

Improving Outcomes of Children in Foster Care with Mental Health Concerns

Testimony to the Texas Senate Health and Human Services Committee

While safety is job one at CPS, we also need to make sure children in foster care have the support they need to be healthy, succeed in the classroom, and grow into self-sufficient adults.

We appreciate all the work that this Committee, the Finance Committee, and the Sunset Commission have done in recent years to improve child protection in Texas. Recent news about Child Protective Services (CPS) has made clear that the Legislature has more work to do to provide the agency the support it needs to reduce staff caseloads, both for the caseworkers handling investigation and those who ensure children in foster care are safe and supported. There are many dedicated, hard-working employees at CPS, but they need the Legislature's support if they're going to be successful and children are going to be safe. We are pleased to see a growing number of legislators recognize that strengthening CPS needs to be a priority during the next session. Of course, while safety is job one at CPS, we also need to make sure children in foster care have the support they need to be healthy, succeed in the classroom, and grow into self-sufficient adults.

Texas must provide comprehensive services to children in foster care to promote children's healing, so that can overcome the impacts of their trauma and thrive. Children and youth who have experienced trauma are at much higher risk of poor health and social outcomes than those who have not experienced such adversity. Decades of research demonstrate how acute or prolonged exposure to traumatic experiences impacts a child's developing brain. In response to physical/emotional abuse or neglect or other adverse experiences in childhood, the body can produce high or prolonged levels of stress hormones that literally alter the parts of the brain associated with fear, anxiety, memory, and mood. Such "toxic stress" has short and long term impacts on a child's health, behavior, judgment, and ability to manage future stressors. Without proper support, that toxic stress places them at higher risk of school failure, incarceration, unemployment, poverty, homelessness, and becoming single parents.ⁱ Parents who experienced toxic stress during their own

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childhood are less likely to be able to provide the kind of stable and supportive relationships needed to protect their children from the damages of toxic stress.ⁱⁱ

Interventions work. Clinical treatments, mental health interventions, and other trauma-informed service approaches and practices have been shown to have a significant and lasting impact on the outcomes of children in foster care.ⁱⁱⁱ Texas needs to incorporate what research tells us works in the way it cares for children who are in and transitioning out of the foster care system.

RECOMMENDATION 1:

Provide funding to reduce caseloads, both in foster care and in investigations. There are a lot of dedicated, hardworking people at CPS, but they can't succeed without help. Staff must be held accountable when they make mistakes, but we need to strengthen and support the agency so that staff can be successful and kids are safe. The DFPS Annual Report shows that in 2015 each foster care caseworker was responsible for 28 children each day, on average. National best practices published by the Child Welfare League of America recommend a maximum of 17 each month. High caseloads are also a challenge on the investigations side of CPS. The Dallas Morning News recently reported that the caseworker tasked with investigating risks to Leiliana Wright, who was tragically killed in Grand Prairie, had 70 cases on his desk. While the Legislature has made strides improving funding for CPS from a very low baseline, additional funding to retain and recruit new caseworkers, along with improved management, will be needed to reduce caseloads to safe levels.

RECOMMENDATION 2:

ALL kids in foster care should receive trauma-informed services and care, not just those with higher acuity. If a child is in foster care, we can assume she has experienced trauma. This means more than providing children with safe placements and providing them access to mental health treatment. It requires trauma-informed approaches from our entire child welfare system, including front line caseworkers, judges, foster caregivers, and administration.

- Enhance training and support to caseworkers and caregivers so they can do the immensely difficult work they are committed to doing.

RECOMMENDATION 3:

The comprehensive needs assessments now required for children entering foster care must drive services, placement, and treatment. Children in foster care need to receive physical and mental health care from providers who are trauma-informed. Children and youth who “score positive” on trauma screens should receive trauma treatment from trained clinicians.

- Ensure the CANS assessment informs and drives service planning, including services that are trauma-informed.
- Increase capacity within the state to provide trauma-focused mental health treatment to children who need it.

