Department of Human Resources
Social Services Administration
311 West Saratoga Street
Baltimore, Maryland 21201

DATE:	June 3, 2011
POLICY #:	SSA 11-22
TO:	Local Department of Social Services Directors, Assistant Directors, and Out of Home Placement Supervisors
FROM:	Carnitra D. White, Executive Director Social Services Administration
RE:	**Post-Adoption Services Permanency Program** (formerly Post Adoption Services Pilot Program)
PROGRAM AFFECTED:	Out-of- Home Placement Services – Adoption Permanency
ORIGINATION OFFICE:	Child Welfare Practice and Policy
ACTION REQUIRED OF:	All Child Welfare Services Staff
REQUIRED ACTION:	Continuation of the Post Adoption Permanency Program (formerly the Post Adoption Service Pilot Program)
ACTION DUE DATE:	Immediately
CONTACT PERSON:	**Deborah Ramelmeier, Deputy Executive Director** Social Services Administration (410) 767-7506

PURPOSE:
The purpose of the Policy Directive is to report to local departments of social services conversion of the Post Adoption Services Pilot Program to a permanent program that from now on will be known as the Post Adoption Services Permanency Program. The program will essentially function as it did during the pilot phase by providing families access to funds for post adoption services. Changes in the program include allocating funds to individual children instead of family units, increasing the amount of funds allocated to each child, allowing a family to apply on behalf of a given child for the full amount over an extended period, and allowing a family to apply yearly on behalf of a given child. Forms are available in Microsoft Word and are located on the SSA Net in the Forms link in the Out-of-Home Permanency Section.

BACKGROUND:
The Post-Adoption Services Pilot Program was established through legislation initially with the passage of HB 968 during the 2007 session of the General Assembly. The intent of HB 968 was to provide post adoption services in the form of a pilot program to adopted children and their families who might be in crisis in an effort to salvage adoptions in danger of disrupting or dissolving. Eligibility criteria in the Bill required adoptions for children and families be consensual as defined in § 5-338 in the Family Law Article. This requirement proved to be too restrictive. The passage of HB 683 effective July 1, 2009, expanded eligibility to children and their families, whose adoptions involved termination of parental rights as separate actions prior to issuance of adoption orders. Adoptions affected include public agency adoptions, private child placement agency adoptions and independent adoptions. The final report on the Pilot Program was submitted to the state legislature in November 2010. The decision to continue the program on a permanent basis was made in January 2011.

GOALS:
(1) Help prevent return of children adopted through child placement agencies to foster care;
(2) Help prevent initial placement of children in foster care who were adopted through independent action;
(3) Provide funding for services to 71 children.

OUTREACH:
Local departments are to continue to notify families about the availability of support services during the adoption orientation process, recruitment efforts, and during any other opportune time such as the resource family approval process.

FUNDING:
Available funds are limited to the maximum amount established in legislation. Promotion of Safe and Stable Families (PSSF) Adoption Promotion Funds will be used to cover the costs, i.e. $250,000 for each fiscal year. Estimated allocation per child is $3,500. A family may apply for the maximum amount for a given child each fiscal year.

Application for funds may be made for the maximum amount or for a smaller amount, in which case a family may apply again for the balance of the maximum as many times as necessary during a given fiscal year. Twenty percent (20%) of the funds will be dedicated to children and families associated with private child placing agencies and eighty percent (80%) will be

dedicated to children and families associated with public local departments of social services. Funds for a given year must be issued to families by June 30th of each fiscal year.

Periodically, SSA staff will evaluate the distribution of funds. After March 31st of each fiscal year for the duration of the program, SSA staff will conduct a final evaluation of the distribution of funds and reallocate funds if necessary to achieve an equitable distribution.

ELIGIBILITY:
Potential Recipients: Adopted children under 18 years, and their families, experiencing a crisis due to difficulties presented by the children that might jeopardize adoptive placements.

