



Adoption Crossroads

**Child and Family Services, Inc.
New Bedford, MA**

THE FIRST FIVE YEARS: SUMMARY REPORT OCTOBER 1, 1997 – DECEMBER 31, 2001

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Appendix – Available upon request:

- A. Information and Referral Interview Schedule
- B. Agency Follow-up Interview Schedule
- C. Training Satisfaction Questionnaire
- D. Policy & Advocacy Questionnaire

This evaluation has been contracted for and reviewed by Child and Family Services, Inc., located at 1061 Pleasant Street, New Bedford, Massachusetts, which is the program's lead agency. Funding for the program originates from the Massachusetts Department of Social Services.

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EXECUTIVE SUMMARY

By Loretta W. Kowal

Adoption Crossroads, a child welfare program for Massachusetts families with adopted children, began in October of 1997. All Massachusetts citizens who have adopted children or legalized guardianships from the state, private, or from international sources are eligible for services. The Adoption Crossroads program is the result of collaboration between experienced adoption agencies, the Massachusetts Department of Social Services, adoptive parents, volunteers, and advocates. The Department has provided the funding and has been generous in its guidance and support.

The program provides flexible supportive services to families, parents, and children following legalized adoptions and guardianships. Adoption Crossroads promotes permanence, safety, and child well being. Families experiencing stress and challenges need not try to cope alone. This five-year evaluation details the extensive efforts made to keep families together, promote parent and child harmony, reduce social isolation, and prevent unnecessary out of home placements. Unlike more traditional child welfare programs where professionals are seen as all knowing, Adoption Crossroads has consistently relied on the expertise and experience of parents and volunteers.

The lead agency for Adoption Crossroads is Child and Family Services, Inc., a child welfare and adoption agency located in New Bedford. To ensure convenient geographic access across Massachusetts, five other agencies-- "the affiliates"--serve families in other locations. Child and Family Services, Inc. acting as the "lead agency" provides all of the program management and delivers post adoption services for Southeastern Massachusetts. The affiliate agencies are Children's Friend of Worcester for the Central Region; The Center For Family Connections in Cambridge for the Metro Region; Catholic Charities of Merrimack Valley in Lawrence for the Northeast Region; Children's Aid & Family Service of Northampton for the Western Region; and Children's Services of Roxbury for the Boston Region.

Since the inception of the program, Child and Family Services, Inc. has been called upon to consult with other states and federal agencies who want to learn from the Massachusetts experience. Adoption Crossroads is a model that is being replicated across the country. Child and Family Service, Inc. has been invited to present at many adoption related conferences.

The Graduate School of Social Work at Salem State College was selected to evaluate the progress of Adoption Crossroads.

Any person who calls the "800" number located at Child and Family Services, Inc. is able to speak with an adoption-competent professional who can provide information and can make a referral for specific services in the caller's locality. Services may include response teams, offering appropriate clinical and counseling services, respite services, and Family Support. Adoption Crossroads trains agencies, practitioners and volunteers. Advocacy and Coordination efforts address individual and systemic obstacles and barriers to post-adoption services.

This summary five-year evaluation examined the efforts of Adoption Crossroads to enhance the success of adoptive families in Massachusetts. The following is an overview of some of the key findings. These are explained in more detail in the corresponding chapters of this report.

Adoption Crossroads provided about 11,858 hours of case related activity from October 1997 through December of 2001, involving 11,245 contacts or other related activities for 894 families. This included almost 5,940 hours of Response team (counseling) services, 2,957 hours of Respite care, and about 2,029 hours from the Support Groups. Most of the 3,589 calls were from family members seeking information or services or who were having difficulties caring for one or more adopted children.

I. INFORMATION AND REFERRAL

- A. From October 1, 1997 to December 31, 2001 there have been 3,589 calls to Adoption Crossroads, either to the lead agency's or the affiliates' information and referral lines. The calls averaged 70.4 per month over the life of the grant, reaching a high of 83.3 in the second year, and then moving to 42.5 in the most recent year.
- B. Throughout the project, callers have been, on the whole, extremely satisfied with the various aspects of the service. It appears that there is a high and consistent level of satisfaction with the information and referral line.
- C. Overall, almost half (48.0%) of the callers rated the information and referral service as Excellent, and 32.4% as Very Good.
- D. Staff recorded 2,882 referrals in the five years examined, 980 of which were made by lead agency staff covering the '800' line, to the various affiliates. This represents an average of 678 per year, or 231 by the lead agency. These referrals involved 775 separate families, or an average of 1.26 referrals per family.
- E. When clients were asked about the services to which they were referred, they reported a high level of satisfaction. Clients were particularly satisfied with the affiliates, with clients typically giving Good (2) or Excellent (3) ratings. In addition, these ratings have been fairly consistent over the life of the program, fluctuating between 2.45 and 2.63.
- F. Over a quarter of the total number of referrals (748 or 26.0%) were for response team services with affiliated agencies, and over half of these (397 or 53.1%) were made by the lead agency. There were 358 families who received one or more of these response team referrals, out of which six-sevenths (86.9% or 311) had one or more service contacts with staff.
- G. On average, the typical family received over 13 hours of service, 6.2 of which involved visits with staff either in the home or the provider's office.

II. THE RESPONSE TEAMS

- A. Over the course of the five years (51 months), the response teams provided services for 548 separate families, or an average of 129 per year. These families received 6,475 contacts, totaling 5,940 hours, or an average of 55 minutes each.
- B. Each family had an average of 11.8 contacts each. Close to nine-tenths of the families (89.8%) had at least one interview either in the home or at the worker's office, whereas the remainder had only telephone contact, a meeting, social activity, or other unspecified type of contact.
- C. Over half of the families (52.9%) reported that their sessions were mostly at home, 44.4%, mostly at the office; and 2.6%, at various locations. On average, there were 1.4 staff working with each family.
- D. The data reveals overwhelmingly that the most common problem is a child's aggressive, destructive, or out-of-control behavior, mentioned by close to a half (72 or 45.9%) of the respondents. The second most common concerns involved adoption specific problems, mentioned by 49 or close to a third (31.2%) of the responding families.
- E. Respondents reported a high level of satisfaction with the quality of the service. About two-thirds (65.8%) rated the quality of the service as Excellent, and close to another quarter said it was Very Good (23.4%).
- F. Although only a modest 7.7% of the clients said their goals were fully Achieved, over of a fifth (21.5%) of the respondents rated their progress at the Substantial level and just over a quarter (26.3%) rated their progress at the Moderate level.
- G. Perceived progress increases with the number of sessions attended up to an intermediate level, providing preliminary evidence that the short-term intervention being used is having a beneficial impact in those families seen to date. This impact was most pronounced in work with problems involving adoption-specific issues, attachment, and anxiety.

III. RESPITE SERVICES

- A. Over the past five years, Adoption Crossroads has provided two basic types of respite care services: respite child care as well as social and recreational events.
- B. Parents and staff have consistently identified the need for specially trained respite care providers for children with serious emotional, physical or behavioral problems.
- C. Respite care, as a preventive service, enhances and preserves the stability of adoptive families and prevents a “recycling” of adopted “special needs” children back into foster care.
- D. Trends in respite child care utilization reflect the following: one, a need for respite care for very brief episodes (one or two hours) and for full days or overnights; two, respite care for children as well as young adolescents.
- E. Parents have consistently and spontaneously noted the need “to get a break” as the most helpful aspect of respite care services and this need is supported by their lack of access to alternative sources of respite care especially for children with special needs.
- F. Over the past five years, Adoption Crossroads parents have been asked to rate the quality of respite care services; their responses have consistently ranged from “good” to “very good” to “excellent.”

IV. FAMILY SUPPORT

- A. The statewide monthly average of support groups sponsored by Adoption Crossroads has ranged from 25 to 53 and the average number of clients served per month has ranged from approximately 164 to 274. Since 1998, the monthly average of support group service hours delivered by Adoption Crossroads statewide ranged from 83 to 106.
- B. Support groups have been provided for children, teens, adoptive parents, birth parents and kinship systems but not all types of groups have been available in all regions and parents as well as staff recognize the importance of group support services for all members of adoption systems.
- C. Over the past few years, telephone surveys have revealed that the length of client involvement in support groups has increased dramatically from an average of less than six to well over 12 meetings.
- D. Adoption Crossroads staff have emphasized the need to address the logistical barriers to client participation (transportation, distance and child care) as well as to provide ongoing training of group leaders in order to meet the demand for more types of groups and longer groups
- E. Surveyed clients have consistently noted that the most helpful aspect of support group services was “meeting others with similar experiences” and “not feeling alone.”
- F. Parents surveyed have been consistently satisfied with the quality of support group services with the majority rating the service quality as “very good” or “excellent.”

I. TRAINING

- A. Given the primary concerns and functions of the participants, it is quite likely that many parallels can be drawn between the content of the programs designed to improve the understanding, skills, and knowledge among the participants of all cohorts.
- B. The program accomplished its goal of providing crucial information in order to upgrade the human resource capabilities of beginning and advanced level adoption workers. It is hoped that the theoretical and practice and skills provided have added in a meaningful way different prevention and intervention practice methods that will benefit adoptive parents and adoptees.

II. ADVOCACY AND COORDINATION

- A. Adoption Crossroads staff have seen their coordination and advocacy responsibilities as integral components of their casework activities with individual families. Obtaining the appropriate services for families has been the service coordination focus. Advocacy comes into play when more than a referral is needed to obtain services; sometimes persistence is required.
- B. Over the years, policies and procedures of several of the major service systems have consistently been cited by Adoption Crossroads staff as inhibiting or impeding appropriate and/or timely services for the families and, particularly, for the children. These systems are:
 - 1. Mental Health: The Department of Mental Health's criteria for being accepted for services are very high and eliminates many children who require services. Private insurance, and particularly managed care, also limit mental health service provision.
 - 2. Schools: Special education and adoption-sensitive services are very hard to obtain. School personnel are not knowledgeable about behaviors associated with adoption, and the IEP process is too frequently used as a way to deny rather than facilitate appropriate services.
 - 3. Social Services: Staff at the Department of Social Services too often view requests for services as protective services matters, and long-term out-of-home placement is often the service recommended, a practice that threatens to disrupt the family rather than assist it through a difficult time. Restricted voluntary services forces parents to file CHINS petitions, creating more tension in the family.
- C. Resolving major systemic and policy difficulties has remained the responsibility of the lead agency, and the Project Director has been skillful in obtaining modifications of policies and procedures to better the access to services for Adoption Crossroads families.

INTRODUCTION

By Christopher G. Hudson

This report is an overview of the experience of the Adoption Crossroads Program of Child and Family Services, Inc. over its first five years of operation, from October 1, 1997 to December 31, 2001. Its primary purpose is to provide data on program implementation, service utilization patterns, client satisfaction, staff activities, and a few preliminary outcomes. With the exception of a chapter on the client population, the report is organized according to the major components: Information and referral, response teams, respite services, family support (formerly referred to as support groups), training, and advocacy and coordination.

The data that this report summarizes has been obtained from a wide range of sources that the Salem State team has had access to as of this date: (i) The evaluators conducted an annual telephone survey of persons who called the information and referral line, many of whom were referred for and received services. (ii) The evaluation of the response teams, respite services, and family support components is based on a telephone survey of recipients of these services, as well as interviews with staff and administrative reports. (iii) The evaluation of the respite and family support components was supplemented by data obtained from a focus group of nine recipients. (iv) Mailed and telephone surveys, and in-person interviews with staff in the lead agency and regional affiliates about implementing the advocacy and coordination component. The evaluation of training is based on statistics from the administration of a trainee satisfaction instrument given to a sample of the participating professionals, as well as statistics on the numbers of training sessions held. Also, (v) an analysis was conducted of the data in the program's management information system so as to provide a fuller profile of the clientele served.

A number of other recommended tasks are not included in this report, either because of incomplete data or sometimes because of the time required for staff or families to complete research instruments. These include a quasi-experimental assessment of program outcomes using a comparison group and standardized instruments, as well as a cost-benefit analysis. Nonetheless, considerable data on client satisfaction, program utilization, and the implementation process has been obtained, the results of which are reviewed in this document. The data supports the impression that Adoption Crossroads has made substantial progress in its five year implementation period towards creating an important and useful service for a wide range of families with adoptive children.

I. THE CLIENT POPULATION

Christopher G. Hudson

Adoption Crossroads has served the statewide population of families with adopted children through its various components and regional affiliates. The lead agency—Child and Family Services, Inc.—manages this program with the help of a database of family members and professionals who called its ‘800’ Information and Referral Service and were referred for services. This database has included information from each of the regional agencies where families receive services, as well as from the lead agency. Because this database contains comprehensive information on all documented Adoption Crossroads clients and the services they received, the Salem State evaluation team analyzed its content to better understand the families, the types and severity of their concerns and difficulties, and the extent of their involvement in various services.

Contacts. These include calls to the information and referral line, detailed in the next chapter, and calls to the affiliates. In total there were 3,626 calls to the lead agency and affiliates, with 3,589 sharing one or more concerns with the staff. This represents an average of 853 calls per year. Adoption Crossroads’ staff recorded several key items of information from these calls and other contacts, such as their source, identity, and reason for contact, highlights of which are summarized in the following sections. Of the 1,073 cases that were opened (an average of 252 per year), staff reported that 894 or 83.3% received services over and above the initial telephone contact.

