

AN EVALUATION

*Special Needs Adoption  
Program*

*Department of Health and Family Services*

00-3

*March 2000*

**1999-2000 Joint Legislative Audit Committee Members**

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March 29, 2000

Senator Gary R. George and  
Representative Carol Kelso, Co-chairpersons  
Joint Legislative Audit Committee  
State Capitol  
Madison, Wisconsin 53702

Dear Senator George and Representative Kelso:

We have completed an evaluation of the Special Needs Adoption program, as requested by the Joint Legislative Audit Committee. The Department of Health and Family Services arranges adoptions for children determined to have special needs because of disability, age, ethnicity, or other factors that may make placement difficult.

Since we last reviewed this program, the Department has increased the number of children placed for adoption from 273 in fiscal year 1993-94 to 415 in calendar year 1998. However, because of changes in federal law that are designed to reduce the amount of time children spend in foster care, caseloads of children awaiting placement are likely to increase in the future.

The Department has used available federal funding to hire project staff, contract with private agencies for placement services, and contract for aggressive promotional efforts to attract adoptive families. These efforts are positive and may eventually increase placements. Nevertheless, our audit identified a number of program inefficiencies that continue to hamper prompt, appropriate placement of children and equitable treatment of families. For example, the Department's processes for evaluating potential adoptive families have not been applied consistently. Consequently, some families have been rejected while others have been approved despite receiving lower or identical scores. In addition, information about available qualified families and children in need of placement is not shared systematically among the Department's five regions to help speed placements.

Our report includes a number of recommendations to the Department for improving program management and increasing the efficiency with which children can leave foster care and be placed with families that meet the Department's standards.

We appreciate the courtesy and cooperation extended to us by the Department of Health and Family Services. The Department's response is Appendix IV.

Respectfully submitted,

Janice Mueller  
State Auditor

JM/DB/bm



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## SUMMARY

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The Department of Health and Family Services arranges adoptions for children who have special needs because of disability, age, ethnicity, or other factors that are believed to make placement difficult. In 1998, the Department placed 415 children with special needs in adoptive homes. The Department's 25.5 full-time equivalent (FTE) social workers, five regional supervisors, and central staff in Madison provide adoptive placement and case management services through five regional offices at an annual cost of \$1.7 million. Milwaukee County managed its own special needs adoptions until January 1998, when the State assumed responsibility for the Milwaukee Bureau of Child Welfare. Because Milwaukee County's special needs adoption services have not yet been integrated with the rest of the State's program, this report does not address Milwaukee County's adoption program.

Since our 1994 review (report 94-9), the number of special needs children outside Milwaukee County needing adoptive placements increased 38.8 percent, from 472 in November 1993 to 655 in June 1999. Caseloads are expected to continue increasing as a result of the federal Adoption and Safe Families Act, which encourages more timely adoptions by requiring that petitions to terminate parental rights be filed for all children who have been in foster care for at least 15 of 22 consecutive months, unless doing so is not in the best interests of a child. Caseloads will increase still further as Milwaukee County adoptions are fully integrated with the State's Special Needs Adoption program. That is expected to occur by January 2001.

The Department's performance has improved significantly since our 1994 review. Overall, staff productivity has increased. In 1994, each social worker in the Department placed 10.7 children annually; by 1998, annual productivity had increased to 17.7 placements per social worker. Completion of studies to determine a family's eligibility to adopt increased 64.6 percent, from 181 in 1994 to 298 in 1998, and total placements increased 52.0 percent from 273 to 415. However, the number of families selected by the Department for a complete study remains insufficient for the number of special needs children awaiting adoption.

The Department has also implemented changes in its management and operations that could strongly influence placement rates by increasing the pool of families eligible for adoption. Recently, it funded an extensive media campaign to publicize the need for both adoptive and foster families statewide. The Department contracted with a marketing

and public relations firm to develop statewide recruitment materials, including information on community attitudes toward adoptive and foster care and television and radio advertisements.

In addition, officials in the Department are beginning to implement a change in the program's approach to screening prospective families for adoption. Until November 1999, program staff used varying cutoff scores for each group of applicant families in order to limit the number of qualified families based upon social worker caseload. As a result, some families were allowed to proceed with the adoption process while others were not, even though their scores may have been identical. In other instances, families allowed to proceed in the evaluation process had lower scores than families that were denied. While there may have been exceptional circumstances that influenced the Department's decisions in such cases, reasons were not documented, and the inconsistency of the Department's criteria and their application created an appearance of arbitrariness. We provide recommendations that the Department create and consistently implement selection criteria and adequately document all selection decisions.

During the course of our audit, officials in the Department began to change their approach and began to accept more qualified families in order to develop a pool of qualified, available families and thereby reduce the time children wait for placement. Department staff indicate they also plan to implement a computerized tracking system containing statewide information on recruitment, assessment, and availability of qualified families, which was recommended in our 1994 audit, and to standardize supervision of social workers in the Department's five regions.

While these planned changes have the potential to create significant program improvements, it is too early to assess whether the number of children placed for adoption will continue to increase. Our review identified other problems that will hamper the Department's ability to address future caseload increases unless they are corrected. For example, the Department's existing ways of communicating with families during the evaluation processes may reduce interest among some qualified families, and supervisory oversight of regional staff is inconsistent. In addition, information is not shared effectively among regions, which contributes to delays in matching children in need of placement with available families.

More than 50 percent of respondents to each question in our survey of families that participated in the program in recent years reported satisfaction with the program. However, the level of dissatisfaction in some responses, as well as in written comments, suggests families experience a wide range of interactions with the Department.



The lowest level of family satisfaction was with the frequency of social worker contact. Overall, 33.1 percent of respondents were dissatisfied with the frequency of contact, although this varied by region and by type of adoption. Among the five regions, the level of dissatisfaction varied from a high of 50.0 percent to a low of 22.2 percent. Of new families, which must be screened and matched with children, 47.2 percent reported dissatisfaction; of foster care families wishing to adopt a child already in their foster care, 24.3 percent reported dissatisfaction.

Dissatisfaction was also reported with specific activities in the adoption process. For example, 22.2 percent of respondents did not believe the Department's screening decision was clearly communicated to them. In addition, 26.7 percent of respondents who participated in the home study process did not believe they had been kept informed about the study's progress and anticipated completion date. Finally, 20.8 percent of respondents who either adopted or intended to adopt a child the Department had identified for them did not believe they had been well-informed of the child's needs before the child was placed with them.

Communication problems were also evident when foster families were not permitted to adopt children in their care. Those denials raised questions about continuity in requirements for foster care and adoption, and about the degree of judgment individual social workers are permitted to exercise.

Our review indicates that foster care licensing and adoption requirements are largely identical, although being permitted to adopt requires additional demonstrations of financial capacity and health status, as well as an assessment of "positive family functioning." Current administrative code governing foster and adoptive care indicates social workers may exercise their discretion in partially waiving some licensing requirements, such as the number of bedrooms available in a home; other requirements, including the absolute prohibition of any corporal punishment of the child, cannot be waived.

In practice, social workers exercise a considerable degree of discretion in determining which families may adopt and which families may not. That discretion may also affect the time families must wait for home studies to be completed. While 62 percent of respondents to our survey received home studies within six months, as required by administrative code, nearly 33 percent reported waiting over six months, and 9.5 percent reported waiting over one year. Further, while there are various mechanisms for supervisors to review social workers' decisions, we found that oversight varies among regions.

Finally, we found a regional imbalance in the number of children and families available for adoption. Two existing data information systems that could accurately share information among regions concerning available children and families have not been used or updated regularly. Therefore, we include recommendations for the Department to improve and then monitor data quality and use of these systems.

In April 1999, the Legislature's Joint Committee on Finance approved the use of \$697,000 in unanticipated federal revenues to fund additional project positions in the Department and contracts with outside agencies. It was projected that these funds would provide the Department with enough additional internal and contract capacity to increase placements by 145 children more than the number placed in the previous year. These funds were intended to address projected caseload increases in fiscal year 1999-2000. However, the Department's use of these funds was delayed, and it is unclear whether the net increase of an additional 145 placements will be realized by the end of the fiscal year. Private agencies with which the Department has contracted have expressed some frustration over the lack of information they have been given concerning how often their services will be used, the limited case information shared with them, and the limited training provided to their staff. Many of the contract management problems between private agencies and the Department's regional staff are similar to problems associated with the Department's unsuccessful pilot efforts to contract for adoption services in 1989.

During the 1999-2001 biennium, two of the Department's goals for the Special Needs Adoption program are to establish a working relationship statewide between regional staff and private adoption agencies, and to integrate the program in Milwaukee County with the rest of the State's program. Increasing caseloads—both statewide and in Milwaukee County—will require expanded capacity, and program managers believe private agencies can help the Department to meet this capacity. As the Department proceeds to implement these goals, we recommend it address a number of issues related to both privatization and the differences between Milwaukee County and the rest of the State, in order to ensure success.

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## INTRODUCTION

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### **The Department arranges adoptions for children with special needs.**

The Department of Health and Family Services arranges adoptions for children who have special needs because of disability, age, ethnicity, or other factors that are believed to make placement difficult. Approximately 25.5 full-time equivalent (FTE) social workers, five regional supervisors, and central staff in Madison provide placement and case management services in the five regions shown in Figure 1, at an annual cost of \$1.7 million in general purpose revenue (GPR) funding. Milwaukee County managed its own special needs adoptions caseload until January 1998, when the Department assumed responsibility for the Milwaukee County child welfare program. However, because Milwaukee County's special needs adoption functions have not yet been integrated with the rest of the Department's program, this report primarily addresses state services provided outside of Milwaukee County.

The number of special needs children requiring adoptive placement has increased 38.8 percent since 1994, when we last reviewed the Special Needs Adoption program (report 94-9). Program caseloads (excluding children from Milwaukee County) increased from 472 cases in November 1993 to 655 cases in June 1999. Caseloads are expected to increase further as a result of recent federal regulations requiring more prompt determination about whether to seek adoption for children in foster homes.

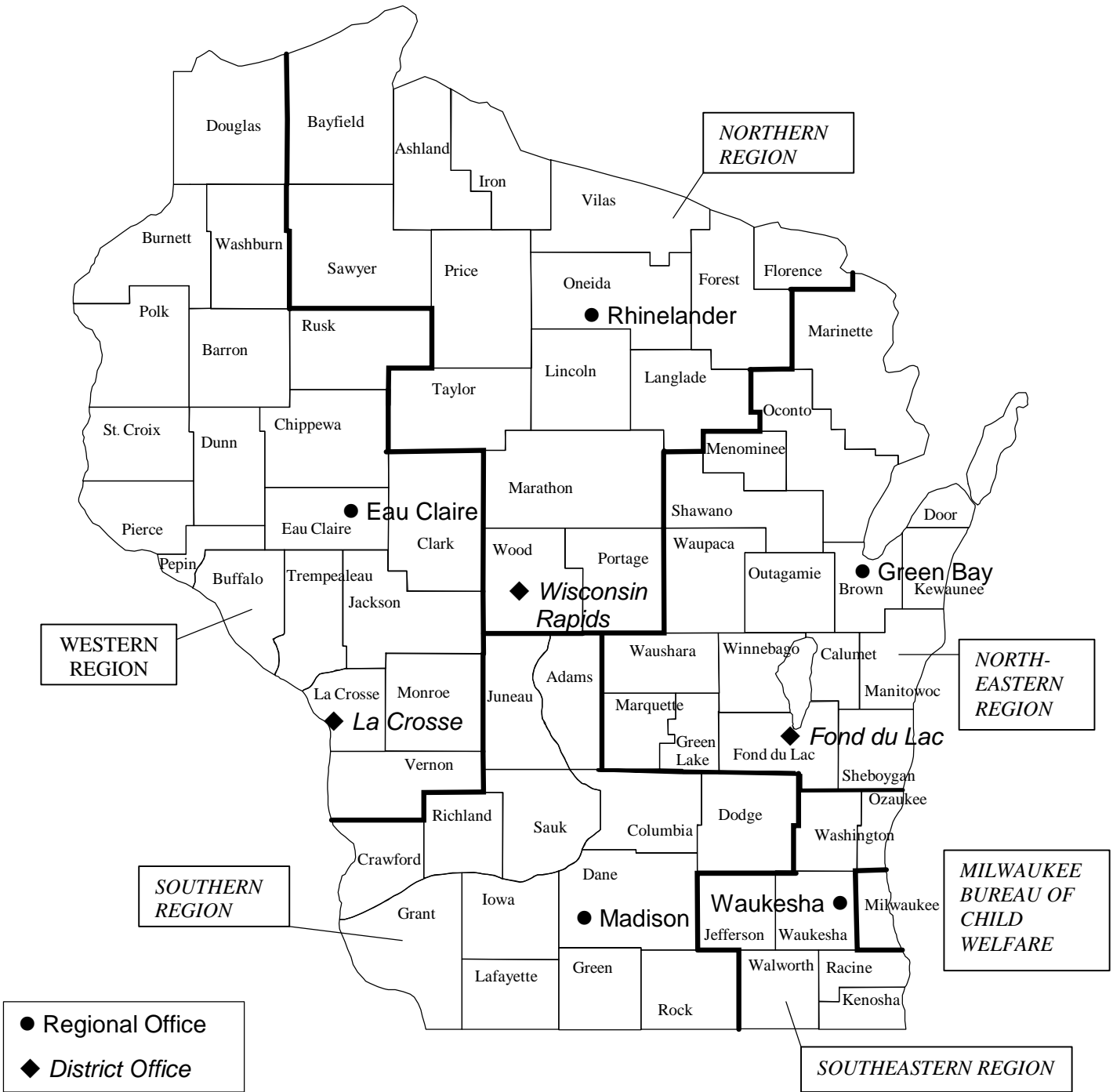
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### **Concerns have been raised about the Department's family evaluation practices.**

In response to increasing caseloads, the Department has increased the number of children placed. However, concerns about the program continue to be raised. For example, some have questioned why there are regional variations in how long children wait in foster care before adoptive placement is made. In addition, questions have been raised about whether all families are treated consistently during the Department's evaluation processes. Finally, some families have expressed concern over issues such as how long various steps of the adoption process take, how long they wait for telephone calls to be returned by the social worker assigned to their case, and how decisions are made.

Figure 1

Special Needs Adoption Offices



In response to these concerns, and at the direction of the Joint Legislative Audit Committee, we evaluated:

- the Department’s process for assessing families and matching children and families;
- the continuity of requirements for foster families and adoptive families;
- staff supervision; and
- the extent to which the Department has implemented recommendations for management improvements made in our 1994 audit.

We reviewed the statutes and administrative code governing special needs adoptions; the Department’s policies and procedures at each of its five regional offices; and various studies and reports concerning staff workload, productivity, and privatization. We also spoke with staff in the Department, social service staff in 12 counties, and staff at private agencies that have been or are interested in contracting with the Department to provide adoption services. Finally, we surveyed 486 families with various levels of program participation over the past few years, including those that were screened out or rejected from the program. A total of 163 families responded to our survey.

