

ALASKA STATE LEGISLATURE
SENATE JUDICIARY STANDING COMMITTEE

February 12, 2018

1:32 p.m.

MEMBERS PRESENT

Senator John Coghill, Chair
Senator Mia Costello
Senator Pete Kelly
Senator Bill Wielechowski

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

PRESENTATION: ALASKA CHILDREN'S JUSTICE ACT TASK FORCE

- HEARD

PREVIOUS COMMITTEE ACTION

No previous action to record

WITNESS REGISTER

JOHANNA SEBOLD, CJATF Member and Assistant Attorney General
Civil Division
Child Protection Section
Department of Law
Juneau, Alaska

POSITION STATEMENT: Participated in the Alaska Children's Justice Act Task Force presentation.

JARED W. PARRISH, PhD, CJATF member and Senior Epidemiologist
Maternal Child Health Epidemiology Unit
Division of Public Health
Department of Health and Social Services (DHSS)
Anchorage, Alaska

POSITION STATEMENT: Participated in the Alaska Children's Justice Act Task Force presentation.

KIM GUAY, CJATF Member and Social Services Program Administrator

Office of Children's Services
Department of Health and Social Services (DHSS)
Anchorage, Alaska

POSITION STATEMENT: Participated in the Alaska Children's Justice Act Task Force presentation.

NICHELLE BEGICH MAULK, CJATF member

POSITION STATEMENT: Participated in the Alaska Children's Justice Act Task Force presentation.

PAM KARALUNAS, CJATF member and Chapter Coordinator
Child Advocacy Centers
Alaska Children's Trust

POSITION STATEMENT: Participated in the Alaska Children's Justice Act Task Force presentation.

MIKE HOPPER, PhD, taskforce member and psychologist
Fairbanks, Alaska

POSITION STATEMENT: Participated in the Alaska Children's Justice Act Task Force presentation.

DR B. J. COOPS, MD, task force member and Pediatric Intensivist
Anchorage, Alaska

POSITION STATEMENT: Participated in the Alaska Children's Justice Act Task Force presentation.

ACTION NARRATIVE

[1:32:38 PM](#)

CHAIR JOHN COGHILL called the Senate Judiciary Standing Committee meeting to order at 1:32 p.m. Present at the call to order were Senators Wielechowski, Costello, and Chair Coghill. Senator Kelly arrived shortly.

PRESENTATION: ALASKA CHILDREN'S JUSTICE ACT TASK FORCE

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CHAIR COGHILL announced the business before the committee would be to hear from the Alaska Children's Justice Act Task Force.

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JOHANNA SEBOLD, Assistant Attorney General, Civil Division, Child Protection Section, Department of Law, introduced herself and stated that she was appearing on behalf of the Alaska Children's Justice Act Task Force.

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JARED W. PARRISH, PhD, Senior Epidemiologist, Maternal Child Health Epidemiology Unit, Division of Public Health, Department of Health and Social Services (DHSS), Anchorage, Alaska, introduced himself and stated that he was appearing on behalf of the Alaska Children's Justice Act Task Force.

CHAIR COGHILL asked the affiliated audience members to introduce themselves and the disciplines they represent. [The names are listed on slide 4 of the PowerPoint.]

MS. SEBOLD stated that the purpose in requesting the meeting today is to provide information that may help legislators as they make decisions this session.

CHAIR COGHILL commented on the broad expertise of the task force, the legislature's focus on child wellbeing, the range of bills taskforce members will follow this session, and the importance of context.

MS. SEBOLD stated that the Alaska CJATF mission is to "Identify areas where improvement is needed in the statewide response to child maltreatment, particularly child sexual abuse, make recommendations and take action to improve the system."

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SENATOR KELLY joined the committee.

DR. PARRISH advised that he would use some terms interchangeably when he talked about child abuse and neglect in Alaska. The term child abuse is often reflective of child maltreatment, which is an all-encompassing term that includes child physical abuse, sexual abuse, mental injury, and neglect. He acknowledged that child abuse has become an all-encompassing term as well.

