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**Reflections on Proposals and Additional Information that may be needed for  
The Special Committee on Adoption and TPR Law to make informed decisions.**

(I realize that some of these suggestions may not require a change in law but are necessary to speed up the adoption process and to encourage people to adopt.

Please ask me to clarify if anything in this summary that is unclear)

**State Tax Credit to Encourage Special Needs Adoption**

- It would NOT be an incentive for families of quality to adopt
- It may attract people to adopt for the wrong reasons
- These monies could be better used in supports for post adoptive families

**Court Process Needs to be Streamlined**

- Eliminate jury trials as most other states have done
- Assure that critical players are prepared so that court hearings are not continually extended
- To comply with ASFA and Federal standards do cross-training with judges, court appointees and DFHS personnel (especially casemanagers)
- Identify birth fathers or family members immediately for DNA and possible placement
- Siblings
  - Placement should be considered immediately
  - According to the law, children once adopted are no longer considered siblings of subsequent birth siblings.....This is wrong!
  - Realization that placement together of siblings (especially special needs children) is not always in their best interest. Because of degree of difficulty, disruption may be likely.
  - Every effort should be made to place siblings in families where they could stay connected with one another.
- Consider doing a TPR before an adoption resource is found. Most perspective adoptive parents don't want to take the "risk" if a TPR has not occurred. They will go elsewhere.

**Media Blitz for Special Needs Children**

- On the availability of children locally
- On the perception of "risk" adoptions (Currently the perception is that these children will be placed and then taken away which drives good homes to other countries)
- Clarify "fast track" adoption....Foster parents continue to be told that casemanagers can not even mention the possibility of adoption.
- Recruitment
  - Needs to begin with recruitment of foster families of quality who meet the same standards and criteria as those of adoptive homes (dual licensure). This would alleviate the need for multiply moves.....Besides foster children need as good of homes as adoptive children.
  - Aggressively pursue a program to identify foster parents interested in adoption and place "risk" and "fast track" children directly into those homes.

### **Concurrent Planning**

- Needs to be actually occurring from the moment a child enters out-of-home care
- Comprehensive documentation is needed not only from DFHS but also from the foster homes. This is one reason why foster parents need to truly be a part of the CST (Coordinated Services Team). They must be given ALL known information and access to past foster parents and medical information. Training of foster parents on factual documentation is critical.

### **In Depth Training for Pre and Post Adoptive Parents**

- Is needed to prevent disruptions
- Should be cross training with agency and court/legal personnel
- Should include the realization that with many special needs children, love alone will not heal their issues. There must be input from experienced adoptive parents.
- Experience tells me that whatever you are prepared for rarely occurs so prepare perspective adoptive parents “well”.
- Training is absolutely essential in the following areas;
  - RAD (Reactive Attachment Disorder)
    - All foster children are at risk
    - Issues to look for and be aware of (some of these actually look like positives early on)
    - How it occurs
    - The affects of multiple moves
    - What the long term affects are
    - What strategies, if implemented early on, can help the child to heal
    - That children are not resilient and every move is detrimental
  - Prenatal exposure to drugs and alcohol
    - Keep in mind that some affects can not be seen as infants or toddlers
    - From my experience, all children suffer affects....some much more severe than others.....but long term affects none-the-less
    - All of the points listed under RAD
  - How to advocate for special services
  - How to accurately and factually document to access subsidies, to facilitate concurrent planning and to expedite the court process

### **Adoption Subsidies, T-19, Respite, and Higher Education**

- Adequate subsidies are difficult to obtain
- The “unknown” especially in respect to RAD and AODA exposure, needs to be taken into consideration as many issues can not be seen during the first 1 ½ years.
- Respite care is necessary and should be included in the adoption subsidy
- Subsidies need to continue after age 18 as you do not stop raising a child (especially a special needs child) at that age. In fact, this is the time when the greatest expenses occur as do the greatest problems. This would help to decrease homelessness in this population.
- T-19 needs to continue after age 18
  - Most children have no medical/dental/therapeutic coverage after 18
  - Before and after age 18, therapists trained and knowledgeable of RAD and behavioral issues need to be recruited and adequately paid for their services
- Grants for higher education or training for a trade must be added especially for children adopted at an older age (10 and up) **must be given.**

### **Establish a Statewide Adoption Hotline manned by experienced adoptive parents**

