

Presentation for CASAs: Roles and Timelines for Adoption

This presentation is intended to answer a few of the questions posed by CASAs regarding the roles of the different DCFS social workers and the roles of the CASA as they relate to a child whose alternative permanent plan is adoption.

1. **How and when a CSW from the Adoption and Permanency Resources Division or APRD comes into a case?**
 - a. The APRD Children's Social Worker, (CSW) can come into the child's case at **any juncture**, even before there's a "case". A pregnant woman/girl may approach DCFS stating that she does not want to keep her baby once it's born. At that juncture DCFS can help her with adoptive planning and eventual relinquishment after the child's birth but more information must be known as to her motives, resources and her history. Lack of resources should not be the sole reason to relinquish a child for adoption.
 - b. In a "Fast Track" or a Safe Surrender case, the APRD CSW is brought in right away as permanency through adoption is the goal from the start. Fast Track is an option provided to the court where they may deem it not to be in the child's best interests to offer reunification with the birth family due to the birth family's prior history. Safely Surrendered babies are, by default, fast tracked as there are no parents to whom to offer reunification services. Safe surrender was put into place as a legal option to provide a safe "abandonment" with qualified professional who could care for the child as opposed to leaving the child in an unsafe place or infanticide.
 - c. At the point of the **initial Teaming Meeting** with the family, the APRD CSW may be brought in as ancillary to provide information on permanency options. If there have been other children with whom the parent(s) have failed to reunify, and those children have been adopted out, the family may ask the APRD CSW to find out if the same family or families that adopted the siblings might be interested in adopting this child and keeping the siblings together. The APRD could assist with relinquishment at this juncture to either the designated family/ies or a waiting approved family. The APRD CSW may be assigned to assess identified family members abilities to be approved as adoptive parents at this juncture as well.
 - d. Once a case has been **open for 6 months**, policy dictates that a Concurrent Planning Assessment or CPA must have been conducted to identify an alternative plan to permanency should the efforts at reunification prove unsuccessful. The CPA initiates a temporary assignment of the APRD CSW for that assessment function. At any juncture where it would appear that efforts at reunification will not prove successful, a CPA may be requested.
 - e. If the **alternative permanent plan** for a child is **Adoption**, and DCFS sees that the **likelihood for reunification is dwindling**, the alternative plan of adoption may be activated and an APRD CSW assigned to proceed with adoptive planning. The roles vary if the child is to be adopted by the current care giver or if a prospective adoptive family needs to be sought. A tertiary APRD CSW assignment may occur at this juncture with assignment to the Placement and

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Recruitment Unit or PRU. These specialized APRD CSWs actively recruit within and outside DCFS for families that will meet the needs of our children.

2. How do the APRD CSW and Continuing Services CSW work together – what are their roles? When and if a permanent plan of adoption is ordered, do those roles shift?

All children and youth who come into the Child Welfare system have a social worker whose role is to help the family stabilize so that they can leave the system. Home with birth family is the ultimate permanent plan. There are many different names used interchangeably for this social worker's role, some are "regional", "back end", "generic", "treatment" and "continuing services". For this presentation we'll use the title of Continuing Services (CS) CSW for that role. The CS social worker helps the family identify areas of strength as well as areas in need of expansion and shoring-up and then attempts to help the family find ways to utilize their inherent strengths and other resources to improve and stabilize.

The role of the CS CSW may sound simple but it is actually quite complex in keeping the child's safety and wellbeing at the fore while trying to help those that endanger those very things. It is a great challenge to keep both of those in mind and simultaneously evaluate the parent(s) progress toward change and what is in the child's best interests. Fortunately they don't have to carry all that weight alone and have supervisors and other staff with whom to consult to help keep it all in perspective.

Due in part to PL 96-272, set in place in 1980 to address children languishing in foster care, there is a mandate to the length of time a family may receive reunification efforts and a set timeframe to review the child's case and case plan. At minimum, every 6 months, concurrent planning efforts should be included in the court report to look at the permanency needs of the child. The assessment is initiated by the CS CSW and completed by the APRD CSW. Together these social workers look at the likelihood of reunification and, if that doesn't happen, what permanency options are available to meet the child's permanency needs.