He agreed with Senator Coghill that context matters. It matters with data too. He said that as a data producer he is sensitive to perceptions, how people make observations, and how statistics are utilized to summarize observations to inform, contradict, or reframe our perceptions, because they're based on personal understanding and knowledge. Numbers need to be put in context and evaluated as to whether they make sense or not. "We generally value our own understanding and then we try to reference that data within it." He displayed two cartoons to illustrate the point. Any way you look at a picture or data may be correct but reframing it from another perspective may help you understand the context of the issue a little better. It is also important to utilize multiple data points when you look at

child abuse, neglect, or maltreatment because the issue is very difficult to measure.

He presented three estimates of disease burden and what may be describing the issue. These are the unique children the Office of Children's Services (OCS) receives that were reported, screened in, or substantiated from 2008-2015. He noted that the prevalence of children reported, and children screened in have significantly trended upward while the number of substantiated cases remained relatively flat. He said you could start making hypotheses based on this little bit of data, but clearly someone noticed something and called the Office of Children's Services. He noted the html at the bottom of the slide and advised that the data are publicly accessible and could be queried in a variety of different ways.

CHAIR COGHILL noted recent discussions on mandatory reporting and asked if the data shows that a broad law makes people more cautious and leads to more reporting.

DR. PARRISH said the national research on the utility of having a broad versus narrow law is mixed. What is known is that reports underestimate what people self-report.

CHAIR COGHILL asked if OCS has policy for substantiating a report.

DR. PARRASH deferred the question to Kim Guay.

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KIM GUAY, CJATF Member and Social Services Program Administrator, Office of Children's Services, Department of Health and Social Services (DHSS), Anchorage, Alaska, confirmed that the department has policy regarding what is substantiated. If the report is about risk of harm, it's harm that occurs. Workers use a tool to get to a decision of whether to substantiate or not. The department modified how it was substantiating about three years ago, which could explain why that measure is stagnant.

SENATOR WIELECHOWSKI asked her interpretation of reports that are up 30 percent, screen ins that are up almost 50 percent, and substantiated that are flat to slightly down over the timeframe.

MS. GUAY attributed it to the policy change three years ago that gave staff more direction and concrete definitions. They defined

both risk of harm and harm and are trying to be more concrete when looking at making a substantiated finding. W

SENATOR WIELECHOWSKI asked if she is seeing that the reporting process is being abused, that it's too stringent, and/or that OCS is understaffed.

MS. GUAY said she believes there is a lot more going on than is being reported. Typically, the Office of Children's Services screens in 51 percent of the calls that come in and the national average is 55 percent. When an investigator goes out, maltreatment and safety are also considerations. Both are important but if there is a safety issue, the child is generally removed from the parents' care. That has increased the number of children in care.

DR. PARRISH turned to the issue of Adverse Childhood Experiences (ACE) and described a collaborative study in the late 1990s by Kaiser Permanente and the Centers for Disease Control and Prevention (CDC). A homogeneous group of educated older-middle-aged people who belonged to a large HMO were asked a series of questions about experiences of abuse, neglect and household disfunction before age 18. A surprising finding was that about two-thirds of that population reported experiencing at least one of the stressors that would create a negative environment for health and development.

The researchers then looked at health outcomes. They found that the greater the accumulation of adverse childhood experiences, the more likely an individual was to have a variety of negative health consequences. That includes things like drug use, cancer, early death, alcoholism, smoking, stroke, and depression. He said it's becoming more knowledge based that what happens in childhood is potentially the etiology for what happens to you in adulthood.

CHAIR COGHILL asked him to review the chart on slide 9.

DR. PARRISH explained that the X axis represents the number of adverse experiences the individual reported. Only 33 percent of the participants reported experiencing no adverse childhood events.

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CHAIR COGHILL reconvened the meeting.

SENATOR KELLY leaned back and asked an inaudible question.

DR. PARRISH explained that the adults who participated in the survey interpreted the questions based on their recall childhood of experiences. The questions have remained constant and have been asked in Alaska through the behavioral risk factor survey. This is separate from the OCS data that is measuring the number of children that are being reported, screened in, or substantiated.

