

SB 221-4
3/21/2019
Senate Committee on Human Services



Good afternoon Chair Gelser, Vice-Chair Heard and members of the committee.

For the record, my name is Ana Day, executive director of Oregon Community Programs (or OCP) in Lane County, and I am here today in support of Senate Bill 221 and the most recent amendments. The \$3.5 million dollar investment in therapeutic foster care in SB 221 is crucial to supporting some of the state's most vulnerable citizens with specialized needs...foster children. OCP was founded nearly 30 years ago to host the research trials for Treatment Foster Care-Oregon (or TFCO) and to make the intervention more widely available to Oregon foster children.

The TFCO model is currently the only empirically validated model designed specifically for treatment foster care. It is endorsed by the Blueprints Programs for Healthy Development as a Model program and by the Coalition for Evidence Based Policy as a Top Tier program. The California Evidence-Based Clearinghouse for Child Welfare finds TFCO to be "well-supported by research evidence" as a successful alternative to long-term residential care programs or other higher levels of placement. As a result, TFCO is well-positioned to qualify for federal matching funds under the Families First Prevention Services Act.

In the past 2 years, my agency has received over 500 referrals requesting placement for DHS foster children in our TFC program. In that time, we have placed 46 children from counties all across Oregon, including Lane, Klamath, Marion, Lincoln, Jackson, Benton, Curry, Polk, and Multnomah. These children qualify for Behavior Rehabilitative Service (or BRS) and typically have experienced

multiple traumas, multiple placement changes, and long periods in substitute care. In short, these children are either at risk for or stepping down from residential treatment. Of these 46 children, 81% successfully graduated our program and moved to a lower level of care. Of those graduates, 11 were reunified with their parents. 9 were adopted into forever families. 2 were placed with relatives or in permanent guardianship. 7 stepped down to a regular DHS foster home, often to be reunified with a sibling in foster care or to await clarification of their permanency plan.

Critically, the TFCO model supports placing only one treatment child per foster home to ensure a nurturing, individualized experience without the milieu disruptions of residential settings or the competing needs of multiple high acuity youth in the home. You might think of this as “residential treatment for one.” Current BRS funding levels do not adequately fund this priority need of children, but we have seen that our outcomes are better when we can place just one child with specialized needs in a home. Our foster parents are less stressed, which allows them to provide nurturing and consistent care and our foster children have a plan that is designed for them specifically, not for group service delivery.

Finally, TFCO was designed and refined with Oregon youth in Oregon foster homes. Research from our own backyard at the internationally renowned Oregon Social Learning Center in Eugene, where TFCO was developed, piloted, validated, and replicated shows us that we can get these outcomes for Oregon children. We are already getting them on a small scale. Supporting more children in family settings by expanding TFCO will relieve the burden on more expensive residential placements and serve children at the least restrictive setting that can meet their needs. I urge you to support SB 221 and the most recent amendments to ensure that family based therapeutic foster care is expanded for Oregon foster youth as a crucial component of the continuum of care for some of our most vulnerable citizens.