP liaison in the beginning stages of the project. Currently, the CAP liaison and Alma keep in communication on an ongoing basis, particularly when questions arise that are outside the expertise of the liaison. Whenever the liaison emails any of the CPS staff, she copies Alma to insure that she is in the loop. This helps Alma to know what the liaison is doing. As Alma meets with some of the units, she invites the liaison to attend the meeting to allow her to speak about the CAP project.

Alma continues to meet with private agencies on a monthly basis whether or not they belong to the CAP. The topic of discussion is adoption placements. The liaison also participates in these meetings. These meetings were taking place before the CAP was formed and have continued to happen. The CAP meets every other month. Sometimes they meet monthly. Sometimes they meet quarterly. There are 11 agencies in the Collaboration. Topics of discussion have included developing a strategic plan for doing “joint recruitment” as a whole. The agencies were looking at forming an umbrella called the South Texas CAP. They planned to share “referrals”. They were looking at getting a 1-800 number. The CAP liaison’s responsibilities have been to look at the needs of the private agencies to better facilitate their effective participation in the CAP.

**3a. What have been the external barriers in regards to the implementation of the CAP model.**

The barriers are not with the CAP model itself. They have more to do with internal dynamics of CAP participants. Trust is a major factor. This has been an obstacle not only between the private agencies and CPS but also between the various private agencies. The CAP has done a good job of addressing this. All of the private agencies are in the business of recruiting families. A concern has been whether agencies would take families from each other. This problem has been ironed out. An example of this has been the plan to establish a 1-800 number. Once calls come in, families are referred to the various CAP agencies in alphabetical order. The CAP developed this system in order to evenly distribute families amongst various agencies. This procedure came to a halt with the recent changes.

Another method in which the trust issue was addressed was through "joint information meetings". The CAP liaison organized these meetings. Families interested in adoptions were equally distributed amongst the various private agencies. Initially, all private agencies all wanted to participate in the joint recruitment meetings. It was decided, however, that this was too overwhelming for the participating families. A decision was made to just send the CAP liaison to speak for all the private agencies. She explained that all participating agencies had the same common goal. The information meetings were advertised through local newspapers. The Central Library was chosen as the site to meet because it was considered neutral ground. So far, just one meeting has actually occurred. Future activity will depend on the budget cuts. Three families attended the first event. People need to become more aware of the meeting in order for attendance to increase.

The trust barrier between CPS and private agencies was dealt with several years ago when CPS first starting outsourcing its services. This problem has not existed for some time. This issue, however, may again resurface with recent developments regarding more extensive recruitment of foster and adoption families that will be done by CPS. Some private agencies feel that this will be infringing on their business. The lack of trust may resurface. Competition may be a future source of conflict between CPS and the private agencies.

Another obstacle has been the "open enrollment" contract. No all agencies the ability to do their own adoptions. A new agency has to do 12 special needs adoptions under the supervision and mentorship of a certified private agency. They have to rely on other agencies with more experience. With the budget cutbacks for adoptions, it does not make sense for many agencies to continue to pursue and open enrollment contract. One agency in the CAP that has attained its open enrollment contract is Arrow. World for Children is close to meeting all the requirements. Pathway may not be able to compete the requirements..

With the new changes, CPS will be doing most of the adoptions. This will leave little business or financial incentives for private agencies to do adoption. This will also impact their potential involvement in the CAP. With the changes, it will be difficult for many of the agencies to meet the criteria.

Smaller agencies that are part of the collaborative that are not likely to continue with their open enrollment certification are Circles of Care, Open Arms, Coastal Bend Youth City, and Pathways. They will probably continue in participating in the Collaboration but not with the open enrollment process.

**3b. To what extent have the barriers been resolved, addressed or dealt with through the CAP project?**

The CAP meets on a regular basis. Turf issues were addressed fairly quickly by the CAP. The trust factor has been for the most part adequately resolved both in terms of relationships between CPS and the private agencies and amongst the private agencies.

Any agency can do the pre-service training (PRIDE). Each agency does its own PRIDE training. Families from other agencies can also take this training. This means that there are more available training opportunities for the families.

Increased communications between the private agencies has been very critical for resolving any potential problems. These problems seem to be resolved fairly quickly.

**4. During the course of the CAP project, have you seen more involved from private agencies in the permanency planning process?**

Alma has been working with all the private agencies. She sends them information on court hearings for the families. They are better informed and more involved. Permanency Planning involves federal mandates that require that children be provided with permanent care within 18 months. At permanency planning plan of action is established for each child in order to get the child adopted or returned to her or her parents. Private agencies are invited to permanency planning meetings to keep them better inform. Private agencies either attend the meetings or rely on the CAP liaison to provide them with critical information. This system works very well. Agencies find out about the children who are available for adoption on a much quicker basis. They can then begin matching them with their prospective parents. A major focus is on kids whose parental rights have already been terminated.

**5. In general, can you describe the level of cooperation that exists between the private agencies?**

In general, the cooperation is very good in Region 11. It has gotten better throughout the course of CAP project.

**6. Has the CAP project served to encourage more cooperation between private agencies and CPS?**

Initially, some of the agencies were resistant because most were focused on foster care and did not want to make the change to adoption. They want to continue to perfect their foster care policies and procedures. When the CAP was first formed, private agencies were encouraged to transition to consider foster care-adoption.

**7. CAP Liaison – How active or focused have you been in recruiting families to foster and adopt (Dual license)?**

**8. How active or focused have other private agencies in your region been in recruiting families to foster and adopt (dual license)?**

The majority of private agencies have become more focused on recruiting more foster care/adoption families. This is primarily true for those private agencies that are able to do adoptions (which are very few). To the credit of those agencies that can not do adoptions, they still talk to the families about foster/adoption. Families are provided with helpful literature.. There is no real financial incentive for those agencies that cannot do open enrollment.

In the future, emphasis on foster/adopt will likely decrease because the private agencies will not have an incentive to make money because of the lack of funds. Agencies in the CAP will have to do decide whether to continue collaboration or to go their own way. They are being encouraged, however, to stay with the collaboration because of the wealth of information and expertise that exists within the CAP. At the last meeting, a decision was made to continue to stay together. News of the budget cutbacks, however, was very overwhelming and demoralizing. Each of the agencies will likely be speaking with their Boards of Directors and staff as to their next move. This will likely be discussed at the next CAP meeting.

The CAP brought CPS and private close together to bring about more adoptions. The kids were the beneficiaries of this new arrangement. With the recent changes, less CPS children will be adopted.

9. **CPS Supervisor - How do you feel the private agencies have performed in their efforts to recruit dual licensed families?**

They have done well. There has been a consistent increase in the number of adoptions in the region. This year, however, there may be a decrease. There are a variety of factors that need to be considered in evaluating the number. One special factor is the number of FTE's. Region 11 has lost several FTE's in the area of foster care/adoption. This has a profound impact.

**Additional Comments**

Every region was to get CAP funds to implement the project. The State project should look critically at where the project has done particularly well. Rather than starting new regions, monies should be reallocated to areas that have a good tract record. This would allow for a longer period of time to study the ultimate impact of the CAP grant. Rather than doing the project for two years, monies should be identified that would allow certain regions to carry out the grant for the original three years originally proposed. This will provide valuable information for the whole state.

**Interim Evaluation**  
**CAP Liaisons & CPS Supervisors**  
**Collaboration Adoption Project**  
**May 19, 2003**

**Tangie Benson**  
**CAP Liaison**  
**Region 11**

**1. How did you first get into this field of work?**

This is Tangie's first experience in the area of foster care/adoption. She is a retired educator. After finishing her teaching career, she returned to obtain a Master's degree in counseling. During this time, she did a practicum with Loddell Services, a psychical services group that does assessments. She was involved in parental education. The company had a contract with CPS to monitor families who were being investigated for child abuse. She saw an advertisement for the liaison position. She interviewed with Roy Block from Pathways and got the job. Tangie works part time in the liaison position. Pathways is the lead agency.

**2a CAP Liaison - What does a typical week look like in your work as a CAP liaison?**

Tangie is very busy. She participates in adoption staffings. She does extensive work on the computer doing research and writing. She emails caseworkers regarding children she is aware of who are in need of adoptions. This includes CPS workers and private agencies. This starts the process of recruiting families for the children. She also travels to the Rio Grande Valley with Alma Noyola to meet with private adoption agencies. She helps out with recruiting for the agency. She emphasizes foster care to adoption. Tangie works a 20 hour work week.

