

**2003 Adoptive Placements for  
Children in Foster Care  
Grantee Cluster**

*Synthesis of Evaluation Findings*

**March 2010**



**U.S. Department of Health and Human Services  
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This synthesis is based on final evaluation reports submitted by State and county child welfare agencies that received funding through the Children's Bureau's discretionary grant programs to implement demonstration projects that improve permanency outcomes for older and special-needs children in public child welfare agency custody. Any findings or conclusions contained in this report reflect JBA's interpretations of the grantees' findings and do not necessarily reflect the viewpoints of the participating grantees or of the Federal Government.

In addition to reviewing and synthesizing information from grantees' evaluations of their child welfare demonstration projects, JBA provides ongoing technical assistance to discretionary grantees regarding the design and implementation of their evaluations and advises the Children's Bureau on a range of evaluation issues and topics. For further information regarding this contract, please contact the Federal Project Officer at the following address:

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## EXECUTIVE SUMMARY

### *Introduction*

Beginning with Child Abuse Prevention and Treatment Act of 1974, Federal legislation has authorized discretionary funds for demonstration projects to identify service models and best practices that promote the country's child welfare goals, including increased permanency for children in foster care. Permanency through adoption has been a focus of the Federal government since the promulgation of the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978, which established the statutory authority to fund adoption demonstration projects. In its 2003 program announcement regarding the availability of discretionary funds to support Adoption Opportunities Programs, the Children's Bureau included a priority area focused specifically on the development of innovative initiatives to promote the elimination of administrative, court-related, and service barriers to the adoption of special-needs children. Federal funding in this priority area (referred to in this synthesis as the Adoptive Placements grantee cluster) was ultimately awarded to the following eight State human service agencies:

- Arkansas Department of Human Services, Little Rock, AR
- California Department of Social Services, Sacramento, CA
- Connecticut Department of Children and Families, Hartford, CT
- Georgia Department of Human Resources, Atlanta, GA
- Maine Department of Human Services, Augusta, ME
- Massachusetts Department of Children and Families, Boston, MA
- Minnesota Department of Human Services, St. Paul, MN
- New Jersey Department of Human Services, Trenton, NJ

### *Project Descriptions*

Five Adoptive Placements grantees completed their projects as scheduled on September 30, 2008, while three grantees received no-cost extensions of between three and six months. Despite wide variations in their eligibility criteria, many projects focused on children in foster care in middle to late adolescence with few or no identified permanency resources. Although adoption represents the core focus of the Federal priority area under which the grantees were funded, some projects targeted children with a broader range of permanency goals, including legal guardianship and long-term relative/kinship care.

All projects incorporated activities in the general categories of child/family outreach and recruitment; partnership building and collaboration; and pre- and post-permanency support. Nearly all projects involved some combination of both general and child-specific recruitment activities, with the most common general recruitment activities including public recruitment events (e.g., adoption fairs, presentations at churches and community organizations) and media-based marketing (e.g., newsletters, newspaper articles, radio and television reports). The most common child-centered recruitment strategies included intensive "people finding" efforts through detailed case record reviews; direct engagement and consultation with enrolled youth to identify and discuss potential permanent connections within their circle of family, fictive kin, and other influential adults; and "permanency teams" comprised of individuals with an interest in

the child's permanency status, including county social workers, family members, guardians ad litem, and the child's other direct service providers (e.g., therapists). In addition, some projects used or adapted standardized training curricula to assist in recruiting and vetting prospective adoptive parents, including *Parents as Tender Healers* (PATH) and *Parent Resources for Information, Development, and Education* (PRIDE).

All projects involved some degree of collaboration and coordination with outside organizations or individuals responsible for serving children in the foster care system. These partners usually included a State or county child welfare agency, with other social services providers (e.g., group homes, mental health clinics, guardians ad litem, foster caregivers) also playing significant roles. Over half of the projects established formal project management/advisory groups to oversee the planning and implementation of program activities. In addition, at least half of the projects reported the formation of case-level planning/treatment teams to discuss and manage the permanency plans of enrolled youth. A wide range of support services were incorporated into all grantees' service models, including group or individual therapy, counseling, and socialization/support groups for youth and caregivers. Some grantees used or adapted components of standardized curricula or therapeutic models to prepare caregivers and youth for the transition to permanency, including Darla Henry's *3-5-7 Model* and *Family Bound*.

### *Evaluation Designs*

The grantees' evaluations generally involved methodologically simple research designs, with only two grantees (Minnesota and New Jersey) identifying and tracking outcomes for a comparison group of youth. Half of the projects simply documented project activities and final youth and family outcomes, with some of these descriptive studies enhanced by time series or pre-post test evaluation components. Nearly all grantees tracked basic process measures such as program referrals, child and family characteristics (e.g., race, age, gender, placement history), and the number and types of recruitment activities and support services provided to children and/or resource families. In addition, several grantees documented youth and family satisfaction with program services as well as their overall impressions of the Adoptive Placement projects.

The selection and tracking of program outcomes tended to be more uneven across grantees, with child permanency status representing the only outcome measure tracked by all eight grantees. Most grantees also measured child and family well-being and functioning (e.g., psychological health, employment and school status), while half examined changes in attitudes and beliefs about permanency among youth, resource families, child welfare/adoption workers, or the courts. Data collection tools varied widely across grantees, with only one standardized assessment instrument—the Child and Adolescent Functional Assessment Scale (CAFAS)—used by multiple grantees. In addition to standardized tools, most grantees employed a combination of non-standardized data collection methods that included client case record reviews; participant intake forms; surveys of caregivers, youth, and caseworkers; and interviews or focus groups with youth, caregivers, caseworkers, and other project stakeholders. About half of the grantees collected and analyzed data from a State Child Welfare Information System (SACWIS) or similar child welfare database.

## *Process Evaluation Findings*

Most grantees enrolled fewer children than originally projected in their grant proposals, with the ratio of projected to actual enrollments varying from 43 percent to about 80 percent. Although overall enrollment levels were lower than expected, most projects did successfully enroll those youth who were referred for service, with ratios of referrals to enrollments ranging between 70 and 100 percent. Reasons given by projects for low enrollment included some children's preference to remain in foster care, CWS workers' reluctance to enroll certain children, court-ordered placements of certain children into long-term foster care, and ineligibility for service. With the notable exception of Maine, children of color outnumbered white children by fairly large margins in all projects; as such, their enrolled populations mirrored the overrepresentation of non-white children in most foster care populations nationwide. The average age of children at intake ranged between 14 and 16 across half of the projects, reflecting their focus on teenagers in foster care. Children in other projects averaged between 8 and 9 years of age at intake, reflecting the broader age range of their target populations.

Among States that provided detailed information on the recruitment, training, and licensing of prospective resource families, about half of recruited families finished foster/adoption training and completed a home study or assessment. Most families that completed training and/or a home study were eventually approved to serve as adoptive or foster homes. Projected resource family recruitment levels in some States were far lower than actual recruitment levels; these shortfalls may have resulted in part from erroneous assumptions regarding the characteristics, availability, and preferences of appropriate resource families. White, middle-aged married couples, many of whom already had experience as foster or adoptive parents, represented the typical profile of adoptive/foster families recruited by most grantees.

All eight grantees provided detailed information in their final reports regarding services and activities implemented through their projects. In the category of general and targeted recruitment, the most common activities included media outreach (e.g., PSAs, newspaper articles, brochures), adoption awareness events (e.g., adoption fairs), and community education events such as conferences and speaking engagements at local churches and community centers. The most common child-specific recruitment activities included intensive people finding services, permanency and recruitment planning teams, and direct advocacy by project staff to county caseworkers, prospective resource families, and court staff regarding the permanency needs of enrolled children. In addition, at least half provided or sponsored individual or group therapy/counseling, support groups for youth and caregivers, and recreational activities for children and families (e.g., summer camp, family fun nights).

Several projects systematically collected participant feedback using written mail-in surveys, post-training evaluation forms, and focus groups. In general, both youth and caregivers gave these grantees high marks regarding their experiences with program activities, including permanency training and education; specialized services and supports (especially therapeutic services); communication and interaction with project staff; and the permanency planning process.

The Adoptive Placements grantees addressed numerous challenges to the effective implementation of their projects. The most common systemic barrier involved a lack of pre- and post-placement services in the community to support permanent child placements, most notably mental health and therapeutic services. Organizational factors represented the most frequently cited challenge, with the most common barriers including staff turnover and/or delays in hiring project staff; CWS caseworker resistance to a referred child's participation in a project; and a lack of or poor communication between project staff and the staff of partnering CWS agencies. In addition, flaws in the initial design and underlying assumptions of certain projects sometimes caused unexpected implementation challenges. For example, half of the grantees reported that the target population they had originally planned to serve was either smaller than anticipated or that unclear eligibility criteria led to confusion regarding appropriate project referrals. Moreover, some projects were based in part on erroneous assumptions regarding the characteristics and availability of appropriate resource families, which contributed to problems with identifying and recruiting adequate numbers of permanent caregivers. Enrolled children themselves sometimes emerged as a significant barrier to the achievement of the projects' goals, either due to their ambivalence or open resistance to permanency, or as a result of severe mental health, developmental, or behavioral problems.

### *Outcome Evaluation Findings*

All eight grantees reported some findings on youths' final permanency status. When *legal permanency* (defined as combined exits to reunification with a birth parent, adoption, a pending adoption, and guardianship/legal custody) is examined, Connecticut achieved the highest rate at 81 percent of enrolled youth. Legal permanency rates for three grantees (California, Maine, Minnesota) hovered at or slightly higher than 40 percent, while reaching no higher than 5 percent of children enrolled in Massachusetts' project. In Georgia, more caregivers assumed guardianship/legal custody of an enrolled child (17 percent) than in any other project, while Maine achieved the highest rate of finalized adoptions at 42 percent of enrolled youth. Minnesota's finalized adoption rate of 31 percent compares favorably with the finalized adoption rate observed in that State's comparison group, which reached only 21 percent; when intact pre-adoptive placements are added to these figures, the difference in adoption rates between the experimental and comparison group becomes statistically significant (39 percent vs. 24 percent, respectively).

Using a broader definition of *total permanency* (defined as legal permanency plus long-term foster care with a relative or kin caregiver or the establishment of informal long-term connections with one or more adults), Massachusetts achieved the highest rate at 92 percent of enrolled youth, followed closely by California (87 percent) and Connecticut (83 percent). Almost all Massachusetts youth who achieved permanency under this broader definition did so through informal "permanent" arrangements or meaningful long-term connections with one or more adults.

Although the Adoptive Placements grantees studied many different aspects of child and family well-being and functioning, three grantees (Maine, Massachusetts, Minnesota) administered the Child and Adolescent Functional Assessment Scale (CAFAS) to all or a subset of enrolled youth; results from Massachusetts and Maine revealed positive and statistically significant changes in

total CAFAS scores from baseline to an initial follow-up. Results from other standardized instruments used by several grantees generally indicate positive changes in child/family functioning or well-being between baseline and one or more follow-up administrations.

Several grantees documented positive shifts in attitudes and beliefs about permanency among child welfare workers, service providers, judges, potential resource families, and youth themselves. For example, findings from a written survey of public and private adoption workers in Minnesota revealed statistically significant positive differences between 2003 and 2008 in workers' responses to several questions regarding their beliefs about youth permanency. California implemented an adapted version of Minnesota's survey between 2003 and 2008 and observed similar trends in workers' attitudes about permanency for older youth. Despite these trends, changing the attitudes of CWS agency caseworkers and other service providers about youth permanency remained a difficult task. Massachusetts reported that many eligible youth referred to its Lifelong Family Connections (LFC) project were actively discouraged from participating by their CWS caseworkers, reflecting continued resistance to the goals and philosophy of the project among some social workers.

Several projects worked with enrolled youth themselves to broaden their vision of permanency; California referred to this process as "unwrapping the no", which involved making youth comfortable with the concept of permanency through strong and meaningful bonds with caring relative and non-relative adults. For some youth, the quality of an adult relationship may be more important in defining permanency than the biological, legal, or other structural characteristics of that relationship. For example, research conducted as part of Maine's evaluation suggests that many teenagers do not identify permanency with a specific type of family arrangement, such as placement with legal adoptive caregivers; rather, many appeared to define permanency in terms of feeling safe and accepted in their relationships with adults.

### *Conclusions and Lessons Learned*

The evaluation findings described in this synthesis reveal important lessons for State child welfare agencies and non-profit human service organizations seeking to implement youth permanency initiatives, particularly those with a special focus on permanency for older and special-needs children:

- Youth must be actively involved in the permanency planning and decision-making process.
- Explore a variety of potential permanency resources, including those that may have been overlooked or discounted in the past.
- Support services for both children and resource families are critical to the establishment and maintenance of permanent placements.
- Establish realistic permanency goals that are tailored to the characteristics and needs of the target population.



- Permanency takes time, even under optimal conditions.
- Communication with and initial buy-in from multiple government and human service organizations is critical to the success of a permanency initiative.
- Improve bureaucratic processes and procedures, for example, by the establishment of clear eligibility guidelines and better case record management systems.
- Systemic and legal barriers, such as payment structures that reward foster care agencies for keeping children in foster care rather than finding them permanent homes, must be addressed through policy changes and legislation at the State and local level.

Although the primary intent of the 2003 Adoptive Placements Priority Area was to develop innovative strategies that promote the adoption of special-needs children, some grantees were more successful in establishing less formal but nonetheless positive long-term relationships between youth and caring relative and non-relative adults. In light of these findings, the Children’s Bureau may wish to explore funding options for new projects that seek to cultivate meaningful and enduring “extra-legal” connections between adults and older teenagers who are unlikely to be adopted before aging out of the foster care system.

## **Introduction**

### *Legislative History and Background*

Beginning with Child Abuse Prevention and Treatment Act of 1974, Federal legislation has authorized discretionary funds for demonstration projects to identify service models and best practices that promote the country's child welfare goals, including increased permanency for children in foster care. Demonstration grants are awarded by the Children's Bureau within HHS through a competitive process open to State and local government entities; federally recognized Indian Tribes and tribal organizations; faith-based and community-based organizations with experience in the adoption field; colleges and universities; public or private non-profit licensed child welfare or adoption agencies; and State or regional adoption exchanges. Specific statutory authority to fund adoption demonstration projects was established by the Adoption Opportunities Program promulgated under the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978.

### *2003 Adoptive Placements Priority Area*

In its 2003 program announcement regarding the availability of discretionary funds to support Adoption Opportunities Programs and other child welfare activities, the Children's Bureau included a priority area focused specifically on the development of innovative initiatives to promote the elimination of administrative, court-related, and service barriers that hinder the adoption of special-needs children. The Children's Bureau stipulated that programs funded under this priority area should target children who are either legally available for adoption or for whom adoption has not been achieved but remains the primary permanency goal (HHS, 2003). Applicants that received funding through this priority area are collectively known as the 2003 Adoptive Placements for Children in Foster Care grantee cluster, referred to hereafter as "Adoptive Placements" grantees.

Eligibility for financial assistance under the Adoptive Placements priority area was limited to State human service departments, although these agencies were then authorized to channel Federal funding to municipal or non-profit organizations responsible for direct service delivery. Successful applicants were awarded funding for a period of 60 months, with an initial grant award of 12 months beginning on October 1, 2003. Continuation of funding beyond each 12-month budget period was subject to the availability of funds, satisfactory progress on the part of each grantee, and a determination that continued funding was in the best interests of the Federal government. The maximum Federal share of funding for each successful applicant was \$350,000 per budget period, with each grantee required to fund at least 10 percent of the total approved cost of its project. For example, a State grantee requesting \$350,000 per annual budget period had to provide a match of at least \$38,889 per budget period.

Federal funding for Adoptive Placements grants was authorized for, and ultimately awarded to, a total of eight State human service agencies. Five Adoptive Placements grantees completed their projects as scheduled on September 30, 2008; three grantees received no-cost extensions of between three and six months, with all projects ending by March 2009.

### *Purpose of this Synthesis*

This synthesis summarizes evaluation findings detailed in the final reports submitted between January and June 2009 by the eight Adoptive Placements grantees. In preparing this synthesis, the grantees' final reports were reviewed and analyzed to identify content in several major thematic areas, including: (1) descriptions of the projects' target populations and service models; (2) process evaluation findings (e.g., enrollment, demographic characteristics of enrolled children and families, services and activities, implementation challenges); (3) outcome evaluation findings (e.g., permanency status, child and family well-being); and (4) policy implications and lessons learned through implementation of the projects. Data from these thematic categories serve as the basis for the content and structure of this synthesis.

### **Overview of Funded Projects**

Grantees that implemented Adoptive Placements projects included the following eight State human service agencies:

- Arkansas Department of Human Services, Little Rock, AR
- California Department of Social Services, Sacramento, CA
- Connecticut Department of Children and Families, Hartford, CT
- Georgia Department of Human Resources, Atlanta, GA
- Maine Department of Human Services, Augusta, ME
- Massachusetts Department of Children and Families, Boston, MA
- Minnesota Department of Human Services, St. Paul, MN
- New Jersey Department of Human Services, Trenton, NJ

Half of the grantees were clustered in the northeastern United States (particularly New England), with the remaining grantees located in the South (Georgia and Arkansas), Midwest (Minnesota), and West Coast (California). Although State human service departments were the grant recipients in all cases, most States designated a private or public non-profit organization to serve as the agency responsible for direct service delivery. For the sake of brevity, grantees are referred to throughout this report by the State in which they are located (e.g., Arkansas, California).

### *Target Populations*

Exhibit 1 on page 3 summarizes the characteristics of populations targeted by each grantee's project. Despite wide variations in their eligibility criteria, many projects focused on children in foster care in middle to late adolescence with no or few known permanency resources. Although adoption represented the core focus of the Federal priority area under which the grantees were funded, some projects targeted children with a broader range of permanency goals, including legal guardianship and long-term relative/kinship care. At least half of the grantees focused on children for whom parental rights had been terminated. Special populations of interest among the grantees included African American children (Georgia); youth who present a safety risk to themselves because of mental health, substance abuse, or developmental issues (Massachusetts);

**Exhibit 1 – Characteristics of Adoptive Placement Grantees’ Target Populations**

<b>Grantee</b>	<b>Geographic Focus</b>	<b>Age Range</b>	<b>Placement Setting</b>	<b>Permanency Goal(s)</b>	<b>TPR Status</b>	<b>Permanency Resources</b>	<b>Special Populations</b>
Arkansas (AR)	Statewide	All ages	N/A	N/A	N/A	N/A	N/A
California (CA)	Sacramento & Nevada Counties, CA	11-18	Group homes <sup>1</sup>	Not specified	Not specified	Not specified	None specified
Connecticut (CT)	Greater Hartford area	6-11 when adoption is goal; all ages otherwise	Not specified	Not specified	Not specified	Not specified	Non-custodial fathers were a special target of recruitment activities
Georgia (GA)	DeKalb, Clayton, & Fulton Counties	All ages	In foster care with a relative/kin caregiver	Long-term relative care, relative adoption, or reunification	TPR when goals is adoption; otherwise not required	An identified relative or kin caregiver already exists	African American children
Maine (ME)	Bangor, ME Portland/Biddeford, ME Waterbury, CT Bridgeport, CT	6-17	Not specified	Adoption or guardianship	TRP finalized	(1) No permanency resources or (2) a resource exists but barriers (e.g., financial, legal) prevent permanency	Siblings (of any age) of targeted children
Massachusetts (MA)	Cities of Holyoke, Framingham, Worcester, Lawrence, Chelsea, & New Bedford	Older youth (esp. those close to aging out)	Residential treatment or hospital <sup>2</sup>	Not specified	TPR finalized	Children with no known permanency resources or meaningful adult connections	Youth who present a safety risk to self because of mental health, substance abuse, or developmental issues
Minnesota (MN)	Statewide	13-17	Not specified	Adoption	TPR finalized	No identified adoption resource	Youth with longest stays in foster care
New Jersey (NJ)	Statewide, but with special focus on Gloucester & Mercer Counties	All ages	N/A	N/A	N/A	N/A	Special focus on families adopting special needs children

<sup>1</sup>Later expanded to include youth in other out-of-home placement settings.

<sup>2</sup> To increase enrollment, Massachusetts’ eligible target population was temporarily expanded to include children placed in community (foster family) settings.

siblings of any age (Maine); and older youth with the longest stays in out-of-home placement (Minnesota).

The columns in Exhibit 1 are mostly marked “not applicable” for Arkansas and New Jersey because their projects targeted either existing or potential adoptive families rather than specific segments of children in foster care. For example, New Jersey’s project focused on prospective adoptive families that were already working with one of two private social service agencies: The Robins’ Nest in Glassboro, New Jersey and Catholic Charities of Trenton. In addition, Catholic Charities conducted market research to identify two specific populations that were the focus of additional targeted outreach and recruitment activities: (1) married, Caucasian, middle-class women aged 30-40 with older children interested in adopting children of the same age as their own children; and (2) single, childless middle- to upper middle-class African American women aged 50-60. Arkansas’ target population was more diffuse, with recruitment and education activities targeted at broadly defined geographic communities. A special emphasis was placed on adult State residents of “faith”, which was defined broadly as any person with strong religious, spiritual, or moral convictions. As the State’s final report notes, “the service model essentially built on the faith and goodwill of people in the community who want to do better for children” (Arkansas Dept. of Health and Human Services, 2008).

### *Core Program Features*

A review of the eight grantees’ program models reveals wide variation in service approaches and activities. For most projects, the State human service department that received the Federal discretionary grant funneled the money to a third-party organization that served as the lead agency for service planning and delivery; these organizations were usually adoption agencies or organizations that provided other types of placement and family services. The State human service/child welfare departments in two States (Arkansas and Maine) served as their own lead agencies by implementing project services directly. In addition to designating a lead agency, most projects attempted to cultivate collaborative relationships with one or more partnering organizations, including county child welfare agencies, churches, schools, local businesses, and for-profit or non-profit family service organizations. Although no one intervention or service model characterized all eight grantees, all projects incorporated activities in the general categories of (1) child/family outreach and recruitment, (2) partnership building and collaboration, and (3) pre- and post-permanency support services. Appendix A at the end of this report provides more detailed information regarding each grantee’s activities in these areas.

### *Recruitment and Outreach*

As described by Goodman, Bonk, Mattingly, Omang, and Monihan (1998), permanency recruitment activities generally fall into three categories:

- *General Recruitment*, which involves reaching mass audiences through media and public outreach programs;
- *Child-Specific Recruitment*, in which intensive outreach is conducted to engage and recruit relatives or close family friends that the child already knows and cares about; and

- *Targeted Recruitment*, which focuses on identifying and conducting outreach to specific types of families and/or communities whose characteristics and interests most closely match the needs of children in an agency’s foster care population.

Nearly all projects involved some combination of both general and child-specific recruitment activities. For the grantee in Arkansas, general outreach activities comprised the majority of outreach efforts across its 12 participating Adoption Coalitions. The two most common examples of general recruitment activities across all grantees included public recruitment events (e.g., adoption fairs, presentations at churches and community organizations) and media-based marketing (e.g., newsletters, newspaper articles, radio and television reports). However, for most grantees (California, Connecticut, Maine, Massachusetts, Minnesota) the child served as the primary locus of recruitment efforts, with project staff working intensively with enrolled children to develop a permanency plan and identify potential permanency resources. Common child-centered recruitment strategies included:

- Intensive “people finding” efforts that included detailed case record reviews to identify possible permanency resources, particularly relatives or fictive kin (e.g., family friends or other important adults in the child’s life);
- Direct engagement and consultation with enrolled youth to encourage them to identify and discuss potential permanent connections within their circle of family, fictive kin, and other influential adults; and
- Permanency teams comprised of individuals with an interest in the child’s permanency status, including county social workers, family members, guardians ad litem, and the child’s other direct service providers (e.g., therapists). For example, Maine employed Family Group Decision Meeting as its approach to team-based permanency planning.

In addition, at least three grantees (Arkansas, California, Minnesota) used Heart Galleries—a traveling photographic and audio exhibit created for a specific child to raise public awareness regarding his/her need for permanency—to help recruit adoptive families.

Among grantees engaged in traditional child-specific recruitment, special efforts were often made to implement “youth-driven” recruitment activities, with enrolled children having a significant voice in selecting recruitment venues and methods. California and Minnesota engaged in perhaps the most active youth-driven recruitment efforts, with activities that included youth-produced videos and artwork as well as presentations by youth at conferences and foster caregiver orientation meetings.

As a complement to general and child-specific recruitment efforts, more than half of the grantees (Arkansas, Georgia, Maine, Minnesota, New Jersey) engaged in a range of targeted recruitment strategies. For example, at least two Adoption Coalitions in Arkansas participated in a faith-based adoption initiative known as Children of Arkansas Loved for a Lifetime (the C.A.L.L.), a program that specifically targets Christian couples through church-based foster/adoptive recruitment and training.<sup>3</sup> Similarly, Catholic Charities (one of two New Jersey agencies)

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<sup>3</sup> More information about the C.A.L.L. is available online at <http://www.thecallinarkansas.org/>.

focused many of its marketing and outreach activities on local churches (for example, through adoption newsletters and speaking engagements). In addition, the Connecticut site established as part of Maine's project used a formal recruitment model known as *Life Long Families Ties* (LLFT) to conduct targeted recruitment. Developed by the Wheeler Clinic—a non-profit behavioral health agency in Connecticut—LLFT involves intensive outreach, coaching, and training for adults in a child's community (including family members, teachers, neighbors, and other significant adults) to serve as mentors, life guides, and permanent placement resources (Wheeler Clinic, 2009). By working closely with county child welfare workers, ROOTS, Inc. in Georgia targeted its permanency recruitment efforts at existing African American relative caregivers.

Some projects used or adapted standardized training curricula to assist in recruiting and vetting prospective adoptive parents. Two standardized curricula in particular are noteworthy:

- *Parents as Tender Healers* (PATH): (Used in Massachusetts) This video-based curriculum is designed to help prospective resource parents decide whether providing foster, adoptive, or kinship care to children is appropriate for them. The curriculum addresses how resource families differ from families formed by birth; the different roles of birth parents, legal parents, and caregiving parents; the characteristics of successful resource families; survival behaviors developed by children in the child welfare system and the emotional issues and experiences underlying these behaviors; techniques to help children develop positive attachments and disciplinary techniques that work well with children who have experienced trauma; and understanding the normal, predictable crises faced by resource families and the strategies for addressing them (Jackson & Wasserman, 1997).
- *Parent Resources for Information, Development, and Education* (PRIDE): (Used in Connecticut and by Catholic Charities in New Jersey) The PRIDE program is designed to strengthen the quality of family foster care and adoption services by providing a standardized, consistent, structured framework for the recruitment, preparation, and selection of foster and adoptive parents, and for foster parent in-service training and ongoing professional development. Developed by the Child Welfare League of America in collaboration with several State child welfare agencies, PRIDE has three major training components: (1) a pre-service program for recruiting, preparing, assessing, and selecting prospective foster and adoptive parents; (2) PRIDE Core, an in-service training program for new and experienced foster parents; and (3) PRIDE Specialized and Advanced Training, which offers comprehensive education on specific topics (e.g., working with teens and anger management).

### *Collaborative Activities and Partnerships*

All projects involved some degree of collaboration and coordination with outside organizations or individuals responsible for serving children in the foster care system. These partners usually included a State or county child welfare agency, with other social services providers (e.g., group homes, mental health clinics, guardians ad litem, foster caregivers) also playing significant roles. Over half of the projects (Arkansas, California, Connecticut, Maine, New Jersey) established formal project management/advisory groups to oversee the planning and implementation of

program activities; in Arkansas, project management occurred through 12 Adoption Coalitions formed statewide, whose membership included child welfare agency staff, guardians ad litem, adoptive/foster parents, and representatives from faith-based organizations. In addition, half of the projects (California, Maine, Massachusetts, Minnesota) reported the formation of case-level planning/treatment teams to discuss and manage the permanency plans of enrolled youth. Collaboration in Georgia's project appeared to occur on a less formal basis, with most inter-agency contact involving outreach by lead agency (ROOTS) staff to county child welfare workers to inform them about the grantee's All Our Kin (AOK) project, combined with referrals of eligible relatives by county caseworkers to AOK. Other noteworthy collaborative activities included partnerships with local businesses to sponsor adoption recruitment events (e.g., The California project partnered with IKEA to host adoption information events at a new IKEA store in Sacramento) and the establishment of Memoranda of Understanding with local social services agencies to broaden the available array of recruitment and support services (Connecticut).

### *Support Services for Youth and Caregivers*

All projects incorporated varying types of support services for enrolled youth and/or their prospective permanent caregivers to aid in the establishment of permanent placements and to prevent the disruption of those placements. Most support services fell into the categories of group or individual therapy and counseling (provided in California, Connecticut, Maine, Massachusetts, Minnesota, and New Jersey), and socialization/support groups for youth and caregivers (established in Arkansas, California, Connecticut, Massachusetts, Minnesota, and New Jersey). In contrast, Georgia's project focused on concrete financial support (i.e., payment of one-time expenses, such as criminal background checks, clothing for children, and child care assistance) and caregiver education (e.g., on financial and household management) to expedite and maintain permanent relative placements.

Two grantees (California and Massachusetts) used or adapted components of standardized curricula or therapeutic models to prepare caregivers and youth for the transition to permanency:

- *3-5-7 Model*: Developed by social work professional Darla Henry, 3-5-7 (which stands for Three Tasks, Five Conceptual Questions, Seven Skill Elements) serves as a guide for working with children and youth who have experienced the primary traumas of abuse, neglect, and abandonment along with the secondary trauma of being placed in out-of-home care. The model assists social workers, child care professionals, and resource parents in engaging children to work through their grief, find their identity, and build permanent relationships (Henry, 2005).
- *Family Bound*: The Family Bound curriculum seeks to prepare adolescents for family life by breaking down their misconceptions of family life and by exposing them to positive family experiences. Primary program components include education about family life through intensive workshops; positive experiences of family life through socialization activities and weekend retreats with "practice families," (including foster, adoptive, kin, and birth families); and recruiting and training "bridge families." Bridge families have had no prior relationship with the target adolescent but have been recruited to work with him/her as part of the adolescent's preparation for permanency (Lewis, 2002).



## Evaluation Designs

As a requirement of their Federal grants, all eight grantees were required to implement program evaluations to document process and outcome findings from their Adoptive Placement projects. Exhibit 2 on page 9 summarizes the key components of the grantees' evaluations. In general, the grantees adopted methodologically simple evaluation approaches, with no grantees using experimental (random assignment) research designs and only two grantees (Minnesota and New Jersey) identifying and tracking outcomes for a comparison group of youth. Comparison groups in these projects were comprised of youth in State custody who met the eligibility criteria for project participation but who were never referred for project services. Half of the projects employed no specific research design but simply documented and described project activities and final youth and/or family outcomes; in two cases (Arkansas and Connecticut) these descriptive studies were enhanced with time series or pre-post test evaluation components. Two grantees (Massachusetts and Maine) implemented time series designs in which tools for tracking major outcome measures of interest were implemented at multiple points in time. With one exception (Connecticut), faculty affiliated with a regional university or a third-party contractor implemented the grantees' evaluations.

Adoptive Placement grantees identified and tracked a wide range of process and outcome evaluation measures; for their process evaluations, nearly all grantees tracked basic measures such as program referrals, child and family characteristics (e.g., race, age, gender, placement history), and the number and types of services provided to children and/or resource families. In addition, most grantees documented the number and types of general, child-specific, or targeted recruitment activities employed as well as barriers and facilitators of program implementation. Half of the projects examined the number of resource (foster or adoptive) families trained and approved to become permanent caregivers. Several grantees also tracked youth and family feedback and satisfaction with the services they received and regarding their overall experiences in the Adoptive Placement projects.

The tracking of outcome measures tended to be more diffuse and uneven across grantees, with the permanency status of enrolled children representing the only outcome measure tracked by all eight grantees. Most grantees also measured child and/or family well-being and functioning (e.g., psychological health, employment and school status), while half examined changes in attitudes and beliefs about permanency among youth, resource families, child welfare/adoption workers, or the courts. Few grantees tracked other traditional child welfare outcomes, such as maltreatment recurrence, the disruption of permanent placements, and length of time in out-of-home placement.

Data collection tools varied widely across grantees, with only one standardized assessment instrument—the Child and Adolescent Functional Assessment Scale (CAFAS)—used by multiple grantees (Maine, Massachusetts, Minnesota). Grantees used an assortment of other standardized instruments to measure dimensions of youth and family well-being or functioning that included parenting attitudes and behaviors, youth self-efficacy, parenting stress, family cohesion and empowerment, and the quality and degree of attachment between children and

**Exhibit 2 – Overview of Grantee Research Designs and Evaluation Outcomes**

	<b>Grantee</b>							
	AR	CA	CT	GA	MA	ME	MN	NJ
<b>Research Designs</b>								
<b>Evaluation Measures</b>	Descriptive study w/ time series component	Descriptive study only	Descriptive study w/ pre-post test component	Descriptive study only	Time series design	Time series design	Comparison group design	Comparison group design
<b>Process Evaluation Measures</b>								
Youth/family referrals/enrollment		•	•	•	•	•	•	•
Youth/family characteristics		•	•	•	•	•	•	•
#/types of services provided		•	•	•	•	•	•	•
Types of recruitment activities	•	•	•		•		•	•
Youth/family feedback/satisfaction			•			•	•	•
Implementation barriers & facilitators	•	•	•	•	•	•	•	•
# of resource families trained and/or approved	•	•		•				
<b>Outcome Evaluation Measures</b>								
Youth permanency	•	•	•	•	•	•	•	•
Placement stability			•					
Placement duration	•		•					
Maltreatment recurrence			•					
Child/family well-being			•		•	•	•	•
Knowledge/skills of resource families			•			•		•
Changes in beliefs/attitudes about permanency		•			•	•	•	•

caregivers. As is evident from Exhibit 3 below, with the exception of the CAFAS no tool was used by more than one grantee while three tools were used exclusively by Maine and two other instruments were used exclusively by Connecticut.

In addition to these standardized tools, most grantees employed a combination of non-standardized data collection methods that frequently included client case record reviews; participant intake forms; surveys of caregivers, youth, and caseworkers; and interviews or focus groups with youth, caregivers, caseworkers, and other project stakeholders. About half of the grantees collected and analyzed data from a State Child Welfare Information System (SACWIS) or similar child welfare database. For more information regarding the grantees' evaluation designs, including more details regarding the range of data collection tools and methods used, refer to Appendix A at the end of this report.

**Exhibit 3 - Standardized Child and Family Well-Being/Functioning Instruments**

<b>Full Name and Abbr.</b>	<b>Author(s)</b>	<b>Projects</b>
Adult-Adolescent Parenting Inventory, 2 <sup>nd</sup> Edition (AAPI-2)	Bavolek & Keene, 1999	CT
Child & Adolescent Functional Assessment Scale (CAFAS)	Hodges, 1990, 1994	MA, ME, MN
Family Cohesion & Adaptability Scales, 2 <sup>nd</sup> Edition (FACES II)	Olson & Gorall, 1981	ME
Family Empowerment Scale (FES)	Koren, DeChillo, & Friesen, 1992	ME
Ohio Youth Problem, Functioning, & Satisfaction Scales (Ohio Scales)	Ogles, Melendez, Davis, & Lunnen, 1999	CT
Parenting Profile for Developing Attachment	Hughes, 2007	NJ
Parenting Stress Index (PSI)	Abidin, 1995	ME
Student Self-Concept Scale (SSCS)	Gresham, Elliott, & Evans-Fernandez, 1993	MA

### **Process Evaluation Findings**

The Adoptive Placements grantees differed widely in terms of the scope and level of detail of process evaluation findings contained in their final reports; however, as noted in Exhibit 3 above, most collected and reported some basic process data in the following categories:

- Youth/family referrals and enrollments;
- Youth/family characteristics;
- Number and types of recruitment activities and services provided;
- Youth/family satisfaction and feedback regarding project services; and
- Barriers to and facilitators of project implementation

Information in each of these categories is summarized below within the constraints imposed by the different ways in which the grantees defined, collected, analyzed, and reported their process findings.

### *Youth Referrals and Enrollments*

As illustrated in Exhibit 4 below, most grantees enrolled fewer children than originally projected in their grant proposals, with the ratio of projected to actual enrollments varying from 43 percent to about 80 percent. The notable exception is Georgia, which served more than two times as many children as originally proposed in its grant application. Arkansas’ project focused primarily on adoptive family recruitment rather than child-specific permanency activities; as such, the State did not collect or report data on child referrals. Although overall enrollment levels were lower than expected, most projects did successfully enroll those youth who were referred for service, with ratios of referrals to enrollments ranging between 70 and 100 percent. Reasons given by projects for low enrollment included some children’s preference to remain in foster care, CWS workers’ reluctance to enroll certain children, court-ordered placements of certain children into long-term foster care, and ineligibility for service (e.g., children referred to some projects turned out to be too young). Only three projects (Connecticut, Massachusetts, Minnesota) provided data on average length of project enrollment, which ranged between 12 and 24 months.

**Exhibit 4 – Child Referrals and Enrollments<sup>4</sup>**

<b>Grantee</b>	<b>Projected # of Enrollments<sup>5</sup></b>	<b>Actual # Referred</b>	<b>Actual # Enrolled/Served</b>	<b>Ratio of Projected /Actual Enrollments</b>	<b>Ratio of Referrals to Enrollments</b>
CA	190	157	150	79%	95.5%
CT	200	88	88	44%	100%
GA	130		285	219%	
MA	125	131	92	74%	70%
ME	225	116	97	43%	84%
MN	145	100	100	69%	100%
NJ	300	235 <sup>6</sup>		NA	NA <sup>7</sup>

### *Child Characteristics*

Exhibit 5 on page 12 summarizes the demographic and case characteristics of enrolled children where provided by the projects. With the notable exception of Maine, children of color outnumbered white children by fairly large margins in all projects. As such, the projects’ enrolled populations mirrored the overrepresentation of non-white children in most foster care populations nationwide. Children enrolled in Georgia’s project were almost entirely African American, a fact that reflects that project’s specific focus on black children in foster care. Both

<sup>4</sup> Arkansas is excluded from this exhibit since its project did not have a specific child recruitment component. Throughout this document, shaded cells in tables indicate data that were not included by a grantee in its final report.

<sup>5</sup> Enrollment projections are derived from the projects’ original grant applications.

<sup>6</sup> This number combines referrals from both the Robins’ Nest and Catholic Charities program components.

<sup>7</sup> The last two columns for New Jersey are marked as “NA” (not applicable) because the grantee did not distinguish between program referrals and enrollments in its final report.

Massachusetts and Minnesota had fairly large minorities of children classified as bi-racial or multi-racial (17 percent and 19 percent, respectively). With the exception of Georgia, boys slightly outnumbered girls across all projects. Large proportions of children enrolled in at least two projects (Connecticut and Minnesota) were reported as diagnosed with a developmental delay or emotional/behavioral disorder.

