## **Description of Post Adoption/ Guardianship Support Services**

## **Part 1: Financial Support**

#### Subsidies

Families adopting may receive monthly subsidy payments that are equal to the foster care board rate. Families remain eligible until the youth reaches their 18<sup>th</sup> birthday. If, at the age of 18, the youth is enrolled in high school, but has not graduated, the subsidy can be extended to high school graduation or age 19, whichever comes first with confirming documentation. If the youth has physical, mental, or emotional special needs that affect his major life activities the subsidy can be extended to age 21. If a youth was age 16 or older and adopted on/after 7/1/2017, the subsidy is paid until their 21<sup>st</sup> birthday.

#### Medical Care

All youth in care receive health coverage under a Medicaid plan administered by the Department of Healthcare and Family Services (HFS). That arrangement continues after the completion of the adoption as a part of the subsidy.

#### Dental/Orthodontic Services

Dental and orthodontic services are provided by community-based providers that accept Medicaid.

## Medical Assistance When Families Move Out of State

Illinois is a member of the Interstate Compact on Adoption and Medical Assistance (ICMA). Once a family chooses to move out of state, the family will continue to receive the subsidy from Illinois. Information will be forwarded to the receiving state by Department staff to request medical coverage in the new state.

## Durable Medical Equipment

Most durable medical equipment for children entering adoption or guardianship is purchased through HFS are through a prior approval process. Requests for equipment not covered by HFS and processed through the child's regional Post Adoption unit and Clinical Services. The Adoption and Guardianship Unit also provides maintenance and/or replacement services on broken equipment.

## Home Modifications

Many of the children in the Adoption and Guardianship Unit that require durable Medical Equipment also may require home modifications. Post Adoption in conjunction with Clinical Services work with the families to get verification of medical necessity, and with vendors to get bids on all home modifications. Once official approval of a bid has been determined, an authorization is provided to the vendor to complete the required modification.

## Tax Information for Foster and Adoptive Families

Since 2003, families who adopt a child with special needs from foster care can claim a Federal Tax credit. Families can contact their Regional adoption and guardianship unit for information on who to contact regarding the tax credit.

#### **Education and Transition Services**

Youth may apply for one of the 53 DCFS Scholarships that are awarded statewide each year. Youth who were adopted and gone through subsidized guardianship through the Department are also eligible for tuition waivers for public in-state Colleges and/or Universities. School advocacy services are also provided via contracted private agencies. Youth ages 17.5 to 20 may be eligible to receive assistance finding housing, food and clothing; help budgeting, cash for security deposits, beds, utilities, appliances, etc.

## **Part 2: Support and Preservation Services**

There are four DCFS regions statewide. Each region has Adoption and Guardianship units that provide intervention and support to the adoptive families in that region. Once an adoption is finalized, the case is assigned to a Post Adoption/Guardianship worker. A welcome letter is sent to the family upon opening the case providing the name and contact number of the assigned worker. There is also a statewide toll-free number what will connect families to the Adoption/Guardianship Unit in their region and services. There is also the Path Beyond Adoption website, where families can go find information, resources, and support.

