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Good Afternoon, Chair Alissa Keny-Gyer, Vice Chairs Noble and Sanchez, and Committee Members,

Thank you for hearing my testimony today. I want to start by recognizing May as National Foster Care Month. This official month of the Foster Child helps us as a nation to reflect and remind ourselves that everyone can play a part in enriching the lives of foster children and youth, and be mindful of families in transition in their local communities.

In my allotted time, I would like to focus on two major points:

1. Pediatricians need to inform the multidisciplinary investigation triggered by an allegation of child abuse or neglect; AND remain involved in decision-making with community agencies along the trajectory of the foster care experience for every child and youth.
2. Quality foster care has an immense impact on physical and mental health outcomes for children and youth whose parents have diminished capacity to protect and nurture them. Foster families *foster* families, as well as children.

A call to a child protection hotline is the best predictor of child's potential risk for injury and death before age 3[1]. Nearly 40% of US children experience a child protective services (CPS) investigation (Hyunil, 2017). Child abuse investigations are conducted jointly by CPS and local law enforcement in consultation with medical doctors specializing in the care of suspected victims.

PEDIATRICIANS NEED TO INFORM AND STAY INVOLVED IN DECISION-MAKING WITH COMMUNITY AGENCIES ALONG THE TRAJECTORY OF THE FOSTER CARE EXPERIENCE FOR EVERY CHILD AND YOUTH.

I listened with keen interest to the Think Out Loud podcasts exploring community leaders' response to the January 2018 release of the Secretary of State Audit of Foster Care in Oregon. I was alarmed by public's perception of Department of Human Services (DHS) as having the ability to make a

"diagnosis" of child abuse and neglect. Medical diagnoses are made by medical doctors, and in cases of alleged child maltreatment, require comprehensive medical evaluation, including a thorough review of medical records, and sometimes hospitalization of the suspected victim. Pediatricians providing direct care to foster children and youth, and/or children and youth at risk of injury, neglect and maltreatment must be consulted.

I will share two examples, in which the medical response was absent, resulting in suboptimal outcomes.

Case 1: The oldest of three foster children discloses to her community mentor, that her foster sibling (biological child of the foster parents) has been sexually assaulting her. She has been reluctant to tell anyone, feeling that she is a shield, protecting her siblings from abuse. Review of medical records in conjunction with my medical evaluation revealed multiple emergency room visits for suicidality, and one overnight admission for a suicide attempt. Despite discharge safety planning and instructions, foster parents failed to initiate appropriate mental health therapy for the teen. The medical home and PCP failed to recognize this gap in care suggesting medical neglect; and failed to notify DHS caseworker.

Lesson Learned: *Medical records can tell the "behind the scenes" story and provide corroborating information. Child abuse pediatricians at OHSU can be contacted 24/7 for consultation and guidance in connecting DHS and LE to appropriate regional clinicians/consultants.*

Case 2: The Oregonian released records of the 2013 OR county child abuse investigation into allegations that Jennifer and Sarah Hart were denying food to their adoptive foster children, who were harshly disciplined and malnourished. The online DHS report of that investigation indicated child protective services in Minnesota shared information with OR county DHS. Yet no comprehensive medical evaluation was conducted as part of the 2013 Oregon county investigation. Child Advocacy Center refused to see the children, stating the children had made no disclosures and medical records were limited. Not surprisingly, OR DHS was unable to make a determination in this investigation.

Lesson Learned: *Diagnosis of medical neglect and child abuse is a medical diagnosis. Foster and adoptive care placements are dynamic systems. Any new credible allegation of child maltreatment of foster children requires medical consultation with a child abuse pediatrician or other designated medical provider. Comprehensive medical assessment in conjunction with joint DHS/LE investigation, often uncovers medical evidence of other forms of abuse and/or neglect without a child's disclosure.*

Family stressors, such as child care, food insecurity, financial burden, addiction and untreated mental illness can overwhelm any parent. Pediatricians provide care and monitoring over the continuum of infancy to adolescence and coordinate with community agencies and programs to provide quality services equitably to all children. Ensuring continuity of child's health care is one way states are meeting federal requirements to address the developmental needs of vulnerable children facing foster care [2-10]. Lack of medical care, social isolation and suboptimal growth and development are often red flags that signal interventions are needed immediately.

QUALITY FOSTER CARE HAS AN IMMENSE IMPACT ON HEALTH OUTCOMES FOR CHILDREN AND YOUTH; THE MAJORITY OF FOSTER CHILDREN CAN BE REUNITED WITH THEIR PARENTS. FOSTER FAMILIES *FOSTER* FAMILIES, AS WELL AS CHILDREN.

The substance abuse epidemics in Oregon, opioids AND methamphetamines, are real. Families struggling with addiction did not get there overnight, and it will take time to establish treatment, achieve stability and maintain recovery. It's no secret to youth growing up with a parent/s' addiction, that their parent/s need help. Older children often become "parentified", preparing meals, getting themselves and younger siblings off to school, and even ready for bed.
Foster care offers a safe, trauma informed, predictable environment where a child or teen can focus on their education, extracurricular sports or clubs, or just "being a kid. Coinciding family therapies facilitate the healing and strengthening of connections between parents and their children. Foster caregivers can be involved to coach and mentor parents and smooth transitions during re-unification.

There is untapped potential in quality foster care. It can be the hub of the wheel representing the family circle.

The spokes of the wheels are comprised of community programs and agencies (DHS, healthcare, nurse partnership, courts) and other individuals supporting the successful reunification of the family (peer mentors, teachers, counselors). All working together, the foster care family experience builds trust, reliability, and makes progress towards family goals.

The foster parent heroes with whom I communicate in my work do not make the front page for the miracles that they make happen every day. Only the horrifying stories can compete with the 24-hour news cycle. Many have a vocation and are humble about their accomplishments. But Oregon needs to recruit, train, reward and retain quality foster relative and non-relative foster caregivers. I would be remiss if I did not acknowledge the CHAMPS program - **CH**ildren **N**eed **A**mazing **P**arents. This an American Academy of Pediatrics Campaign with 10 years of experience collaborating with states to achieve state specific aims to promote and sustain quality foster homes. I would encourage committee members to invite Hope Cooper, a campaign leader based in Seattle, to present the accomplishments and ongoing CHAMPS mentoring in various states that have achieved excellence in their foster and kinship care of kids.

Thank you for your attention and efforts to improve the foster care experience in Oregon.

Respectfully,

/s/Tamara M. Grigsby, MD

Children need amazing parents
Children need amazing teacher
Children need amazing coaches and mentors
Children need amazing legislators and policy makers

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