

Foster Care and Adoptions-Informational Hearing

Joint Ways and Means-Subcommittee on Human Services

Wednesday, March 20, 2013-Welcome to the Second Season of Session! (Happy Spring!)

Craig Opperman, President/CEO-Looking Glass Youth and Family Services, Inc., Eugene, OR

Thanks for the opportunity to speak this afternoon. Hope to go through prepared remarks-then discuss.

I will be speaking about private child-caring agencies, the continuum of care, and foster care as a vital part of the continuum.

I refer you to the Looking Glass program sheet (handout).

You can see we offer an extensive array of services to children, youth and families, with a focus on teens.

The one program Looking Glass does not offer to our state contractors as a major service area is foster care----

-even though we are a licensed foster care provider. (RHH program?)

The reason LG does not offer foster care is there are major challenges facing private agency foster care providers.

In discussing foster care with several agency members of the Oregon Alliance of Children's Programs (OACP), some universal themes were expressed.

Primary Issue: Difficulty in Recruitment, Training and Retention of Foster Parents/Families. Due to:

1-Lack of funding/adequate resources

2-Acuity level of the children

3-Systems integration issues

So the funding is inadequate and the pay to foster parents and agency providers is low.

The children/youth in private foster care have become more challenging. They have significant behaviors that often include self-harm or harm to others. They also often have significant physical health needs.

I refer you to the Adverse Childhood Experiences study (handout).

This study proves the obvious----

- children who suffer maltreatment have more behavioral and physical health problems-throughout the rest of their lives. But with treatment and supportive interventions, their future health and happiness can be restored.

Since the Systems Change Initiative in 2004, when children's mental health service was moved into Managed Care Organizations at the local level, system integration has been more problematic for providers.

There was a reduction in residential services without an adequate investment in wraparound and less restrictive treatment .

This resulted in intensive higher needs kids in foster care without adequate support.

At the same time there was less coordination between Child Welfare and the Alcohol &Mental Health Division which often resulted in payment and service delivery problems for the children.

It is critical that agency providers and foster children get needs assessed and services rapidly implemented.

There is also a need for respite care and residential treatment as part of the continuum.

The "least restrictive environment" for a child is certainly a universal value.

But in practice this can result in minimal services that are not effective, which can cause placement failure until they are in an intensive environment where they can be successful.

In the Intensive Treatment Services program at Looking Glass, the children average more than six different failed placements before they arrive. Some children have been in more than a dozen placements. The compounding self-esteem and behavioral problems this causes could be prevented if children were better placed, perhaps more professionally placed and assessed at the start of their journey through our well-intentioned systems.

It would be better to have children in more intensive treatment environments for shorter, successful periods----- and move successfully to less restrictive environments.

We need to do immediate and ongoing assessment of these children when they come into care.

We need to get the right service at the right time in the right place in the right amount.

This would make foster care and all treatment systems more cost-effective. But most importantly, have better outcomes.

We have this opportunity right now.

With the continued leadership of the Governor and Legislature, healthcare transformation can integrate care and services with common sense and effectiveness.

Teen Treatment Is Prevention.

Usually when thinking of prevention, we think of ages 0-6, or pre-school up to middle school.

We need to realize that services to our teenagers and young adults are very much a prevention service.

We also can disserve them when we expect them to attach at 16 or 17 the same way they would as a young child.

Even when they have had the best childhood, they often engage in difficult or dangerous behavior as their hormones kick in and they need to prove themselves as adults.

Most importantly, they may become parents.

So working with teens is actually pre-birth prevention.

In the homeless youth population, we find significant numbers of former foster children.

We must recognize that these teens and young adults deserve full services and support.

We also have a lot to learn from them.

They can teach us how to make foster care, and all treatment systems more effective.



