

**Advancing Permanency in Child Welfare: Leveraging Federal Funding for Adoption Programs**

**Testimony before the Appropriations Subcommittee on Labor, Health and Human  
Services, Education, and Related Agencies, U.S. House of Representatives**

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

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Good morning, Chairman Aderholt, Ranking Member DeLauro and members of the subcommittee for this opportunity to thank you for supporting programs that ensure all children have a permanent loving family. It is an honor to be invited.

My name is Debbie Riley, co-founder and Chief Executive Officer of the Center for Adoption Support and Education (C.A.S.E.) I am a licensed marriage and family therapist of 40 years specializing in child and adolescent mental health. As adoptive parents, my hesitation was grounded in what I had seen in my professional career and in the research. Children adopted, particularly from foster care, were overrepresented in higher settings of mental health with unacceptably poor outcomes. My career has been committed to addressing this disparity.

Along my journey I met Kathleen Dugan. She and her husband adopted 8 children from foster care, expanding their family of 4 to 12. 40 years ago, we did not know the impact of trauma on brain development, how children grieve, why they might be aggressive or abusive or do things like set the house on fire, all of which they experienced. Medical professionals advised their children were too damaged and should return to foster care, which they did not. We started C.A.S.E. so that NO adoptive parent would be told to return their children. C.A.S.E is now the national leader on mental health of adoptive, foster and kinship families, serving over 9,000 children and families in Maryland, Virginia, and Washington D.C., building a national network of adoption competent professionals, and transforming policy and practice.

For most children, adoption is an important protective factor, bringing permanency, safety and a nurturing environment. Traumatic life experiences and compromised beginnings – especially for those who experience foster care – elevate risks for developmental, health, emotional, and behavioral challenges which can compromise well-being and family stability. The lack of access to adoption competent mental health services is a significant barrier to foster parent recruitment/retention, child permanency and confident adoptive families who may not otherwise be prepared to meet the challenges of children from early life adversity.

### **The Cost**

There are significant financial and emotional costs associated with the lack of appropriate mental health services. It contributes to interactions with the juvenile justice system (a cost of \$100,000-500,000 per year/youth) and placements in residential treatment where 25-30% are adoptees. While most adoptions succeed, 10%-25% disrupt before finalization and some dissolve after finalization. A range of barriers to obtaining quality mental health services include limited availability of providers with specialized training, particularly in rural areas; accessibility issues, such as inconvenient locations and office hours; lack of awareness about existing resources; no mandate or requirement for clinicians serving the foster/adoption population to complete adoption competency training; and no national certification or central registry of trained clinicians. Adoptive parents cite competent mental health services as one of their greatest unmet needs, often reporting practices that are ineffective or even harmful.

Families needed specialized clinical expertise, a framework that did not exist before C.A.S.E.

Doctorate level clinical programs only spent on average 7.59 minutes per semester on adoption.

In 2009, C.A.S.E. began building a training curriculum that would fill this critical gap of

knowledge. We partnered with visionary funders – Annie E. Casey Foundation, Dave Thomas

Foundation for Adoption, Freddie Mac Foundation, Jockey Being Family Foundation, and others – to test, refine, and build the evidence through rigorous evaluation. We engaged those with lived experience, scholars, researchers, and experts in mental health and child welfare to develop our flagship Training for Adoption Competency (TAC) – the only evidence-based, accredited adoption competency training for licensed mental health professionals. Today, more than 3,000 professionals have completed this rigorous 72-hour training, which is replicated in 21 states. TAC was the starting point. To address the needs of foster, adoptive and kinship families, in 2014 the Children’s Bureau launched the National Adoption Competency Mental Health Training Initiative (NTI), led by C.A.S.E. NTI developed two advanced, evidence-informed online trainings to improve adoption competency among child welfare and mental health professionals across the country. Eight national child welfare systems and one tribal nation piloted these trainings with 9,000 participants. Findings validated the need. Notably, child welfare staff scored around 50% on the pre-test in understanding loss and grief which can result in serious mental health challenges such as childhood depression, anxiety and self-harming. Mental health professionals averaging 13 years of clinical practice scored around 30% in attachment and bonding. We learned that untrained child welfare workers were not having essential conversations with children to address their loss and grief, and therapists did not know how to support attachment. It is easy to see why there are so many poor outcomes for children and families! The good news is that after completing NTI training, nearly all participants demonstrated strong proficiency in these areas, improving their ability to address complex mental health issues in children preparing for permanency and supporting their families. These findings reflect what families have been telling us for years – children with complex mental health conditions impacted by profound loss, grief, and trauma were receiving the least skilled

