Evaluation of Adoption Preservation, Advocacy and Linkage (APAL)

& Maintaining Adoption Connections (MAC) Programs: Final Report

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Executive Summary

Evaluation of Adoption Preservation, Advocacy and Linkage (APAL)
& Maintaining Adoption Connections (MAC) Programs: Final Report

Adoption Preservation, Advocacy and Linkage (APAL) is a needs assessment outreach
program implemented by private agencies in and around the Chicago area. The program
is targeted at families with children who exited foster care to subsidized adoptive or
guardianship homes. The Maintaining Adoption Connections (MAC) program is
operated through a different set of private agencies and provides services to the families
identified through the APAL outreach program. This report evaluates the first year of
implementation of the APAL/MAC programs, which is from October 1, 2007 to
September 30, 2008.

Key Findings

This report addresses four research questions to assess the effectiveness of the
APAL/MAC programs, and its key findings are summarized below.

*What did caregivers of children in subsidized adoptive or guardianship homes identify as
the needs for child(ren) in their care?*

- 31% identified at least one need in the area of mental health;
- 23% expressed at least one education- or employment-related need;
- 11% expressed at least one physical health-related need, and
- 31% reported at least one need for other supporting services (i.e. day care/after
  school care, support group, or camp/summer activities)

The findings suggest that a significant number of children who exited foster care into
adoption or guardianship have mental health issues that need to be addressed even
after their discharge into a permanent home. However, the study reports that the
caregivers were not necessarily able to receive the services they had identified and
sought for the child(ren) in their care.

*How much formal assistance do caregivers require in meeting the needs of subsidy class
child(ren) in their care?*

A majority of the caregivers reported being able to handle the child(ren)'s needs on
their own. However, 17% of the caregivers stated that they would need assistance in
getting the services for the child(ren) in their care.

*Do the APAL/MAC programs successfully address the needs of the caregivers and
children in adoptive or guardianship homes?*

The information on referral status is not available for 71% of the caregivers
interviewed by the APAL agencies and referred to the MAC agencies, making it
difficult to evaluate the effectiveness of the programs. In addition, the inconsistency

between the service areas identified by the APAL survey and the APAL/MAC linkage report raises some questions as to the effectiveness of the linkage between the APAL and MAC programs.

Are the APAL/MAC programs effective in maintaining the stability of children's permanent placement in adoptive or guardianship homes?

The study reports that the rupture rate was the lowest among the adoptive or guardianship families who were interviewed by the APAL/MAC agencies. To the contrary, the highest rupture rate was observed for the families who were eligible but not interviewed by the APAL/MAC agencies. This might suggest that the outreach provided by the APAL/MAC agencies was not effective in reaching the families where the placements were most likely to rupture. However, it is unknown whether the differences between these two groups are attributable to the APAL/MAC programs or not.

Summary of Recommendations

Detailed in the report, the summary of our recommendations is as follows:

- Implement a regular self-report process for the families that need assistance; perhaps as part of the annual recertification process for Medicaid services.
- Investigate the needs of the unlocatable caregivers and children in their care; perhaps through a telephone survey.
- Explore other means for reaching out to the families with unmet needs.
- Focus attention on the needs and services that are rarely received when sought, including drug or alcohol services, psychiatric hospitalization, day treatment for psychiatric hospitalization, vision/ophthalmologist, and preservation services.
- Examine how and when families are able to access to services through the DCFS post-adoption or post-guardianship unit.
- Examine what happens to children who return to foster care from an adoptive or guardianship placement.
- Learn about the needs of families outside Cook County. Discovering any differences or similarities is essential to developing a broader understanding of the needs and outcomes of these families.

Evaluation of Adoption Preservation, Advocacy and Linkage (APAL) & Maintaining Adoption Connections (MAC) Programs

Adoption Preservation, Advocacy and Linkage (APAL) is a needs assessment outreach program, funded by the Illinois Department of Children and Family Services (DCFS) and implemented by private agencies in and around the Chicago area. The program is targeted at families with children who exited foster care to subsidized adoptive or guardianship homes. The program has two eligibility criteria: (1) families should care for at least one child who is either 13 or 16 years old (referred as the 'target child'); and (2) they should receive a subsidy payment from DCFS for a subsidized adoptive or guardianship placement. Once eligible families are identified, an outreach worker from one of the three APAL agencies[1] conducts an in-person interview with a primary caregiver of the family, inquiring about the needs of the children living in their care. If the caregiver expresses a need for formal assistance in meeting the needs of the target child(ren) or any other subsidy class child(ren) (defined as former foster children who have exited DCFS care to an adoptive or guardianship home and continue to receive a subsidy payment from DCFS) in their care, the APAL agency refers caregivers to either DCFS' post-adoption and guardianship unit or one of the Maintaining Adoption Connections (MAC) agencies for the requested services.

The present report focuses on the first year of implementation of the APAL/MAC programs, October 1, 2007 – September 30, 2008. Specifically, based on the reports completed by the APAL/MAC agencies, the report addresses the following questions:

- What are the needs of children in subsidized adoptive or guardianship homes?

- How much formal assistance do the caregivers require in meeting the needs of the subsidy class child(ren) in their care?

- Do the APAL/MAC programs successfully address the needs of the caregivers and children in adoptive or guardianship homes?

- Are the APAL/MAC programs effective in maintaining the stability of the children's permanent placement in adoptive or guardianship homes?

It should be noted that the effectiveness of the APAL/MAC programs is being more rigorously evaluated in the *Post-Permanency Study: Round II*. The final report of the *Post-Permanency Study: Round II* is forthcoming.

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[1] The three APAL agencies are Center for Family Services (LAN 47 and 49), Kaleidoscope (Cook North, Cook Central, and LAN 82), and Kids Hope United (Cook South and LAN 82: Note that the agency's name changed to One Hope United in 2010). The LAN designations are based upon the caregivers' most recent address.

Study Design and Sample

For this study, DCFS provided a list of all children in subsidized adoptive or guardianship homes that have an anniversary date[2] within the study period, October 1, 2007 – September 30, 2008. Among these children, target children were designated for the study, who were either 13 or 16 years old at the time of the data extract and whose adoptive or guardianship caregivers were receiving a subsidy payment from DCFS.