She works with the Texas Adoption Resource Exchange (TARE) system in identifying children who can be adopted. Other sources include caseworkers throughout the state who send her information on children awaiting adoption. She works with a statewide network that is not always organized. Caseworkers are the first line of contact. She attends CPS unit meetings in order to keep workers informed about private agency families interested in adoption.

**2b. CPS Supervisor - How involved are you in the day-to-day activities of the CAP Liaison?**

**3a. What have been the external barriers in regards to the implementation of the CAP model.**

Tangie feels that the CAP was organized very well. She feels that it is one of the best models in the state. She indicated that she was treated very well when she first started working for the CAP. She was informed of her specific job duties. She felt she was able to learn a great deal in a short amount of time. This has not always been true of other CAP liaisons.

The main barrier that came to mind was the fact that most of the agencies involved in the CAP were foster care agencies that were not licensed to do adoptions. Many of these agencies originally hoped to become adoptive agencies. After the inception of the CAP, they began working toward their open enrollment contract. All of this changed with the announcement of the TDPRS budget cuts for adoptions. This was a very frustrating experience for many agencies. Spaulding, Luther and Arrow are the only ones that have met the requirements of open enrollment (adoptions). At the time of the adoption fund cutbacks, some agencies were lacking 4 to 5 adoptions to qualify to qualify for an open

enrollment contract. Tangie stated that this development was “ a real kick in the pants.” The announcement also impact the CAP liaison’s workload.

Although new funds will be available in the subsequent fiscal year, this development proved to be a real disincentive for continued work in the CAP. Tangie mentioned that there was no date set for the next CAP meeting. The CAP used to meet every month. Tangie stated that less and less people have been attending the CAP meetings. When the budget news hit, everyone lost morale and interest. Private agencies first became aware of the changes at the CAP work group meeting in January, 2003. Private agency personnel feel that the changes are “permanent” and are very discriminatory. They also feel that made a financial investment in the success of the CAP only to have money run out for adoptions. This development ran counter to the original intent of the CAP.

Prior to these announced changes, there were no real barriers regarding competition amongst the various private agencies. They seem to be focused on getting children adopted. Tangie noted that the mindset amongst many agencies is returning to a financial motive. This was the situation prior to the implementation of the CAP. This means that the adoption rate will ultimately suffer. This also means is many private agencies will go back to doing what they were originally doing (before the CAP) which was primarily foster care. In one sense, many agencies have come full circle. This situation doesn’t apply to the bigger agencies such as Spaulding because they have “deep pockets.”

**3b. To what extent have the barriers been resolved, addressed or dealt with through the CAP project?**

At first, CPS was perceived to be closed minded toward private agencies. The agency gave preference to CPS families. This changed after the CAP. Inroads were made. CAP brought about some changes. Tangie felt that the CAP helped to increase cooperation between CPS and private adoption agencies.

**4. During the course of the CAP project, have you seen more involvement from private agencies in the permanency planning process?**

Tangie could not really answer this question at first. She wasn’t really sure if private agencies were involved in this process.

**5. In general, can you describe the level of cooperation that exists between the private agencies?**

The cooperation has been excellent in Region 11. Tangie had heard stories of private adoption agencies being very competitive in other regions. Private agencies in Region 11, however, have been cooperative. There have been various activities in which all the agencies have cooperated in making presentations and advertising the project on a joint basis. This has been particularly true in the area of recruitment. The private agencies are very cordial to each other.

**6. Has the CAP project served to encourage more cooperation between private agencies and CPS?**

Yes, cooperation will hopefully continue despite the recent changes. The reality is that CPS needs to continue working with private agencies. Good cooperation between CPS and private agencies ultimately best serves the interest of children. Meetings that take place between CPS and private adoption agencies meetings is a place where various concerns can be addressed and resolved. They provide an excellent avenue for resolving problems.

Currently, the CAP has not met in over a month. Private agencies are not sure what will happen next. They are in the process of reconsidering their participation. Pathways has decided it no longer wants to be the “lead agency”. This is a dilemma that will need to be address in terms of Tangie’s future employment for the CAP.

7. **CAP Liaison – How active or focused have you been in recruiting families to foster and adopt (Dual license)?**

Initially, dual licensing was not Tangie’s focus. Her initial activities involved recruitment of families.

Anytime that Tangie now speaks to a family, she suggests that they get a dual license. This makes sense for the future. She estimates that 80% of the families that she works with are interested in children below the age of six. She stresses that this expectation may not be realistic.

8. **How active or focused have other private agencies in your region been in recruiting families to foster and adopt (dual license)?**

Private agencies were initially very excited about getting dual licenses for their families. Some have been more active in this area than others. Most are currently working with this strategy.

9. **CPS Supervisor - How do you feel the private agencies have performed in their efforts to recruit dual licensed families?**

**Concluding Remarks:**

Tangie felt that the most successful adoptions involve children who were initially in a foster care setting. Foster homes provide for a smooth transition into adoptions. Tangie perceived some degree of favoritism in the adoption process. She suspected that certain CPS caseworkers had favorite foster care parents that were being selected for adoption children.

Overall, Tangie has enjoyed her job very much. She believes that she has been fairly successful in promoting cooperation between CPS and private adoption agencies. She has had a good support network. She would hate to see her job and the project go away but she acknowledges that we are all living in some difficult times.

The CAP project, however, is still very valuable and necessary. If it goes away, there will be a detrimental affect. Things will go back to the way they used to be. A non-relationship between CPS and private agencies would not be a good thing. More communication is needed. It should be a matter of families deciding to go to CPS or to private agencies. The whole process should be interconnected. CPS is not prepared to handle the bulk of the adoption work. There are not enough FTE's to handle the caseload.

Tangie shared some anecdotal stories how she was called by certain families to expedite the process. These families had gotten little feedback from CPS regarding the status of their case. They had previously gone through PRIDE training. This is a good example how the CAP project and a position such as Tangies' is needed to expedite and facilitate the process. Currently, Tangie is still presenting her families to the adoption workers. She is working more and more with CPS and less and less with the private agencies. This is a result of the recent changes. The new mandates have made it necessary for CPS to hire a new recruiter. This worker is doing similar activities as the liaison. The worker is active in the information meetings. The meetings involve the display of children's pictures.

Currently, placement of kids is being given to CPS families versus private agency families. This is again a result of the mandate of no longer paying for private agency adoptions. She is still active in matching children and families. She is working more closely with CPS in doing her recruiting and matching activities. Her activities with the private agencies have tapered off somewhat although she is still very busy in doing her work with CPS.

**Interim Evaluation**  
**CAP Liaisons & CPS Supervisors**  
**Collaboration Adoption Project**  
**May 29, 2003**

**Khim Jones**  
**CAP Liaison**  
**Region 1**

**General CAP Information** – There are 3 agencies involved in the CAP. Two of them currently have families that are being considered for an adoption. Many agencies in the area do primarily foster care. There is a local organization known as the Lubbock Interagency Adoption Council (LIAC) that promotes adoptions. This organization existed prior to the formation of the CAP. Mr. Craig Langford is president of the LIAC organization. He has attended all of the local CAP meetings. He works for Buckner Family Services.

In addition to Buckner, other agencies that are participating in the CAP are Catholic Family Services and Children's Home of Lubbock. They both have open enrollment contracts. Buckner is doing primarily foster care although it also has open enrollment contract.

Ms. Jones position is part time. She is paid through the grant. Private agencies in the CAP decided to not subsidize the other part of her salary. Ms. Jones felt that 20 hours is sufficient time to attend the staff meetings and do recruitment. She also has a private practice. She started her position March 3, 2003. In July, the CAP was notified that there would be no funding for private agency adoptions for the rest of the fiscal year. CAP agencies had already begun doing home studies in anticipation of having their families matched for adoptions. CPS staff were instructed to select CPS families over private adoption agency families even though many private agency families were better selections. Ms. Jones indicated that additional adoption monies were eventually identified and were used to pay for home studies already completed by the private agencies.

Since the budget cuts, little activity has taken place with respect to private agency adoptions. Selection staffings have not taken place within the CPS unit. Private agencies, however, were prepared to resume activities at the beginning of the new fiscal year when more adoption monies will be available. Ms. Jones has continued to do her work as the CAP liaison. Private adoption agencies were still apprehensive regarding the availability of funds for the next fiscal year. They realized that new adoption funds will also eventually run out in the next fiscal year. This has created much uncertainty regarding the future viability of the CAP project.