### **Foster Care to Adoption**

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**Children enter the program after parental rights have been terminated.**

Children are placed in the county-run foster care program when county officials determine they should be removed from their parents or guardians, typically because of parental abuse or neglect. Many children placed in foster care are reunited with their parents or guardians once county officials believe the conditions that prompted their removal have been addressed. In some cases, however, county officials conclude it is not in the best interests of the child to be returned to the parent or guardian. Some of these children, especially older teens, remain in foster care until they become adults. Statewide data are not collected to determine how many children in foster care are eventually returned to their birth parents or guardians, or how many reach the age of majority while in foster care. In cases where county and state social workers believe an adoption is possible, however, a circuit court proceeding to terminate the parental rights (TPR) of the birth parents is held, and custody and guardianship of the child is assumed by the State. In most of these cases, the child remains in foster care, often with the same foster family as before the TPR, until an adoptive placement can be found.

The Department does not maintain aggregate data on the special needs of children in the program. Consequently, it cannot be determined, for example, how many children are members of a sibling group, are over the age of 12, have a physical disability, have a mental disability, require counseling to address their experience of abuse or neglect, or have a combination of several special needs.

### **Matching Children and Families**

Once the State receives custody and guardianship of a child with special needs from the circuit court, the role of the Department's social workers is to ensure the service needs of the child are met. This includes ensuring appropriate counseling or medical services are provided and finding an adoptive placement for the child. Under current administrative code, couples who have been married at least one year and single individuals are eligible to adopt; unmarried couples are not eligible to adopt a special needs child. Department staff estimate that approximately 80 percent of adoptions are by the foster family caring for the child, referred to as foster care conversions; 20 percent are by "new families" that must be matched with children.

New families and foster families follow somewhat different procedures for an adoption. In order to adopt, new families must complete the following eight steps:

1. attend a group informational meeting at a DHFS regional office. Through 1999, meetings were held three to four times per year.
2. complete a screening form used to assess their interest and experience in caring for children with special needs.

Families that pass the Department's review of the screening form are then invited to:

3. submit an application to the program; and
4. be assessed to determine eligibility to adopt. The assessment includes a series of interviews with social workers, home visits, background checks, and contacts with references.

New families approved by the Department as eligible to adopt typically wait until their social worker or another social worker identifies a child in her or his caseload that would be an appropriate match for the family. Families may also attempt to search for a special needs child themselves by, for example, inquiring about children listed in *Adopt!*, a magazine prepared by the nonprofit Special Needs Adoption Network, or children in the caseload of other social workers. If a caseworker matches a child and a family:

5. the family must be licensed for foster care; and
6. the child is placed with the prospective family for a statutorily established minimum of six months. During this time, the social worker monitors the placement to determine whether adoption is in the best interests of the child and should be recommended to the court.

If the social worker determines the placement should become permanent:

7. the adoption is finalized by a circuit court and the family receives custody and guardianship; and
8. families that adopt a special needs child are eligible to receive ongoing adoption assistance payments from the Department to help defray the costs of services for the child. In 1998, payments averaged \$675 per month per child and totaled \$25.7 million for the year.

Foster families wishing to adopt a child in their care are not required to attend a group informational meeting or to complete the initial screening form. They do, however, submit an application to the program. Even though they are licensed by their counties to provide foster care, foster families must also be assessed by the Department for eligibility to adopt. State social workers ensure the families have remained in compliance with foster care requirements and determine whether they meet additional adoptive care requirements.

If a foster family is determined eligible by the Department, parental rights have been terminated, and a social worker concludes the family is a good match for the child, the child remains with the family and the status changes from a foster care placement to an adoptive placement for the statutorily required minimum of six months. During this time, the social worker monitors the adoptive placement to determine suitability for a permanent placement. If the social worker determines the placement should become permanent, the adoption is finalized by a circuit court, and the family receives custody and guardianship and is eligible to receive ongoing adoption assistance. A foster family may express interest in adopting a child before a county social worker determines that it is not in the child's best interest to be returned to the birth parent. In such a case, there may be a considerable wait before the county social worker determines whether parental rights should be terminated.

The Department has undertaken an extensive media campaign to recruit more families for both adoption and foster care, and it has increased the number of group informational meetings for new families from four to

six per year in 2000. In addition, in April 1999, the Joint Finance Committee provided \$697,000 for the Department to increase program capacity to make more placements. That amount includes \$248,000 for contracting with private agencies for special needs adoption services, including home studies. Through mid-March 2000, there were 123 of these contracts.

### **Program Caseloads**

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**Program caseloads increased 38.8 percent from November 1993 to June 1999.**

Program caseloads increased 38.8 percent from November 1993 to June 1999, from 472 to 655. Increasing caseloads result, in part, from an increasing number of referrals. Referrals to the Special Needs Adoption program from county foster care have increased by 26.7 percent, from 551 in 1997 to an estimated 698 in 1999. As referrals have increased, so have adoptive placements. Adoptive placements increased by 52.0 percent, from 273 in fiscal year (FY) 1993-94 to 415 in 1998.

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**Social worker productivity has increased since 1994.**

The increase in placements has occurred while staff size has remained level, indicating increased staff productivity. Our 1994 report showed the program's 25.5 FTE social workers each completed 7.1 home studies and placed 10.7 children annually. By 1998, annual productivity for the same number of social workers had increased 62.0 percent, to 11.5 home studies per social worker, and placements had increased 65.4 percent, to 17.7 per social worker. One effect of this increased staff productivity is a reduction in the average cost of each adoptive placement. In 1994, this cost was \$5,863; by 1998, it had dropped 29.1 percent, to \$4,154.

Special needs adoptions may also proceed more quickly in Wisconsin than in other states. Nationally, the average time from TPR to adoption was 18.0 months in federal fiscal year (FFY) 1996-97, the latest year for which data were available. In contrast, the Department reports an average of 12.8 months in 1998. However, because this figure may not include all data for completed adoptions, the actual time may be longer.

Caseloads for the Special Needs Adoption program vary depending on the time of year and the characteristics of both children and families seeking adoptive placement. On June 30, 1999, the Department listed 808 children in the program. Of these, 153, or 18.9 percent, were considered inactive cases who will most likely remain in foster care until they are 18. Staff in the Department no longer search for adoptive homes or provide routine services for inactive cases, and custody and day-to-day case management for these children, who had been active program participants for more than two years without adoptive placement, have been transferred from the Department to county social workers.



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**Department staff provided various services to a caseload of 655 children in June 1999.**

As shown in Table 1, of the remaining 655 children, 91 were active cases in which parental rights had been terminated and an adoptive placement was needed. An additional 382 children were in likely adoptive placements, with many of these in the mandatory minimum six-month waiting period before adoption may be finalized by a circuit court. Children at legal risk is a category for children who may eventually need adoptive placement, but whose parents' rights have not been terminated. These children may not yet, therefore, be given adoptive placements.

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Table 1

**Children Receiving Services  
from the Special Needs Adoption Program  
June 30, 1999**

<u>Child Status</u>	<u>Number of Children*</u>	<u>Percentage of Total Active Caseload</u>
Children in a likely adoptive placement	382	58.3%
Children in foster care waiting for an adoptive placement	<u>91</u>	13.9
Subtotal	473	
Children at legal risk**	176	26.9
Children receiving institutional care	<u>6</u>	<u>0.9</u>
Total Active Caseload	655	100.0%

\* Based on data provided by each of the five regional offices.

\*\* These children are not yet technically part of the program but were reported as receiving at least some placement services by regional staff.

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**Some children wait significantly longer than others for adoptive placement.**

As shown in Table 2, the 91 eligible children were not evenly distributed across the state and had been waiting significantly different amounts of time for adoptive placement. While children in the northern region had been waiting an average of 3.8 months, children in the southeastern region, excluding Milwaukee County, had been waiting an average of 16.2 months.

Table 2

**Number of Eligible Children in Foster Care  
Waiting for Adoptive Placement**  
June 30, 1999

<u>Region</u>	<u>Number of Eligible Children Waiting</u>	<u>Active Caseload</u>	<u>Percentage of Active Caseload Waiting</u>	<u>Average Period Children Have Waited (in months)</u>
Northern	6	64	9.4%	3.8
Northeastern	22	178	12.4	11.1
Southern	27	120	22.5	8.6
Southeastern*	8	199	4.0	16.2
Western	<u>28</u>	<u>94</u>	29.8	7.0
Statewide	91	655	13.9%	9.0

\* Does not include Milwaukee County.

Eligible children waiting for adoptive placement must be matched with an eligible family by social workers in the Department. While many families that adopt through the program have expressed overall satisfaction with their experience, others have expressed concerns about whether families are treated equitably and whether the process is too lengthy.

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## FAMILY SCREENING AND ASSESSMENT

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Recruiting families and evaluating their eligibility to adopt is an integral part of the Department's efforts to permanently place children in appropriate adoptive homes. Families that wish to adopt children with special needs must meet all existing foster care requirements, and the State's adoptive care requirements, which include good parenting skills and a stable home environment. Some prospective families and others have raised concerns about the Department's criteria for evaluating families and about the timeliness of the evaluations.

### **Recruiting New Families**

Although regional offices organize annual picnics to generate interest in the Special Needs Adoption program, until recently most of the Department's new family recruitment and publicity efforts have been contracted to the nonprofit Special Needs Adoption Network, which is required by statute to provide centralized information about special needs children available for adoption. In FY 1998-99, the Department's contract with the Network totaled \$166,160 in state and federal funding. Under this contract, the Network is responsible for maintaining a statewide registry and photo listing service of special needs children in Wisconsin; assisting prospective adoptive families with information about adoption agencies, procedures, and support groups; and promoting the adoption of special needs children through monthly feature stories about individual children in newspapers and through other public information efforts.

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**In 1998, the Department contracted for the development of statewide recruitment materials.**

To increase both program awareness and general interest in adoptive and foster parenting, the Department has also contracted with a marketing and public relations firm to gather information on community attitudes toward adoption and foster care and to develop statewide recruitment materials. These include brochures; posters; newspaper, television, and radio advertisements; media features; and a promotional video. From October 1998 through September 1999, contract costs totaled \$462,500 in federal and state funds.

### **Screening New Families**

The Department uses a survey, called the Parenting Interest Survey, to determine whether it will allow new families to complete a program application and be assessed for their eligibility to adopt. (Appendix I is a copy of the Parenting Interest Survey.) In the survey, families provide

background information and express their level of interest and experience in the areas of physical and medical needs, behavioral and emotional needs, and potential risk factors. Until November 1999, the Department calculated a numerical score for each survey. Families received four points for each response indicating a particular disability was “Acceptable,” two points for each “May Consider” response, and no points for each “Will Not Consider” response. In addition, families received one point for each “Has Experience” response. Between January 1998 and July 1999, 305 families completed the screening form, and the Department selected 233 families to proceed to the next step in the assessment process, as shown in Table 3.

Table 3

**Selection of Prospective Families**

<u>Screening Date</u>	<u>Number of Applicants</u>	<u>Number of Applicants Selected</u>	<u>Percentage of Applicants Selected</u>
January 1998	53	48	90.6%
May 1998	49	30	61.2
September 1998	45	29	64.4
January 1999	45	40	88.9
March 1999	45	31	68.9
July 1999	<u>68</u>	<u>55</u>	80.9
Total	305	233	76.4%

Complete data were not available for the January 1998 screening. Therefore, we reviewed scoring for 252 Parenting Interest Surveys completed between May 1998 and July 1999. We found that although the Department calculated total scores for completed surveys, it neither defined nor established a standard passing score. As shown in Table 4, for each of the five screenings we reviewed, the Department set a different cutoff score. Families that scored below the cutoff were not selected for home study.

We also found that the number of families selected for home study was not based on the number of children on the caseload. Rather, it depended on the number of families the Department estimated its staff had the capacity to assess through the home study process. In effect,

staff workload limited the number of potentially qualified families allowed to participate in the process.

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Table 4

**Varying Cutoff Scores for the Parenting Interest Survey**

<u>Screening Date</u>	<u>Lowest Score Selected</u>
January 1998*	N/A
May 1998	58
September 1998	106
January 1999	72
March 1999	74
July 1999	63

\* Complete data for the January 1998 screening were unavailable.

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**Scoring criteria have not been consistently applied.**

For the five screenings we reviewed, the lowest score selected at a single screening ranged from 58 to 106. Families scoring within this range were or were not selected for home study depending on their screening date. Of the 72 families that scored between 58 and 106, 39 were selected and 33 were rejected.

We also found selection decisions that were not consistent with the cutoff scores. For the sessions shown in Table 4, 19 families scored higher than the lowest score accepted at their respective screenings, yet were not selected. While there may have been justifiable reasons for these individual selection decisions, no documentation exists to explain why the families were not selected. The inconsistency of both the Department's criteria and their application creates the appearance of arbitrariness.

Officials in the Department have indicated they are changing their screening approach from one of restricting qualified families to one that develops pools of qualified, available families and encourages all qualified families to participate. Establishing pools of qualified families is intended to reduce the time children wait for placement. As an indication of this change, all 68 families that completed a survey in the November 1999 screening were selected for home study, even though their scores were no higher, on average, than those from previous

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screenings. If this change in screening approach continues, improvements for a screening process may not be needed. However, if screening is used to limit the number of families allowed to submit a formal application for home study, *we recommend the Department of Health and Family Services revise its screening process to treat families consistently, and adequately document all selection decisions.*

### **Assessing Families**

Both new families selected by the Department through the screening process and families wishing to complete foster care conversions are assessed in their homes by the Department's social workers to determine their eligibility as adoptive families. The assessment process includes a series of interviews, home visits, a review of references, and background checks of medical and financial conditions and any history of criminal activity. We reviewed the criteria used in the process, the differences between foster care and adoptive care requirements, and the degree of discretion exercised by social workers in determining a family's eligibility to adopt.

### **Foster and Adoptive Care Comparisons**

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**To receive an adoptive placement, a family must be a licensed foster care provider.**

In order to receive an adoptive placement, which is the mandatory minimum six-month placement before a circuit court grants a final adoption, a family must be licensed to provide foster care. When families without a county-issued foster care license enter the Special Needs Adoption program, they must meet licensing requirements and be issued a license by the Department as part of the home study process. Staff in the Department also review the licenses of existing foster care families to determine whether they have maintained compliance with the licensing requirements.

The requirements for foster care licensing and adoptive care are detailed in chs. HSS 56 and 51, Wis. Adm. Code. Both include:

- being responsible, not abusing alcohol or drugs, and having no history of legal violations related to operating a foster home;
- being 21 years of age, in good health, with a stable income;
- not being the subject of a pending criminal charge or having been convicted of a charge related to the care of children;

- providing a home that is safe for all occupants and having the furnishings and equipment necessary to accommodate all family members, including foster children;
- providing humane and nurturing care, reasonable and appropriate supervision, necessary medical care, and opportunity to participate in religious practices;
- providing discipline that encourages children to understand appropriate social behavior and is appropriate to the child’s age and level of understanding; and
- not disciplining with spanking, verbal abuse, profanity, or derogatory remarks.

Additional requirements for financial stability, health, and family functioning that are required for adoptive care but not for foster care are shown in Table 5.

