

**Testimony to the Human Resources Subcommittee of the House Ways and Means
Committee**

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June 29, 2011

Chairman Davis, Ranking Member Lloyd Doggett, and Members of the Subcommittee:

Thank you for the opportunity to submit testimony on the needs of at-risk youth—in particular those who spend significant time in foster care.

My name is Beth Mattingly, and I am the director of research on vulnerable families at the Carsey Institute at the University of New Hampshire. The Carsey Institute has conducted extensive policy-relevant research on the differences between rural, suburban, and central city families and children in order to better understand trends in child poverty and the implications of different policies and social programs. Carsey recently analyzed data on 727 children in foster care for at least one year. This document summarizes the institute's findings and some of the federal policy recommendations that would affect the lives of children in long-term foster care.

Different Health Needs of Foster Kids

Emotional and Behavioral Problems

The measures taken by the Child and Family Services Improvement Act (CFSIA) of 2006 are critical. These measures reauthorized the Promoting Safe and Stable Families program to ensure that medical providers have regular contact with children in the child welfare system. Research shows that about 30 percent of children in foster care have emotional and behavioral problems, as compared to about 4 percent of children in the general population.¹ Children in foster care are sixteen times more likely to receive psychiatric diagnoses and eight times more likely than their peers to be prescribed psychotropic medications.² Our research shows that the prevalence of these problems increases with age among foster children. More than one in four 11- to 14-year-olds living in out-of-home care arrangements for an extended time experienced emotional problems, as compared to just 10 percent of 3- to 5-year-olds in similar situations.³ These problems may affect the likelihood of permanent placement for children as well; the same study showed that four years after being removed from the home, a higher share of children with emotional problems were living in foster care settings, rather than living with kin or adoptive parents.⁴ That so many children with emotional and behavioral problems remain in foster care highlights the need for comprehensive mental health services over time. In fact, the American Academy of Pediatrics and the Child Welfare League of America (CWLA) recommend that children and teens in foster care are screened early and often to assess for health problems.⁵

Need for Frequent Screenings

Based on recommendations from the American Academy of Pediatrics and the Child Welfare League of America, the funding provided by the CFSIA for monthly caseworker contact with children in out-of-home care is critical to their well-being. The above cited recommendations suggest that children undergo a “health screening visit within 72 hours of placement, a comprehensive health admission visit within 30 days of placement, [and a] follow-up health visit within 60 to 90 days of placement.”⁶ Further, these agencies recommend that newborns up to six months be seen monthly, infants up to 24 months be seen every three months, and children up to age 21 be seen every six months.

Our research indicates very high rates of emotional and behavioral problems among older children remaining in foster care. Legislation like the CFSIA, which frees caseworkers' time for frequent monitoring and provides funds for frequent medical provision, works positively toward the health care goals discussed above and may improve the well-being of those who remain in foster care.

Thank you for taking the time to explore these important issues in detail and for the opportunity to identify some of the implications of federal policy for vulnerable children and families.

¹Children's Bureau, Administration for Children and Families, "The Adoption and Foster Care Analysis and Reporting System (AFCARS) Report" (Washington, DC: U.S. Department of Health and Human Services, 2010).

² See N. J. Hochstadt et al., "The Medical and Psychosocial Needs of Children Entering Foster Care," *Child Abuse & Neglect*, vol. 1, no. 1 (1987): 53-62, and L. Leslie et al., "Addressing the Developmental and Mental Health Needs of Young Children in Foster Care," *Developmental and Behavioral Pediatrics*, vol. 26, no. 2, (2005): 140-151.

³ Wendy A. Walsh and Marybeth J. Mattingly, "Long-Term Foster Care—Different Needs, Different Outcomes," *Issue Brief No. 31, Spring* (Durham, NH: Carsey Institute, 2011).

⁴ Ibid.

⁵ Healthy Foster Care America, "Health Care Standards: Fundamental Principles" (Elk Grove Village, IL: American Academy of Pediatrics, 2010).

⁶ Ibid.