Reason for Initial Contact. The 3,589 people who called for assistance with identified issues mentioned, in total, 5,205 concerns, or about 1.5 per caller (see **table 1**). The most frequent of these included general service issues, which were mentioned by three-tenths of the callers (30.7%) and problems of behavioral acting out on the part of a child or other family member, and this was mentioned by about a quarter of the callers (26.1%). Other common concerns include adjustment or relationship issues (17.8%), the need for financial assistance for camp (16.4%), and health or mental health problems (about 12%). Almost one in eighteen (5.6%) reported that the adoption of their child was at risk, and another 5.0% asked for assistance for an adoption search.

Magnitude of Problem. The intake worker also rates the pattern, severity, and progression of the identified problem or concern (see **table 2**). The workers provided ratings for over 1,700 of the families from whom sufficient information could be obtained. They noted that over a third of the families’ difficulties have been continuous (36.5%), and about a seventh (14.2%) were episodic in their progression. For the remaining (49.2%), there was either a mixed or unclear pattern.

Table 1. Reason for Contact, as Recorded by Intake Worker, October 1997-December 2001

	Count	% of Calls
General Service Issue	1,102	30.7%
Behavioral Acting Out	938	26.1%
Adjustment / Relationship Issue	638	17.8%
Camp	588	16.4%
Health	449	12.5%
Mental Health	428	11.9%
Financial Support	264	7.4%
Academic Issue	231	6.4%
Adoption at Risk	202	5.6%
Adoption Search	181	5.0%

NOTE: Data based on 5,205 completed concern records in information system for the dates 10/1/97-12/31/2001, associated with 3,589 calls. Percentages in final column do not total to 100.0% because of multiple concerns identified for many callers, on average 1.5 per caller. Reasons that were given by fewer than 5 percent of the respondents are not included in this table, and these include: legal issues, developmental disabilities, substance abuse, gender/sexuality, domestic violence, housing, and vocational issues.

Table 2. The Pattern, Severity, and Progression of Concerns of Callers, as Assessed by Intake Worker

	Count	Percentage
Pattern		
Episodic	244	14.2%
Continuous	626	36.5%
Mixed or Unclear	844	49.2%
Total	1,714	100.0%
Severity		
Mild	592	34.8%
Moderate	722	42.4%
Severe	342	20.1%
Extreme	46	2.7%
Total	1,702	100.0%
Progression		
Getting Worse	658	37.7%
Staying about the same	405	23.2%
Getting Better	31	1.8%
Don't know /unclear	651	37.3%
Total	1,745	100.0%

NOTE: Based on data on concerns, from information system, Oct. 1, 1997-Dec. 31, 2001.

Of the 1,702 cases rated for severity, close to a fourth were considered to have either a Seriously or Extremely severe difficulty (22.8%). In contrast, just over two-fifths (42.4%) were assessed as having a Moderate problem, and about a third (34.8%), a Mild problem.

Almost two out of five (37.7%) of the concerns were viewed as “Getting worse”, whereas about one out of four (23.2%), as “Staying about the same”. A few had been improving (1.8%), and for a substantial number (37.3%), there is insufficient information to make this determination.

Profile of Family Members. The information system of Child and Family Services, Inc. contains detailed records of most of the family members who are part of the 1,073 families with open case records. Of these only 590, or 55%, had a second parent or caretaker at home (see **figure 1**, next page). However, 857 or 80% had one or more children or other dependents, whether or not adopted, in the house. Most of these (88%), however, were children under the age of 18 (see figure 1, next page). Most of the adult dependents are biological children (60.6%) or adopted (33.5%). The remainder are either ex-foster children, grandchildren, or other relatives. In contrast, close to three-quarters (74.4%) of the dependents who are children were adopted, and only 13.2% represent biological offspring. The remainder consists of either foster, guardianship, pre-adoptive, or children with other statuses.

Of the 975 children identified as adopted, just over a half (51.7%) were placed by a public child welfare agency, and over half of these or 26.5% of the total received a subsidy. Many (21%) had previously been foster children. In addition, almost a third (32.5%) of the 975 children have special needs. About a sixth (16.4%) were placed as infants, and a seventh, in kinship arrangements. Close to an eighth were trans-racial (12.1%) or foreign (11.2%) adoptions (see **table 3**).

The age of these children when adopted was, on average, 5.1 years (see **table 4**). This varied considerably, between 1.1 for infant and 3.9 for foreign adoptions to 6.7 for subsidized adoptions and 7.4 for guardianship placements. The median number of months in placement, prior to adoption was 18.5, and this ranged from a low of 6.8 for foreign and 7.0 for private adoptions to a high of 29.9 for those placed with a subsidy and 36.0 months for those coming out of foster care.

The children that Adoption Crossroads has served have a median age of 11.3, with the girls being slightly older (11.6) than the boys (11.0). Just about a third (32.4%) were in the pre-teen (10-13) category, and just about equal numbers (27%) falling within the elementary (5-9) or the high school (14-18) age ranges. Only 7.5% were of pre-school age (0-5), and a smaller number (5.6%), over 18. In respect to their racial or ethnic profile, about three-fifths (59.3%) of the children were Caucasian, 17.1% Black, and 11.1% Hispanic or Latino/a. Other groups represented include the bi- or multi-racial, Native American, Cape

Verdean, Pacific Islander/Asian, among others (see figure 2).

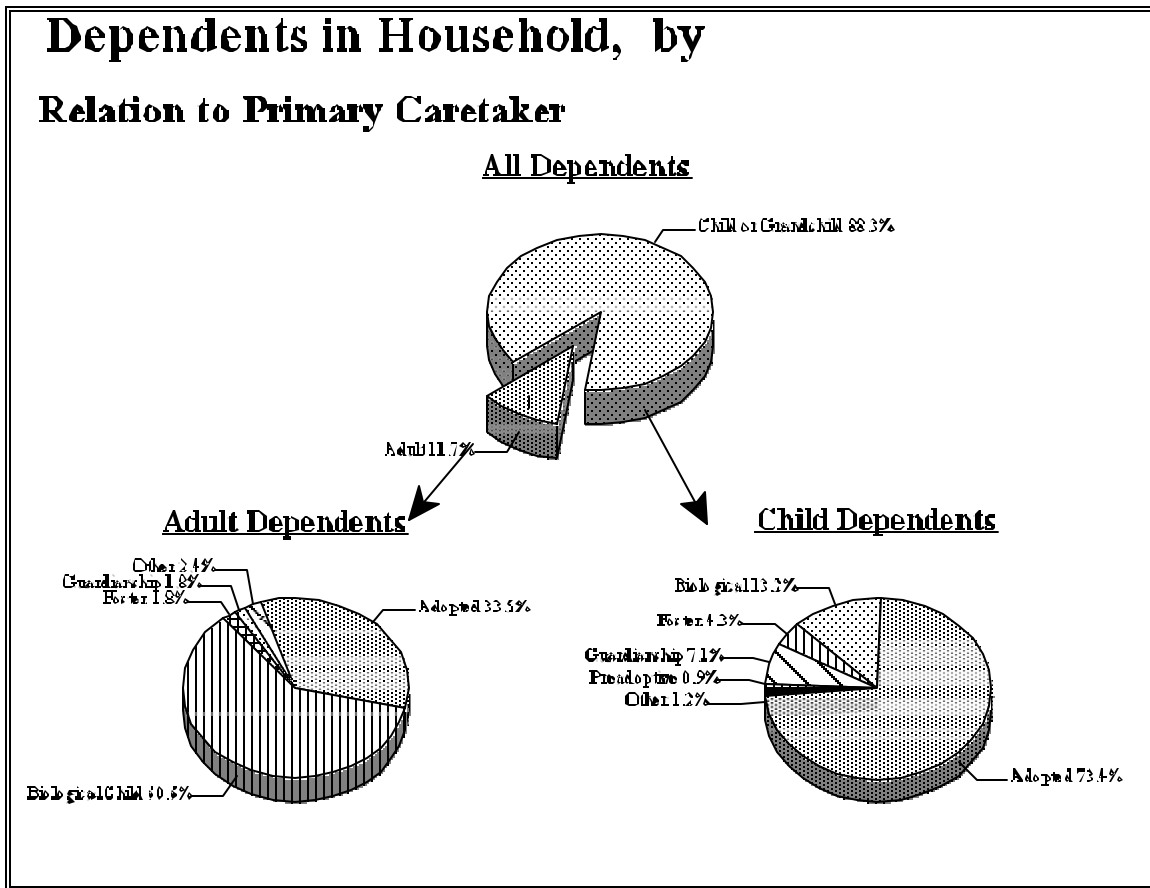


Figure 1

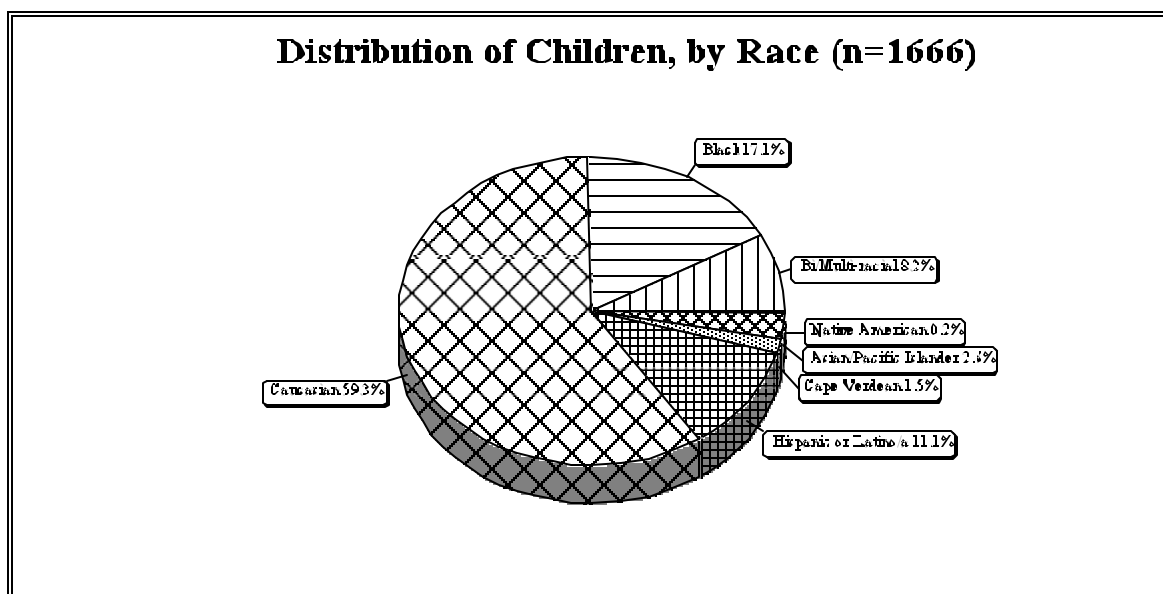


Figure 2

Table 3. Relative Frequencies of Children with Selected Types of Adoptions (n=859)

Adoption Type	n	Percentage
Public	444	51.7%
Special Needs	279	32.5%
Subsidized	228	26.5%
Foster Care	180	21.0%
Infant	141	16.4%
Kinship	126	14.7%
Private	108	12.6%
Transracial	104	12.1%
Foreign	96	11.2%
Guardianship	63	7.3%

program, data from the program's information system provides an important overview of the specific types of services and the numbers of contacts and hours involved, broken down by both agency and type of services. All staff are asked to log each contact or other activities on behalf of their clients and if they involve interviews, phone calls, writing letters, or attending meetings. They are asked to indicate the length of time of each contact or activity. These data were tabulated and broken down by both major program components and agencies.

Table 7 presents this data and indicates that the program has provided services for 894 families between Oct. 1, 1997 and Dec. 31, 2001. In any given year, between 300 and 373 families have been served; many families of course have been served over several years. These nine hundred families received over 11 thousand separate contacts—a visit, interview, telephone call, social event, or letter—adding up to almost 12 thousand hours of service, or about 1.05 hours per contact.

Close to a third (32.4%) of these contact hours involved either an office or home visit with Adoption Crossroads staff, about half of which were in the home (51.5%). These direct services involved 666 families. The

Risk to Adoption. The population of children served includes those with a wide-range of risk levels see **table 6**). Although three-tenths (30.0%) of the adopted children were not considered by their workers to be at risk, and another quarter (23.2%) as having only Minimal risk, the remaining half (46.9%) of the children were considered to be at Moderate or greater risk. These included 270 at Moderate risk, 157 at Significant risk, and 96 at Severe risk. Eighteen or 1.6% of the children had already experience some kind of breakdown of the adoptive arrangement. Whereas the adopted children had a median of 1.4 or Minimal to Moderate risk, the biological children had almost no (0.4) risk of loss of family membership. Of the adopted children, those who came through foreign, private,, kinship, or infant adoptions had only Minimal levels of risk (about 1). In contrast, those with guardianship placements had moderate (1.9) levels of risk and those with special needs, had Moderate to Severe levels of risk (see **table 4**).

