

**SOMETIMES “FOREVER FAMILIES” NEED A LITTLE
HELP: A WHITE PAPER ON POST ADOPTION SERVICES
FROM PARSONS CHILD AND FAMILY CENTER**

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Introduction

Parsons Child and Family Center has committed itself to the establishment and maintenance of services that will support families and children following the legalization of adoption. Although the great majority of adoptions successfully join children and families for the whole of their lives, problems develop for some. If unaddressed, these problems may damage the entire family and even lead to the disruption* or dissolution** of the adoption. The pain of such an ending is indescribable for everyone involved.

As the facilitating party in countless adoptions, Parsons feels that its responsibility extends through the course of the family's life, not merely until a legal process is finalized. We believe that specialized services can make professionals aware of possible adoption complications, can reduce significantly the impact of attachment disorders, and can give families hope and direction during times of crisis.

*Disruption refers to the termination of an adoptive placement prior to finalization of the adoption. This occurs between placement and the finalization before the child legally gains new parents.

**Dissolution refers to an adoption which is legally dissolved. This occurs after finalization of the adoption.

Placement of a child outside of the home after finalization would be considered a placement and does not indicate either a disruption or a dissolution.

Background

About 2% of the children in the United States have been adopted—about 1.8 M individuals (*Adoption USA*, 1). About 38% of these were united with families through private, domestic adoption, 37% were adopted out of foster care, and the remaining 25% were adopted internationally. In fiscal year 2006, 51,000 children (average age 6.6 years old) with public service involvement were adopted nationally; 129,000 children remained in foster care awaiting permanent families (U.S. Dept of Health and Human Services, 2008).

The overwhelming majority of American adoptions work very well: a 2009 study by USDHHS (*Adoption USA*) found that 87 % of adopting families would adopt the same child again, and that parents believed 90% of their adopted children viewed the adoptions positively. From the age of 6 on, 88% of all adopted children exhibit positive social behaviors. Interestingly, adopted children are far more likely to be read to as young children than are biological children (68% to 48%)

Much emphasis has been placed on foster care adoptions in the last 15 years, with very positive effect. The federal Adoption and Safe Families Act was enacted in 1997 and offered financial incentives to states exceeding benchmarks. President Clinton initiated the “Adoption 2002” program, which aimed to double the number of foster care adoptions in five years. New York's efforts were supported by Judge Judith Kaye's

“Adoption Now” initiative in 2003; from 2000-2005, 24 526 New York State children were discharged from foster care to adoptive families. New York State won fiscal incentive awards from the federal government in 2004 and in 2005.

Evidence in Professional Literature Supporting the Need for Post Adoption Services

Despite the general efficacy of all forms of adoption, this road to family development is self-evidently different than the biological path. The children and adults involved in adoption engage in a process that, while offering very special rewards, also presents risks that are quite unique and different than those encountered within biological families.

Because of conditions and afflictions faced by some foster care youth—compromised physical health, CPS involvement, disorders of attachment, trauma and mental health problems—the integrity of adoptive families and the functioning of their children may be at risk following adoption. Groze (1996) found in a longitudinal study that 8% of children receiving adoption subsidies in Iowa had been placed out of the home after four years. Of note is that none of these families dissolved their adoption and all remained active in the lives of their children. Goege, et al. (1996) conducted a longitudinal study from 1976 through 1994 that included both public and voluntary agencies in Illinois. They found that disruption and dissolution in adoption over those 8 years was 12%. Festinger (2002) found that 3.3% of children adopted in New York City from public or voluntary agencies had been in foster care during the next four years. McDonald, Propp, and Murphy (2001) similarly found that 3% of adopted children were not living with their adoptive parents 24 months after the adoption. Festinger (2004) reviewed more than 25 reports on disruption rates in the mid 1980s. These documented a 9%-15% rate of disruption for all adoptions. Among older child adoptions, the rate reached 25%.

Festinger (2002) reported that families who adopt children with special needs from foster care undergo enormous struggles and face serious barriers to obtaining services. Greatest barriers reported were lack of information as to where to go for services and the cost of services. Smith and Howard (1991) identified the following factors as significant for risk in disrupted adoption in comparison to successful adoptions: history of sexual abuse, strong attachment to birthmother, and behavior problems before and after placement.

