ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE
February 13, 2018
3:06 p.m.

MEMBERS PRESENT

Representative Sam Kito
Representative Geran Tarr
Representative Jennifer Johnston
Representative Colleen Sullivan-Leonard
Representative Matt Claman (alternate)

MEMBERS ABSENT

Representative Ivy Spohnholz, Chair
Representative Bryce Edgmon, Vice Chair
Representative David Eastman
Representative Dan Saddler (alternate)

COMMITTEE CALENDAR

PRESENTATION: ALASKA CHILDREN'S JUSTICE ACT TASK FORCE

- HEARD

PREVIOUS COMMITTEE ACTION

No previous action to record

WITNESS REGISTER

B.J. COOPES, Medical Director
Inpatient Pediatrics
The Children's Hospital at Providence
Anchorage, Alaska
POSITION STATEMENT: Presented a PowerPoint on the Alaska Children's Justice Act Task Force.

JARED PARRISH, PhD, Senior Epidemiologist
Alaska Division of Public Health
Anchorage, