The Overcoming Hurdles In Ohio
Youth Advisory Board
www.fosteractionohio.org

We exist to be the knowledgeable statewide voice that influences policies and practices that impact youth who have or will experience out of home care.

My name is Raven Grice, and I am a former foster youth.

I serve as a Youth Ambassador, representing Cleveland State University, on the Overcoming Hurdles in Ohio Youth Advisory Board. The OHIO YAB is a statewide organization of young people (aged 14-24) who have experienced foster care. We exist to be the knowledgeable statewide voice that influences policies and practices that impact youth who have or will experience out of home care.

The focus of my testimony is on the need for normalcy and trauma-informed care for foster care youth, especially for those who are entrusted to congregate care placements. I would like to share three specific recommendations for improvement.

My three recommendations are:

1. Provide alternate placement options for youth for whom residential facilities are not the least restrictive environment

2. Include foster youth voice in updating the licensing requirements for congregate care facilities.

3. Establish a Medical Ombudsman's Office so that foster care youth and their caregivers can get a second opinion if they think a medication/diagnosis is unsound.

1.) Striving for the least restrictive environment:

The term 'congregate care' refers to group homes, residential treatment facilities, psychiatric institutions and emergency shelters. Ohio foster youth deserve to be in the least restrictive placement, but sadly congregate care placements have become a dumping ground for older foster youth.

A 2018 study by the Annie E. Casey Foundation revealed that one-third of Ohio foster care youth, ages 14 and older experienced a group home or institutional placement. I was one of those young people.

As a teen who was transferred directly from an intake facility to a residential one, I was initially told that I was being placed there to monitor my behavior longer term. However, shortly afterwards, I was told that I did not need to be there; they just did not know another location to put me.

2.) Congregate care licensing recommendations:
Ohio's licensing requirements for congregate care need to include a focus on diagnosis, rather than filling "an empty bed," in order to avoid further traumatizing youth by placing them into unsafe situations.

During my time in residential care, I witnessed young people being placed in unsafe rooming and living situations. Roommate decisions were made based on empty beds, rather than treatment needs. Hostile situations came up between youth who were placed in the same room without prior assessment of physical and emotional safety needs.

The federal Family First Act defines a Qualified Residential Treatment Program and mandates that placements that don't live up to this trauma-informed model will soon be ineligible for IV-E funding. I agree wholeheartedly that the term residential "treatment" needs to live up to its name. Being in constant hostile situations where you cannot tell if you are safe or not does not facilitate treatment of trauma, if anything it could add to their level of trauma, or youth might choose to either act out their emotions or seek to hide them.

During the six months I spent in a residential treatment, I did not experience a great deal of trauma-informed care. Residents saw their counselors once a week. The daily group sessions hosted by frontline staff were not engaging or helpful. I encountered one resident who had been there for three years, made no progress, and unfortunately may have stayed there until she aged out because she was not getting the proper treatment she needed.

I recommend this model changes so that youth feel safer, get the help they need, and receive individualized plans and thoughtful placements. Youth who are placed only as a "bed filler," and not for treatment, should be placed in a different environment rather than putting them at risk of exposure to more traumatic experiences.

2.) Medical Ombudsman's Office:

Children and teens enter foster care for many different reasons, but most reasons fall back on the child being unsafe at home. I, as well as most foster youth, come from a traumatic childhood. As a result of this, I experience PTSD and anxiety. A Harvard-Casey study revealed that foster care alumni experience PTSD at a rate twice that of Vietnam veterans, so this is not surprising. For those of us with a foster care history, the battle we faced was within our biological home.

Sadly, another common experience for us as current and former foster youth is being misdiagnosed. This is due to our behaviors not being viewed without a trauma-informed lens. When I was first removed from my home situation, I was diagnosed with about four other things before they realized they had misdiagnosed me. This is often a case among foster youth; however, not many of these mistakes are found out until years later.

Statistically, foster youth have a diagnostic rate that is almost five times higher than their peers. These diagnoses could often be avoided if the prognosis was trauma-informed; for example trauma can look like ADHD, but Ritalin won't help PTSD. When misdiagnoses happen, there is currently no recourse. If foster parents don't administer the medication, they can lose their license.

When Bryan Samuels formerly served as Commissioner for Health and Human Services, he recommended that states develop an electronic database for tracking all prescriptions for children in foster care, create "red flags" in the database that elevated certain cases, such as those in which three or more medications were prescribed, for more thorough review; and establish best practice guidelines and distributing them to prescribers. Sadly, these three steps have not been taken in Ohio.

If the state of Oho had a Medical Ombudsman's Office, this would provide a resource for foster parents and youth themselves to get a second opinion. It is currently incredibly difficult for foster youth or their caregivers to address misdiagnoses or seek to lower the level of medication. When I was on the wrong medication, it negatively impacted my ability to focus, stay awake, and function.

Medicating in a vacuum, without considering the child or teen's experience is medically irresponsible. It puts children and teens at risk for dangerous side effects. For example, my first experience at intake hospital coincided with the first time I had been able to interact with my peers in five years. Intake staff members responded by diagnosing me with five labels, including borderline personality disorder. They failed to recognize that I was only adapting to a very new situation. Eventually, they realized those diagnostics were incorrect, because I spoke up and advocated to receive trauma-informed care.

There are so many young people I have seen diagnosed and treated for the wrong things who do not know how to self-advocate, or even that these diagnosis are wrong. They only know that these medications negatively impact their ability to function. If there was a Medical Ombudsman's office in Ohio, youth, as well as foster parents and workers, would be able to better address these situations, and healthcare professionals would ultimately be better equipped to recognize and handle them.

Raven Grice
OHIO YAB Ambassador ~ Cleveland State University