- Adoption Guardianship Preservation and Support Services (ASAP): Post adoption and
  post guardianship services continues to be a critical part of the service provision within the
  Post Adoption Unit. Intensive services are often required to stabilize and support adoptive
  families.
  - Statewide adoption and guardianship support and preservation programs have been the cornerstone of the post adoption services offered to these families and this successful model has proven to be an invaluable resource of intervention and stabilization. These services include the following.
    - Comprehensive assessment/Crisis intervention: Preservation staff will respond by phone within 24 hours and make an in-home visit within three days. A therapist will help a family identify their own strengths, complete an assessment and develop a family treatment plan within 30 days of the referral to the program.
    - Clinical services: A therapist will provide clinical services in the family treatment plan.
    - Support groups: Support groups are offered for both parents and youth at times and locations that meet the family's needs.
    - Case management/Advocacy services: A preservation agency will manage the case and services as outlined in the family treatment plan.
    - Children's mental health advocacy services: If a child has significant mental health needs, the program will provide or facilitate services.
    - Cash assistance: If a family participating in the program experiences economic hardships or require specialized services that cannot be obtained through other resources, a cash assistance payment (limited to \$500 per family per fiscal year) may be provided.
    - START stands for: Start early, Trauma-informed, Attachment-focused, Resiliency-building, Therapeutic services. The program modification, made in 2019 at the request of the Department of Children and Family Services, was designed to allow for quick assessment and more immediate services for families that were requesting less intensive and more preventative services. The initial assessment is done at the point of referral to ensure that the client is in need of prevention verses more detailed assessment and treatment planning process is purposely brief but also very broad, in order to capture strengths and areas of development. The START philosophy revolves around the idea of providing support 24/7. Thus, there are 24 areas of foci within 7 Domains to examine during this assessment process. The broad assessment is meant to last just a few sessions to allow for services to begin more quickly. Services that

fall within the START program are not the traditional therapy services, but rather short-term interventions such as biofeedback, Safe and Sound Protocol, Neuro-feedback, psycho-educational or affect regulation programming, trauma-informed parenting approaches such as Trust Based Relational Intervention and Mind-up. Case management is another important piece of START services, as connection to community-based resources assist in developing family resiliency. Families are encouraged to participate in local support groups and respite, as well as any services available within the community. Families who access these services are able to switch into the services as usual whenever a need for more intensive therapy is identified. START services meet all of the same contractual requirements of ASAP and are considered an imbedded program.

The goals of all support and preservation programs are to help families:

- Prevent disruption of placements
- Understand adoption and guardianship and its impact on children
- · Connect current behavior to history
- Help Understand how past trauma can connect and affect to current behaviors
- · Develop tools and skills to assist in parenting their children

To further enhance the progress and efforts made by the adoption and guardianship support and preservation programs, the agency has additional programming supports for adoptive/guardianship families:

• Maintaining Adoption Connections (MAC): The MAC programs provide an additional range of services to post adoption/guardianship families: from crisis intervention, assessment, respite, counseling, support groups, case management and various forms of advocacy. The Department's Maintaining Adoption Connections programs began operation in Cook County and the surrounding areas in FY09 and are have expanded to the Central region of Illinois as of 2019. These programs have been able to meet many service needs that are not covered through the traditional subsidy related services. Stabilization and support services are provided to adoptive and guardianship families through agreed alternative living arrangements. These arrangements were established as these families may not qualify for Preservation Services. They also provide a more comprehensive case management piece.

Post Adoption Transitional Services: During FY14, the Statewide Adoption Council identified a gap in service delivery to older special needs adoptees. Parents were reaching out to post adoption staff asking for assistance in navigating through the adult systems their children would be transitioning into. They were struggling to find open doors to the legal system, (in cases where an adult guardian needed to be named for their child) and the adult financial systems (i.e. social security and public aid). A committee was formed to look at these issues, and recommendations were drawn up to present to the DCFS

Director. This service Is currently being implemented through Greenlight Family Services, previously known as the Center for Law and Social Work. In FY 20, Greenlight Family Services continues to provide adult transition services to families across the state of Illinois.

## • Educational Support for Post Adoption Children

Educational and support services are provided via ASAP Agencies, MAC Agencies and the Greenlight Family Services. While the ASAP and MAC agencies do assist with educational support with cases that are open in their programs, Greenlight Family Services are able to provide educational advocacy for all children adopted through DCFS. This educational advocacy includes, but is not limited to, interacting with the teachers, attending IEP meetings, advocated for services that are not being provided, etc. They can assist parents with educational needs up to the point that legal action is needed. They provide educational advocacy services in Cook, Northern Central, and Southern regions.