Dance and Rushton (2005) conducted a longitudinal study of children, 5-11 years old, placed from the foster care system in England. Poor ratings for maternal attachment and maternal sensitivity at the end of the first year strongly predicted negative outcomes for adoptions, as did the number of moves and returns home that had occurred prior to the adoption.

The *Adoption USA* report notes that foster care children come to adoption with particular challenges: 38% are identified with ADD or ADHD, as opposed to 19% of those adopted domestically, and 17% of international children; 21% of foster adoptees suffer from attachment disorders, compared to only 6% of domestic children and 8% of international children. Foster adoptees also seem to have more social-emotional problems, and do not do quite as well in school as their domestic and internationally adopted peers.

Local Evidence

Our agency experience leads us to believe that there may be a disproportionate representation of adopted children in New York State high-level treatment services such as B2H, residential treatment centers, mental health clinics, etc. For purposes of comparison with numbers below, we note that 2.5 % of all children under age 18 in the United States are adopted, according to the 2000 U.S. census.

In the last ten years, Parsons has participated in the adoptions of 178 children who were adopted through the foster care system. Anecdotally we know that 2 of these children have been re-surrendered back to the foster care system. Ten or more of them are in other living arrangements because of difficulties within the family for which the parents could not find help. This means that 6.7% of our foster care adoptions may have subsequently resulted in separation of the adopted child from the family—a percentage very similar to those reported by Groze (1996) and Festinger (2004).

The following percentages of children enrolled in Parsons’ programs have a history of adoption, meaning that they have been in an adoptive home at some time in their lives:

Number and Percentage of Adopted Children in Parsons Programs, 2007-2009

	FY 07-08 Percent	
	FY 08-09 Percent	
Residential Treatment Facility	3	10 %
	5	22%
Residential treatment centers		

	3	6%
	6	11%
Miriam House	36	51%
	6	25%
Healy House	17	16%
	17	13%
Child Guidance	43	9%
	41	9%
Foster Board Home programs	7	4.8%
	5	3.7%
Home and Community Based Waiver	15	7.7%
	24	13%
B2H	NA	NA
	4	7.8%

It must be noted here that while many of these children were adopted out of foster care, others come from domestic and international adoptions. In all cases, it is crystal clear that every adoption is a special situation that evolves continuously over many years.

In addition to data, we submit as well direct reports from families who have participated in our Post Adoption Resource Center (PARC).

“I adopted my child at 9 months. Who would have ever guessed that the alcohol exposure would impact my bright smiling child so much? But his impulsivity was high, and he was always so aggressive. It was only later that I learned about the need for “hard touch.” It was not aggression but sensory seeking. And only as he grew did I really come to understand that fetal alcohol damage was permanent. It would not get better, although perhaps could be managed. My child was bright, so when he came home telling me how much he hated school and that he didn’t do the work, I was not prepared to accept his teacher’s comments that he was just lazy. They looked at what I was doing wrong at home, and blamed me for my poor parenting. They did not understand how afraid he was at school. Home was terrible because he let out all his anxiety there. At times it became down right dangerous as he would feel hurt and threatened by statements of other children that seemed innocuous to me. I got numerous phone calls at work because of school behavior, or a babysitter having problems with him and we went through repeated babysitters. My job was jeopardized and the stress began to take a toll on my health. I could not longer work full time, and once a more than adequate income, we needed to look at safety net programs. His mental health needs increased. I finally conceded, something I had fought for years, I could no longer parent him in my home. I needed out of home treatment.”

“We adopted our child overseas. We got no service afterward. Now that we know what the needs are, we would be afraid to adopt again. Until we found PARC we received no services. I think people who adopt should be fearful about what they will do afterwards to meet not only the needs of their child but the needs of the whole family.”

“My child would not be living with us without PARC. If funders really knew the truth we would take 3 more children if we could get the support that these kids need.”

“I’d like to see the school get training to understand the needs of these children and our needs for their support. At least at PARC I can be with a group of people who understand. The school blames me for the problem, and I can’t work on it without their support. I feel so judged and then there is no energy to do the work I need to do for my child.”

Consequences

1. Disruption and Instability

Adopted children may suffer a repetition of their initial parental loss. Parents, and any other siblings in the home, have their own sense of stability challenged.

Children again are at risk of placement in expensive out-of-home care—often institutional rather than family-based foster care.

