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Dear Chair Gelser and members of the Senate Committee on Human Services,

Trauma Informed Oregon supports HCR 33. Adverse Childhood Experiences (ACE) such as houselessness, neglect, household substance abuse, and an incarcerated household member are linked to academic performance, health risk behaviors, depression and suicidal thoughts, and chronic diseases later in life. ACEs in Oregon are common with 62% of respondents having experiences at least 1 ACE and 16% reporting four or more. In addition to the impact of adverse childhood experiences, we also recognize the impact of targeted violence, oppression, and historical/collective trauma.

Trauma Informed Oregon, a project primarily funded by the Oregon Health Authority, provides support to organizations across Oregon who are striving to provide trauma informed services and practices that promote resiliency and work toward reducing Adverse Childhood Experiences and the impact of toxic stress on *children and families* but also on our *workforce, organizations and communities*.

When we talk about **Trauma Informed Care** (TIC) what we mean is using the knowledge about neurobiology, epigenetics, adverse childhoods experiences, and resilience (N.E.A.R.) to provide more effective services. This might include training school bus drivers and food service staff in deescalation strategies, to assessing the physical safety of our buildings, to reviewing the type of questions we ask so we are providing safe and engaging environments.

Workforce wellness is a critical component of TIC – we are striving to promote a healthy workforce that is able to effectively work with the complex issues faced by many families and communities across Oregon. We need to retain quality staff to build relationships and partnerships if our wellness campaigns are to be successful.

Trauma Informed Oregon has been to **20 counties** and trained **over 5000 people**. From these travels I want you to know there is great work happening to respond to and prevent adverse childhood experiences in housing, early childhood education, schools, community mental health, healthcare, judicial and others.

We need to continue to support community efforts and partnerships to move this important work forward and HCR 33 provides this support. The importance of this work is being recognized across the country in both state and federal legislation with similar resolutions in Utah, California, Alaska, Minnesota, Pennsylvania, and Wisconsin. Thank you for considering HCR 33.

Sincerely, Mandy Davis, LCSW, PhD Director Trauma Informed Oregon Portland State University, School of Social Work Associate Professor of Practice