## Counseling Individual and Family

Statewide the Department has contracted counselors and therapists that provide in-home and in-office individual and family services. All services are preauthorized at the request of the families by contacting their local regional Adoption and Guardianship Unit. Families are also able to obtain community-based therapy and counseling through the medical card.

## Respite Programs

Respite Services are available through contracted licensed child welfare agencies in Illinois. These services are available to provide some relief to the adoptive families. Respite components may include any or all the following:

Hourly in home

Hourly out of home

Overnight

Specialized camps

The respite care may be regularly scheduled or may be requested on an emergency basis. An initial assessment is completed on the family and child to develop a service plan that offers the appropriate type of respite for that family. Services may be provided up to two years with an extension request after the first year.

#### Day Care

- -Employment Related Daycare: Payments may be made for daycare for children under the age of three years when the adoptive/guardian parent is employed or in a training program which will lead to employment. These services are provided through the DCFS Office of Child Development.
- Therapeutic Daycare: Therapeutic daycare services are available for adoptive/guardianship families of children three years of age and older who cannot be served in a traditional child care setting. This is because of the intensity of the service the youth would require as a result of their physical, mental or emotional disabilities and the need for educational services through a current IEP or a 504 educational plan.

## Older Caregiver Services

The Department provides services through a private contracted agency, Metropolitan Family Services, to caregivers 60 years and older who are raising children they have adopted or have obtained guardianship or who are working

towards these two goals. The goal of the program is to establish a stronger support system that will help older caregivers continue to provide for children in their care. In cases where this is not possible, program staff assists families in making new and more appropriate arrangements that ensure the safety, well-being and permanency of the children. The Older Caregivers Program Services Cook County and surrounding collar counties. These services include full assessments, physical and mental health recommendations, linkage to the Illinois Department on Aging, recommendations to court and other monitoring agencies, short-term resource assessment and support, and back-up planning.

- Arranging Future Care Plans for Youth
  - Post-adoption provides assistance with planning for the adoptive or guardianship child's future in the event something unforeseen occurs with the adoptive/guardianship parents. This service is provided through a contracted private agency- Greenlight Family Services
    - Standby Adoption is a court-approved arrangement that provides for a future adoption of a child, if needed. Standby adoption allows the parent to ask the court to appoint a person or persons as standby adoptive parents. The standby adoptive parent does not take custody of the child until needed and the adoption becomes final. In the meantime, the adoptive parent retains all rights as the parent and custody of the child.
    - Standby Guardianship is a legal arrangement approved by a Judge that provides for the future care of a child, if needed. It allows the parent to appoint someone as legal guardian of his or her child. The standby guardian does not take custody of the child immediately but only at the point when the guardian is no longer able to take care of the child.
    - Short-Term Guardianship is a private legal arrangement between the parent and a person chosen to take care of the child. A short-term guardian is not a permanent arrangement. The person appointed as short-term guardian will only have authority to act as the guardian for up to 365 days.
- Search and Reunion Services
  - The Post Adoption Unit provides search and reunion services statewide through a contracted private agency- Midwest Adoption Center. Adoptees and birth family members whose adoption was handled by DCFS can request search and reunion services at no charge.
- Adoption Registry
  - The Illinois Adoption Registry provides a way for specific individuals involved in an adoption in Illinois to locate other people involved in the adoption. Persons who were adopted or surrendered for adoption, their birth parents, and birth siblings may file consent to exchange information. The Adoption Registry also includes a medical exchange. The medical information exchange questionnaire asks questions about diseases or conditions that medical professionals believe may be inherited or has a genetic link.
- Advocacy Office for Children and Families
   This Unit at DCFS receives and responds to concerns presented to DCFS regarding youth in care and youth that are adopted or under guardianship through the department. The Advocacy staff functions as advocates on behalf of the best interest of the child, providing assistance and seeking resolutions to a problem.