treatment. Currently, 34 states use the training to mitigate these outcomes, which has a 95% satisfaction rate among trainees. Over 30,000 professionals have enrolled in NTI.

Scaling NTI revealed a workforce crisis. State systems overwhelmed by underserved children with deep emotional issues had children sleeping in caseworkers' offices or taken to emergency rooms for treatment. In response, in 2023 the Children's Bureau funded a National Center for Adoption Competent Mental Health Services to build bridges between child welfare and mental health systems and enhance the workforce capacity. C.A.S.E leads this Center and provides site-specific intensive technical assistance to States, Tribes, and Territories to build and improve access to adoption competent mental health services moving it to the gold standard of care.

### **The Reality Facing Adoptive and Foster Families:**

There is a national emergency in children's mental health, with an especially high need among youth in care who experience mental health disorders at rates 3-4 times higher than average. Up to 80% have significant mental health needs, yet only 20-30% receive adequate treatment.

Additionally, one in four youth in care is prescribed psychotropic medication. The American Academy of Pediatrics identifies mental and behavioral health as the greatest unmet mental health need for those in foster care. The mental health and child welfare workforce is shrinking with child welfare turnover averaging 30-40% and one psychiatrist per 9,000 youth.

### **Barriers to Accessing Adoption-Competent Services**

Mental health support is essential for families to thrive and achieve permanency – but adoption-competent care remains hard to find. Even when available, families frequently encounter significant obstacles, driving adoption instability and expensive, often preventable, crisis interventions, thereby exacerbating disruption and dissolution of adoptions. A recent national survey of 500 families revealed engagement in mental health services at rates 2.5 to 3 times

higher. 86% accessed mental health services – but only 21% rated clinicians as adoption competent. We have an ethical obligation to do better – and we have a solution.

In December 2025, C.A.S.E published the strongest evidence to date that adoption-competent mental health services deliver measurably better outcomes for adoptive families but far too few families can access them. A study of over 300 families showed those engaged with TAC-trained clinicians report stronger therapeutic alliances, greater family engagement, higher satisfaction across all dimensions of treatment, more adoption-relevant care, and improved family outcomes.

**Conclusion:**

Evidence substantiates that adoption-competent care improves family stability and strengthens permanency. It is not just a niche specialty. It is a necessary standard of care for millions of children, families, and individuals. *Consider the Martinez family: After struggling months to find a clinician who understood their adopted daughter’s unique needs, they found a TAC-trained professional. “Within weeks, we felt heard and supported. Our daughter made strides in healing, and our family grew stronger together. Adoption-competent care changed our lives.”*

C.A.S.E. has provided adoption competency training to over 30,000 mental health and child welfare professionals across 43 states and territories, delivering essential assistance and hope to families such as the Martinez family. With continued Congressional support, we can expand access to proven adoption competency training, establish national standards for adoption-competent care, enhance cross-system integration, and advance needed research. Both NTI and TAC trainings are positioned for widespread implementation to ensure adoption-competent care is accessible and affordable – regardless of location or background. By investing earlier in mental health access, in caregivers, and in the workforces that hold all of this together, we can shift from funding crisis to preventing it. Thank you for your time and consideration.