OREGON ALLANCE OF CHILDREN'S PROGRAMS

HB 2401
House Human Services and Housing Committee
9 February 2017

Chair Keny-Guyer, Vice Chair Sanchez, Vice Chair Stark and Committee Members,

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

The Alliance membership works almost exclusively with children who have either already suffered trauma or with those who we know are in harms way. These include children in programs and services for prevention, juvenile justice, child welfare, therapeutic foster care, mental health, addiction recovery; also runaway and homeless youth, and intellectually and developmentally disabled children.

In 2015 we conducted an Adverse Childhood Experience study. Alliance members touch the lives of nearly 100,000 children each year, so the sample was nearly 800 children.

The study generally recognizes 10 childhood experiences which take place before children turn 18 years of age. If the child has experiences 4 of these traumatic events, they are found to be highly likely to adopt socially damaging behaviors, including dropping out of school, smoking, substance abuse, poor relationships, promiscuity, and other damaging behaviors. These escalate into chronic physical illnesses and then to early death.
Sixty-five percent of the children in the Alliance study had 5 or more experiences. The overall average is 6.1 experiences, with children in therapeutic foster care averaging a score of 8.

Clearly, a core value in these programs is to not to add to trauma experiences for children. Nearly all of these programs have already been trained in trauma-informed environments and relationships. Three of these members have adopted the more rigorous Sanctuary model for very deep commitments to psychological, physical, social and moral safety. Last month, the Alliance held a day-long training which included a significant focus on Dr Mandy Davis at the Portland State University's Trauma Informed Oregon project.

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Why is understanding trauma important to the private sector, as well as to the public sector?

The Impact of Traumatic Stress on Children's Safety, Permanency, and Well-Being presents a unique challenge to all child welfare professionals, regardless of whether they are in the private or the public sector; or whether they are a foster parent, an investigator, a case manager, or a skills trainer.

The Adoption and Safe Families Act of 1997 set the national goals for children in the child welfare system as safety, permanency, and wellbeing. For children with a history of trauma, these goals can be particularly difficult to achieve.
Here is what the ASFA wants us to know:

Safety
Traumatic stress can adversely impact the child's ability to protect him or herself from abuse, or for the agency to do so, in numerous ways, including:

- The child's inability to regulate moods and behavior may overwhelm or anger caregivers to the point of increased risk of abuse or revictimization.
- The impact of trauma may impair a child's ability to describe the traumatic events in the detail needed by investigators.
- The child's lack of trust may lead to the child's providing investigators or the courts with incomplete or inaccurate information about abuse experienced or witnessed.
- Traumatic reactions may dull the child's emotions in ways that make some investigators skeptical of the veracity of the child's statements.
- The child's altered world view may lead to behaviors that are self-destructive or dangerous, including premature sexual activities.

The roles and responsibilities of regulators such as state workers with licensing or abuse and neglect enforcement and investigation roles have an especially critical role in ensuring that their jobs to protect children don't result in additional potential traumatic events.

This bill is expecting a -1 amendment, which will include investigators in DHS with case workers.

This was the original focus, but when we considered the critical positive impact case managers could have with this training, we wanted them to be included.

We also want the committee to know that the DHS has already begun taking steps to see that investigators in OAAPI for children's programs have begun trauma-informed training, as have DHS workers in other areas. I hope they will have an opportunity to speak to the work in progress.

To be clear, training in trauma-informed interviewing is not a one-time 2-hour workshop as part of orientation for a new job. This is a cultural commitment on behalf of the department that needs to be imbedded in every element of its work from regulations to relationships. Just as it is for the department's foster parents, contractors and public sector colleagues.

A Portland State University report speaks directly to this in their report, "Reducing the Trauma of Investigation, Removal, & Initial Out-of-Home Placement in Child Abuse Cases." See a segment of their information, below:

THE TRAUMA OF INVESTIGATION, REMOVAL AND OUT-OF-HOME PLACEMENT

"Considering that children who enter the child welfare system may have already experienced trauma, it is especially important that they not be further traumatized by the system that seeks to help them and that they receive services as soon as possible to facilitate their recovery from the trauma they have experienced. The potential for children to be traumatized during the process of investigation, removal and out-of-home placement is high, as these processes often involve conflictual interactions between professionals and family members and can evoke fear, resistance, and hostility. What is the trauma that children may experience during these processes, and what can first responders and those who interact with children during this time do to reduce the trauma they may experience during these processes and to begin the healing process for trauma previously experienced?"