DCFS provided both the Children and Family Research Center (the Center) and the three APAL agencies with a list of families that have at least one target child. One of the three APAL agencies then contacted the families to set up an interview around the anniversary date of the target child(ren). If a family had more than one target child, the earlier anniversary date was used in setting up and conducting the interview. During the study period, 3,604 caregivers for 4,034 target children were eligible for the APAL/MAC programs. Additional 4,210 non-target children were cared for by these caregivers, totaling 8,244 children in their care. Table 1 summarizes the study sample by the APAL agency.

Table 1. Study sample

	# of Caregivers	# of Target Children	# of Non-target Children
Center for Family Services	107	118	112
Kaleidoscope	1,718	1,893	1,919
Kids Hope United	1,779	2,023	2,179
Total	3,604	4,034	4,210

Among the 3,604 eligible caregivers, about half were interviewed by the APAL agencies: 1,916 caregivers for 2,161 target children and 2,410 non-target children were interviewed. Table 2 illustrates how the interviews were conducted or why the interviews were not completed.

Table 2. Did an interview take place? -At a caregiver level

	Frequency	Percent
Yes, in person	1,522	42.2
Yes, over the phone	384	10.7
Yes, it is unknown how the interview was conducted	10	.3
Sub-total	**1,916**	**53.2**
No, caregiver refused, stating everything is OK	101	2.8
No, child not in the home	38	1.1
No, case out of APAL agency service area	5	.1
No, caregiver deceased	6	.2
No, caregiver refused, stating (s)he doesn't want to participate	511	14.2

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[2] For children in adoptive homes, the anniversary date is an open date associated with adoption subsidy. If a second adoption occurs for the same child, the most recent open date was used. For children in subsidized guardianship homes, the anniversary date is the date that the children were placed in the guardianship homes. If a second subsidized guardianship (SG) occurs, the date for the first SG was used.

No, unable to make contact with caregiver	984	27.3
No, other	43	1.2
Sub-total	**1,651**	**45.8**
Total	**3,604**	**100.0**

The interviewer, APAL agency staff, asked the caregivers to identify the needs for the target child(ren) or any other subsidy class child(ren) in their care. In addition, the interviewer asked if the caregivers would need assistance in getting the services they had identified for the children in their care (Please note that the interview instrument is included in this report as a part of the appendix). It is important to note that the needs were identified by the caregiver, not by the APAL agency staff. When the caregivers expressed the need for assistance in getting the services for the children in their care, the APAL agency would refer them to the DCFS post-adoption and guardianship unit or one of the Maintaining Adoption Connections (MAC) agencies, including Children's Home and Aid/Family Focus, Jewish Child and Family Services, South Central Community Services, and Healthy Families. Approximately six months after the referrals, the MAC agencies submitted the APAL/MAC linkage report to the Center (please refer to the appendix for a copy of this report) and a referral report to DCFS. The report to the Center contained information on the status of the referrals, service receipt, and service completion.

Findings

In this section we will provide an answer to our research questions, presenting what we have learned about the needs of subsidized adoptive and guardianship homes and the services provided by the APAL/MAC agencies.

What are the needs of children in subsidized adoptive or guardianship homes?

Out of the 1,916 caregivers interviewed, 969 identified the needs for 1,050 target and non-target children in their care. The number of the needs identified for each child ranged from 1 to 14. Table 3 summarizes the types of needs/services the caregivers identified for at least one child in their care: if the caregivers identified the same needs/services for the multiple children, it was counted once.

According to the interviews, mental health is the area where the caregivers expressed the most needs for the children in their care: 31.2% of the caregivers interviewed had identified at least one need in the area of mental health. Specifically, counseling or therapy for child is the most common need identified by the caregivers (25.3%), followed by access to a psychiatrist (10.6%). Psychological evaluation and family counseling/ therapy were also the needs that many caregivers (9.0% and 8.9%, respectively) had identified in the area of mental health.

Approximately a quarter (23.0%) of the caregivers interviewed had expressed at least one need in the area of education/employment. Specifically, 16.5% of the caregivers identified the needs for tutoring and 10.3% for educational advocacy. In the areas of physical health and other supporting services, 11.0% and 20.4% of the caregivers interviewed, respectively, had identified at least one need: 6.4% of the caregivers

expressed the need for orthodontia or other special dental care, 8.7% for day care or after school care, and 7.2% for support group.

Table 3. What are the needs of children in subsidized adoptive or guardianship homes?
         -At a caregiver level

	Frequency	Percent[3]
MENTAL HEALTH		
Counseling/Therapy for Child	484	25.3
Access to a Psychiatrist	203	10.6
Psychological Evaluation	173	9.0
Family Counseling/Therapy	171	8.9
Psychiatric Hospitalization	62	3.2
Residential Treatment	37	1.9
Drug/Alcohol Services	36	1.9
Day Treatment for Psychiatric Hospitalization	18	0.9
PHYSICAL HEALTH		
Orthodontia/Other Special Dental Care	123	6.4
Specialized Medical Care	69	3.6
Speech Therapy	47	2.5
Physical Therapy	20	1.0
Durable Medical Equipment	18	0.9
Occupational Therapy	16	0.8
Vision/Ophthalmologist	2	0.1
EDUCATION/EMPLOYMENT		
Tutoring	317	16.5
Educational Advocacy	198	10.3
Job/Scholarship Information	11	0.6
Tuition	1	0.1
OTHER SUPPORTING SERVICES		
Day Care/After School Care	166	8.7
Support Group	138	7.2
Camp/Summer Activities	108	5.6
Preservation Services	72	3.8
Respite Care	46	2.4
Mentoring	29	1.5
Other	202	10.5

Are the needs of children in subsidized adoptive or guardianship homes met?

To answer this question, the analysis was conducted for each need/service that the caregivers had identified during the interview. For each need/service, we investigated how often the caregivers sought the services, and how often they received them if they had ever sought them. Table 4 summarizes the findings of this analysis.

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[3] The denominator is the number of caregivers interviewed (1,916).

Services that are usually received

For the caregivers who identified the following needs for the child(ren) in their care, and sought these services, they were usually able to receive them (at least 70% of the time): for mental health-related issues, counseling/therapy for a child (70.2%), and access to a psychiatrist (88.0%); for physical health-related issues, specialized medical care (81.5%), durable medical equipment (87.5%), and physical, occupational or speech therapy (88.2%, 84.6%, and 81.6%, respectively). Other services that were usually received included mentoring, and support groups. However, it is noted that few caregivers ever sought mentoring services (11 caregivers), occupational or physical therapy (13 and 17 caregivers, respectively), or durable medical equipment (16 caregivers).

