October 16, 2020

Dear Committee Members,

On behalf of the Staff and clients of KidsTLC, thank you for allowing me to report on Foster Care impacts and concerns in our particular Psychiatric Residential Treatment Facility. It is important to distinguish PRTF from other entities that care for children in foster care. Primarily, PRTF is not a "congregate care" *placement*. PRTF is focused, goal-directed "psychiatric *treatment*" of short to moderate length (3-12 month) which has as its goal to remediate mental and behavioral problems so that children may return with greater relational functioning to their biological or adoptive families or foster care or congregate care entities (QRTP's, group homes or transitional living placements). Our particular goal at KidsTLC is to increase the child's capacity to form and maintain safe and meaningful relationships whatever their disposition. KidsTLC' s model of care specializes in children/families who have experienced complex trauma and severe attachment disorders.

By the very nature of being in foster care, these children have been removed from family and home and placed into the care of others. Despite this disruptive trauma (which is very necessary in most cases), most children can function adequately in a foster home with a variety of community-based services. Those who move from foster home to foster home- we have had children who have had 50+ placements- do not always fare so well. Their ability to form healthy attachments creates a myriad of relational problems. They often have severe anger problems, are violent to self and others, or feel completely unacceptable to other humans. This creates a dire "shame core" wherein even the most simple request or interaction triggers a cascading neurobiological process that leads to "freeze, fight, flight or even immobilizing reactions. They are in practical and if you will, "adaptive" survival mode. Surviving, though, is not thriving. This kind of severe relational trauma is only mitigated through the persistence, constancy and predictability of healthy, regulated and trained caregivers. PRTF's offer an intense dose of relational healing, but this needs to permeate the entire lifespan of these children.

KidsTLC staff have seen some changes in our population that may be worth noting. Primarily, we have experienced a rise in the acuity (severity of behaviors) in the last three years in our general population. About 8-10% of our PRTF population consists of children who are currently in the foster care system. We have served 30 DCF custody youth in the last year. About 60-70% of our population has had some experience in that system throughout their lives. As I stated earlier, many of these youngsters have had multiple placements. Some other data that supports the rise in acuity are:

- 20% rise in our "critical incidents" in 2020- a 42% increase over 2019
- 6% increase in child/caregiver reported "problem severity" (as scored on the Ohio Scales)
- 210 incidents of property destruction in the last year. (monetary total of)
- 42% increase in "hotline" reports since 2019
- 480 peer to peer assaults since this time in 2019
- 1,140 reports of physical assaults on staff in the last year

- 489 incidents of self-harm attempts or incidents (includes head banging, swallowing foreign objects, cutting, etc.
- 129 incidents of inappropriate sexual behaviors
- 124% increase in worker's comp claims from 2016 to present. 60% of those claims by youth care workers injured directly by client or involved in a safety control hold. Those claims have skyrocketed since 2016
- High turnover rate- 61% among residential care workers. Exit interviews reveal that many left because of injury trauma or thinking "the work is too difficult."

I would like to reiterate that these data points refer to our general population and NOT foster care clients exclusively. I would also proffer that all these data points are NOT necessarily causal factors, but may only correlate to increased acuity. It does *seem* to indicate that changes are occurring in our PRTF and its population. Many factors could be triggering these changes:

- The effects of COVID 19 – visits and activities have been severely curtailed. Staff illness has created periods of staff shortages. Increased stress for staff, children and families
- Although unemployment is high, many staff have found less intense but similar or higher paying jobs.
- The entire mental health system of care and Schools are being overwhelmed by the number of families and children who need help
- The extreme number of "out of home" placements is overwhelming the foster care system causing children to go from home to home- sometimes even nightly. This is especially true for those children who have trauma and attachment problems.
- The number and skill level of caregivers dealing with this population
- Juvenile Justice Reforms and changes that have led to an increase of youth in PRTF care with more "externalizing" behaviors (violence, theft, drug use). KidsTLC has had a 40% increase of youth with Disruptive Behavior Disorders (Oppositional Defiant Disorder, Conduct Disorder) since 2017. Children with these diagnoses have created the greatest percentage of property damage and staff assaults. I am not criticizing these reforms or Senate bill 367. I believe these youth can benefit from treatment as opposed to detention or jail. We were unprepared for the influx of these youth. We are creating specialized programs for these youth who create havoc in the general population of less violent, less antisocial youth. The conduct disordered, oppositional youth require different interventions.
- An increase in the number of Adoptive families who feel fearful of their adopted children and feel inadequate to parent them. Many of them initially desire or do disrupt the adoption.
- A multitude of general sociological factors- increased drug and opioid addiction; increased societal violence, lack of adequate parenting skills, etc.

I believe that the Foster Care system has an immense and difficult task. It is certainly not the single cause of increased acuity in our youth. There is no **single** cause. I continue to observe and participate in efforts to help the system improve. I am particularly encouraged by the Families First act that focuses on prevention as well as remediation. As in general physical health- prevention, early detection, skilled levels

of intervention are necessary in mental and behavioral health. Early detection and prompt family preservation programs are essential.

Parent programs that provide education, support and live, in-home coaching need to be increased. Adopting parents should be better educated regarding the possible problems triggered by neglect, abuse and especially attachment difficulties. A therapist trained in these issues should begin at adoption and follow these families throughout the most difficult developmental stages of the child. As I believe they are, foster families who take these children should have specialized training and be given greater access to community supports such as attendant care and respite.

As a 40 year clinician (of which roughly 30 years have been spent in the PRTF system), I believe the acuity of the children we serve is increasing in all levels of care both in the general and foster care population. With programs like the Families First Act and Medicaid expansion in Kansas, the entire care continuum can be bolstered to assist these wonderful and resilient youth.

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