What Is The Potential Trauma to Children during Investigation & Removal?

1. Surprise, shock, chaos.
2. Negative view of people who are actually there to help them.
3. Loss of control, sense of being kidnapped, powerlessness, helplessness.
4. Betrayal, loss of trust, reinforcement or exacerbation of previous loss of trust – a sense that the world is unsafe.
5. Confusion, unpredictability, it doesn't make sense.
6. Fear of the unknown, lack of information.
7. Sense of guilt or failure.

We had hoped that Portland State University would be able to join us this morning, they have done significant trauma research and training – some of it in partnership with DHS. Last night, Katharine Cahn provided me with the statement below which she wanted shared with you.

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PORTLAND STATE UNIVERSITY
COMMENTS FOR THE COMMITTEE REGARDING
TRAUMA INFORMED PRACTICE

"Portland State University's School of Social Work is widely recognized for expertise in trauma informed practice. School has contracts in place with OHA and DHS that have supported training of many staff in behavioral health, self-sufficiency, and child welfare.

Why trauma informed care?

Attention to the importance recognizing and helping people heal from trauma was prompted by scientific findings (from the ACES study and others) that many poor adult outcomes stem from early

childhood trauma. Trauma changes how the brain and body function, presenting challenges to change and healing. We know that many adults supported by public services have sustained trauma in their own lives, and sometimes come from families and communities where trauma is intergenerational. Without sensitivity to the dynamics of trauma, staff may not be helpful and can, in fact run the risk of further traumatizing their clients. For example, removal from familiar home and family settings, no matter how dysfunctional, can be a further trauma to a child. But we have learned how to help children transition more securely when safety requires it, or how to provide in-home safety supports to reduce the trauma of removal. With training and supervisory support, workers can learn how to engage clients in ways that engage them in their own personal change and healing.

Services Offered by the School of Social Work

The "Trauma Informed Oregon" Center at the School of Social Work has provided training and training-for-trainers on trauma informed care across Oregon under a contract from Oregon Health Authority (OHA) and other funding. Links to their website and resources have been provided. http://traumainformedoregon.org/

The Child Welfare Partnership at the Center for Improvement of Child and Family Services provides training for Child Welfare Programs of DHS. "Trauma Informed Practice Strategies" (TIPS) training is a component of new worker training for all child welfare workers. A rough estimate of the cost to reach the approximately 1,000 child welfare workers who have not yet received this training is $250,000.

Elements of trauma informed practice are included in our training for Self Sufficiency (the Self Sufficiency component of DHS's partnership with PSU School of Social Work). The possibility of training Self Sufficiency staff is a component in the current proposal from PSU to Self Sufficiency for next biennium.

Trauma informed care is a component of training and coaching offered to Care Coordinators working with children's behavioral health care clients in Oregon's Coordinated Care Organizations through the Center's System of Care Institute.

Training Effectiveness requires more than training

Research on the effectiveness of training, shows that learning is more likely to be transferred into practice when supported by an aligned (trauma informed) agency culture and supervisors who can sustain the practice. Workers (particularly in child welfare) can develop vicarious trauma, resulting in burnout that interferes with their ability to provide trauma-informed care to the people they serve. This is why supervisory skill and a nurturing and supportive agency culture are important for workers. Efforts to impact agency culture and prepare supervisors should be a part of any initiative to implement trauma-informed care at the practice level."

##########

We want to thank the committee for this time and we ask you to support this bill with the pending -1 amendments and move it out of committee.

Please don't hesitate to let me know if you would like any further information on this subject.

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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:

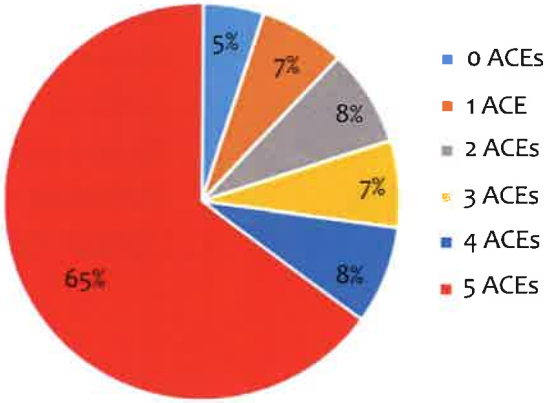
- Children of color represent 36% of the respondents
- Males 63% | Females 36%

Invest for Success

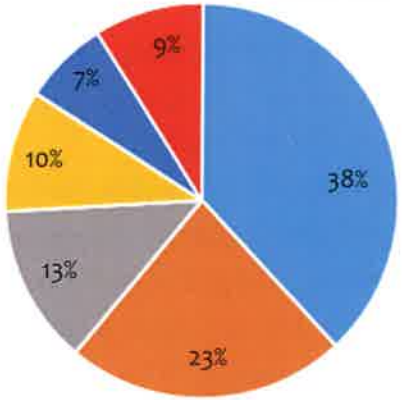
An investment in children today means they will not become the chronically ill adults with complex, expensive needs, tomorrow. Together we can help children achieve health, graduation, and the ability to become working adults who will raise their own healthy families.