Services that are sometimes received

The caregivers identified the following needs, and were sometimes (between 40% and 70%) able to receive these services: for mental health-related issues, psychological evaluation (49.2%), family counseling/therapy (62.4%), and residential treatment (59.1%); for physical health-related issues, about half (49.0%) of those who sought orthodontia or other specialized dental care were able to receive these services; for education/employment-related concerns, tutoring (61.1%) and educational advocacy (52.1%) were sometimes received when sought. Again, it is noted that a comparatively small proportion of the caregivers who had expressed the needs ever tried to obtain the services in the areas of respite care (17 caregivers) or residential treatment (22 caregivers).

Services that are not likely to be received

Only a small percentage (40% or less) of the caregivers were able to receive the following services when they sought them for the child(ren) in their care. For mental health-related concerns, psychiatric hospitalization (36.7%), drug/alcohol services (37.5%), and day treatment for psychiatric hospitalization (21.4%) were less likely to be received when sought. For physical health-related issues, 50.0% of the caregivers sought vision or other services from an ophthalmologist and none received these services. Again, it is noted that only one caregiver ever sought the services in the area of vision/ophthalmology.

Table 4. How often did caregivers seek and/or receive services? -At a caregiver level

Sought and Usually Received	Sought[4] % (N)	Received[5] % (N)
MENTAL HEALTH		
Access to a Psychiatrist	81.8 (166)	88.0 (146)
Counseling/Therapy for Child	63.0 (305)	70.2 (214)
PHYSICAL HEALTH		

[4] The denominator is the number of the caregivers who identified the needs for the target or non-target child(ren) in their care (969).
[5] The denominator is the number of the caregivers who ever sought each service.

Physical Therapy	85.0 (17)	88.2 (15)
Durable Medical Equipment	88.9 (16)	87.5 (14)
Occupational Therapy	81.3 (13)	84.6 (11)
Speech Therapy	80.9 (38)	81.6 (31)
Specialized Medical Care	94.2 (65)	81.5 (53)
OTHER SUPPORTING SERVICES		
Mentoring	37.9 (11)	100.0 (11)
Support Group	68.1 (94)	71.3 (67)

Sought and Sometimes Received	Sought % (N)	Received % (N)
MENTAL HEALTH		
Family Counseling/Therapy	49.7 (85)	62.4 (53)
Residential Treatment	59.5 (22)	59.1 (13)
Psychological Evaluation	68.2 (118)	49.2 (58)
PHYSICAL HEALTH		
Orthodontia/Other Specialized Dental Care	78.0 (96)	49.0 (47)
EDUCATION/EMPLOYMENT		
Tutoring	60.9 (193)	61.1 (118)
Educational Advocacy	60.1 (119)	52.1 (62)
OTHER SUPPORTING SERVICES		
Day Care/After School Care	82.5 (137)	67.9 (93)
Respite Care	37.0 (17)	47.1 (8)
Camp/Summer Activities	75.0 (81)	46.9 (38)
Other	43.1 (87)	52.9 (46)

Sought and Rarely Received	Sought % (N)	Received % (N)
MENTAL HEALTH		
Drug/Alcohol Services	44.4 (16)	37.5 (6)
Psychiatric Hospitalization	79.0 (49)	36.7 (18)
Day Treatment for Psychiatric Hospitalization	77.8 (14)	21.4 (3)
PHYSICAL HEALTH		
Vision/Ophthalmologist	50.0 (1)	0.0 (0)
OTHER SUPPORTING SERVICES		
Preservation Services	37.5 (27)	37.0 (10)

Note: None of the caregivers interviewed sought services for employment/scholarship information or tuition, therefore these service categories are omitted from the table.

Do caregivers need assistance in meeting children's needs?

During the interview, the caregivers were asked whether they would need assistance in getting the services for the child(ren) in their care, or if they were able to meet the needs of the child(ren) on their own. A majority of the caregivers reported being able to handle the child(ren)'s needs on their own: it is noted that the caregivers with no response were

assumed to be able to handle the child(ren)'s needs on their own since the vast majority of them did not have service-related needs documented. However, a significant proportion of the caregivers responded that they would need assistance in getting the services for the child(ren) in their care: 16.6% of the caregivers interviewed stated that they would need assistance (see Table 5).

Table 5. Do caregivers need assistance in getting services for children in their care?

	Frequency	Percent
Can handle on their own	1,269	35.2
Need assistance	597	16.6
No response	1,738	48.2
Total	**3,604**	**100.0**

In which service area are caregivers most likely to need assistance?

Among the 597 caregivers who responded that they would need assistance in getting the services for the child(ren) in their care, 557 identified specific areas in need during the interview. The findings of this analysis are presented in Table 6. It is noted that the caregivers could identify needs in more than one area. The service areas the caregivers were most likely to need assistance in obtaining were the ones that they had identified most frequently (refer to Table 3) but had experienced difficulty in acquiring (refer to Table 4). For example, 41.0% of the caregivers who had expressed the need for assistance identified counseling/therapy for child as an area in need. From Tables 3 and 4, counseling/therapy for child is an area where 25.3% of the caregivers interviewed expressed need for the child(ren) in their care, but only 66.2% of those who sought these services were able to obtain them. Similarly, tutoring was a commonly identified area in need by the caregivers who had expressed the need for assistance: 24.6% of the caregivers identified tutoring as an area where they would need assistance. From Tables 3 and 4, 16.5% of the caregivers interviewed had responded that the child(ren) in their care needed tutoring services, but only slightly over a half (53.4%) of those who had ever tried to obtain these services were able to receive them.

Table 6. In which service area do caregivers need assistance? –At a caregiver level

	Frequency	Percent[6]
MENTAL HEALTH		
Counseling/Therapy for Child	245	41.0
Family Counseling/Therapy	119	19.9
Psychological Evaluation	68	11.4
Access to a Psychiatrist	54	9.0
Drug/Alcohol Services	22	3.7
Residential Treatment	20	3.4
Psychiatric Hospitalization	15	2.5

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[6] The denominator is the number of the caregivers (597) who responded that they would need assistance in getting the services for the child(ren) in their care.

