

2 April 2013

HOUSE REVENUE COMMITTEE

SUPPORTING

HB 2956 – Amending Payments for Education Services for Children in Day Treatment and Psychiatric Residential Facilities

Chair Barnhart, Vice Chairs Bailey and Berger, and Committee Members,

I am Janet Arenz, Executive Director of the Oregon Alliance of Children's Programs. We are a statewide non-profit, supporting good budgets and good policies for children and families, so that we can make children Oregon's greatest asset.

We do this by representing \$205 million in small businesses, delivering services and programs for over 100,000 children. We have a payroll of \$152 million for 5,500 employees and raise \$35 million in philanthropic resources each year.

Member programs span child welfare, juvenile justice, mental health, addiction, runaway and homeless, developmental disabilities and prevention. Everyone of them has educational success as a top priority.

The Department of Education supports education services for children in certain mental health programs. These are known as Long Term Care and Treatment programs. Their funding formula and methodology was set in statute more than 35 years ago, and never has a change been made to those statutes.

HB 2956, for the first time, provides necessary funding changes for these very special programs who serve very special children.

Counter to the funding for these services, Long Term Care and Treatment programs have evolved significantly over the last 35 years. They are rich with evidence-based programs and practices; children are in less restrictive environments; and providers are delivering more effective services with more significant outcomes. Higher rates of children are returning home, and are able to live and function

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(with these services) at levels which make their ability to succeed in school much greater.

I'm submitting testimony from Morrison Child & Family Services, and for Lifeworks Northwest. Both organizations serve children from around Oregon in mental health programs. For a period of time, these children cannot be in a standard education setting because of the impact of trauma they have suffered through abuse and neglect.

With treatment in special classroom settings:

- 85% of younger children are discharged to an adoptive placement
- 78% of children were able to be supported in regular classrooms

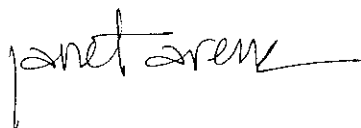
Oregon made major changes to the clinical system for children's mental health 8 years ago, and now the education funding and delivery system needs to catch up.

In every legislative session during the last 35 years, Oregon has affirmed our recognition of the importance of children achieving educational success. We have prioritized funding, policies, and practices that create environments for success. Yet Oregon has rarely talked about these children. And even when we did, no changes were made to bring them into contemporary, evidence-based settings that were appropriately funded for important outcomes.

With the clear recommendations of the 2008 Parrish Report commissioned by the Oregon Department of Education, and including the collaborative work of school districts and providers, we bring to you nothing short of a historic opportunity to recognize these children's needs and the advancements of providers to meet them.

Please move HB 2956.

Thank you,

A handwritten signature in black ink that reads "Janet D Arenz". The signature is written in a cursive, flowing style with a long horizontal line extending to the right.

Janet D Arenz, Executive Director
Oregon Alliance of Children's Programs

April 1, 2013

House Revenue Committee
Representative Phil Barnhart – Chair
900 Court Street
Salem, OR 97301

RE: Testimony on House Bill 2956

Morrison Child and Family Services is a large mental health agency that was founded in 1947 by Dr. Carl Morrison, Oregon's first child psychiatrist. As part of our many services to children and families we provide **year round** day treatment services in combination with educational services where licensed education staff work side by side with treatment staff to serve three specialty populations:

Twenty-four severely abused and neglected 3 to 8 year old children; Twenty-two chemically dependent and adjudicated adolescent males and 16 adjudicated sexually acting out adolescent males. Our three day treatment programs are located in House Districts 45 and 49 yet these programs serve children across the Metro area and across the state of Oregon.

These programs represent a unique blending of mental health funds and educational funds for children and youth who cannot be served safely within a standard educational setting in their local neighborhood schools. To do so would put them and our children and grandchildren at risk. These children and youth have been severely traumatized and it adversely changes their lives in many ways. Untreated they will be sexually abusive towards other, abuse drugs, commit robberies, assault others, and experience ongoing sexual victimization, prostitution, depression aggression and school failure. Without programs like these, communities and neighborhoods would see more individuals who suffer from a life time of poverty and abuse, ongoing criminality and major long term health issues.