## January 2020- December 31, 2020

Private contracted counseling/ therapy services	751
Therapeutic Daycare	59
Adoption Support and Preservation/MAC services	1585
Respite	393

## **Search and Information Program**

Initiating Clients for Information	134
Relatives who were located	443

## **CISI Program**

Number of Petitioners	407
Number of found relatives	323

## **Backup Care Provider Services**

Adult Guardianship	55
Backup Caregiver	0
Adoption due to death	41
Educational Advocacy Services	19
Juvenile Court Liaison Services	15

#### **Older Caregivers** 20

## **Calls Received Regarding Potential Disruptions**

#### Post Adoption Pilot Program

DCFS has completed the pilot program with the National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG) and received an extension for an additional year. The QIC-AG is a federally funded initiative. Illinois was selected to be one of eight sites to participate in this initiative. QIC-AG is a national project designed to promote permanency, where reunification is no longer a goal, and to improve adoption and guardianship preservation and support. It is built on the premise that child welfare agencies need to provide a continuum of services to increase permanency stability beginning when children first enter the child welfare system and continuing after adoption or guardianship has been finalized. QIC-AG works with selected sites to develop a continuum of services that increase pre- ad post-permanency stability for families, improve children's behavioral health, and advance the well-being of children and families. In Illinois, the intervention selected was, Trauma Affect Regulation: Guide for Education and Therapy (TARGET). The intention was to forestall the escalation of moderate risk with pre and young teens into high risk by enhancing and/or increasing their knowledge, attitudes and skills in regulating their emotions, making better decisions and developing healthy relationships. After having implemented this program with post adoption families, it was found to be helpful for some, but the capacity and cost to continue training staff compared to the amount of successful completions in the post adoption community did not appear to be the most effective and efficient for the Post Adoption and guardianship families. From this project, a new prevention and educational short-term modality was established called START; Start Early, Trauma-informed, Attachment focused, Resiliency-building Therapeutic modality. The START services are provided through Adoption/Subsidized Guardianship Support and Preservation (ASAP) programs. The START programs intends to provide families with short-term services in which they provide tools, support and education that individual families need and can assist with the safety, well-being and long-term permanency of your family. Illinois is also still working with QIC-AG to determine other capacity building activities and prevention promotion tools that will assists families in stability and well-being. DCFS and stakeholders with the support of QIC-AG is developing a thorough manual for the ASAP program and preparing for possible research evaluation of the program and a one hour add on "Caring and Sharing" video for our foster parents 10<sup>th</sup> hour of conversion to Adoptive Parent or Guardian training.

# Disruptions from January 2020-December 202020

Type of placement, including whether the child was a prior youth in care	Did the child enter state custo dy after disru ption	Length of placement prior to disruption	Age of child at time of adoption	Age of child at time of disruption	Reason for disruptio n
10 adoption; 3 guardianshi p/yes	no	8yrs(2 children); 9yrs(4); 11yrs(2); 12yrs(2);13yrs(2); 14yrs; 15yrs; 16yrs(3);17yrs	ukn	unk	13(Death) ; 2( Child protectio n and delinquen cy)
adoption(5); guardianshi p(6) /yes	no	ukn	unk	2-13yrs; 16 yrs;15yrs; 14yrs; 17yrs; 12yrs; 11yrs; 5yrs; 7yrs; 9yrs	Death (8); Child delinquen cy (3)
adoption/ye s	no	8yrs	5yrs	13yrs	Residenti al Placemen t due to harm to family
Adoption/y es	no	14 yrs	3 yrs	17 yrs	Aggressiv e behaviors
Guardianshi p/ukn	yes	5 yrs	10 yrs	15 yrs	Attachme t damaged; Guardiant not willing to engage in therapy and learn the