RECOMMENDATION 4:

Parents and caregivers also need services and supports. Raising troubled children can be hard, stressful, and isolating. Caregivers need services and supports so they can offer the supportive and nurturing care that promotes a child’s healing and positive development. Children in foster care need to live in homes where caregivers understand the impact of trauma and know how to best care for children who have been exposed to trauma, providing them with supportive, healing care that avoids triggering mental, emotional or behavioral concerns or re-traumatization.

- Provide families and caregivers with access to family peer support services.

RECOMMENDATION 5:

All systems serving children in foster care, not just CPS, need to be trauma-informed and use trauma-informed practices. Primary care providers need to recognize and understand the impact of trauma on children’s health and development. Mental health services need be trauma-informed, and mental health providers should be available to provide trauma-focused treatment for children whose assessments call for it. Early care and education settings and schools also need to be trauma-informed and implement strategies that promote safe and supportive learning climates that help young and school-age students be successful in school. Most child-serving agencies have in place some efforts to promote some level of trauma-informed services, albeit limited in scope and reach, but they largely operate in silos. Texas child-serving systems should work together in becoming trauma-informed, sharing tools, training, and other resources.

- Expand the role of and appropriation to the Texas Behavior Support Network within Region 20 Education Service Center to include training and support to school districts on the effects of trauma, school-based trauma-informed practices, and integrating mental health training and services into a positive behavior interventions and supports (PBIS) framework.
- Coordinate and enhance trauma-informed services across systems. Direct the Health and Human Services Commission (through the State Coordinating Council for Behavioral Health, the Texas System of Care Initiative, and the Texas Children Recovering from Trauma Initiative within DSHS) to coordinate efforts across agencies to expand the use of trauma-informed care and trauma focused treatment.

RECOMMENDATION 6:

Treat children with mental health concerns in the least restrictive setting as appropriate. Intensive and flexible community-based services such as those provided within Youth Empowerment Services (YES) Medicaid waiver program can help children with serious challenges stay in family-based care, avoiding placement disruptions, hospitalization, or psychiatric residential treatment. Children who do require psychiatric inpatient or residential treatment should be provided evidence-based treatment and trauma-informed care that adheres to recommended practices, including those promoted by the national *Building Bridges Initiative*. This approach seeks to advance partnerships among residential and community-based service providers and families to provide a continuum of services that improve the outcomes of children with serious mental health concerns.^{iv}

- Provide children in foster care with serious mental health concerns access to services provided by the YES Waiver program, including wraparound service planning and family peer support services.
- Hold residential treatment facilities accountable for providing quality, trauma-informed care and treatment that aligns with the national Building Bridges Initiative.

RECOMMENDATION 7:

Children exiting the foster care system, by family reunification, adoption, or aging out of care, should have continued access to physical and behavioral health services and supports.

- Identify and address barriers preventing former and transitioning foster youth from accessing Medicaid coverage for which they are eligible.
- Identify and address barriers that prevent families from accessing comprehensive services to address mental health concerns of children adopted from foster care.

Thank you for your time and commitment. If you have any questions, please feel free to contact me at 512.473.2274.

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ⁱ J. Shonkoff et al. (2012) "The Lifelong Effects of Early Childhood Adversity and Toxic Stress." *American Academy of Pediatrics*.
<http://pediatrics.aappublications.org/content/129/1/e232>

ⁱⁱ Ibid.

ⁱⁱⁱ Agosti, J., Conradi, L., Halladay Goldman, J., and Langan, H. (2013). *Using Trauma-Informed Child Welfare Practice to Improve Placement Stability Breakthrough Series Collaborative: Promising Practices and Lessons Learned*. National Center for Child Traumatic Stress.
http://www.nctsn.org/sites/default/files/assets/pdfs/using_ticw_bsc_final.pdf

^{iv} <http://www.buildingbridges4youth.org/>.