Services Provided. While subsequent chapters will provide details on the various services, supports, and other interventions provided by the Adoption Crossroads

Table 4. Mean Age at Adoption, Months Placed, and Rated Risk, By Adoption Type

Adoption Type	Median Age at Adoption	Median Months in Placement	Rated Risk or Stress
Public	5.9	25.0	1.4
Special Needs	6.4	25.0	2.6
Subsidized	6.7	29.9	1.4
Foster Care	5.9	36.0	1.1
Infant	1.1	11.1	1.0
Kinship	5.0	25.7	1.1
Private	1.5	7.0	1.0
Transracial	4.1	16.4	1.3
Foreign	3.9	6.8	0.9
Guardianship	7.4	23.2	1.9
OVERALL (n)	5.1 (477)	18.5 (430)	1.2 (746)

NOTE: The figure in the parentheses is the 'n' or count of cases. Risk was rated using the following scale: 0–None; 1–Minimal; 2–Moderate; 3–Significant; 4–Extreme; 5–Disrupted

Table 5. Distribution of Adopted Children, By Age and Gender, Oct. 1997-Dec. 1991 (n=975)

	Female	Male	Total
0 to 4	37 (7.6%)	36 (7.4%)	73 (7.5%)
5 to 9	123 (25.2%)	145 (29.8%)	268 (27.5%)
10 to 13	145 (29.7%)	171 (35.1%)	316 (32.4%)
14 to 18	151 (30.9%)	112 (23.0%)	263 (27.0%)
Over 18	32 (6.6%)	23 (4.7%)	55 (5.6%)
Total	488 (100.0%)	487 (100.0%)	975 (100.0%)
Median Age	11.6	11.0	11.3

training and consultation, and information and referral in this particular context. The lead agency, Child & Family Services, Inc. provided the most services, accounting for 21.1% of the total contact hours. The Center for Family Connections and Mass Families for Kids documented 8.0% and 9.0% of the hours, respectively. The Child & Family Service saw the largest number of families, 238 in total, whereas the Center for Family Connections saw 101 and Mass Families for Kids, 112, over the four and a half years of this evaluation.

Summary. Adoption Crossroads has served a broadly representative population of Massachusetts families with adopted children. Since 1997 it has responded to over 3,600 people who have sought help with a variety of general service issues (31%) and often with children struggling with problems involving behavioral acting out (26%). Over a third (36%) of these concerns have been continuous, ongoing issues; close to a quarter (23%) were considered to be seriously or extremely severe; and almost two fifths (38%), as getting worse.

Of the case records opened, slightly over half (55%) represented families with a single parent or caretaker. About four-fifths (80%) of these had one or more dependents, most (88%) of whom were children under 18. About three-fourths (74%) of these are

remaining quarter of the contact hours (25.5%) involved some combination of social activities, telephone, mail, meeting, or other contacts. Next in importance, were telephone contacts which involved about a fifth (18.3%) of the total contact time. In contrast, social activities and meetings took 16.9% and 13.2% respectively. The totals, it should be noted, represent high estimates since respite and social activity hours are recorded multiple times, for each client involved, exaggerating the estimates of staff time involved.

Half (50.1%) of all contact hours involved the work of the response teams. In contrast, 17.1% of the hours involved family support groups and about a fourth (24.9%), respite care. Whereas 548 families received the services of the response teams, 361 received respite care, and 184, support groups. Staff were only able to record a few activities involving parent liaison,

Table 6. Risk to Adoption / Family Membership, by Child Status, Oct. 1997-Dec. 2001

Rated Risk	Status--Relation to Primary Caretaker	
	Adoptive	Biological
None (0)	347 (30.0%)	204 (67.1%)
Minimal (1)	268 (23.2%)	70 (23.0)
Moderate (2)	270 (23.4%)	21 (6.9%)
Significant (3)	157 (13.6)	6 (2.0%)
Severe (4)	96 (8.3%)	3 (1.0%)
Dissolved (5)	18 (1.6%)	
Total	1,156 (100.0%)	304 (100.0%)
Median	1.4	.4

NOTE: This table excludes foster, guardianship, and other children who do not fall into the above categories for simplicity of presentation. It includes only children 18 and under.

children who were adopted. Out of these 975 adopted children (only some of whom were the focus of service), over half (55%) had been placed by a public child welfare agency, and a fifth (21%) had spent time as foster children. The median age at adoptive placement was 5.1, and the median number of months in pre-adoptive placement was 18.5.

Table 7. Contact Hours, By Type, Program, Agency, and Year

	Individual Contacts			Families	
	Hours / Contact	Total Contacts	Total Hours	Number	Percentage
TYPE					
Office Visit	1.17	1,771	2,076.8	388	43.4%
Home Visit	1.85	1,877	3,465.6 ^a	446	49.9%
Social Activity	3.59	558	2,001.8	206	23.0%
Telephone	0.39	5,523	2,171.3	689	77.1%
Mail	0.59	241	141.0	163	18.2%
Meeting	2.08	756	1,570.7	180	20.4%
Other	1.44	242	348.1	120	13.4%
In person (Office or Home)	1.52	3,648	5,542.4	666	74.5%
PROGRAM					
Response Team	.92	6,475	5,939.7	548	61.3%
Respite/Social Activity	1.78	1,663	2,956.6 ^b	361	40.4%
Support Groups	1.57	1,289	2,028.8	184	20.6%
<i>Categories not regularly used here:</i>					
Advocacy & Coordination	.45	631	285.1	170	19.0%
Information & Referral	.40	255	100.8	139	15.5%
Parent Liaison	.59	272	159.5	108	12.1%
Training & Consultation	1.44	104	149.8	41	4.6%
AGENCY					
SE: Child & Family Services	.88	2,848	2,507.2	238	26.6%
NE: Catholic Charities	1.09	2,906	3,174.4	203	22.7%
WEST: Children's Aid & Family	1.33	1,822	2,429.8	154	17.2%
METRO: C. for Family Connections	.92	1,023	946.2	101	11.3%
CENTRAL: Children's Friends S.	1.24	1,394	1,732.9	128	14.3%
BOSTON: Mass Families for Kids	.85	1,252	1,067.7	112	12.5%
YEAR (Calendar)^c					
1998	.70	2,154	1,512.6	300	33.6%
1999	.94	2,894	2,722.1	373	41.7%
2000	1.28	3,115	4,002.8	366	40.9%
2001	1.20	2,949	3,536.3	358	40.0%
TOTAL	1.05	11,245	11,858.0	894	100.0%

NOTES: The first column gives the average time in hours per contact or activity, including any travel. The second column shows the total number of contacts, however long, of the specified type. The third column indicates the total number of hours, regardless of number of contacts, in the particular category. The last two columns show the total number and percentage of families who received one or more contacts, for one or more family members, of the given type. The distribution of cases between services types and programs totals to more than 100% due to multiple assignments

a. Of these -- hours, -- or -- % consisted of travel time.

b. Total hours for respite/social activities is based on clients and not workers, thus, it overestimates the true level of staff time spent on these tasks. Therefore, totals and percentages will error on the high side because of the alternative forms of recording used.

c. 1997 left out as it was a short year, and little data had been collected.

At intake, these children had a median age of 11.3, were equally divided between boys and girls, about two-fifths of whom were minorities of color. The program provided services—at least a phone call and often interviews, home visits, social events, etc.—to 894 families, about 300 to 370 per year. They received an average of 12.6 contacts, averaging 1.05 hours, or about 13.3 hours of service each, and this included both direct and indirect contacts, therapeutic, respite, and social activities, as well as consultation and other forms of help.

II. INFORMATION AND REFERRAL

By Christopher Hudson

Throughout this evaluation the Salem State evaluation team has conducted annual telephone surveys of callers to the Adoption Crossroads '800' information and referral line. The purpose of these surveys has been to determine levels of satisfaction with the service received on this line, as well as satisfaction with any services to which the caller may have been referred. Respondents included mostly families, and some professionals and relatives concerned about others. The interview is based on a structured two-page fixed-choice instrument, the same one used the first three years. Thus, comparisons are possible between these periods. The first section focuses on the caller's impressions of the information and referral line. The second section focuses on services to which the caller may have been referred. Callers are invited to provide comments and suggestions based on their experience (see appendix for copy of interview instrument).

From October 1, 1997 to December 31, 2001 there have been 3,589 calls to Adoption Crossroads, either to the lead agency's or the affiliates' information and referral lines. Of these, 2,313 were nonduplicates or provided sufficient information for potential follow-up. There was no answer for 334 of the numbers (typically after 5 attempts); 242 had invalid phone numbers; 77 had some other reason for non-contact, such as a worker having left an agency. Sixteen hundred and sixty (1,660) or 71.8% were successfully contacted. Of these, 1,495 or 89.8% cooperated in answering the questions, while the remaining 165 or 11.2% were either too busy or chose not to be interviewed.

Figure 1 illustrates the distribution of the calls to Adoption Crossroads over the 17 quarters or 51 month period of the program (the first and fifth evaluation years were a short, nine and six months respectively). The top solid line plots activity as recorded in the information system and the lower line only those 2,313 calls which were nonduplicates or otherwise provided sufficient information for potential follow-up as part of the annual surveys. These levels are characterized by regular surges of activity during each April to June quarter, typically due to seasonal applications for financial assistance for camp. The calls averaged

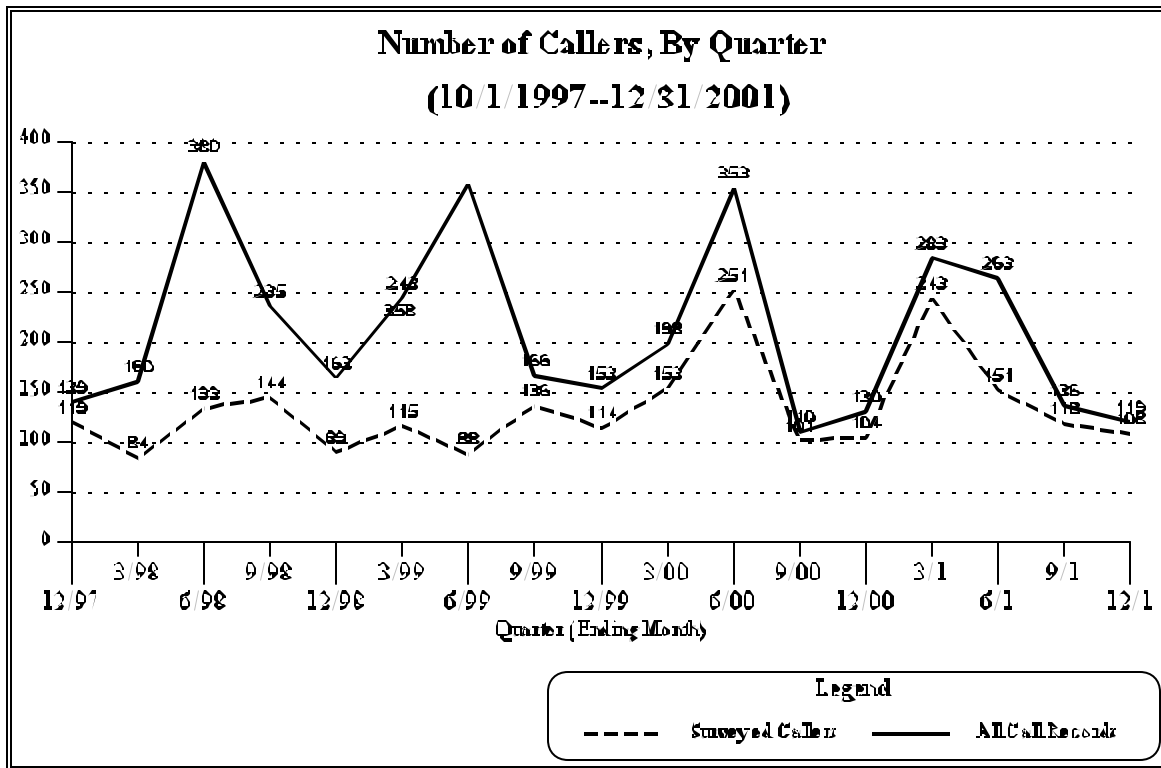


Figure 1

70.4 per month over the life of the grant, reaching a high of 83.3 in the second year, and then moving to 42.5 in the most recent year.

Satisfaction with the Information and Referral Line. The first section of the questionnaire has a dozen statements about the caller's contact with the referral line. Each statement was read and the respondent was asked to respond using five levels: "Strongly Agree", "Agree", "Neutral", "Disagree", or "Strongly Disagree". Respondents also had the opportunity to indicate if a statement was either Not Applicable or if he or she had No Opinion.