While it is sometimes hard to accept, there are times when home with parent(s) is not the best option. Sometimes the family can see that, many times they aren't able. That's when the work gets even more complex; how to help the child and parents adjust to the reality that reunification is not likely going to happen. Here the roles diverge. While the CS worker may help the family in their last efforts to shore-up to show the court that they believe they have what it takes to provide a stable home for their child(ren), the APRD CSW works with the child and any willing parents to grapple with the trauma of impending loss and ambivalence surrounding of not being able to go home and looking to another family for love and support.

Sometimes the child is being adopted by the current caregiver who is often a relative or Non-Related Extended Family Member, (NREFM) or affective kin. Over 50% of our children are placed with relatives. Most of the time that situation is a bit easier in that, while the legal relationships may change as the result of TPR and Adoption, the familial affinity often does not. If the current caregiver is the foster parent, that family is to be already approved for

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adoption. Under the contracts held with DCFS by Foster Family Agencies, or FFAs, modified a few years ago to mimic our own internal process and support concurrent planning and timely permanence, all families who want to provide care for children are studied in the same manner regardless if their intention is to foster or adopt. But, in any event, if the current caregiver is to be the adoptive parent and does not yet have a completed home study or family assessment, that role can be performed by the APRD CSW. The word "can" is used here as the family always has the choice to select the agency that they would like to perform the assessment.

The CS CSW, the APRD CSW and the Dependency Investigator (DI) all write the 366.26 Selection and Implementation of a Permanent Plan report. The role of the DI is to ensure that the legal freeing is done to the letter of the law while the APRD CSW writes on the issues surrounding adoption and permanency. The rest of the report, covering the child's current status, health and overall functioning as well as the birth parents efforts to comply with the case plan, is completed by the CS CSW.

3. What goes into a home study or family assessment?

People often think that they need to have a lot of money or a big home to be considered for the care of children. But really all one needs is to be relatively healthy, not have committed any serious legal offenses and have enough space for a child in their home and heart. Assess the ability to meet the safety and well being needs of children.

The Continuum of Care Reform. CCR, entails the implementation of RFA – Resource Family Approval. While LA County DCFS has been using a Universal Assessment where all potential caregivers become Resource Families, those approved for foster care and adoption, our relative caregivers were not part of this process. Under CCR's RFA, relatives too will be brought into the universal, up-front assessment. RFA will be addressed in more detail a little later on.

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Here is an overview of the current Resource Family Assessment process:

- a. **Education classes** about the foster care and adoption process as well as edification about the children we have in care and their special needs. DCFS currently uses the PS-MAPP or “Permanency and Safety Model Approach to Partnerships in Parenting” training curriculum. It is currently 36 hours and all done in a classroom setting with trainers – some of whom will be the APRD CSWs assigned to write up the family assessment. (Not currently required for relative caregivers)
- b. **Face-to-face contacts** – these are to interview the applicant(s) and others living in the home and understand their dynamic as well as assist in the completion of forms and questionnaires. There are two aspects to the **Psycho-social assessment** – one of them is a questionnaire that is administered in person. There is also an **assessment of the grounds of the home** itself to ensure that there are no obvious hazards.
- c. **Obtain documentation** – the family members **marital history** is needed to ensure we don’t run into any legal snafus with spouses. We need a **medical history** on all adults in the home to get a clear medical picture and all adults in the home are required to show proof that they are free of communicable TB. **Verification of income** is also needed to show that the family can support itself.
- d. **Clearances** – all adults in the home, as are those who will have frequent access to a child placed in the home, are subject to criminal clearances. There’s also a Child Abuse Index check and a review for prior involvement with the Child Welfare system. Youth over 14 may be subject to a Juvenile Automated Index or JAI check as well.
- e. **References** – to get other’s perspectives of the applicants.

