Building on What Works: Advancing Adoption Competent Mental Health Care Through Existing Child Welfare and Mental Health Policy

Over the past five decades, federal and state policymakers have invested in both child welfare and behavioral health systems through legislation such as CAPTA, ASFA, the Family First Prevention Services Act, Medicaid's EPSDT benefit, and the Mental Health Parity and Addiction Equity Act. Together, these policies seek to improve safety, permanency, well-being, and access to mental health care for children and families. These laws reflect a clear and enduring commitment: **children should grow up in safe, stable, and permanent families, supported by systems that promote healing and well-being.**

Child welfare and mental health policies shape the systems, services, and support available to children and families impacted by foster care, adoption, and kinship care. As a result, policy decisions influence not only permanency outcomes but also access to the specialized mental health services needed to support long-term well-being. However, despite this strong policy foundation, outcomes remain uneven. Children and families continue to experience placement instability, disrupted permanency, and unmet mental health needs. Research indicates that up to 80 percent of children in foster care have significant mental health needs, compared to approximately 20 percent of children in the general population, underscoring the scale and urgency of the challenge.

Many of the challenges facing children and families today occur at the intersection of child welfare and behavioral health systems, where responsibilities for permanency and treatment are often divided across agencies. Child welfare agencies are often responsible for achieving permanency and family stability outcomes, while behavioral health systems are responsible for delivering mental health services that support those outcomes. Yet neither system can achieve lasting success alone. Children and families thrive when child welfare and behavioral health professionals work together to provide coordinated, adoption competent care that supports both permanency and well-being. Adoption competent mental health care offers a critical opportunity to close that gap. Federal and state policymakers have already established a strong foundation through child welfare and behavioral health legislation. The next opportunity is to ensure that these systems consistently incorporate adoption competence as a strategy to achieve their intended outcomes.

What is Adoption Competence?

Adoption competence is a **specialized approach to mental health care that equips professionals and systems with the knowledge, skills, and values needed to effectively**

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support children, youth, and families impacted by foster care, adoption, and kinship care. It recognizes that experiences such as trauma, loss, separation, grief, attachment disruptions, and identity development are central to a child's story and can shape behavior, relationships, and well-being over time.

By equipping professionals and systems to understand better the experiences of children and families impacted by foster care, adoption, and kinship care, adoption competence helps translate policy goals into meaningful, sustainable results. Adoption competency provides a practical framework to help systems implement policy goals related to safety, permanency, well-being, prevention, and access to mental health care. Adoption competence can also help states maximize Family First investments by ensuring that prevention services, evidence-based mental health interventions, and kinship support are responsive to the unique needs of children and families affected by foster care, adoption, and kinship care.

Adoption Competence Is Not Just a Concept. It is Evidence-based.

Research about this training was conducted in 2024-2025. The Training for Adoption Competence (TAC) Effectiveness Study found that clinicians who complete the training show **significant increases in knowledge and skills** related to adoption and foster care, **improved clinical confidence**, and **greater use of trauma-informed and attachment-focused interventions**. Families served by TAC-trained clinicians also reported stronger therapeutic alliances, higher satisfaction with services, and increased receipt of adoption-relevant care. Similar findings from the National Adoption Competency Mental Health Training Initiative (NTI) demonstrate that workforce development efforts can strengthen provider confidence and improve the quality of services available to children and families. NTI evaluation findings also show high levels of satisfaction, relevance, and learning across child welfare and mental health professionals, with statistically significant increases in knowledge from pre- to post-training and strong reports of skill development and application to practice. For additional data on NTI outcomes, policymakers and system leaders can explore the National Center's NTI Training Data Webinar and related evidentiary resources.

Expanding access to behavioral health providers is essential, but access alone is not enough. Children and families benefit most when providers possess specialized knowledge of trauma, loss, grief, attachment, identity development, and permanency. The challenge is not only workforce shortages, but also workforce competency.

How Adoption Competence Can Support Current Child Welfare Laws

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One of the biggest challenges is that child welfare and behavioral health systems are often structured, funded, and measured separately, even though they serve many of the same children and families. The result is often fragmented pathways for children and families seeking support.

Additional constraints include:

- Workforce shortages in children's behavioral health and community mental health
- Insufficient numbers of MH providers with specialized expertise in foster care, adoption, guardianship, and kinship care (trained in adoption competency)
- Inconsistent access to trauma-informed and adoption competent mental health services.
- Limited coordination among Medicaid, child welfare, schools, behavioral health systems, and community providers.
- Referral processes that remain difficult for families to navigate.

These challenges make it harder for children and caregivers to access timely, coordinated, and effective mental health care, even when services technically exist within a community.