Because of these developments, Ms. Jones indicated that she would be doing more work in the areas of education and recruitment. This will involve marketing and advertising. She discussed various media forums where she would be placing ads and information on adoptions. She indicated she has been working to promote and advertise CPS adoption information meetings. Private adoption agencies have not been present at these meetings. CPS, however, has informed prospective parents of the existence of the CAP that availability of adoption services through private agencies. The CAP has been planning its own advertising activities. Recent activities included hosting an adoption fair and a series of trainings for families waiting to adopt. These families have already attended the PRIDE training. The CAP trainings are intended to provide families an opportunity to learn more about private adoption agencies and their services. Many families have unrealistic expectations concerning the type of children that are available for adoptions. The CAP trainings are intended to provide them with substantive information on the adoption process and the types of children that are part of the CPS system.

The focus of the CAP liaison during the summer months has been to work with recruitment and education. She has also made attempts to get acquainted with CPS staff and procedures. She has assisted staff in their adoption casework. She communicates with them regarding families and home studies. She also communicates with private adoption agencies. The CPS staff is supportive of her work and her position at the CAP liaison. The CAP liaison attends unit meetings. She has also met with Amarillo CPS staff that also are part of Region 1. Initially, the Amarillo staff was suspicious of the CAP liaison. She was able to overcome their concerns.

The CAP liaison did not see foresee the possibility of any new private adoption agencies joining the CAP project. She anticipates that those that have joined will repeat many benefits. The Children's Home of Lubbock recruits families by distributing a brightly colored, well-designed publication that features articles on their facilities and families. They are associated with the Church of Christ. They target many of these churches through extensive mailers. Ms. Jones was not sure if Catholic Family Services targets Catholic churches in the same manner. She indicated that this information could probably be obtained from the home studies.

**1. How did you first get into this field of work?**

Ms. Jones first began this type of work by working in a women's shelter. After this job, she went into private practice as a therapist and counselor. She worked with a professional who a contract with CPS. Through this association, she started working with children in foster care. She did counseling and therapeutic work with these children. She became familiar with the workings of CPS. When the CAP liaison position became available, she easily qualified because of her prior experience. She is a licensed social worker (L.P.C.). She previously worked in private practice for four years. Ms. Jones is paid on a part time basis by the CAP project. Private agencies have not contributed to her salary.

**2a CAP Liaison - What does a typical week look like in your work as a CAP liaison?**

She works three days a week, sometimes four. She coordinates with CPS staff on matters that need attention. She communicates with agencies to see if their families are being selected for adoptions. She calls foster families to get more specific information on children. This is important when she submits information to agencies. She interviews foster parents quite often. She gets information on children that need placement. This information is then passed on to agencies that have a prospective family. She initiates a match selection. She plays a critical role in providing detailed information on children needing adoption.

Prior to the CAP position, there was not much communication between CPS and private adoption agencies. Ms. Jones mentioned that she has been able to provide more detailed information on children to CPS workers because of her background as a therapist and counselor. A lot of relevant information is sometimes glossed over by CPS workers. As a consequence, prospective families are not always fully informed with respect to medical or special conditions of the child.

**2b. CPS Supervisor - How involved are you in the day-to-day activities of the CAP Liaison?**

**3a. What have been the external barriers in regards to the implementation of the CAP model.**

A specific barrier mentioned by Ms. Jones involved the difference in work standards between different CPS workers. Some of very detailed oriented. Others are not. Some are very receptive to getting assistance from the CAP liaison. Others prefer to do all the work by themselves. CPS workers don't always want to share information. There does not seem to be standardized procedure for doing an adoption.

CPS has a generally good working relationship with private adoption agencies in the region. Some CPS workers previously worked for private adoption agencies. There is not a great deal of CPS biases against the private adoption agencies. Ms. Jones felt that more structure is needed in the CPS office regarding casework. Better communication would facilitate the work of the CAP.

**3b. To what extent have the barriers been resolved, addressed or dealt with through the CAP project?**

The barriers are being addressed. The CPS supervisor is becoming more and more supportive of the CAP liaison. She is continuously encouraging her workers to cooperate and coordinate their activities with the CAP liaison. CPS workers are beginning to understand the value of the CAP liaison position. The private adoption agencies also understand the importance of the CAP liaison position.

**4. During the course of the CAP project, have you seen more involvement from private agencies in the permanency planning process?**

Ms. Jones indicated that she had only attended one meeting on this process during her tenure. She did not feel that she could comment on developments in this area. Overall, she felt that this was an area needing more attention.

**5. In general, can you describe the level of cooperation that exists between the private agencies?**

The relationship is very good. There is not a sense of competitiveness. Instead, agencies are more focused on the needs of the children and the importance of getting adopted as soon as possible.

**6. Has the CAP project served to encourage more cooperation between private agencies and CPS?**

Ms. Jones felt that there is more cooperation although more work needs to be done in terms of communication.

**7. CAP Liaison – How active or focused have you been in recruiting families to foster and adopt (Dual license)?**

Ms. Jones has not done direct work in this area. The LIAC meets meet monthly,

**8. How active or focused have other private agencies in your region been in recruiting families to foster and adopt (dual license)?**

Most of the private agencies have yet to understand that they need to change their focus from strictly adoption to a broader foster-adoption approach. Ms. Jones has done a lot of work in this area in influencing private agencies to re-shift their focus.

**9. CPS Supervisor - How do you feel the private agencies have performed in their efforts to recruit dual licensed families?**

**Concluding Remarks:**

Ms. Jones feels that she got off a slow start. It was difficult in the beginning to understand what was expected of her. She felt that she wasn't very productive at first. Once she had a greater understanding and built relationships, she felt she was able to be much more effective. A lack of computer in her office in the beginning stages of her work hampered her productivity. She felt that things are now working much more smoothly.

She has enjoyed the work. She feels motivated in working to place more children in adoptions. She feels that everyone is really committed to this goal.

**Interim Evaluation**  
**CAP Liaisons & CPS Supervisors**  
**Collaboration Adoption Project**  
**May 30, 2003**

Peggy Martinez  
Supervisor  
Regions 2/9

**Collaboration Background**

The CAP is still concentrating on recruitment. Billboards have come up. A recent publicity campaign was somewhat disappointing. It did not generate a high number a number of referrals. Approximately 9 to 10 referrals have been generated. The publicity campaign began in May.

The billboards had a phone number to call. Calls were tracked for the CAP. The local child welfare board donated funds for the billboards. These funds were matched by the private adoption agencies.

Even though the CAP has not generated substantial numbers in terms of adoptions, there has been a lot of publicity and recruitment activity. The budget cutbacks have had a severe impact on the CAP project. Many adoptions that were being processed stopped as a result of the cutbacks.

Ms. Martinez discussed the need for CPS to directly supervise adoptions performed by private agencies. Once a private agency has conducted 12 supervised adoptions, it is eligible for an open enrollment contract. This means that the agency can then conduct its own adoptions without any type of supervision from an older, established institution. Ms. Martinez & Karen Brown have been advocating for CPS to perform this supervisory role. This would permit more adoptions to take place. Currently, the supervising agency is Spaulding, who is located in Houston, Texas. Because of the distance factor, Spaulding is not able to be present for many adoption opportunities. Permission for CPS supervised adoptions has yet to be approved. Ms. Martinez indicated that the Legal Division determined that no law prohibited this from taking place.

The contract with Spaulding is extended through November 1, 2003. There are many agencies in the Abilene area to supervise. These could all benefit from a situation that permits CPS to supervise the agencies. This is a barrier that could possibly be removed to facilitate more adoptions. Many state workers have a perception that private agencies do not do that much work in an adoption case. Private agencies invest a substantial amount of money in conducting home studies and other adoption procedures. Ms. Martinez felt that CPS needs to strengthen its collaborations with private agencies if it wishes to become more effective in adopting children. She felt that if the private sector could take on more adoption responsibilities, CPS staff concentrate on better managing its cases. In terms of foster care, more and more parents have to be "child-centered". Many foster care parents care about the children. The agency is fighting the misperception that foster care parents can not adopt children in foster care.

There are approximately 5 private adoption agencies in the area. They are spread throughout the region. Ms. Martinez spoke highly of Karen Brown, CAP liaison. She said that Karen has been very effective in promoting the work of the CAP. There are many others agencies from Midland, Odessa and Abilene that could possibly participate in the CAP.

