



OREGON  
*Alliance*  
of Children's Programs

## OREGON ALLIANCE OF CHILDREN'S PROGRAMS

5 April 2017

Ways & Means Sub-committee on Human Services  
Child Welfare

Dear Co-Chairs Representative Rayfield and Senator Steiner-Hayward, and  
Committee Members,

The Oregon Alliance of Children's Programs represents \$235 million in services for children in families, with over forty provider members who touch the lives of over 100,000 children each year. More than half of our members deliver services in the child welfare arena, and the vast majority of those have Behavioral Rehabilitation Service (BRS) contracts.

BRS contracts are for children who have complex behavioral issues resulting from trauma.

One of the ways in which we measure trauma is through the Adverse Childhood Experiences Study (ACES). There are 10 identified adverse childhood experiences in the study. If you have had 4 of them, you move into arenas of poor social and behavioral health, ie smoking, addiction, no high school graduation, abusive relationships, and other social ills. In midlife you have significant chronic health issues and face an early death.

In 2014 the Alliance conducted an ACE study of the children in our care.

- 74% of all children in BRS programs have scores of 4 or more.
- 83% of all children in therapeutic foster care.
- Average scores are 6.1, with therapeutic foster care the highest at 8.

The people who care for these assaultive/aggressive, suicidal, sexually offending, sexually reactive, and running away youth understand the trauma that creates their survival behaviors.

These are the children who will tank any hope of gaining on graduation rates, and eventually bring down health care transformation as the move into adulthood.

These are the programs who receive only 70 cents on the dollar for costs to execute state contracts.

In 2015-16 a large workgroup consisting of CCO's, providers, youth, advocates at state agencies met twice per month for 16 months and at the end of it agreed that providers were reimbursed 30% less than costs.

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In the last 4 years, 23 BRS contracts have been given back. Of those, 13 in the last year. The capacity of therapeutic foster care is down to 50%. Oppressive regulatory oversight is certainly a factor, but the leading cause is lack of resources to recruit and retain well-qualified staff and foster parents, and the community and volunteer Board of Directors who cannot shoulder the financial risks.

Please support the BRS rate increase in the Governor's Recommended Budget. The crisis in the child welfare arena cannot be solved without addressing this foundational void in resourcing programs for these severely traumatized children

Thank you,

Janet Arenz, Executive Director

# 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*

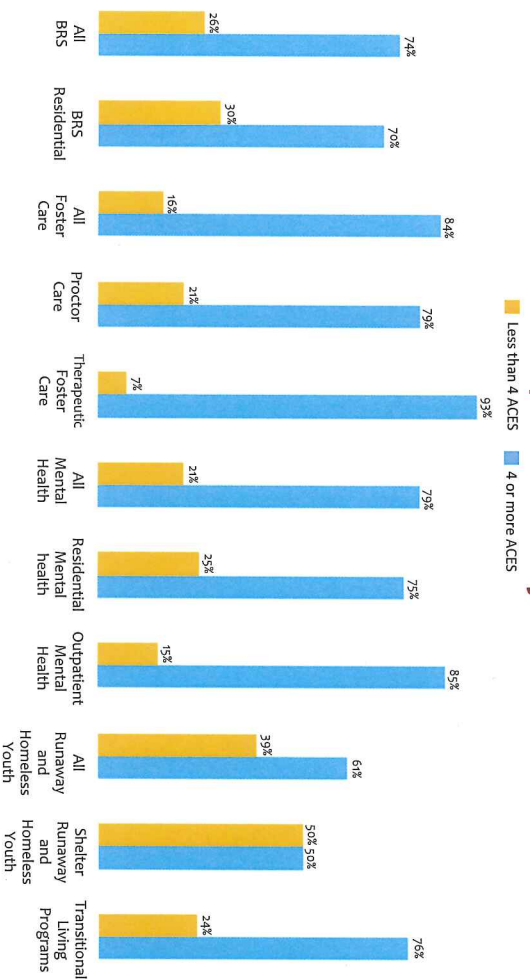
In 2014 the provider members of the Oregon Alliance of Children's Programs researched the ACE scores of children in its programs. Nearly 800 surveys, for children and youth 3-25 years of age, were submitted by community shelters, services, and treatment programs, these are the results:

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

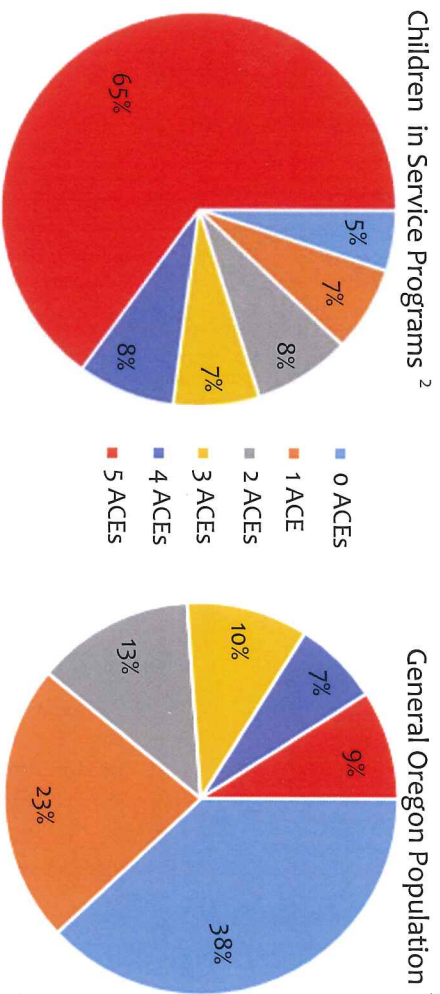
### Invest for Success

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:



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

<sup>2</sup> 2014 Oregon Alliance of Children's Programs Study

# The Impact of ACEs

## BEHAVIOR ISSUES<sup>1</sup>

- 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 DIFFICULTIES<sup>1</sup>

- 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

<sup>1</sup>Center for Disease Control and Prevention, [www.vetoviolence.cdc.gov](http://www.vetoviolence.cdc.gov), 2016 resource center infographic.

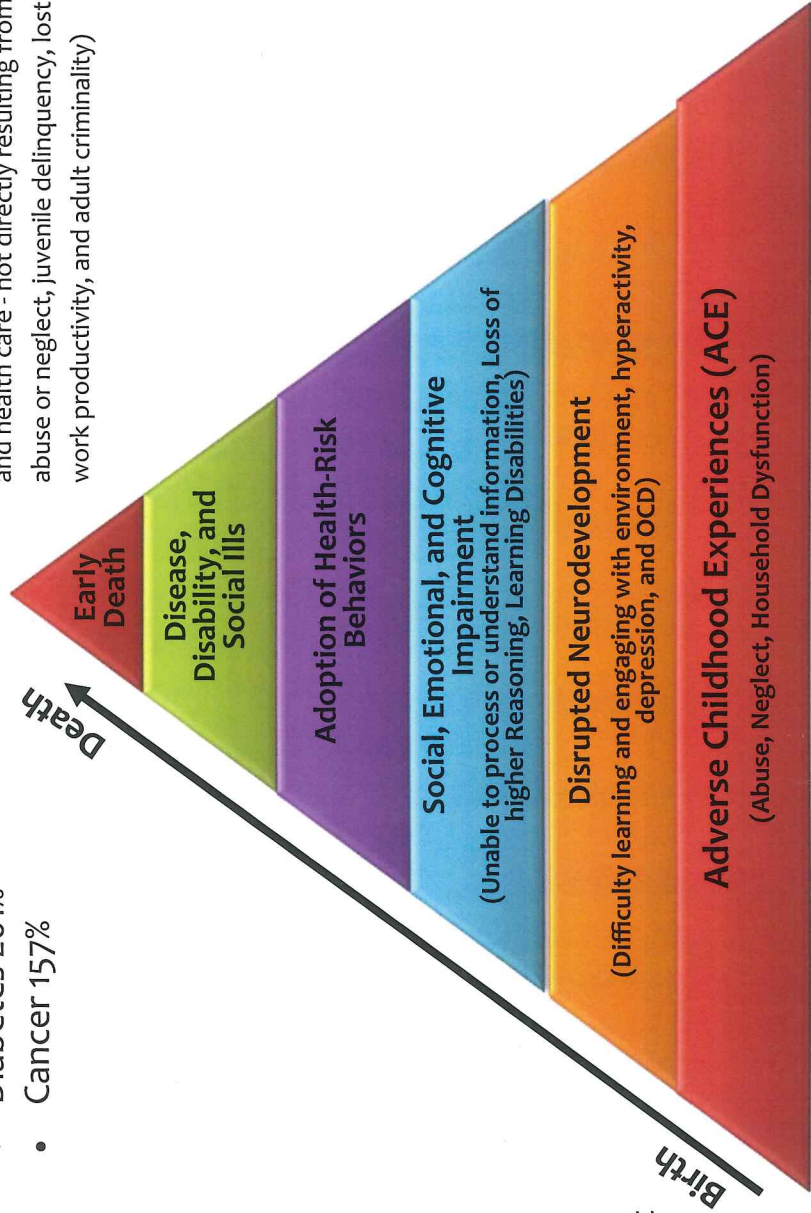
<sup>2</sup>October 2013 ACEs TOO HIGH Newsletter  
Revised August, 2016