Day Treatment for Psychiatric Hospitalization	3	0.5
PHYSICAL HEALTH		
Orthodontia/Other Special Dental Care	35	5.9
Specialized Medical Care	14	2.3
Speech Therapy	14	2.3
Durable Medical Equipment	8	1.3
Occupational Therapy	6	1.0
Physical Therapy	4	0.7
Vision/Ophthalmologist	0	0.0
EDUCATION/JOB		
Tutoring	147	24.6
Educational Advocacy	108	18.1
Job/Scholarship Information	21	3.5
Tuition	0	0.0
OTHER SUPPORTING SERVICES		
Preservation Services	71	11.9
Support Group	47	7.9
Camp/Summer Activities	40	6.7
Respite Care	38	6.4
Mentoring	29	4.9
Day care/After School Care	22	3.7
Other	238	39.9

Did the MAC program provide timely assistance for caregivers in obtaining services?

To answer this question, the study investigated whether the caregivers were referred for the services where they had expressed the need for assistance. In addition, the study identified specific service areas that were likely to be accepted if the referral was made.

Were caregivers referred for services that they had expressed need for assistance?

The APAL/MAC linkage report was completed for the 481 caregivers out of the 557 caregivers who had reported wanting assistance in meeting the needs of the child(ren) in their care. Table 7 summarizes the status of referrals that were made for these 481 caregivers. At the time that the APAL/MAC linkage report was completed by the MAC agencies, which was due approximately six months after the initial interview by the APAL agencies, referral status was unknown or unavailable for almost three quarters of the caregivers (70.9%). The referral was accepted for about a quarter of the caregivers (23.5%), and the referral was still on the waiting list for one caregiver. It is noted that 2.5% of the caregivers were reported to have refused services even though they had initially expressed the need for assistance in obtaining the services.

Table 7. Referral status -At a caregiver level

	Frequency	Percent
Accepted	115	23.9
Waitlisted	1	.2
Not accepted - Referred elsewhere	2	.4
Not Accepted - Out of service Area	2	.4
Not Accepted - No contact	5	1.0
Not Accepted - Client refused service	12	2.5
Not Accepted - Other	3	.6
Missing	341	70.9
Total	**481**	**100.0**

The APAL/MAC linkage report also contained information on case status for those cases whose referral was accepted (see Table 8). Among the 115 cases whose referral was accepted, 66 cases (57.4%) still remained open at the time the report was completed, and 49 cases (42.6%) were closed. The reasons for case closure were examined for the 49 cases that were closed: 8 cases (16.3%) were closed because the service needs of the caregivers and their child(ren) were successfully met; 24 cases (49.0%) were closed due to the caregivers' non-compliance with the services or their refusal of the services; 6 cases (12.2%) were closed because they were referred elsewhere for the services they had expressed the need for assistance.

Table 8. Case status -At a caregiver level

	Frequency	Percent
Open	66	57.4
Closed	49	42.6
Total	**115**	**100.0**

Services that were likely to be accepted when referral was made

The study investigated what services were likely to be accepted when referral was made: it looked into the specific service areas for the 115 cases whose referral was accepted. Table 9 summarizes the findings of this analysis. It is noted that the caregivers could identify needs in more than one area. Among the services whose referral was accepted, counseling/therapy for child was the most frequent one: for 68 caregivers (59.1%), counseling/therapy for child was referred and accepted. However, it is noted that the number of the caregivers who had their referral accepted was comparatively small, considering the number of the caregivers who had expressed the need for assistance in this service area (245 caregivers responded that they would need assistance in obtaining counseling/therapy for child: see Table 6). Mentoring and tutoring were also identified as service areas whose referral was likely to be accepted: for 37 caregivers (32.2%), mentoring was referred and accepted.

Additional analysis was conducted, which investigated the status of the cases whose referral was accepted: in this analysis, a case might be counted multiple times if it was referred for more than one service. Among the 68 cases whose referral for counseling/therapy for child was accepted, 40 cases still remained open at the time the APAL/MAC linkage report was completed. 22 cases and 18 cases, respectively, were also open for mentoring and tutoring services. When the study examined the reasons for case closure, 24 cases whose referral for counseling/therapy for child had been accepted were closed due to the reasons other than the needs being successfully met. Similarly, 14 cases in the area of mentoring and 11 in tutoring were closed due to the reasons other than the needs being successfully met.

Table 9. Services that were likely to be accepted when referral was made
-At a caregiver level

	Frequency	Percent
MENTAL HEALTH		
Counseling/Therapy for Child	68	59.1
Family Counseling/Therapy	17	14.8
Psychological Evaluation	1	0.9
Drug/Alcohol Services	1	0.9
EDUCATION/JOB		
Tutoring	30	26.1
Educational Advocacy	14	12.2
Job/Scholarship Information	2	1.7
OTHER SUPPORTING SERVICES		
Respite Care	4	3.5
Mentoring	37	32.2
Day care/After School Care	3	2.6
Camp/Summer Activities	3	2.6
Support Group	3	2.6
Preservation Services	1	0.9
Other	25	21.7

It should be mentioned that the service areas that were identified in the APAL/MAC linkage report are not always consistent with the service areas that were indicated in the APAL survey. For example, according to the APAL/MAC linkage report, counseling/therapy for child was referred and accepted for a given caregiver. However, there is no indication in the APAL survey that the same caregiver expressed the need for assistance in this service area. Considering this inconsistency between the APAL survey and the APAL/MAC linkage report, it can be argued that the effectiveness of the APAL/MAC programs in addressing the needs of the children in subsidized adoptive or guardianship homes is not accurately known.

Are the APAL/MAC programs effective in maintaining stability of children in adoptive or guardianship homes?

To understand the impact of the APAL/MAC programs on the stability of children in subsidized adoptive or guardianship placements, a sample of children assigned to the APAL/MAC programs were compared to a group of children who did not receive the APAL/MAC services: the two groups were compared in their post-permanency stability rates. In this section we will discuss the findings of this comparison.

Sample selection

The sample for this analysis was selected using the sampling frame for the *Post-Permanency Study: Round II*. Please refer to the *Round II* report for the details of its sampling frame.