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Table 5

**Additional Adoptive Care Requirements**

<u>Adoptive Care</u>	<u>Foster Care</u>
Have an income sufficient to meet the family’s current and future financial obligations	Not required of foster families
Have a health examination that verifies the parent(s) is physically able to parent and raise a special needs child to age 18	Not required of foster families
Be either a married couple for a minimum of one year and living together, or a single individual	Not required of foster families
Obtain a favorable family assessment from the Department or a private licensed adoption agency that demonstrates positive family functioning and ability to parent a special needs child	Not required of foster families

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**The Adoption Family Assessment guides the home study process.**

Social workers in the Department evaluate compliance with these requirements through the home study process using a diagnostic tool known as the Adoption Family Assessment (AFA), which is duplicated in Appendix II. The AFA is designed to assess overall family functioning, including issues such as the vulnerability of children in the home; parenting practices and philosophies; parents' level of functioning, motivation, and commitment; and family member roles and communication. Some sections of the AFA are scored numerically while other sections require narrative instead of numerical scores.

The Department has not established a passing or failing numerical score for the AFA. Instead, social workers and their supervisors exercise discretion both in assigning a score to a family and in determining an acceptable score. Two social workers may evaluate the same family and give different scores. Further, if two social workers gave a family identical scores of, for example, 40, one social worker may conclude 40 is an acceptable score, while the other may conclude it is unacceptable.

While centralized data on scores are not available, regional supervisors indicate that almost all families that are approved for adoption score above 40. However, they indicate regional staff vary in their willingness to accept families scoring below 40 and to help families improve enough to receive more favorable home study scores. Such help may include suggesting courses to improve parenting skills, providing or making referrals for marriage counseling, or helping family members develop a better understanding of how adoption will affect the family.

The Department may grant exceptions to some of the foster care requirements, such as those related to employment of parents outside the home, minimum square footage of living and bedroom space, and annual family medical and dental exams and review of immunizations. However, current administrative code provisions prohibit some requirements from being waived. As noted, foster and adoptive parents may not abuse alcohol or drugs, be the subject of a pending criminal charge, or have a conviction for an offense related to caring for children or operating a foster home. In addition, administrative code specifically prohibits:

- allowing children over the age of six to share a bedroom with a member of the opposite sex, or children over one year of age to share a bedroom with an adult unless medically necessary; and
- using corporal punishment or subjecting foster children to verbal abuse, profanity, derogatory remarks about the child or the child's family, or threats to expel the child from the home.



Corporal punishment may be among the most controversial of the administrative code prohibitions, and exactly what constitutes corporal punishment is a matter of debate among some Wisconsin residents. Because some children in the program have histories of abuse, the Department believes any form of corporal punishment may cause trauma to the child. Further, the Department notes that national standards, and most, if not all, states prohibit corporal punishment in foster care. The issue of corporal punishment has been a factor in denying placement with some prospective families.

Because statewide information is not maintained on the frequency and reasons for placement denials, we could not determine how often families are determined to be ineligible for an adoptive placement, how often the social workers in the Department conclude families with foster care licenses are out of compliance with those licenses, or the reasons for which families are found ineligible for adoption. Staff in the Department indicate they believe foster families are rarely denied the opportunity to adopt their foster children.

### **Supervisory Review**

Because acceptable and non-acceptable numerical scores for family assessments have not been defined, individual social workers and their supervisors exercise considerable professional judgment and discretion in recommending approval or denial of families' applications for adoption. We interviewed regional supervisors to determine the level of supervision and oversight provided to social workers in their regions.

Each of the five regional offices has one supervisor who is responsible for supervising all adoption social workers and administrative support staff. As shown in Table 6, the number of social workers supervised in each region varies, although the number appears reasonable to allow for an adequate level of supervision and oversight.

All supervisors indicated they conduct annual performance reviews to assess social workers' progress in meeting their job performance objectives and to identify areas in need of additional attention. All social workers are required to use the AFA, the standardized assessment diagnostic tool, when conducting home studies of families. In addition, all supervisors review and approve all home studies within their regions.

Table 6

**Number of Social Workers Supervised, by Region**  
October 1999

<u>Region</u>	<u>Number of Permanent Social Workers Supervised</u>	<u>Number of Project Social Workers Supervised</u>	<u>Number of Social Worker Interns Supervised</u>	<u>Total</u>
Northeastern	8	2	1	11
Northern	6	0	0	6
Southeastern	5	0	1	6
Southern*	4	1	0	5
Western	<u>6</u>	<u>2</u>	<u>1</u>	<u>9</u>
Total	29	5	3	37

\* As of October 1999, the supervisor position in the Southern Regional Office was being covered by other regional supervisors and central office staff.

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**Regional supervisors vary in the oversight techniques they employ.**

Supervisors also identified a variety of other oversight techniques, not all of which are used in each region. These include:

- reviewing and approving documents and reports prepared by social workers;
- requiring social workers to submit monthly or weekly schedules, and/or reviewing travel itineraries and travel reimbursement requests to verify meetings with children and families;
- scheduling individual meetings with social workers to review cases and respond to questions;
- scheduling regional staff meetings to review cases, solve problems, match children and families, and review policies;
- monitoring and tracking the progress of home studies, and finding adoptive placements through computerized systems; and
- reviewing case files and observing social workers to monitor their work performance.

## Communication with Families

The majority of the 163 respondents to our survey of families with various levels of program participation reported satisfaction with the level of communication they had with their social workers. However, the highest levels of dissatisfaction with any aspect of the adoption process were in the area of communication between the social worker and the family. Appendix III includes our survey and its results.

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**One-third of survey respondents were dissatisfied with frequency of social worker contact.**

The type of communication with the lowest level of satisfaction was frequency of contact between a social worker and a family. Overall, 33.1 percent of respondents were dissatisfied with the frequency of contact, though this varied by region and by type of adoption. Among the five regions, the level of dissatisfaction varied from a high of 50.0 percent in one region to a low of 22.2 percent in another. Of new families applying for adoption, 47.2 percent reported dissatisfaction, while 24.3 of foster care conversion families reported dissatisfaction.

Dissatisfaction with communication was also reported with respect to specific activities in the adoption process. For example, 22.2 percent of respondents who had participated in the screening process did not believe that the Department's screening decision was communicated clearly to them. In addition, 26.7 percent of respondents who had participated in the home study process did not believe that they had been kept informed about the study's progress and anticipated completion date. Finally, 20.8 percent of the respondents who either adopted or intended to adopt a child the Department had identified for them did not believe they had been well-informed of the child's needs before the child was placed with them. The level of dissatisfaction indicated in the survey suggests families experience a wide range of interactions with staff in the Department, including some negative ones. This wide range is also reflected in the written comments families made at the end of the survey to open-ended questions about what, if anything, in the program should be changed, and whether they had any additional comments about the program.

It should be noted that survey questions asking for additional comments may elicit concerns about a program or issue. This may have been the case with our survey, because while most of the 163 respondents indicated satisfaction with various aspects of the program, the majority of the 119 written comments raised concerns with it. Comments ranged from positive ones, such as "our caseworker visits us every month," to concerns about having to wait weeks or months for a telephone call to be returned by social workers. Several families that had already successfully adopted questioned why procedures for subsequent adoptions could not be streamlined. One foster care family indicated that their foster care conversion took one year to process, even though the child had been with them for five years. One family stated it

initially had a very good social worker, but then was assigned one who did not communicate with them on certain issues. Several families quoted or paraphrased purported comments from their social workers that seemed to indicate poor judgment. For example, one family indicated a social worker stated, “There’s no rush on foster children being adopted by current foster families.”

While it is difficult to quantify written comments, both the wide range of these comments, which included expressions of strong satisfaction and strong concern, and their level of detail suggest that families’ experiences differ widely, depending on their social workers. The variability in families’ written comments is also reflected in the different time periods families waited for a home study and for adoptive placements. While 62 percent of respondents received their home study within the six months required by administrative code, nearly 33 percent reported waiting over six months, and 9.5 percent reported waiting over one year. Similarly, while 45 percent of respondents reported receiving an adoptive placement within six months of their home study, over 41 percent reported waiting more than six months.

While a certain degree of judgment will always be required of social workers in the program, the data available indicate not all families are treated equitably. Therefore, *we recommend that the Department of Health and Family Services:*

- *establish timeliness standards for social workers to follow in responding to all inquiries from families; and*
- *review the range of scores given on Adoption Family Assessments to determine the extent of variation among social workers in designating passing and failing scores and whether additional guidance or standardization is necessary.*

Program staff in the Department have developed draft standards for social workers to follow. These draft standards have not yet been reviewed or approved by the Department. The proposed standards address some significant issues, including the timely completion of home studies and requirements for documentation of decisions made by staff in the Department. However, some issues raised by families are not addressed in the current draft standards, including communication between families and their social workers. In addition, the draft standards do not address many of the concerns raised about sharing regional information and about contracting, which are discussed in the next two chapters.

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## OTHER PLACEMENT ACTIVITIES

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In addition to family screening and assessment, the Department performs other activities that are needed to complete an adoption, including determining the specific special needs of children awaiting adoption, providing families with information about the process as it applies to their specific situations, and sharing available data on eligible children and families across regional boundaries. However, in the past two years the Department has not made comprehensive determinations of the special needs of the children on its caseloads, as required by administrative code. In addition, new families have expressed frustration with the matching process once they have been approved, in part because a lack of shared information among the regions limits the number of children placed outside of regional boundaries. Improving adoption data systems and requiring their use could reduce such frustration, as well as the time children and families wait for completed adoptions.

### Determining Children's Needs

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**The Department did not list the number of children needing families from May 1998 through July 1999.**

Administrative code requires the Department to determine the number and types of homes needed for special needs children on its caseload at least three times a year. Such information could be useful to staff in assessing families. However, from May 1998 through July 1999, the Department listed only general needs, stating that families for all types of special needs were needed, but especially families interested in older children. The Department did not list the specific number of children needing specific types of families. In November 1999, staff in the Department began determining and listing the number of children with specific categorical special needs. For the November 1999 screening of families, the Department determined that of the 96 children in need of an adoptive family, 62 children had behavioral/emotional needs, 24 children had physical needs, and 10 children were in sibling groups.

We also found that the Department has done no matching, even on a broad scale, between the acceptable characteristics expressed by a prospective family during the screening process and the characteristics of the children on the caseload requiring an adoptive family. Although administrative code does not specifically require the Department to engage in matching during the screening process, the fact that it does require the Department to determine the types of homes needed for children, as well as the fact that the Department asks families to specify in significant detail the types of needs for which they wish to be considered, suggests that matching on some level would occur. Other

agencies and states do engage in broad matching at this early stage. For example, Milwaukee County, which uses the same Parenting Interest Survey the State does, broadly matches family interests and experiences with children on the caseload. A stronger relationship between characteristics considered acceptable by a prospective family and characteristics of children needing adoptive families could better ensure that if a family is approved, an adoptive placement can be made in a timely manner. Therefore, we recommend the Department of Health and Family Services comply with administrative code requirements to determine the types of needs demonstrated by children on its caseload and use that information to better match family interests with children's needs.

### Sharing Information Among Regions

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**More cross-regional placements could make adoptive placements more timely.**

Compared to program performance reported in 1994, new families are waiting less time to be matched with an adoptive child once their home studies are completed and approved. However, of 53 families we surveyed that had recently adopted a special needs child who was not previously their foster child, 41 percent reported that they had waited six months or more for an adoptive placement after their home study had been completed. The waiting period was characterized as lengthy by 44 percent of respondents. Many believe that increased cross-regional placements could reduce waiting times for both children and new families. To increase cross-regional placements, the Department could improve its data management resources to make information about children and families who are awaiting placements accessible statewide.

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**There is an imbalance of children and families waiting for a placement across the state.**

Approved families may adopt a child from any region. However, few formal mechanisms are in place to allow information about families and children to be shared freely among the regions. Consequently, there is an imbalance of families and children waiting for adoptive placements across the state. As shown in Table 7, as of June 30, 1999, on a statewide basis 91 eligible children were waiting in foster care for adoptive placements, and 41 families with completed home studies were waiting for adoptive children. Some regions had significantly more children than families available. For example, the southern region had 27 children eligible for placement and only 1 family available. Only one region, the northern region, had more families than children, with eight families ready to adopt and six eligible children.

It could be expected that regional imbalances between eligible families and children, coupled with an overall imbalance of 50 more eligible children than families, would lead to significant cross-regional placements. However, we found that placements across regional

boundaries were infrequent, with only 31 occurring during 1998. These 31 cross-regional placements represent 21.2 percent of the estimated 146 children needing new family placements in 1998. Fewer than five cross-regional placements were made from each of the northern, southern, and western regions.

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Table 7

**Children and Families Awaiting Adoptive Placements**  
June 30, 1999

<u>Region</u>	<u>Eligible Children Awaiting Adoptive Placement</u>	<u>Eligible Families Awaiting Adoptive Placement</u>
Northeastern	22	6
Northern	6	8
Southeastern	8	6
Southern	27	1
Western	<u>28</u>	<u>20</u>
Total	91	41

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Several factors appear to hinder cross-regional placements. First, federal law requires that social workers first make attempts to place Native American children with Native American families. Second, some staff have indicated there may be a reluctance among some social workers to consider placing African-American children from southeastern Wisconsin into more rural parts of the state because of concern about an absence of cultural networks. Independent of these factors, we also found that the Department has not created management systems to allow social workers to communicate easily and effectively across regional boundaries.

Individual social workers will generally compare the needs of children on their caseload with families they have personally studied to determine any appropriate matches. Other social workers within the same region may attempt to match children on their caseloads with families they become aware of through informal conversations with co-workers, staff meetings, or other systems within the region for tracking and sharing information. In addition, social workers may use e-mail or telephone calls to communicate with staff throughout the state, but this practice is not a standardized means for finding families for children on their caseloads.

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**Data for the Adoption Family Tracking System are not updated or used regularly by staff.**

The Department has funded the creation of two electronic databases to organize adoption information, but neither has been widely used by regional staff to make matches. First, the Adoption Family Tracking System was established in 1994 to provide management information about each social worker's caseload of families. However, until August 1999, only one of the five regional offices reported that it regularly entered data on this system. The other regions and central office staff had discontinued entering data and using the system after experiencing problems logging onto the database and printing reports. Although program managers have stated that the system is currently functional and now has up-to-date information, at least one regional office was not yet using the system as of March 2000. Officials in the Department state these issues will be resolved with the implementation of a new statewide system in early 2001.

Second, as previously described, the Special Needs Adoption Network has been contracted to list children eligible for adoption and at legal risk. Although this information is available at the Network's Internet site, regional office personnel with whom we spoke seldom consult it when searching for a match for adoptive parents on their caseloads. Some regional staff report they find the Network's descriptions of individual children lacking details about their special needs; other regional staff do not have Internet access and cannot address prospective families' requests for more information about children they have seen on the Internet.

In addition to the technical problems that inhibit information sharing, the relationship between the Department and the Network is not meeting existing administrative code requirements that information on all special needs children be submitted to the Network and that changes in a child's status, such as preliminary adoptive placements, be communicated to the Network. As noted, the Network is required by statute to provide centralized information about special needs children available for adoption. Many prospective adoptive parents use the Network to search for children, and chs. HSS 50.09 and 50.10, Wis. Adm. Code, require the Department to submit information to the Network's database within 60 days of assuming guardianship for all children entering the Special Needs Adoption program unless the Department submits an individual request of deferral for a child. Some children do not need to be listed because they will be placed with their foster families, so these children would likely be granted a deferral. However, staff in the Department have often chosen not to submit information about these children without seeking a deferral.