The CAP is staying focused. CPS is open to new ideas and is continuing to work with recruitment. Ms. Martinez said that it has been good to have Karen work out of the CPS office. She has facilitated much communication and awareness of what is going on with the CAP.

**Interim Evaluation**  
**CAP Liaisons & CPS Supervisors**  
**Collaboration Adoption Project**  
**August 12, 2003**

Rachel Amato  
CAP Liaison  
Region 7

**CAP Background Information**

Ms. Amato is currently working 20 hours per week in her position as CAP liaison. The budget cutbacks in adoption funding forced to redirect the focus of her work. She shifted from doing matching to recruitment.

The CAP met on July 31<sup>st</sup>. All participants agreed to renew the CAP contract with the state. Casey Family Programs stopped doing adoptions in January and was no longer part of the CAP. Ms. Amato discussed the impact of the budget cutbacks on the private adoption agencies. She indicated that many private agencies were shortchanged in this process.

Ms. Amato indicated that she would be leaving her position in about five months. She mentioned that the Austin CAP is seeking funds to develop a model similar to Houston's Adopt 2000. The Austin CAP is looking to expand the program by hiring a project coordinator who will be full time. Some of the responsibilities would be similar to the CAP liaison. Other responsibilities will involve seeking continued funding so that the program could sustain itself once the CAP funds end. Preliminary support has been obtained from the Austin Community Foundation. She also indicated that the CAP was preparing to deal with more budget shortfalls for the upcoming fiscal year.

**1. How did you first get into this field of work?**

Ms. Amato is a graduate student in the School of Social Work, UT-Austin. She has worked with non-profit organizations over the last ten years. This included Marywood, one of the private adoption agencies part of the CAP. She saw an ad in the paper. She applied and got the job. She has also worked with Big Brothers Big Sisters and Pathways.

**2a CAP Liaison - What does a typical week look like in your work as a CAP liaison?**

A lot of her job involves facilitating communication between the CPS and private adoption agencies. She obtains information on prospective adoption families from CPS and the private agencies. She works at matching these families with CPS kids. She and other CAP liaisons have established an email system to recruit families. This is a good resource. Ms. Amato emails a list of all prospective families to CPS workers throughout the state. In addition to this work, Ms. Amato has focused on developing a more accurate portrayal of children available for adoption through CPS. She indicated that many prospective families are unrealistic in the expectation of an adoption child. Many prefer children who are infants and white. Most of the children in the CPS system do not match these characteristics. CPS children tend to be older members of different ethnic groups. Ms. Amato developed a profile of children that are waiting for adoption. She presents this information to prospective families to give them a more realistic picture of what they can expect.

In her schoolwork with Dr. Ruth McCroy, Ms. Amato researched the recruitment process. This has helped in her work as the CAP liaison. She has used this information in developing appropriate flyers and publicity materials. Information on children waiting for adoptions is provided to businesses and hospitals. In November, Ms. Amato will be organizing various adoption awareness fairs. Recruitment materials only include children that are 10 years and older.

**2b. CPS Supervisor - How involved are you in the day-to-day activities of the CAP Liaison?**

**3a. What have been the external barriers in regards to the implementation of the CAP model.**

There is still a resistance between CPS and private adoption agencies in working together. Ms. Amato's role has been to encourage cooperation and more communication. She works in the adoption unit. She works with CPS workings in explaining the workings of private agencies. She feels that the communication has improved during her tenure. Ms. Amato indicated that there are some misunderstandings regarding the role of the CAP liaison. Ms. Amato constantly reviews the grant to remind herself of what her duties should be.

Ms. Amato has been instructed by the CAP to not directly interact with prospective families. Private adoption agencies feel that they would fall out of the loop if this were to happen. CAP agencies would prefer to do this one their own. Ms. Amato feels that she could be more effective if she had the authority to communicate directly with the families. Ms. Amato felt that this was an external barrier although she respected the decision of the CAP members on how to proceed with this communication.

**3b. To what extent have the barriers been resolved, addressed or dealt with through the CAP project?**

Ms. Amato felt she had been successful in filtering information (emails) that CPS generates regarding the children. A lot information is generated. Ms. Amato is able to glean this information and forward only relevant and applicable information to the private adoption agencies. This way they are not overwhelmed.

Ms. Amato attempts to match children based on the selection criteria specified by the adoption agency. She provides agencies with children based on the match selection criteria they specify. Ms. Amato develops a list of possible matches. She sends this information to the private agencies. The agencies make the final match. Ms. Amato acts as a "clearinghouse" for information.

Ms. Amato indicated that the CAP is planning to continue the funding for position once she has left. The CAP is hoping to be able to continue having a staff person working at the CPS office. This will facilitate interaction with CPS. It will be very challenging for anyone to do this type of work being "outside the loop" or not being housed within a CPS office. Ms. Amato felt very strongly that the new person should definitely be able to work out of the CPS office. A lot of good groundwork has been made with the current grant. This work should continue in the future.

**4. During the course of the CAP project, have you seen more involvement from private agencies in the permanency planning process?**

In doing matches between children and private agency families, there is no identifying information that indicates what families are associated with what private agency. This insures a fairei process. Ms. Amato doesn't talk openly about an agency. All agencies feel that there is equity in the selection of private agency families.

**5. In general, can you describe the level of cooperation that exists between the private agencies?**

Ms. Amato felt that his has definitely happened. She receives call from child workers looking for families for their children. CPS workers are more open to working with private agencies as a source of families for CPS children. This has not always been the case. Ms. Amato indicated that a great number of adoptions have not

taken place because of the CAP. There are reasons for this situation. When the project first began, the match process did not work very well. It was very inefficient. The types of families that were interested in adoptions did not match the types of children that were available for adoptions. It took several months to understand why not much matching was going on. After this, recruitment was oriented to more appropriate families. This system worked much better. The budget crisis then took affect. All of these developments affected the number of adoptions. Ms. Amato felt that the numbers would grow considerably in the following year. There are many private agency families that are waiting to adopt. They are waiting for the adoption funding to be restored.

**6. Has the CAP project served to encourage more cooperation between private agencies and CPS?**

They have gotten a lot of better. More selective matching has helped this process. Private adoption agencies are better preparing and educating their families with respect to the types of children that are available through the CPS system. Many families are now being eliminated due to their selection criteria that does not realistically match the availability of children. There is a great need to recruit more African American and Mexican American families. There is a concerted effort to educate prospective parents that adoptions have changed. Ms. Amato indicated that some families are looking elsewhere when they realize they are not going to be able find the specific type of child they are looking for. This development has made the adoption process more efficient. Some of the families have changed their expectations. These families are encouraged to attend the 10-week PRIDE training class in order to insure that they are serious about adopting CPS children.

**7. CAP Liaison – How active or focused have you been in recruiting families to foster and adopt (Dual license)?**

**8. How active or focused have other private agencies in your region been in recruiting families to foster and adopt (dual license)?**

Private agencies are educating prospective families on the advantages of obtaining a dual license.

**9. CPS Supervisor - How do you feel the private agencies have performed in their efforts to recruit dual licensed families?**

**Concluding Remarks:**

This is very solid foundation to move forward. The Austin CAP is very interested in implementing Houston's Adopt 2000 model. Many obstacles have been overcome. A lot of progress has been made in understanding the adoption process. Some individual CAP members have become frustrated with finances and the TDPRS budget cutback. This was a low point in the development of the CAP. The CAP, however, survived this development.

The Houston Adopt 2000 project has a full time project coordinator. The Houston area does not a CAP liaison. They use the grant funds to facilitate what are called "4 way matches". Adopt 2000 does a lot of publicity with billboards and materials. It is not clear if the programs operates under its own 501 (c) (3) organization or if it operates under the umbrella of a separate organization.

The Austin CAP will use the project coordinator to do matching, recruiting, grant writing, and fundraising. The Austin Community Foundation will be approached for possible funding.

**Interim Evaluation**  
**CAP Liaisons & CPS Supervisors**  
**Collaboration Adoption Project**  
**August 15, 2003**

Deanna Omara  
CAP Liaison Supervisor  
Region 8

**1. How did you first get into this field of work?**

Ms. Omara is the Director of Adoptions for the San Antonio Children's Shelter. She has a Bachelor's and Master's degree in Social Work. She did an internship with TDPRS. She worked with TDPRS for four years. During this time, she did several adoptions. She worked with children who were removed from their homes. She was hired as the CAP liaison in June 2001. The CAP project started in March 2001. The first CAP liaison was hired in Dallas, followed by Houston, followed by San Antonio. She was the CAP liaison for a period of 1 year. She currently supervises the CAP liaison.