Adoptive families report that when they faced problems with their children, friends, family members, and even well-meaning professionals often encouraged them to “give the child up.” They found such advice inconsiderate of the relationship that already existed with their adopted child, and they derived little hope for the future. Negative professional advice in particular may erode, rather than strengthen adoptive family relationships.

2. Damage to Adopted Child

There is evidence accruing in the National Childhood Traumatic Stress Network (sponsored by the United States Substance Abuse and Mental Health Administration) that the removal of children from families may constitute a traumatic event for many children, followed by predictable symptoms and functional deterioration. As a child’s behavior and functional ability deteriorate with successive placements, the prospects for lasting attachment diminish, needs exacerbate, and the level of intervention increases.

3. New Costs

Residential care can be expected to cost \$80,000 per year or more. If just three placements are averted a year, a post adoption program can serve over 100 families. The importance of preserving enduring relationships is priceless and the most important reason to fund post adoption services. There is cost savings to the taxpayer of preserving these relationships.

Family Needs

In July 2009 Parsons PARC conducted a needs survey among adoptive and pre-adoptive parents throughout PARC’s catchment area. Six local DSS units sent the survey to all pre-adoptive parents, and to all adoptive parents receiving subsidies. A total of 650 surveys went out; 17% were returned. The survey asked the families to rate which service they thought they needed most, and which service they would use if it were offered.

1. Services Rated by Families as “Most Needed”

Service

Percent of Respondents Rating Service “Most Needed”

Respite

47%

School Vacation Day Camp

Individual Counseling	36%
Child Background Information	34%
After School Programming	32%
Services Information and Referral	29%
Peer Support Groups	29%
	23%

2. Services That Would Be Used if Available

Service	Percent of Respondents
Services Information and Referral	58%
School Vacation Day Camp	54%
Educational Advocacy	50%
Respite	48%
Peer Support Groups	47%
Children Support Groups	46%
Crisis Intervention	44%
Parent Education	43%
After School Programming	42%
Subsidy Information	42%

The following are examples of children and service needs actually addressed through Parsons' PARC.:

- A twelve-year-old boy was placed soon after birth with an adoptive parent. Although there is no history of drug exposure in utero, he was fed very poorly and was failure to thrive when placed at one month of age. Now at age 12, he is

physically aggressive within the family setting. He receives the following services:

Special education with an IEP
Support group: family regularly attends—2 parents, 2 children
Respite: 12 hours a month
After School Program: 3 days a week
Advocacy with CSE
Consultation for their school

The family uses professional services as well as the support of other families experiencing the same type of stressors. They have had two crisis residence placements and one hospitalization in the last year. They stated that the support they received from PARC enabled them to keep their son at home rather than pursue residential placement.

- A 14-year-old girl was placed at four years of age from Eastern Europe. She came with a history of trauma and abuse. She was placed with a sibling. She has struggled a bit academically in school but has always managed to pass with supports. Peer relationships with girls have been difficult. She initially struggled a great deal with her relationships within the family, and has a history of depression. PARC was able to help the family access appropriate counseling within the community, adoption-sensitive psychiatry for medication management, advocacy within the school, and support groups for the parents and the children.

Current services:

IEP with mainstreamed programming
Support group—family attends regularly with one or both the children.
Peer groups, especially teen group, is useful.
School advocacy

There have been no hospitalizations and no crisis placements. The parents have felt that PARC has made the difference for their daughter because they can access support of people who

understand and don't judge us--something that has been hard for our own immediate and extended families to do as they watch us hurt for our children. Their solution to end our pain is 'just give them up.' We would never do that. People don't understand they are our children even if they were not born to us. They are ours.

- A single woman adopted a toddler who was diagnosed as a special needs child with cerebral palsy and asthma. As a nurse, she felt she could meet his needs. This child was from the foster care system in an adjoining state. She adopted with a subsidy for special needs.

By the time the boy was four years old, the cerebral palsy and asthma were relatively mild needs. The Attention Deficit Hyperactivity Disorder (ADHD) was now pronounced. The son was expelled from several day care centers. The mother was exhausted from doing the supervision in her home and was having difficulty in her job because of the frequent absences responding to the inability of school programs to meet her son's needs.