The average age of children at intake ranged between 14 and 16 across four projects, reflecting their focus on teenagers in foster care. Children in three projects (Connecticut, Georgia, New Jersey) averaged between 8 and 9 years of age at intake, reflecting the broader age range of their target populations. Children in three projects (Massachusetts, Maine, Minnesota) averaged between five and eight years in out-of-home placement prior to enrollment and had lived in between eight and ten different placement settings. As would be expected with their lower average age, children enrolled in Connecticut's project had spent considerably less time in out-of-home placement at intake (2.2 years) and had lived in an average of approximately three different placement settings.

**Exhibit 5 –Characteristics of Enrolled Children<sup>8</sup>**

Variable	CA <sup>9</sup>	CT	GA	MA	ME <sup>10</sup>	MN	NJ <sup>11</sup>
<b>Race</b>							
White		0 (0%)	10 (3.5%)	35 (38%)	84 (72%)	39 (39%)	72 (31%)
African American		50 (57%)	267 (94%)	7 (8%)	21 (18%)	25 (25%)	125 (53%)
Hispanic/Latino		35 (40%)	7 (2%)	30 (33%)	0 (0%)	8 (8%)	25 (10%)
Bi-/Multi- Racial		3 (3%)	1 (<1%)	16 (17%)	9 (8%)	19 (19%)	0
Other/Unknown		0 (0%)	0 (0%)	4 (4%)	2 (2%)	9 (9%)	15 (6%)
<b>Avg. Age at Enrollment</b>							
	≈15	8.7	8.9	15.9	≈14	13.6	≈8 <sup>12</sup>
<b>Gender</b>							
Male	52 (52%)	45 (51%)	98 (47%)	59 (64%)	64 (55%)	52 (52%)	132 (56%)
Female	48 (48%)	43 (49%)	110 (53%) <sup>13</sup>	33 (36%)	52 (45%)	48 (48%)	103 (44%)
<b>Diagnosed Intellectual Disability/Developmental Delay</b>							
		28 (32%)				41 (41%)	22 (9%)
<b>Diagnosed Emotional/Behavioral Disorder</b>							
		54 (61%)				50 (50%)	32 (14%)
<b>Avg. years in out-of-home care</b>							
		2.2		≈8	≈7.3	5.1	
<b>Avg. # of placements prior to enrollment</b>							
		≈3		≈8	≈5	10.1	

<sup>8</sup> Arkansas is excluded from this table because it did not collect or report data case-level child demographic data.

<sup>9</sup> Data were only reported on youth referred from Sacramento County Department of Health and Human Services.

<sup>10</sup> Maine reported data on all referred children, not just those actively enrolled.

<sup>11</sup> Since New Jersey's project focused on the targeted recruitment of prospective adoptive families, the data reported in this column are for children that entered into adoptive placements with recruited families.

<sup>12</sup> This is a median rather than average age.

<sup>13</sup> Although Georgia enrolled a total of 285 children, detailed demographic data were collected on only 208 children.

*Caregiver Recruitment, Training, and Licensing*

Few projects provided detailed information on the recruitment, training, and licensing of prospective permanent resource families. Among the States that provided some information, half or fewer of all recruited families finished foster/adoption training and completed a home study or assessment. Most families that did complete training and/or a home study were eventually approved to serve as adoptive or foster homes (see Exhibit 6 below). Although it did not provide detailed information on resource home recruitment and training, Arkansas noted an overall increase in the number of approved adoptive homes statewide; specifically, the total number of approved homes in the State increased from 175 during the first quarter of project implementation to 585 by June of 2008, an increase of over 200 percent. Projected resource family recruitment levels in two States (Connecticut, New Jersey) were far lower than actual recruitment levels; according to these States' final reports, these shortfalls may have resulted in part from erroneous assumptions regarding the characteristics, availability, and preferences of appropriate resource families.

**Exhibit 6 – Adoptive Family Recruitment, Training, and Approval**

<b>Grantee</b>	<b>Projected # of Recruited Families</b>	<b>Actual # of Families Recruited</b>	<b>Completed Training (of those recruited)</b>	<b>Completed Home Assessment/ Study (of those recruited)</b>	<b>Licensed/ Approved (of those recruited)</b>
CT	150	93	51 (55%)		37 (40%)
GA	130	208		110 (58%)	97 (47%)
MN <sup>14</sup>		70	≈23 (30%)	≈20 (29%)	≈20 (29%)
NJ <sup>15</sup>	300	46	8 (17%)	6 (13%)	6 (13%)

*Resource Family Characteristics*

Few grantees provided detailed information on the characteristics of caregivers recruited to serve as resource families. To the extent that projects reported this information, white, middle-aged married couples, many with prior experience as foster or adoptive parents, represented the typical profile of enrolled caregivers. Given its different target population, Georgia's project reveals an opposite profile with caregivers that are virtually all African American, younger, and more likely to be single or divorced. Exhibit 7 on page 14 provides a detailed breakdown of available demographic data on recruited caregivers.

<sup>14</sup> Minnesota's project recruited and supported potential resource families but did not engage in training or licensing activities. As such, these data are estimates provided for contextual and comparative purposes only.

<sup>15</sup> New Jersey only reported these data for the Catholic Charities component of its project.

**Exhibit 7 – Demographic Characteristics of Caregivers<sup>16</sup>**

<b>Variable</b>	<b>GA</b>	<b>ME</b>	<b>MN</b>	<b>NJ</b>
<b>Race</b>				
White	0 (%)	43 (86%)	17 (94%)	
African American	58 (100%)	5 (10%)	0 (0%)	
Hispanic/Latino	0 (%)	1 (2%)	0 (0%)	
Multi-racial/Multi-cultural	0 (%)	0 (0%)	0 (0%)	
Other/Unknown	0 (%)	1 (2%)	3 (6%)	
<b>Avg. Age</b>				
	35.5		44	
<b>Marital Status</b>				
Single, never married	20 (34.5%)	9 (18%)		7 (26%)
Married	17 (29.3%)	34 (68%)		19 (70%)
Divorced	7 (12%)	0 (0%)		0 (0%)
Widowed	4 (6.9%)	0 (0%)		0 (0%)
Committed Relationship	3 (5.2%)	7 (14%)		1 (4%)
Unknown	7 (12%)	0 (0%)		0 (0%)
<b>Adopted/Served as Foster Parent Before</b>				
Yes		44 (88%)	6 (30%)	7 (26%)
No		6 (12%)	14 (70%)	19 (70%)
Unknown		0 (0%)	0 (0%)	1 (4%)

*Documented Services and Activities*

All eight Adoptive Placements grantees described a wide range of programmatic services and activities in their final evaluation reports, often in great detail. Major categories and sub-categories of services and activities reported by the grantees are summarized in Exhibit 8 on pages 15-16. Readers should note that this table only records activities and services that were documented by grantees in their final reports; some grantees may have actually engaged in a broader array of activities and services than is reflected in the exhibit. In addition, because grantees varied so widely in terms of how they tracked and reported project activities, no information on the frequency, duration, or intensity of project activities is included in this synthesis.

Minnesota documented the widest range of distinct services and activities (20), followed by California (15), Connecticut (15), Massachusetts (11), New Jersey (9), Georgia (7), and Maine (7). Arkansas, which implemented a narrower project focused primarily on adoptive family recruitment, documented the fewest types of services and activities (5). In the category of general and targeted recruitment, the most common activities (defined in this synthesis as activities documented by *four or more* grantees) included media outreach (e.g., PSAs, newspaper articles, brochures), adoption awareness events (e.g., adoption fairs), and

<sup>16</sup> Data from all four States are based on samples of caregivers from case record reviews or feedback surveys and are therefore likely to be underestimates.

**Exhibit 8 – Services/Activities Documented by Adoptive Placements Grantees**

<b>Activity/Service</b>	<b>AR</b>	<b>CA</b>	<b>CT</b>	<b>GA</b>	<b>MA</b>	<b>ME</b>	<b>MN</b>	<b>NJ</b>	<b># of Projects Providing Service/ Activity</b>
<b>General &amp; Targeted Recruitment</b>									
Media outreach (e.g., PSAs on radio and TV, newspaper articles, brochures, websites, appearances on radio talk shows)	•	•	•		•		•		5
Adoption awareness events/fairs/information booths	•	•	•		•		•		4
Community education (e.g., speaking engagements, conferences)	•	•			•		•		4
Youth-produced recruitment materials/presentations		•			•		•		2
Heart Galleries	•	•					•		2
Recruitment partnerships w/ local businesses and agencies		•					•		1
<b>Child-Specific Recruitment</b>									
Intensive people finding services (e.g., case record reviews)		•	•		•		•		4
Team-based recruitment activities (e.g., Family Group Conferencing)		•	•			•	•		4
Direct advocacy on behalf of youth or caregiver		•				•	•	•	4
<b>Training/Education</b>									
Curriculum-based adoption/permanency training and education (e.g., 3-5-7, <i>Family Bound</i> )		•	•		•	•		•	5
Individual caregiver/family education re: adoption policies, procedures				•		•	•	•	3
Social worker/caseworker training re: permanency laws, policies, procedures		•			•		•		3
<b>Case Management</b>									
Home visits			•	•			•	•	3
Crisis intervention				•			•		2
In-person visits with youth		•					•		2
Assistance w/ obtaining relative care subsidies, enrolling in Medicaid, child care assistance				•			•		1



**Exhibit 8 – Services/Activities Documented by Adoptive Placements Grantees**

<b>Activity/Service</b>	<b>AR</b>	<b>CA</b>	<b>CT</b>	<b>GA</b>	<b>MA</b>	<b>ME</b>	<b>MN</b>	<b>NJ</b>	<b># of Projects Providing Service/Activity</b>
<b>Treatment/Therapeutic Services</b>									
Group or individual therapy/counseling		•	•			•		•	4
Tutoring, developmental services (e.g., speech therapy, Birth to Three)			•		•			•	3
Life books, personal histories					•		•		2
Treatment/therapeutic foster care			•						1
<b>Other Direct or Referred Services</b>									
Recreational activities for youth and caregivers (e.g., summer camps)			•		•	•		•	4
Youth/caregiver support groups		•	•		•		•	•	4
Direct financial support (e.g., children’s clothing, CPS background checks, school supplies, transportation)			•	•			•		2
Mentoring/support services for prospective adoptive families (e.g., adoption hotlines)	•		•				•		2
Respite care			•			•			2
Daycare			•	•					2
<b>Other Activities</b>									
Conduct home evaluations/assessments/studies				•				•	2
Policy/legal advocacy at State/local level		•					•		1
<b>Total Range of Activities Documented by Project</b>	<b>5</b>	<b>15</b>	<b>15</b>	<b>7</b>	<b>11</b>	<b>7</b>	<b>20</b>	<b>9</b>	

community education events such as conferences and speaking engagements at local churches and community centers.

Child-specific recruitment activities were prevalent across most grantees and included intensive people finding services (e.g., detailed case record reviews), permanency and recruitment planning teams (which often included the enrolled youth), and direct advocacy by project staff to county caseworkers, prospective resource families, and court staff regarding the permanency needs of enrolled children. Over half of the grantees used or adapted a standardized curriculum-based adoption/foster care training or education program for prospective resource families and/or youth; these programs are described in more detail in pages 8-9. In addition, at least half of the grantees directly provided or sponsored individual or group therapy/counseling, support groups for youth and/or caregivers, and recreational activities for children and families (e.g., summer camp, family fun nights).

### *Youth/Family Satisfaction*

Four grantees (Connecticut, Maine, Minnesota, New Jersey) systematically collected and reported feedback from enrolled children and their current or prospective permanent caregivers regarding their satisfaction with project services. Projects collected most participant feedback using written mail-in surveys, post-training evaluation forms, and focus groups. In general, all four projects received high marks from both youth and caregivers regarding their experiences with program services and activities. Despite wide variations in the content of feedback surveys and focus group protocols, most projects collected some information on several core programmatic components, including permanency training/education, specialized services and supports, interactions with project staff, and the permanency planning process. Highlights from feedback provided by youth and caregivers in these areas are described below.

### Permanency Training/Educational Curricula

Projects that implemented foster/adoptive training, including those using standardized curricula, generally received high ratings from prospective permanent caregivers. For example, caregivers participating in Connecticut's PRIDE parent preparation course almost uniformly agreed that the goals of the training were clear, the training topics were relevant and important, the information was easy to understand, and that information imparted through the training was useful. Similarly, over 80 percent of families that participated in New Jersey's Catholic Charities program component rated PRIDE training as "very helpful." Some caregivers participating in New Jersey's Robins' Nest component expressed concerns about the redundancy of content in that program's Parent Awareness Curriculum (PAC) with the content of similar training programs. Other Robins' Nest training participants noted that PAC appeared to be geared toward first-time non-relative adoptive families and was less useful for relative caregivers or for those that had already fostered or adopted children.