The CAP position is full time. Half of her salary is paid by the grant. The other half is paid by the collaboration. The San Antonio CAP was formed as a result of previous private adoption agency participation in the San Antonio Children's Shelter, the Methodist Children's Home, and the Casey Family Program. This group eventually formed itself as the San Antonio Collaboration Adoption Project. Pathways joined the CAP after it was formed.

In 2002, various members of the CAP dropped as a result of the TDPRS budget cuts. The Children's Shelter, however, continued their participation with the CAP. It decided to continue funding one half of Ms. Omara's salary. Participating in the CAP required a financial commitment between \$4000 - \$5,000. Many agencies could not commit to this financial commitment after the TDPRS budget cuts. They felt that that investment would not necessarily result in more adoptions.

When the budget cuts were first implemented, the San Antonio Children's Shelter felt that they would not be paid for many home studies they had previously completed. Monies were eventually identified to pay for these studies. The Casey Family Program went through several budget cuts of its own and stopped doing adoptions altogether. Other organizations such as Pathways were working toward obtaining an open enrollment contract. This activity came to halt when TDPRS cut funding for private agency adoptions. The Coastal Bend Youth organization was also affected by the budget cuts and was not able to complete the requirements for an open enrollment contract. Methodist Children's Home continued, however, to do adoptions.

In general, the TDPRS budget cutbacks had a severe impact on the continuation of the CAP in the San Antonio area.

**2a CAP Liaison - What does a typical week look like in your work as a CAP liaison?**

**2b. CPS Supervisor - How involved are you in the day-to-day activities of the CAP Liaison?**

Ms. Omara supervises and trains the CAP liaison on a daily basis. The CAP liaison is transitioning from her previous position as an adoption caseworker. Her responsibilities primarily involve joint recruitment. She has attended several adoption fairs that provide adoption information to prospective families.

**3a. What have been the external barriers in regards to the implementation of the CAP model.**

CPS workers have always been suspicious of private adoption agencies. The sentiment has been the private adoption agencies do not do a lot of work but still receive a lot of money for a single adoption (\$10,000). It has been challenging to get CPS caseworkers to understand the process and the amount of work actually performed by private agencies.

Private agencies struggle with a different set of standards used by TDPRS for conducting adoptions. CPS workers do not obtain driving record information on prospective parents. Private agencies have this requirement. TDPRS pays for day care expenses involved in conducting an adoption procedure. Private agencies do not.

There had have also been problems regarding competition. Private agencies believe that TDPRS caseworkers are unfairly placing children with TDPRS families versus private adoption families. Private adoption agencies feel that this situation developed as a result of a directive from DPRS officials. Cooperation between TDPRS and private adoption agencies has generally been positive.

**3b. To what extent have the barriers been resolved, addressed or dealt with through the CAP project?**

TDPRS biases against private adoption agencies still exists. Ms. Omara felt that she had a good working relationship with TDPRS caseworkers because of her previous employment at TDPRS. This facilitated communication and the use of private agency families. This situation is different with the new CAP liaison (Kelly Wilson). There is more hesitancy on the part of TDPRS to utilize private adoption agency families. This is still a problem. Ms. Wilson has not spent a great deal of time working in a TRPRS office. This has affected her working relationships with TDPRS caseworkers. Although she is attending weekly meetings at TDPRS, the environment has not been conducive to private-public cooperation. This was affected to a large extent by the TDPRS adoption budget cutbacks.

Ms. Omara felt that some of these dynamics might be changed once Ms. Kelly starts spending more time at the TDPRS offices.

**4. During the course of the CAP project, have you seen more involvement from private agencies in the permanency planning process?**

The Casey Family Program has focused a large part of its work in permanency planning, particularly for teenagers. The CAP did several joint recruitments. Advertising campaigns focused on permanency planning. The CAP was able to work effectively toward this goal.

**5. In general, can you describe the level of cooperation that exists between the private agencies?**

Private agencies are interested in working with TDPRS. It is generally a good relationship.

**6. Has the CAP project served to encourage more cooperation between private agencies and CPS?**

The Children's Shelter continues to work with the Department. Other agencies are not as involved as they used to be. More families were matched with children because of the fact that CPS was informed of the availability of private agency families.

**7. CAP Liaison – How active or focused have you been in recruiting families to foster and adopt (dual license)?**

Ms. Omara's initial focus as the CAP liaison was on dual licensing. This changed toward the latter part of her tenure. Internally, it was difficult to do. Children's Shelter was not prepared to meet this need. More recently, the emphasis has shifted to a foster care-adopt strategy.

**8. How active or focused have other private agencies in your region been in recruiting families to foster and adopt (Dual license)?**

Methodist Children's Home does not do foster care-adopt. They do strictly adoption. When it has families that are interested in dual licensing, they are referred to the Children's Shelter.

If Pathways had been successful in getting an open enrollment contract, they would have promoted dual licenses. Unfortunately, they dropped out of the CAP.

Ms. Omara felt that Methodist Children's Home dropped out of the CAP because they may have not been aware of the benefits. She did not feel it was likely that any of the private adoption agencies would rejoin the CAP because of the budget crises.

**9. CPS Supervisor - How do you feel the private agencies have performed in their efforts to recruit dual licensed families?**

This was not an issue for Methodist Children's Home. The Children's Shelter did not encourage dual licensing at the beginning of the CAP.

The only other agency that has an open enrollment contract to do dual licensing is the Bair Foundation. In the San Antonio area, they have not historically performed adoptions. Lutheran Social Services recently began operations in San Antonio. They previously had an office in town and had to shut down. They reopened for business last year. Ms. Omara was not aware if Lutheran was doing adoptions at the time of the interview. She mentioned that there are several agencies that are doing foster care. They do not, however, have an open enrollment contract which would allow them to do adoptions.

**Concluding Remarks:**

Ms. Omara discussed the difficulty of communicating and coordinating adoptions in other regions of the state. This is due to the lack of uniformity in adoption procedures. It is not a uniform system throughout the state. TDPRS does things differently in all regions. This is a barrier to doing cross-regional adoptions. This a major issue. If the system were more uniform, placements would be easier to accomplish. Whenever a match is done with a different region, work has to be done to make sure that all the necessary paperwork is done. This is one area in which TDPRS could facilitate more adoptions through a standardized process.

The year before Ms. Omara became the CAP liaison there were approximately 100 adoptions in the San Antonio area. After she was hired, there were 108 adoptions. The following year there were 160 adoptions. This trend indicates that the CAP had a positive impact in increasing adoption placements.

**Survey of Data and Information Status  
Of CBFRS Providers Regarding Inventory of Child Abuse Prevention Resources**

**LAREDO** - Lost their data. They are open to working with an excel spreadsheet in collecting and disseminating information on Child Abuse Prevention Resources.

**DALLAS** - Currently has an extensive list of prevention resources in a Microsoft Office format. Diane Bomash indicated she would have one of her techies call me regarding information on a data transfer. This may not work. Two options: 1) Have them reenter there information in an excel spreadsheet. 2) Send their publication, and we will enter the information into our database.

**AUSTIN** - Data is spread across a wide range of formats (ie., Website, Family Connections database). Trellanie she would look into this matter and get back with me. Hopefully, Family Forward can compile the information in an electronic format and send it to state office.

## Appendix H

# **COLLABORATIVE ADVANCED PREPARATION SKILLS TRAINING**

**TDFPS Contract # 2004124945 Amendment I**

## **EVALUATION REPORT**

**March 2005**

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## OVERVIEW

This report describes the satisfaction and knowledge acquisition of participants of the **Collaborative Advanced Preparation Skills (CAPS)** trainings provided by DePelchin Children's Center (DCC) staff. These staff, representing the Child Welfare, Residential Treatment, and Research and Grants Management Departments, developed the curriculum for the training and offered it in the 2-day sessions in two locations to Child Welfare professionals. The CAPS Training was held in Austin on Dec. 9 & 10, 2004 and in Houston on January 13 & 14, 2005. Day 1 included Modules 1 and 2 and covered topics in brain and trauma research as well as child welfare research while day 2 included Modules 3 –5 which covered stress reducing techniques to use with children and families and the roles of workers and families. In Austin, 26 persons attended overall with 25 on day 1, 23 on day 2, and 22 attending both days. In Houston, 35 persons attended overall, with 34 on day 1, 33 on day 2 and 32 attending both days. Participants represented a range of private and public child welfare agencies as well as UT – Austin, School of Social Work Research. Types of attendees included foster care and adoption workers/specialists, CPS specialists and supervisors, agency program directors, state officer and specialists, case managers, Pride trainers and 3 researchers.