Mother asked the county for respite and support, but the county had none. She did receive help in a crisis intervention program because his dangerous and impulsive behavior was not abating nor being helped by medication. When it was time to leave this program, mother went to her county and asked to do a voluntary placement. The county offered to take a voluntary permanent surrender. Take him home or surrender were the only two choices offered by her county. Mother's lawyer advised her to go into court and ask for a placement as she could not meet his needs without help of an afterschool program or some form of respite. The judge denied the request and took the surrender. The child was five years old at the time. After mother returned subsidy payments, her county of residence assessed her 17% of her income, toward the cost of the child's placement.

Seven years later, the boy was still in residential treatment without a family. We believe the lesson of this anecdote is not that practitioners are incompetent, insensitive, or unintelligent, but that the system as currently designed offers an incomplete array of support for a special circumstance—the high risk adoption.

- Jerry had been in foster care since 2 years old, with several returns home to his birth family. Despite efforts to help the birth parents and their love of Jerry, his mother and father were struggling with a drug addiction and were not able to gain control over it and maintain control of their sobriety. When Jerry was 5 ½ years old his birth parents surrendered, and by age 6, he was adopted.

By age 13 Jerry was struggling. His parents could not understand why he guarded himself from connecting with them, or why he had become so aggressive. They were advised that this is normal teenage behavior. To the parents it just felt too intense. They felt like no one really understood and they were ready to give up and surrender Jerry back to the system.

One provider suggested they call the post adoption program. Jerry was able to meet with other teens who were adopted, and the parents were able to meet with other parents. This gave them emotional energy to keep going. That didn't mean that all was smooth. One night, in a very destructive rage, he blurted out that he had been sexually abused by a babysitter while living with the birth family. He didn't want anyone near him, and he didn't want all the things he saw going on with his peers. His parents called the post adoption resource center, and got some

understanding support from the parent advocate and social worker. The pieces were beginning to fit together.

Programs in Other States

Forty-eight states and the District of Columbia, including New York State, indicate that they provide, directly or indirectly, post adoption services. There are no specific post adoption services available in North Dakota or Washington State.

The services offered vary in terms of eligibility, services, and how they are provided. Most states fund and/or provide post adoption services to families who have adopted out of the state foster care system and/or are eligible for adoption financial assistance. There are only a few states that provide services to any family who has adopted, and at least one state that provides services to all members of the adoption constellation. Services in most states are state funded and provided by private agencies and/or parent organizations and are overseen by the state. Services delivered or supported by public child welfare agencies are of at least four types:

1. Those funded as part of the workload of the typical adoption worker.
2. Those funded as part of a special unit of service providers.
3. External contracts involving multidisciplinary collaboration and training.
4. Network of family resource centers.

According to the Child Welfare Information Gateway, Adoption Assistance by State, states offer:

- Support groups – 48 states
- Information and Referral – 43 states
- Respite – 40 states (includes 3 states that provide child care/child care reimbursement)
- Counseling – 31 states
- Search/Adoption Reunion Registry – 26 states (includes 1 state that provides medical and family history)
- Advocacy including Educational Advocacy – 16 states
- Resource Library – 13 states
- Case Management – 12
- Crisis Intervention – 11 states
- Mentoring/Buddy System/ Family Liaison – 7 states
- Residential Care, including cost share agreement with family – 6 states
- Newsletter – 5 states
- Family Preservation – 4 states
- Diagnostic Assessments and Evaluations – 4 states
- Waiver of Higher Education Tuition and Fees – 4 states
- Recreation and Retreat – 4 states
- Internet Chat Room – 2 states
- Developmental Disabilities Services – 1 state
- Legal Resource Information – 1 state
- Tutoring – 1 state
- 24-Hour Crisis Hotline – 1 state
- Walk-in Center – 1 state

Highlights by State

Alabama is one of only three states (others are Alaska and Massachusetts) that provides post adoption services to any family that has adopted, regardless of income or source of adoption. The program, known as the Alabama Post Adoption Connections (APAC) program, is funded through a contract with the State Department of Human Resources and is provided through five offices located throughout the state. The money is actually 75%-80% federal funding that the state matches for adoption services. The state solicits Requests for Proposals and various agencies bid for a contract.

Massachusetts also provides post adoption services to any family that has adopted, regardless of income or source of adoption, and to families who have permanent guardianship. The program known as Adoption Journeys in Massachusetts, formerly known as Adoption Crossroads, is 100% funded through the Department of Children and Family Services. Services are provided at five offices throughout the state. The program is consumer driven, which means that families are self-referred to the program.