					trauma-
					sensitive
					and
					attachme
					nt
					building
					parent
					technique
					s
Adoption/y	yes	10 yrs	2 yrs	12 yrs	Critically
es	,		- 1.0		deteriorat
					ed mental
					health
					and
					violent
					behaviors
					after
					adoptive
					mother
					passed
					away and
					adoptive
					father got
					sick with
					cancer.
					Residenti
					al
					placemen
					t with the
					intention
					to return
					home
					after
					treatmen
				10	t
Adoption/y	no	6yrs	6yrs	12yrs	child
es					highly
					suicidal/p
					arent not
					able to
					meet the
					needs
Guardiantsh	unkn	11yrs(palced at 1year old,	3(alsmo	12yrs	behaviors
ip	own/	guardianship in 4/2011	st 4)		
	at the	_			
	time				
	the				
	client				
	J J	<u>l</u>	ı	1	

	place d with biolog ical father				
Adoption/y es	yes	6yrs	8yrs	14yrs	sexual avuse towards younger sibling
Adoption/y es	yes	12yrs	2yrs	14yrs	parental lockout
Adaption/ye s	Unkn own(r eport indica tes: adopt ion dissol ution)	15yrs	0	15yrs	unable to keep the child safe at home
8(Adoption) ;5(Guardian ship);1(CP and Delinquency	no	8.5yrs; 15.5yrs; 16;4yrs and(unknown)		13.5yrs; 17yrs; 16.5yrs; 16.5yrs; 16yrs; 5yrs; 13.5yrs	death(6); incap(1)
Adoption	yes	12 years	5yrs	16yrs	parental illness, no other viable placemen ts
Adoption	no	16 years	4yrs	17yrs	parental illness/de ath, no other viable placemen ts
Adoption	no	15 years	4yrs	16 yrs	parental illness/de ath, no other viable placemen ts

Adoption/y es	no	10yrs	6yrs	16.5yrs	phisical and verbal aggressio n
Subsidized guardianshi p	yes	8 years	5yrs	12yrs	court order vacated
Subsidized guardianshi p	yes	8 years	6yrs	13yrs	court order vacate
Subsidized guardianshi p	yes	8 years	5yrs	12yrs	parent returned to court
Guardianshi p/yes	yes	13yrs		16yrs with a two months old infant son	legal guardian passed away
Adoption/y es	no	8yrs	2yrs	10yrs	behaviors /goal to place in residentia
Adoption/y es	yes	13yrs	2yrs	15yrs	violence and threateni ng the family
Adoption/y es	no	9yrs	5yrs	14yrs	Family stated they "needed a breack from each other
Adoption/y es	yes	9yrs	4yrs	13yrs	run away, stealing from parents
Adoption/y es	no	10yrs	6yrs	16yrs	decided to move with bio sister who was given guardians hip

Adoption/y	no	22months	10 years	12 and 6 months	caregiver
Ī -	110	2211011(115	and 8	12 and 6 months	_
es			months		placed in
			months		a nursing
		22 11		0 14 11	home .
Adoption/y	no	22months	6 years	8 years and 4 months	caregiver
es			and 6		placed in
			months		a nursing
					home
Adoption/y	no	22months	13	35 months	caregiver
es			months		placed in
					a nursing
					home
Adoption/y	no	4 yrs and 2 months	8	4years and 10 months	caregiver
es			months		non-
					complian
					ce with
					Rule 402
					Licensing
					standards
					/ neglect
Adoption/y	yes		12(13)	14yrs	escalated
es	'		, ,	,	behaviors
					/a need
					for
					residentia
					l care
Adoption/y	yes		15yrs	16yrs	sexual
es	, , ,		13,13	10,13	behaviors
					towards a
					cousin
					and a
					sibling/re
					belious
					behaviors
A d = 4: = /-		42/Comp FUD and C Adoution	0	44	
Adoption/y	yes	12(6yrs.FHB and 6 Adoption)	8yrs	14 ysr	aggressiv
es					e
					behaviors
					and
					threats/a
					need for
					hospitaliz
					ation
Guardianshi	yes	4yrs	13yrs	15 ysr	lengthy
p/yes					court
					process