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

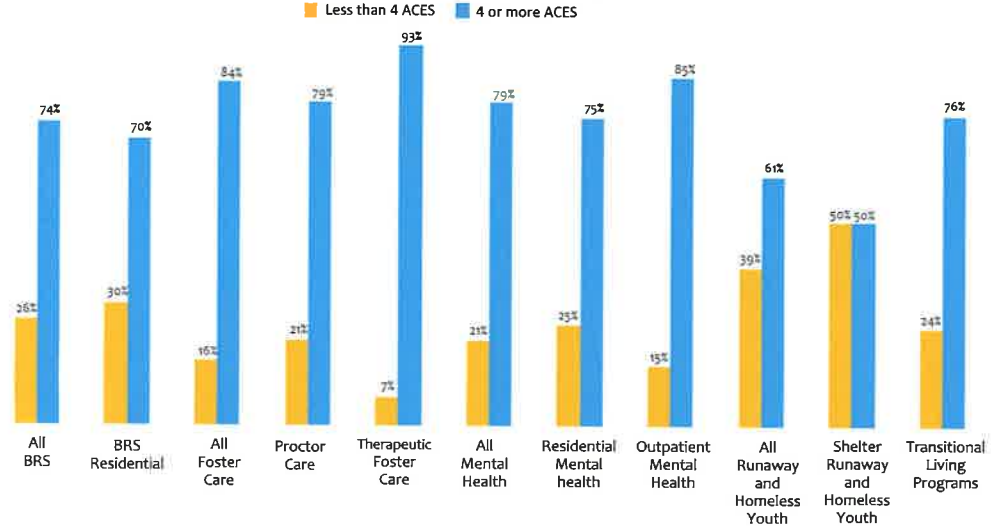
Children in Service Programs [2]



General Oregon Population [1]



ACEs of 4 or more by Service



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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Oregon Alliance of Children's Programs

[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 ISSUES[1]

- 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[1]

- 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

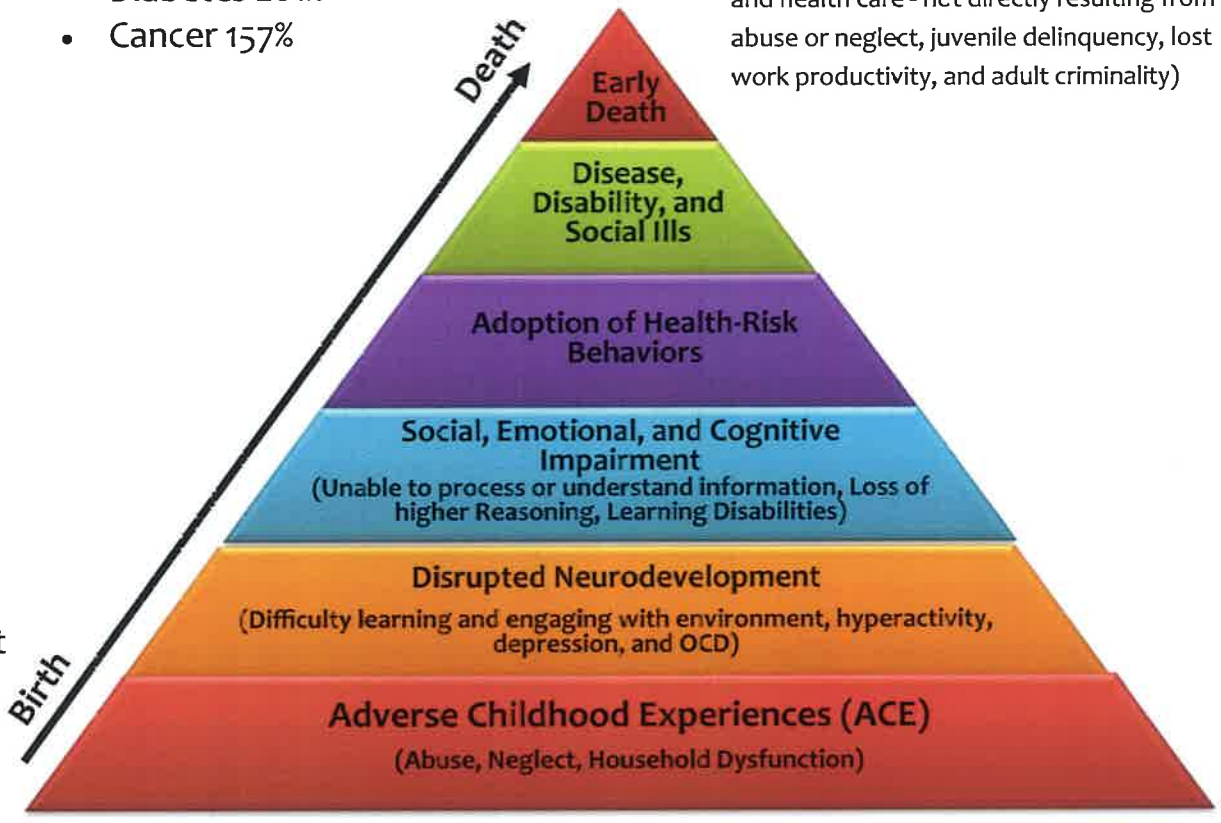
HEALTH ISSUES[2]

