From: **Dee Wilson** deewilson13@aol.com
Subject: Oregon foster care capacity study
Date: March 25, 2022 at 9:41 PM
To: ryan@wacasa.org

DW

Ryan: it's highly likely a FC needs assessment in Washington would look much the same as the one in Oregon summarized below.

The March 18 Child Welfare information Gateway Quick Links includes a link to an extraordinary 2019 study of Oregon's foster care system needs titled "Identifying Capacity Needs for Children within the Oregon Child Welfare System," a report from the Office of Reporting, Research and Analytics and Implementation, Oregon Department of Human Services (DHS). This study utilized a random sample of 1000 cases of children placed in Oregon's foster care system between December 2014-17. A 10 person expert panel drawn from several state human service agencies (e.g., Child Welfare, Tribal Child Welfare, DD, Juvenile Corrections) reviewed a random sample of 1000 foster placements to assess the foster care resources, or in-home plans, which would optimally meet the needs of these children and youth. The sample included children, youth and young adults from infancy to age 21.

The expert panel's estimates concerned the needs of children currently in foster care in Oregon; the panel did not attempt to forecast future needs based on a possible increase or reduction in the number of children in foster care in Oregon. At the time of this study, Oregon's population was about 4,236,400 vs. Washington State's population of slightly more than 7.6 million. In most states, children, 0-17, constitute about 25% of the population.

In 2019, Oregon's foster care population was about 7,500 on any one day; the state had about 4200 licensed foster homes at that time. Washington usually has about 5,000 licensed foster homes. Foster care recruitment campaigns have not been successful at increasing the numbers of foster homes in most states, including Washington, during the past decade.

This study describes Oregon's foster care needs in three large categories: (1) family foster care (2) BRS residential care, including therapeutic foster care and (3) high end psychiatric care, including psychiatric hospitalization. Each of these three categories is broken down further, for example, Medical Foster Care and DD Foster Care are subcategories of Family Foster Care. Foster care needs were estimated based on licensed capacity, i.e., total slots, rather than number of foster homes.

One of the valuable parts of this study is a careful analysis of the foster care population's physical health and mental health issues. What stands out in this section is the extent of physical health issues of foster children:

- Drug affected infant 9.2%
- Asthma 7.0%
- Gastrointestinal problems 6.2%
- Respiratory issues 6.1%
- Low birth weight/ premature birth 5.7%
- Encopresis/ enuresis 4.8%
- Heart disease / heart problems 2.9%
- Epilepsy/ seizure disorder 2.2%
- Nutritional deficiencies 1.9%
- Broken bones/ inflicted injuries 1.9%
- Failure to thrive 1.8%
- Fetal alcohol syndrome 1.6%
- Brain abnormalities 1.2%
- Neurological problems 1.2%
- Physical disabilities 0.7%
- Traumatic brain injury 0.4%
- Cerebral palsy 0.4%
- Anal or genital warts/ herpes 0.4%
- Chronic migraines 0.3%
- Shaken baby syndrome 0.2%

Mental Health issues

A large percentage of foster children were found to struggle with internalizing disorders:

- Mood disorder/ depressive disorders 13.7%
- Anxiety 14.1%
- PTSD 13.7%

Externalizing disorders included:

- Adjustment disorder 24.7%
- Oppositional Defiant Disorder 5.3%
- Conduct disorder 3.0%
- Anti- social behavior 1.2%

15.5% of the sample had a developmental disorder or delay or a learning disorder. 4.5% had an intellectual development disability.
Only 0.6% were diagnosed bipolar and 0.4% were had been diagnosed as schizophrenic or otherwise psychotic. 3.5% of children were diagnosed as autistic.

