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Comment on House Bill 4086

In my November 30, 2023 draft report to the Honorable Michael McShane, U.S. District Court, regarding housing children and youth in foster care in Oregon in Temporary Lodging (Report of the Special Master, Case No. 3:16-cv-018195-YY), I focused on the urgency of preventing placement instability. Placement instability is the biggest threat to the well-being of children in foster care. *Placement change is loss*: loss of relationships; loss of friends; loss of a familiar school; loss of culture; discontinuity in mental health services and special education services. Placement instability is a major cause of emotional outbursts: it increases the reaction of an abused or neglected child/youth to small disappointments being experienced as unfair, as yet another victimization.

All children in foster care have experienced repeated loss and have delayed development that affect their behavior and all have needs requiring child-specific integration of supports from many child- and family-serving agencies. Multi-agency care is necessary to meet the needs of children in foster care from trauma and delayed development and it cannot be done (a) by any agency alone; (b) with the current configuration of services; (c) without substantially increased Medicaid funding and special education and other developmental services; or (d) without homes with the right array of services surrounding them to ensure placement stability.

The lack of child-specific, multi-agency supports contributes to harmful placement instability for children in foster care who have sexualized behaviors. Their resource parent or kin caregiver may request that a child with sexualized behavior be moved in order to protect other children in the home. Immediate, effective trauma treatment is essential to prevent harming the child with sexualized behavior by another loss from moving.

Learning more about children in foster care who have sexualized behavior is necessary. How many of them are children showing developmentally typical exploration of their bodies? How many have intellectual and developmental disabilities affecting their comprehension of theirs and others actions? How many are children desperate for affection who seek acceptance through physical closeness? How many are children who have been sexually abused? Within each of these different clusters, each child will have unique needs that require specialized services and intensive supports for their caregivers. Without this information about children in foster care who have sexualized behavior, it is impossible to prevent traumatic placement instability: by designing services to meet their needs, some will thrive in resource homes and with kin caregivers, some will do best in therapeutic homes, and some will require homes where there are no other children.

Children and their caregivers would benefit from HB 4086's provisions to identify current Oregon services to meet the needs of children with sexualized behavior and the supports their families and caregivers require and propose trauma-responsive and developmentally-sound assistance to fill the gaps in their care.