



"Support for new beginnings and healthy families."

March 16th, 2017

Dear Senator Kathleen Taylor,

I am a Board Member for Kinship House an outpatient mental health provider focused on serving our most vulnerable foster, adoptive and reunifying children and families. On behalf of myself and my Board peers, staff and the children and families, we want to thank you for supporting all of us, your constituents. Our mission is to keep children safe during their time with us and for the long term. We do this through our work of helping stabilize each child or youth in their foster care placement to reduce further trauma from frequent foster care moves and then help the entire team child, youth, family and many decision makers and caregivers stay focused on swift movement out of the system through the achievement of a strong healthy family through adoption or reunification with bio-parents.

As our state DHS system flounders with outcomes, services provided by local non-profits are more important than ever to change lives. *To make a significant impact our work must be accessible and sustainable.* Kinship House has been performing this specific mission for 21 years this October. We know what works and we value your partnership in ensuring all foster children have access to services that support them leaving state care and becoming healthy productive members of society and families as this is what they deserve. This takes many partners; DHS, OHA, Courts, non-profits and our many donors who believe in our mission and you.

Nationally children with similar behavioral health challenges similar to those at Kinship House disrupt from adoption at a rate of 20-25% at Kinship House it is less than 3%, it is not magic it is access to the right service at the right time.

Less than 3% of the 500 children we serve on average every year utilize hospital levels of care. We help keep children with families and out of costly systems.

We help reduce the number of times high needs children move from foster to home to foster home through addressing their mental health challenges and supporting foster parents in learning the skills they need to feel successful as a caregiver and supported as a most valuable caring person and resource to our community.

Here is the journey of two brothers who's case is typical of those seen regularly Kinship House, where children are referred due to a disruption from an identified but not yet finalized adoption (this process can take 8-24 months). In this particular case, sadly not unusual, the children and family had *no previous specific services utilized* to prepare the children and prospective parents for the transition to adoption. *This case may seem extremely complex but it is the **standard work** we perform daily to ensure the best chance for successful permanency.*



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Our clinicians have *specialized training and expertise* in working with children in the foster care system and the varied agencies that impact their lives. We understand the emotional toll on children of a disrupted adoption, and our interventions are trauma informed for the entire family system. We regularly assist in preserving adoption, reunification or transitioning a return to foster care. Kinship House’s specialty services provide a program that addresses the complex needs, as following example demonstrates.

Kinship House received a referral from an adoptive mother for her African-American/Hawaiian sons ages 9 & 10 who had been placed with her and her partner for adoption about 3 months prior. She reported extreme behaviors including, verbal and physical aggression towards her and each sibling. She also felt the boys were very anxious, had disrupted sleep, and were extremely competitive with each other. The boys had a history of significant physical abuse, witnessing domestic violence of the bio father and mother and living in a squalid home. The biological father was incarcerated for the physical abuse of the oldest boy. The week before the intake appointment the adoptive mother called the police due to the severity of the older boy’s behavior.

After completing the intake session it was decided the boys would be assigned separate therapists who work as a team, with a combination of individual, sibling and family therapy. We find that with siblings who have experienced abuse, having their own therapist provides containment and trust in a more concrete and clearly defined boundary for the work.

During the early stages of providing support and psychoeducation to the adoptive parents it was clear this adoptive placement was in grave jeopardy. Consultations with the caseworker and adoption worker led to a team decision to help the adoptive parents decide if they needed to have the boys moved. This piece of work is very complicated and needs therapists who are able to gently and without judgement assist the parents in making a decision and then to sensitively and tactfully present that information to the boys. The adoptive parents decided to end the adoption and the boys were returned to their previous foster home.

The next stage of therapy moved to increased individual sessions to *process this new loss*. As time passed the foster parent was involved in the treatment including play therapy, art therapy and talk therapy (more with the older sibling) focused on preparing the children for moving to another adoptive home per their DHS case plan. As the boy’s trauma symptoms had been a primary factor in the adoption disruption, the therapist had to pace the trauma work in conjunction with adoption preparation. The therapist also worked on connecting to the boy’s biological family (birth mother & paternal great-aunt). The hope was that these family members would be able to give the boys clear information about why they came into foster care, reduce their feelings of responsibility for the removal and help them attach to an adoptive family.

The therapists then provided a great deal of case consultation with the caseworker, CASA and eventually an adoption committee to help the collateral contacts understand the emotional needs of the boys. The therapists then provided recommendations of how the boys should be transitioned into the second adoptive home. The transition planning meeting included the caseworker, adoption worker, both therapists, the foster and adoptive family. This was an



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emotionally charged meeting with both the eager and anxious adoptive parents and apprehensive foster parents, who worried the boys would be placed with yet another set of parents unable to meet the boys’ needs. Following the transition to the new adoptive home the work began in helping this family understand and meet the complex emotional & behavioral needs of these boys. Their treatment has lasted two years and has moved from very intense weekly therapy to completing the mental health treatment for the younger child (he is still coming in for medication management only) and bi-monthly and medication management for the older brother. The adoption has finalized and the parents feel confident and supported in parenting the unique needs of their sons.

In fact here they are presenting in Washington DC with Voice for Adoption, about their journey to adoption from foster care ☺

You leadership is needed to ensure all foster and adoptive children, like these two brothers, have access to appropriate and timely mental health services.

Their success is our responsibility.

Most sincerely,


Board Member, Kinship House