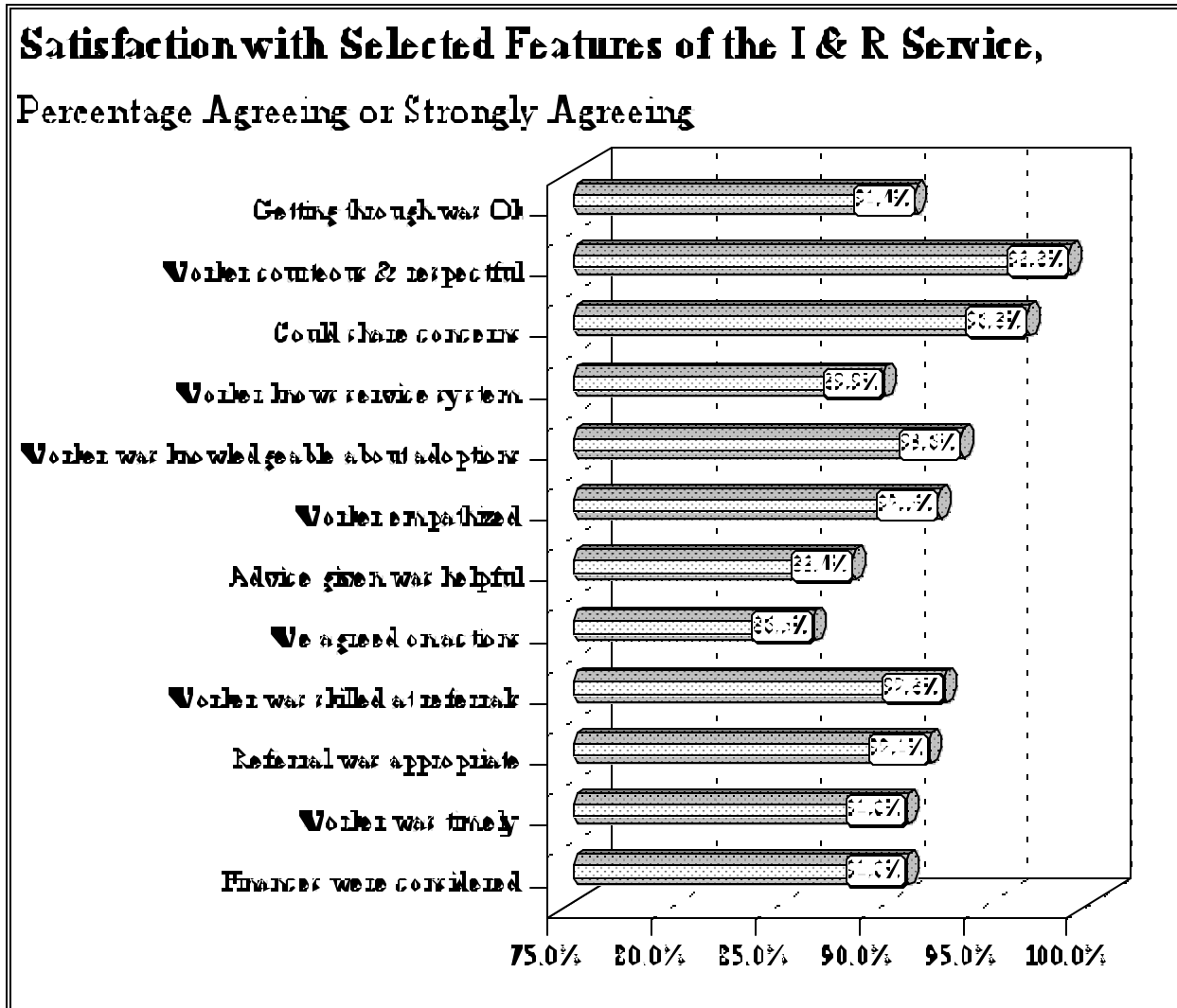
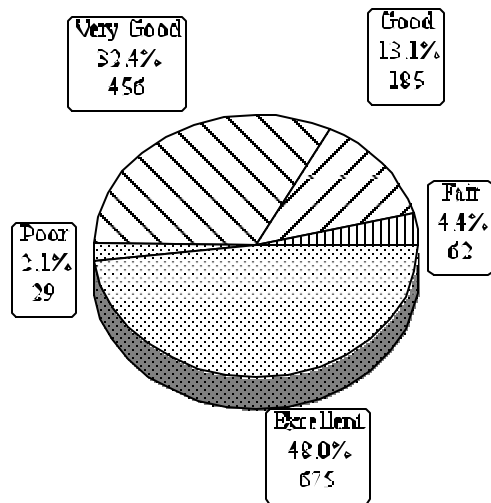


Figure 2

Callers have been, on the whole, very satisfied with the service (see **figure 2**). The callers were virtually unanimous in their agreement that the worker was courteous and respectful (98.8%) and empathic (92.5%), and that they could share their concerns (96.8%). They were also very positive about the worker's skill at referrals (92.8%), knowledge about adoptions (93.6%), and the appropriateness of the referral (92.1%). The lowest levels of relative agreement involved the helpfulness of the worker's advice (88.4%) or whether the caller and worker could agree on a plan of action (86.5%), the ability to get through on the phone (91.4%), and the worker's timeliness (91.0%), although even these items received a very strongly positive response. Thus, it would appear that there is a substantial and consistent level of satisfaction with the information and referral line.

Overall Rating of Quality of Information and Referral Service



The above impression is supported by the responses to a global question: *“Overall, how would you rate the quality of the information and referral service?”* (see figure 3). Almost half, or 48.0%, rated the service as “Excellent”. And about a third (32.4%) said it was “Very Good”. Very small numbers rated the service as Fair (4.4% or 62 persons) or Poor (2.1% or 29 persons). For the total scale, which ranges from 1 (Poor) to 5 (Excellent), the mean score was 4.2 slightly above the 4 or “Very Good” rating. These levels have been fairly consistent over time, typically ranging from 4.0 to 4.5 for any given month.

The mean level of satisfaction was also computed

Figure 3

for the various groups of respondents, whether they were family members, human service or other professionals, or other people such as friends or relatives. While human service professionals gave an average rating of 4.3, the families contacted rated the information and referral service at the 4.0 or “Very Good” level on average.

Reported Referrals. *An important question involves the number of referrals made and the level of success clients had obtaining needed services.* While such engagement can mean anything from an initial phone contact to a completed service, in this case a linkage was regarded as either a phone call or an initial in-

Table 1. Total Referrals, Average Annual Referrals, and Percent Receiving Services

	10/1/1997-12/31/2001		Mean per Year	
	To Response Teams	To All Services	To Response Teams	To All Services
All Referrals ¹	748	2,882	176	678
Total Referrals by Lead Agency ²	397	980	93	231
Total Families Referred by Lead Agency ³	358	775	84	182
Total Referred Families Receiving Services ⁴	311	448	73	105
Percent of Referred Families Receiving Services	86.9%	57.8%	86.9%	57.8%

NOTE: All information in table based on data from Adoption Crossroads information system.

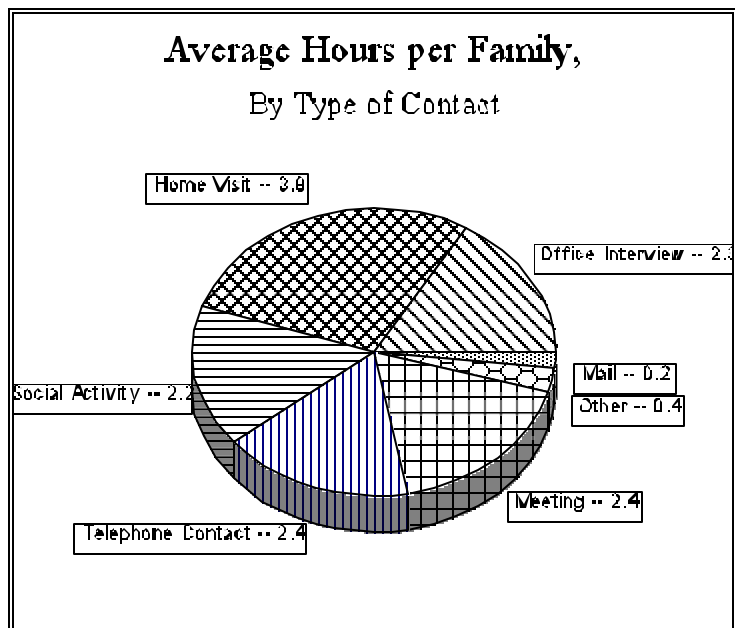
1. All referral records in information system. These include both referrals by affiliates to their own agency (“backdoor referrals”) as well as lead agency referrals.
2. All referrals with lead agency staff noted or lead agency identification entered into field associated with “Referral made by”. Some families have more than one referral.
3. Number of referral records with unique family ids.
4. Number of Families with a referral who also had at least one progress note indicating either a phone call, home visit, appointment, or other contact.

person appointment with or visit from a service provider, such as a therapist or respite personnel. Data used to examine this question were derived from two sources: (i) Numbers and percentages of referrals made were based on staff reports, recorded in the referral record of the Adoption Crossroads information system. While all callers are assigned to an agency, only those with a specific referral recorded with a date or referring staff member's name were used. (ii) Reports of initial contacts were based on whether staff recorded either a phone contact, an interview, or other type of contact with the family as a part of the progress notes section of the information system. It should be noted that a key database used – the progress note database – contains records of activities associated with only regular cases, such as those served by the response teams. Some families, such as those participating only in social activities or camperships, are usually not recorded in this database, but instead may be recorded through various other means. Thus, it was decided to also examine rates of referral and service specifically for the response teams; these results are presented in the first and third columns of **table 1**.

Staff recorded 2,882 referrals in five years examined, 980 (or 23.0%) of which were made by lead agency staff covering the '800' line, to the various affiliates. This represents an average of 678 per year, or 231 by the lead agency. These referrals involved 775 separate families, or an average of 1.26 referrals per family. Of these 775 families, close to three-fifths, or 57.8%, had one or more recorded contacts with staff logged in the progress notes. This represents a total of 448 separate families, or an average of 105 per year. It should be noted that staff recorded services for some families for which there are no documented referrals. Although 448 of the *referred* families received services, progress notes include documentation for an *additional* 218 families who were seen, for a total of 666, over the five years of the program.

Over a quarter of the total number of referrals (748 or 26.0%) were for response team services, and over half of these (397 or 53.1%) were made by the lead agency. There were 358 families who received one or more of these response team referrals, out of which six-sevenths (86.9% or 311) had one or more service contacts with staff. In addition, there were another 237 families who also had contacts with the response teams for which there is no documented referral, or a total of 548 families seen during the five years examined.

Service Utilization. Given the seriousness of the difficulties faced by the families, it is unrealistic to expect a single appointment or visit to result in substantial progress. *For this reason, an important question is the amount of service--measured in hours--that clients receive.* The data reveals that the typical (mean) number of hours of services is 13.2 per family, including 6.2 hours of inperson service contacts, 3.2 of which were in the office and 5.2 in the home. Staffings and other meetings, at which the family may or may not have been present, consisted of an average of 2.4 hours. Social activities made up another 3.0 hours, telephone contacts 0.3 hours, and 'other', 0.5. The reader should understand that there was considerable variation around these averages. The 6.2 hours of inperson contact is consistent with national service averages which have been known for many decades now.



Satisfaction with Referrals. As in the previous years, when clients were asked about the services

to which they were referred, they reported a high level of satisfaction. Clients were particularly satisfied with the affiliates, with clients typically giving Good (2) or Excellent (3) ratings. In addition, these ratings have been fairly consistent over the life of the program, fluctuating between 2.45 and 2.63. In contrast, the clients have rated the non-affiliated agencies at a slightly lower level, somewhat above the level of Good (2.0). These have varied between 2.24 and 2.52 over the last five years.

Summary.

Throughout the life of the program, Adoption Crossroads has maintained a high level

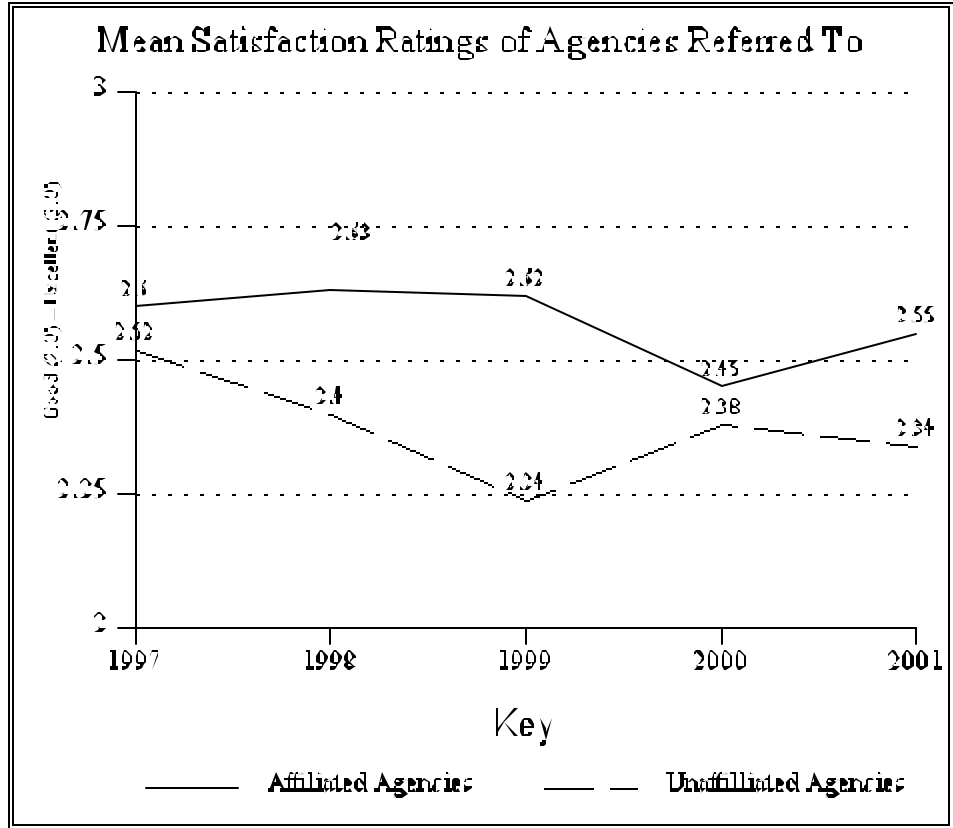


Figure 4

of satisfaction on the part of its clients. Close to half (48.0%) of the participants rated the information and referral service as Excellent, and 32.4% Very Good. Clients have been most positive about the professionalism of the workers and their knowledge of adoptions. Although still very positive, they were somewhat less impressed by the helpfulness of the specific advice and agreement about actions to be taken. It is noteworthy that the program has maintained this level of satisfaction at the same time it has responded to a considerable volume of calls, a total of 3,589 over the five years, or an average of 70.4 per month. Monthly volume reached a peak of 83.3 in the second year, and then moved to 42.5 in the July-December 2001 period.