Services:

- Information and Referral (24 hour)
- Parent liaison
- Support groups for parents, teens and children, which are ongoing
- Respite through monthly activities, financial assistance or direct provider
- Training of respite providers
- Adoption competency training – adoption sensitive training for therapists and schools
- Regional Response Team: 2-person team (social worker and master level worker) go out to the home to work with families for a short-term period of time (3 months) to stabilize situation and make referrals, if necessary, to longer term counseling resources.

Massachusetts also provides a tuition waiver for Massachusetts's state colleges, universities and community colleges to children up to 25 years of age who were adopted from DSS by residents of Massachusetts.

The program was initiated in 1998. The state contract is for three years with a renewal process. The School of Social Work at Bridgewater State College is beginning to review data submitted by the program to determine effectiveness. They are looking at levels of family stress and risk of out-of-home placement. The preliminary, unofficial findings are that post adoption services are effective.

Tennessee requires the Department of Human Services to offer post adoption services “in order to reduce the risk of adoption dissolution and to support the goal of permanency in adoption” to families who have adopted children from foster care, and to birth families of children adopted through the department. Services include:

- crisis intervention, including the provision of immediate assessment and time-limited treatment in volatile situations and connecting families to long-term adoption-sensitive treatment providers;
- family and individual mental health counseling provided in the home;
- support groups for families and children;
- respite through respite financial assistance;
- information and referral;
- case management;
- and networking between families and community service providers.

State funding supports programs provided by three partner agencies throughout the state through annual grants. Services are provided to families on a fee-for-service basis who request them but who do not meet the criteria of the state programs. The fees were described as “nominal.” The in-home treatment and counseling to children and families was described as the most highly utilized service, which can extend until the youngster is 19 years of age. The Adoption Support and Preservation (ASAP) program also provides

training to professionals in the community on attachment and bonding. The state has recently extended services to pre-adoptive families.

In Oregon, post adoption services are administered by the Department of Human Services (DHS), State Office for Service to Children and Families (SOSCF) through yearly contract with Northwest Resource Associates, a private not-for-profit provider. Services provided to eligible adoptive families by ORPAR include:

- Information and Referral including needs assessment and referral to parent run programs, agencies or individuals providing services such as support groups, respite, counseling or residential treatment. Information also dispensed through quarterly newsletters and website
- Educational programs for parents and professionals
- Educational materials through a lending library
- Advocacy
- Mediation/search services – Cooperative Adoption Mediation Program (CAMP) to encourage mediation and assist in search and reunification efforts.

Oregon also has a voluntary Adoption Registry, and all parties to adoption are informed of its availability. Services are available to Oregon residents who are parents of children who have been adopted through the public child welfare system in Oregon or in any other state. Parents request services in person, by telephone, or in writing. Provision of services is based on the needs of the child and family, and the availability of DHS and community resources.

Funding is 75% federal and 25% state, administered through the State DHS. During the current financial crisis in Oregon, their state funds have recently been cut by 30% which, in turn, has impacted the federal funds. The federal funds were part of Title IVB part 2B, Adoption Preservation and Support.

Utah has provided post adoption services administered through DCFS. It coordinates and local post adoption resources in each area of the state and informs adoptive parents of the availability of these resources. Services focus on information and referral, education and training, family support and respite care, and treatment and crisis intervention.

Results of a post adoption survey published in 2008 indicated that the adoptive families' levels of awareness of post adoption supports and their ability to access these services had increased. The use of services had remained stable, but the satisfaction had increased over studies completed in 2002 and 2003 when the state had an Adoption Opportunities Grant. Education, mental health, information about the child's special needs, respite care, and DCFS post adoption services were ranked as those areas of the greatest needs for families. The goal that the state has set for these services is to keep adoptive children and their families safe and thriving. A summary of policy recommendations made to Utah from this study include:

1. Continue use of a state wide newsletter and resource booklet.

2. Keep information in these vehicles current.
3. Educate community partners about post adoption services.
4. Advocate for and facilitate adoption competent education and mental health service provision for children and families.
5. Continue to promote unencumbered accessibility to an array of post adoption services to meet needs for information and referral, education and training, family supports and respite care, and treatment and crisis intervention needs.
6. Recognize that DCFS will always remain a point of contact for these families.