Guardianshi p/yes	yes	almost 3yrs	10yrs	13yrs	guardinat s' sefety
Adoption/y es	yes	adoption 3/31/11	5yrs	14yrs	concerns Residenti al placemen t/hospital
Adoption/y es	yes	15yrs	4yrs	15.5yrs	izations drugs use, juvenile delinquen
Adoption/y es	yes	9yrs	6yrs	15yrs	behaviors (law enforcem nt
Adoption/y es	yes	7yrs	11yrs	16yrs	involved) sexual abuse
Adoption	yes	7yrs	5yrs	12yrs	lock out
Adoption	yes	3yrs6months	8yrs 6month s	12yrs	refusal to return home
Guardianshi p	no	14yrs	3yrs	17yrs	moved out of IL to Florida
Adoption	yes	9yrs	6yrs	15yrs	psychiatri c lock out
Adopted/ye s	no	1yrs	14yrs	15yrs	conflicts with AP; child desire to live with aunt
Adopted/ye s	no	3yrs	10yrs	13yrs	AP unable to care due to a poor physical health
Adoption/y es	no	2yrs	15yrs	17yrs	child placed with a family friend; father not

					able 4:
					able to
					meet
					child's
					needs
Adoption/y	no	8yrs	7yrs	15yrs	child
es					needed a
					higher
					level of
					care
Guardianshi	yes	6+yrs	13yrs	17yrs	Disrespec
p/yes					tful
					behaviors
Guardianshi	yes	6+yrs	12yrs	15yrs	Disrespec
p/yes	-	,		•	tful
,					behaviors
Adoption/y	yes	ukn	slightly	16yrs	Aggressiv
es	,		less	<b>'</b>	e
			than		behaviors
			2yrs old		
Adoption/y	yes	ukn	4yrs	12yrs	safety
es	'		1,10		concern;
					minor
					hospitaliz
					ed
Adoption	unkn	6yrs	5yrs 6	12yrs 6months	physical
Adoption	own	0,13	months	12yrs omonths	aggressio
	00011		months		n/ illegal
					weapon
					possesion
Guardianshi	yes	4yrs	8yrs	12yrs	guardians
p/no	yes	7913	Oyis	12913	concern
рупо					for their
A d a		7	14	14 C magneths	safety
Adoption	yes	7 months	14yrs 6	14 yrs 6 months	adoptive
			months		parent
					allowed
					an
					indicated
					sex
					offender
					to move
					with the
					family
Adoption	yes	almost 2yrs	12yrs	14yrs	behaviors
					and
					parent/ch

					ild conflict
Adoption	yes	almost 3yrs	9yrs	12yrs	child abuse
Adoption	no	8yrs	3yrs	11yrs	Due to client's behaviors according to parent
Adoption/y es	no	1yr	11yrs	12yrs	Th child reported to school about not feeling save at home; AP stated she no longer wanted the child in her home
Adoption/y es	yes	2.5 yrs	12.5yrs	15yrs	lockout; the child showed frequent aggressiv e and unsafe behaviors
Guardianshi p/yes	yes	3 months	12.9yrs	13yrs	Psychiatri c lockout
Adoption/y es	yes	4.6yrs	9.4yrs	14yrs	Child's aggressiv e behaviors ; lockout
Adoption/y es	yes	ukn	11yrs	13yrs	physical fights; parent not wanting them in the house
Adoption/y es	yes	unk	9yrs	11yrs	physical fights;

					parent not wanting them in the house
Adoption/y es	yes	4yrs3months	13yrs	16yrs	per parent- the child wants to live with the bio mom; per child - abuse
Adoption/y es	yes	3yrs	13yrs	2days short of 16yrs	behaviors that present a risk for the other children in the home

## **Intercountry Adoptions/ Private Adoptions**

DCFS does not currently have a system in place that identifies international or private adoptions that disrupts, leading to the youth coming into state care. It is the plan to correct this situation, but it will need further assessment on how.