Looking Glass
Youth & Family Services

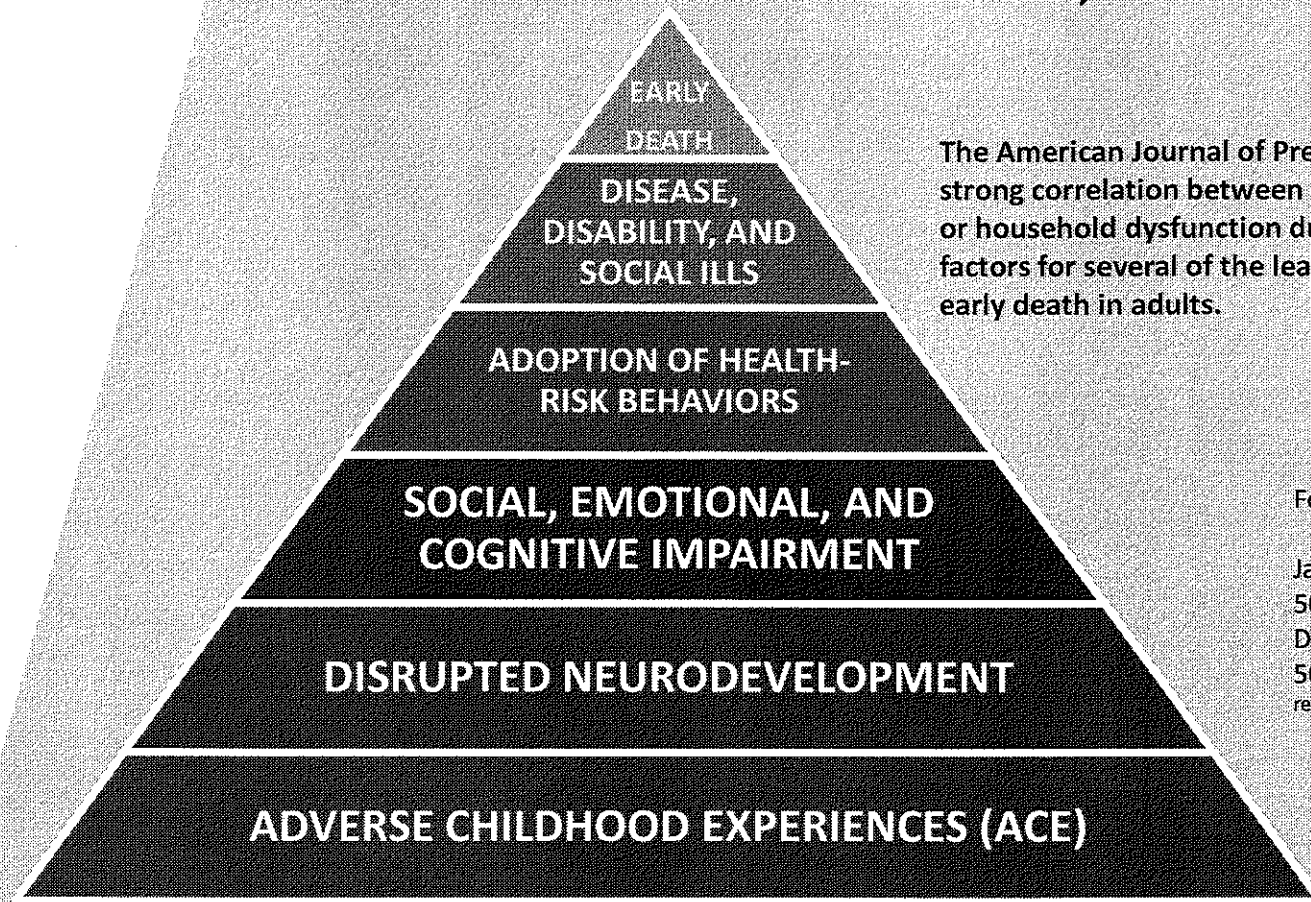
Teen Treatment Is Prevention

ACHIEVE OUTCOMES, RETURN ON INVESTMENT, AND SAVINGS

An investment in children today means they will not become the next chronically ill adults with complex, expensive needs. We can build healthy children, who become educated and working adults, and who will raise their own healthy families. Support evidence-based programs and services for children that address or prevent trauma!

Without intervention, **Adverse Childhood Experiences (ACE)** can be deadly.

The American Journal of Preventative Medicine found a strong correlation between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of chronic illness and early death in adults.



Mechanisms by which adverse childhood experiences influence health and well-being throughout a lifespan

For more information, contact:

Janet Arenz, OACP Executive Director
503-399-9076 OR

Doug Riggs, NGrC President
503-597-3866

rev. 1.18.13



OREGON'S HEALTH CARE TRANSFORMATION WILL NOT BE ACHIEVED IF CHILDHOOD TRAUMA ISN'T ADDRESSED

* The "ACE" Study clearly demonstrates that Childhood Trauma negatively impacts health, quality of life, and life span. Oregon must fund children's programs which address and treat trauma.

