

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

**DATE:** April 30, 2012

**POLICY #** SSA # 12-34

**TO:** Local Departments of Social Services Director  
Assistant Directors, and Out of Home Placement  
Supervisors

**FROM:** Carnitra D. White, Executive Director  
Social Services Administration

**RE:** Post-Adoption Permanency Program Services

**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:** Allocation of Funds for FY 2012

**ACTION DUE DATE:** April 30, 2012

**CONTACT PERSON:** Jill Taylor, Program Manager  
Out of Home Services/Permanency  
Social Services Administration  
(410) 767-7695 or jtaylor3@dhr.state.md.us

**PURPOSE:**

The purpose of this Policy Directive is to report to local departments of social services the allocation of funds for the Post-Adoption Permanency Program for the remainder of SFY 2012. The program function remains the same, i.e. providing families access to funds for post-adoption services. As of this announcement, \$50,000 is available for program expenditures due to a decrease in requests during FY 2011.

**BACKGROUND:**

The Post-Adoption Services Pilot Program was initially established through legislation during the 2007 General Assembly Session with the passage of HB 968. The intent of HB 968 was to provide a pilot for post-adoption services to adopted children and their families in order to salvage adoptions in danger of disrupting or dissolving. The adoptions had to be consensual as defined in § 5-338 in the Family Law Article. 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.

**GOALS:**

- (1) Help prevent the return to foster care of children adopted through child placement agencies;
- (2) Help prevent the initial placement into foster care of children who were adopted through independent action;
- (3) Provide funding for services to 14 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. \$50,000 for this 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 lesser amount. If a lesser amount is issued, a family may apply multiple times during a single fiscal year until the annual maximum amount is issued. At the State level, twenty percent (20%) of the funds available will be targeted to children and families associated with private child placing agencies: eighty percent (80%) of available funds will be targeted to children and families associated with public local departments of social services. Funds for a given fiscal year must be issued to families by June 30<sup>th</sup> of each year.

Periodically, SSA staff will evaluate the distribution of funds. After March 31<sup>st</sup> of each fiscal year, SSA staff will conduct a final evaluation of the distribution of funds and reallocate funds as necessary to achieve an equitable distribution.

**ELIGIBILITY:**

**Potential Recipients:** Adopted children under 18 years of age, 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 jurisdiction in which 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 a 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 agency shall do the following:

- (1) Respond to a family's initial request for service within 48 hours;
- (2) Within 10 working days:
  - 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 to review 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 a copy of the assessment form.
  - Include the following documentation in the needs assessment:
    - (a) History of presenting problem; resources used by the family to resolve the 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, and 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 specified on 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 Social Services Administration's Executive Director or designee for approval and funding.
    - (d) inform the family in writing of the local department approval or denial, and

final approval or denial by SSA once it is given.

The SSA Executive Director or designee 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 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 and extend the opportunity for an appeal of the decision. The written SSA decision to deny the request will be issued 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 charging PCA 4145.

#### **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 (4145) then choose the service that best describes what the child/family 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 \$1,000. Purchases over \$1,000 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 the DHR Office of Budget and Management in April of each fiscal year. Other reports will be submitted to the SSA Executive Director 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: \_\_\_\_\_

**Reason for Funding Request:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Vendor Selected**

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

Specialization: \_\_\_\_\_

Address and zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_



**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 for 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 Social Services Administration's Executive Director or designee via email for approval and funding.

The SSA Executive Director or designee 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.