## HEALTH ISSUES<sup>2</sup>

- 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 IMPACT<sup>1</sup>

- 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



# Resilience ★ Rebound ★ Recovery

## Trumping ACES

The solution to the devastating impact of trauma on children (ACES) is the development of resiliency. Scientific data uniformly demonstrate that resiliency in children can be **recovered** with treatment, programs and services -- **and can be increased**. Providers focus on building resiliency as the foundation of their work. Here are examples of outcomes that have been achieved for children with dangerously high ACE scores. These are organizations throughout Oregon, which provide an array of programs for children.



Fiona entered Hand in Hand with evidence of suspected sexual abuse and possible fetal alcohol effects and/or syndrome. She had been neglected and was exposed to drug activity and domestic violence while in the care of her biological family. She was referred to Morrison with a limited ability to attach, high anxiety, unsafe impulsivity, self-harm, aggression and sexualized behavior.

At Hand in Hand Day Treatment program, Fiona emerged as a sweet, playful and caring six year old girl who is having a big year. She now demonstrates a strong capacity to process information and her experiences by drawing, thematic play, and the use of verbal processing. Fiona learned coping skills and asks for help with them by name. She is creative and enjoys coloring, creating gifts for friends, and gardening. She recently graduated from the program and was adopted into a loving family.

- Morrison Child & Family Services, Portland OR

### Residential Mental Health Programs

**\*Average ACE Score: 6.0**

- 92% of youth have no involvement with the police or courts after 6 months of treatment
- 96% of youth have major improvements in behavior
- 94% of children placed in Residential Treatment discharged to a lower level of care
- 75% of youth had improvements in relationship skills and the ability to attach and bond

### Addiction and Recovery Programs

**\*Average ACE Score: 5.4**

- 18.6% lower recidivism rate than Oregon average
- 75% of youth who enter addiction programs see a reduction in substance use
- Clients have shown statistically significant improvements on the A-social Index and Social Maladjustment scales. These two scales are purported to be the best measure of proneness to delinquency and adult criminal behavior (Jesness, 1996).

\* Average ACE Scores based on 2014 Oregon Alliance of Children's Programs ACES Study in which surveys from 783 children were submitted.

