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August 30, 2016

Honorable Orrin Hatch
Chairman
U.S. Senate Finance Committee
219 Dirksen Washington, DC 20510

Honorable Ron Wyden
Ranking Member
U.S. Senate Finance Committee
219 Dirksen Washington, DC 20510

Dear Chairman Hatch and Ranking Member Wyden:

I am writing to express the strong support of the Center for Adoption Support and Education (C.A.S.E.) for S. 3065, the Family First Prevention Services Act of 2016. We recognize that it is a leap forward to ensure the provision of much-needed mental health services for all families, and particularly adoptive families, during moments when children and youth are most at risk of returning to foster care. As the legislation is implemented, we look forward to working with you and with the Administration to ensure an adoption competent workforce is delivering the much-needed programs supported by this legislation.

C.A.S.E. was founded in May 1998 to provide pre and post-adoption counseling and education services to families in Maryland, Virginia and the District of Columbia. Mike and Kathleen Dugan, loving parents of twelve children, eight of whom were adopted from the Prince Georges County child welfare system, created C.A.S.E. because they saw a need for mental health services that specifically address the unique, complex mental health needs of adopted children whose lives were impacted by compromised beginnings. C.A.S.E. currently has offices providing direct services in Montgomery, Prince George's and Fairfax counties. Because of the intense need for adoption competent mental health professionals in other parts of the country, we have also prioritized the development of replicable adoption competency training curriculums, both at the Master's degree level for mental health professionals and for clinical providers and caseworkers working in state child welfare agencies.

Adoptive parents consistently report that their greatest post adoption support need is mental health services provided by someone who understands adoption.¹ Some families reported seeking therapy from as many as ten different therapists before finding one who understood adoption issues, if they find such a therapist at all.² So it is not surprising that studies indicate that most mental health professionals lack the training to meet the diverse/complex clinical needs of adoptive families.³ Without access to adoption-competent mental health services, adoptions can and do fail. Children may enter state child welfare

¹ Atkinson & Gonet, 2007; Smith, 2014, Brodzinsky, 2013

² Casey Center for Effective Child Welfare Practice, 2003

³ Sass & Henderson 2002, Mc Daniel & Jennings, 1997

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agencies through “forced relinquishments,” or place their children in residential treatment facilities and/or wilderness programs, choices parents make when they lack access to the appropriate resources. C.A.S.E has been a significant partner with local child welfare agencies throughout the state of Maryland to ensure adoption success and strong child well-being outcomes, as well as in the states where our master’s level Training for Adoption Competency (TAC) curriculum is being taught.

National Adoption Competency Mental Health Training Initiative (NTI)

C.A.S.E. currently has a contract with the Administration for Children and Families (ACF) to develop adoption competency curriculums for clinical staff and caseworkers in state child welfare agencies that would support and enhance a competent, skilled, and professional child welfare workforce to deliver trauma-informed and evidence-based services. Recently, with the support of ACF, C.A.S.E. chose 8 states to participate in the National Adoption Competency Mental Health Training Initiative (NTI) pilot. These states will implement and pilot two state of the art, web-based trainings for child welfare professionals and mental health practitioners. We are also in the process of identifying tribal partners to serve as a pilot site.

Training for Adoption Competency (TAC)

C.A.S.E.’s own clinical, team of highly skilled adoption competent licensed therapists have received training in the growing field of adoption competency using the Training for Adoption Competency (TAC). TAC is a 12-session (72 hour) evidenced informed manualized competency based training program for licensed mental health clinicians who provide pre- and post-adoption services to prospective adoptive parents, birth parents, adopted persons, and adoptive and kinship families. The curriculum was methodically developed with aid of a National Advisory Board comprised of nationally recognized child welfare and adoption experts, including parents, who defined specific adoption knowledge, skills, and values in 18 domains, then developed a definition of an adoption competent mental health professional. The definition was subsequently validated by adoptive families who registered extraordinarily strong agreement with the definition developed by the experts. Competencies in the 18 domains form the foundation of the TAC curriculum which is designed to develop the defined competencies and produce clinicians who conform to the definition of an adoption competent mental health professional. TAC has been rigorously evaluated and findings constitute a sound and growing body of evidence that the TAC is a high quality, effectively-delivered training that increases knowledge and changes clinical practices in ways associated with adoption competency. TAC is being replicated and implemented in 15 states across the country through public universities, child welfare agencies and community based organizations.

Support for Trauma Informed and Evidence Based Services Delivered by Adoption Competent Providers

With this background, we strongly support the provision of mental health services for 12 months to children and youth that are considered to be candidates for foster care or a pregnant or parenting youth in foster care. As drafted, adoptive parents and adopted children and youth could qualify for the provision of mental health services to mitigate dissolution of the adoption from foster care that so often happens when Title IV-E services are eliminated. We are very pleased that the bill language explicitly defines a child who is a candidate for foster care to include a child whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement.

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In the field, the term adoption competency has meaning around the principles that comprise the theoretical and philosophical framework for the provision of adoption competent mental health services. In applying these principles, adoption competent providers are able to better serve adopted persons, adoptive families and kinship families and birth families. The terminology “adoption competent” encompasses the competencies needed for service providers, including mental health professionals and caseworkers, to effectively deliver services throughout the journey of vulnerable children and their families, whether related to separation of a child from the birth family, placement in foster care, or adoption.

Underneath any program serving children at risk of entering foster care is the core need for the individuals delivering services to be adoption competent. We are excited to share our expertise with you and with the administration to ensure that the legislation is implemented in a manner that builds on our work to ensure an adoption competent workforce to serve foster and adoptive children and families.

Conclusion

Thank you for prioritizing the need for increased access to mental health services for children and families at significant risk for entering, or re-entering, foster care. It is our mission to ensure that children are part of a forever family, which is only possible if children and their families have access to adoption competent service providers and programs that support their mental health needs. Please know that C.A.S.E. wants to be a resource to you as the legislation moves through final passage and implementation.

Sincerely,

Debbie Riley, LCMFT, CEO
Center for Adoption Support and Education

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