



OREGON
Alliance
of Children's Programs

22 February 2017

Ways and Means Sub-Committee for Public Safety

Dear Co-chairs Senator Winters, Representative Stark,
and committee members –

I am Janet Arenz, Executive Director for the Oregon Alliance of Children's Programs.

We represent 14 providers throughout Oregon who have OYA contracts, for Behavioral Rehabilitation Services (BRS) programs.

The youth in BRS programs have faced significant trauma in their lives. Looking at the Adverse Childhood Experiences Study (ACES - a study done by Kaiser Permanente and the Center for Disease Control), we can see a lot about the behavior and rehabilitation challenges for these youth.

ACE study looked at 10 adverse experiences (death in the family, parent in jail, abuse, neglect, mentally ill parent etc). If you have had 4 or more of those, you are drifting into poor social functioning. For example, dropping out of school, smoking, addiction, and criminogenic behaviors.

The ACE study was also conducted by the Alliance in 2014 (handed out to you). Here is information on OYA's youth we serve in the community:

ACES

Youth scoring of 4 out of 10 adverse childhood experiences:

In all BRS programs (including treatment foster care) = 74%

BRS residential programs = 70%

ACES shows the IMPACTS of TRAUMA:

Issues with Behavior * Learning * Health

Youth behaviors include:

--Lack of impulse control

--Lack of ability to think through consequences before acting

--Don't see a future for themselves, no vision or hope

--Have unpredictable, oppositional, volatile

--Engage in high risk behaviors, including self-harm

Suicide risk for these youth is 1200% higher than the general population

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These are very challenging youth, as you are hearing.

It's also very challenging for BRS providers to care for them, and move them to the outcomes they must have – low recidivism, finishing school, job readiness, strong inter-personal relation development and positive youth development.

Providers participated in a state-lead, comprehensive system review of BRS, which including evaluating rates and methodologies. The outcome of 16 months of work demonstrated that there was a 30% gap between what providers are paid, and what it costs to deliver a BRS service for an OYA youth.

Please support the OYA and Governor's request for a rate increase for BRS providers. Twenty-three BRS contracts have been turned back in the last 48 months because of the THREE R's: Rates, Regulatory Oversight and Risk. This is one contract averaging every other month. Looking just at the period from last fall to last month – since significant regulatory oversight moved in legislation and then into rules last year – 13 of those contracts were returned.

We can't keep going down that road. These youth are the real losers.

Thank you for your consideration,



Janet Arenz, Executive Director

ALLIANCE MEMBERS:

Co-Chair Senator Winters – Christian Community Placement Center, Shangri-La, Trillium

Senator Lew Frederick – Albertina Kerr, Cascadia, Lifeworks NW, Janus Youth

Senator Elizabeth Steiner-Hayward – Albertina Kerr, Chess for Success, Lifeworks NW, St Mary's home for Boys, The Salvation Army, Options Counseling

Representative Jeff Barker – Lifeworks NW, Morrison Child and Family Services

Representative Carla Piluso – Albertina Kerr, Lifeworks NW

Representative Tawna Sanchez – Albertina Kerr, Cascadia, Kinship House, Lifeworks NW, Volunteers of America

ACEs in Oregon: Children Need Our Help

The Adverse Childhood Experiences Study

“The more types of ACES events -- physical abuse, an alcoholic father, an abused mother, etc -- the higher the risk of heart disease, depression, diabetes, obesity, being violent or experiencing violence. Got an ACE score of 4 or more? Your risk of heart disease increases 200%. Your risk of suicide increases 1200%.”