How do I know? For over 30 years I have had the privilege of helping these children and their families and know through program evaluation that:

92% of these children have at least one parent with a history of criminal arrests;
98% of these children have a least one parent with a history of chronic substance abuse;
71% of these children have lived in families with severe domestic violence;
96% of these children have admitted to experiencing some form of abuse or neglect including:
70% being physically abused:
58% being sexually abused: and,
87% victims of neglect.

Outcome and Impact

All three day treatment programs demonstrate successful treatment completion and outcomes across the years.

Four years following completion of treatment for the **younger children**:

85% of children discharged to an adoptive placement were still living in that placement at follow-up;

78% of children were being maintained in **regular** classrooms;

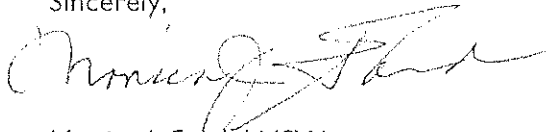
Behavioral improvements were stable and significantly below the clinical cutoff scores at intake into the program.

Those youth with **chemical dependency** demonstrated significant improvements in clinical and functional outcomes. Clients showed a reduction in delinquent attitudes and demonstrated competency for successful reintegration into their community. These youth achieved their academic or GED diplomas while in treatment.

Those youth with **sexual acting out** behaviors also demonstrated successful treatment completion. An average of 75-80% of these youth successfully complete treatment and more significantly zero sexual recidivism rates have been documented from 2007 to 2010.

I am writing today to urge you to support House Bill 2956 which changes the way public school programs that are components of day treatment services across the state are funded. This bill will allow these programs to more closely align with the State School funding formula and put these children and youth more on par with their peers. HB 2956 was passed unanimously by the House Education Committee and I urge its quick passage by the Revenue Committee.

Sincerely,

A handwritten signature in cursive script, appearing to read "Monica J. Ford".

Monica J. Ford, LMSW
MORRISON CHILD AND FAMILY SERVICES
Director of Clinical Operations
Hand in Hand Division Director



April 1, 2013

HOUSE COMMITTEE ON EDUCATION

SUPPORTING

HB 2956 – Amending Payments for Education Services for Children in Day Treatment and Psychiatric Residential Facilities

Chair Gelser and Committee Members,

I am the VP of Clinical Services at LifeWorks NW. LifeWorks NW is one of the largest providers of mental health, addiction, and prevention services in Oregon. We operate three Psychiatric Day Treatment Programs serving children, youth, and families residing in Washington, Multnomah, and Clackamas counties. We have been providing day treatment services for over 25 years. Day Treatment is an integral part of a full range of services we provide that allow children and youth to remain in their homes and living in the community.

Education services for these children and youth are fully integrated into Day Treatment Services. Although clients are primarily referred due to emotional and behavioral problems these are usually intertwined and overlap with academic challenges. Academic outcomes are equally important to their clinical outcomes.

The funding formula and methodology for what is known as Long Term Care and Treatment (children in certain mental health programs) was set in statute more than 35 years ago, and never has a change been made to those statutes.

We support the need to allow greater flexibility in the educational funding for day and residential treatment programs. HB 2956 offers an opportunity for funding changes for these programs to be in better alignment with the current children's mental health systems and structures. It's important to find the correct balance of flexibility and stability of funding. The census of these programs rise and fall with the addition of new referrals and completion of treatment and transition of children back to their home schools. Funding needs to be flexible to change with the longer-term changes in program structures and community needs, yet be stable enough to ensure continuity and integrity of educational services.

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A United Way Partner

We hope you will help Oregon's treatment and educational funding find the appropriate balance to ensure flexible, efficient, and stable integrated therapeutic and educational services for the highest need children and families.

Sincerely,

A handwritten signature in black ink that reads "Mark Lewinsohn, PhD". The signature is written in a cursive style with a large, prominent "M" and "L".

Mark Lewinsohn, Ph.D.
Vice President of Clinical Services
LifeWorks NW