SJR 30: Childhood Trauma
Draft Study Plan

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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. Steps 2 through 4 below would benefit from a clear focus. The committee might thus consider indicating its preferred parameters at the organizational meeting. This will help staff and stakeholders better target the work they bring before CFHHS members.

1. **Compile data.**
   This stage of the study provides the committee a baseline understanding of the phenomenon of childhood trauma in Montana (its prevalence, its implications).

2. **Identify at-risk communities**.
   This stage of the study provides a sense of where the need for child trauma intervention might be most urgent. "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).

3. **Inventory and evaluate interventions**.
   This stage provides an inventory and, to the extent possible, an evaluation of the impact of existing childhood trauma interventions in Montana. The range of efforts touching upon what could be referred to as childhood trauma is wide. The committee might therefore consider tightening its focus and provide staff and stakeholders clear parameters. For example, interventions focused:
   - -- on prevention? (for instance, up to age 3)
   - -- on treatment? (for instance, beyond age 3)
   - -- in homes? in schools? with clinicians?
   - -- in highest risk communities?
   - -- other?

4. **Identify promising practices.**
   This stage of the study provides CFHHS members an overview of best, evidenced-based interventions in Montana and beyond. Again, the range of practices or programs to include here is potentially quite large. The committee might therefore consider a focus on practices or programs with the clearest track record and best prospects, perhaps, for

affordable replication. Committee members will be in a better position to provide this focus after completing the two phases above.

5. **Identify policy steps:**
   This stage of the study builds upon the preceding three phases. To some extent CFHHS members' thoughts as to what is *realistically actionable* by this interim committee will inform their recommendations as to scope and focus. It may thus be useful to work backwards from that general endpoint and give early thought to (without prematurely curtailing) policy outcomes:
   -- funding?
   -- facilitation? (for instance, improvement in code or regulations? leadership?)
   -- other?

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.*

SJR-30 Study Activity	Source	Activity	Meeting Date	Committee Time
• Overview childhood trauma • Compile data on the prevalence of childhood trauma in Montana • Identify communities in Montana most in need of supportive interventions	• Expert(s) • Staff • Experts	• Presentation(s) • Briefing paper • Panel • Public comment • Committee discuss	Sept 2011	• 0.75 hour • 0.25 hour • 0.75 hour • 0.50 hour • 0.50 hour
• Inventory existing childhood trauma interventions in Montana • Evaluate impact of interventions	• Staff • Expert	• Briefing paper • Panel • Public comment • Committee discuss	Nov 2011	• 0.25 hour • 0.75 hour • 0.50 hour • 0.50 hour
Identify promising and evidence-based practices, including those elsewhere in the nation, that are most appropriate for Montana communities	• Staff • Experts	• Briefing paper • Presentations • Public comment • Committee discuss	January 2012	• 0.50 hour • 1.50 hours • 0.50 hour • 0.50 hour
Identify appropriate steps policymakers may take to reduce childhood trauma and hence its lifelong after affects in Montana	• Staff	• Options paper • Public comment • Committee discuss and decide	March 2012	• 0.50 hour • 0.50 hour • 0.75 hour
Develop findings (and draft legislation if desired)	Staff and Committee	Discussion	May - August 2012	8.0 hours
			Total	**17.50 hours**

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