### Outpatient Mental Health Programs

**\*Average ACE Score: 6.5**

- 79% of children are maintained safely in their homes, estimated to be 819 children avoiding foster care, for an estimated savings of \$7,137,602.
- 89% of youth discharge at a lower level of care
- 84% of youth have significantly improved their ACORN scores (evaluation that measures treatment effectiveness and satisfaction)
- 79% reduction in high-risk behaviors
- Treatment completion rates are higher than the National average of 43-7%
- 99.5% of children did not experience a disruption from their placement



A client came to Teen Court heading down the wrong path. She was going to parties, drinking, and her chronic absenteeism led to failing classes. It was evident that if she continued down this path she would not graduate from high school. She received a citation for Minor in Possession of Alcohol and her case was referred to Teen Court.

Teen Court gives youth the opportunity to take responsibility for their actions and learn from their mistakes. As part of her consequences with Teen Court she had to go through Drug and Alcohol counseling.

As a result, she is now drug and alcohol free, earns A's and B's in school, is one of Teen Court's best volunteers, and is discussing future plans to go to college. She has come full circle – she is a leader and makes Teen Court a priority. She is truly a role model and has great leadership skills.

- The Next Door, Inc., Hood River, OR

# Resilience ★ Rebound ★ Recovery

## Trumping ACES

### Child Welfare Programs

**\*Average ACE Score: 6.0**

- 50% more likely to attend school after leaving the program
- Two times more likely to show academic improvement
- Three times less likely to participate in risky behavior
- 83% of clients discharge at a lower level of care



"I'm thankful for you, my helping family. If it wasn't for you, no one would have ever wanted me."

Tommy, age 6 (Therapeutic Foster Care)

- **Morrison Child & Family Services, Portland, OR**

### Therapeutic Foster & Proctor Care Programs

**\*Average ACE Score: 6.3**

- 64% of youth discharged to a lower level of care
- 5% higher attendance in school than the Oregon average
- Less than 5% of youth return to Foster Care within three months of discharge

### Behavioral Rehabilitation Services Programs

**\*Average ACE Score: 5.5**

- 2.3 grade level average gains in Reading, Math, and Writing
- 0% recidivism for sexual offending behaviors – tracked since 2010
- 57% of children are reunited with family at program completion
- 90% of youth have reduced psychiatric inventory CAPI scores (evaluation that measures High Risk Behaviors in Children and Adolescents)
- 17% lower recidivism rate than Oregon average



Raised by his drug-addicted mother, Peter was accustomed to lying and criminal mischief-making when the juvenile justice system sent him to Looking Glass. Initially, he rebelled against the highly structured environment, but with time, the treatment program helped him focus his determination.

Today, Peter has a part-time job and plans on joining the Navy after he earns his high school diploma this year.

- **Looking Glass Youth and Family Services, Eugene, OR**

### Runaway and Homeless Youth Programs

**\*Average ACE Score: 5.4**

- 100% of youth participate in job skills trainings
- 90% of youth in the transitional living program are attending school, have graduated, or have earned a GED at time of exit
- 63% of youth were reunited with their family after accessing emergency shelter
- 84% of youth complete their family counseling plan upon exit from services
- 100% of youth in the transitional living program access medical & dental services

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We first started serving L when her parents were battling their way through a rough divorce. After the divorce, and some residential treatment for depression, L began living with her father. A few months later he kicked her out and L came back to Jackson Street for an extended stay.

L entered Jackson Street Transitional Living Program where she found the stable environment she needs to focus on her personal goals and become more self-sufficient. While living at the shelter, L has:

studied for her GED, begun attending our Independent Living Skills Workshops, learned a great deal about cooking and nutrition, and has received medical and dental care. She sent for a copy of her birth certificate, and got her Oregon ID card from the DMV.

L is endeavoring to repair family relationships, and she's planning to move to her mother's home. L remains focused on her future, and will continue to work with our staff in Outreach Services after she leaves.



- **Jackson Street Youth Shelter, Inc.,**