Considered as a whole, 42% of foster children, youth or young adults were classified as "high need" vs. 58% classified as "not high need," a classification that varied greatly by age group:

High need by age of child

- 0-5 9% (4% behavioral, 5% medical)
- 6-10 15% (12% behavioral, 3% medical)
- 11-14 22% (19% behavioral, 2% LGBTQ, 1% medical)
- 15-18 32% (28% behavioral, 2% LGBTQ, 2% medical)

Many of these children and youth had multiple physical or mental/ emotional disabilities or impairments. In the view of the expert panel, the percentage of foster children and youth whose optimal care could be provided by family foster care declined precipitously for older age groups:

- 0-5 94%
- 6-10 92%
- 11-14 72%
- 15-18 35%

Apparently this expert panel had not been informed that a large body of child welfare opinion has turned against further investments in residential care or institutional care.

Gap between capacity and estimated need

Placement Type	Current Capacity	Additional Capacity Needed
Family foster care	7215 (beds, not homes)	1514
Medical foster care	24 (beds, not homes)	8
DD foster care	388	122
DD residential/ group home	30	46
BRS residential/ behavioral	460	99
Psychiatric stabilization and crisis unit	15	
Psychiatric residential (ages 6-11)	45	21
Psychiatric residential (ages 12-18)	56	51
Sub acute (ages 6-11)	12	3
Sub acute (ages 12-18)	28	6

Total needs other than family foster care, including medical foster care and DD foster care, BRS (including both residential and therapeutic foster care) and residential psychiatric facilities for youth and adults to age 21 equals 356. Surprisingly, more than half of estimated additional needed capacity of 356 placements is for DD children and youth. Much of the recommended increase in capacity for psychiatric placements is based on the needs of young adults, 18-21, still in the foster care system. The implication of this needs assessment is that an alarming number of older adolescents and young adults are aging out of foster care with severe psychiatric problems, for which there is limited inadequate assistance.

The weakest part of this report concerns estimated capacity and needed capacity for family foster care. A state system with 4200 foster homes licensed to care for 7200 children is highly misleading as an estimate of capacity. Foster parents are volunteers. On any one day, 25-30% of foster homes may not be caring for a foster child regardless of capacity due to family problems, work requirements, poor health, or because they need a break. A state with 4200 foster homes may easily have 1000 homes which are not caring for a foster child, or which are unwilling to take an additional child at a point in time. Furthermore, one study of foster parents (that included Oregon) found that about a quarter of foster parents

provide most of the "care days." Errors of this type occur when expert panels do not include home finders and licensors who work with foster parents on a daily basis.

This report includes a brief, important couple of paragraphs regarding the resources required to move children and youth from psychiatric care to BRS residential care or from BRS to family foster care. The authors assert that "up to an additional 6% of children could be successfully served in a foster care setting. The ability to move these children/ teens lower on the intensity scale must be supported by these four critical things":

1. Rapid access to mental health services
2. 24/7 crisis support
3. Difficult behaviors training for foster parent; and
4. Access to psychiatric services as a service element available at any level of placement

Summary
This study is an unusual attempt to understand and quantify the needed increase in capacity for a state child welfare system. There is good reason to believe that the report's findings and recommendations are applicable to Washington State, given the similarities between the acute and chronic foster care shortages in both states, use of hotel placements and out of state BRS facilities and grossly inadequate public mental health systems in both states. The population difference between Washington and Oregon suggests that the deficiency in various types of foster care resources in this state exceeds Oregon's by a considerable amount.

The biggest surprise in this needs assessment is the inadequate capacity for DD children and youth and the unexpected need for additional psychiatric residential care for young adults, 18-21, aging out of foster care. During the past few years, in several *Sounding Board* commentaries and remarks to journalists, I have emphasized the lack of adequate therapeutic foster care resources and residential care for behaviorally troubled youth. However, this Oregon report underlines the many challenges presented by developmentally disabled youth, and by the chronic illness and physical impairments of a large percentage of foster children and youth, as well as the need for expanded psychiatric residential care programs for adolescents and young adults aging out of foster care.

Identifying Capacity Needs for Children within the Oregon Child Welfare System. Summary Document May 2019. Bellatty, Paul. Gibson, Wendy. Office of Reporting, Research, Analytics and Implementation, Oregon Department of Human Services. 2019 https://www.oregon.gov/dhs/ORRAI/Documents/Capacity-Summary-Report-Research-Paper.pdf