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**Information about children listed with the Network is sometimes incomplete.**

Moreover, information about children who will not be adopted through foster care conversions is not always submitted to the Network, nor is it always updated. In addition, social workers sometimes fail to provide notification within the ten-day period specified by administrative code that children listed with the Network have been placed with an adoptive family. The lack of complete information about children listed with the Network limits its usefulness as a matching tool for persons seeking to adopt special needs children.

### **Management Oversight**

The various issues that have hampered the overall performance of the program—inequitable treatment of families during the screening process, unequal waiting times among families for home studies, varying levels of communication between social workers and families, the absence of uniform scoring standards in decisions of whether to allow families to adopt, the limited usefulness of the *Adopt!* magazine, and the limited number of cross-regional placements—could be addressed by a more aggressive management approach under which the Department would better collect program performance data to enable more effective review of social workers' activities and performance. Our 1994 audit recommended the Department implement a data system to provide useful performance information to enable better program management. Since that audit, development and implementation of the Adoption Family Tracking System has been uneven, and the use of the available data by management has been unclear. Therefore, *we recommend the Department of Health and Family Services complete implementation of the Adoption Family Tracking System and the Internet version of the Special Needs Adoption Network at both the state and the regional level. Full implementation should include:*

- *access to these systems for all regional staff;*
- *specific improvements to the Adoption Family Tracking System that will address staff concerns about its use, as well as methods for ensuring all regions are entering their data; and*
- *procedures to regularly assess and improve the effectiveness of existing adoption information systems, and a plan to ensure that information about all children listed with the Special Needs Adoption Network is up-to-date.*

The usefulness of *Adopt!* magazine is undermined by the frequent inclusion of children not available for adoption, and the regular exclusion of some children who are available. To improve its usefulness, *we recommend the Department of Health and Family Services consider revisions to chapter HSS 50, Wis. Adm. Code, to include provisions for listing only the children in need of adoptive families with the Special Needs Adoption Network.*

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## FEDERAL AND STATE CHANGES AFFECTING THE PROGRAM

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Addressing and correcting problems associated with screening, assessment, and placement activities are made more important by recent federal and state changes that are expected to increase the number of children entering the program. Poor data management and record-keeping have resulted in forfeited funding associated with recent federal law changes. In addition, staff resistance to the use of contracting has resulted in under-use of funding intended to reduce the number of children waiting for completed adoptions. In order for the program to succeed, the Department must actively address management issues that affect its ability to expand capacity for recruiting and assessing adoptive families.

### **Federal Adoption and Safe Families Act**

In November 1997, the federal government passed the Adoption and Safe Families Act (ASFA), which is designed to reduce the time children stay in foster care and thereby increase the number of adoptions completed for children in foster care. Staff in the Department anticipated that one result of this law would be an increase in the number of children entering the Special Needs Adoption program.

ASFA was created to double public adoptions by 2002. A 1996 presidential report notes that most children in long-term foster care are special needs children. ASFA encourages more timely adoptions of children in public foster care by:

- requiring social workers to implement concurrent planning that will enable simultaneous efforts to reunify children in foster care with birth parents and seek adoption if reunification is later determined not to be in the best interests of the child;
- requiring that circuit courts and social workers review the case of any child in foster care for 15 out of 22 consecutive months and seek a termination of parental rights unless: a) the child is being cared for by a relative; b) the child's case plan documents that adoption is not in the child's best interest; or c) the state has not yet provided adequate services necessary for birth family reunification; and
- creating a five-year incentive funding program to award states for increasing adoptions.

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**The Legislature and the Department have implemented federal provisions to increase the rate of public adoptions.**

The Legislature and the Department have taken actions to implement ASFA that affect regional office staff, county social service departments, Milwaukee County social service staff, and circuit courts. 1997 Wisconsin Act 237 and 1997 Wisconsin Act 294 implemented concurrent planning and more timely foster care review procedures to comply with ASFA. In 1998 and 1999, the Department also issued several informational memoranda explaining the provisions of ASFA to regional office adoption staff, county social service directors, and Milwaukee County social service staff.

### **Incentive Funding**

Beginning in FFY 1998-99 and continuing through FFY 2002-03, ASFA provides incentive payments for states to increase adoptions over the prior base year or years. States receive \$4,000 for each additional adoption through or contracted by a public agency, and an additional \$2,000 for each such adoption that qualifies for federal adoption assistance based on the child's special needs and adoptive parents' economic status. Incentive payments made in September 1999 were based on comparisons of each state's FFY 1997-98 adoptions to its average number of adoptions from FFY 1994-95 through FFY 1996-97.

We found that the Department failed to collect an estimated \$332,000 in available ASFA incentive payments for adoptions that occurred in FFY 1997-98 because of two reporting problems. Officials in the Department under-reported FFY 1997-98 adoptions and failed to claim an estimated \$302,000 in incentive payments, as shown in Table 8. In addition, the Department included some private adoptions in its count of public adoptions receiving federal funds in the base years of FFY 1994-95, FFY 1995-96, and FFY 1996-97, and therefore over-reported the number of adoptions in Wisconsin for the base years, lowering Wisconsin's award by an estimated \$30,000.

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**The Departments errors led to \$332,000 in lost federal funding in FFY 1997-98.**

Without the errors, the State's funding award would have increased by an estimated 51.9 percent, to \$972,000. The additional funds the State was eligible to receive could have paid for an estimated 60 adoptions. Based on the information we provided, the Department has corrected the errors that could affect future funding, which may result in Wisconsin recouping some, and potentially most, of its loss when incentive payments are made for adoptions recorded during FFY 1998-99.

Table 8

**FFY 1998-99 ASFA Incentive Payment to Wisconsin**

Actual ASFA incentive payment	\$640,000
Effect of errors in reporting base-year adoptions	30,000
Effect of underreporting FFY 1997-98 adoptions	<u>302,000</u>
Subtotal of lost funding	332,000
Estimated payment if no errors had occurred	\$972,000

**Addressing Projected Caseloads**

**Department projections show an increasing caseload of special needs children.**

Based upon data from the first six months of 1999, adoption referrals of eligible children from county foster care increased 11.2 percent, from 446 to 496, since 1998, and total referrals to the active caseload—including children at legal risk—increased 14.4 percent, from 610 to 698. In preparation for the 1999-2001 budget, the Department estimated an additional 500 eligible children would be referred to the Special Needs Adoption program in FY 1999-2000. As shown in Table 9, this could result in a caseload of 973 children requiring completed adoptions in FY 1999-2000. If the Department completes 334 adoptions, 639 children will still require completed adoptions at the close of FY 1999-2000.

Table 9

**Special Needs Adoption Caseload Projections**

Eligible children requiring a completed adoption on June 30, 1999	473
Eligible children requiring a completed adoption entering the program in FY 1999-2000*	<u>500</u>
Estimated caseload of children requiring a completed adoption in FY 1999-2000	973
Estimated adoptions completed by state staff in FY 1999-2000**	<u>(334)</u>
Estimated caseload of eligible children requiring a completed adoption at the close of FY 1999-2000	639

\* Estimates provided by the Department for the 1999-2001 budget proposal.

\*\* Based on the average number of adoptions completed from January 1997 through June 1999, as reported by regional staff.

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**Over 5,800 children were identified in 1998 as having been in foster care longer than 15 of 22 consecutive months.**

The Department has estimated an even larger increase in the referral of children eligible for adoption in FY 2000-01 because of ASFA. Its records indicate that in October 1998, 1,699 children statewide, and an additional 4,112 children in Milwaukee County, had been in foster care for longer than 15 of the previous 22 consecutive months at the time ASFA was implemented. These cases must all be reviewed by July 1, 2000, and it is believed that many reviews will result in the filing of petitions to terminate parental rights. In 1998, approximately 9,200 children were in foster care statewide, including Milwaukee County.

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**The Legislature authorized funds to reduce the caseload by 145.**

In April 1999, to address projected increases in the caseload of children requiring completed adoptions, the Legislature's Joint Committee on Finance approved the use of \$697,000 in unanticipated federal revenues to move more children into adoptive homes as quickly as possible. This funding was provided to hire project staff and to contract with private licensed adoption agencies to supplement the Department's existing adoption services. It was expected that this funding would be sufficient for project staff to complete 100 adoptions and for the contracted staff to complete 45 adoptions in one year, thereby reducing the estimated caseload of eligible children requiring a completed adoption at the close of FY 1999-2000 by 145 if the Department began using these funds by June 1, 1999. However, there have been delays in the use of the funds, and it appears that project and contract staff may be reducing current social worker caseloads rather than supplementing these caseloads. Therefore, the Department may not succeed in reducing its caseload by the additional 145 children.

Project Positions - The proposal approved by the Joint Finance Committee included \$449,000 to hire eight project social workers, eight interns, and two project supervisors for a 12-month period beginning June 1, 1999. The Department planned to try to fill four of the social worker positions by July 1, 1999, and the other four by September 1, 1999. In addition, the Department decided not to fill the two supervisor positions until the Legislature approved the biennial budget, even after it was known the budget would be delayed. Officials in the Department believed these supervisor positions were not necessary unless certain items in the biennial budget related to contracting were approved as well.

The first social worker position was filled on July 27, 1999, eight weeks after the authorized hiring date of June 1, 1999; 5.5 of the remaining social worker positions were filled in August, September, and October 1999. However, 1 project staff person resigned in September, leaving 2.5 positions still vacant at the end of October 1999. The Department indicates several factors have hampered its ability to fill the positions, including wages that it believes are not competitive, the temporary nature of the positions, and administrative delays with personnel services. In addition, we found that program managers did

not provide adequate assistance to regional supervisors in recruiting applicants. Positions were not advertised in the State's *Current Opportunities Bulletin*, nor was any funding provided to regional supervisors to advertise the positions. In addition, there was confusion about whether fringe benefits were included with the positions. Although funds were budgeted to provide benefits, program managers did not act in a timely manner to answer questions from regional supervisors about benefits.

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**Current use of funding may not result in the completion of additional adoptions.**

We also found that regional supervisors intend to use the project social workers to reduce the caseloads of existing regional staff, so that regional staff can provide increased adoption planning services to counties. Although permanency planning services are an important component in the range of services provided by regional staff, shifting caseloads to the project staff likely will not result in the completion of the estimated 100 additional adoptions over the previous year's total.

Contracting with Private Agencies - The proposal approved by the Joint Finance Committee included \$248,000 to contract with private licensed adoption agencies for completion of 45 adoptions. Although all obligated funds for specific contracts will be paid regardless of when the contracts are completed, services to complete 45 adoptions would need to be provided by June 30, 2000, if the goal of reducing the FY 1999-2000 caseload is to be met.

By mid-March 2000, the Department had entered into 123 contracts and obligated \$273,750, as shown in Table 10. Of the current contracts, 90 are for home study services only; the others include additional adoption placement services. As with the number of adoptions completed by project staff, the Department will need to monitor regional use of these contracts to ensure this funding is used to help complete additional adoptions before it is used to reduce the number of completed home studies expected from existing regional staff.

Table 10

**Private Agencies with Contracts to Provide  
Services for Special Needs Adoptions**

As of mid-March 2000

<u>Private Agency</u>	<u>Amount of Funds Obligated</u>	<u>Number of Active or Completed Contracts</u>
Adoption Option	\$ 1,600	1
Bethany Christian Services	29,775	14
Catholic Charities of La Crosse	21,000	11
Catholic Charities of Madison	27,800	15
Catholic Charities of Milwaukee	3,500	2
Children's Service Society	55,450	27
Community Adoption Center	11,800	6
Evangelical Child and Family	9,400	5
Lutheran Social Services	70,225	27
PATH	39,600	13
Special Beginnings	<u>3,600</u>	<u>2</u>
Total	\$273,750	123

**Some regional staff are  
resistant to contracting.**

We noted varied fees paid to contracted agencies and varied use of contracting among the regions. Fees charged by private agencies for home study for a foster home conversion range from \$1,350 to \$2,500; for a new family home study, fees range from \$1,500 to \$2,500. Use of contracting ranges from 35.8 percent of the obligated funds in the southern region to 1.0 percent in the northern region. One reason for the varied used of contracting is staff resistance.

Finally, participating agencies have expressed frustration with several aspects of the contracting efforts. Some agencies have stated that the process used to match children and families does not provide families for which they complete home studies with equal access to children, primarily because most of the matching is done by individual social workers and their supervisors, who may unintentionally give preference to families studied by state staff. This situation may be changing in two of the regions that have worked to include private agency staff in meetings to discuss children and families eligible for adoption. Private agencies have also expressed frustration with the lack of information regarding the volume and timing of additional cases, which is necessary for agencies to provide adequate staffing and to maximize their contracting participation. Both private agency staff and regional



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**Contract management problems were associated with previous contracting efforts.**

supervisors in the Department have indicated a need for training private agency staff, but to date none has been provided. If these concerns are not addressed by the Department, private agencies may be reluctant to engage in future contracting efforts.

These contract management problems are similar to some problems associated with the Department's pilot efforts to contract for adoption services in 1989. Issues identified in our last review of the program that have yet to be addressed in current contracting efforts include:

- adequately communicating the scope of work to contract agencies;
- providing sufficient training to contract agency staff and to state staff for contract management; and
- developing and maintaining payment schedules for contracted services.

The proposal approved by the Joint Finance Committee provided the Department with flexibility in spending additional funds, but the goal of reducing the adoption caseload by an additional 145 children is clear. Many factors, both within and outside the Department's control, have delayed the Department's prompt use of these funds. To ensure that these funds are used to actually reduce the caseload, we recommend the Department of Health and Family Services report to the Joint Legislative Audit Committee by June 30, 2000, on the use of the additional funding, the net increase in adoptions that have already resulted from the funding, and the Department's estimate of when and how many additional adoptions will be realized as a result of the additional funds. This report should include a comparison of the number of adoptions completed during FY 1998-99 and FY 1999-2000.

### **Future Considerations**

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**Increasing caseloads require expanded capacity.**

During the 1999-2001 biennium, two of the Department's major goals for the Special Needs Adoption program are to establish a working relationship statewide between regional staff and private licensed adoption agencies, and to integrate the program in Milwaukee County with the rest of the Department's program. Increasing caseloads—both statewide and in Milwaukee County—will require expanded capacity, and program managers believe private agencies can help the Department meet this capacity. As the Department proceeds with these goals, its success will depend on addressing a number of issues related to both privatization and the differences between Milwaukee County and the rest of the State.

The Department's long-term plan for the Special Needs Adoption program was to contract with private agencies to provide most, if not all, of the direct adoption services to children and families, including case management, home studies, and pre- and post-adoption services. This budget proposal to phase-in contracted adoption placement services was to begin in FY 1999-2000, and transfer of the entire caseload to private agencies was to occur by June 2003. Under this plan, 15 of the existing 25.5 FTE social worker positions would have been eliminated through attrition. The Governor included \$3,367,100 in his 1999-2001 budget proposal to fund the Department's request.

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**The 1999-2001 budget includes funding for both project positions and contracting.**

The Governor's budget proposal was modified during the legislative budget process to allow the Department to hire up to 24 project positions, as well as to contract with private agencies to meet the caseload demands of the current biennium. Federal and state funding were reduced to \$2,983,300, because funding for private agency training and quality assurance services was eliminated. During the current biennium, the Department intends to work with its staff and with private agencies to develop the best mix of services to allow for expanded program capacity and quality of services. In doing so, the Department will need to develop ways to ensure the quality of home studies conducted by private agencies, to ensure that all social workers home studies performed by private agencies and are willing to place children with those families, and to provide private agencies with reasonable information about the amount of work that will be contracted so that they can make staffing decisions.