CCR’s RFA and its possible changes to our assessment process

LACO DCFS has been doing our own version of “RFA” Resource Family “Assessment” for the last 15 years; applicants who wanted to provide care for children on either a temporary (foster) basis or permanent (adoption) basis being assessed universally for both outcomes so that they can be a “resource” to the child for whatever the child needed. It was found that many foster parents were not meeting the adoption standard when they wanted to adopt their foster children so LA County DCFS decided to make a universal process to ensure that we were looking at all potential caregivers through the same thorough lens.

CCR’s RFA, Resource Family “Approval” was piloted by 5 much smaller counties (not hard since we are one of the largest in the nation). Their goal was the universal assessment but also, to ensure relative caregivers were being examined via the same lens as well. This is a change for LA County as relative caregivers have not been in our universal assessment process; they weren’t required to be foster parents. Relatives and NREFMs underwent an Adoptions and Safe Families Act, or ASFA assessment brought about by PL 105-89 which said basically, if we’re asking them to perform the role of foster parents and paying them to be foster parents, we need to make sure they’re

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meeting the same safety standards as foster parents. But relatives and NREFMS didn't become foster parents and they weren't licensed but were found to meet similar safety standards in order to care for their kin. The difference was seen as being that resource families came to DCFS asking to care for our children, whereas DCFS went to relatives asking them to step up and provide care for their own. There will no longer be a distinction under CCR's RFA. RFA eliminates duplication between ASFA and adoption study and CCL licensing and DCFS approval of foster parents. Only one user friendly process for all. We will also be moving to a shorter (20 hour) pre-approval training curriculum and will only require one criminal clearance.

Another change with CCR's RFA is that those approved Resource Families who wish to remain open and available to take in future placements of children must obtain annual training and will be subject to annual reassessments. Our Resource Families who were universally assessed under DCFS's current RFA have not been subject to annual reassessment. Annual training and reassessment was the standard for foster care only however now it will be universal.

LA County is scheduled to implement CCR's RFA in January of 2017 and is busily at work plotting our processes and learning from others who have already implemented – why reinvent the wheel. But much of our plan is still in development.

4. **What are the timelines for TPR, appeals to TPR, filing with the state, adoptive placement, AAP, post placement supervision and finalization?**
 - a. A family may be offered up to **18 months of FR** and that decision lies with the hearing officer. If the family is doing well with their reunification efforts at their maximum 12 month mark but need a little more time, 6 more months may be requested and ordered. In the case of severe abuse of the child or prior siblings, the court may order that the parent or parents not be offered any reunification services from initial detention. In this case the search for a permanent family would be the first choice of placement and the focus there after would be toward the 366.26 hearing. At the hearing where DCFS is requesting the alternative permanent plan be put into place, they request a 366.26 Permanent Plan Implementation hearing.
 - b. If the **alternative permanent plan** is adoption, and all legal mandates to **terminate parental rights** have been met, the court will likely free the child from any and all persons with legal right to his/her as a parent. Once this occurs the court issues a minute order with specific language that the child is now legally free. When the APRD CSW receives that minute order and verifies that all the language within is in accordance with that which was requested, s/he initiates the rest of the forms necessary to send to the state so that it can acknowledge the freeing. If the minute orders do not reflect the necessary information, counsel is enlisted to assist in obtaining a corrected minute order. Often times the court indicates a timeframe on the minute orders in which it would like the acknowledgement to be filed and the adoptive placement to occur. DCFS tries to comply with these orders when possible and deemed in the child's best interests.