The program has reported an overall total of 2,882 referrals over the five years, of which 980 were made by the lead agency information and referral line. The remainder were made by the affiliates, typically to their own programs. These 980 referrals involved a total of 775 families, 448 or 57.8% of whom received services, whether this involved telephone contact only or extensive and multiple services over several years.

Of those referred specifically for response team services, 86.9% were able to make contact with staff. On average, the typical family received over 13 hours of service, 6.2 of which involved visits with staff either in the home or the provider's office. The families were on the whole very positive about the quality of these services, especially those provided by the affiliates, typically giving ratings in the Good (2) to Excellent (3) range. For example, in the most recent year respondents to the survey of families gave an average rating of 2.55 for the affiliates and 2.34 for the non-affiliates.

III. The Response Teams Christopher G. Hudson

Introduction. Central to the Adoption Crossroads program are the regional response teams which provide family and home-based services through each of the six participating agencies. The response teams are designed to provide timely intervention in averting crises, assessing children and families, and providing adoption-competent services. Children and families who have long-term clinical needs or chronic conditions that require attention may be referred for additional wraparound services.

The evaluation of this component has relied on two primary sources of data: (i) an annual telephone survey of the primary contact person for each family, and (ii) information supplied by the lead agency's information system. The survey, conducted at the end of each year, included all persons who had called the information and referral service during the preceding year. Whenever a person was contacted he or she was asked if he or she had been referred to a response team, or if they had received response team, counseling, or therapy, or respite or family support services from an affiliate. In total, the survey identified and interviewed 164 families who said that they or their family received services through Adoption Crossroads, out of the 548 that staff recorded service contacts with.

**Table 1. Response Team Contact Hours, By Type
(Oct. 1, 1997–Dec. 31, 2001)**

	Individual Contacts			Families	
	Hours / Contact	Total Contacts	Total Hours	Number	Percentage
Office Visit	1.0	670	670.0	239	43.6%
Home Visit	1.9	1,539	2,924.1	401	73.2%
Social Activity	1.8	5	9.0	92	16.8%
Telephone	0.4	3,682	1,472.8	502	91.6%
Mail	0.4	116	46.4	120	21.9%
Meeting	2.5	227	567.5	136	24.5%
Other	1.4	98	137.2	97	17.7%
In person (Office or Home)	1.6	2,209	3,534.4	492	89.8%
TOTAL	0.92	6,475	5,939.7	548	100.0%
Average per 12 month year	0.92	1,524	1,397.6	129	23.5%

NOTES: The first column gives the average time in hours per contact or activity, including any travel. The second column shows the total number of contacts, however long, of the specified type. The third column indicates the total number of hours, regardless of number of contacts, in the particular category. The last two columns show the total number and percentage of families who received one or more contacts, for one or more family members, of the given type.

The broadest view of the extent of services delivered by the response teams was obtained through an analysis of the contacts that response team staff recorded in the program's information system (see **table 1**). Over the course of the five years (51 months), the response teams provided services for 548 separate families, or an average of 129 per year. These families received 6,475 contacts, totaling 5,939.7 hours, or an

Table 2. “What issues, concerns, or problems did these meetings focus on?” FY 1997 - FY 2001 (n=157)

Issue	Count	Percentage of Cases
Behavior, i.e. destructive, out of control, violent	72	45.9%
Adoption-specific issue	49	31.2%
Attachment, loss, or separation	28	17.8%
Psychiatric problem	19	12.1%
Anger	17	10.8%
Family relationships	17	10.8%
Effects of past abuse or PTSD	11	7.0%
ADHD	11	7.0%
Anxiety	7	4.5%
Substance abuse	6	3.8%
Difficulty with adjustment	5	3.2%
Total responses	242	154.0%

NOTE: “Percentage of cases” does not total to 100% as respondents often cited more than one concern or problem (an average of 1.5 per case).

average of 55 minutes each. The contacts may have involved an office or home visit, telephone call, social activity, or a meeting at a school. Each family had an average of 11.8 contacts each. Close to nine-tenths of the families (89.8%) had at least one interview either in the home or at the worker’s office, whereas the remainder had only telephone contact, a meeting, social activity, or other unspecified type of contact. The most frequent form of contact was the home visit which was received by 401 or 73.2% of the families. These families were visited an average of 1.9 times, and each of these visits took the staff 1.9 hours of both contact and travel time. In contrast, 239 or 43.6% of the families saw staff an average of 2.8 times in their offices, with each visit lasting an average of an hour.

A detailed telephone interview (“the long form”) was completed with all the above respondents that could be contacted, specifically, 164 families who reported that they received response team services. Of these 164 recipients of response team services, about a tenth (16 or 9.8%) also received either respite services, attended a family support group (30 or 18.2%), or all three (2 or 1.2%). Whereas the staff recorded an average of 4.5 office or home

visits per family, the families reported a median of 5.8. This slight disparity between worker and staff reports may be due to a slight skew in the distribution of sessions, as well as the fact that the most actively engaged families were more likely to respond to the survey than those less involved. According to the reports of the families, 13.8% had 1 to 2 sessions; 43.4%, 3 to 6 sessions; 23.9%, 7 to 12 sessions; 13 to 18, 5.7%; 19 to 26, 3.1%; and, 27 or more sessions, 17.0%. Over half (52.9%) reported that these sessions were mostly at home, 44.4%, mostly at the office; and 2.6%, at various locations. On average, there were 1.4 staff working with each family.

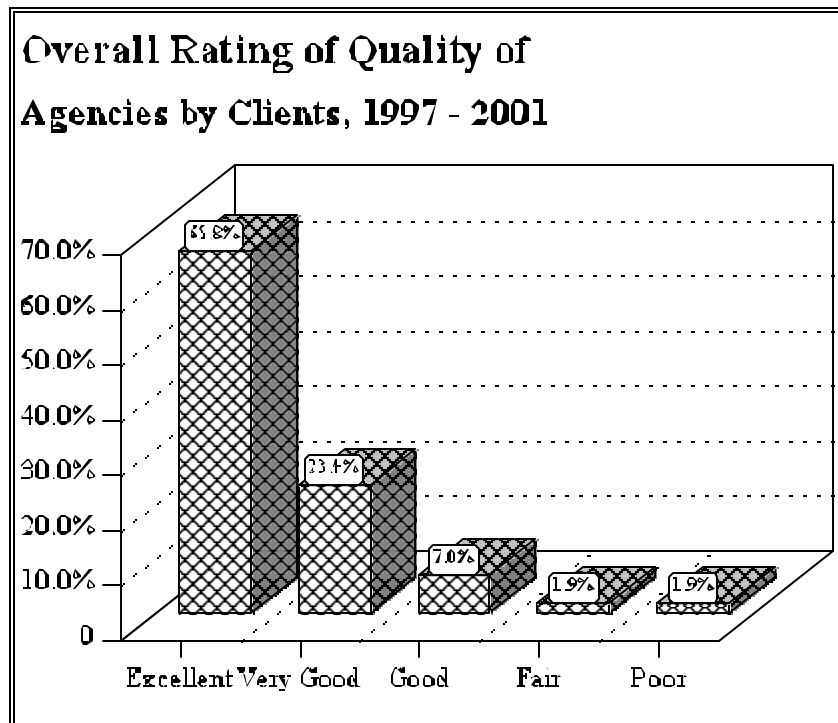


Figure 1

The telephone survey of the identifying the problems confronted, methods used, and on obtaining the clients' assessments of the process and outcome of service delivery. This analysis will describe these impressions using descriptive statistics, and present a beginning analysis of key correlations or predictors of the reported outcomes. It should be emphasized that the data presented here is based on the clients' impressions, which may or may not correspond to worker's assessments or those from third parties.

Problems Addressed. Each respondent to the survey was asked, "*What issues, concerns, or problems did these meetings focus on?*" Each respondent identified one or more issues, which were subsequently coded using generic issue/problem categories. The analysis, reported in **table 2**, on the previous page, reveals overwhelmingly that the most common problem is a child's aggressive, destructive, or out-of-control behavior, mentioned by close to a half (72 or 45.9%) of the respondents response team clients focused on.

The second most common concerns involved adoptive specific problems, mentioned by 49 or close to a third (31.2%) of the responding families. Of significant importance also were problems with attachment, reported by 28 of the families (17.8%). Less frequently mentioned were problems of anger (10.8%), family relationships (10.8%), post-traumatic stress disorder or the effects of past abuse (7.0%), or attention deficit hyperactivity disorder (7.0%). Mentioned relatively infrequently were anxiety, substance abuse, and general difficulties in adjustment.

Methods. To understand the methods workers used during their meetings with their families, each family was asked, "*What did the workers do to help with these concerns?*" Responses were coded, using language which approximated what the families reported. **Table 3**, on the right, reports these results. It reveals that the most common intervention was advice, and this was mentioned by over a third of the respondents (35.3%). Second most frequently mentioned were empathy, listening, information sharing, each mentioned by about a sixth of the respondents (16.4%). Almost as frequently mentioned was general discussion (15.5%) and the provision of referrals (15.5%). About a ninth of the respondents mentioned either training (11.2%) or the development of insight (11.2%). Infrequently mentioned were mediation, ventilation, problem solving, and crisis intervention.

Table 3. "What did the workers do to help with these concerns?" (n=116)

Method	1997 - 2001	
	Count	Percentage of Cases
Provided advice	41	35.3%
Provided empathy, relationship	19	16.4%
Provided information	19	16.4%
Listened	19	16.4%
Discussion	18	15.5%
Provided referral	18	15.5%
Provided training	13	11.2%
Helped develop insight	13	11.2%
Mediation	5	4.3%
Permitted ventilation	5	4.3%
Helped with problem solving	5	4.3%
Crisis intervention	2	1.7%
Total responses	177	152.6%

NOTE: "Percentage of cases" does not total to 100% as respondents often cited more than one method (an average of 1.5).

Client Satisfaction. As apart of the annual survey, those clients who received response team services were asked to give an overall rating of the quality of the services they received. Over the five years, 158 respondents provided such a rating, the results of which are summarized in **figure 1**. About two-thirds (65.8%) rated the quality of the service as Excellent, and close to another quarter said it was Very Good (23.4%). Seven percent said it was Good, and only three respondents or 1.9% rated it as Fair, and the same number, as Poor.

Client Assessment of Progress. Just as clients were asked for their assessment of the quality of the service, focusing on the process of delivery and its professionalism, they were also asked to assess progress on the problems they worked on with their response teams. They were asked to list each concern, issue, or problem, and rate their progress according to the following scale:

- None (0) No apparent progress or situation has worsened
- Minimal (1) Beginning evidence of movement and work on concern or problem
- Moderate (2) Problem or concern clearly reduced
- Substantial (3) Issue or concern almost resolved, but recurs sometimes
- Achieved (4) Issue or concern resolved, at least no longer requiring professional help

These ratings were analyzed on a case and problem basis. When analyzed on a case basis, the ratings were averaged for each family, whether 1 or 4 problems were identified, to obtain a global rating of progress for that family. The average for each family--now a decimal value, i.e. 1.72 – were then re-categorized using the following ranges corresponding to the original ratings: None – 0 to .5; Minimal – .6 to 1.5; Moderate – 1.6 to 2.5; Substantial – 2.6 to 3.5; and, Achieved – 3.5 - 4.0. In this way, a global rating of progress was determined for each case, based on the arithmetic average of the problem ratings.

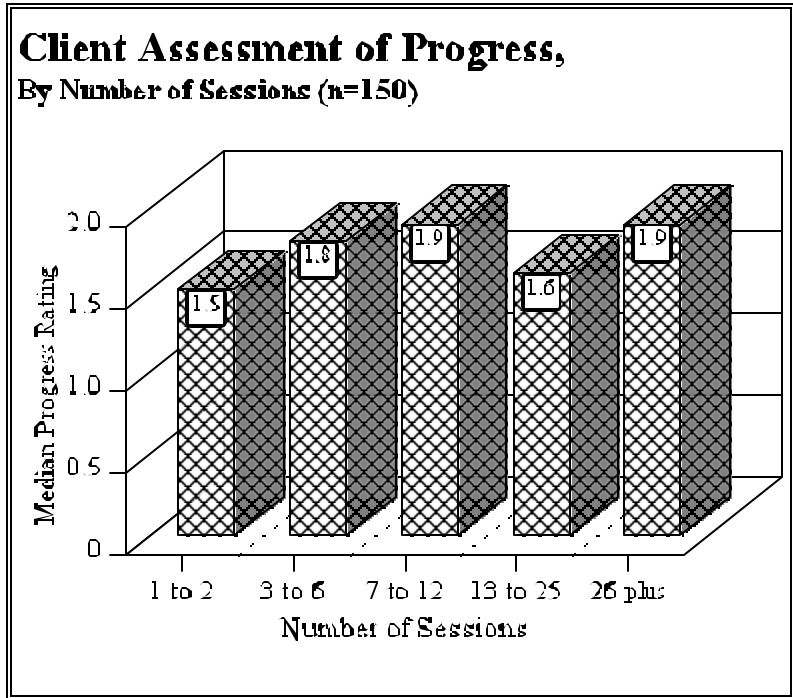


Figure 2

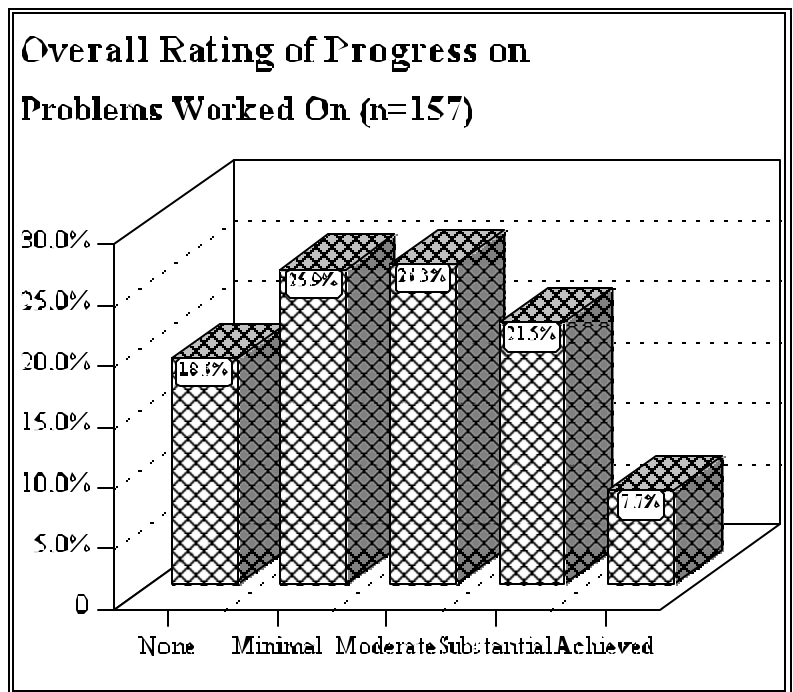


Figure 3

The distribution of these ratings is presented in **figure 2**, on the previous page, and shows that 7.7% of the clients said their goals were Achieved. Over a fifth (21.5%) of the respondents rated their progress at the Substantial level. Just over a quarter (26.3%) rated their progress at the Moderate level. A similar proportion (25.9%) considered progress to be Minimal. Just under a fifth (18.6%) felt that there was No Progress.