Federal policies consistently emphasize safety, permanency, and well-being, but they do not always specify how systems should deliver services that reflect the lived experiences of children and families affected by foster care, adoption, and kinship care. Without adoption competent mental health care, there is a gap between policy intent and real-world practice, resulting in placement instability, disrupted permanency, and unmet mental health needs for foster, adoptive, and kinship families.

As Medicaid, behavioral health, and child welfare systems become increasingly interconnected, behavioral health reform is also child welfare reform. Strengthening behavioral health capacity and workforce competency is essential to helping children remain safely with families, preventing placement disruptions, and supporting lasting permanency.

The Family First Prevention Services Act provides a particularly strong opportunity to advance adoption competence. By emphasizing prevention, evidence-based mental health services, and support for kinship caregivers, Family First recognizes the importance of strengthening families before crises occur. Adoption competence can help states maximize Family First investments by ensuring that prevention services are responsive to the unique needs of children and families affected by foster care, adoption, and kinship care.

Medicaid is one of the most significant policy levers available to states for improving access to behavioral health services for children and families impacted by foster care, adoption, and kinship

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care. Through managed care contracts, provider network standards, workforce development initiatives, quality measures, reimbursement strategies, and training requirements, states can help ensure that children and families have access to adoption competent mental health services that support both well-being and permanency outcomes. Because many of the services children need to remain safely at home, avoid placement disruptions, and sustain permanency are financed through Medicaid, many of today's child welfare challenges cannot be solved through child welfare policy alone.

Untreated trauma and placement instability contribute to repeated service utilization, residential treatment, crisis response, school disruptions, and reentry into public systems. Embedding adoption competence into policy and practice strengthens implementation by equipping the workforce to understand trauma, loss, attachment, and identity development, all of which are factors that are central to the experiences of children in child welfare systems. It helps ensure that prevention efforts are more effective, that permanency is sustained over time, and that mental health services are not only accessible but also appropriate and responsive. Most importantly, adoption competence serves as a bridge between child welfare and behavioral health systems, helping both systems work together to achieve the outcomes that federal and state policies were designed to promote.

Building on What We Already Have

Adoption competence is not limited to a single system. Instead, it helps multiple systems work together to overcome barriers and better support children and families. The following examples represent some of the strongest opportunities to embed adoption competence within existing child welfare and mental health policy:

Existing Policy	Adoption Competence Alignment	Desired Outcome
Mental Health Parity and Addiction Equity Act (MHPAEA) (2008)	Ensures that expanded behavioral health coverage translates into meaningful access to adoption competent providers who understand foster care, adoption, and kinship experiences.	Greater availability of mental health care, reduced barriers to care, and improved access to specialized services.

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Existing Policy	Adoption Competence Alignment	Desired Outcome
Family First Prevention Services Act (2018)	Strengthens prevention services by supporting an adoption competent workforce that can provide trauma-informed, family-centered mental health care before challenges escalate.	Stronger prevention efforts, family stability, and reduced need for out-of-home care.
Child and Family Services Improvement and Innovation Act (2011)	Supports workforce and system capacity to deliver trauma-informed, adoption competent mental health services.	Improved well-being and more effective mental health support for children and families.
Adoption and Safe Families Act (ASFA) (1997)	Equips providers and systems to address trauma, loss, attachment, and identity issues that impact permanency outcomes.	Timely, stable, and lasting permanency.
Adoption Promotion Act (2003)	Reinforces the need for post-adoption support and adoption competent mental health services that sustain permanency.	Increased adoption stability and reduced disruption or dissolution.
Fostering Connections to Success and Increasing Adoptions Act (2008)	Supports relational permanency, kinship care, and providers who understand family systems and lifelong connections.	Stronger family connections, placement stability, and lifelong support networks.
Patient Protection and Affordable Care Act (ACA) (2010)	Expands behavioral health coverage while creating opportunities to embed adoption competence into provider networks, workforce initiatives, and managed care expectations.	Improved access to high-quality behavioral health services.

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Existing Policy	Adoption Competence Alignment	Desired Outcome
One Big Beautiful Bill Act (OBBBA) (2025)	Creates opportunities to incorporate adoption competence into Medicaid workforce development, provider network adequacy standards, reimbursement incentives, managed care contracts, and service delivery models.	Stronger Medicaid and behavioral health systems with increased access to qualified providers.
Every Student Succeeds Act (ESSA) (2015)	Promotes cross-system collaboration and supports educators and school-based mental health professionals in understanding trauma, loss, separation, and permanency experiences.	Improved educational stability, student well-being, and academic success.
Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Benefit	Supports adoption competent screening, assessment, and treatment that address trauma, attachment, identity, and permanency-related needs while strengthening provider networks and workforce capacity.	Earlier intervention, improved service quality, and better mental health outcomes.
Indian Child Welfare Act (ICWA) (P.L. 95-608) (1978)	Recognizes the importance of preserving Tribal identity, family connections, culture, and community while promoting culturally responsive services for American Indian and Alaska Native children. Adoption competence complements ICWA by equipping behavioral health professionals to understand the lifelong impact of trauma, loss, identity, and belonging while partnering respectfully with Tribal communities and honoring Tribal child welfare practices.	Stronger cultural identity, preservation of family and Tribal connections, improved well-being, and lasting permanency that reflects each child's cultural heritage.