He directed attention to the URL on slide 11 that provides data on the incidence and types of adverse childhood experiences that surveyed adults recall. The bar chart shows that 33.8 percent reported substance abuse in the home, 31 percent reported emotional abuse, 31.7 percent reported the loss of a parent, 21.9 percent reported mental illness in the home, 19.1 percent reported physical abuse, 18.7 witnessed domestic violence, 14.8 percent reported sexual abuse, and 11.5 percent reported an incarcerated family member. Importantly, individuals who report four or more ACEs are 49 percent more likely to be unemployed, 274 percent more likely to be unable to work, 92 percent more likely to earn less than \$20,000 annually, and significantly more likely to report poor physical and mental health.

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SENATOR WIELECHOWSKI asked about cause and effect. "Does the income lead to the adverse childhood experience or does the adverse childhood experience lead to these things?"

DR. PARRISH said it's difficult to untangle the etiology when the outcome and exposure are measured at the same time, but it's probably a mixture.

CHAIR COGHILL commented that increasing the income level isn't likely to have much effect if the person reported four or more adverse childhood experiences.

DR. PARRISH agreed and added that there are a lot of things that are indicators of a relationship. A strong relationship the literature has validated is that unmarried mothers are more likely to have kids who are involved in the child welfare system. It's an indicator of stress and identifies a population that needs support.

SENATOR COSTELLO asked 1) if any studies show a link between adverse childhood experiences and performance in school, and 2) if the epidemiology unit provides recommendations to the education community about trauma informed care.

DR. PARRISH deferred the question to the education expert, Nichelle Begich Maulk.

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NICHELE BEGICH MAULK, Children's Justice Act Task Force Member, stated that she is the principal of three schools and just last week the Anchorage School District met to discuss trauma informed care and how to get the information out to the schools, teachers, and staff. The non-traditional schools were brought to the table first. Youth mental-health-first-aid training has also been introduced throughout the district to give teachers and staff another tool to use.

SENATOR COSTELLO asked if she would share which schools she works with, and if it's possible for more state agencies to have a presence in the schools.

MS. BEGICH-MACH advised that she is the principal at McLaughlin Youth Center, New Path High School in the Anchorage Correctional Facility and a satellite at Highland Mountain, Vale High School and a satellite at Covenant House, and the night school program called Aspire. She said she is a proponent of using resources in combination because teaching is about more than academics.

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DR. PARRISH added that ample research indicates that children who experience multiple adverse childhood experiences have poorer educational achievement.

He turned the discussion to the concept of life course perspective, which is a multidisciplinary approach to understanding that early development and childhood can determine the overall health trajectory.

He explained that at birth there are things that lift and support a person in developing a healthy lifestyle. This includes things like parent education, emotional health literacy, age appropriate discipline, and involvement in preschool. At the same time, there are deficits that reduce the overall health trajectory. This could be things like being born into poverty, lack of health care services, and exposure to toxic stress. Because kids are born into different health

trajectories based on the family situation at birth, safety nets developed early on to bolster families and lift the overall health trajectory is very important. Research continues to show that early intervention has a larger potential effect. He drew an analogy to an airplane that is off one degree on a short flight versus one degree over a long distance. Having multiple touches through the child's life course can potentially reduce the overall mistarget of the trajectory. From a public health perspective, it's important to measure the lifetime burden of exposure to adverse events that occur at different stages of development as opposed to only asking adults how they recall their childhood. This provides another context.

DR. PARRISH discussed leveraging the power of the federally funded Alaska Pregnancy Risk Assessment Monitoring System (Alaska PRAMS). This survey samples about one in six live births asking mothers about their pre-birth, birth, and shortly after birth experiences related to health care, substance use, and exposure to different trauma. It is administered bimodally three to six months after the live birth. Mothers that respond implicitly consent to have their information integrated with other information the department has gathered on them. The 2009-2011 respondents from the Alaska PRAMS survey are linked to a variety of different data sources within the health department, including child welfare. The goal is to follow this group to develop aggregated information and patterns to inform and target prevention efforts to utilize the limited resources the most effectively. He explained that the department also has a three-year follow up study called Alaska Childhood Understanding Behaviors Survey (Alaska CUBS) that can be integrated with Alaska PRAMS. Oregon has a two-year follow-up survey which will allow for comparability.