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[1]

- 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

[1] Center for Disease Control and Prevention, www.vetoviolence.cdc.gov, 2016 resource center infograph c.

[2] October 2013 ACES TOO HIGH Newsletter

Revised August, 2016

Resilience ★ Rebound ★ Recovery

Trumping ACES

OREGON Alliance of Children's Programs

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 Asocial 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

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

For more information please contact:

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"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

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.,

5.26.2015

Leadership Series

Building Leaders and Leadership in your Organization through best practices, cultural competency, and critical development strategies.

Creating well-being and safety for Oregon's Children and Families since 1917

Brought to you in partnership by: Oregon Alliance of Children's Programs; Oregon Child & Family Services Council

Presenting

Dr. Mary Arnold

Dr. Mary Arnold is a professor at Oregon State University who specializes in positive youth development in applied settings with a focus on youth programs as developmental contexts that support thriving.

Dr. Mandy Davis

Dr. Mandy Davis is the co-director of Trauma Informed Oregon, and specializes in providing training, consultation and supervision to systems, organizations and providers on trauma informed care and services.

A Pound of Cure:

Addressing Trauma Informed Care with Positive Youth Development

We have heard from many of our Leadership Series attendees, and other providers, that understanding trauma-informed care was a critical element in their ability to lead – both with their colleagues and their own personal experiences, as well as on behalf of child and youth program supervision and development.

We have also been hearing that a focus on positive youth development as a strategy to build resilience for youth with trauma histories is also critical companion piece.

We are responding to you with this double-header linking both areas in one day with two fantastic presenters!

Agenda at a Glance

8:30am	Doors Open
9:15am	Welcome and Introductions
9:30-noon	Helping Young People Thrive: Developing Positive Youth Development Programs for Youth at Risk:

This interactive session will explore the application of a positive youth development approach to working with youth at risk. Participants will learn about the principles of positive youth development (PYD) programming and how to build effective youth programs based on PYD. The session will be presented by Mary Arnold who is an Extension Youth Development Specialist with the Oregon 4-H Program, and Professor in the School of Social and Behavioral Health Sciences, College of Public Health and Human Sciences at Oregon State University. Dr. Arnold's work focuses on the translation of adolescent and positive youth development research theory into practice.

1-3:30pm Trauma Informed Care: Why it's important and how it improves services and practices:

This presentation will review the principles of Trauma Informed Care, why it is important, and how it improves practice. Applying trauma informed care is using knowledge about the impact of trauma to change how we provide services to reduce re-traumatization. In groups participants will use case scenarios to identify, from first point of contact to the end of services, possible triggers and interventions to reduce re-traumatization. Participants will identify challenging behaviors and reframe these through a trauma lens

Registration Information

WHEN: January 26, 2017
Registration Price: FREE for Alliance Members, $49 Non-members
Registration Includes: Continental Breakfast, On-Site Parking, Free Wi-Fi, Catered Lunch, CEU Credits and Certificate of Completion
Location: World Forestry Center, 4033 SW Canyon Rd., Portland, OR 97221

Register Online at www.oregonalliance.org