## METHODS

Participants were asked to complete pretests and posttests specific to each day to assess changes in knowledge. Each questionnaire had 10 questions with 1 point assigned for each correct answer up to 10 points.

They also completed Satisfaction surveys at the end of each day's training for feedback on their reaction to five elements of the training; trainer preparedness, quality of information, usefulness of material, opportunities for discussion, and overall satisfaction. Responses were according to a 5 point rating scale ranging from excellent (5) to poor (1).

Furthermore, participants of both Day 1 and Day 2 of each training were called on the phone about 1 –2 months after their respective training and asked three follow-up questions. These referred to the degree of usefulness of the information to them as administrators, trainers, and caseworkers; the degree of comfort they felt for training with the material; and whether they had plans to train caseworkers with the material.

## RESULTS

Participants at each training location displayed different characteristics. These are presented in Table 1.

**Table 1: Characteristics of Participants**

Characteristics	Austin				Houston			
	Day 1		Day 2		Day 1		Day 2	
	Range	Mean Years						
Years in child welfare	3-34	16	5-34	16.05	1-35	13.47	3-32	13.04
Years in adoption	1-29	10.88	1-29	11.44	0-31	6.72	0-30	7.08
	Direct service	Super-visor						
Role	6	13	6	13	16	14	14	13

Participants at the Austin training represented twice as many Supervisory personnel than Direct Service compared to almost equal numbers at the Houston training. Austin participants also had more years in both child welfare and adoption than those did at the Houston training (approx. 19% more).

### Knowledge

Degree of knowledge change was assessed using the pre-post test for each day. Results of change in knowledge and percent of participants who had improved are displayed in Table 2.

**Table 2: Degree of knowledge change and improvement**

Location	N	Comparison of Means of Knowledge scores		Significant change	Percent Improved
		pretest	posttest		
Austin Day 1	12	7.83	9.0	.001 *	83.3% (10)
Austin Day 2	18	8.89	8.89	.108 NS	16.7% (3)
Houston Day 1	26	7.88	8.92	.061*	84.6% (22)
Houston Day 2	26	8.77	8.77	1.0 NS	30.8% (8)

Significance  $\leq 0.10$ , NS = non-significant; N = eligible pre/posttest pairs

According to these results, participants on Day 1 at both locations showed a significant change in scores with greater than 80% showing improvement, approaching the proposed objective of 90% improvement. On the other hand, attendees on Day 2, did **not** show a significant change in scores with a smaller number showing improvement. The high pretest scores on day 2 however, indicate a ceiling effect such that the majority of participants already possessed an advanced level of knowledge about the topics presented on that day. Comments from the satisfaction surveys support these findings. Many attendees expressed an interest in learning additional information about adoption research and the effects of trauma (covered on Day 1) in contrast to comments on Day 2 which emphasized less need for a full day of training on its topics.

### Satisfaction

Satisfaction ratings are summarized in tables for each site and day of the training as follows:

**Table 3: Satisfaction ratings – Austin Day 1**

Elements	N	Responses						
		Range	Mean (SD)	Excellent	Good	Average	Fair	Poor
Preparedness	21	1-5	3.43 (1.2)	9.5%	57.1%	4.8%	23.8%	1
Quality	21	2-5	3.40 (1.1)	15.05%	40.0%	15.0%	30.0%	0
Usefulness	21	2-5	3.57 (1.12)	23.8%	33.3%	19.0%	23.8%	0
Opportunity for discussion	21	2-5	3.90 (.99)	28.6%	47.6%	9.5%	14.3%	0
Overall Satisfaction	21	2-5	3.33 (1.11)	14.3%	38.1%	14.3%	33.3%	0

N = Number responding; SD = Standard deviation; When only 1 person gave the designated response a percentage is not provided.

**Table 4: Satisfaction ratings - Austin Day 2**

Elements				Responses				
	N	Range	Mean (SD)	Excellent	Good	Average	Fair	Poor
Preparedness	19	2-5	4.37 (.89)	57.9%	26.3%	10.5%	1	0
Quality	19	2-5	4.26 (1.1)	57.9%	26.3%	0	15.8%	0
Usefulness	19	1-5	3.95 (1.03)	26.3%	57.9%	1	1	1
Opportunity for discussion	19	2-5	4.53 (.84)	68.4%	21.1%	1	1	0
Overall Satisfaction	19	1-5	4.05 (1.13)	42.1%	36.8%	10.5%	1	1

**Table 5: Satisfaction ratings - Houston Day 1**

Elements				Responses				
	N	Range	Mean (SD)	Excellent	Good	Average	Fair	Poor
Preparedness	25	3-5	4.24 (.66)	36.0%	52.0	12.0%	0	0
Quality	25	2-5	4.24 (.83)	44.0%	40.0%	12.0%	1	0
Usefulness	25	3-5	4.12 (.67)	28.0%	56.0%	16.0%	0	0
Opportunity for discussion	25	3-5	4.16 (.62)	28.0%	60.0%	12.0%	0	0
Overall Satisfaction	25	3-5	4.08 (.64)	24.0%	60.0%	16.0%	0	0

**Table 6: Satisfaction ratings - Houston Day 2**

Elements				Responses				
	N	Range	Mean (SD)	Excellent	Good	Average	Fair	Poor
Preparedness	26	4-5	4.77 (.43)	76.9%	23.1%	0	0	0
Quality	26	2-5	4.69 (.68)	76.9%	19.2%	1	0	0
Usefulness	26	3-5	4.69 (.55)	73.1%	23.1%	1	0	0
Opportunity for discussion	26	3-5	4.73 (.53)	76.9%	19.2%	1	0	0
Overall Satisfaction	26	2-5	4.65 (.69)	73.1%	23.1%	0	1	0

**Summary of Training Satisfaction**

Most of the participants at the Austin CAPS training reported their “overall satisfaction” with the training was average to excellent (Day 1 – 66.7%, Day 2 – 89.4%), appearing more pleased with Day 2 than Day 1. The average of responses for preparedness, quality of material, opportunities for discussion, and usefulness of the training for day 1 was greater than “average” while for Day 2 the average of responses was mostly greater than “good.”

The majority of participants of the Houston training reported their “overall satisfaction” was average to excellent (Day 1 – 100%, Day 2 – 96.2%), appearing closely pleased with both days. The average of responses for preparedness, quality of material, opportunities for discussion, and usefulness of the training for both day 1 and day 2 were greater than “good” with day 2 closer to “excellent.” *The proposed goal of 90% reporting overall satisfaction with the training was*

*either closely met or surpassed in that 78.1% of Austin participants and 98.1% of Houston participants reported they were satisfied overall with their training.*

Austin participants frequently commented that the level of the training content was lower than the majority of the audience expected and objectives not clear. Despite this some were very enthusiastic about it. Suggestions for improvement focused on training methods such as desire for more participant involvement and less lecture and attention to room set up.

In addition to several positive endorsements of the training and its content, many Houston participants expressed interest in additional information about adoption and brain/trauma research findings. Some did question the relevance to caseworkers because of the limited time they have with the children. Furthermore, some individuals from each training location indicated they thought the training on day 2 could be shorter.

## **Satisfaction Comments from Participants are compiled and listed in the Appendix**

### **Follow-up phone interviews**

Phone calls were made to interview participants of both days at each location approximately 1-2 months after their respective trainings. Out of these 54 individuals, only 15 were successfully reached over a 2- week period including those directly reached and those returning messages. This resulted in a response rate of 27.8%. The interview comprised three questions regarding the usefulness of the information to them as administrators, trainers, and/or caseworkers; their comfort level with training others with the information, and if they had plans to train others with the information/materials. Respondents were asked to rate the first two questions according to a 4 point scale ranging from “A lot”, “Some”, “A little”, to “Not at all.”