The median response to this question was 1.7, indicating that the most typical client assessment of progress was just under the Moderate or '2' level. Considering the seriousness of the difficulties clients bring to the response teams and the modest number of sessions attended, ratings in this range are certainly to be expected. While clients give high ratings to the professional services, they are somewhat more sparing when it comes to assessing their own progress or that of their family member of concern. It appears that only in exceptional cases they hold their workers responsible for their modest progress. One task for the workers is to help clients change any unrealistic expectations for quick and easy or magical cures.

When the progress ratings are also broken down by number of sessions (see **figure 3**), one can see that client assessments of progress increases from between Minimal and Moderate (1.5), for those seen 1 to 2 times, to the Moderate (1.8) level for those seen between 3 and 12 times. The ratings again increase slightly for those seen 7 to 12 times, to 1.9. Although the assessment of progress drops off during the 13 to 25 interview period (1.6), it is re-established at the Moderate or 1.9 level for those seen 26 or more times. This suggests that the response team intervention is successfully addressing client concerns, at least up to 7 to 12 session point.

Finally, progress on the presenting problems was identified according to type of problem. The problems were coded, and average ratings were computed for each problem type (see **figure 4**). The response teams had a similarly Moderate level of success with Adoption-specific problems (2.1), Attachment (1.9), Anxiety (2.0), and Other concerns (1.9). Clients reported a slightly lower (Minimal-Moderate, 1.4), level of progress when the problem involved acting-out behavior (1.7), anger (1.8), and family difficulties (1.7). The least progress was made with those issues involving substance abuse (1.0), the effects of past abuse or PTSD (1.1), and general adjustment difficulties (1.1).

Summary. The response teams saw 548 families during the five year (51 month) period examined.

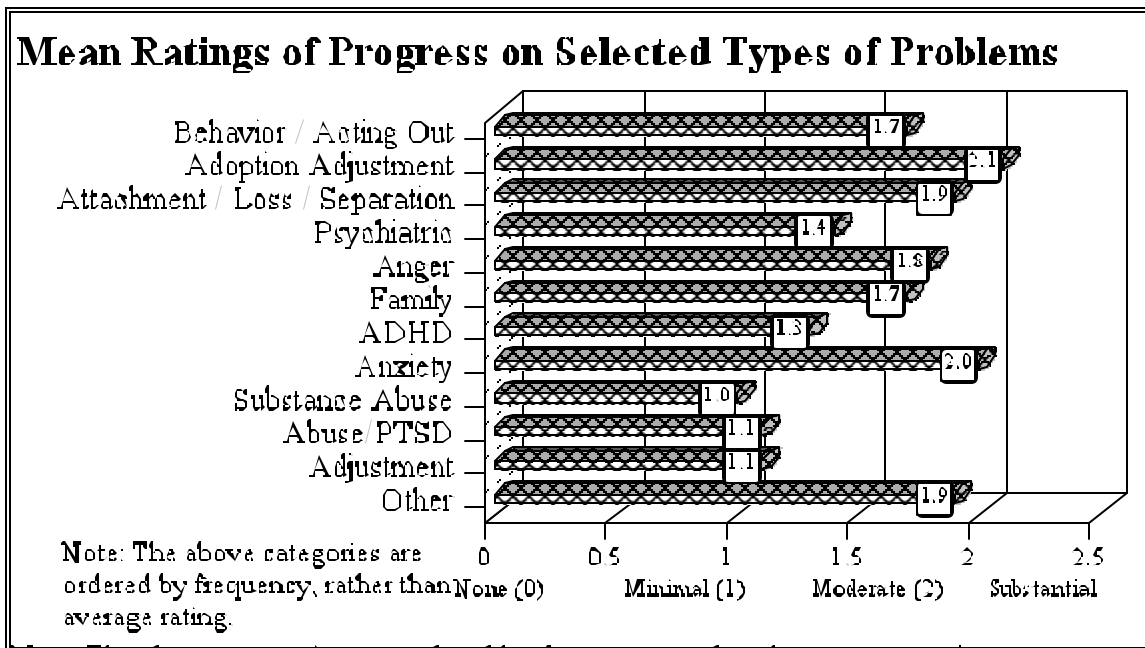


Figure 4

A telephone survey contacted a sub-sample of 164 families listed in the lead agency's information system who reported receiving such services. Most all (128 or 78.9%) of these families were no longer attending sessions at the time of interviewing, while the remainder represented ongoing cases. The typical family met with staff for an average of 11.9 contacts, including 1.2 office and 2.8 home interviews, with the remaining contacts consisting of social activities, telephone calls, mail, meetings, or other unspecified contacts. The most common problems worked on involved out of control behavior on the part of adopted children, or adoption-specific issues. The most typical interventions that clients report are advice, relationship building, listening, and the provision of information.

Respondents reported a high level of satisfaction with the quality of the service. Almost nine-tenths (89.2%) rated the service as either Excellent or Very Good. Finally, respondents were queried about the progress they felt they had made. The typical respondent reported close to Moderate progress on their issues (1.7). The extent of progress increased with the number of sessions provided, leveling off at the 7 to 12 session level, providing preliminary evidence that the short-term model is having a beneficial impact in those families seen to date. This impact was most pronounced in work with problems of adoption-specific issues, attachment, or anxiety, and less so with acting-out difficulties, anxiety, or family difficulties.

IV. RESPITE CARE SERVICES

By Cheryl Springer

Respite care consists of practices and services designed to give families an interval of rest or relief. In the context of family life, respite care recognizes that temporary relief from day to day parenting concerns and responsibilities strengthen healthy parent-child relationships. Adoption Crossroads has made respite care an integral component of high-quality post-adoption services. Respite care should be a positive experience for both parent and child providing an opportunity for individual growth as well as the appreciation of familial bonds.

Respite Care Services: Categories and Evaluation Methods

Adoption Crossroads has offered two broad categories of respite care: respite child care and recreational or social events for children and parents. Within the latter category, Adoption Crossroads has sponsored total or partial camperships for children when such resources have been available from the State.

In addition to the typical respite care services noted above, Adoption Crossroads has occasionally provided financial support for clothing, disaster relief, and YMCA memberships as well full or partial scholarships for parents to attend adoption-related meetings or conferences.

Data from the Adoption Crossroads staff, administrators, and parents have provided useful insights into the development and use of respite care services. Data have been collected from the following sources: staff interviews, monthly reports, telephone interviews, and a focus group with Adoption Crossroads families who used respite care services. The following report will focus on the major categories of respite care services: respite child care and recreational or social events for parents and children.

Respite Child Care

Utilization of respite child care services. There are two means by which the Adoption Crossroads affiliates provide respite child care: by coordinating contact between the family and an agency-based respite care provider or by reimbursing families who secure their own private provider. Because Adoption Crossroads' regions cover large geographic areas with diverse populations and resources, the process and structures involved in providing and accessing respite child care vary across the state. Staff in all affiliates have consistently reported concern with recruiting and retaining qualified respite providers as well as improving the quality of respite services.

This concern is especially appropriate given the steady decline in the number of available agency-based respite providers in three of the five regions using Adoption Crossroads funds for respite care. Over the past five years, the monthly average of available respite providers has ranged from one to eleven per region. The scarcity of agency-based respite providers has reinforced the first of three respite child care service patterns that have developed over the past five years: Families must secure their own private provider and seek subsequent reimbursement by Adoption Crossroads.

A second pattern to emerge in respite child care services over the past five years is related to the "time blocks" of respite child care that are most requested and utilized by Adoption Crossroads families. At the beginning of the Adoption Crossroads project, most affiliates conceptualized respite child care as comprising time blocks of "six hours or less" with occasional overnights and weekends. However, respite child care utilization patterns suggest two "poles" in the families' needs: "brief" episodes of respite (two to three hours) or "extended" respite child care for overnights and weekends.

These distinct respite child care utilization patterns and poles are clearly in keeping with parents' reports during telephone interviews and the focus group. At times, parents need respite child care for a brief period of time in order to "run an errand," "get out of the house" or "have quiet time for one or two hours." At other times, parents need more extended respite child care for longer breaks in order to "attend a conference," "get away for a weekend" or give older children the experience of being supervised or "socialized" by others.

A third pattern in Adoption Crossroads respite child care services is the steady increase in the number of children being served: 185 in 1998-1999; 338 in 1999-2000; and 479 in 2000-2001. Moreover, these numbers continue to be conservative in that not all affiliates have consistently reported the number of children involved in respite care episodes.

Why parents need and use respite child care services. The telephone interviews and focus group with parents who have used respite child care services enhances our understanding of the value of respite services, especially for parents who lack a personal support network and who are caring for children with special needs. When parents were asked, "What about respite care was helpful," the most common response was that respite care allowed parent(s) to "get a break."

The need for "a break" is further understood if we consider the consistent finding that Adoption Crossroads families do not experience, or have, family or friendship systems as predictable and adequate sources of respite care. The lack of access or the inadequacy of alternative sources of respite child care clearly underscores the need for respite child care. Moreover, from the telephone interviews and focus group, we have learned that emotional, behavioral or physical problems suffered by some of the children have made it very difficult for parents to ask for, or receive, help from ordinary sources. Many Adoption Crossroads families are caring for "special needs children" who are unable to participate in ordinary activities without supervision from an adult skilled to manage children with high levels of anxiety, aggression, disabilities, and physical risk.

It cannot be stated strongly enough that the most challenging aspect of respite child care is the ongoing need for specially trained respite providers who are skilled in caring for children with serious emotional, physical, and behavioral problems. Staff and administrators refer to them as "behaviorally skilled providers." The social isolation reported by adoptive families is likely related to the fact that the families as well as the children have extraordinary "special needs."

Obstacles to using respite child care services. As noted above, the obstacle most commonly cited by parents and staff is the lack of providers trained to manage difficult behavioral or emotional problems. The need for behaviorally skilled respite care providers continues to represent a serious statewide gap in services to preserve stability among post-adoptive families. As the Commonwealth of Massachusetts accelerates adoptions, an increasing number of adoptive families may include children who are medically and psychologically fragile. To prevent a "recycling" of adopted "special needs" children back into the foster care system, a full range of preventive services must be available. Moreover, as Adoption Crossroads staff become burdened by the critical needs of families involved with response teams, there is decreased time available for the ongoing development of respite services.

Another obstacle to respite child care may be related to the ages of the children in respite care: the children involved in respite care have ranged in age from two to 17 years with a significant number of children in the range of 10 to 14 years. It is important to note that the data regarding child age were gathered in telephone interviews and that the numbers of parents interviewed by telephone have been small. Nonetheless, parents consistently underscored the respite care needs for pre-adolescent and young adolescent children. It is difficult to find adequate and appropriate child care for children of these ages under the best of circumstances. If we add the possibility that many of these pre-adolescents and adolescents suffer from emotional, behavioral, and physical problems, the parents' need for respite child care is staggering.

The matter of reimbursement for providers secured by the families appears to further complicate respite child care. Reimbursement issues such as the low rate and complex procedures for insuring it, as well

as delay in receiving it, were noted regularly by parents who participated in telephone interviews. Parents with limited financial resources are unable to pay a private provider and wait for reimbursement.

There are other obstacles that have been identified by staff as well as by respite care providers. Adoptive parents may be hesitant to ask for respite because they fear being seen as inadequate. They may worry about being identified as "at-risk" and under professional scrutiny. Adoptive parents are acutely aware of the normative separation anxiety that exists for many adoptive children and they are especially reluctant to leave their children. The fact that respite child care is not usually occurring in the family's home could become an additional obstacle to using respite care. Out-of-home respite child care that involves an unfamiliar environment combined with multiple separations or transitions might be especially stressful for adopted children and their parents, thereby undermining some of the benefits of respite child care.