As the Department works to meet the challenges of expanding its capacity through increased contracting with private agencies, it will also need to prepare for integrating the Milwaukee County program with the program in the rest of the state. Milwaukee County's special needs adoption program differs from the Department's program in organization and size. The Department's regions consist of multiple counties; Milwaukee County is a single county. In addition, Milwaukee County's program is decentralized, with social workers from four service areas coordinating different aspects of each adoption case. Elsewhere in the state, regional social workers individually coordinate and manage all the services needed for each adoption case.

In addition, Milwaukee County's total caseload is larger than any single region's caseload. In FY 1998-99, the Department's data show the five regional offices together completed 357 adoptions, an average of approximately 71 per region. In contrast, Milwaukee County completed 191 adoptions. Also, as noted, the Department identified 1,699 foster care cases in all other counties combined that required review by July 1, 2000, based upon the new ASFA guidelines. In contrast, the Department identified 4,112 similar cases in Milwaukee County.

As the Department continues its efforts to combine Milwaukee County's program with the Department's, issues that will need to be addressed include:

- whether Milwaukee County staff should continue to provide services in a decentralized manner or should convert to the Department's case management system;
- whether Milwaukee County should continue to have a separate administrative organization or be combined with the Southeastern Regional Office; and
- the future role of the Bureau of Milwaukee Child Welfare, which currently oversees both child welfare and adoption services in Milwaukee County.

\*\*\*\*



PARENTING INTEREST SURVEY  
SPECIAL NEEDS ADOPTION PROGRAM

The purpose of this form is to help document your initial eligibility for the program, examine a range of children's special needs and specify those needs which you may consider for an adoptive placement. Your responses will be used to determine which families are selected to continue into the next phase of the screening process. If you have any questions about this form or need assistance in completing the form, please contact the adoption staff at the nearest regional office.

Screening Participant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Alternate Daytime Phone: ( ) \_\_\_\_\_

**SECTION I:**

The Department will review the information provided here to determine if you are likely to meet eligibility criteria in HSS 51.07(8). This criteria includes; foster home licensing rules, financial, health, family functioning and marital status. Further eligibility information and documentation will be required if you are selected into the next phase of the screening process.

*Note: An adoptive home in Wisconsin must be licensed as a foster home from the time of placement until the adoption is completed in court.*

Please place an "x" under the "yes" or "no" regarding the following:

LICENSING KNOWLEDGE AND EXPERIENCE

YES    NO

- |       |       |  |
|-------|-------|--|
| _____ | _____ | 1. I/We have read and understand Wisconsin Administrative Code HSS 56, Foster Home Care for Children and HSS 51 Adoption of Children with Special Needs.   |
| _____ | _____ | 2. I/We are currently licensed as foster parents in Wisconsin.   |
| _____ | _____ | 3. I/We are not currently licensed as foster parents but believe we meet the requirements for foster home licensing as defined in Wisconsin Administrative Code HSS 56.                              |
| _____ | _____ | 4. I/We may need an exception to the foster home licensing rules. (Discuss this with an regional adoption social worker if you have questions.) Please indicate specific licensing rule and explain. |

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

YES   NO

\_\_\_   \_\_\_   5. I/We or any household member have been denied, revoked or asked to relinquish a foster home license by an agency, public or private. If yes, please explain.

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

\_\_\_   \_\_\_   6. I/We or any adult household member have been previously denied in the adoption home study (Adoptive Family Assessment) process with this or another agency or have received an unfavorable recommendation from any foster care or adoption agency. If yes, please explain.

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

\_\_\_   \_\_\_   7. I/We or any household member have NOT been arrested or convicted of a law other than minor traffic violations, past or pending. (Driving a motor vehicle while intoxicated IS considered a significant violation for this question.) If yes, please explain.

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

PROGRAM REQUIREMENTS

YES   NO

\_\_\_   \_\_\_   8. I/We are in the process of adopting a child whose adoption is not yet legally final.

\_\_\_   \_\_\_   9. I/We are a single adult and/or legally divorced or we have been married for a minimum of one year.

\_\_\_   \_\_\_   10. I/We are legal residents of the State of Wisconsin. [s. 48.82(1), Wisc. Stats.]

\_\_\_   \_\_\_   11. To the best of my/our knowledge, no household member has any illness or disability that is likely to threaten the health of a child or interfere with our family's capacity to provide care and physically, mentally and emotionally raise a child to 18 years of age.

\_\_\_   \_\_\_   12. Our family has a stable income sufficient to meet our family's obligations without reliance on basic maintenance payments received for the care of foster/adoptive children in our home.

\_\_\_   \_\_\_   13. All household pets are currently vaccinated for rabies and there are no vicious or infected animals on the premises.

**SECTION II: HOUSEHOLD COMPOSITION**

*This section documents the likelihood that you could accept the placement of one or more children in addition to your current family responsibilities.*

Children In your Home:

Child's Name	Child's Age in Years	Child's Sex M=Male F=Female	Child's Relationship B=Birth A=Adopted F=Foster Child R=Relative O=Other	Special Needs: E=Emotional B=Behavioral P=Physical
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Other persons in your home for whom you provide daily care:

Name	Age	Relationship	Needs
1.			
2.			
3.			

Others residing in your home:

Name	Age	Relationship
1.		
2.		
3.		

These responses are accurate to the best of my/our knowledge. Two signatures are required for married couples.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**SECTION III: CHARACTERISTICS OF CHILD(REN) DESIRED FOR ADOPTION**

*Please read carefully each description in the next three sections and place an "X" in one of the first three columns which best applies to you and your family. Also place an "X" in the "Have Experience" column if it applies. "Have Experience" means that you have successfully provided care for a year or more to a birth child, relative's child, foster child or adoptive child who has this characteristic, or for two years or longer or to a child or children in a work situation.*

**PHYSICAL CARE NEEDS:** Characteristics in this section include physical/medical conditions affecting the child which significantly impact the child and family's lifestyle. These characteristics require intensive care and on going medical treatment, therapies and/or surgeries.

CHARACTERISTICS	ACCEPTABLE	MAY CONSIDER	WILL NOT CONSIDER	HAVE EXPERIENCE
Child has unknown medical or developmental history and birth parents medical and developmental histories may be unknown				
Needs considerable help with dressing, feeding, bathing and toileting. (Not age appropriate)				
Needs total care with dressing, feeding, bathing and toileting. (Not age appropriate)				
Frequently soils or wets. (Not age appropriate)				
Needs extensive medical attention and care by care givers such as physical therapy/exercise, gastrostomy feeding, tracheotomy care, orthotics, etc.				
Has a limited life expectancy due to medical problems				
Has AIDS infection or virus				
Has significant asthma or allergies limiting your home environment and lifestyle				
Has severe respiratory problems, such as cystic fibrosis and may require oxygen and smoke free, pet dander free environment				
Is diabetic requiring daily special diet and administering of medication				
Has muscular dystrophy				
Has cerebral palsy				
Is wheel chair reliant				
Has dwarfism or other physical abnormalities				
Has multiple medical problems requiring <u>extensive</u> diagnosis, treatment and keeping of medical appointments				
Has seizure disorder requiring medication				
Has heart problem requiring reduced activity and/or possible surgery				



Has significantly impaired vision or is blind				
<b>CHARACTERISTICS</b>	<b>ACCEPTABLE</b>	<b>MAY CONSIDER</b>	<b>WILL NOT CONSIDER</b>	<b>HAVE EXPERIENCE</b>
Has significant hearing loss or is deaf				
Has a severely limiting physical disability				
Has cleft palate and/or lip and may require further surgeries				
Has speech disorder, stutter or lisp and may require on going speech therapy				
Was born prematurely or experienced difficulty at birth with unclear potential for future problems				
Has Downs Syndrome				

**EMOTIONAL/BEHAVIORAL SPECIAL NEEDS:** Characteristics in this section include emotional and/or behavioral problems which may require intensive supervision and consistency by the family. These characteristics can demand long term counseling and specialized parenting training to deal with specific behaviors. Close coordination with school and/or treatment providers is necessary.

<b>CHARACTERISTICS</b>	<b>ACCEPTABLE</b>	<b>MAY CONSIDER</b>	<b>WILL NOT CONSIDER</b>	<b>HAVE EXPERIENCE</b>
Is autistic (severely withdrawn) requiring highly controlled environment				
Is hyperactive/ADHD requiring medication, special education and a highly structured home environment				
Has learning disabilities requiring special classes or tutor as well as daily parent involvement with school and/or homework				
Exhibits significant behavioral disturbances at school requiring frequent parent intervention				
Is cognitively delayed (educable mentally retarded)				
Functions socially at a much younger age than peers				
Frequent sibling rivalry				
Is grieving the loss of previous placements				
Is physically aggressive towards others				
Is sexually active				
Is identified as homosexual				
Requires treatment for drug or alcohol addiction				
Plays with fire, has set fires				
History of delinquent acts				
Frequent delinquent behavior (possibly gang related) needing intensive intervention				

<b>CHILDREN WHO HAVE A HISTORY OF BEING ABUSED EITHER PHYSICALLY OR SEXUALLY MAY INCLUDE THE FOLLOWING BEHAVIORS EITHER CURRENTLY OR IN THE FUTURE</b>				
<b>CHARACTERISTICS</b>	<b>ACCEPTABLE</b>	<b>MAY CONSIDER</b>	<b>WILL NOT CONSIDER</b>	<b>HAVE EXPERIENCE</b>
Constantly demands for excessive attention				
Exhibits severe temper tantrums (not age appropriate) and of excessive duration				
Extremely fearful, possible phobic or panic stricken				
Has compulsive behaviors such as hoarding food, rocking, eating disorders				
Frequently destructive to property and possessions				
Has self destructive behaviors such as head banging, cutting self				
Plays with fire, has set fires				
<b>CHILDREN WHO HAVE A HISTORY AS A VICTIM OF SEXUAL ABUSE MAY ALSO EXHIBIT THE FOLLOWING BEHAVIORS CURRENTLY OR IN THE FUTURE</b>				
Inappropriately touches others or is verbally explicit about sex				
Masturbates in public				
Sexually abuses animals				
Has sexually assaulted other children				

**POTENTIAL RISK FACTORS DUE TO BIRTH PARENTS' DIAGNOSES OR LIFESTYLE:** These items refer to circumstances affecting the birth parents that may or may not be a potential risk for the child. In situations in which the child has been diagnosed, some or all symptoms may be exhibited and to any degree.

<b>CHARACTERISTICS</b>	<b>ACCEPTABLE</b>	<b>MAY CONSIDER</b>	<b>WILL NOT CONSIDER</b>	<b>HAVE EXPERIENCE</b>
Has one or both parents with mental illness and risk to child is unknown				
Has one or both parents who are cognitively delayed (retarded) and risk to child is unknown				
Has one or both parents with a criminal conviction				
Has one or both parents with a history of alcohol and/or drug abuse with risk to child unknown				
Conceived of an incestuous relationship; may have significant risk of medical and/or developmental delays				
Birth mother used alcohol during pregnancy and child is diagnosed with fetal alcohol syndrome. Symptoms include learning disabilities, memory problems, oppositional behaviors, hyperactivity, severe mood changes and possible difficulty in attaching to others.				

Birth mother used drugs during pregnancy and child was exposed to prenatal substance abuse, i.e. cocaine affected. Symptoms include learning disabilities, severe hyperactivity, difficulty in attaching to others, irritability, highly distractible, tremors, oversensitivity to touch, severe mood changes.				
--	--	--	--	--

**SECTION IV: HOME RESOURCES CATEGORIES**

After serious consideration of the child characteristics your family is willing and able to care for, please rank the special needs types best suited for placement in your family. You may select any number of categories for consideration in the screening process. \*Please bear in mind that the vast majority of our children in the program have a combination of special needs.

- | PRIORITY RANKINGS           | CATEGORIES   |
|-----------------------------|--|
| <input type="checkbox"/> A. | A child with moderate or severe behavioral or emotional needs.                   |
| <input type="checkbox"/> B. | A child with moderate or severe physical or medical needs.                       |
| <input type="checkbox"/> C. | A sibling group of three or more children with moderate or severe special needs. |
| <input type="checkbox"/> D. | A child who is 10 years of age or older, if age is the only factor. *            |

I/We are interested in:

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> One child             | <input type="checkbox"/> Boys only  |
| <input type="checkbox"/> Two siblings          | <input type="checkbox"/> Girls only |
| <input type="checkbox"/> Three siblings        | <input type="checkbox"/> Either sex |
| <input type="checkbox"/> Four or more siblings |                                     |

The youngest age I/we are interested in is \_\_\_\_\_  
 The oldest age I/we are interested in is \_\_\_\_\_

*Responses to the following do not affect your eligibility but will assist the Department in planning for the children that are available through this program.*

I/We will consider children whose circumstances are such that (check all that apply)

- The termination of parental rights may be appealed.
- The termination of parental rights has not occurred but that is the plan.
- Contact with significant relatives of foster family members is desired after the adoption.
- Visitation with significant relatives, including birth siblings of foster family members is desired after the adoption.