The respondents provided the following ratings:

#### ***1. How useful will the information be to you as an administrator/trainer?***

Out of 13 responding to this question on the usefulness of the information for training, 4 said “a lot,” 8 said “some”, and 1 said “a little” resulting in an average rating of 3.23. Respondents said they thought the information about brain research and trauma was a good review and that parents especially would benefit from the information. Even though the training may not have been seen as “train the trainer,” they found the variety of training techniques offered would be useful and the training overall gave them ideas for information to pass on to investigators and new staff. Some thought the caseworkers would not have time to work with the children but therapists would benefit more from the information. Specific comments were as follows:

- Will find it useful to train with her staff
- Day 1 blends well with Dr. Perry’s talk on trauma’s effect on learning style. Will be useful to train parents.
- Training had enough variety in techniques to avoid restlessness (especially when sitting all day). Took into account people who listen differently, small groups larger presentation.
- Info on trauma is new information, Pat Sims info was wonderful, directly related
- Wide ranging curriculum, different dynamics involved in children we are trying to adopt.
- Limited opportunity because only have 1 adoption worker in unit, work with relatives
- All knowledge is important. She trains foster homes not workers and doesn’t think she could condense the 2 days into a session they would come to. Maybe some of the advanced care foster homes but she doesn’t train those.
- A lot was review , in general
- Most was not new but good to be refreshed

- Gave her ideas. Info was great though have time constraints with children. Need to take the time to learn the background. Very important to pass on to investigators for children getting ready for permanency.
- As a CPS adoption supervisor, this was basic information she had already trained on. Even though not useful to me due to my previous training, I can see how it would be useful for the newcomers.
- A lot of information, something her unit already dealt with. Be of some use to foster parent, especially the newer ones.
- Parts were informative other parts not. Last day most informative but had to leave early.
- Some info on first day would be hard to teach. Second day would be hard to replicate because not their style; how to translate into the field.
- This training was not presented as “train the trainer.” Don’t have the manual. Already knew this info. Having this mandated will not be beneficial because this is not something caseworkers could use. More for therapists and foster care parents of children starting to build up to a breakdown. Caseworkers don’t have time to sit with children and apply relaxation techniques. The training surprised her, because was told it was about adoption of children with special needs and older children who don’t want to be adopted.

***Usefulness as a caseworker?*** Out of 6 respondents, 4 said “a lot”, 1 said “some”, & 1 said “a little”, resulting in an average rating of 3.50. Respondents found the training very useful in giving them the full picture and what can be done better for the family. Specific comments were as follows:

- very useful. First day was good, second day role play.
- Have a lot of new ones in the Sub care unit who don’t understand what kids have gone through.
- Heard some of this before, brought it all together
- Deals with everything she deals with on a daily basis. Gives the full picture; Comes in later what could have been better done for the family.
- Trauma stuff usual. Pat gave good information and is experienced.
- Neurological problems not new. Ok working with children who are building up to a breakdown, though not enough time as a caseworker to work with the foster care family.

***2. How comfortable are you to train using the material?*** Out of 15 responding, 5 said “a lot”, 7 said “some”, & 3 said “a little”, resulting in an average rating of 3.13. Some respondents said they would be fine with training others, while some said they felt they would need to learn more and need a copy of the manual/curriculum, slide presentation, and other training materials. Specific comments were as follows:

- would like a copy of the slide presentation on a CD. Wouldn’t spend 2 days.
- Wouldn’t have a problem training others.
- Previous experience
- Information is clear, easy to remember, the breathing and visualizations.
- Doesn’t feel she knows everything; would want to freshen up. Invaluable and informative.
- Depends on the part. First part could be learned. Techniques would need more experience. More appropriate for therapists as case workers have time constraints.
- Will have to learn more
- Needs a training team, more than 1 person. More visual materials needed on the first day maybe power point. It is difficult to maintain attention of audience.

- One of the better ones.
- More in depth the first day. Second day already knew.
- Needs curriculum
- Would need to review trauma info before giving it to others.
- Don't have the manual. Not enough materials. If had manual would want to change some of the curriculum to meet the needs of caseworkers.
- CAPS training was basic information and her unit has been trained on it.
- Very comfortable, done a lot of training in adoption preparation, everything

3. *Do you have plans for training caseworkers with CAPS material?* Out of 13 respondents, 8 (61.5%) said Yes, they did have plans and 5 (38.5%) said No, they did not have plans at this time. Even though the 61.5% of those contacted does not reach the proposed goal that 90% would report plans to use the knowledge to train others, it is almost 2/3 of those reached in followup, though representing only a fourth of those trained overall. Some respondents said they have already shared the information with foster parents and new staff. Others said they would train caseworkers as soon as they have the manual. Those reporting that they did not have plans included reasons such as not having staff to train and that they did not see foster parents would choose to attend this type of training. Specific comments were as follows:

**Those reporting "Yes"**

- training for the new caseworkers once we get the manual
- did speak to foster parents.
- Have already trained on the adoption parts.
- Once we get the curriculum
- Once we get the manual- will have the first day broken up by 2 trainers. May add the movie "What the bleep do I know?" (about the brain) to her own training on the first's day material.
- Have a new adoption prep worker
- Have been told that she and a coworker will be training.
- As soon as have the manual.

**Those reporting "No"**

- No plans now but may have to according to requirements of the state. Something needs to be done with caseworkers who see children first in the system, though they don't have time to do one on one, especially on these cognitive techniques. Issue is how do you get a case worker to do one on one, adoption workers already do this.
- Not at this time. If they expand and grow may have to.
- Not at this point. Would like to have the curriculum especially for foster care and adoptive parents. Could also benefit investigators who don't realize they could spend more time gathering info up front that will help at the adoption stage.
- Only trains foster homes and doesn't see it feasible to condense into a session they would come to.

**SUMMARY**

Overall these findings suggest that the CAPS training provided a certain amount of new and advanced information in a manner that most participants liked and appreciated. Evidence that Day 1 topics (i.e. brain and trauma research) comprised new and advanced information was shown by the high percentage of participants at both locations whose knowledge on these topics increased significantly. On the other hand the lower percent of improvement on Day 2 was most likely due to the high degree of knowledge the child welfare professionals already possessed at

the beginning of the training. The level of the target audience to be recruited for future trainings would therefore be important to define.

Overall satisfaction with the trainings was high for both locations with ratings higher for the training in Houston compared to Austin. However, satisfaction ratings for Austin were not necessarily consistent with knowledge, as participants were much more satisfied with Day 2 than Day 1. The higher ratings from Houston may be due to adjustments made by the presenters in their style and organization of the content after feedback from the Austin training. Differences between training days could have been due to the more didactic type of information presented on Day 1 compared to Day 2, as well as the different teaching styles of the presenters.

Even though only slightly more than a fourth of the participants were able to be reached for follow-up, most of those responding reported intent to train others with this curriculum. It is possible those participants may only train on portions of the content tailoring it to their own workers or parents. However, they all now have a curriculum that contains a range of high level content relevant to foster care/adoption workers and parents which trainers can draw on for ideas and support.

## **APPENDIX**

**Satisfaction Comments from Participants are listed as follows:**

### **Austin Day 1:**

#### ***Endorsements***

- A lot was very basic for experienced workers but will probably be beneficial for new workers.
- Presentations were quite complete.

#### ***Suggestions for improvement***

##### *Content*

- This could have been conducted in 2-4 hours. Teach something new.
- Based on the discussion, it seems this training is too basic for the group. Most of the participants seemed quite familiar with the material (and the trainers acknowledged such). Thus it seems we could have moved on to training methods & not spent so much time on content.
- Material discussed in day 1 did not pertain to what I perceived from the title of the training.
- I did not feel that this information was beneficial to adoption preparation, but more general in working with children who have experienced some sort of trauma. I think this specific training is more useful for people considering becoming adoptive or foster parents. Maybe I misunderstood what the training was for.
- Objectives of training not clear.

##### *Methods*

- Parts of the training were presented a little slow.
- I felt the training was repetitive on several subjects. I would suggest more hands on interaction with & between participants.
- More participant involvement & small group work – focus was hard after 8 hours of lecture.
- Less reading of the material. More animation & applicable vignettes & stories.
- Power point

- Focus more on getting group to share the stories & talk about how to incorporate, although background on child development and brain trauma research info is critical to them learning this research. Thanks.
- No icebreakers. No awareness of participants' skill levels. We already know much of the curriculum. No introductions of leaders/ participants 95% lecture – was not geared to all learning styles, too much dependence on overheads.

#### *Facilities*

- Facilities not conducive to learning – table set up as classroom seating was not conducive to discussion/interaction – dim lights.