Eligibility Determination Process

Request for Services: A family must request services on behalf of a child from the local department of social services for the county where the family resides. Baltimore City residents must request services from Baltimore City DSS. Families who live in other states must request services from the local department that had responsibility for the child prior to the child's adoption. If a private agency had responsibility for the child living out of state or the child was adopted through independent action in Maryland and lives out of state, the family will be directed to the local department for the county in which the family resided while living in Maryland. If the family never lived in Maryland but adopted a Maryland child in the state of Maryland, the family will be directed to the local department for the county in which the child resided prior to leaving Maryland.

The agencies shall do the following:
(1) Respond to a family's initial request for service within 48 hours;
(2) Within 10 working days:
- Open Service Case in MD CHESSIE with Program Assignment of "Auxillary Services – Post Adoption"
- Obtain a copy of the adoption decree or other proof of the adoption. Note the type of adoption action, i.e. public or private agency, or independent adoption.
- Conduct a needs assessment, using the Post Adoption Permanency Program form, of the needs of the child and family by determining whether the adopted child is in danger of placement in foster care and in need of post adoption support services not available from other sources. Refer to Attachment B for assessment form.
- Include the following documentation in the needs assessment:
  (a) History of presenting problem; resources used by family to resolve problem; results of prior assessments and treatment. Staff should obtain documentation of prior assessments and treatment.
  (b) Child's current medical, mental health, social-emotional, educational status.
  (c) Determine if all other funding resources have been exhausted.
  (d) If it is determined by the local department that the request cannot be approved, the local department will inform the family in writing of the reason for denial within 5 days of the determination.

- Upon determining the adopted child and adoptive family are in need of post-adoption support services, the local department shall:
  (a) Develop with the family a proposed post-adoption services plan that identifies treatment goals and recommended services that are to be included in the Post-Adoption Services form;
  (b) With the family, identify an appropriate vendor (Families may have identified a vendor prior to requesting Post Adoption services funds);
  (c) Submit the plan to the Executive Director or designee of the Social Services Administration (SSA) for approval and funding; and
  (d) Inform the family in writing final approval or denial by SSA once it is given.
  (e) Save all written documentation in the MD CHESSIE File Cabinet, in addition to maintaining a paper record with original documents.

The Executive Director or designee of SSA shall determine whether to give final approval of the service plan and funding and notify the local department in writing of the status of the proposed service plan within 10 days of submission for final approval of the service plan request. If the request is denied at the SSA level, SSA staff must inform the family in writing of the denial once it is given and extend the opportunity for an appeal of the decision. The written SSA decision to deny the request is in addition to the notice from the local department.

PAYMENT FOR SERVICES:
The local department or private agency shall release funds for services. Services may include:

- short term adoption related counseling;
- medical treatment;
- mental health services;
- crisis intervention services; and
- information and referral services.

Funds are to be paid directly to families for services from Promoting Safe and Stable Funds (PSSF) – Adoption Promotion. Local departments are to use the following 01 payment codes:

4140 for adoption services provided prior to finalization; and
4145 for post adoption services.

Payment Procedure

Payment of Post Adoption Services Permanency Program funds is done in MD CHESSIE. Use the following directions to issue payment.

(1) Create a Service case.
(2) Under Primary Program Assignment, select Auxiliary Services and Post Adoption for the Sub-Program Assignment.
(3) Check SSA Approval then do Service Log.

(4) The Service Log must contain the Referred Service identified in the Auxiliary Post Adoption service. Remember to insert the fiscal category code then choose the Service that best describes what the child is receiving.
(5) Establish begin and end dates. Indicate frequency of use.
(6) Complete the purchase authorization form then obtain supervisory approval for purchases under $1000. Purchases $1000 and over require a higher administrative approval.

DOCUMENTATION OF OUTCOMES:
In addition to the documentation provided on the needs assessment form and auxiliary documentation, results of provision of services through program funding must be tracked. The following factors must be addressed in the report:

(1) The number of adopted children and adoptive families served by the Program;
(2) The number of adopted children and adoptive families that made applications for post adoption support services under the Program;
(3) The types of post adoption support services funded by the Program; and
(4) The effectiveness of the post adoption support services provided under this Program.