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DR. PARRISH reviewed the Alaska Longitudinal Child Abuse and Neglect Linkage project (ALCANLink) that followed a 2009-2011 birth cohort over their life. It shows that before age eight, 32 percent will have at least one report to the Office of Children's Services (OCS), 27 percent will have at least one report screened in, and 10 percent will experience a substantiated report to OCS. Considered in context, he said a lot more kids potentially need services than the annual prevalence estimate leads us to believe. The graphic on slide 15 indicates a lot of reports to OCS during kids' first year of life. He acknowledged that the sharp upward trajectory may reflect exposure to more mandated reporters at that time. Another bump at about age six may again indicate exposure to

mandated reporters. He reiterated that these numbers provide another perspective, and they're higher than anticipated.

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DR. PARRISH turned to slide 17 titled ALCANLink - crude proportion by birth cohort. He explained that he looked the 2008-2015 Alaska PRAMS cohort to see what proportion of kids were reported to child welfare before age two. The data over time showed that kids born in Alaska have a fairly constant risk of having contact with the child welfare system. This data could be used to start developing hypotheses on things we could be doing to support families a little more, he said.

He explained that he put the three data sources together to discuss maltreatment burden in context. One is the annual prevalence estimate reported to child welfare among children ages 0-17 during the years 2012-2015. In an average year, about 10 percent of the child population is reported to the Office of Children's Services in Alaska. The second data source is the cumulative incidence or lifetime burden measure. Over their life course before age eight, 32 percent of kids will have contact with child welfare. The adult prevalence data reflects adult recollections of experiences before age 18. It shows that 34 percent reported having experienced physical or sexual abuse, physical neglect, or emotional neglect. He noted that the adult prevalence number should match the cumulative incidence a little better.

DR. PARRISH explained that he's focusing on reports because public health is interested in identifying sentinel events it can intervene on. Research continues to show that children that experience a report to OCS look much more like kids that have a substantiated report to OCS than kids that don't experience a report over their lifetime.

CHAIR COGHILL expressed interest in learning more about the experiences of abuse and neglect that adults recall during their childhood.

DR. PARRISH said the next slide breaks out the maltreatment burden by type - neglect, physical abuse, and sexual abuse.

SENATOR COSTELLO asked if he had the information broken down by region or if he could comment on whether the maltreatment is occurring in certain regions.

DR. PARRISH said there are disparities between northern and southwest regions when compared to Anchorage.

SENATOR COSTELLO asked if he had any interaction with the Violent Crimes Compensation Board. Their recent report shows that children in rural areas experience a higher incidence of violence than children living in more populated areas.

DR. PARRISH said he's aware of the board and he's trying to look at regional analyses a little more, but the challenge is a heavy workload.

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DR. PARRISH turned to the data on household dysfunction that measures things that are similar to those measured on PRAMS. Mothers are asked if 12 months prior to the birth they experienced stressors like homelessness, a husband/partner who went to jail, being in a fight, loss of a job even though they wanted to keep working, husband/partner lost their job, argued with husband/partner more than usual, close family member very sick or hospitalized, separated/divorced, moved to new address, husband/partner said they didn't want the pregnancy, unpaid bills, someone close had problems with drinking/drugs, or someone close died.

He explained that he looked at household dysfunction before a child is born and the relationship with child welfare. The data shows that the risk of contact with child welfare increases with the number of stressors reported. They found that 21 percent of mothers reported experiencing four or more of these events 12 months prior to the birth, and one of every two kids that are born to these moms will have a report to child welfare before age eight. Clearly, prevention is something to think about before a child is born, he said.

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DR. PARRISH said this is a complex issue and there are a lot of factors that could put a family in need of extra support. There are protective factors and protective factor killers. Children born to mothers who reported completing less than 12 years of education are 3.5 times as likely to be reported to child welfare before age eight, so education is a protective factor. Intimate partner violence is a protective factor killer. If intimate partner violence is reported among the low risk group of mothers with more than 12 years of education, the risk of a report to OCS is 3.9 times as high. Education is an extremely important factor but the Family Educational Rights and Privacy

Act (FERPA) is a data barrier to sharing information. The ability to combine the data could help inform decisions a little more.