### Specialized Services/Supports

New Jersey collected some of the most detailed participant feedback regarding specialized program services and supports. In general, families rated in-home counseling/therapy and family

support groups as valuable project resources, especially when faced with the stress caused by navigating the bureaucratic vagaries of public and private adoption agencies. Enrolled caregivers also gave high marks to enrichment activities such as picnics and other family outings, which were perceived as an opportunity for families to establish common bonds in their efforts to become adoptive parents and for children to augment their confidence and socialization skills.

### Communication/Interaction with Project Staff

Four projects collected some degree of feedback regarding participants' interactions and communication with project staff, with Minnesota reporting some of the most detailed findings. For example, youth enrolled in Minnesota's Homecoming Project generally reported high levels of satisfaction (i.e., items that received a rating of "very satisfied" from 80 percent or more of respondents) with the performance of project staff in the areas of communication, trust, dependability, and sensitivity to the youths' issues and needs. High ratings were especially notable with regard to staff's ability to communicate honestly and to be respectful about youths' birth families and other people in youths' lives. Similar patterns were evident among surveyed caregivers, with high degrees of satisfaction reported regarding the amount of contact between Homecoming staff and caregivers and the general helpfulness of staff in exploring permanency options with youth. Potential areas of improvement noted by caregivers included more frequent communication with youth and soliciting more feedback from caregivers regarding their ideas for other possible permanency resources.

Caregivers enrolled in Connecticut and Maine's projects responded with similarly positive ratings regarding staff performance. Altogether, 86 percent of caregivers enrolled in Connecticut's HAPPY project stated that they received meaningful support from project staff, while 100 percent of newly approved adoptive parents reported that their worker treated them with courtesy and respect and that their home studies were completed in a timely manner. In Maine, over 95 percent of enrolled caregivers reported high levels of satisfaction with the support they received from project workers; these high ratings remained largely unchanged between baseline and six- and twelve-month iterations of a caregiver satisfaction survey.

### Permanency Planning Process

Both caregivers and youth gave several projects high ratings with respect to their permanency planning processes and their contributions to the attainment of permanency. For instance, 80 percent or more of youth that participated in Family Group Decision Meetings (FDM) in Maine reported that (1) their ideas were used in developing a permanency plan, (2) that they agreed with the plan, (3) that their ideas were valued throughout the permanency planning process, and (4) that their and their families needs' were considered in developing the plan. Altogether, 53 percent of Maine youth stated that their FDMs had made "a lot" of progress towards fulfilling their permanency goals.

In a similar vein, potential adoptive families involved in New Jersey and Minnesota's projects had largely positive comments regarding their experiences during the adoption process. For example, over 90 percent of surveyed families that participated in New Jersey's Catholic

Charities program component indicated that their knowledge of the adoption process, laws, and policies had increased as a result of their involvement in the project. However, most families indicated that the project did not affect their decision to pursue adoption since they had already decided to adopt prior to their enrollment. Through a survey conducted by Minnesota's evaluation team, most adoptive families reported that project staff did a "very good" or "outstanding" job throughout the adoption process, particularly with regard to working around the family's schedule to coordinate meetings, collaborating with home study workers, and supporting the youth and family after the youth moved into his/her new home. A few families reported that they felt they were pushed too quickly to make an adoption decision, a sentiment that was echoed in responses from a parallel survey of county social workers.

### *Implementation Barriers*

The Adoptive Placements grantees addressed numerous challenges to the effective implementation of their projects, many of which were documented extensively in the grantees' final evaluation reports. Exhibit 9 on page 20 summarizes implementation challenges described by grantees in their final reports, organized by major sub-categories of barriers.<sup>17</sup> The most common systemic barrier documented by grantees involved a general lack of pre- and post-placement services in the community to support permanent child placements, most notably mental health/therapeutic services for youth and their families.

Organizational factors constituted the largest general category of implementation challenges, with the most common barriers including staff turnover and/or delays in hiring project staff; nonexistent or poor communication between project staff and the staff of partnering State or county CWS agencies; heavy workloads; and resistance among CWS caseworkers to a referred child's participation in a project. To some extent, the uncooperative behavior of CWS caseworkers reflected philosophical differences between the projects and CWS agencies and/or the courts regarding the definition and goals of permanency planning. In these cases, some caseworkers disagreed with the general goals and permanency philosophy of an Adoptive Placements grantee. In other instances, caseworker reluctance involved more pragmatic considerations, such as heavy workloads that made caseworkers less willing to invest time in finding permanent resources (especially for older youth) or hesitance to disrupt a stable long-term foster placement in favor of a potential—but uncertain—permanent family.

Flaws in the initial design and underlying assumptions of certain projects caused some unexpected implementation challenges. For example, half of the grantees reported that the target population they had originally planned to serve was either smaller than anticipated or that unclear eligibility criteria led to confusion regarding appropriate project referrals. Consequently, several projects reported either inadequate referrals or the referral of children who were technically ineligible for project services (e.g., children who were too young). As noted earlier, some projects were based in part on erroneous assumptions regarding the characteristics and availability of appropriate resource families, which contributed to problems with identifying and recruiting adequate numbers of adoptive or other permanent caregivers.

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<sup>17</sup> Georgia documented very few implementation barriers and is therefore not included in Exhibit 10. This grantee did note some level of staff turnover, but reported that it did not become a significant barrier to effective program implementation.

**Exhibit 9 – Implementation Barriers Documented by Adoptive Placements Grantees**

Barrier	AR	CA	CT	MA	ME	MN	NJ	# Reporting Barrier
<i>Systemic Barriers</i>								
Lack of family support services (esp. post-placement therapeutic services)		•	•	•	•	•	•	6
Inadequate funding/resources for project services/activities	•	•	•					3
Low interest/negative attitudes of public to adoption (esp. of older children)	•	•						2
Fiscal disincentives to moving children out of foster care		•				•		2
<i>Organizational Barriers</i>								
Staff turnover/vacancies	•	•	•	•		•		5
Lack of/poor communication between project & CWS agency staff	•		•		•	•	•	5
CWS caseworker uncooperative/resistant to child’s participation		•		•	•	•		4
High caseloads/workloads of project and/or CWS agency staff		•		•	•	•		4
Philosophical differences between project & CWS agencies and/or the courts		•				•	•	3
Contractual/financial problems of service providers		•				•		2
Lack of project vision/leadership	•		•					2
Resistance from group home/congregate care staff to child’s participation				•		•		2
Bureaucratic impediments, “red tape” at CWS agency	•					•		2
<i>Program Planning/Design Barriers</i>								
Mismatch betw. intended target population & characteristics of referred youth		•	•	•			•	4
Difficulties identifying & recruiting appropriate adoptive/permanent families	•		•				•	3
Need to keep siblings together makes permanent placement harder to find		•						1
<i>Legal Barriers</i>								
Child privacy/confidentiality concerns	•	•						2
Child’s attorney resistant to child’s participation		•						1
<i>Youth/Family Barriers</i>								
Youth ambivalent/resistant to adoption or permanency in general		•		•	•	•		4
Mental health/developmental/behavioral issues of enrolled youth			•	•	•	•		4
Child’s foster parent’s reluctance/resistance to child’s participation						•		1
<i>Logistical Barriers</i>								
Travel/transportation barriers			•			•		2
Scheduling conflicts (e.g., to schedule meetings with youth, service providers)					•	•		2
Placement disruptions/frequent changes in youths’ placement setting						•		1

Interestingly, enrolled children themselves emerged as a significant barrier to the achievement of some projects' goals. Half of the projects reported that some enrolled youth were ambivalent or openly resistant to adoption or other permanency options, a factor that had a dampening effect on the achievement of expected permanency outcomes. In addition, the severe mental health, developmental, or behavioral problems of certain youth made it much more difficult to keep them engaged in a project and on track to exit out-of-home placement.

## **Outcome Evaluation Findings**

As with their process evaluations, the Adoptive Placements grantees differed widely in terms of the scope and level of detail of their outcome evaluations; however at least half or more tracked and reported findings regarding the following core outcomes:

- Youth permanency status;
- Child well-being/functioning; and
- Changes in attitudes and beliefs about permanency among youth, prospective caregivers, child welfare caseworkers, and the courts.

Information in each of these categories is summarized below within the constraints imposed by the disparate ways in which the grantees defined, collected, analyzed, and reported their outcome findings.

### *Youth Permanency Status*

The cross-site analysis of permanency findings proved somewhat challenging because of variations in the definition of “permanency” used by projects in the Adoptive Placements grantee cluster. For example, Arkansas looked exclusively at statewide changes in adoption rates, whereas Georgia considered long-term care with relatives or kin to be a successful permanency outcome. In addition, at least three grantees (California, Massachusetts, Minnesota) employed a broader definition of permanency that encompassed the establishment of informal but meaningful committed relationships with adults who have a significant role in the lives of targeted youth. In turn, these three grantees differed in how these extra-legal informal relationships were conceptualized, with at least one grantee including quasi-formal written contracts such as “Lifelong Commitment Agreements” (California), while the other grantees focused generally on the establishment of positive connections with adults. Despite some differences, it is possible to compile and compare permanency outcomes across the Adoptive Placements grantees using roughly comparable categories. Exhibit 10 on page 22 summarizes permanency outcomes across five of eight grantees, with subcategories combined to estimate rates of both “legal” permanency and “total permanency.” Arkansas and New Jersey are excluded from the table because they did not report permanency findings in a manner that allows for ready comparisons with outcomes from other Adoptive Placements grantees. Georgia is also excluded because it reported permanency outcomes by caregiver rather than child (i.e., the number/proportion of caregivers that established a permanent placement); however some notable findings from that State’s project are described below.

### Exhibit 10 – Permanency Outcomes of Enrolled Children

	CA	CT	MA	ME	MN
<b>Total Enrolled</b>	150	88	92	97	100
<b>Permanency Status</b>					
1. Adoption Finalized	25 (17%)	17 (19%)	1 (1%)	41 (42%)	31 (31%)
2. Adoption Pending	12 (8%)	13 (15%)	0 (0%)	2 (2%)	8 (8%)
3. Guardianship/Legal Custody	11 (7%)	11 (13%)	1 (1%)		0
4. Reunified w/ Birth Parent(s)	15 (10%)	30 (34%)	3 (3%)		0
5. Relative/Kin Foster Care		2 (2%)			0
6. Established Informal Permanent Relationship or Connection	67 (45%)		80 (87%)		21 (21%)
7. In Foster Care or Aged Out w/ No Permanent Arrangement/Relationship	20 (13%)	15 (17%)	7 (8%)	53 (55%)	40 (40%)
<b>Total Legal Permanency Rate (1-4 combined)</b>	<b>63 (42%)</b>	<b>71 (81%)</b>	<b>5 (5%)</b>	<b>43 (44%)</b>	<b>39 (39%)</b>
<b>Total Combined Permanency Rate (1-6 combined)</b>	<b>130 (87%)</b>	<b>73 (83%)</b>	<b>85 (92%)</b>	<b>43 (44%)</b>	<b>60 (60%)</b>

*Legal permanency* is defined in this report as combined exits from placement to reunification with a birth parent, adoption, a pending adoption, and guardianship/legal custody with a relative or non-relative. The *total permanency* rate includes all of these categories plus long-term foster care with a relative or kin caregiver and the establishment of informal but meaningful long-term connections with one or more adults. Using these definitions, Connecticut achieved by far the highest rate of legal permanency at 81 percent of enrolled youth. Legal permanency rates for three grantees (California, Maine, Minnesota) hovered at or slightly higher than 40 percent while reaching no higher than 5 percent of children enrolled in Massachusetts’ project. In Georgia, more caregivers assumed guardianship/legal custody of an enrolled child (17 percent) than in any other project.

Given the original intent of the Adoptive Placements priority area to promote adoption among special needs children, rates of finalized adoptions among the grantees are of particular interest. Maine achieved the highest rate of finalized adoptions at 42 percent of enrolled youth, followed by Minnesota at 31 percent. Minnesota’s finalized adoption rate among enrolled children compares favorably with the finalized adoption rate observed in that State’s comparison group, which reached only 21 percent; when intact pre-adoptive placements are added to these figures, the difference in adoption rates between the experimental and comparison group becomes statistically significant (39 percent vs. 24 percent, respectively). Other projects (California, Connecticut, Massachusetts) generally achieved finalized adoption rates of less than 20 percent. Although it did not target or enroll specific children, Arkansas set an overall project goal of 2,928 finalized adoptions statewide during the five-year course of its project. Despite achieving

only 54 percent of this target at 1,570 finalized adoptions during the project period, Arkansas noted in its final report that adoption rates increased dramatically during its project from an average of 58 finalized adoptions per quarter in State Fiscal Year 2005 to 107 finalized adoptions per quarter in State Fiscal Year 2008.

Using a broader definition of permanency, Massachusetts achieved the highest rate of total permanency at 92 percent of enrolled youth, followed closely by California (87 percent) and Connecticut (83 percent). Almost all of the Massachusetts youth who achieved permanency under this broader definition did so through informal “permanent” arrangements or meaningful connections with one or more adults. Of the 80 Massachusetts youth with informal permanent adult connections, 22 (28 percent) were in the context of foster care settings in which the foster caregivers made a “lifelong connection” to the youth; the State did not indicate whether these were relative placements, non-relative placements, or a combination of both. The total number of caregivers with a permanent placement in Georgia (45 percent) was boosted by the large proportion of relatives and kin (28 percent) that became the long-term foster caregivers of one or more enrolled children.