**Sept 2014; ACE Study, Child trauma - Chronic disease, Neurobiology; Jane Ellen Stevens*

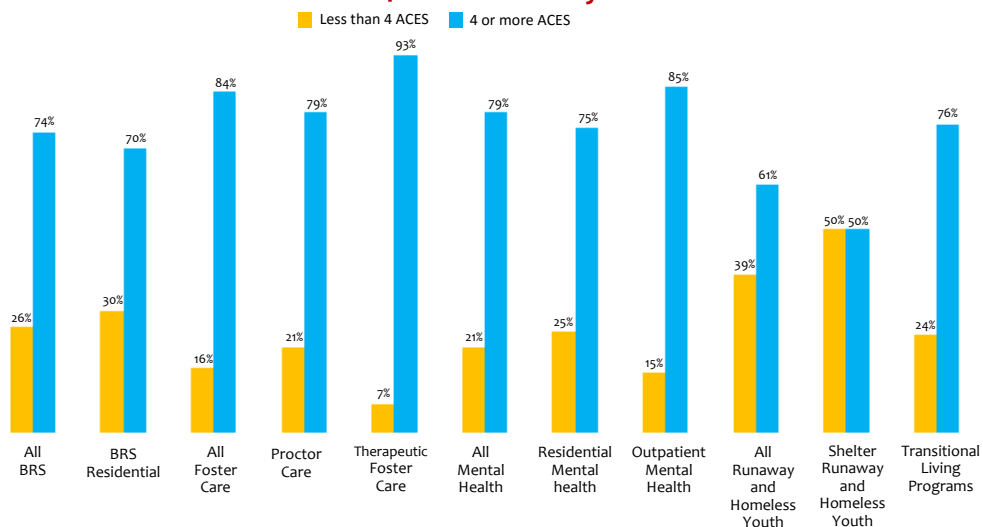
In 2014 the provider members of the Oregon Alliance of Children’s Programs researched the ACE scores of children in its programs. Nearly 800 surveys, for children and youth 3-25 years of age, were submitted by community shelters, services, and treatment programs, these are the results:

- Children of color represent 36% of the respondents
- Males 63% | Females 36%

Invest for Success

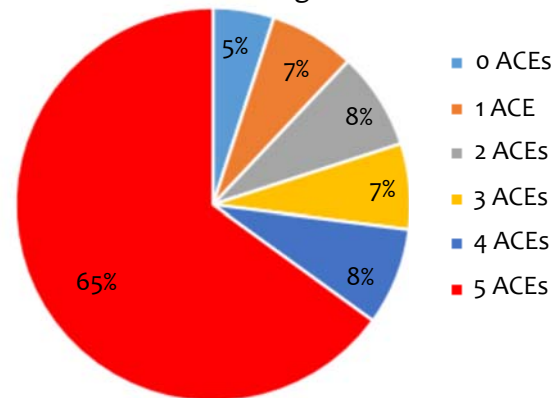
An investment in children today means they will not become the chronically ill adults with complex, expensive needs, tomorrow. Together we can help children achieve health, graduation, and the ability to become working adults who will raise their own healthy families.

ACEs of 4 or more by Service

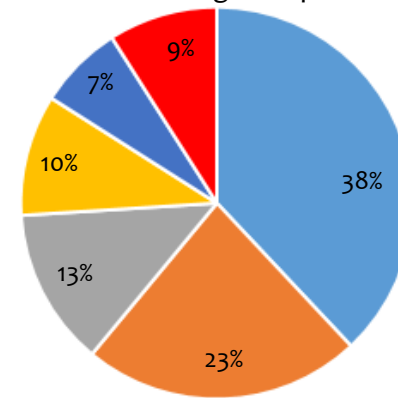


ACE Trauma level of children in community programs and services, compared to Oregon’s general public:

Children in Service Programs ²



General Oregon Population ¹



What These Children Need Now

Support for evidence-based programs and services that address or prevent trauma for all school aged children. This commitment is necessary to achieve health care transformation and to reach Oregon’s education goals.

For more information, contact:

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¹ 2011 Oregon Health Authority study <http://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/Documents/OregonACEsReport.pdf>

² 2014 Oregon Alliance of Children’s Programs Study

The Impact of ACEs

BEHAVIOR ISSUES¹

- Struggle with self-regulation, lack impulse control
- Lack ability to think through consequences before acting
- Unpredictable, oppositional, volatile and extreme
- React defensively and aggressively
- “Spacey,” detached, distant or out of touch with reality
- Engage in high-risk behaviors (self-harm, unsafe sexual practices, excessive risk-taking, illegal activities, alcohol and substance abuse, assault, running away, prostitution)

LEARNING DIFFICULTIES¹

- Problems thinking clearly, reasoning or problem-solving
- Hard to acquire new skills or take in new information
- Struggle with sustaining attention
- Show deficits in language development
- Learning difficulties that may require support in the academic environment
- Unable to plan ahead, anticipate the future

¹Center for Disease Control and Prevention, www.vetoviolence.cdc.gov, 2016 resource center infographic.