RETURN TO: BUREAU OF PROGRAMS AND POLICIES  
SPECIAL NEEDS ADOPTION PROGRAM  
P. O. BOX 8916  
MADISON, WI 53708-8916

Parenting Interest Surveys will be included in each preliminary screening according to dates received at the above address. Dates are as follows:

<b>Date Parenting Interest Form Returned</b>	<b>Preliminary Screening Committee Meeting Date</b>
January 1, 2000 – March 5, 2000	March 8, 2000
March 6, 2000 – May 4, 2000	May 11, 2000
May 5, 2000 – July 13, 2000	July 20, 2000
July 14, 2000 – September 7, 2000	September 14, 2000
September 8, 2000 – November 2, 2000	November 8, 2000

APPENDIX II

**ADOPTION FAMILY ASSESSMENT**  
**ADOPTIVE FAMILY SUMMARY INFORMATION**

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Worker's Name: \_\_\_\_\_

Application Date: \_\_\_\_\_

Approval Date: \_\_\_\_\_

**Applicants:**

Father's Name : \_\_\_\_\_

                    Last      First      Initial

Mother's Name: \_\_\_\_\_

                    Last      First      Initial

Birthdate: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Race: \_\_\_\_\_

Race: \_\_\_\_\_

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Marriage Date: \_\_\_\_\_

Prior Marriage(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Directions to home: \_\_\_\_\_

Home phone: \_\_\_\_\_ Occupation (He) \_\_\_\_\_ Work phone (He): \_\_\_\_\_

Occupation (She) \_\_\_\_\_ Work phone (She): \_\_\_\_\_

**Household Members:**

<b><u>Name</u></b>	<b><u>Status</u></b> (birth child, foster, adopted, adult relative, adult boarder, etc.)	<b><u>D.O.B</u></b>	<b><u>Sex</u></b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Other Children (out-of-home):**

<b><u>Name</u></b>	<b><u>Status</u></b> (step children, emancipated, etc.)	<b><u>D.O.B</u></b>	<b><u>Sex</u></b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ADDITIONAL REQUIRED HOME STUDY ASSESSMENT INFORMATION**

<u>References Contacted:</u>	<u>Name</u>	<u>Relationships/Status</u>	<u>Letter or Worker Dictation on File? Y/N</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**Other Record Checks**

Wisconsin Department of Justice Criminal Record Check was completed on each adult member of household and findings are on file in study record (Y/N) \_\_\_\_\_

Record contains information which verifies the financial status of applicants and birth, marriage, divorce, military and naturalization information required by HSS 51.50 (4) (a) (Y/N) \_\_\_\_\_

Record contains information from prior adoption or foster home studies or other public records including:

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

**Medical Recommendations**

Record contains recommendations of a physician for each applicant according to HSS 51.50 (5) (d) (Y/N) \_\_\_\_\_

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

**Licensing Information**

Assessment of family and home included foster home eligibility requirements HSS 51.50 (5) (b). This home meets all HSS 56 requirements (Y/N) \_\_\_\_

This home meets requirements of HSS 56 with the following exception(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Liability insurance information is included in home study file. (Y/N) \_\_\_\_

**Administrative Rule Requirements**

All eligibility requirements of HSS 51.50 (5) are met (Y/N) \_\_\_\_

Describe any exception(s) made to the eligibility requirements of HSS 51.50 (5):

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

**Listing of Contact Dates During Assessment**

(dates of group study sessions, individual and joint interviews, home visits, collateral contacts)

Date	Person(s) contacted

(Complete after Finalization of AFA)

\*\*\*\*\*

**Type of Child Approved for Placement per Assessment:**

Age Range: \_\_\_\_\_ Sex: \_\_\_\_\_ Race(s): \_\_\_\_\_

*Note: If this is a conversion home study omit the following and go to: "Additional required home study information."*

Sibling Group, size, sex, and other considerations: \_\_\_\_\_

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

Approved for possible legal risk placement? \_\_\_\_\_

Special Needs/Conditions of Child(ren) appropriate and inappropriate for this home: (rate those needs which apply according to relative severity with #0 indicating "none," #1 indicating "mild," #2 indicating "moderate," and #3 for "severe.")

\_\_\_\_\_ Physical & Personal      \_\_\_\_\_ Behavioral      \_\_\_\_\_ Emotional

Explain Other Placement Conditions: \_\_\_\_\_

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

\*\*\*\*\*



**ADOPTION FAMILY ASSESSMENT**

**FOR USE DURING THE ADOPTION FAMILY APPROVAL PROCESS**

<b>Case Name</b> _____	<b>Worker Name</b> _____
<b>Case Number</b> _____	<b>Date</b> _____

## History Element

---

### 4 Positive

General childhood experience was nurturing; presence of caring/supportive significant others; evidence of life successes; positive outlook about history; general health history good; has successfully worked through unpleasant history issues.

### 3

Indications of minimal problems during childhood; inconsistency from supportive/caring significant others; some evidence of life disappointments; neutral outlook about history; some history of health problems.

### 2 Negative

Unhappy childhood; product of unstable family; minimal association with supportive/caring significant others; general life disappointments; negative outlook about history; history of health problems.

### 1

Indication of abusive/neglectful childhood; history of personal and social maladjustment; significant others uncaring/rejecting; developmental needs unmet; inability to maintain relationships and employment; preoccupied with perceptions of history.

### 0 Traumatic

Violent or seriously deprived childhood; problem-filled life experience; life-long victimization; history of physical/emotional dysfunction; evidence of criminal/antisocial behavior; no evidence of permanency during childhood.

**NOTE:** *When gathering information concerning the history of the potential adoptive parents, include recent history as well as past history. Also, if a difficult history has been successfully overcome, consider the "4" anchor.*



# **Adult General Functioning Element**

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## **Positively Adaptive**

### **4 Generally Appropriate**

Adult communicates ideas, feelings and needs; copes adequately with life stresses; demonstrates satisfactory life management; demonstrates productivity and independence through employment or other means; maintains satisfactory interpersonal and community relationships; has social connections that are rewarding and supportive; applies reasonable, successful problem solving approaches.

### **3 Often Appropriate**

Positive adaptive functioning is usually apparent; variations to adaptive functioning may be specifically related to an event or situation.

### **2 Sometimes Appropriate**

Nonadaptive functioning is apparent as often as not; adaptive functioning may or may not be predictable; nonadaptive functioning may or may not be specifically related to an event or situation.

### **1 Occasionally Appropriate**

Usually adult functions in nonadaptive ways; however, in certain limited areas of life adult exhibits acceptable functioning.

### **0 Rarely Appropriate**

Adult is unable to communicate ideas, feelings and needs most of the time; is unable to cope adequately with life stresses; demonstrates unsatisfactory life management; is unproductive, may have employment problems and may be dependent; possesses conflicted interpersonal and/or community relationships, may include criminal activity; applies unreasonable, unsuccessful problem solving approaches; dysfunction is chronic.



# Adult Mental Health Functioning Element

---

## Positively Adaptive

### **4 None**

Adult's mental health functioning supports satisfactory life functioning and performance of roles characterized by, but not limited to: controlled and appropriate emotions; coherence in manner or communication; behavior is rational and appropriate; interested in a wide range of activities; socially effective; generally satisfied with life; demonstrates effectiveness in several areas such as work, school, family relations, judgment or thinking; possesses satisfactory self-concept; maintains personal hygiene; no current diagnosable mental health problems; use of substances does not affect functioning or not against law.

### **3 Mild**

Successful functioning is apparent in most aspects of the adult's life and results in generally successful performance of roles; mental health and/or substance abuse problems are being actively and successfully treated.

### **2 Moderate**

Successful mental health functioning and/or management of substance use is apparent in many aspects of the adult's life and may be directly associated with limited success in treatment; variations in functioning and substance use may be influenced by events or situations may be transient.

### **1 Significant**

Usually adult's mental health functioning and/or substance use prevents satisfactory life functioning and performance of roles; in certain limited areas of life or periodically adult exhibits acceptable mental health and/or management of substance use.

### **0 Severe**

Adult's mental health functioning and/or substance use prevents satisfactory life functioning and performance of roles characterized by, but not limited to: uncontrolled and inappropriate emotions; incoherent in manner or communication; behavior is irrational (hallucinations/delusions) or grossly inappropriate; preoccupied with suicidal thoughts or attempts; is a danger to self or others; major impairment in several areas such as work, school, family relations, judgment or thinking; possesses extremely poor self-concept; unable to maintain personal hygiene; diagnosed mental health problems which are not being successfully treated; addicted to and/or actively using substances; conditions are chronic.



# Parenting -- Discipline Element

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## 4 Appropriate

Uses varied and acceptable disciplinary approaches; has dealt with prohibition on corporal punishment for adoptive children; creative in discipline approaches; maintains self-control when disciplining; holds reasonable discipline expectations; recognizes child's growth and control needs and balances setting boundaries and teaching in disciplinary approaches; discipline is applied in fair and just ways; the disciplinary function is seen by the parent as one of many parent responsibilities.

## 3 Inconsistent

Inconsistent use of discipline; some evidence of use of varied approaches; is unsure of how to deal with corporal punishment issue; seldom loses control when disciplining; attempts to balance teaching and punishing; usually matches discipline appropriately with child needs, age, behavior and acts; unusual, inappropriate or harsh discipline may occur but is out of character from typical approach.

## 2 Inappropriate

Tendency toward negative/unacceptable disciplinary approaches; hasn't considered corporal punishment issue; occasionally loses self-control when disciplining; views discipline as punishment only; abstains from applying any disciplinary measures regardless of child age, behavior, acts; may know of different discipline approaches, but does not demonstrate willingness or capacity to apply them; may be unaware of or ignores child's need for boundaries and growth which can be achieved by appropriate use of discipline.

## 1 Harmful

Uses negative/inappropriate disciplinary approaches; sometimes discipline occurs as a parent reaction to frustration or anger; generally uncreative in discipline methods or ignorant of different methods; demonstrates disciplinary expectations which the child often cannot meet; discipline occurs in an unpredictable pattern apparently not influenced by child age, behavior, acts or established rules or expectations; parent abdicates parenting responsibility.

## 0 Destructive

Uses extreme/harsh disciplinary approaches, including violence, threats and verbal assault; deliberately takes frustration out on child; Discipline represents a means for venting anger and frustration; demonstrates disciplinary expectations which are impossible for the child to meet; totally uncreative in discipline methods; discipline is vengeful; discipline is applied constantly and without discrimination or distinction with regard to child's age, behavior or acts; self-righteous; discipline is seen as the primary function of parenting.





## Parenting -- General Element

---

### 4 Appropriate

Generally exhibits parenting behavior which takes into account the child's age/capacity and race/culture; possesses reasonable expectations for the child; understands and acts on the child's strengths/limitations/needs; provides basic care, nurturing and support; is protective; demonstrated history of positive parenting; knowledgeable of child development/parenting; is capable and motivated to learn; demonstrates sufficient capacity and individual energy to provide for all children in the home. Satisfied and motivated in parenting role.

### 3

Sometimes fails to exhibit parenting behavior which takes into account the child's age/capacity or race/culture; has inconsistent expectations for the child; sometimes fails to understand or act on the child's strengths/limitations/needs; demonstrates capacity to learn and develop as a parent; viewpoint sometimes detracts from support/nurturing of growth and development; sometimes inconsistent in providing basic care and/or nurturing and/or support; sometimes does not exert self-control in specific areas of parenting; mixed history of parenting effectiveness. Somewhat satisfied with parenting role.

### 2 Inappropriate

Usually does not exhibit parenting behavior which takes into account the child's age/capacity or race/culture; sometimes has inappropriate expectations for the child; sometimes does not take into account the child's strengths/limitations/needs; viewpoint usually detracts from support/nurturing or growth and development; inconsistent in providing basic care and/or nurturing and/or support; exhibits limited self-control in most areas of parenting; not involved or overly involved. Sometimes does not demonstrate sufficient capacity and individual energy to provide for all children in the home. Somewhat dissatisfied with the parenting role.

### 1

Does not exhibit parenting behavior which takes into account the child's age/capacity or race/culture; insensitive to child's strengths/limitations/needs; viewpoint prevents support/nurturing of growth and development; demonstrates inappropriate expectations for the child; usually does not provide basic care and/or nurturing and/or support; impulsive in most areas of parenting; not protective. Usually does not demonstrate sufficient capacity and individual energy to provide for all children in the home. Dissatisfied with parenting role.

### 0 Destructive

Exhibits parenting behavior which is based only on the parent's needs; ignores child's strengths/limitations/needs; viewpoint is distorted; demonstrates expectations which are impossible for the child to meet; generally does not provide basic care and/or nurturing and/or support; places child in unsafe situations; deliberately takes frustrations out on the child; self-righteous; negative history of parenting. Does not demonstrate sufficient capacity and individual energy to provide for all children in the home. Aversion to parenting role.



# Child Functioning Element

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## Potential Adoptive Parents' Own Children Age Appropriate

### **4 Generally Age Appropriate**

Child's behavior, emotional, intellectual, temperamental and physical functioning are consistent, reasonable, appropriate with age and are illustrative of expected development.

### **3 Often Age Appropriate**

Age appropriate behavioral, emotional, intellectual, temperamental and physical functioning are usually apparent; inconsistent, unreasonable functioning is sporadic or related to an event or specific situation.

### **2 Sometimes Age Appropriate**

Age appropriate behavioral, emotional, intellectual, temperamental and physical functioning are apparent as often as not and may or may not be predictable.

### **1 Occasionally Age Appropriate**

Child's behavior, emotional, intellectual, temperamental and physical functioning are usually inconsistent, unreasonable and inappropriate but, in certain limited areas of life, child demonstrates acceptable functioning.

### **0 Rarely Age Appropriate**

Child's behavior, emotional, temperamental and/or physical functioning are inconsistent, unreasonable and inappropriate with age most of the time as evidenced by dysfunctional living; such dysfunction likely has a chronic quality.

**NOTE:** *Ratings in this element will require sufficient information from parent interviews, child interviews, collateral interviews, and other sources as a means to determine judgment about variations/consistency in levels of functioning.*



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## Family Functioning Element

### 4 Effective

Family roles and boundaries are clear and effective; communication is effective; routine and order exist; family affection is expressed; family cohesion; marital stability; integrated into community; home climate is calm; home organized; positive history of family functioning.

### 3

Family roles and boundaries are generally clear and effective; communication is adequate; inconsistent routine and order; minimal family affection expressed; occasional unresolved marital or family conflict; minimally integrated into community; climate varies; inconsistent organization.

### 2 Ineffective

Family roles and boundaries are blurred and ineffective; communication superficial; no family affection; unresolved marital and family conflict; isolated from community; indifferent climate; consistently inadequate routine/regulation; quality of family history varies; family functioning is minimally affected by use of alcohol or drugs.

### 1

Absence of definition and understanding of roles and boundaries; communication closed; overwhelmed; some misuse of family affection; some family and marital violence and instability; alienated from community; frustrating climate; no routine/regulation; family functioning is somewhat affected by abuse of alcohol or drugs.

### 0 Destructive

Vacating of roles by adults; inappropriate exchange of roles between adults and children; communication used as a means of control/intimidation; chaotic; misuse of family affection; family and marital violence and instability; intentional avoidance of the community; destructive climate; out of control; negative history of family functioning; family functioning is significantly affected by abuse of alcohol or drugs.

## Family Support Network Element

### 4 Supportive

Relationships are constructive, caring, supportive, not interfering; provide caring, encouragement and understanding; reinforce adaptation; are helpful; provide positive diversion; are meaningful; support decision to adopt.

### 3

Relationships are casual/formal; usually not interfering; minimally reinforce adaptation; relationships are not exploitative; provide some diversion; positive, but superficial.

### 2 Unsupportive

Do not possess meaningful relationships, or relationships are characterized by some conflict, disappointment and distancing/avoidance; are ambivalent about applicant's decision to adopt.

### 1

Alienated from others; manipulated; conflictual; avoiding; disappointing; intimidating; interfering; not supportive; somewhat reinforce unacceptable behavior of parents/family.

### 0 Destructive

Violence; exploitation; reinforce maladaptation; create negative diversions; significant conflict exists; opposed to applicant's decision to /adopt.

## Family Force

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**7. Family Functioning Element:** *How does the potential adoptive family function, communicate and interact? For married applicants, describe the overall marital relationship, including strengths and any problem areas.*

**Specific areas include:** how the family is structured, the clarity of roles and boundaries, who is in charge, how family decisions are reached, the level and type of communication used, the presence and use of affection, marital issues, unresolved infertility issues of couple (if appropriate), presence/absence of family violence, open/closed to transracial/cultural/religious experiences, and the general feelings/climate within the family.

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**Rating:**

**8. Family Support Network Element:** *What is the quality of supportive relationships (formal and informal) outside the home?*

**Specific areas include:** nature of extended family support; support of nonrelated persons (friends, confidants); involvement/support of organizations, clubs, churches, agencies; involvement/support of neighbors, business and social associates.

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**Rating:**

## **Demographic Element**

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### **4 Calm**

Family stresses from demographics are being managed; adequate resources are available; lack of significant/extraordinary life stresses as evidenced in demographics; safe conditions exist; transportation/outside communication is available/utilized.