To some extent, the disparate permanency outcomes noted above reflect the different target populations of the Adoptive Placements grantees. For example, it is not surprising that Connecticut achieved the highest rate of legal permanency (including a reunification rate of 34 percent) given that children enrolled in its project were on average much younger than children enrolled in other projects (<9 years old as opposed to 14-17 years old). Conversely, the low legal permanency rate achieved in Massachusetts (only 5 percent) is likely associated with the older average age of children enrolled in that State’s project (nearly 16 years), many of whom were living in residential treatment settings with sometimes complex developmental and behavioral health care needs. The high adoption rates observed in Maine and Minnesota’s programs are notable given the relatively high average age of their enrolled children (around 14 years); these rates compare favorably with the FFY 2006 national adoption rate from the public child welfare system of only 15 percent among children within this age bracket (HHS, 2008b).

### *Child and Family Well-Being/Functioning*

Adoptive Placements grantees examined such disparate aspects of child and family well-being or functioning that it is difficult to identify one or more constructs that are suitable for cross-site analysis. Three grantees (Maine, Massachusetts, Minnesota) did administer the Child and Adolescent Functional Assessment Scale (CAFAS) to all or a subset of enrolled youth at a minimum of two data collection intervals, which allows for the analysis of a defined range of well-being constructs among a subset of Adoptive Placements grantees. Normed to children between the ages of 7 and 17, the CAFAS measures a child’s degree of impairment in day-to-day functioning as a result emotional, behavioral, psychiatric, or substance abuse problems (Hodges, 2003). The inventory includes eight child subscales, each of which is rated using a four-point scale in which 30 corresponds to severe impairment, 20 to moderate impairment, 10 to mild impairment, and 0 to minimal or no impairment.<sup>18</sup> A total score of between 0 and 240 can also

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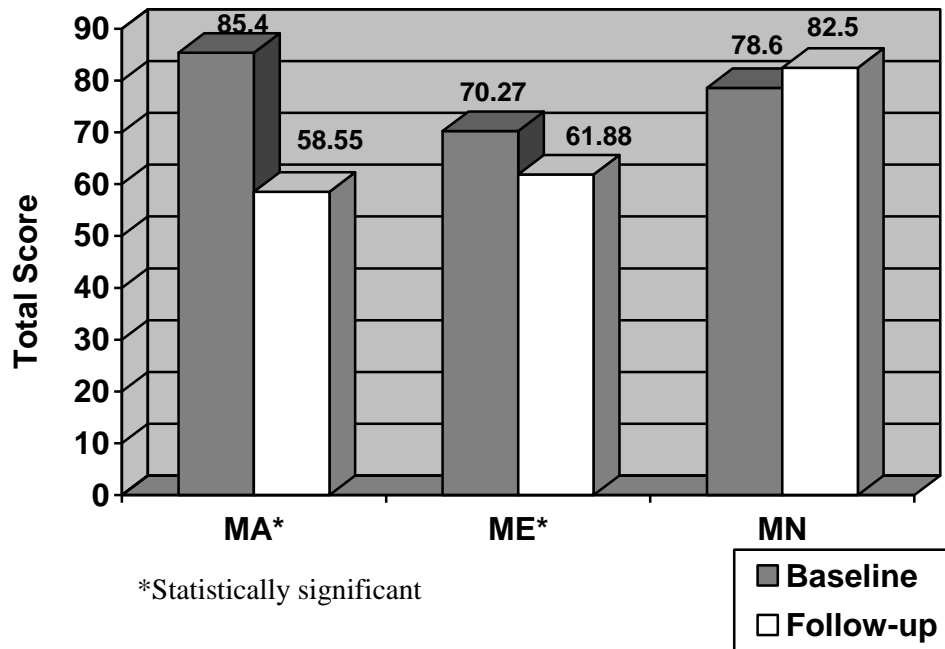
<sup>18</sup> The CAFAS subscales include: (1) Role Performance in School, (2) Role Performance at Home, (3) Role Performance/Behavior in the Community, (4) Thinking, i.e., ability to use rational thought processes, (5) Behavior toward Self, (6) Behavior toward Others (7) Mood/Emotions, and (8) Youth Substance Abuse.



be derived from these subscales, with a higher score indicating a higher level of impairment. Score ranges are in turn associated with recommended levels of clinical or therapeutic service, ranging from no service needs (scores between 0 and 10) to intensive in-patient and supportive care (scores of 140 and higher).

Exhibit 11 illustrates changes in total average CAFAS scores from baseline to an initial follow-up for youth enrolled in the Maine, Massachusetts, and Minnesota projects. Although average total scores remained within the “moderate” range for all youth (which correlates with a clinical recommendation of outpatient mental health care plus additional support services), Massachusetts and Maine both observed statistically significant declines in total scores from baseline to an initial follow-up. Average total scores increased slightly from baseline to follow-up for youth enrolled in Minnesota’s project, but not at statistically significant levels.

**Exhibit 11**  
**Average Change in CAFAS Total Score from Baseline to Follow-up**  
**Among Selected Grantees**



As noted earlier, Adoptive Placements grantees used an assortment of other standardized instruments to measure dimensions of youth and family well-being or functioning that include parenting attitudes and behaviors, youth self-efficacy, parenting stress, family empowerment, and the quality and degree of attachment between children and caregivers. Exhibit 12 on page 26 lists the standardized instruments used by grantees to measure these constructs; the primary intended respondents; intervals between instrument administrations; the overall direction of findings (positive or negative); and whether any observed findings were statistically significant. In general, results from six instruments across four grantees indicate generally positive changes

in child/family functioning or well-being between baseline and one or more follow-up administrations.

Results from the Ohio Scales used in Connecticut were less conclusive, with no clear pattern apparent in the direction of findings over time. Changes recorded using at least two instruments (the AAPI in Connecticut and the Parenting Profile for Developing Attachment in New Jersey) were statistically significant; results from the remaining instruments were either insignificant or significance levels were not indicated in the grantees' final reports. Although not technically a standardized instrument, Minnesota's Survey of Youth in Care is worth noting because it was one of the only Adoptive Placements evaluation tools administered to both an experimental and a comparison group. Results from this locally developed survey revealed statistically significant positive differences in favor of the experimental group (i.e., youth enrolled in the Homecoming Project) in the domains of youths' sense of autonomy/control over their lives and connections with caring adults.

### *Attitudes/Beliefs about Permanency*

In greater or lesser detail, five grantees documented shifts in attitudes and beliefs about permanency among child welfare workers, service providers, judges, potential resource families, and youth themselves. Projects were particularly interested in changes in beliefs regarding the adoptability of older children and youths' own interest in permanency. In general, these grantees observed positive movement in attitudes and beliefs about permanency among all of these populations. Minnesota took the most systematic approach to measuring longitudinal changes in attitudes about adolescent adoption among public and private agency adoption workers by implementing a baseline written survey in 2003, which was preceded by follow-up surveys in 2005 and 2008. Findings from this survey revealed statistically significant positive differences between 2003 and 2008 in workers' responses to several questions regarding their beliefs about youth permanency. For example, in 2008 only 11 percent of workers reported that they believed it was more difficult for teenagers to find placements today than five years ago, compared with 28 percent of workers in 2003; similarly, 98 percent of workers responding in 2008 indicated that they believed most teenagers want to be adopted, compared with only 89 percent of workers responding in 2003.

California's evaluation team implemented an adapted version of Minnesota's survey between 2003 and 2008 and observed similar trends in workers' attitudes about permanency for older youth. In addition, this grantee documented changes in judicial practices and procedures that reflected a greater acceptance of the concept of permanency for older youth among judges and other court workers, particularly in rural Nevada County. Specifically, before the grantee's Destination Family project was launched in Nevada County, older youth could be referred to as "unadoptable" in reports submitted to juvenile court. Due in part to the efforts of Destination Family staff, court procedures in Nevada County were modified to require that every court report stipulate the permanency plan for each youth regardless of his or her age or current placement situation.

**Exhibit 12 - Summary of Child and Family Well-Being Outcomes**

<b>Grantee</b>	<b>Instrument</b>	<b>Primary Respondents</b>	<b>Measurement Interval</b>	<b>Direction of Findings<sup>19</sup></b>	<b>Stat. Sig.</b>
CT	Adult-Adolescent Parenting Inventory (AAPI)	Caregivers enrolled in parent prep. training	Pre-post (before and after completion of training)	+	Y
CT	Ohio Youth Problem, Functioning, & Satisfaction Scales (Ohio Scales)	Caregivers enrolled in project services	Baseline (intake), 6 mos., 12 mos.	Mixed	N
MA	Student Self-Concept Scale (SSCS)	Youth enrolled in the LFC project	Baseline (at intake) and case closure	+	NA
ME	Parenting Stress Index (PSI)	Foster & pre-adoptive caregivers of enrolled children	Baseline (at intake), 6 mos., 12 mos.	+ for parents of children <11; – for parents of children >=11	NA
ME	Family Cohesion & Adaptability Scales (FACES)	Foster & pre-adoptive caregivers of enrolled children	Baseline (intake), 6 mos., 12 mos.	+ (i.e., families remained in the mid-range of healthy family functioning)	NA
ME	Family Empowerment Scale (FES)	Foster & pre-adoptive caregivers of enrolled children	Baseline (intake), 6 mos., 12 mos.	+	N
MN	Survey of Youth in Care	All youth enrolled in the Homecoming Project plus a comparison group of 165 youth	Baseline (intake), 2 years, 3 years	Mixed (+ in favor of the exp. group for the domains of <i>autonomy</i> and <i>connections with caring adults</i> )	Y
NJ	Parenting Profile for Developing Attachment	Prospective adoptive caregivers of enrolled children	Pre-post (interval not specified)	+	Y

<sup>19</sup> A “+” symbol indicates a positive trend, while a “–” symbol signifies a negative trend.

As described by Massachusetts in its final evaluation report, changing the attitudes of CWS agency caseworkers and other service providers about permanency for youth was not always a simple task. Although this grantee reported significant progress in changing the attitudes of CWS staff about teenagers' need for permanency, nearly 40 eligible youth who were referred to the Lifelong Family Connections (LFC) project were discouraged from participating by their CWS caseworkers, which reflected continued resistance to the goals and philosophy of the project among some social workers. Massachusetts documented similar levels of resistance to the project from the staff and directors of residential programs in which some enrolled youth were living. Specifically, some staff disagreed that pursuing permanent connections—especially re-establishing relationships with biological parents and other family members—was in the best interests of youth. This resistance arose in part from the perception that the stress of searching for and establishing these connections would increase the acting-out behaviors of the teenagers in their programs. Consequently, LFC had to allocate considerable time and energy toward building relationships with residential facility staff to persuade them of the value of the LFC philosophy and service model.

While working to change the beliefs of social workers and service providers about youth permanency, some projects also sought to shift the attitudes of prospective resource families regarding the types of children they were willing to bring into their lives. Staff from the Catholic Charities component of New Jersey's project worked intensively with prospective adoptive families to look beyond children with no or very few health, developmental, or behavioral issues to those with a broader range of needs. To document its success in this endeavor, the project's evaluator compared the characteristics of children adopted through Catholic Charities before the implementation of its Lean on Me project with the characteristics of children adopted after the project's implementation. On average, adoptive parents recruited after implementation expressed willingness to adopt children with twice as many negative birth factors (e.g., drug use by biological mothers) than parents recruited before implementation (an average of 3.4 factors per child versus 1.6 per child). Compared with families recruited before the project, adoptive families recruited after project implementation also accepted children with more serious health problems (4 problems versus 3.6 problems) and more serious behavioral issues (4.2 behavior issues versus 2.5 issues). The grantee attributed these differences in part to the intensive work of project staff to shift families' attitudes regarding the desirability and adoptability of certain children.

Finally, some projects worked with enrolled youth themselves to broaden their visions about the permanency outcomes that were possible for them. Staff from California's Destination Family project referred to this process as "unwrapping the no", which involved making youth comfortable with the concept of permanency through strong and meaningful bonds with caring relative and non-relative adults if not always through legal permanent placements. Anecdotal evidence provided by the grantee suggests some progress in expanding enrolled youths' openness to permanent connections. For example, the myth commonly shared by many social workers and other service providers that youth do not want permanent connections was belied by the large number of enrolled youth who availed themselves of intensive people finding services. In fact, many youth identified specific people—including biological family members and other important adults—with whom they wished to reconnect.

For some youth, the quality of an adult relationship may be more important in defining permanency than the biological, legal, or other structural characteristics of that relationship. For example, interview data collected by Maine's evaluation team as part of a supplemental study of older youth in that State's child welfare system suggest that many teenagers do not identify permanency with a specific type of family arrangement, such as placement with legal adoptive caregivers; rather, many appeared to define permanency in terms of how they feel in their relationships with adults. For these youth, feeling safe and knowing that they can make mistakes and still be cared about and accepted by an adult is a significant indicator of that relationship's permanence.