APAL/MAC group: children in this group were target children (aged 13 or 16) assigned to the APAL/MAC program. When there were multiple target children in one household, one child was randomly selected using a computer-generated number. The final sample size for the APAL/MAC group is 1,980.

Comparison group: children in this group were aged between 12 and 17, excluding those who were 13 or 16 years old. In other words, this group of children were 12 or 14 years old, as a comparison to those of age 13 in the APAL/MAC group, and 15 or 17 years old, as a comparison to those of age 16 in the APAL/MAC group. Among these children, we selected children who were in the same geographic areas (LANS) as the APAL/MAC group in order to make the two groups comparable with respect to their neighborhoods: this resulted in the sample of 2,574 children for the comparison group. As a final step, one child was randomly selected per household, which made the final sample of 2,178 children for the comparison group.

Administrative data from DCFS was used to ascertain the number of children whose permanent placement ruptured since the APAL/MAC programs. Of the caregivers for the 1,980 children in the APAL/MAC group, 556 (28%) were interviewed and provided consent to link their interview data to DCFS administrative data; 320 (16%) were interviewed but did not provide consent to link their data; and 1,104 (56%) were not interviewed by the APAL/MAC agencies.

In this study the permanent placement is considered to be ruptured if the record from the administrative data indicates that the child has re-entered foster care or the child's adoptive or guardianship subsidy payment has stopped for an unknown reason prior to her/his 18th birthday. As shown in Table 10, the rate of rupture was lowest among the families where an APAL interview took place, and highest among the families who were assigned to the APAL/MAC group but were not interviewed by the APAL agencies. This might suggest that the APAL/MAC programs were not able to reach those families who were most at risk for rupture.

Table 10. Rupture rate for children in subsidized adoptive or guardianship homes
         - Since the inception of the APAL/MAC programs

	APAL/MAC Group		Comparison Group	Total
	Interviewed	**Not Interviewed**		
# of Children	556	1,104	2,178	3,838
# of Children ruptured (Rupture rate)	15 (2.7%)	53 (4.7%)	73 (3.4%)	140 (3.7%)

Who were the children whose placements had ruptured?

Among the 3,838 children who were included in this analysis, 2,709 were in adoptive homes and 95 (2.5%) of them experienced the rupture of their permanent placements. The remaining 1,129 children were in subsidized guardianship homes and 45 (1.2%) of these placements ruptured. The total of the 140 ruptures observed can be broken down into two categories: children who re-entered foster care (31%) and children whose subsidy payment stopped prior to their 18th birthday for unknown reasons (69%).

Discussion

In this section we will discuss the above findings and their implications. Specifically, the needs of the children and caregivers in adoptive or guardianship homes, and the effectiveness of the APAL/MAC programs in addressing these needs will be discussed.

A significant number of subsidized adoptive or guardianship homes were not contacted

This study reports that the APAL interview was completed for about a half of the eligible caregivers. This makes the findings of the study difficult to generalize to subsidized adoptive or guardianship homes in Illinois and therefore, the findings of the study should be interpreted with caution. In addition, the preliminary analysis of the *Post-Permanency Study: Round II* data showed that the families who were least likely to be contacted by the APAL/MAC agencies were among the neediest families, whom the research team for the *Post-Permanency Study: Round II* study was able to interview. Finally, rupture rates were highest among the families assigned to the APAL/MAC programs but never interviewed. This might suggest that the outreach provided by the APAL/MAC agencies was not effective in reaching the families where the placements were most likely to rupture. Given the low completion rates of the APAL interviews, it may be that the needs identified in this study are an undercount of the actual needs of adoptive or guardianship families.

When the reasons for uncompleted interviews were investigated, it was found that the APAL agencies were not able to locate or contact 27.3% of the eligible caregivers. Considering that subsidy payments were continuing to be made for these caregivers, it is of concern that the APAL agencies could not make contact with them. The APAL agencies may not have been able to locate or contact the caregivers because they did not have updated information on the eligible caregivers and the child(ren) in their care (DCFS provided one set of contact information to the

APAL agencies at the beginning of the year, and did not update the list throughout the year). Another possible explanation is that the caregivers were not available during the daytime or the weekdays when the APAL agencies typically made attempts to contact them. It will be important to investigate the needs of these unlocatable caregivers and children in their care, and to examine whether their needs are different from those reported in this study in any significant ways.

Caregivers expressed the most needs in the area of mental health
   - Caregivers' experience in obtaining the services in need varied

In this study, 969 caregivers identified the needs for 1,050 children in their care, including both target and non-target children. The most common needs the caregivers identified for the child(ren) in their care are in the area of mental health: 31.2% of the caregivers expressed that their child(ren) had needs in the area of mental health. Specifically, 25.3% of the caregivers identified the needs for counseling/therapy for child, and 10.6% expressed the needs for access to a psychiatrist. This implies that a significant number of children who exited foster care into adoption or guardianship have mental health issues that need to be addressed even after their discharge into a permanent home. However, the study reports that the caregivers were not necessarily able to receive the services their children had needed. While the majority of the caregivers sought and received the services of access to a psychiatrist (88.0%) and counseling/therapy for child (70.2%), a comparatively small percentage of the caregivers who sought the following services actually received them: family counseling/therapy (62.4%), residential treatment (59.1%), psychological evaluations (49.2%), drug/alcohol services (37.5%), and psychiatric hospitalization (36.7%). Finally, there are specific mental health-related services that, while not often needed (three percent or fewer), were rarely received when the caregivers sought these services: day treatment for psychiatric hospitalization (77.8% sought and 21.4% received).

Education/employment is another area where the caregivers commonly expressed the needs for the child(ren) in their care: 23.0% of the caregivers identified the needs for their child(ren) in the area of education/employment. Specifically, 16.5% of the caregivers identified the needs for tutoring, and 10.3% responded that their child(ren) needed educational advocacy services. These findings suggest that a large number of adopted or guardianship children would need additional support for their educational success. For both tutoring and educational advocacy services, approximately 60% of the caregivers (60.9% and 60.1%, respectively) ever tried to obtain the services, but only about a half of them were able to receive the actual services (61.1% and 52.1%, respectively).