CHAIR COGHILL said most of us know that education will be part of the solution, but the question is how.

DR. PARRISH agreed that the devil is in the details. He added that the Division of Public Health is trying to develop resources and data sources to inform decisions.

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MS. SEBOLD reported that the annual cost to Alaska for substantiated reports of child abuse is \$82 million. She clarified that the task force didn't have the answer but wanted to provide information that the legislature could consider when allocating money. She said this is bleak in the sense that any child who suffers from maltreatment is one too many, but healing is possible, and brains can be retrained. There are a lot of people in the community to help build resilience and protect children. She noted that the CJATF has put together a mandatory reporter program that is available on the OCS, Department of Health and Social Services website. The task force has also drafted laws to protect children from starvation and serious physical abuse, protection of child interviews at child advocacy centers, added coaches to the list of mandatory reporters, developed multidisciplinary team guidelines for responding to child abuse cases in Alaska, and held rural trainings on child sexual abuse. In 2016 CJATF was invited to join the BIA providers conference and they spent a lot of time listening to the ways communities are solving child abuse problems. These were tribal leaders who were able to identify problems and find solutions. She observed that community members may be an untapped resource; it doesn't cost anything to call for their help.

CHAIR COGHILL said it's a community leadership issue to get people to speak up and provide a safe place to go once someone does speak up. He added that he was surprised and pleased at the AFN Convention last year when young people got up and spoke boldly to their elders.

MS. SEBOLD agreed that it takes boldness and bravery to share stories like that. She continued to describe CJATF's responsive approach to child maltreatment. She listed child abuse training, scholarships for the Child Maltreatment Conference, and providing information to the legislature.

CHAIR COGHILL invited Ms. Karalunas to talk about Child Advocacy Centers (CACs).

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PAM KARALUNAS, task force member and Chapter Coordinator, Child Advocacy Centers, Alaska Children's Trust, reported that there are 12 CACs in the state and 6 are accredited. She explained that these centers are primarily for victims of sexual abuse; about one-third of the children seen are age six and under and about one-third are young boys. She displayed the roster of the total children seen at each CAC since it opened. She noted that the CAC in Anchorage is the oldest and it's seen a lot of kids [14,902]. She clarified that not all had been abused but they were reported because there was some concern. The CAC is a neutral environment where everyone involved in the investigation is trained to do a forensic interview.

CHAIR COGHILL asked if there is evidence that going through this process is beneficial for the child.

MS. KARALUNAS said she wasn't aware of any Alaska research on outcomes from child advocacy centers, but nationwide findings indicate that a child, family, and caregiver that goes through the CAC is far more likely to follow up with services and engage the child in mental health and caregivers are more likely to be supportive. Substantial research continues to show that a supportive caregiver is the most important factor in the long-term outcome for a child. She opined that one reason there may be more violent crime compensation requests from rural areas is because advocates in rural areas see fewer children and may have more time to help families complete the complex form.

DR. PARRISH added that the Division of Public Health now has data sharing agreements with CACs to get identifiable data to integrate into the system, which will help in answering some of those questions. He expressed hope that by this time next year he would be speaking to outcomes.

CHAIR COGHILL said the legislature needs to know if it's anecdotal that someone who is abused will become an abuser.

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MIKE HOPPER, PhD, taskforce member and psychologist, Fairbanks, Alaska, said the cycle of abuse is real, but it's not fair for that message to keep going out to the world about all kids who have been abused. He said an area of his specialty is boys who

are abused, and he always warns parents not to tell teachers about the abuse because they almost always view the boy as a danger. There isn't a lot of research but his experience over the last 30 years is that if an abused child gets help, he is not more at risk of becoming an abuser as an adult than he was as a child. The more you can intervene to support these families and kids the better chance there is of changing that cycle. "Resiliency is an interesting thing and we have a lot to learn from kids who survived abuse"

CHAIR COGHILL wondered how to follow up in a healthy way.

DR. HOPPER replied the CACs are a rich resource center and have made a huge difference to the families that get there. The unfortunate reality is that many don't get there.

