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## **CCAI 2025 Congressional Briefing**

**Dawn Wilson, Director of C.A.S.E. Training Institute Remarks**

- About every 2 ½ minutes a child enters foster care in the US
- Youth in care are 7x more likely to have depression and 4x more likely to attempt suicide than their peers and the Academy of Pediatrics has identified mental and behavioral health as the greatest unmet need for children in foster care
- For adopted youth - the risk of needing mental health or psychiatric care for is twice as high as non-adopted peers

My name is Dawn Wilson, and I am the Director of the National Training Institute at the Center for Adoption Support and Education (C.A.S.E.). It is an honor to speak with you today about the mental health needs of our most vulnerable children.

The work of C.A.S.E. is rooted in the lives of our two-co-founders. CEO Debbie Riley, a licensed therapist for 40 years experienced youth in foster care and adoption placed in residential treatment or psychiatric hospitals, and over-prescribed psychotropic medications with poor outcomes. Kathleen Dugan and her husband adopted 8 children from foster care and were repeatedly told by therapists that they should return their children back into care because they were too damaged to be in a family. Something no parent should hear.

Based on these experiences and more than two decades of providing specialized mental health services to over 7000 families, C.A.S.E. has become the national leader in the development and provision of evidence-based adoption competency training. Our programs help mental health and child welfare professionals gain the skills and insights necessary to serve the needs of the foster, adoptive and kinship community.

As the data I shared indicates, we are in a national emergency. Children need mental health services and yet there is a significant lack across our nation:

- More than 1/3 of people live in areas without mental health providers
- Only ½ of children who need mental health treatment receive it
- Lack of providers, insurance barriers, and long wait times make services difficult to access
- There is no mandate for clinicians to have specialized training and yet adoptive parents too frequently report practices that are ineffective or even harmful to their families.<sup>i</sup>
- 65% of psychologist are unable to recall any training focusing on adoption

The bottom line is that foster, adoptive and kinship families are often ill-prepared to meet the challenges of children who come to them with experiences of early adversity. In communities across the country, these families are receiving services – from professionals who have limited training in their unique needs. To make matters worse, community mental health centers that accept Medicaid are often the training ground for new clinicians – and many foster and adoptive families rely on Medicaid. That means the youngest and least experienced professionals are often the ones serving youth with the greatest needs.

To address this in 2009, C.A.S.E. developed the manualized 72-hour Training for Adoption Competency (TAC), an evidence-based, post-graduate training program for clinicians. The curriculum is based on core knowledge, value and skill competencies identified by a group of nationally recognized experts and individuals with lived experience.

The TAC, which is currently implemented in 20 states, is rated on the nationally recognized California Evidenced-Based Clearinghouse for Child Welfare and is accredited by the Institute for Credentialing Excellence. More than 2,800 clinicians have completed the TAC with evidence of increased knowledge and changes in clinical practice. Further, two outcome studies funded by Annie E. Casey Foundation and Dave Thomas Foundation for Adoption found that:

- Adoptive families treated by TAC-trained clinicians experienced greater satisfaction with treatment and outcomes compared to non-TAC trained clinicians.
- And reported significantly better outcomes on measures of family cohesion, communicative openness, parenting strategies, and improved child coping skills.

We must accept that we do not have an adequate workforce to address the complex mental health needs of our children. The good news is that we have training programs – that are well-evaluated and ready for distribution to bolster the competency of the child welfare and mental health workforce nationally. We look forward to working with Congress to address the mental health needs of youth experiencing adoption, foster and kinship care - creating pathways for professionals to have access to these trainings and incentives to complete them.

Thank you.

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...Children do not create their own mental health needs and certainly can't fix them. It's our collective responsibility to address their complex needs with creative and collaborative solutions. Each day mental health needs persist, and children remain at risk. Addressing the challenges I shared with you today will pave the way for a brighter future for our children.

And we need to acknowledge that therapeutic services provided by therapists who don't understand the needs and challenges of the population they are serving can do more harm than good. So, training for these professionals is critical.

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<sup>i</sup> McCrae, J. S., Barth, R. P., & Guo, S. (2010). Changes in maltreated children's emotional-behavioral problems following typically provided mental health services. *American Journal of Orthopsychiatry*, 80(3), 350–361. <https://doi.org/10.1111/j.1939-0025.2010.01039.x>