

SJR 30: Childhood Trauma ***Draft Study Plan***

Prepared by
Casey Barrs, Research Analyst
Legislative Services Division
October 20, 2011

INTRODUCTION

Senate Joint Resolution 30 is an interim study of ways to reduce childhood health trauma and its long-term effect on children. It ranked #7 in the legislators' vote on interim studies.

Childhood trauma is understood as a range of early experiences including abuse, neglect, witnessing domestic violence, or growing up with substance abuse, mental illness, parental discord, or crime in the home, that correlate to numerous health and social problems throughout one's lifespan. "These problems are a "Who's Who?" list of problems that [later] encompass the priorities of many agencies, public and private, that are working to prevent and treat a vast array of society's difficulties". [Anda, 2009]

National experts, as well as many Montana practitioners who testified as proponents of SJR 30 during session, emphasize the importance of early intervention, both in terms of prevention and in avoiding exponentially higher treatment costs downstream. In childhood trauma literature there is a recurrent theme of "you can pay now, or pay more later". Indeed, many proffer findings that of the rates of return to human development investment across all ages, the most pronounced benefits are in the preschool years.

SENATE JOINT RESOLUTION 30

SJR 30 presents the following broad tasks:

- Compile data on the prevalence of childhood trauma in Montana;
- Identify the communities most in need of supportive interventions;
- Inventory and, to the extent possible, evaluate the impact of *existing* childhood trauma interventions in Montana;
- Identify promising and evidence-based practices, including those elsewhere in the nation, that are most appropriate for Montana communities; and
- Identify any appropriate steps that policymakers may take to reduce childhood trauma and hence its lifelong after affects in Montana.

CHILDHOOD TRAUMA STAKEHOLDERS AND RESOURCES

Sources of expertise on, as well as crucial participants in, a study of childhood trauma would include representatives of the Department of Public Health and Human Services, the Office of Public Instruction, the mental health service area authorities and local advisory councils, groups involved in efforts to prevent childhood trauma, the Indian Health Service, Montana Indian tribes, *and other* interested parties as identified by the committee. Additionally, the National Council of State Legislatures as well as numerous experts renown nationwide can provide the latest evidence-based research and intervention models for the committee's consideration.

OUTLINE OF STUDY ACTIVITIES

Childhood trauma is a vast topic encompassing many possible social issues and multiple time frames (potential phases of intervention) as well as varied promising practices and policy choices. *The outline below reflects the consensus of CFHHS committee members at its June 20th and September 19th meetings.*

1. Overview childhood trauma.

Present the committee a baseline understanding of the phenomenon of childhood trauma and also provide synopses of evidence-based interventions around the country to prevent or treat health issues tied to adverse childhood experiences.

2. Overview childhood trauma in Montana.

(a) Present fresh survey data on childhood trauma in Montana, offering some analysis of its prevalence and implications for Montana communities. "Community" may be understood in the geographical sense (such as rural communities or reservations where key services might be lacking) or the demographic sense (socio-economic groupings that might be comparatively vulnerable).

(b) Review recent instances of child neglect and abuse in Montana and determine if any policy initiatives to improve the response by state, county, and tribal agencies would be suitable.

(c) Examine a Montana-based intervention, the University of Montana's collaboration with the National Native Children's Trauma Center. The NNCTC is charged with providing national expertise on childhood trauma among American Indian/Alaska Native children, focusing particularly on work with school communities.

3. Discuss legislative options.

Bearing in mind that childhood trauma and its results come to involve a wide range of private and state entities (and funds) in the fields of public health, education, corrections and beyond, provide those stakeholders an opportunity to discuss with committee members which legislative options seem to hold the best promise.

4. Select and refine the option(s) chosen.

This final phase of the study involves staff work, member feedback, and finalization of whatever option (output) that the committee has chosen.

The table on the following page provides a listing of anticipated study activities and resources, as well as tentative dates for the activities and the amount of Committee meeting time each activity is anticipated to entail. ***The time estimates on page 5 are based on the assumption that the committee will adopt the proposal in the Draft Work Plan to devote 24% of its meeting time, or approximately 17.50 hours, to SJR 30.***

If the Committee chooses a different allocation of time, the activities would be revised accordingly.

Action Item: *Review, discuss, and adopt or revise the proposed study activities and allocation of Committee time.*

CI0425 1300cbxa.

SJR 30 Study Activity	Source	Activity	Meeting Date	Committee Time
<ul style="list-style-type: none"> • Overview childhood trauma • Identify promising and evidence-based practices, including those elsewhere in the nation 	<ul style="list-style-type: none"> • Experts 	<ul style="list-style-type: none"> • Presentations • Public comment • Committee Q&A 	Mar 19, 2012	<ul style="list-style-type: none"> • 3.00 hours
<ul style="list-style-type: none"> • Overview new data on childhood trauma in Montana • <i>Review recent cases of neglect/abuse and how to improve the response by state, county, and tribal agencies</i> • Report on UM-IERS native childrens' trauma demonstration projects 	<ul style="list-style-type: none"> • Experts 	<ul style="list-style-type: none"> • Presentations • Public comment • Committee Q&A 	Mar 20, 2012	<ul style="list-style-type: none"> • 3.00 hours • 6.50 hours
<ul style="list-style-type: none"> • Discuss legislative options with stakeholders 	<ul style="list-style-type: none"> • Staff • Experts 	<ul style="list-style-type: none"> • Briefing paper • Member Q&A with stakeholders • Public comment • Committee discuss and select option 	May 14, 2012	<ul style="list-style-type: none"> • 3.00 hours
Review draft legislation (if proposed)	<ul style="list-style-type: none"> • Staff 	<ul style="list-style-type: none"> • Draft legislation • Public comment • Committee discuss and refine 	June 25, 2012	<ul style="list-style-type: none"> • 3.00 hours
Finalize draft legislation (if proposed)	<ul style="list-style-type: none"> • Staff • Members 	<ul style="list-style-type: none"> • Public comment • Committee discuss and finalize 	Aug 20, 2012	<ul style="list-style-type: none"> • 2.00 hours
			Total	17.50 14.0 hours 17.50 hours