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How Policymakers Can Help

The laws and systems are already in place. The next step is ensuring they are implemented in ways that fully address the needs of children, youth, and families impacted by foster care, adoption, and kinship care. Policymakers play an important role in establishing funding, accountability structures, and system expectations that enable widespread implementation. This includes:

- Establishing **shared accountability** across child welfare, behavioral health, Medicaid, education, and community systems for child and family outcomes
- Embedding adoption competence into **workforce and system development** and **professional training**
- Incorporating **adoption competence into Medicaid and managed care strategies**, including provider network standards, quality measures, reimbursement incentives, workforce development initiatives, and provider training requirements
- Expanding access to adoption competent **post-permanency support**
- Including adoption competence in **accountability and quality improvement measures**
- Strengthening **cross-system training and collaboration** between child welfare and behavioral health systems

These strategies do not require new systems, but rather enhancements to existing structures to ensure they function as intended. By strengthening both child welfare and behavioral health systems, adoption competence helps ensure that policy investments translate into meaningful improvements in permanency, mental health, and family well-being.

Family Well-Being as the North Star

Increasingly, policymakers recognize that child safety cannot be separated from family well-being. Housing instability, behavioral health needs, substance use challenges, economic stress, and lack of community supports are often significant drivers of child welfare involvement. Future policy will focus less on managing system entry and more on strengthening the conditions that help families thrive before a crisis occurs. This includes:

- **Cross-System Integration**: The future is not child welfare alone or mental health alone. It is a coordinated system working together with children and families. Outcomes improve when child welfare, behavioral health, education, Medicaid, juvenile justice, and community organizations share responsibility and align strategies.
- **Workforce Capacity and Competency**: Policy leaders are realizing that programs cannot succeed without a capable workforce.

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- **Prevention and Early Intervention**: The Family First Prevention Services Act signaled a fundamental shift in federal policy from financing foster care toward financing prevention. The field increasingly recognizes that supporting families early is both more effective and less costly than responding after a crisis. The long-term policy question is no longer whether we should reduce reliance on congregate care. The question is whether communities have sufficient behavioral health capacity, workforce expertise, and family supports to make family-based settings successful. Strengthening prevention and community-based behavioral health services should translate into less need for higher levels of care such as group homes, residential treatment centers, psychiatric residential treatment facilities, emergency shelters, and qualified residential treatment programs.

A Path Forward

Adoption competence provides a clear, actionable way to improve outcomes, reduce long-term system costs associated with untreated trauma, and strengthen workforce capacity. Youth, parents, caregivers, kinship families, and adoptees are increasingly influencing policy conversations. The next generation of policy will be shaped more directly by those with lived experience, not as storytellers alone, but as partners in system design, implementation, and evaluation. It aligns directly with existing legislation while addressing the gaps that continue to impact children and families. By investing in adoption competence, policymakers can move from permanency in name to permanency in practice, ensuring that every child and family has the support they need not only to achieve stability but to sustain it.

Ready to Make a Difference?

Children and families impacted by foster care, adoption, and kinship care deserve systems that do more than achieve permanency on paper. They deserve systems equipped to sustain healing, connection, and long-term well-being. Policymakers have a powerful opportunity to strengthen existing child welfare laws by embedding adoption competent, trauma-informed mental health care into current frameworks and investments.

The National Center for Adoption Competent Mental Health Services stands ready to support this work through workforce development, technical assistance, implementation support, and cross-system collaboration.

To learn more about the **National Center**, visit Bridges4MentalHealth.org.

To **access tools, research, policy resources, and implementation guidance**, visit the National Center Knowledge Hub.

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To learn more about **Technical Assistance (TA)**, visit https://bridges4mentalhealth.org/technical-assistance/

To learn more about **training and workforce development**, visit the National Adoption Competency Mental Health Training Initiative (NTI) or the C.A.S.E. Training for Adoption Competency (TAC) homepages.

Together, we can build on the strong policy foundation already in place and ensure that every child and family has access to responsive, relationship-centered support that promotes lasting permanency and well-being.

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