It is imperative that local department staff report the support services purchased with the program funds and the results of the services rendered. Using the Post Adoption Permanency Program – Outcomes form, local department staff will provide this information on a monthly basis. Refer to Attachment C. A final accounting of expenditures will be submitted to Office of Budget and Management in April of each fiscal year. Other reports will be submitted to the Executive Director of SSA or other administrative entity upon request.

Attachment A

Post Adoption Services Permanency Program
Referral Form

Date of Request _____

Submitted by
Caseworker's Name: _____
Local Department or Private Adoption Child Placing Agency:
_____
Telephone No. and email address: _____
Supervisor: _____
Telephone No. and email address: _____

Adoptive Parents
Name(s):_____
Address and Zip Code: _____
Telephone No.:_____
E-mail Address: _____

Child Needing Service
Name: _____
Date of Birth: _____
School and Grade:
_____
_____

Date of Adoption Finalization and Court that Issued Decree; include type of adoption action, i.e. public agency, private agency or independent:
_____
_____
_____
_____
_____
_____

Amount of Funding Request: _____

DHR/SSA 2049 (5/11)

Post Adoption Services Permanency Program
Referral Form

Reason for Funding Request:

Initial Needs Assessment of Presenting Problems

History of presenting problem. Resources used by family to resolve problem. Results of prior assessments and treatment. Child's current medical, mental health, social-emotional, educational status.

DHR/SSA 2049 (5/11)

Post Adoption Services Permanency Program
Referral Form

Post Adoption Services Plan

Treatment goals, treatment modality, recommended services

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Vendor Selected

Name: _____
Specialization: _____
Address and zip code: _____
Telephone: _____

DHR/SSA 2049 (5/11)

Attachment B

Post Adoption Services Permanency Program
Funds Request Decision Form

Post Adoption Services Permanency Program
Funds Request Decision
For Social Services Administration Use Only

RE: Child_____
Family_____

Decision: Approved: _____ Not Approved: _____

Executive Director's Signature _____

Date: _____

Comments:

Post Adoption Services Permanency Program
Referral Form

INSTRUCTIONS

This form must be completed by the local department of social services for submission to the Executive Director for the Social Services Administration for approval of post adoption services request.

a) Obtain a copy of the adoption petition from the adoptive family requesting support services;
b) Conduct an initial needs assessment of the needs of the child and family;
c) Determine whether the adopted child is in danger of placement in foster care and in need of post adoption support services not available from other sources;
d) Upon determining the adopted child and adoptive family are in need of post-adoption support services:
    a. develop with the family a proposed post-adoption services plan that identifies treatment goals, and recommended services;
    b. select appropriate vendors from providers approved by the local departments;
    c. submit the Post Adoption Services referral form to the Director or designee of the Social Services Administration (SSA) via email for approval and funding.

The Executive Director or designee of SSA shall determine whether to approve the service plan and funding and notify the local department of the status of the proposed service plan within 10 days of the service plan request.

Attachment C

Post Adoption Services Permanency Program-Outcomes

Child and Family (First & Last Names)	Service Provider (Name – Address)	Services Funded (Give specific information on type of service)	Results of Services (Include beginning and ending dates and impact of service)

INSTRUCTIONS FOR USE OF POST ADOPTION SERVICES PERMANENCY PROGRAM OUTCOMES FORM

1. *Child and Family*. Insert first and last name of child and first and last name of parent(s).
2. *Service Provider*. Insert first and last name of provider, name of provider's company if different from name and provider's address.
3. *Services Funded*. Provide information on the actual service provided such as a specific type of counseling, a specific type of educational or medical treatment, etc.
4. *Results of Services*. Describe the impact of service. Include the beginning and end dates.

DHR/SSA 2051 (5/11)