### **3**

Family may be experiencing a current crisis from demographic stress; stress is manageable; presence of some life stresses as evidenced in demographics; some social distancing; transportation/outside communication somewhat available/accessibile.

### **2 Stressful**

Family's ability to deal with demographically induced crisis varies; having difficulty managing stresses; some resources; social distancing; transportation/outside communication generally available/utilized inconsistently; presence of a number of life stresses as influenced by demographics.

### **1**

Family unable to deal with crisis brought by demographics; cannot manage stresses; resource shortage; geographically/socially isolated; unsafe conditions exist; transportation/outside communication generally unavailable; preoccupied with life stresses which are influenced by demographics.

### **0 Overwhelmed**

Family is overcome by stress from demographics; avoiding these stresses; no resources; high crime area/significant poverty; transportation/outside communication unavailable; life stresses characteristic of demographics may be chronic.



## Viewpoint of Birth Parents Element

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### 4 Empathic

Potential adoptive parents view parents who maltreat or relinquish children in a manner which demonstrates understanding and awareness; understand how parental frustrations can reach a point of inappropriate behavior; recognize people are not always able to control their behaviors/feelings; see maltreating parents as troubled people who are failing as parents, but generally can be helped; see the value in providing assistance to parents to alter the conditions which create the maltreatment.

### 3

Potential adoptive parents view parents who maltreat or relinquish children in a manner which demonstrates limited understanding and awareness; vacillate between understanding and not understanding inappropriate parental behaviors; primarily demonstrate concern and recognition of the needs of the child compared to needs of the parent; recognize people are not always able to control their behaviors/feelings; see some value in providing limited assistance to parents to alter the conditions which create the maltreatment; may be misinformed.

### 2 Inappropriate

Potential adoptive parents view parents who maltreat or relinquish children in a manner which demonstrates a lack of understanding and awareness; believe people are responsible for controlling their behaviors/feelings; and do not see the value in providing assistance to parents to alter the conditions which create the maltreatment, have not considered how maltreatment impacts the parents and children.

### 1

Potential adoptive parents view parents who maltreat or relinquish children in a manner which demonstrates an unwillingness to understand; believe people should be punished for not controlling their behaviors/feelings; unable/unwilling to consider what maltreatment means to children and their parents; and do not believe in providing assistance to parents to alter the conditions which create the maltreatment.

### 0 Extreme

Potential adoptive parents view parents who maltreat or relinquish children as mentally ill or criminal and do not see any reason for such behavior; believe such parents should never be able to parent any child; and believe such parents should be placed in prison and their parental rights to their children should be terminated.

## Viewpoint of Adoptable Children Element

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### 4 Appropriate

Consistent with age/capacity of adoptive child; demonstrates sensitivity/understanding of history and circumstances of adoptive child; recognizes that these children possibly possess emotional, behavioral, and physical problems; that they usually love and want to be with their parents; that they may be difficult to parent; that they may be provocative and test the placement situation; that they are very vulnerable, demanding and require more than love; demonstrates awareness/acceptance of adoptive child's strengths/limitations/needs; viewpoint supports/nurtures growth and development; viewpoint related to adoptive child's age/capacity and level of care needed is accurate and realistic and would be shared by others.

### 3

Sometimes inconsistent with age/capacity of adoptive child; sometimes demonstrates insensitivity to history and circumstances of adoptive child; viewpoint is not well formed or nonexistent; have only vague understanding of the children in maltreating families and do not know whether these children are disturbed or normal; believe adoptive children are confused as well; know they need help but not sure what kind; sometimes demonstrates inconsistent awareness/acceptance of adoptive child's strengths/limitations/needs; sometimes viewpoint detracts from support/nurturing of growth and development; sometimes viewpoint related to adoptive child's age/capacity and level of care needed is inaccurate or unrealistic and not shared by others.

### 2 Inappropriate

Usually inconsistent with age/capacity of adoptive child; usually demonstrates insensitivity to history and circumstances of adoptive child; view these children as pitiful, helpless, devastated victims in need of rescuing; that they will be easily cared for because of the negative experiences they have been through; that all they need is love; that, because the adoptive situation is such an improvement over the maltreatment, they will be no trouble behaviorally or emotionally; that they will fit right in with the adoptive family; usually unaware or unaccepting of child's strengths/limitation/needs; viewpoint usually detracts from support/nurturing of growth and development; usually viewpoint related to adoptive child's age/capacity and level of care needed is inaccurate or unrealistic.

### 1

Always inconsistent with age/capacity of adoptive child; always insensitive to history and circumstances of adoptive child; potential adoptive parents overidentify with these children based on their own childhood; that they are without problems personally and their behavior and emotional functioning is all the fault of the parents and the maltreatment; that these are otherwise normal children; unaware or unaccepting of adoptive child's strengths/limitations/needs; viewpoint prevents support/nurturing of growth and development; viewpoint related to adoptive child's age/capacity and level of care needed is inaccurate or unrealistic.

### 0 Extreme

Potential adoptive parents view these children as available to meet the needs of the adoptive parents; that these children are desperate and will consider even the worst kind of care an improvement; because of their victimization are easy prey or easily manipulated; viewpoint is distorted, destructive, not child oriented; serves to seriously endanger adoptive child's well being, likely will result in rejection of or aggression towards the adoptive child.

## Birth Family Force

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**10. Viewpoint of Birth Parents Element:** *How do the potential adoptive parents view maltreatment, parents who maltreat their children, or parents who relinquish their children? Including attitude toward birth family and understanding and support of positive relationships and/or memories of birth family. What would the prospective adoptive parents tell an adopted child(ren) about his/her birth parent(s)?*

**Adoptive Parent #1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **Rating:** \_\_\_\_\_

**Adoptive Parent #2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **Rating:** \_\_\_\_\_

**11. Viewpoint of Adoptable Children Element:** *How do the potential adoptive parents view children who are available for adoption, including the type/age of the child they desire to have? Include viewpoint of transracial/cultural child (if appropriate).*

**Adoptive Parent #1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **Rating:** \_\_\_\_\_

**Adoptive Parent #2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **Rating:** \_\_\_\_\_

## Preparation Element

### 4 Fully Prepared

Potential adoptive family has effectively assessed impact of placement on own family; has dealt with feelings and conflicts among family members; is sensitive to own child's feelings and concerns related to placement and is directly preparing own children; is aware and accepting of likely differences of a placed child and his/her birth family including race, culture, religion, etc.; extended family is involved and is supportive of decision concerning placement, has identified and evaluated resources which will support the placement; have taken steps to learn about adoption; comfortable with role of adoptive parent.

### 3

Potential adoptive family demonstrates capacity to assess impact of placement on own family; is currently dealing with feelings and conflicts of family members; shows sensitivity to own children's feelings and concerns, but has not directly prepared them; is open to and will likely understand differences of placed child and birth family including race, culture, religion, etc.; extended family has been informed and appears to be positive about decision concerning placement; some identified resources which will support the placement; can learn about adoption; will become comfortable with role of adoptive parent.

### 2 Partially Prepared

Potential adoptive family possesses limited capacity to assess impact of placement on own family, but is open to outside support and evaluation; has not considered feelings and potential conflicts of family members, but will examine with assistance; shows limited sensitivity to own child's feelings and response to potential placement; has not considered likely differences of placed child and birth family related to race, culture, religion, etc.; extended family is misinformed of decision concerning potential placement or if informed is indifferent; has not considered resources which will support the placement.

### 1

Potential adoptive family demonstrates limited capacity to assess impact of placement on the family and is not open to outside support and evaluation; generally unaware and has difficulty identifying potential feelings and conflicts of family members related to placement; generally unaware and unable to recognize potential reactions and concerns of own children concerning placement; avoids or denies likely differences of a placed child and his/her birth family including race, culture, religion, etc.; extended family has been informed of potential placement and is not supportive or ambivalent to decision; is unaware of the need for community resources to support the placement.

### 0 Unprepared

Potential adoptive family inappropriately assesses the impact of placement on the family and is not open to reconsidering; avoids considering changes or demands placement will create; avoids or refuses to examine feelings and potential conflicts among family members; is insensitive or denies own child's feelings and concerns related to placement and therefore has not prepared own children; has negative attitudes and opinions concerning likely differences of a placed child and his/her birth family including race, culture, religion, etc.; extended family is opposed or supports inappropriate expectations for the potential placement; is closed to the need for community resources or denies the necessity.

## Motivation/Commitment Element

### 4 Appropriate

Potential adoptive family is highly motivated; motivation is internally driven based on appropriate expectation and life experience; have established a long history of following through in positive ways regarding commitments; motivation and commitment are a result of thoughtful consideration; all family members are equally motivated and committed.

### 3

Potential adoptive family is motivated; motivation is internally driven based on acceptable understanding and generally positive life experience; give evidence of following through on most previous commitments; motivation and commitment are a result of some thoughtful consideration; generally both parents are equally motivated and committed.

### 2 Inappropriate

Potential adoptive family is somewhat motivated; motivation may be equally influenced by internal and external sources; history of follow through on commitments varies; motivation and commitment are based on limited thinking and consideration; motivation and commitment among family members (particularly parents) varies.

### 1

Potential adoptive family's motivation is uncertain; source of motivation is either unknown or external only; history of follow through on commitments is minimal; motivation and commitment is somewhat impulsive or directed by others; clearly one parent is less motivated and committed than the other.

### 0 Unacceptable

Potential adoptive family is negatively or inappropriately motivated and whether internally or externally driven, motivation is self-serving or not in the best interest of the potentially placed child; no evidence of follow through on any previous commitments; motivation and commitment are a result of impulsive action or may have a questionable basis or purpose; both parents are motivated and committed in inappropriate ways.





## Family Response Element

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### 4 Accepting

Potential adoptive parents express understanding and awareness; are objective and rational; recognize the need for the Agency to be involved, are willing to be involved with the birth family (as appropriate), are willing to be involved in designated training and to receive consultation and advice from the Agency. Demonstrate capacity to independently seek appropriate helping resources.

### 3

Potential adoptive parents express limited understanding and awareness; agree to be involved with the Agency, see limited value in being involved with the birth family, agree to consider being involved in designated training, agree to consider consultation and advice provided by the Agency. Can become able to act independently in seeking help.

### 2 Resisting

Potential adoptive parents prefer to act independently, reluctantly agree to Agency involvement, question the value of being involved with the birth family, question the need to be involved in designated Agency training, question the degree of intrusiveness of Agency consultation and advice. (This could include the potential for being highly demanding or overly dependent.)

### 1

Potential adoptive parents believe they can act independently of the Agency, express an interest in avoiding Agency involvement, prefer not to be involved with the birth family; do not see a need for Agency designated training, will consider consultation and advice on a case-by-case basis.

### 0 Rejecting

Potential adoptive parents will avoid Agency involvement in their life, will not be involved with the birth family, disagree with the need to be involved with Agency training, believe consultation and advice from the Agency will hamper them in providing for children.

## Resource Element

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### 4 Adequate

There are adequate resources available to support the placement.

### 3

Resources are generally available/capable/accessible to support the placement.

### 2 Moderate

Resources are somewhat available/capable/accessible to support the placement.

### 1

Resources are seldom available/capable/accessible to support the placement.

### 0 Inadequate

Adequate resources are unavailable to support the placement.

**NOTE:** *The element concerns both agency and community resources. Staff are reminded of the need to give careful thought to the Resource Element. The need for individualizing this to each family is very important. Workers are reminded to think about the availability of support 24 hours a day, not just during office hours. Consider how your community can provide support to adoptive parents and be honest in choosing an anchor which accurately reflects resources in your community. Consider the location of the home in terms of access to services (e.g., very rural, far from county seat).*



PARENT FORCE	CHILD FORCE	FAMILY FORCE	BIRTH FAMILY FORCE	ADOPTING FORCE	INTERVENTION FORCE
History _____	Child Funct. _____	Family Funct. _____	View Parent _____	Preparation _____	Fam. Response _____
A. General _____		Fam. Support _____	View Child _____	Motiv/Comm. _____	Resource _____
A. Mental _____		Demographic _____			
P. Discipline _____					
P. General _____					

## Conclusion

1. Add the ratings entered in all 15 elements above. \_\_\_\_\_  
*(If no child in home, score "0" on "Functioning" in the Child Force.)*

2. Based on the rating in #1, identify the presence of positive parenting/  
 effective family functioning or the likelihood of disruption:

a. Very positive adoptive family field/No apparent risk ..... (46 to 60) \_\_\_\_\_

The presence of positive parenting and effective family functioning are apparent. There appear to be no conditions of risk which exist; the potential adoptive parents' readiness and capability to care for children is adequate. Based on appropriate matching, a child will likely be enhanced by this placement. Indications are that a placement will be secure, productive and stable.

b. Generally positive adoptive family field/Minimal risk ..... (40 to 45.9) \_\_\_\_\_

Generally, there is evidence of positive parents and effective family functioning. There are indications that there is a balance between the capacity, conditions, and needs of the potential adoptive family and the needs of a specific type/age of child. There are minimal risk elements present; the potential adoptive family is aware of and willing to address the areas of risk. Consideration should be given to matching the skills and abilities of the potential adoptive family with the needs of the child in order to insure that the child will be enhanced by the placement.

c. Somewhat positive adoptive family field/Low risk ..... (30.1 to 39.9) \_\_\_\_\_

Although there is evidence of positive parenting and effective family functioning, there is an indication that a child may not benefit from this placement and the placement may be problematic. There may be an imbalance between the capacity, conditions, and needs of the potential adoptive family and the needs of the child. Consideration should be given to the most pronounced risk elements and how manageable or adjustable they are. Documentation in the case record as to these elements needs to be clear. A collaboration with the potential adoptive parents may result in withdrawal or postponement of consideration until adjustments can be made, if they are considered serious enough to address.

d. Negative adoptive family field/Moderate risk ..... (15.1 to 30.0) \_\_\_\_\_

Enough negative influences have been identified within the field so that there is a threat that child will suffer directly from this placement and the placement may disrupt. There is an imbalance between the capacity, conditions, and needs of the potential adoptive home and the needs of the child. Analysis of the most concerning risk elements needs to occur. Documentation in the case record as to these elements needs to be clear. It is recommended that the family not be approved for any placement.

e. Very negative adoptive family field/Significant to High Risk ..... (0 to 15) \_\_\_\_\_

It is probable that a child will suffer directly from this placement and the placement will disrupt. Placement of a child could result in some form of maltreatment to the child. The agency needs to inform the family of the areas of risk influences. All risk influences need to be documented in the case record. The home should not be approved for any placement. If children reside in this family, consideration should be given to making a referral for a CPS assessment.











## APPENDIX III

### LEGISLATIVE AUDIT BUREAU SPECIAL NEEDS ADOPTION PROGRAM SURVEY AUGUST 1999

When answering the following questions, please focus on your **most recent** special needs adoption experience.

