

SAMPLE TESTIMONY

Statement to the President's New Freedom Commission on Mental Health

BY

Kenneth Olson, LCPC

**Director of Community Services; KidsPeace National Centers of New England
Chair, Public Policy Committee; Foster Family-based Treatment Association**

My name is Ken Olson and I am testifying today on behalf of KidsPeace National Centers and the Foster Family-based Treatment Association. KidsPeace is a 120 year-old children's charity that provides a wide array of mental health treatment services to more than 2,000 children each day and offers prevention and education services to families across the United States. The Foster Family-based Treatment Association (or FFTA, as it is sometimes called) is an association of over 400 agencies that provide Treatment Foster Care across the United States and Canada.

On behalf of KidsPeace and FFTA, we commend the Commission for its Interim Report. We particularly support the Commission's concern that the children's mental health system suffers from mind-numbing fragmentation and, as a result, often fails to reach children and families who are in crisis. We also agree that there are model programs and effective services that can make a tangible difference. Given the social consequences of failing to help these kids and families, creating public policy that coordinates and supports effective services is simply a matter of utmost national urgency.

My goal today is to heighten the Commission's awareness of one of these effective services: Treatment Foster Care.

Treatment Foster Care is a mental health treatment modality that was nearly unknown 25 years ago. While the model has become more sophisticated and grown in popularity (TFC can be found in most parts of the United States and Canada) it remains poorly understood, even among many mental health professionals.

The underlying principle of Treatment Foster Care is simple and self-evident:

There is no more important mental health service than a stable family.

Providing substitute families that offer this stability to children with severe emotional disturbance (or a variety of other special needs) is Treatment Foster Care. Troubled children who cannot remain with their own families are placed with Treatment Families who have specialized skills matched to the needs of that particular child.

This is not a small task. Families who are willing to take on this challenge make an extraordinary commitment both to the child and to specialized training. These highly skilled families use treatment techniques and clinical approaches derived from the most effective models of residential treatment. Agencies that take on this responsibility provide specialized support services to the families and assume lead responsibility for case planning and coordination. This model of care therefore provides children with active and structured treatment in a nurturing therapeutic family environment.

Providing a stable family is a clinically and cost effective mental health service. Studied by researchers, Treatment Foster Care is one of the few mental health treatments for children that is now routinely characterized as “evidenced based practice.”ⁱ An annotated summary of Research in Treatment Foster Care has been included in the packet of materials each of you have received. As an emerging economical and effective treatment approach, TFC programs can be replicated anywhere that there are committed foster families and knowledgeable professionals to support them.

I would also like to direct your attention to two other documents in your packet. First is a brief definition of treatment foster care that highlights the important differences between this model and what has become known as “traditional foster care.” Failure to appreciate these differences creates the most common misunderstandings of Treatment Foster Care.

Second is a copy of FFTA’s newsletter, FOCUS, that contains a cover article by FFTA Past President Karen Authier describing how Treatment Foster Care is used to bridge mental health, child welfare, and juvenile justice service systems. This article is particularly “on point” regarding the Commission’s concerns about how these separate systems, which often contribute to the fragmentation of services, can be bridged by an effective model such as Treatment Foster Care.

In closing, we strongly recommend that the Commission recognize Treatment Foster Care as a Model Program. Further, our national, state, and local public policy should recognize the principle that there is no more important mental health service than a stable family. They should do this in part by supporting the inclusion of Treatment Foster Care as a core component of the array of mental health services available to America’s youth and families.

Thank you for the opportunity to provide this testimony.

Respectfully submitted,

Kenneth A. Olson, LCPC
KidsPeace National Centers of New England
343 Gorham Road
South Portland, Maine 04106
207 771-5700; kolson@kidspeace.org

Chair, Public Policy Committee
Foster Family-based Treatment Association
1415 Queen Anne Road, Suite 200
Teaneck, NJ 07666
(800) 414-3382 www.fftta.org

ⁱ Pires, S. A. (2002). Building Systems of Care, A Primer. National Technical Assistance Center for Children’s Mental Health, Georgetown University Child Development Center, Washington, DC. P.43-46.