While the proportion of the caregivers who expressed the needs in the area of physical health was only 11.0%, overall, the caregivers were more likely to seek and receive the services in this area. For example, 94.2% of the caregivers ever tried to obtain specialized medical care services for the child(ren) in their care, and 81.5% of them were able to receive the services. However, the services for orthodontia or other specialized dental care (6.4% of the caregivers expressed the need in this area) were notable exceptions. Over three-quarters of the caregivers who had expressed the need for these services sought them out (78.0%), yet less than half (49.0%) were able to receive the services.

While the APAL survey included the question that inquires why the caregivers were not able to obtain the services, very few caregivers responded to this question. Future study should investigate why the caregivers' experiences vary in their efforts to obtain the services, their actual receipt of the services in need, and their assessment of how helpful the services were. In relation to this issue, it is noted that a significant number of the caregivers were not aware whether a given service is included in their subsidy agreement or not. In a focus group with child welfare agency staff who were associated with a previous post-permanency study, the respondents suggested that periodic DCFS-initiated follow-up with caregivers would assist in addressing this issue. As children reach different developmental milestones and their needs change, their caregivers may need to be reminded of the services available through the DCFS post-adoption or post-guardianship unit and other community providers or they may need an updated assessment of their children's needs.

A majority of caregivers were able to handle children's needs on their own

When the caregivers were asked whether they would need assistance in getting the services for the child(ren) in their care, a majority appeared to be able to handle the children's needs on their own. However, 16.6% of the caregivers responded that they would need assistance in getting the services for their children. Again, it is noted that this percentage should be interpreted with caution, considering the comparatively low completion rate of the APAL survey. Among the caregivers who had responded that they would need assistance, 51.1% expressed the need for assistance in obtaining the services in the area of mental health, and 40.8% in the area of education/employment. Specifically, 44.0% of the caregivers responded that they would need assistance in getting counseling/therapy services for their children, and 26.4% in obtaining tutoring services. It is noted that the areas where the caregivers would need assistance are quite consistent with those where they had frequently identified the needs for the child(ren) in their care and had experienced some difficulty in obtaining.

For the caregivers who expressed the need for assistance, it is unknown how the unmet needs of their children affect the stability and other qualities of the current permanent living arrangements. It is also unknown what challenges these caregivers experience in the process of obtaining the services their children need. Future research should investigate these issues to promote the stability and well-being of children in adoptive or guardianship homes.

Effectiveness of the MAC program is difficult to evaluate

To date, the MAC data is available only for the 481 caregivers among the 557 who identified specific service needs. Furthermore, the information on referral status is not available for 70.9% of these 481 caregivers. As a result, it is very difficult to evaluate how effectively the MAC program addressed the needs the caregivers had expressed in obtaining the services for their children. In addition, the inconsistency between the service areas identified by the APAL survey and the APAL/MAC linkage report raises a question on whether the APAL agencies and the MAC agencies were communicating well with each other. Further investigation is needed to examine how the APAL/MAC programs are implemented, and why there is inconsistency between the needs the caregivers identified in the APAL survey and the APAL/MAC linkage report.

Effectiveness of the APAL/MAC programs warrants further investigation

The study reports that the rupture rate was lowest among the adoptive or guardianship families who were eligible for the APAL/MAC programs and interviewed by the APAL/MAC agencies. To the contrary, the highest rupture rate was observed for the adoptive or guardianship families who were eligible for the APAL/MAC programs but not interviewed by the APAL/MAC agencies. It is unknown whether the differences between these two groups were attributable to the APAL/MAC programs or not.

In addition, the study finds that among the 140 children who had experienced the rupture of their permanent living arrangements, 31% re-entered foster care. For the remaining 69% of these children, no information is available on what has happened to them after the rupture of their adoptive or guardianship homes. Further investigation is needed to understand why a subsidy payment was stopped for these children before their 18th birthday and what happened to them once the subsidy payment was discontinued.

Summary of Recommendations

Based on the findings of this study, we recommend the following:

- Implement a regular self-report process for the families that need assistance in obtaining post-permanency services: this could be implemented as a part of the annual recertification process for Medicaid services.
- Investigate the needs of unlocatable caregivers and children in their care in order to determine whether their needs are different from those reported in the APAL survey in any significant ways. This could be implemented through a telephone survey as was done for the *Post-Permanency Study: Round II* study.
- Explore other means for reaching out to the families with unmet needs (17% of the caregivers/families interviewed), perhaps through support groups or regular meetings across the state that could help to build support among the families who need assistance with the children whom they adopted or assumed guardianship for.
- Focus attention on the needs and services that are rarely received when sought, such as drug or alcohol services, psychiatric hospitalization, day treatment for psychiatric hospitalization, vision/ophthalmologist, and preservation services to consider how these needs can be better met.
- Examine how and when families are able to access services through the DCFS post-adoption or post-guardianship unit. Some of the services that caregivers reported as needing and not being able to receive should be accessible through this unit.
- For children who return to foster care from an adoptive or guardianship placement, profile what happened to better understand the population of children and families that need additional services and outreach.
- Learn about the needs of families outside Cook County. Because this study focused on families in Cook County, families outside of this area may profile differently or may have a different set of needs. Discovering any differences or similarities is essential to developing a broader understanding of the needs and outcomes of these families.

Appendix

This appendix includes the interview instrument the APAL workers used when they sought information from the caregivers about the needs of the child(ren) in their care (TABLE A: A-PAL SERVICES ASSESSMENT), and the form submitted by the MAC agencies to report the outcomes of their service delivery (APAL/MAC Linkage Report).

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A-PAL AGENCY:_____   **TABLE A: A-PAL SERVICES ASSESSMENT**   **A-PAL WORKER:**_____

CAREGIVER ID:_____   **CHILD ID:**_____

CAREGIVER NAME:_____   **CHILD NAME:**_____ **CURRENT AGE:** _____

INSTRUCTIONS: ASK ONLY FOR TARGET CHILDREN. *(Note: This assessment of the needs of this child is to be asked of the caregiver.)* I'd like to ask you some questions about the services that [NAME] currently needs or you need to better serve [NAME] best. I will read to you a list of services that adopted and guardianship families sometimes use, and I will ask a series of questions about each service. After going through the list, you will be able to tell me about any service needs your family has that were not covered in the list (*If the child is not in the home complete A1-A6.*)