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DR B. J. COOPS, MD, task force member and pediatric intensivist, said she's been a child abuse expert for 30 years and the CACs offer full service by well-trained experts. The result of having these centers is that more people are willing to call OCS if they have a question about a child. She said it's not her experience there is over reporting, but without the CACs she believes there would be fewer reports and less services to kids.

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MS. SEBOLD listed the CJATF advocacy and partnership efforts. These include strengthen families, the Citizen's Review Panel, the Alaska Mental Health Board, the Children's Trust, the Resiliency Initiative, Covenant House, and prevention initiatives.

She urged legislators to realize that child abuse affects all Alaskans and requested they make decisions using a trauma-informed lens. She agreed with Dr. Hopper that, "It's not what's wrong with you, it's what happened to you." That lens is a lot less critical and more problem-solving. Strengthening children and families should be a system wide approach.

CHAIR COGHILL remarked that we are a stigma-driven society and children are especially susceptible.

MS. SEBOLD continued to list the things the legislature can do. This includes supporting local community-based initiatives like *Strengthening Families*, *ROCK MatSu*, *MAPP (Mobilizing for Action through Planning and Partnerships)*, *Pathway's to Hope*, and *Family Wellness Warriors Initiative*.

CHAIR COGHILL asked where people go to offer their help.

MS. SEBOLD suggested referring them to the CJA.

DR. PARRISH added that the Alaska Children's Trust is trying to be the centralized place by employing the collective impact model. That's how the Resiliency Initiative has risen and it's supporting community efforts like ROCK MatSu that is engaging public and private partners.

MS. SEBOLD said other things that can be done are to support services that will reduce future costs for special education, health care, mental health and substance abuse treatment, child protection, homeless services and shelters, legal system, and corrections. These programs will save money in the long run.

She said Alaska data suggests the following:

- Many Alaskan adults bear the burden of a lifetime accumulation of family violence and dysfunction
- Alaskan children start accumulating these adverse events early in life
- Multiple factors contribute to maltreatment
- Systems must be in place at multiple points along developmental trajectories to respond efficiently and effectively to maltreatment
- Our economy and our society bears the costs

MS. SEBOLD concluded saying that to reduce this burden there is need for prevention, treatment, and early, effective, and timely intervention.

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CHAIR COGHILL commented that prevention is part of the solution and that passing a law isn't always the solution.

He asked what sort of recommendations the task force will propose.

MS. SEBOLD said she didn't have a definitive answer but would share information as it's available.

DR. COOPS said one of the reasons she's here is to learn what legislators think the task force can help with. "What do you think?"

CHAIR COGHILL stated support for an organic process that starts with a community conversation about prevention and providing a safe place for people who do speak up. Bringing elders into schools also supports the hope of a better community. The law can't fix abuse when it's quiet. He asked the task force to look at where laws are barriers to community facilitation.

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SENATOR WIELECHOWSKI asked if the task force had any significant changes to recommend that are research driven. He cited mandatory pre-K as an example if research shows it will cut child abuse. "Let's think big on this, it's a big problem."

CHAIR COGHILL agreed. When the committee worked on criminal justice reform they were told that working with the at-risk population could help with criminal justice needs. The idea that 33 percent of Alaska's youth experience maltreatment is not acceptable. He reiterated the suggestion that task force members highlight barriers and bring forward policy ideas that might be helpful.

DR. PARRISH said an appropriate reaction turns into prevention for a subsequent generation. All the different advocacy groups need to act as think tanks that look at the barriers that are standing in the way of effectively taking care of kids. The partnerships that have formed over the past year led to the meeting this morning with the Children's Trust. He noted that an unintended positive consequence of budget issues is that people work together.

MS. SEBOLD noted that the task force agreed to support HCR 2 that recognizes adverse childhood experiences and evidence-based programs and research as well as SB 71 and the ability for children in foster care to have sibling contact.

CHAIR COGHILL commented on the budget process and that legislators was looking for success-driven models.

He thanked the presenters and wished them well in their efforts going forward.

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There being no further business to come before the committee, Chair Coghill adjourned the Senate Judiciary Standing Committee meeting at 2:56 p.m.