Parents' evaluation of respite child care services. Over the past four years, parents' evaluation of respite child care services has been especially positive. Data regarding satisfaction were gathered in telephone interviews in which parents were asked the following question: "Overall, how would you rate the quality of the service you received?" They were asked to rate the service as excellent, very good, good, fair or poor. Responses have consistently ranged from "good" to "excellent" with the majority noting "excellent" or "very good."

Future directions regarding respite child care services. It is clear that respite child care is both needed and appreciated by Adoption Crossroads families. As community-based prevention, respite child care provides the "break" that both children and parents need. At the same time, however, families and staff are articulating serious mental health needs as they discuss the simple need for respite child care. Adoptive families who are coping with serious emotional and mental health issues need respite child care from skilled providers. Yet even skilled respite care providers may not be able to fully address the mental health needs of children, adolescents, and families with complex physical and psychological trauma.

We also need further information about the use of respite child care services for adolescents. If this need is present among adoptive families, we need to know why this is the case and how to address it. Even the most qualified respite care providers are not prepared to take care of teenagers. Several directions are possible. Skilled respite care providers who are prepared to supervise children and adolescents with emotional and behavioral problems are requested but difficult to locate.

Other options might include increased group support services specifically for teenagers and their parents as well as increased collaboration with and training for community-based organizations that work with teenagers (Boys' and Girls' Clubs, Girls Inc., and Big Brothers and Big Sisters).

Recreational and Social Events as Respite Care

During every year of its existence, Adoption Crossroads has provided an increased number of recreational and social events ranged from 20 such events during 1997-1998 to 62 events during 2001-2002. The number of persons involved in these events has also dramatically increased over the years; for example, in 2001-2002, over 1572 children and parents participated in social and recreational events, representing an increase of 300 from the previous year. Moreover, the numbers represent a low approximation, as some events reported only the number of "families" attending and not individuals.

The following are examples of the types of recreational or social respite care events that Adoption Crossroads families have attended over the years: Water Country, Spinners games, Project Adventure, Pawtucket Red Sox games, Red Sox games, Mystic Aquarium, "Family Play Day in the Woods," and the "Fall Family Farm Festival." In addition, Adoption Crossroads staff have organized and supervised overnight camping trips for older children and teenagers as well many family picnics and cookouts. All affiliates have sponsored a wide variety of holiday celebrations.

While Adoption Crossroads sponsors events that combine social activities with training, the events listed above are considered primarily social, recreational or therapeutic. For example, Project Adventure and overnight camps are therapeutic as well as social and recreational in that the activities focus on key issues in adoption such as loss and trust. In addition, events have provided parents with an opportunity to develop personal social networks and give children and adolescents the chance to meet. As a result of such social networking, many families have been able to arrange informal respite for one another without using Adoption Crossroads staff to facilitate the arrangements.

Interviews with staff regarding social and recreational events reveal two important aspects of this nontraditional form of respite care: One, a great deal of staff time and energy goes into the planning and organizing of social and recreational events; two, there are inherent difficulties in measuring the short- and long-term benefits of recreational and social events for adoptive families. Nonetheless, it is possible that one of the significant contributions of Adoption Crossroads has been its recognition and support of recreational and social events as central aspects of respite care service.

Adoption Crossroads' involvement in organizing, sponsoring, and/or subsidizing recreational and social events as well as camperships are conceptualized as respite care because such events provide relief from regular familial routines. However, staff observations reveal that recreational and social events may do far more than provide an interval of rest or relief. Such events provide a unique space where children and parents are free to both "be and not be together;" where parents and children alike find ways to normalize some of the stressors and appreciate the strengths of adoptive families; and where pleasure in extrafamilial and interfamilial relationships are simultaneously promoted.

Recommendations for Respite Care Services

Based on the evaluation study, the following are recommendations regarding future Adoption Crossroads Respite Care Services:

- ! Sponsor support groups for respite care providers;
- ! Identify respite care providers who are valued by Adoption Crossroads families and involve them in future training programs;
- ! Explore the possibility of developing training "certificate" programs for specialized respite child care providers;
- ! Further efforts should be made to document details of respite child care use, especially with regard to the ages, gender, and specific special needs of children involved in Adoption Crossroads;
- ! Efforts should be made to evaluate the short and long-term benefits of recreational and social events.

V. FAMILY SUPPORT SERVICES

By Cheryl Springer

The family support component of Adoption Crossroads has provided individual, peer and support group services to parents, children, teenagers, and kinship systems. Parent and young adult liaisons have worked with professional staff to prevent the need for more intensive and costly services related to adoption. The crises that emerge in adoptive families are often predictable and frequently associated with unresolved adoption issues such as infertility, trauma, separation, and loss. The normative nature of adoptive family life crises reinforces the need for and benefit of support groups for members of the adoption triad – adoptive parents, birth parents, and children.

Family Support Services: Categories and Evaluation Process

Two categories of family support services have been available through Adoption Crossroads: one, agency-based parent and young adult liaisons; and two, agency-based support groups for children, adolescents, parents, and kinship systems.

Evaluation data on family support services were obtained from multiple sources. Data from Adoption Crossroads staff and administrators were gathered through staff interviews and monthly agency reports. Data from parents who used Adoption Crossroads family support services were obtained through telephone interviews and a focus group.

This final report addresses the following four areas: (i) use of support services; (ii) brief description of the client population using support group services; (iii) parents' evaluation of support group services; (iv) feedback from staff regarding support services.

Utilization of Support Services

Adoption Crossroads support services included parent liaisons and support groups for adults, teens, and children. One affiliate established a young adult liaison program that operated from 1998 through 2000.

Parent Liaisons. All affiliates have provided individual parent liaisons who are matched with adoptive parents and are available on an as-needed basis. Parent liaisons are typically volunteer adoptive parents who have been selected and trained by agency staff and administrators to develop a network of support for adoptive families. Special attention has been given to matching parent liaisons with families by language, ethnicity, culture, and specific adoption circumstances. The parent liaisons are available for immediate telephone support to a family if requested or recommended by the agency's on-call worker. In some regions, parent liaisons function as leaders or co-leaders in agency-based support groups. Most parent liaisons participate in adoption competency training. Monthly or bi-monthly supervision groups are available to parent liaisons in some regions.

Monthly agency reports have indicated a gradual decline in the number of parent liaisons available per month per region since 1999. The statewide average number of parent liaisons available per month has declined from a high of 30 to 15. Because parent liaisons are often instrumental in referring families for support groups as well as for respite care, Adoption Crossroads staff have explored varying means of improving recruitment and retention of parent liaisons. An effort to provide support groups for the liaisons themselves has been limited by staff time, scheduling difficulties, and resources.

Some regions have employed part- or full-time parent liaisons rather than relying on volunteers. It

appears that employed, affiliate-based liaisons lead to more efficient and timely provision of services. When one region had a full-time parent liaison on staff, this person conducted a support group for parent liaisons; coordinated referrals, respite care services, and group support services; and led a group for adoptive parents. Thus, overall services tended to be more coordinated with the overall needs of families and agency-based resources. In fact, support groups for both parents and other parent liaisons were more likely to occur with an employed liaison.

Young Adult Liaisons. Over a two-year period of time, approximately six young adult liaisons served Adoption Crossroads' clients in one region. These young adults were adopted individuals who were usually matched with an adopted adolescent. The intent was to provide an understanding person who serves as a role model and is someone with whom the youngster can identify. The relationships that developed became meaningful for both parties and reinforced the interpersonal dynamics of social support and enhanced self-esteem. However, locating, engaging, and training young adult liaisons are exceptionally time-consuming tasks involving a great deal of support for the liaisons. Learn more about the short- and long-term benefits of such an innovative service is clearly an area worthy of fiscal support and perhaps specific funding.

Support Groups. Support groups have been available in all regions. Because several regions cover large geographic areas, there are practical limits to the number of clients who can be served at any given time. To reach as many clients as possible, staff have regularly traveled considerable distances to hold groups. Agencies such as Child and Family Services of New Bedford (Southeast Region) have satellite or affiliate offices in other communities within the region. This infrastructure enables them to serve a large population. On the other hand, Children's Aid and Family Services in Northampton (Western Region) serves a very large area but has no satellite centers. Instead, they have subcontracted with agencies in other communities.

The number and types of support groups offered have varied by region. Over the past five years, the statewide monthly average of support groups sponsored by Adoption Crossroads has ranged from 25 to 53. The average number of clients served per month has ranged from approximately 164 to 274. Since 1998, the monthly average of support group service hours delivered by Adoption Crossroads statewide ranged from 83-106.

All regions have consistently provided support groups for adoptive parents and most regions now offer regularly scheduled support groups for children and teens. Only one or two regions have consistently provided groups for birth parents and/or members of extended kinship systems. Kinship groups include adoptive relatives and members of the child and parents' kinship system. Staff and families have identified the need for groups designed to accommodate all members of the adoption network including birth parents and relatives as well as adoptive grandparents, aunts, uncles, and individuals involved in guardianships. Families may consist of one parent, two parents, one or more adopted children, and both adopted and biological children as well as kinship and international systems. Because the structure and circumstances of families vary considerably, flexibility has been crucial in designing and maintaining support groups.

Support groups differ according to the length of sessions and the number of meetings per month. Parent groups may meet for an hour or more while school-based children's groups may meet for forty to forty-five minutes. Most groups meet two times a month. Other groups meet weekly or monthly.

It is important to note a recent trend that has emerged regarding the length of client involvement in support groups. The data and staff reports indicate that children and parents are remaining connected to support groups for longer periods of time. During the earlier years of Adoption Crossroads, clients typically attended four to six support group sessions. Over the past two years, the *majority* of clients are attending six to over 16 group sessions.

These numbers reflect a change in the provision of group services and the varying demands placed on staff time. On the one hand, ongoing groups limit staff time for developing new groups and the availability of groups for new clients. On the other hand, ongoing groups enhance the meaning and usefulness of the groups (see client satisfaction below). It seems apparent that the affiliates have heard and are responding

to their current clients' needs.

Description of Support Group Clients

The telephone interviews were used to identify some concerns and characteristics of families who used support groups. Telephone respondents were asked, "*What issues, concerns, or problems were discussed in support groups?*" Over the past five years, the most frequently stated concerns involved adoption issues and the child's (or adolescent's) "emotional or behavioral problems." "Adoption issues" typically refers to parents and children's concerns regarding loss and separation, the logistics of open adoptions, adoption searches, and the transition from foster care to adoption. The fact that a significant number of parents indicate the discussion of "behavioral problems" is likely related to findings from the evaluation of respite services, i.e. that parents are looking for services and support for parenting children with special needs. In any case, the overall concerns of telephone respondents reflect a client population that is aware and in need of adoption-specific services.

During the telephone interviews, clients were also asked three separate questions about parenting support sources and their importance. These questions were designed to gather information about adoptive families' social support networks. Two questions asked parents to state how often different individuals or organization-based groups had been helpful in supporting their parenting. A third question asked about types of support that had been most important to them as a parent.

In describing how often family members were used as sources of support, the most common response (60-100%) was "never" (in comparison to "sometimes" and "often"). The perceived level of support from community-based organizations or formal systems was even lower. Over the past five years of interviews, no more than six parents ever described school or church systems as supportive of their parenting. In contrast, 50-60% of the parents did report *friends and counselors* as sources of support "sometimes" or "often."

Parental responses regarding *counselors* warrants attention. When respondents were asked to rate the "*types of support that have been the most important to you as you parent your adopted child?*" the majority of parents rated their "counselor" as "extremely important." This rating of "extremely important" by so many parents stood out in contrast to the value placed on all other sources of support (including family and friends). Given the parents' apparent social isolation, it is not surprising that most of these sources were "not very important." At the same time, parents' ratings regarding support from a counselor indicates that parents who use Adoption Crossroads support groups are capable of reaching out to individuals who are sensitive to, as well as able to address, their needs.

The importance that telephone respondents placed on counselors suggests that the role of parent liaisons and group leaders needs to be recognized and appreciated by liaisons and leaders, staff and administrators of Adoption Crossroads. While it is not possible to discern from the data if the telephone respondents were referring to an Adoptions Crossroads counselor, it is possible to speculate that a lot of emphasis is placed on any staff member who is perceived as a primary social support for an adoptive parent. These parental responses underscore the need for training and structured sources of support for liaisons and group leaders.

Parents' Evaluation of Support Group Services

Parents' evaluation of support group services was based on telephone interviews with parents who participated in support groups as well as parents whose children participated in support groups. The following three questions were asked regarding the parents' direct evaluation of support group services:

- ! ***In what ways have the groups have been the most helpful?***
- ! ***In what ways have the groups been the least helpful?***
- ! ***Overall, how would you rate the quality of the service you received? (Excellent, Very Good, Good, Fair, Poor)***

The most helpful aspects of Adoption Crossroads support groups were consistently identified by the following phrases from parents: “meeting others with similar experiences;” “not feeling alone;” and “sharing ideas and advice.” It is clear that Adoption Crossroads families are valuing the central purpose of the support groups.

Over the past five years, the “least helpful” aspects of the support groups have also remained constant and are captured by the following phrases: “transportation/scheduling/child care problems;” “group too small;” and “unpleasant issues brought up.” The latter comment typically referred to the children’s groups. To some extent, the “least helpful” aspects of the support groups are related to logistics such as group size and barriers to access (which may contribute to group size). Adoption Crossroads staff have been aware of these logistical problems and the extent to which limited resources prevent them from offering groups in more diverse locations and providing child care for parents who are attending parent groups.