ACE Study

Adverse Childhood Experiences

- Emotional Abuse
- Physical Abuse
- Sexual Abuse
- Emotional Neglect
- Physical Neglect
- Mother Treated Violently
- Household Substance abuse
- Household Mental Illness
- Parental Separation or Divorce
- Incarcerated Household Member

Social Ills

- suicide attempts
- substance abuse
- depression
- early sexual activity
- multiple sexual partners
- unintended pregnancies
- adolescent pregnancy
- fetal death
- health – related quality of life
- risk for intimate partner violence
- sexually transmitted diseases
- smoking
- early initiation of smoking

Chronic Physical Illness

- lung disease
- heart disease
- liver disease
- cancer
- skeletal fracture
- diabetes
- premature death

Any 4 of these experiences put children in these pipelines

98% of Children in out of home care have a trauma history.

51% have 7+ trauma events

80% have 4+ trauma events **

Save taxpayer dollars and save children's lives –
Fund programs that prevent the pipeline

*1998 -The Center for Disease Control and Kaiser Permanente study – 17,000 participants

**2012 - Colorado Health Foundation Outcome Study



Looking Glass
Youth & Family Services

Looking Glass

Helping Teens and Children in Crisis

Clients Served in 2011 – 2012: 10,539

Mission: Build a better future for youth and families by helping them navigate the challenges of childhood, adolescence and young adulthood.

Services: Looking Glass offers a unique continuum of services, from prevention to treatment, through the 10 innovative programs it operates in the following areas:

Counseling Services

- ❖ **Counseling Program** – Outpatient mental health treatment for children, youth, adults and families. Services are provided at locations throughout Lane County. **Call 541-484-4428**
- ❖ **Adolescent Recovery Program** – Outpatient substance abuse prevention and treatment for youth, ages 20 and under, and their families. Services are provided at locations throughout Lane County. **Call 541-485-8448**
- ❖ **Crisis Response Team** – 24-hours, 7 days a week crisis line for teens and their families. **Call 888-989-9990**

Runaway and Homeless Services

- ❖ **Station 7 Program:** 24-hour crisis intervention, family reconciliation and emergency shelter for runaway and homeless youth, ages 11-17. **Call 541-689-3111**
- ❖ **New Roads Program:** Transitional and independent living services for homeless youth, ages 16 to 21. **Call 686-4310. New Roads School For Homeless Youth Call 541-302-2551**

Educational and Vocational Services

- ❖ **Riverfront School and Career Center** – An accredited alternative school offering education and vocational training for out-of-school youth, ages 14-21. **Call 541-302-2554**
- ❖ **Center Point School** – Academic and therapeutic services for youth with mental health issues, ages 11 to 17. **No direct referrals.**

Residential Services

- ❖ **Pathways Girls Program** – Alcohol and drug treatment for girls aged 12 to 18. **Call 541-743-2611. No direct referrals.**
- ❖ **Pathways Boys Program** – Alcohol and drug treatment for Lane County male juvenile offenders ages 12 to 18. **Call 541-682-7979. No direct referrals.**
- ❖ **Stepping Stone Program** – Long-term treatment for male juvenile offenders, ages 12 to 18, in a structured group living environment. **Call 541-342-4293. No direct referrals.**
- ❖ **Parole Revocation Diversion Program** – Community-based residential treatment program for male youths on parole, ages 12 to 25. **Call 541-743-2611. No direct referrals.**
- ❖ **Intensive Treatment Services Program** – Residential mental health treatment services for male and female youths aged 11 to 18. **Private Referrals Accepted. Please contact the Referral Coordinator at 541-743-2611.**



GENEROSITY • INNOVATION • ACQUISITION

For more information
Call 541-686-2688
www.lookingglass.us



A United Way Agency

March 20, 2013- Happy Spring!

Joint Ways and Means- Subcommittee on Human Services

Craig Opperman- Talking Points

- **Continuum of Care**
- **Private Agency Foster Care Providers**
- **Recruitment/Training/ Retention Issues**
 - **Funding/Resources**
 - **Acuity Level**
 - **Systems Integration**
- **Adverse Childhood Experiences (ACE Study)**
- **Systems Change Initiative 2004**
- **Least Restrictive Environment vs. Best Placement**
- **Healthcare Transformation**
- **Teen Treatment**
- **Homeless Youth/ Foster Care**