Programs in New York State

There are currently 13 post adoption programs supported by TANF grants within New York State. These are the post adoption programs currently being offered. These include information and support, respite programs, training programs, crisis intervention, counseling, support groups, children's groups training for professionals and training for parents. Most of these programs are primarily TANF funded. Some programs have small grants which supplement their TANF Funds. One agency had a federal grant. Unfortunately the bulk of these programs were principally funded with government grants which made their stability highly vulnerable.

Four Common Objections to the Establishment of Post Adoption Services

Misconception and insufficient information have contributed to our inability so far to raise the profile of post adoption services in degree commensurate with their importance. Four of the most common objections are presented and discussed below.

1. **“This family chose to adopt, and therefore it should be responsible for managing the consequences of adoption without obligation on the part of the government.”**

There are two considerations here—commonsense and morality. We know for a fact that most adoptions are successful, and that the great majority of adopting families do not need and would not use services. We also understand that an increased risk attends the formation of family through adoption. Should these risks overwhelm the unsupported adopting family, very expensive consequences are visited upon the state in the form of foster care and treatment services. It makes sense to take relatively inexpensive steps to preclude the small but significant risk that is part of every adoption.

When a family adopts a child from the foster care system, that family relieves the state of a profound legal and financial burden. The state—the unquestionable beneficiary of the adopting family's actions--does have a moral obligation (in addition to the commonsense obligation described above) to be with that family in the event of future difficulty. When it stands by families that have come forward to adopt foster children, the state encourages

others by assuring them that they will not be left alone. When it abandons families that have taken kids out of foster, the state frightens and discourages others who might have been willing to do the same.

2. “We should not deprive children and families the opportunity to enjoy normalized family lives free from unwanted services.”

We agree completely: families have complete discretion to use or not use services as they see fit. Adoptive families must be indistinguishable from every other sort of family with respect to their right of self-determination. But for all the reasons given in this paper, if an adoptive family asks for help, then help should be there—specialized help expressly designed and directly tested for the particular circumstances that surround adoption. We do not use firemen everyday, but when we need them they should come quickly, and they must know what they are doing when they arrive.

3. ”B2H will provide all the help families need. We do not require specialized services for adoptive parents.”

B2H is an enormous step forward, but a child must be in foster care in order to be eligible. Some adopted children are, most are not. Over 2/3 of adopted children are adopted privately, domestically, or internationally, but only 1/3 are adopted from foster care. One third leaves foster care for adoption without B2H and do not develop a need for the service until later when they are no longer eligible for B2H.

4. “The families already receive generous long-term subsidies. They should use these to purchase whatever help they need.”

Families cannot purchase what does not exist, or what they do not know they need. The complexities of attachment and attachment failure, confusion about sources of inexplicable behavior, self-doubt and guilt, and unexpected reaction to overwhelming emotion are all hallmarks of those adoptions that become problematic. Children and families suffering from these things need specialized assistance. They are unlikely to find it without access to post adoption centers that can refer them to trained therapists and bring them into contact with peers who are in identical situations. All the money in the world is useless to people who are isolated.

The subsidies are indeed generous, but they are often not enough to spare adopting families financial stress. How can an \$18 000 annual subsidy not be enough? Consider that in the year prior to the adoption of a foster child, state and county were paying a minimum of \$50 000 for a foster family placement, and between \$80 000-\$100 000 for congregate care. The effects of a successful adoption can seem miraculous, but the details that support it are not magical.

Parsons' Recommendations

1. Given the unique aspects of adoption as a path to the creation of families, and the special risks that attend adoption, we believe NYS should establish permanent post adoption services.
2. Post adoption services should be available to all adoptive families, irrespective of whether the child is adopted privately and domestically, internationally, or from state foster care.
3. Because of their greater risk, and because of the state's direct responsibility in them, NYS should place special emphasis on foster care adoptions. In addition to the services recommended above, we believe NYS should upgrade its monitoring of post adoption outcomes so that it can continually adjust support to adopting families.
4. Post adoption services should be available at any time following adoption, and should include at least:
 - Adoption information
 - Peer support
 - Parent education
 - Adoption-informed family counseling
 - Adoption-informed individual counseling
 - Crisis intervention
 - Respite
 - Continuing adoption services training for professionals
5. Fees for services should only be considered above an income threshold, irrespective of the type of adoption (i.e., private domestic, foster care, or international).