With regard to the evaluation of the overall quality of service provided by Adoption Crossroads, the parents’ responses ranged from “good” to “excellent.” The most frequent response in every evaluation report was “excellent.”

Staff and Administrative Evaluation of Support Groups

Staff and administrators have had ongoing concerns as well as positive feedback about support group services. Many concerns involve logistical and organizational issues that are inherent to running groups. For example, support group attendance varies considerably. Groups run best when there is a core group of participants who attend regularly. To increase and maintain attendance, it is important to have support groups at the same location with a consistent day and hour. The location and time of the group needs to be matched with the target group.

Staff and administrators know that the success of the support groups depend on the skills of the leaders, and group leaders have varied in their knowledge and skills. In some regions, leaders are professionals trained in adoption work. In other regions, the leaders are adoptive parents who have been trained by the agency as liaisons and as group leaders. While there are no consistent patterns that associate the leaders' background with the success of the groups, this is an area of concern. It speaks to the need for continuing high quality adoption-specific training for both professionals and parent liaisons. For example, while staff and administrators recognize the increasing need for children's and teen groups, this service demands increased attention to training group leaders who are skilled in working with this important and diverse population.

Recommendations for Support Services

- ! Staff support for revitalizing young adult liaison program
- ! Groups for all members of the adoption network in diverse and distant locations
- ! One affiliate-based, part-time paid parent liaison per region
- ! Survey the child care needs for parents attending and interested in attending parent groups
- ! Identify obstacles to establishing parallel groups for parents and children
- ! Ongoing training and support for group leaders and liaisons.

VI. TRAINING

By Patricia Cedeño-Zamor

Introduction. This fifth year and final year evaluation reports on data compiled in FY 2001-2002. It incorporates feedback from 55 professionals who participated in five training sessions provided by the Adoption Crossroads program in West Roxbury. As in the prior four years, the goal of these focused trainings was to enhance participants' knowledge and skills about adoptees and adoptive parents. Data for this report was extrapolated from FY 2002 records of the Adoptions Crossroads Training and Evaluation. All of this year's training was offered in Southeast, Northeast, Metro Boston, Western, Central, and Boston regions as in the four prior project years. The report includes participants' professional affiliation, adoptive parent status, level of knowledge about adoptive parenting and the extent to which their knowledge of the subject improved. In addition, it focuses on the theories participants found that were most useful for improving their practice skills, and their assessment of the quality and content of the trainings. Suggestions for improvement and recommendations will be incorporated in the concluding section. The instrument described in the next section was used for all training.

Survey Instrument

The Adoption Crossroads program continued its mandate to offer trainings to mental health professionals, adoptive parents, and adoptees. These offerings concentrated on best practices in treatment and other methods of therapeutic interventions useful in working with adoptive parents and their children. The outcome objectives served as the basis for writing this fourth year FY 2001 report. The slightly modified survey instrument was used in the first three program years and collected data in the following areas:

1. What were the profiles of participants' occupation and level of experience with adoption issues?
2. What was the participants' extent of knowledge prior to the program?
3. What was the participants' opinion of the content of the workshops?
4. To what extent did the participants believe the workshop improved their knowledge?
5. To what extent did participants believe the program improved their practice skills?
6. What were the participants overall opinion of the workshops?
7. To what extent did the training meet its training objectives?
8. What were their suggestions to improve the trainings?
9. What were their recommendations for future trainings?

This survey instrument was developed in the first year of the program to collect data from participants who attend the trainings with the specific goal of determining whether the course offerings were adequately designed to meet their needs based on content and delivery of course material. Key responses from participants are summarized below.

Summary Responses to the Qualitative Questions

The following is a summary of participants' response to the question about what they found to be most useful for improving their practice.

Knowledge

- ! Examples of techniques for therapeutic work with kids
- ! Effective Parenting
- ! Physical Restraint
- ! Examples of Treatment for Attachment Disorder

- ! Good use of case examples
- ! Tips on treating kids who try to push away/have attachment disorders – specific ideas
- ! Practical techniques to use with control games
- ! Differential Treatment descriptors
- ! Relating specific examples of the behaviors to control issues
- ! More time spent on treatment
- ! Understanding why “regular” therapies don’t work
- ! How to engage the adoptive child
- ! Case Examples

Suggestions to improve trainings

- ! Include more discussion and have more time for participants to ask questions
- ! Provide more on practical techniques in residential treatment
- ! Discuss the challenges of working with Hug therapy given the fact that in residential treatment children don’t have parents/foster parents
- ! Provide advanced level training on Attachment Disorders
- ! Spend more time on management/safety issues

Findings and Recommendations

Participants’ recommendations for further training are incorporated in the findings and Recommendations. The FY 2002 findings reported here represents evaluation of participants of fifty- five trainings, including probation officers (4) nineteen (other) however upon a review of the evaluation forms participants included, administrators, licensed mental health professionals, social workers and social work students.

1. As in previous years, respondent’ overall satisfaction with the quality of workshops continued to be rated Very High. Participants also determined that the content of the trainings were relevant to their work. Most responses to the question of whether or not the overall purpose of the workshop was met, were in the Very High range.
2. Participants expressed a need for more information regarding treatment of attachment disorders
3. Participants would like to have information on research studies and outcome measures results.
4. Participants expressed interest in getting more suggestions on concrete diagnostic and treatment methods.
5. Participants needed longer sessions, including two levels of workshops; not just on Attachment Disorders, but also on the styles of treating it, along with more attention to parenting techniques.

VI. SERVICE COORDINATION AND ADVOCACY

By Marguerite Rosenthal

Introduction. This investigator has had the opportunity to assess the Service Coordination and Advocacy components of the Adoption Crossroads service components since the inception of the evaluation. During this time, there have both been staff who have been consistently involved with the program and staff newly associated with the program. Personal interviews with Adoption Crossroads staff, survey formats and group interviews have been the instruments used to assess the Service Coordination and Advocacy activities of the staff; the Project Director has also been interviewed separately each year of this evaluation.

Activities Connected to Coordination and Advocacy. Consistently, but with growing sophistication over the years, Adoption Crossroads staff have seen their coordination and advocacy responsibilities as integral components of their casework activities with individual families. These components come into play when families need to obtain services from other agencies, and particularly when other agencies or systems are unresponsive, insensitive, uninformed, and/or resistant to providing appropriate services for this client population. Obtaining the appropriate services for families has been the service coordination focus. Advocacy comes into play when more than a referral is needed to obtain services; sometimes persistence is required.

Adoption Crossroads staff have been committed to assisting families to advocate for themselves whenever possible. The practice has been to assess clients as to what information they need in order to obtain services from other agencies. In some cases, merely providing the client with a list of appropriate service providers is sufficient; in other cases, clients are “coached” in how to approach the service provider; in still others, Adoption Crossroads staff have accompanied clients to interviews or conferences involving other agencies.

Adoption Crossroads leadership and staff as well as the directors of affiliated agencies are involved in several state-wide, and in some cases national, adoption-focused organizations, and systems-change oriented advocacy has taken place in those contexts. Because of time pressure and the urgency of the situations presented by individual families, systems advocacy has not been a staff function.

Development of Relationships with Other Service Agencies. Service coordination has routinely involved referrals to and from other social service, mental health, educational and health care agencies. In the beginning of the Adoption Crossroads project, staff spent considerable time getting to know the agencies and personnel in their areas who were frequent resources for their clients. Over the length of the program, and especially for Adoption Crossroads long-term staff, relationships with other service agencies have grown and become routinized. While referral processes are not flawless, staff have reported enhanced recognition within the service sector. In other words, Adoption Crossroads is now seen as an integral, specialized component of the family service network.

Service Gaps and Obstacles. Consistently over the years, policies and procedures of several of the major service systems have been cited by Adoption Crossroads staff as inhibiting or impeding appropriate and/or timely services for the families and, particularly, for the children. The state’s budget difficulties and the consequent cutbacks in virtually every area of service to children and families-- particularly acute at the time of this writing-- have resulted in hardship for many families with adopted children. Other service-delivery problems are related to legal and procedural changes. An overall gap in service-responsibility and response, particularly for adolescents who are exhibiting behavioral problems related to adoption, has been a consistent theme in the evaluation of systems-related problems.

The service systems and the difficulties in accessing help that have been frequently mentioned by Adoption Crossroads staff and leadership are the following:

- ! **Mental Health:** The high diagnostic threshold required for obtaining services for children and adolescents directly from the Department of Mental Health has been consistently noted and complained about over the several years of the project. Similar complaints have been registered about the admission criteria at hospitals with psychiatric units for children and adolescents. Little preventive work can be done, and behaviors have to escalate to an emergency level in order to obtain care.

Another consistently noted problem is the continuing difficulty of obtaining coverage or sufficient coverage for mental health services from private health insurers. Managed care is seen as an obstacle for appropriate mental health coverage from the private insurers. The necessity of having to appeal denials and of having to go through the “red tape” imposed by managed care regulations impedes implementation of mental health services in a timely manner, and behaviors often deteriorate during these access processes. When coverage is authorized, time and service limitations imposed by insurances are detrimental to effective treatment. On the other hand, coverage under MassHealth, seen as a problem in the early phases of the program, is no longer cited as one. The work of the Project Director in facilitating an understanding of the need for mental health services in the Massachusetts Behavioral Health Program (MBHP) has resulted in better and more adequate mental health services for the Adoption Crossroads clients.

- ! **Special Education and Accommodation in the Schools:** Many latency age and adolescent children associated with Adoption Crossroads have behavioral problems which manifest themselves in school. School personnel are, for the most part, not sensitive to the developmental problems that adopted children display. Furthermore, as schools have moved in the direction of limiting special education services, and with the recent changes in the special education laws that no longer require individualized programs that are geared to optimize children’s achievements, it has become more difficult for children to be placed in special education programs or to have modifications of their academic programs. The “least restrictive alternative” standards has been used, according to staff, to deny services. Adoption Crossroads personnel have, in the last two years, mentioned the schools as a particular focus of their advocacy efforts, including working with parents to achieve appropriate resolutions in the IEP process.

- ! **Child Welfare:** The Department of Social Services has been frequently and consistently mentioned by Adoption Crossroads staff as posing service-delivery problems. All staff interact with DSS staff in several area offices, and they note inconsistency in the levels of knowledge and sensitivity among DSS personnel to adoption-related service issues. Some of the difficulties are associated with high turnover and inexperienced caseworkers who often do not understand the dynamics of adoption.

In some cases, Crossroads staff have felt that DSS caseworkers look to long-term placement of the child as the solution to a family problem when Adoption Crossroads staff feel that placements should be short-term at most. Foster or residential placement, when it occurs, can bring about implementation of termination of parental rights proceedings, in keeping with the Adoption and Safe Families Act (ASFA) requirements, a policy and practice which is seen as very detrimental to the family’s reunification process; knowledge about the ASFA procedures can have the effect of dissuading families from seeking needed services, including residential services, from DSS. It should be noted that this policy-related matter was mentioned more frequently when the ASFA law was initially being implemented; with time, the law has apparently been applied with more discretion in the case of adopted children in placement.

The restrictions that deny voluntarily sought services in many DSS offices forces some parents to file CHINS petitions against their children, moving a desire for help into an adversarial and overly legalistic process that is often detrimental to the family’s functioning. The necessity of proceeding through the courts in this way also dissuades many families from continuing with their quest for help. Although infrequently mentioned, some Adoption Crossroads staff have commented that judges and court personnel need to become more sensitive to adoption-related behavioral difficulties.

An overall concern about DSS is that problems are usually defined by that agency as protective services cases rather than as requests for services to resolve mental health or family functioning difficulties. Many families request services from DSS that should be the province of DMH, but they turn to DSS because DMH's eligibility criteria are so difficult to achieve. The relatively recently initiated Collaborative Assessment Program (CAP), a joint DSS/DMH program, has eligibility criteria that preclude many families who come to Adoption Crossroads for help.

Resolution of Systems Problems. The Project Director, Sharon Silvia, has taken the responsibility for resolving non-routine service access problems requiring negotiations with central decision-making authorities. Ms. Silvia has consistently demonstrated a sophisticated knowledge about the regulations and procedures of the various systems that affect Adoption Crossroads' families, and she possesses considerable skill in resolving individual access problems as well as working towards the changes in regulations and procedures needed to help families obtain the services they need.

Many of the obstacles that restrict access and timely implementation of services discussed above have been cited by Adoption Crossroads staff and leadership over the years of these evaluations. It is noteworthy that the very existence of Adoption Crossroads has been instrumental in helping individual families obtain the services they need, and it is hopeful that progress has been made to resolve some systemic roadblocks. However, as noted above, there remain serious service limitations imposed by current legal, regulatory and funding restrictions embedded in current social service policies. These restrictions have negative impacts not only on families with adopted children, but also on many other families who experience difficulties in family functioning involving children and adolescents.

It is hoped that some of Adoption Crossroads' observations of these service-access problems will be considered by legislators and departmental decision-makers responsible for developing and implementing policies that affect families and children. At the state level, a more generous and comprehensive set of policies is needed to assure timely and thorough service-provision for families in need. On the local or regional level, a decision-making body empowered to resolve problems and disputes that involve service-access and financial responsibility in a timely manner would also greatly benefit families who require social services. A model for this kind of decision-making body is the defunct Office for Children (this suggestion was made early on by several Adoption Crossroads social workers who had positive experiences with this agency in the past). Adoption Crossroads represents a much-needed preventive approach to resolving family and behavioral difficulties; more is needed from the various systems and agencies that are also engaged with the families who seek help from Adoption Crossroads.