²October 2013 ACES TOO HIGH Newsletter
Revised August, 2016

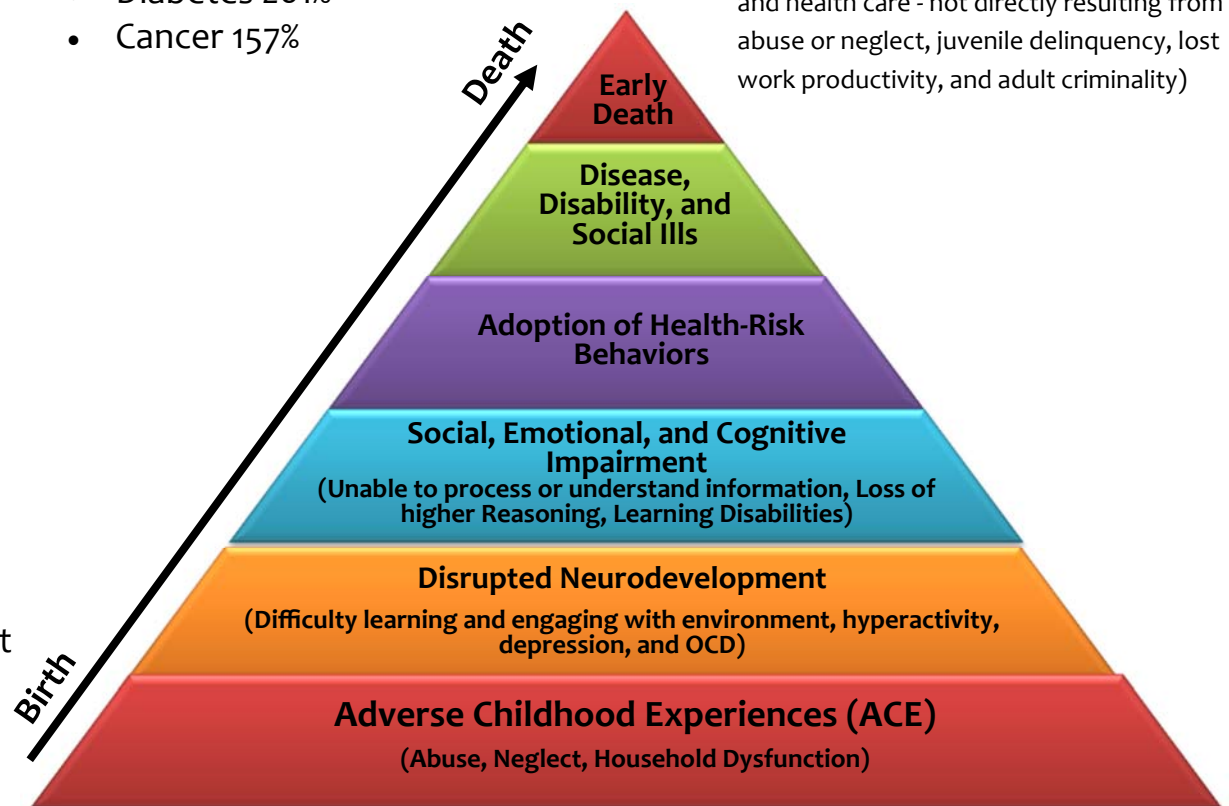
HEALTH ISSUES²

Scores of 4+ Increase Odds of Chronic Disease and Early Death

- Suicide 1200%
- COPD (lung) 399%
- Kidney Disease 263%
- Arthritis 236%
- Heart Attack 232%
- Asthma 231%
- Stroke 218%
- Diabetes 201%
- Cancer 157%

ECONOMIC IMPACT¹

- Estimated conservative annual cost to America—\$124 billion
- Immediate Direct Costs of \$91.8 billion (includes hospitalization, chronic health problems, mental health costs, costs incurred by the child welfare system, law enforcement, and costs of the judicial system)
- Indirect Costs of \$29.6 billion (Includes special education, mental health and health care - not directly resulting from abuse or neglect, juvenile delinquency, lost work productivity, and adult criminality)



Mechanisms by which adverse childhood experiences influence health and well-being throughout a lifespan