## **Conclusions and Lessons Learned from the Adoptive Placements Grantees**

Between 2003 and 2008, eight State child welfare agencies planned and oversaw the implementation of demonstration projects to promote permanency for children in the foster care system, particularly for older youth and other special needs populations. Although no one intervention or service model was implemented uniformly across all grantees, all eight projects incorporated activities in the general categories of outreach and recruitment, partnership building and collaboration, and pre- and post-permanency support services. Nearly all projects involved some combination of both general and child-specific recruitment activities, including public recruitment events, media-based marketing, intensive people finding, and permanency teams that often involved the direct participation of targeted youth. In addition, at least half of the grantees engaged in targeted recruitment efforts within distinct geographic, ethnic, or religious communities.

All projects incorporated varying types of support services to aid in the establishment and to prevent the disruption of permanent placements, including individual or group therapy/counseling, support groups for youth and caregivers, and recreational activities for children and families. Over half of the grantees used or adapted a standardized curriculum-based adoption/foster care training or education program for prospective resource families or youth.

Actual enrollments generally lagged behind the enrollment levels projected in the grantees' original proposals; however, most projects successfully enrolled those youth who were referred for service, with ratios of referrals to enrollments ranging from 70 to 100 percent. Based on available data, average lengths of enrollment ranged between one and two years. Enrolled children were predominantly non-white and older (between the ages of 14 and 16), while many had diagnosed developmental delays or emotional/behavioral disorders. White, middle-aged married couples represented the typical profile of resource families recruited by most Adoptive Placements grantees, many of whom had prior experience as foster or adoptive parents. In general, both youth and caregivers expressed high levels of satisfaction with project services and activities. Adoptive Placements grantees documented a range of challenges to the effective implementation of their projects, including systemic barriers (e.g., a lack of pre- and post-placement services), organizational barriers (e.g., caseworker resistance, poor communication between CWS and project staff), flaws in program design (e.g., erroneous assumptions about the size and characteristics of the intended target population), and child or family barriers (e.g., youth ambivalence about permanency).

In the face of these challenges, many projects reported positive trends across several key outcomes, most notably permanency and child/family well-being. Half of the projects reported legal permanency rates (reunification, adoption, and guardianship combined) of 40 percent or higher among enrolled children; when the definition of permanency is expanded to include informal permanency arrangements and connections, this rate climbed to well over 50 percent for some projects. Adoption rates observed in Maine and Minnesota's programs are particularly noteworthy given the relatively high average age of their enrolled children, and compare favorably with national adoption rates from public child welfare systems of around 15 percent among children in this age bracket (HHS, 2008b). Using a range of standardized instruments, grantees observed generally positive changes in child/family functioning and well-being over time across multiple domains, including youth behavior and self-efficacy; parenting stress; family cohesion and empowerment; and the quality and degree of attachment between children and caregivers. Finally, a review of information gleaned from surveys, interviews, and anecdotal sources points to positive changes in attitudes and beliefs about permanency (especially for older youth) among child welfare workers, service providers, judges, resource families, and youth themselves.

Stronger and more definitive conclusions regarding the ultimate permanency and well-being outcomes resulting from the Adoptive Placements projects would be possible if more grantees had employed rigorous experimental and quasi-experimental research designs. As noted earlier in this synthesis, only two projects' evaluations (Minnesota and New Jersey) involved the use of some type of comparison group. The fact that Minnesota observed statistically significant differences between its experimental and comparison groups in permanency and certain well-being measures strengthens the validity of its claim of having achieved positive outcomes, and speaks more generally to the importance for all child welfare initiatives of implementing the most rigorous evaluations possible.

The implementation challenges and evaluation findings described in this synthesis reveal important lessons that may prove useful to State child welfare agencies and non-profit human service organizations seeking to implement youth permanency initiatives. Many of these lessons corroborate those learned from earlier permanency projects (HHS, 2005) and may be most salient to future programs that have a special focus on permanency for older and special-needs children.

- *Youth must be actively involved in the permanency planning and decision-making process.* Several projects emphasized the importance of youth participation and buy-in to the permanency planning process. Programs that promote permanency for teenagers will not be successful without the active cooperation and input of youth; by the time they reach middle to late adolescence, youth have achieved a greater degree of autonomy and to some extent can determine whether and on what terms they exit the foster care system. The definition of permanency may also vary from one child to another, which can influence the final form that permanency takes.
- *Explore a variety of potential permanency resources, including those that may have been overlooked or discounted in the past.* Efforts to achieve permanency for children in foster care often focus on recruiting relatives in children's extended families (e.g.,

grandparents, aunts, uncles) or unrelated adoptive families. Findings from some projects suggest that a broader array of permanency resources may be available to children than conventional wisdom or traditional casework practice dictates. When legal permanency is difficult or infeasible to achieve, a wide range of unrelated adults can provide meaningful long-term connections for youth in out-of-home placement.

- *Support services for both children and resource families are critical to the establishment and stability of permanent placements.* Nearly all Adoptive Placements grantees stressed the indispensable role of support services in achieving and maintaining successful permanent placements. It is rarely sufficient to simply find a permanent family for a child; to ensure the viability of the placement, both the child and the family itself often need ongoing medical, financial, mental health, educational, and other ancillary services. Even when caring for higher-functioning children, families may still need ongoing supports and services to maintain a stable placement.
- *Establish realistic permanency goals that are tailored to the characteristics and needs of the target population.* Despite their best efforts, Adoptive Placements grantees were not able to secure legal permanency for all enrolled children; due to their age, mental health status, or developmental needs, adoption or guardianship may simply not be feasible outcomes for some youth. Under these circumstances, Adoptive Placements grantees learned to modulate their expectations for certain children while identifying meaningful alternatives to legal permanency. For example, California found that the establishment of “commitment contracts” between a non-adoptive foster family and a youth could provide a sense of safety and stability and could be as far along the permanency continuum as that youth could go.
- *Permanency takes time.* Even under optimal conditions, permanency rarely happened quickly for enrolled children; for most projects, the process required time, patience, and persistence on the part of youth, prospective resource families, and permanency workers. As Minnesota noted in its final evaluation report, “permanency is not an event or a placement. Permanency efforts require [child welfare] workers to take a long-term perspective on the youth’s life” (Wilder Research Foundation, 2008, p. 11).
- *Communication with and initial buy-in from multiple government and human service organizations is critical to the success of a permanency initiative.* Entrenched organizational, professional, and personal beliefs and biases about permanency presented ongoing challenges to all Adoptive Placements grantees. Under these circumstances, projects learned the importance of early and frequent communication with stakeholders positioned within multiple levels of many different organizations that serve children in out-of-home placement. To maximize buy-in to a project’s goals and permanency philosophy, this communication ideally began before major program activities commenced. However, commitment from players in high-level administrative and managerial positions was not sufficient; front-line workers responsible for most day-to-day decisions regarding youths’ placements and case plans—including CWS workers, private adoption agency staff, residential facility workers, and foster parents—had to be convinced of the importance of youth permanency, especially for older adolescents.

- *Improve bureaucratic processes and procedures through the establishment of clear eligibility guidelines and better case record management systems.* Even when key stakeholders buy into the concept of aggressive permanency planning, a combination of high caseloads, unclear eligibility criteria, overlapping roles between CWS and private human service organizations, and incomplete or disorganized case records may converge to undermine efforts to serve youth effectively. Examples of strategies to address these challenges include the creation of centralized permanency units responsible for assessing cases using standardized eligibility criteria; the reorganization of CWS case records to make information about a child’s family contacts and possible permanency resources easier to find; and inter-agency Memoranda of Understanding that clearly delineate the roles and responsibilities of each partnering agency.
- *Systemic and legal barriers that undercut efforts to achieve youth permanency must be addressed through policy changes and legislation.* Despite significant improvements in interagency communication and casework practices, systemic and legal barriers continue to undercut efforts to improve permanency outcomes for children in many States. Among these barriers are payment structures that reward foster care agencies for keeping children in placement rather than finding them permanent homes. Projects like Destination Family in California found that detailed cost analyses were effective tools in demonstrating to local legislative bodies (e.g., county Boards of Supervisors) the short- and long-term savings that can accrue from enhanced permanency efforts. Positive results from Minnesota’s Homecoming Project played a role in changing that State’s child welfare statutes to bar teenagers from the option of signing an affidavit stating that they do not wish to be adopted; this change in State law leaves open the possibility of adoption and provides youth with more time to carefully consider the full range of permanency options available to them.
- *Consider new discretionary grant priority areas that focus on the development of meaningful long-term adult connections.* Although the primary intent of the 2003 Adoptive Placements Priority Area was to develop innovative strategies that promote the adoption of special-needs children, many grantees documented significant barriers to achieving adoption specifically and legal permanency generally, particularly for older adolescents. However, several grantees described successes with establishing less formal but nonetheless positive long-term relationships between youth and caring relative and non-relative adults. In light of these preliminary findings, the Children’s Bureau may wish to explore funding options for new projects that seek to cultivate meaningful and enduring “extra-legal” connections between adults and older teenagers who are unlikely to be adopted before aging out of the foster care system.



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## **APPENDICES**

**Appendix A – Key Features of Adoptive Placements Program Models**

<b>State and Project Name</b>	<b>Lead Agency</b>	<b>Partnering Agencies</b>	<b>Outreach/ Recruitment Activities</b>	<b>Collaborative Activities/ Partnerships</b>	<b>Support Services for Youth/Caregivers</b>
AR – Arkansas Adoption Coalitions Project	AR Division of Children and Family Services – Adoption Services Unit	12 Adoption Coalitions established throughout the State	<p>Media-based marketing (e.g., newsletters, newspaper articles, TV and radio spots)</p> <p>Presentations to churches, community orgs.</p> <p>Adoption awareness events (e.g., picnics, conferences, luncheons)</p> <p>Heart Galleries</p> <p>Adoption websites</p> <p>The C.A.L.L. (faith-based adoption recruitment program)</p>	<p>Outreach and partnerships with local churches, businesses, CASA programs, and private adoption agencies (nature and intensity of these partnerships varied by coalition)</p>	<p>Socialization activities for adopted children and children awaiting adoption</p>
CA – Destination Family	Sierra Adoption Services	<p>Sacramento Co. Dept. of Health and Human Services</p> <p>Nevada Co. Human Services Dept.</p>	<p>Youth-driven recruitment activities (e.g., youth-produced videos, presentations at foster family orientation meetings)</p> <p>Heart Gallery</p> <p>People finding through case record reviews &amp; consultations with youth &amp; social workers</p> <p>Reports, interviews, and child profiles via newspaper articles and radio spots</p> <p>Presentations at social work professional conferences &amp; meetings</p>	<p>Co-location of Sierra Adoption workers at offices of partnering county agencies</p> <p>Joint recruitment activities with local businesses (e.g., IKEA)</p> <p>Project Steering Committee composed of reps. from partnering agencies</p> <p>Monthly Team Case meetings to review status and progress of each enrolled youth</p>	<p>Support groups for youth and permanent caregivers</p> <p>3-5-7 Model</p> <p><i>Family Bound</i> curriculum for youth, plus an adapted version for permanent caregivers</p> <p>Therapeutic interventions (e.g., caring for abused and neglected animals at a local animal sanctuary)</p>

### Appendix A – Key Features of Adoptive Placements Program Models

State and Project Name	Lead Agency	Partnering Agencies	Outreach/ Recruitment Activities	Collaborative Activities/ Partnerships	Support Services for Youth/Caregivers
CT – Helping to Achieve Permanent Placements for Youth (HAPPY)	Village for Children and Families, Inc.	My People Clinical Services  Capital Region Conference of Churches  Wheeler Clinic	Family conferences and investigative activities to identify non-custodial fathers & other relatives  Public recruitment events/adoption fairs  Recruitment video aired on local TV  <i>PRIDE</i> training curriculum	Project Advisory Council with representatives from schools, churches, clinics, county social service agencies, community orgs.  MOUs with local organizations re: support and recruitment services	Support services for enrolled caregivers (e.g., counseling, home visits, support groups, community resource referrals)  Character/skill-building classes for youth
GA – All Our Kin (AOK)	ROOTS, Inc.	GA Division of Family and Children Services  DFCS Offices in Fulton, DeKalb, & Clayton Counties	Intensive engagement by AOK staff of county DFCS caseworkers to identify potential or existing relative/kin caregivers	Informal but regular contact with staff from DFCS Offices in Fulton, DeKalb, & Clayton Counties	Home evaluations (to obtain eligibility for relative care subsidies)  Payment of one-time expenses (e.g., criminal background checks, furniture & clothing for children)  Post-placement services (e.g., home visits, child care assistance)
ME – Adoptions Created through Relationships (ACTR)	ME Dept. of Health and Human Services	CT Dept. of Children and Families  Casey Family Services  U of So. Maine	Family Group Decision Meetings (ME sites only)  <i>Lifelong Families Ties</i> recruitment model (CT sites only)	Monthly meetings of project partners  Joint decision-making between state CWS staff & contracted service staff regarding service planning, coordination, & delivery	Pre- and post-permanency clinical services (e.g., therapy, general case management for both youth & caregivers)