A1. Is [NAME] currently in the home? YES NO	IF YES, GO TO A7, IF NO, ANSWER A2 – A6 ONLY & DOCUMENT ON TABLE B	A2. How long has [NAME] been absent from your home? _____ (# of weeks)	A3. Did you agree to this arrangement? YES NO
A4. With whom is [NAME] currently living?(relationship)		A5. Is there an expectation that [NAME] will return to this home? YES NO	A6. If Yes, when? (approximate date (MM/DD/YY))

SERVICE NAME	A7. Did [NAME] need the following services anytime within the past year? YES....... 1 NO .... 2 IF NO, GO TO NEXT SERVICE ON LIST	A8. Is this service included in your [ADOPTION/ GUARDIAN-SHIP] agreement? YES ...... 1 NO .... 2 DK 8	A9. Have you tried to obtain this service? YES...... 1 IF YES CONTINUE TO A10 NO........ 2 IF NO GO TO NEXT SERVICE ON LIST	A10. Who did you contact to obtain this service? (CODE ALL THAT APPLY) DCFS Post-adoption/ guardianship unit/worker.........................01 Other DCFS staff (SPECIFY)........02 Adoption Information Center of IL..03 Adoption Preservation Services.....04 Contacted agency or provider directly.................................05 Other adoptive parents..............06 Family friend...........................07 Family member.........................08 School..................................22 Other, SPECIFY.......................09	A11. Is the child currently getting this service ? YES....... 1 NO .... 2 IF NO, GO TO A16	A12. What is the name of the agency providing the service?	A13. Who pays for this service? (CODE ALL THAT APPLY) Medical card........1 Private insurance..2 DCFS adoption Agreement........3 Self-pay.............4 Free service........8 Other, SPECIFY...5	A14. In total, about how much have you paid out of pocket for this service during the past year? Nothing .... 01 Less than $100 .... 02 $101 - $200.................... 03 $201 - $300.................... 04 $301 - $500.................... 05 $501 - $1,000................. 06 $1,001 - $2,000.............. 07 $2,001 - $5,000.............. 08 Over $5,000................... 09	A15. How helpful is this service? Would you say… Very helpful........1 Somewhat helpful....2 Not helpful...........3 Harmful…….......4 To early to determine.............5 GO TO NEXT SERVICE ON LIST	A16. Why didn't your child obtain this service? (CODE ALL THAT APPLY) No provider in area ....1 Provider doesn't accept medical card.......................................2 Waiting list ....3 Transportation issue ....4 Inability to pay ....5 Not included in subsidy ....6 Didn't try to get it.............................7 Other (SPECIFY) ....8 GO TO NEXT SERVICE
a. Respite care										
b. Day care/after school care										
c. Counseling/therapy for AA/SG children										
d. Family counseling/ therapy										
e. Residential treatment										
f. Psychological evaluation										
g. Access to a psychiatrist										

SERVICE NAME	A7. Did [NAME] need the following services anytime within the past year? YES....... 1 NO .... 2 IF NO, GO TO NEXT SERVICE ON LIST	A8. Is this service included in your [ADOPTION/ GUARDIAN-SHIP] agreement? YES ...... 1 NO .... 2 DK 8	A9. Have you tried to obtain this service? YES....... 1 IF YES CONTINUE TO A10 NO........ 2 IF NO GO TO NEXT SERVICE ON LIST	A10. Who did you contact to obtain this service? (CODE ALL THAT APPLY) DCFS Post-adoption/ guardianship unit/worker…………………………….01 Other DCFS staff (SPECIFY)….......02 Adoption Information Center of IL..03 Adoption Preservation Services…..04 Contacted agency or provider directly………………………………05 Other adoptive parents……….…...06 Family friend…………………….…...07 Family member……………..……...08 School……………………………….22 Other, SPECIFY……………..……..09	A11. Is the child currently getting this service ? YES....... 1 NO .... 2 IF NO, GO TO A16	A12. What is the name of the agency providing the service?	A13. Who pays for this service? (CODE ALL THAT APPLY) Medical card….…..1 Private insurance..2 DCFS adoption Agreement……..3 Self-pay……….…4 Free service……...8 Other, SPECIFY…5	A14. In total, about how much have you paid out of pocket for this service during the past year? Nothing .... 01 Less than $100 .... 02 $101 - $200..................... 03 $201 - $300.................... 04 $301 - $500.................... 05 $501 - $1,000................. 06 $1,001 - $2,000.............. 07 $2,001 - $5,000.............. 08 Over $5,000 09	A15. How helpful is this service? Would you say… Very helpful…....1 Somewhat helpful….2 Not helpful...........3 Harmful……....…4 To early to determine…..….5 GO TO NEXT SERVICE ON LIST	A16. Why didn't your child obtain this service? (CODE ALL THAT APPLY) No provider in area ....1 Provider doesn't accept medical card..2 Waiting list ....3 Transportation issue ....4 Inability to pay.................................5 Not included in subsidy ....6 Didn't try to get it.............................7 Other (SPECIFY) ....8 GO TO NEXT SERVICE
h. Educational advocacy										
i. Tutoring										
j. Support Group										
k. Preservation Services										
l. Psychiatric hospitalization										
m. Day treatment for psychiatric hosp.										
n. Drug/Alcohol services										
o. Speech therapy										
p. Physical therapy										
q. Occupational therapy										