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- c. Birth parents who feel that they have not received all their due rights to reunification may **appeal** the Termination of Parental rights. A birth parent has 70 days from the date the Findings and Orders are mailed by the court clerk to file an appeal. DCFS must inform the prospective adoptive parents of any pending appeals so that they can make an informed decision about adoptive placement prior to the resolution of the appeal. An overturn of the TPR would result in the need to undo the adoptive placement and revert to a foster placement as adoption cannot happen with a child whose parental rights have not been terminated.
- d. If the state agrees that all the forms and minute orders filed are in order, an **Acknowledgement of Freeing** is issued. If the state indicates that the freeing paperwork submitted is lacking in any way, those areas are indicated on the same form with a request that they be corrected and resubmitted. In general, the acknowledgement is often received within one month of filing.
- e. Once the Acknowledgement is received by the APRD CSW, s/he can go ahead and schedule adoptive placement. While awaiting receipt of the acknowledgement, the APRD CSW has likely been very busy copying the entire file of medical, dental, scholastic and mental health documents. All identifying information about anyone other than the child is redacted from those documents which will be given to the adopting family at the **adoptive placement**. The child's birth last name is redacted as well. All known non-identifying information about the birth parents will also be presented to the adoptive parents at that time unless they are related to the adoptive parents. Redaction is not required for relative adoptions.
- f. In addition to preparing all the documentation to present to the adopting family, the **Adoption Assistance Program (AAP)** benefit amount must be negotiated with the adoptive family as well. Some of what goes into that negotiation is dependent on the child's needs identified in the copied documents mentioned above. AAP is another outgrowth of PL 96-272 mentioned earlier. In addressing children languishing in foster care, it was noted that children with "special needs" would not be as readily adopted as others. In order to help level the playing field, as it were, AAP benefits vary by the age of the child and the extent of his/her special needs. There's no means test for AAP as it's based on the child's needs.
- g. Another thing that occurs at the adoptive placement is the initiation of the **Amended Birth Certificate** to reflect the new parents and any change to the child's name. This will be processed as part of the finalization of the adoption. The VS44s are sent to the state to get the amended BCs
- h. After adoptive placement, the regulations require a period of **Post Placement Supervision**. The child has to be in the home at least 6 months prior to looking at finalizing the adoption. In the case where the child is being adopted by the current caregivers, month for month of "foster" placement can be counted against these 6 months. For a child in foster care for 12 months with the same caregiver who becomes the adoptive parent, the adoptive placement can serve as the only need Post Placement visit required. That does not mean that the

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monthly child welfare visits will stop, they are still needed. Once the post placement supervision period has ended, the case can be submitted for completion and finalization.

- i. **Finalization** is generally done via attorney however a family may choose to represent themselves; this is called In-Pro-Per. While the family can claim up to \$400 in adoption related expenses to be reimbursed through AAP, and many use those funds for the finalization attorney, some take advantage of the pro-bono attorney Alliance for Children's Rights and Public Counsel firms to finalize. Families have a choice of how to finalize – we are fortunate to have a no cost option which about 50% of families choose to use Scheduling a finalization hearing can be time consuming no matter which way the family chooses to finalize.

5. Where and when can CASAs be most helpful in any of these processes?

The role of the CASA is to ensure that the foster child's needs and rights are upheld – an honorable if sometimes thankless endeavor; much like that of the CSW.

- a. The CASA may help the child in many ways, none the least of which is just being there. It is difficult to imagine how terrifying it is to be a child placed into out-of-home care – especially with strangers. Those strangers may be experienced, loving foster parents but they are still strangers to a child. Establishing rapport and, if possible, trust with an adult who they really feel has their best interests at heart can help the child begin to heal from some incredible trauma. Foster placements sometimes change as do CSWs in different offices; the CASA may be a stabilizing force. Also, Speaking frankly with those who provide for the child's ongoing care, as if that child were a niece, nephew or grandchild, can help someone get a better picture of what that child really needs.
- b. Then, a harder task is to relay that information to the child's CSW in a way that is not perceived as intrusive and pestering. An overwhelmed CSW may not be able to see that the CASA is trying to help – and may be seen as one more person that needs/wants the CSWs attention; patience and perseverance are key. CASAs are part of the team with core practice model
- c. Ways the CASA can offer to be a support in meeting the child's needs may be offering assistance with:
 - Checking with the child's school to ensure that s/he is getting the tutoring they are supposed to be providing.
 - Checking with the CSW if there is a book that could be checked out and either read to the child or gone over with him/her about feelings of ambivalence between birth family and the adoptive one. Sometimes children and youth are very conflicted over loyalties and don't know that it's ok to give and receive love from more than one mom or dad.
 - Building a life book that will help him/her understand more about his/her journey to this point and beyond.
 - Transporting the child to matching events and processing with him/her afterwards.
- Just being the anchor in the storm.