

Testimony of Debbie Riley

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U.S. House Committee on Ways and Means, Subcommittee on Human Resources Hearing on Increasing Adoptions from Foster Care and the Adoption Incentives Program

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I appreciate this opportunity to submit written testimony for the Hearing on Increasing Adoptions from Foster Care and the Adoption Incentives Program held on February 27, 2013. My name is Debbie Riley, LCMFT, and I am the Executive Director of the Center for Adoption Support and Education (C.A.S.E.) which has a long history working closely with the Dave Thomas Foundation on Adoption and now with the Wendy's Wonderful Kids Program.

I want to highlight a very important national initiative entitled Training for Adoption Competency (TAC) that our organization has been leading since 2008. With the support of major national foundations – the Freddie Mac Foundation, the Dave Thomas Foundation for Adoption, the WW Kellogg Foundation, and the Annie E. Casey Foundation – C.A.S.E. has developed an evidence-informed standardized 78-hour training and case consultation program for licensed mental health professionals. The training is specifically designed to provide agency-based and community-based clinicians with the knowledge, values and skills that are essential in providing adoption-competent mental health services. In fact, we currently have integrated our Training for Adoption Competency curriculum into five of the national Wendy's Wonderful Kids (WWK) sites. As Rita Soronen testified, the impact evaluation showed that children served by the WWK Child Focused Recruitment Model are 1.7 times more likely to be adopted than those not served by the program and that the impact of the WWK program on adoption outcomes is strongest among older youth and those with mental health disorders.

Research shows that children with traumatic experiences of abuse, neglect and abandonment and challenging behavioral and emotional responses are at high risk of presenting with adjustment problems within their adoptive families. These children's emotional challenges, by virtue of the complex trauma that they have experienced, are often significant, and adoptive parents often identify these issues as the primary contributors to family stressors post-adoption. Research shows that these factors are associated with poor adoption outcomes, including the dissolution of adoptions and children's return to foster care. Access to adoption-competent mental health services is a critical factor in promoting positive outcomes for these children and their adoptive families and the success of their adoptions. Adoptive families often express their need for

adoption competent mental health professionals to assist them, and the challenges they experience in actually finding such skilled mental health professionals.

The Training for Adoption Competency (TAC) curriculum was developed and pilot-tested in 2009. It is currently being implemented in seven sites across the United States (Northern California, Nebraska, Indiana, Minnesota, Missouri, Massachusetts, and North Carolina). A rigorous evaluation has been conducted throughout the implementation of the TAC, beginning with the pilot test at the University of Maryland School of Social Work. Among the findings from the evaluation are the following: (1) on pre-/post-training tests that compare the performance of TAC students to comparably qualified professionals not enrolled in the training, TAC students scored an average 31.29 points higher on post-tests than the control group; (2) all TAC completers to date report change in at least two of six defined aspects of practice with 54 percent reporting change in all six aspects; (3) nearly one-half of TAC completers report changes in practices at the organizational level such as strengthened intake protocols, adding parent and youth support/education groups to services offered, and creation of post-adoption specialist positions within agencies; and (4) trainees report that their assessments have been greatly strengthened, their awareness of the effects and implications of trauma and brain development issues has been heightened, and that they have modified interventions employed, with much greater emphasis on grief, loss and attachment.

In order to expand access to adoption competent mental health professionals by foster and adoptive families, C.A.S.E. believes that the TAC should be taken to scale and provided to clinicians across the United States. First, C.A.S.E. is advocating that the Administration for Children and Families provide clear guidance to state agencies on allowable use of Title IV-E funds. The Fostering Connections to Success and Increasing Adoptions Act of 2008 recognized the importance of a quality workforce to children's well-being and the role of training in developing and sustaining a qualified workforce. Under section 474 (a)(3)(B) of the Act, federal financial participation is available at 75 percent "...for the short-term training of current or prospective foster or adoptive parents and the members of the *staff of State-licensed or State-approved child care institutions providing care to foster and adopted children receiving assistance under this part*, in ways that increase the ability of such current or prospective parents, *staff members*, and institutions to provide support and assistance to foster and adopted children, whether incurred directly by the State or by contract." At this point in time, few states have expanded their training programs under Title IV-E to private agency staff. We are not aware of a single state that has extended its training program to the clinicians who prepare children in foster care for adoption or provide clinical post-adoption services to strengthen and stabilize adoptive families. We believe that the Fostering Connections Act provides a vital opportunity to reach the very clinicians who are essential to the well-being of adoptive families. We are eager to work with ACF in supporting states in utilizing available federal resources to train adoption competent mental health professionals.

Second, C.A.S.E. urges Congress, in collaboration with the Administration for Children and Families, to prioritize resources for post-adoption services with a specific focus on addressing the clinical needs of children adopted from the foster care system and their adoptive families. The replication of TAC nationally can promote a responsive, accessible adoption competent workforce of mental health professionals. As the field is increasingly looking to identify and implement evidence-based and evidence-informed services, we encourage Congress and the

Administration for Children and Families to support the implementation of programs such as the TAC in preparing clinicians to provide quality mental health services for children and youth who are adopted from foster care and their adoptive families.

Third, we encourage the Administration for Children and Families to support the TAC curriculum through its existing programs. C.A.S.E. has developed the TAC independently, solely with private funding, and yet it has significant untapped potential for the federal child welfare system and is in fact benefiting families today both inside and outside the child welfare system. For example, we would encourage use of the Adoption Assistance and Guardianship Assistance funds for the TAC curriculum. We also encourage Congress and ACF to hold States accountable for providing quality supports for adoptive families by requiring States to report on the extent to which they make available to adoptive families adoption competent mental health services. The Administration recognized in its FY 2013 budget the need to build capacity in child welfare and mental health systems to ensure the availability of effective interventions. Effective interventions will be available to adopted children and their families only when there are well-trained mental health providers in community based settings.

I look forward to the opportunity to share with the Committee more information on the TAC and its growing evidence base, particularly as this Committee looks to reauthorize the Adoption Incentives and the Temporary Assistance for Needy Families (TANF) programs. Like the Center on Law and Social Policy (CLASP), we recognize the importance of cross training child welfare and TANF case managers. I hope that these reauthorizations could provide an opportunity for us to explore with the Committee ways to expand the TAC, so that it impacts more communities and, most importantly, larger numbers of adoptive families who struggle to find adoption competent clinicians.

We believe that broadening the reach of the TAC and expanding community capacity to serve adoptive families with adoption competent mental health services will significantly impact the well-being of families, promote adoptions from the foster care system nationwide, and reduce rates of adoption disruption and dissolution.

I appreciate the opportunity to provide this testimony.

Sincerely,



Debbie Riley, LCMFT

The Center for Adoption Support and Education