SERVICE NAME	A7. Did [NAME] need the following services anytime within the past year? YES....... 1 NO .... 2 IF NO, GO TO NEXT SERVICE ON LIST	A8. Is this service included in your [ADOPTION/ GUARDIAN-SHIP] agreement? YES ...... 1 NO .... 2 DK 8	A9. Have you tried to obtain this service? YES....... 1 IF YES CONTINUE TO A10 NO........ 2 IF NO GO TO NEXT SERVICE ON LIST	A10. Who did you contact to obtain this service? (CODE ALL THAT APPLY) DCFS Post-adoption/ guardianship unit/worker……………………………01 Other DCFS staff (SPECIFY)……...02 Adoption Information Center of IL..03 Adoption Preservation Services…..04 Contacted agency or provider directly………………………………05 Other adoptive parents…………..…06 Family friend……………………...07 Family member……………...…..08 School……………………………22 Other, SPECIFY……………..……..09	A11. Is the child currently getting this service ? YES....... 1 NO .... 2 IF NO, GO TO A16	A12. What is the name of the agency providing the service?	A13. Who pays for this service? (CODE ALL THAT APPLY) Medical card……..1 Private insurance..2 DCFS adoption Agreement……..3 Self-pay…………..4 Free service………8 Other, SPECIFY…5	A14. In total, about how much have you paid out of pocket for this service during the past year? Nothing .... 01 Less than $100 .... 02 $101 - $200.................... 03 $201 - $300................... 04 $301 - $500................... 05 $501 - $1,000................. 06 $1,001 - $2,000.............. 07 $2,001 - $5,000.............. 08 Over $5,000 09	A15. How helpful is this service? Would you say… Very helpful.…....1 Somewhat helpful....2 Not helpful..........3 Harmful…….....4 To early to determine……….5 GO TO NEXT SERVICE ON LIST	A16. Why didn't your child obtain this service? (CODE ALL THAT APPLY) No provider in area ....1 Provider doesn't accept medical card...2 Waiting list ....3 Transportation issue ....4 Inability to pay..................................5 Not included in subsidy ....6 Didn't try to get it ....7 Other (SPECIFY) ....8 GO TO NEXT SERVICE
r. Specialized medical care										
s. Orthodontia and other special dental needs										
t. Durable medical equipment										
u. Home modification for child's special needs										
v. Camp										
w. Other:										
y. Pregnant/Parenting Svcs										
z. Mentoring										

A17. Are you able to handle the needs of [NAME] on your own or do you want our assistance with referrals? a. On my own b. Need assistance | IF NO ASSISTANCE NEEDED, ASSESSMENT IS DONE. IF ASSISTANCE IS NEEDED, COMPLETE TABLE B.

A18. Are there other subsidized adoptive or guardianship children living with you for whom you'd like our assistance with referrals? YES   NO | IF YES, ASSISTANCE IS NEEDED, DO FAMILY ASSESSMENT AND COMPLETE TABLE C.

A19. (*To be answered by the assessor.*) This table was completed: A. In person   B. Over the phone   C. After meeting with the caregiver | A.20. Did you see the target child? YES NO

APAL/MAC
Linkage Report
Date___/___/___

Instructions: To be completed six months after receipt of referral for family. Completed form should be sent to Rolock/Cohen, 150 N. Wacker Suite 2120, Chicago, Illinois, 60606. **Please send form on the last day of the month in which it is completed.**

I. Family Information
Caregiver
Name_____

Caregiver Provider ID Number
_____

Caregiver DOB_____

Table 1: AA/SG Children Referred for Service

Child's Name	DOB	Child ID	Sex (m or f)
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
Child 6			
Child 7			
Child 8			

II. Case Summary Information
Agency Name_____
Date of Referral_____
Referral Source_____

    a. Kaleidoscope, b. KHU, c. Center for Family Services, d. DCFS Post-Adoption

III. Referral Status Information
Referral Status_____

a. accepted, b. waitlisted, c. not accepted/referred elsewhere, d. not accepted/sent to DCFS, e. not accepted/out of service area, f. not accepted/no contact, g. not accepted/client refused service, h. not accepted/other (specify)

IV. Case Status Information (complete only if referral was accepted)
Current Case Status_____
a. open, b. closed, c. pending intake
If closed, Date of Case Closure_____
If closed, Termination reason: _____
a. service needs met, b. moved out of service area, c. non-compliance, d. other (specify in space above)

V. Service Provision (Complete one table for each aa/sg child listed in table 1 on page1. Account for all services requested in the referral as well as any additional services that are being provided to the child)

Child's name_____   Child ID_____

A. Service	B. Provider Children's Home and Aid/Family Focus……………………..........…01 Jewish Child and Family Services...………...……….....02 Healthy Families………………..03 South Central Community Services…………......…………04 DCFS Post Unit / Family Matters…………………....……05 DCFS Post Unit / Deceased Caregiver Program…………..…………..06 DCFS Post Unit / Older Caregiver Program……………………......07 DCFS Post Unit / Subsidy Issues………………………..08 Preservation Services (Catholic Charities)………………………..09 Preservation Services (MFS). ..10 Community Linkage (specify below)…………..………...........11 No Provider……..……… …….12 (go to E) Other(SPECIFY IN SPACE BELOW) …………………..……………13	C. Start Date	D. End Date	E. No Provider No provider in area.................... 1 Provider doesn't accept medical card .... 2 Waiting list................................. 3 Transportation issue................. 4 Inability to pay .... 5 Not eligible for service………… 6 Researching availability/eligibility……..……..7 No service to meet need……… 8 Didn't try to get it .... 9 Other (SPECIFY IN SPACE BELOW) 10
a. Respite care				
b. Day care/after school care				
c. Counseling/therapy for AA/SG children				
d. Family counseling/ therapy				
e. Residential treatment				
f. Psychological evaluation				
g. Access to a psychiatrist				
h. Educational advocacy				
i. Tutoring				
j. Support Group				

A. Service	B. Provider	C. Start Date	D. End Date	E. No Provider
	Children's Home and Aid/Family Focus……………………...........…01 Jewish Child and Family Services...………....……….....02 Healthy Families………………..03 South Central Community Services…………....……………04 DCFS Post Unit / Family Matters……………….....……05 DCFS Post Unit / Deceased Caregiver Program………….…………….06 DCFS Post Unit / Older Caregiver Program………….…………....07 DCFS Post Unit / Subsidy Issues……………….……...08 Preservation Services (Catholic Charities)……….……………..09 Preservation Services (MFS). ..10 Community Linkage (specify below)……….…..……..........11 No Provider……..………. …….12 (go to E) Other(SPECIFY IN SPACE BELOW) ……………….……..…………13			No provider in area....................1 Provider doesn't accept medical card ....2 Waiting list.................................3 Transportation issue..................4 Inability to pay ....5 Not eligible for service…………6 Researching availability/eligibility……...……..7 No service to meet need……… 8 Didn't try to get it ....9 Other (SPECIFY IN SPACE BELOW) 10
k. Preservation Services				
l. Psychiatric hospitalization				
m. Day treatment for psychiatric hosp.				
n. Drug/Alcohol services				
o. Speech therapy				
p. Physical therapy				
q. Occupational therapy				
r. Specialized medical care				
s. Orthodontia and other special dental needs				
t. Durable medical equipment				
u. Home modification for child's special needs				
v. Camp				
w. Other:				
y. Pregnant and Parenting Services				
z. Mentoring				