### **Austin Day 2**

#### ***Endorsements***

- There was some valuable information shared and provocative discussion.
- Training will be beneficial for foster parents.
- I think this was excellent training that will aid me as a prep worker. Thank you.
- Very good presentation and data. (“happy face”)
- Enjoyed the exercise.

#### ***Suggestions for improvement***

##### *Content*

- Once again, it seemed several aspects were too basic for this group & for workers involved in placement.
- advanced training assumes that folks know the basics. Feedback to FPS: All workers involved in adoption need Vera Falberg! Finally – it disturbs me that so much emphasis was put on “let’s see if we can finish early.” If the training is meaningful & engaging, the participants will gladly stay for the whole thing.
- The training had some great information and techniques to share with families but again I felt this information should be shared with all families foster and adopt in PRIDE as well as offering refresher courses from time to time. The information shared needs to start from the beginning when a child comes into care not just when ready to move to adoption. I thought this training was geared more towards how to prepare children for adoption rather than useful techniques to use at any time when working with the child. I think the title of the training is misleading and needs to be given a different title. Also although the techniques are useful for the caseworkers to know and share I think this should be done by the therapist with the child and the family.
- I’m not sure how receptive staff will be as they have had this training.
- Question the application & benefits of this training to CPS workers. They can’t do “therapy” with current caseload demands.
- I felt I needed more understanding of some of the techniques.
- Not much new info – I wanted more “advanced” info.

### **Houston Day 1**

#### ***Endorsements***

- Very informative

#### ***Request for additional information***

- Update adoption research information to 2000 and beyond; The manual

- More specifics on brain development & research on prevention of older child disruptions
- Curriculum for training
- Would like the manual & training references
- More information on traumatic brain dysfunction & development
- More specific techniques for helping children who experienced complex trauma
- Techniques
- More skills that can be used to move children to adoption
- Want more info on working with older children that indicate they do not want to be adopted
- More clinical tools & techniques for teaching clients (FP & adoptive parents) any information that is research based, concrete that can be shared with adoptive parents

### ***Suggestions for Improvement***

- too many small group discussions, the large group discussing would be sufficient.
- power point
- more timely research needs to be discussed/available (new factors such as single and same sex adoptive families)

### **Houston Day 2**

#### ***Endorsements***

- good
- great – thanks
- should be on video to share
- Very good information
- The presenters were good and very articulate.

#### ***Request for additional information***

- cognitive info
- always
- effects of trauma on the brain & how to deal with it
- Manual
- Working through issues with child & adoptive family to look at outcomes & encouraged use of techniques
- More info on research studies
- Any
- Bio info on brain

#### ***Suggestions for improvement***

- More emphasis on adoption throughout 2 day training not just 2<sup>nd</sup> half of 2<sup>nd</sup> day.
- hard to hear – overheads need to be larger font for some
- first ½ day of training could be cut out. Very basic – already known material – taught in Pride, would've liked copies of research articles.
- No need to make this a two-day training. Too, too drawn out, lost focus because not enough meat!
- Training lasted too long on 2<sup>nd</sup> day when so many will have to travel long distances in Fri. rush hour traffic. Pat is excellent, funny, but could have given less time to family stories, seemed to get off topic (although interesting)

**Collaborative Advanced Preparation Skills Training**  
**DePelchin Children's Center**  
**Follow-up Survey**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Location of training: \_\_\_\_\_

Phone: \_\_\_\_\_

1. How useful will the information from the CAPS training be to you as a:  
Administrator/Trainer?

A lot	Some	A Little	Not at all
4	3	2	1

Explain: \_\_\_\_\_

\_\_\_\_\_

Caseworker?

A lot	Some	A Little	Not at all
4	3	2	1

Explain: \_\_\_\_\_

\_\_\_\_\_

2. How comfortable would you be to train others using the material from the CAPS training?

A lot	Some	A Little	Not at all
4	3	2	1

Explain: \_\_\_\_\_

\_\_\_\_\_

3. Do you have plans for training foster care/adoption caseworkers with material from the CAPS training?

Yes \_\_\_\_ If Yes, what are they? \_\_\_\_\_

No \_\_\_\_ If No, Why? \_\_\_\_\_

Comments: \_\_\_\_\_

**Collaborative Advanced Preparation Skills – Day 1**  
**DePelchin Children’s Center**  
**Training Satisfaction Survey**

Date: \_\_\_\_\_

What did you think of this training? Circle one response for each item.

	Excellent	Good	Average	Fair	Poor
1. Presenters organized and prepared	5	4	3	2	1
2. Quality of instruction/information exchanged by presenter	5	4	3	2	1
3. Usefulness/practical application of material	5	4	3	2	1
4. Opportunities for discussion and questions	5	4	3	2	1
5. Overall satisfaction with training	5	4	3	2	1

Methods of learning utilized in this presentation (Can check more than one):

Visual Aids _____	Structured Experience _____
Lecture _____	Discussion _____
Case Study _____	Small Group _____
Other _____	

Do you desire additional information on this subject?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, What? \_\_\_\_\_

\_\_\_\_\_

Comments/suggestions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you!

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Last Name

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First Name

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Date

pre  
 post

**Collaborative Advanced  
Preparation Skills Assessment  
Day 1**

Mark "T" for True or "F" for False. Fill in the bubble like this - ●

- |   |                         |                         |
|---|-------------------------|-------------------------|
| 1. Children who never form a secure attachment to a caregiver have difficulty forming healthy relationships throughout the life span. | <input type="radio"/> T | <input type="radio"/> F |
| 2. Research outcomes indicate that children and adults have many of the same PTSD symptoms.   | <input type="radio"/> T | <input type="radio"/> F |
| 3. The experience of complex trauma in children always results in a diagnosis of PTSD.  | <input type="radio"/> T | <input type="radio"/> F |
| 4. Complex trauma has no effect on moral development.   | <input type="radio"/> T | <input type="radio"/> F |
| 5. Experiences in childhood organize the developing brain.  | <input type="radio"/> T | <input type="radio"/> F |
| 6. There is no treatment to reduce the effects of complex trauma.   | <input type="radio"/> T | <input type="radio"/> F |
| 7. Adoptive parents' race/ethnicity are consistent predictors of adoption outcomes.   | <input type="radio"/> T | <input type="radio"/> F |
| 8. Adoptive parents' willingness to seek help contributes to successful adoptive placements.  | <input type="radio"/> T | <input type="radio"/> F |
| 9. The more prior placements a child has experienced, the greater likelihood the adoption will disrupt.                               | <input type="radio"/> T | <input type="radio"/> F |
| 10. Placing biological siblings in the same adoptive placement increases the likelihood of a successful adoption.                     | <input type="radio"/> T | <input type="radio"/> F |

What type of agency do you work for?  Public  Private

What is your primary role/position?  Direct service  Supervisory

How many years experience do you have in:

a. Child Welfare services

b. Adoption

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Last Name

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First Name

		-			-		
--	--	---	--	--	---	--	--

Date

pre  
 post

**Collaborative Advanced  
Preparation Skills Assessment  
Day 2**

Mark "T" for True or "F" for False. Fill in the bubble like this -

- 
1. Prolonged exposure to stress suppresses the immune system, elevates the blood pressure, weakens the muscle tissue, decreases the inflammatory response and damages the hippocampus.  T  F
- 
2. Even in a trusting therapeutic relationship with the child, discussion of the traumatic event will terrorize them and always increase the chance of further trauma even stronger than before.  T  F
- 
3. Stress Inoculation Techniques consist of "feeling identification", relaxation" (deep breathing and progressive muscle relaxation), "thought stopping" and "cognitive coping."  T  F
- 
4. Positive self-talk is mindless positive thinking, happy affirmations and self-delusional thinking.  T  F
- 
5. Pre-placement activities are not as crucial to the success of the adoption as the actual placement work.  T  F
- 
6. Adoptive parents need to know techniques that will enhance affective regulation.  T  F
- 
7. The child's worker should be the lead clinician during the adoptive placement activities.  T  F
- 
8. Adoptive parents do not need to be taught stress inoculation techniques for their own use in controlling themselves.  T  F
- 
9. Developing a clear understanding of caseworkers' roles and responsibilities could increase positive outcomes for adoptive placements.  T  F
- 
10. One of the goals of adoption is for the adoptive parents to become therapeutic parents and replace the caseworker by the time the adoption is finalized.  T  F
- 

What type of agency do you work for?  Public  Private

What is your primary role/position?  Direct service  Supervisory

How many years experience do you have in:

a. Child Welfare services

b. Adoption