- 1) If you entered the program as a new applicant seeking to adopt a special needs child that you did not yet know, please choose the option that best describes the result, to date, of your participation in the state's Special Needs Adoption program: **89 responses**
- (21) Adoption of my special needs child(ren) is finalized.
  - (8) I have been approved to become an adoptive parent, have had a child(ren) placed with me, and am waiting for the adoption to be finalized.
  - (17) I have been approved to become an adoptive parent and have not yet had a child(ren) placed with me.
  - (13) I am currently being studied by the State and am waiting for approval to become an adoptive parent.
  - (15) I expressed interest in becoming an adoptive parent but was not approved by the State.
  - (7) I expressed interest in becoming an adoptive parent but chose to leave the program.
  - (8) Other
- 2) If you entered the program as a foster parent for the child that you wanted to or have adopted, please choose the option that best describes the result, to date, of your participation in the state's Special Needs Adoption program: **73 responses**
- (41) Adoption of my special needs child(ren) is finalized.
  - (16) I have been approved to become an adoptive parent and am waiting for the adoption to be finalized.
  - (9) I am currently being studied by the State and am waiting for approval to become an adoptive parent.
  - (0) I expressed interest in becoming an adoptive parent but was not approved by the State.
  - (1) I expressed interest in becoming an adoptive parent but chose to leave the program.
  - (6) Other

3) If you were a foster parent for the child(ren) before deciding you wanted to adopt the child(ren), for which county were you providing foster care? **54 responses**

Barron	(1)	Marathon	(2)
Brown	(4)	Marquette	(1)
Dane	(8)	Menominee	(1)
Door	(2)	Monroe	(1)
Eau Claire	(3)	Oneida	(1)
Fond du Lac	(1)	Outagamie	(1)
Green	(1)	Rock	(5)
Jackson	(1)	Sauk	(1)
Kenosha	(4)	Sheboygan	(1)
La Crosse	(6)	Waukesha	(2)
Langlade	(1)	Waupaca	(1)
Manitowoc	(3)	Winnebago	(2)

4) Did you attend a regional information meeting about the state’s Special Needs Adoption program? **162 responses**

Yes	<b>51.2%</b>	<b>(83)</b>
No	<b>48.8%</b>	<b>(79)</b>

5) If you did attend a regional information meeting, please answer the following:  
*[Based on the replies of the 83 respondents who answered “Yes” to Question 4]*

The regional information meeting provided me with adequate information about the program.

Strongly Disagree	<b>6.0%</b>	<b>(5)</b>
Disagree	<b>7.2%</b>	<b>(6)</b>
Agree	<b>60.3%</b>	<b>(50)</b>
Strongly Agree	<b>24.1%</b>	<b>(20)</b>
Blank/Other	<b>2.4%</b>	<b>(2)</b>

6) If you did not attend a regional information meeting, please answer the following:  
*[Based on the replies of the 79 respondents who answered “No” to Question 4]*

The regional office staff provided me with adequate information about the program.

Strongly Disagree	<b>12.6%</b>	<b>(10)</b>
Disagree	<b>19.0%</b>	<b>(15)</b>
Agree	<b>41.8%</b>	<b>(33)</b>
Strongly Agree	<b>22.8%</b>	<b>(18)</b>
Blank/Other	<b>3.8%</b>	<b>(3)</b>

7) Please rate your level of satisfaction with the regional office staff in the following area **163 responses**

Knowledge and Competence about the Special Needs Adoption Program

Very Dissatisfied	3.7%	(6)
Dissatisfied	8.0%	(13)
Satisfied	46.0%	(75)
Very Satisfied	39.9%	(65)
Blank/Other	2.4%	(4)

Frequency of Contact with You

Very Dissatisfied	11.0%	(18)
Dissatisfied	22.1%	(36)
Satisfied	41.7%	(68)
Very Satisfied	21.5%	(35)
Blank/Other	3.7%	(6)

Willingness to Answer Questions about the Program and the Adoption Process

Very Dissatisfied	3.1%	(5)
Dissatisfied	7.4%	(12)
Satisfied	52.1%	(85)
Very Satisfied	35.0%	(57)
Blank/Other	2.4%	(4)

8) Have you previously adopted a child(ren) through the state's Special Needs Adoption program?  
**159 responses**

Yes	22.7%	(36)
No	77.3%	(123)

If yes, when? (month/year) \_\_\_\_\_

If yes, how does your most recent experience with the program compare to your previous experience?  
**[Based on the replies of the 36 respondents who answered "Yes" to Question 8]**

Worse	11.1%	(4)
Same	47.2%	(17)
Better	38.9%	(14)
Blank	2.8%	(1)

The following sections (questions 9 through 22) may not apply to everyone taking this survey. Please answer only those questions about the parts of the process which you have experienced **and** completed.

*[Auditor's Note: A respondent needed to answer at least one question and identify themselves as going through the process in one of the following sections to be considered as answering that section]*

**The Application Process** (for new families, only) *108 responded to at least one question in this section*

9) The parenting interest survey was easy to understand.

Strongly Disagree	3.7%	(4)
Disagree	3.7%	(4)
Agree	65.7%	(72)
Strongly Agree	17.6%	(20)
Blank	9.3%	(10)

10) After submitting the parenting interest survey, how long was it before you received notification of the state's decision about whether or not you could continue in the program?

Less than 1 month	18.5%	(20)
1 to 2 months	43.5%	(47)
3 to 4 months	19.5%	(21)
More than 4 months	11.1%	(12)
Blank	7.4%	(8)

How would you describe this amount of time?

Lengthy	28.7%	(31)
Adequate	53.7%	(58)
Short	9.3%	(10)
Blank	8.3%	(9)

11) Were you accepted to continue with the state's Special Needs Adoption program?

Yes	83.3%	(93)
No	13.9%	(15)
Blank	2.8%	(3)

12) The state's decision was communicated to me clearly, with information about how to proceed.

Strongly Disagree	7.4%	(8)
Disagree	14.8%	(16)
Agree	54.6%	(59)
Strongly Agree	20.4%	(22)
Blank	2.8%	(3)

13) My experience with the application process matched what I was told by the regional office to expect.

Strongly Disagree	<b>4.6%</b>	<b>(5)</b>
Disagree	<b>16.7%</b>	<b>(18)</b>
Agree	<b>58.3%</b>	<b>(63)</b>
Strongly Agree	<b>12.1%</b>	<b>(13)</b>
Other/Blank	<b>8.3%</b>	<b>(9)</b>

**The Home Study Process** (for foster and new families)*116 responded to at least one question in this section*

14) The home study application form (Formal Adoption Application) was clear and easy to understand.

Strongly Disagree	<b>2.6%</b>	<b>(3)</b>
Disagree	<b>2.6%</b>	<b>(3)</b>
Agree	<b>75.0%</b>	<b>(87)</b>
Strongly Agree	<b>18.1%</b>	<b>(21)</b>
Other/Blank	<b>1.7%</b>	<b>(2)</b>

15) After submitting the application form, how long was it before your home study was completed?

0 to 3 months	<b>33.6%</b>	<b>(39)</b>
4 to 6 months	<b>28.5%</b>	<b>(33)</b>
7 to 9 months	<b>12.9%</b>	<b>(15)</b>
10 to 12 months	<b>10.3%</b>	<b>(12)</b>
More than 12 months	<b>9.5%</b>	<b>(11)</b>
Other/Blank	<b>5.2%</b>	<b>(6)</b>

How would you describe this amount of time?

Lengthy	<b>44.0%</b>	<b>(51)</b>
Adequate	<b>45.7%</b>	<b>(53)</b>
Short	<b>7.7%</b>	<b>(9)</b>
Blank	<b>2.6%</b>	<b>(3)</b>

16) Were you informed during the home study of the study's progress and anticipated completion date?

Yes	<b>70.7%</b>	<b>(82)</b>
No	<b>26.7%</b>	<b>(31)</b>
Blank	<b>2.6%</b>	<b>(3)</b>

17) Was the home study completed by regional office social workers?

Yes	<b>82.8%</b>	<b>(96)</b>
No	<b>14.7%</b>	<b>(17)</b>
Blank	<b>2.5%</b>	<b>(3)</b>

If no, please specify the agency responsible for completing the home study. **18 responses**

Other or Blank	<b>(8)</b>
Catholic Charities	<b>(4)</b>
Catholic Social Services	<b>(2)</b>
Lutheran Social Services	<b>(2)</b>
Children's Service Society	<b>(1)</b>
PATH	<b>(1)</b>

18) My experience with the home study process matched what I was told by the regional office to expect.

Strongly Disagree	<b>7.8%</b>	<b>(9)</b>
Disagree	<b>11.2%</b>	<b>(13)</b>
Agree	<b>59.5%</b>	<b>(69)</b>
Strongly Agree	<b>15.5%</b>	<b>(18)</b>
Other/Blank	<b>6.0%</b>	<b>(7)</b>

**The Matching Process** (for new families, only) **53 responded to at least one question in this section**

19) After your home study was completed, how long was it before an adoptive placement was made?

0 to 3 months	<b>28.3%</b>	<b>(15)</b>
4 to 6 months	<b>17.0%</b>	<b>(9)</b>
More than 6 months	<b>41.5%</b>	<b>(22)</b>
Other/Blank	<b>13.2%</b>	<b>(7)</b>

How would you describe this amount of time?

Lengthy	<b>43.4%</b>	<b>(23)</b>
Adequate	<b>32.1%</b>	<b>(17)</b>
Short	<b>15.1%</b>	<b>(8)</b>
Blank	<b>9.4%</b>	<b>(5)</b>

20) Who found the child(ren) you were interested in adopting?

I found the child(ren)	28.3%	(15)
Regional office staff found the child(ren)	45.3%	(24)
Other	22.6%	(12)
Blank	3.8%	(2)

21) If you found the child(ren) you were interested in adopting, was the child(ren) in the custody and guardianship of the Department of Health and Family Services?

Yes	52.8%	(28)
No	5.7%	(3)
Don't Know	3.8%	(2)
Blank	37.7%	(20)

22) I was well informed of the specific needs of the child(ren) placed with me before the child(ren) arrived.

Strongly Disagree	1.9%	(1)
Disagree	17.0%	(9)
Agree	41.5%	(22)
Strongly Agree	30.2%	(16)
Other/Blank	9.4%	(5)

23) What, if anything, would you most like changed about the state's Special Needs Adoption program?

***108 responded with comments***

24) The report for which this survey is being conducted will be addressed to the State Legislature. Are there additional comments you would like to make about your participation in the Special Needs Adoption program or about the program in general?

***90 responded with comments***





APPENDIX IV



State of Wisconsin  
**Department of Health and Family Services**

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Tommy G. Thompson, Governor  
Joe Leean, Secretary

March 24, 2000

Janice Mueller, State Auditor  
Legislative Audit Bureau  
State of Wisconsin  
22 E. Mifflin Street, 5<sup>th</sup> Floor  
Madison, WI 53703

Dear Ms. Mueller:

Thank you for the opportunity to provide written comments on the audit of the Special Needs Adoption program. Once again, your auditors made a considerable effort to understand this complicated program, and to develop thoughtful suggestions for program improvements.

We appreciate the audit's recognition of the several important accomplishments by the Department and especially by our hard-working special needs adoption staff and supervisors. Productivity has increased significantly, with the number of adoptive placements per worker increasing an impressive 65 percent since 1994. The audit also notes that Wisconsin beats the national average in the timeliness of completing adoptions.

We are proud of the accomplishments of the special needs adoption program and believe the program has served the public's interest by effectively meeting the complex needs of the many children in the program. At the same time, we are always prepared to recognize opportunities for improvement. In fact, we have developed and begun implementing several program enhancements, which the audit acknowledges. Some of the major improvement initiatives include development of additional capacity through project staff and contracts with private adoption agencies, and the first ever statewide multimedia recruitment campaign.

Other improvements are being made that will directly address issues raised in the audit. For example, efforts by staff to conduct more home studies and complete more adoptions has at times caused delays in communicating with some families, and communication gaps were raised in the family survey conducted by your auditors. To address this, we have an updated draft of "Standards of Practice" which sets a variety of policies and procedures in areas such as communication with applicants, workload management, informational meetings, and procedures for screening applicants.

Incidentally, on the subject of the family survey, I would like to point out that department surveys show that 91 percent of adoptive families give the department average to high marks for our services. This overall positive rating is not inconsistent with the responses received in the LAB survey, which on many questions showed a significant number of families indicating satisfaction with services received. However, even with such high levels of satisfaction, we are

committed to further improving services and ensuring that families seeking to adopt special needs children get the level of services they deserve.

I would like to offer some brief comments on a few other issues raised in the audit report:

- Screening of Applicants The audit correctly notes that the department in the past had used numerical scoring of applications partially as a workload management tool. This was unavoidable when interest in adopting special needs children far exceeded department resources to conduct timely home studies. However, we think the audit over-emphasizes the importance that numerical scoring played in determining which families were to be considered for adoption. The primary consideration has always been whether an applicant's interests and experiences matched the needs of the children needing adoptive parents.

But however we may choose to interpret the past, I would like to emphasize that the Department intends to no longer use numerical scores as a screening device. Increased resources has allowed us to now accept and review all applications rather than screen some out of the process. As the audit notes, we will be creating a pool of applicants that will allow us to match the needs of children to the families available.

- Sharing of Adoption Information Among Regions The audit urges the department to increase the extent of sharing of adoption information among regions. Full implementation of the WISACWis data system, which is currently being successfully implemented in Milwaukee County, will promote achieving the goal of more efficient sharing of adoption information throughout the state.

However, I would point out that the recent significant increases in the number of adoptions is solid evidence of our already successful efforts to match children to adoptive families. I would also caution against using the number of cross-regional adoptions as a measure of success. When available, the preferred adoptive placement for most children is within the child's community, where the child already has an established support system and a familiar network of friends and family. As enhanced promotional efforts to attract potential adoptive parents continue and the pool of families increases, we expect to see more adoptions of children by families in the community and should therefore experience fewer, not more, cross-regional adoptions.

- Claiming of Federal Adoption and Safe Family Act funds We appreciate the auditors' careful review of our adoption data and identifying opportunities for the department to earn more federal funds. Once we complete efforts to reconcile current adoption data with the federal government, we fully expect to recoup this year a substantial share of the federal funds that were inadvertently not captured in FFY 1999. We are quite confident that our rigorous efforts to continually increase the number of special needs adoptions will result in the state being well positioned to take full advantage of available federal funding opportunities in the future.

- Use of newly appropriated funds. The additional \$697,000 in federal funds that the Joint Finance Committee authorized in 1999 has greatly assisted department efforts to increase the number of special needs adoptions. The audit does note some delays in filling a few project positions, which is regrettable but is also an inevitable result of the tight labor market that state agencies face and the difficulty we have in filling these type of positions. These delays, however, should not obscure what the resources have achieved:
  - ✓ All of the social worker positions have been filled, and the staff have worked diligently on a variety of activities that directly contribute to completing adoptions.
  - ✓ The department has obligated all funds that were made available for purchasing adoption and home study services from private agencies.
  - ✓ We estimate that at least 110 adoptions will be completed and 70 new homes will have been prepared for placement, prior to the end of June, 2000.

In conclusion, many of the audit findings reinforce the special needs adoption program issues we have already identified and have been striving to address. The audit largely confirms that our program improvement and capacity development plans are on the right track, and we will integrate the audit's recommendations as necessary into our plans. We are aggressively moving, in partnership with AFSCME, to finalize and implement our plans, which we believe will lead to enhancing the performance of a special needs adoption program that will continue to show great success in finding permanence for children with special needs.

Sincerely,

Joe Leean  
Secretary