**Appendix A – Key Features of Adoptive Placements Program Models**

State and Project Name	Lead Agency	Partnering Agencies	Outreach/ Recruitment Activities	Collaborative Activities/ Partnerships	Support Services for Youth/Caregivers
MA – Lifelong Family Connections	Children’s Services of Roxbury/MA Families for Kids (MFFK)	MA Dept. of Children & Families	<p>Community of Care Review – case record mining and conversations w/ youth to identify potential permanency resources</p> <p>Specialized Adolescent Recruitment – intensive efforts to identify permanent connections and placement resources for youth who do not have permanent connections within their own Community of Care network</p> <p><i>Parents as Tender Healers</i> (PATH) permanency training program for adults</p>	Youth Consultation Team – permanency planning team that includes youth, family members, other significant adults, & service providers	<p><i>Family Bound</i> curriculum for youth</p> <p>Speak Out Team (youth mentoring &amp; support group)</p> <p><i>Passages</i> – a written chronicle completed by each youth that describes his/her life experiences &amp; goals</p> <p>Post-placement counseling &amp; therapy</p>
MN – The Homecoming Project: Adult/Youth Partnerships for Permanence	MN Dept. of Human Services	MN Adoption Resource Network	<p>Consultations with enrolled youth to identify adult permanency resources, as well as w/ families interested in teen adoption</p> <p>Training for State &amp; county adoption workers and adults interested in adoption, including a training video on child-specific adoption</p> <p>Case file reviews to identify permanency resources</p> <p>Targeted community presentations &amp; outreach, including a youth panel (<i>Our Voices Matter</i>)</p> <p>Extensive public media outreach, including a National Public Radio documentary</p>	Treatment/Placement Team consisting of Homecoming Project recruitment specialist, county social workers, guardians ad litem, foster caregivers, & service providers	Therapeutic activities (e.g., family trees, personal photo galleries, life books) to prepare youth for permanency & think about possible permanency resources

**Appendix A – Key Features of Adoptive Placements Program Models**

<b>State and Project Name</b>	<b>Lead Agency</b>	<b>Partnering Agencies</b>	<b>Outreach/ Recruitment Activities</b>	<b>Collaborative Activities/ Partnerships</b>	<b>Support Services for Youth/Caregivers</b>
NJ – Lean on Me Adoption Project	Robins’ Nest, Inc.  Catholic Charities of Trenton, NJ	NJ Dept. of Youth and Family Services	<p><u>Catholic Charities:</u></p> <p>Outreach &amp; marketing to local schools and churches to recruit potential adoptive families (e.g., adoption newsletters, speaking engagements)</p> <p>Training sessions for adoptive parents using adapted version of <i>PRIDE</i> curriculum</p> <p><u>Robins’ Nest:</u></p> <p>Less focus on recruitment and more on supporting families that had already made the decision to adopt</p>	Monthly project management meetings with staff from State agency, Robins’ Nest, & Catholic Charities	<p><u>Robin’s Nest:</u></p> <p>In-home counseling &amp; therapy</p> <p>Training sessions for adoptive parents</p> <p>Monthly family support groups</p> <p>Enrichment activities (e.g., family fun nights)</p> <p><u>Catholic Charities:</u></p> <p>Therapy and other support services provided on flexible, as-needed basis</p> <p>Successful adoptive parents mentor new adoptive parents</p>

**Appendix B – Overview of Adoptive Placements Grantees’ Evaluation Designs**

Grantee	Research Design	Process Evaluation		Outcome Evaluation	
		Process Measures	Data Collection Tools/Methods	Outcome Measures	Data Collection Tools/Methods
AR	Descriptive study with time series component (selected statewide outcome measures tracked on a quarterly basis)	<ul style="list-style-type: none"> <li>• #/type of recruitment activities</li> <li>• Implementation barriers and facilitators</li> </ul>	<ul style="list-style-type: none"> <li>• Observations of Adoption Coalition meetings</li> <li>• Content analysis of Adoption Coalition meeting notes</li> <li>• One-time survey of Adoption Coalition meeting attendees</li> </ul>	<ul style="list-style-type: none"> <li>• # of children available for adoption statewide</li> <li>• # of children placed in pre-adoptive homes</li> <li>• # of new pre-adoptive placements</li> <li>• # of finalized adoptions</li> <li>• # of approved resource homes</li> <li>• Time between TPR &amp; adoption finalization</li> </ul>	<ul style="list-style-type: none"> <li>• Administrative data from State SACWIS</li> </ul>
CA	Descriptive study only	<ul style="list-style-type: none"> <li>• # of youth referred</li> <li>• Youth demographics</li> <li>• #/types/duration of services received by youth</li> <li>• #/type of recruitment activities</li> <li>• Implementation barriers, facilitators, &amp; lessons learned</li> </ul>	<ul style="list-style-type: none"> <li>• Staff meeting observations</li> <li>• Content analysis of meeting notes</li> <li>• Surveys of CWS staff, project staff, youth, caregivers</li> <li>• Participant intake &amp; service tracking forms</li> <li>• Focus groups w/ CWS staff, project staff, youth, caregivers</li> </ul>	<ul style="list-style-type: none"> <li>• Permanency status</li> <li>• Existence of other permanent connections/resources</li> <li>• Changes in youth’s attitudes about permanency</li> <li>• Changes in CWS, court, &amp; public attitudes about permanency for teens</li> <li>• Changes in permanency policies at state &amp; county level</li> </ul>	<ul style="list-style-type: none"> <li>• Participant intake and service tracking forms</li> <li>• Focus groups with CWS staff, project staff, youth, and caregivers</li> </ul>
CT	Descriptive study with pre-post test component	<ul style="list-style-type: none"> <li>• # of youth recruited</li> <li>• Youth &amp; caregiver demographics</li> <li>• # of resource families recruited</li> <li>• #/types of services provided</li> <li>• Youth, caregiver, CWS worker satisfaction</li> <li>• Implementation barriers &amp; facilitators</li> </ul>	<ul style="list-style-type: none"> <li>• Surveys of caregivers, youth, CWS staff</li> <li>• Focus groups with CWS workers</li> <li>• CWS case record reviews</li> <li>• Quarterly case activity &amp; service report</li> </ul>	<ul style="list-style-type: none"> <li>• Permanency status</li> <li>• Placement stability</li> <li>• Placement duration</li> <li>• Maltreatment recurrence post-program</li> <li>• Parenting knowledge &amp; attitudes of resource families</li> <li>• Families’ level of preparedness to serve as resource families</li> <li>• Child functioning &amp; well-being</li> </ul>	<ul style="list-style-type: none"> <li>• Adult-Adolescent Parenting Inventory (AAPI)</li> <li>• PRIDE Parent Preparation Survey</li> <li>• Ohio Youth Problem, Functioning, &amp; Satisfaction Scales</li> <li>• CWS agency case summary forms</li> </ul>

### Appendix B – Overview of Adoptive Placements Grantees’ Evaluation Designs

Grantee	Research Design	Process Evaluation		Outcome Evaluation	
		Process Measures	Data Collection Tools/Methods	Outcome Measures	Data Collection Tools/Methods
GA	Descriptive study only	<ul style="list-style-type: none"> <li>• # of caregivers referred and enrolled</li> <li>• # of children enrolled</li> <li>• Caregiver demographics (e.g., relationship to child, age, marital status, income)</li> <li>• #/type/duration of services</li> <li>• Caregiver beliefs/attitudes</li> </ul>	<ul style="list-style-type: none"> <li>• Case record reviews</li> <li>• Monthly family contact service form</li> <li>• Focus groups w/ caregivers</li> <li>• Focus groups w/ AOK staff, county CWS workers, &amp; caregivers</li> <li>• Semi-structured interviews w/ ROOTS Director, AOK staff, and State CWS administrators</li> </ul>	<ul style="list-style-type: none"> <li>• Final permanency &amp; legal status of children placed with relative caregivers</li> <li>• # of families receiving relative care subsidies</li> </ul>	<ul style="list-style-type: none"> <li>• Case record reviews</li> <li>• Telephone surveys of enrolled caregivers</li> </ul>
MA	Time series design (data collected on several measures at regular 6-month intervals)	<ul style="list-style-type: none"> <li>• # of youth referrals</li> <li>• Youth &amp; caregiver demographics</li> <li>• #/type/duration of services</li> <li>• Implementation barriers and facilitators</li> </ul>	<ul style="list-style-type: none"> <li>• Youth intake form</li> <li>• Monthly youth service summary form</li> </ul>	<ul style="list-style-type: none"> <li>• Youth permanency status</li> <li>• Existence of other permanent connections/resources</li> <li>• Youth well-being &amp; functioning (e.g., school enrollment, employment)</li> </ul>	<ul style="list-style-type: none"> <li>• Youth Termination Form (captures placement status, # of connections at case closure)</li> <li>• Child &amp; Adolescent Functional Assessment Scale (CAFAS)</li> <li>• Student Self-Concept Scale (SSCS)</li> <li>• 6-month youth follow-up telephone survey</li> </ul>
ME	Time series design (data collected on several measures at regular 6-month intervals)	<ul style="list-style-type: none"> <li>• # of youth referrals</li> <li>• Youth &amp; caregiver demographics</li> <li>• #/type/duration of services</li> <li>• Youth, caregiver, &amp; caseworker satisfaction</li> <li>• Youth attitudes toward permanency</li> </ul>	<ul style="list-style-type: none"> <li>• Caregiver survey of service usage</li> <li>• Caregiver satisfaction survey</li> <li>• Youth satisfaction/feedback survey</li> <li>• ACTR staff/stakeholder satisfaction survey</li> <li>• Semi-structured interviews w/ youth</li> </ul>	<ul style="list-style-type: none"> <li>• Permanency status</li> <li>• Quality of youth’s home life</li> <li>• Youth well-being &amp; functioning</li> <li>• Caregivers’ parenting knowledge &amp; skills</li> <li>• Overall family functioning &amp; well-being</li> <li>• Families’ sense of empowerment &amp; control over their lives</li> </ul>	<ul style="list-style-type: none"> <li>• Caregiver survey rating quality of home life</li> <li>• CAFAS</li> <li>• Parenting Stress Index (PSI)</li> <li>• Family Cohesion &amp; Adaptability Scales (FACES II)</li> <li>• Family Empowerment Scale (FES)</li> </ul>



**Appendix B – Overview of Adoptive Placements Grantees’ Evaluation Designs**

Grantee	Research Design	Process Evaluation		Outcome Evaluation	
		Process Measures	Data Collection Tools/Methods	Outcome Measures	Data Collection Tools/Methods
MN	<p>Comparison group design</p> <p>(Comparison group comprised of youth who met the same eligibility criteria as project youth but who were not referred)</p>	<ul style="list-style-type: none"> <li>• # of youth referrals</li> <li>• Participant demographics (e.g., age, race, gender, placement history)</li> <li>• #/types of services received by youth</li> <li>• Implementation barriers &amp; facilitators</li> <li>• Youth, caregiver, staff satisfaction &amp; feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Project intake form &amp; database</li> <li>• Services tracking form</li> <li>• Youth, caregiver, &amp; social worker feedback surveys</li> <li>• Interviews w/ project staff</li> </ul>	<ul style="list-style-type: none"> <li>• Permanency status</li> <li>• Youth well-being &amp; functioning</li> <li>• Youths’ level of personal autonomy</li> <li>• Youths’ sense of belonging &amp; connection w/ a caring adult</li> <li>• Youths’ sense of control/power over their futures</li> <li>• Changes in adoption workers’ attitudes towards teen adoption</li> </ul>	<ul style="list-style-type: none"> <li>• Analysis of administrative data in State SACWIS</li> <li>• CAFAS</li> <li>• Baseline &amp; annual follow-up surveys of experimental and comparison youth</li> <li>• Adoption worker survey completed at baseline, Year 2, &amp; project end</li> </ul>
NJ	<p>Comparison group design</p> <p>(Comparison group comprised of prospective adoptive families and their children who met the same eligibility criteria as project families but who were not enrolled in the project)</p>	<ul style="list-style-type: none"> <li>• # of family referrals</li> <li>• Participant demographics (e.g., age, race, gender, presenting problems)</li> <li>• #/types of services provided</li> <li>• Youth, caregiver, staff satisfaction &amp; feedback</li> <li>• Implementation barriers &amp; facilitators</li> <li>• Positive/negative factors that affect the adoption process</li> </ul>	<ul style="list-style-type: none"> <li>• Case record reviews</li> <li>• Administrative data from State SACWIS</li> <li>• Mail surveys of exp. &amp; comp. group families.</li> <li>• Telephone interviews w/ sample of enrolled caregivers</li> <li>• Focus groups w/ project staff</li> <li>• Group telephone interview w/ caregivers</li> <li>• Environmental assessment checklist</li> </ul>	<ul style="list-style-type: none"> <li>• Permanency status</li> <li>• Level of attachment/ bonding between child &amp; adoptive caregivers</li> <li>• Child well-being &amp; functioning</li> <li>• Parenting attitudes &amp; skills</li> </ul>	<ul style="list-style-type: none"> <li>• Administrative data from State SACWIS</li> <li>• Attachment Symptoms Checklist</li> <li>• Child Well-being Scales</li> <li>• Hughes Parenting Profile</li> </ul>