

C.A.S.E. *the nonprofit*
**CENTER FOR ADOPTION
SUPPORT AND EDUCATION**
since 1998

October 30, 2014

Ms. Joo Yeun Chang
Associate Commissioner, Children's Bureau
Administration for Children and Families
U.S. Department of Health and Human Services
370 L'Enfant Promenade, S.W.
Washington, D.C. 20447

Mr. John O'Brien
Senior Policy Advisor
Disabled and Elderly Health Care Programs Group
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear. Ms. Chang and Mr. O'Brien:

First and foremost, I want to thank you, Ms. Joo Yeun Chang, and the accompanying team of experts from ACF and CMS, for your time and consideration of our views on October 6, 2014, related to the collaboration between ACF and CMS to invest in, and expand access to, effective interventions for children in foster care. As we discussed, the effective implementation of evidence-based and evidence-informed interventions for the foster care population will require delivery by a workforce that is adoption competent, meaning that they have the professional education to understand the broad scope of issues that arise with children separated from their biological parents.

The Center for Adoption Support and Education (C.A.S.E.) was created in May 1998, to provide pre and post-adoption counseling and educational services to families, educators, child welfare staff, and mental health providers in Maryland, Northern Virginia, and Washington, D.C. In addition, C.A.S.E. is a national resource for families and professionals through its training, publications, and consultations. From this experience, C.A.S.E. has a unique perspective on how the mental health care system can and should better address the mental health needs of children in foster care and children who are adopted from the foster care system. We look forward to our collaboration with ACF to develop the National Adoption Competency Mental Health Training Initiative to build an adoption competent workforce.

Although the list of suggested ACF funded activities included in your proposal are all valuable, the successful delivery of any evidence-based interventions to foster and adopted children and families requires a broader perspective and understanding of their experiences. I applaud your emphasis on evaluation to ensure that the funded activities are indeed resulting in improved child well-being. And from that, I would argue that professionals trained to be adoption competent should be delivering the evidence-based interventions to maximize their

value and impact for children in foster care. This includes competency in addressing the clinical issues that impact children in foster care for whom adoption is not the plan – issues that include parent-child visiting, family therapy (biological), reunification planning and support, among other issues.

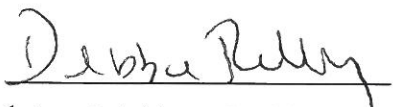
Therefore C.A.S.E. proposes the following additions to the proposal:

- Require applicants for ACF funded activities to demonstrate the existing capacity or the commitment to build an adoption competent workforce that will deliver the evidence-based interventions.
- Allow “training for adoption competency for professionals delivering evidence-based interventions” to the list of ACF’s funded activities;
- Allow States to test and evaluate care models that promote effective evidence-based clinical interventions targeting children in foster care by providing access to adoption competent clinicians, which includes the competencies to address issues facing children in foster care, with the goal of improved mental health outcomes, through a CMMI Innovation Model.
- Provide for states the definition of adoption competent, as identified already in peer-reviewed literature.¹ In addition, the National Adoption Competency Mental Health Training Initiative will include the development of state-of-the art evidence-informed adoption competency definitions for child welfare and mental health professionals, adoption competencies for each group, and web- based curricula for each group with quality improvement components for use on a national basis, making adoption competency an accessible goal for states.
- Encourage states to take advantage of section 474 (a)(3)(B) of the Fostering Connections to Success and Achieving Adoptions Act of 2008 to train an adoption competent workforce, including clear communications to states that the training of adoption competent clinicians working in private child welfare agencies is an eligible use of federal matching funds.

In closing, I applaud you for collaborating so that the health and welfare needs of foster and adopted children are more seamlessly recognized. It is an unfortunate reality that our most vulnerable children do not typically have access to clinicians uniquely trained to address their needs. I believe that some of the small changes proposed above could go a long way to improving access to adoption competent clinicians for children in foster care. I look forward to hearing from you, and welcome the opportunity to address your questions or concerns.

Sincerely,

Debbie Riley

A handwritten signature in cursive script that reads "Debbie Riley". The signature is written in black ink and is positioned below the typed name.

¹ Anne J. Atkinson, Patricia A. Gonet, Madelyn Freundlich & Debbie B. Riley Adoption Competent Clinical Practice: Defining Its Meaning and Development. Adoption Quarterly Volume 16, Issue 3-4, 2013.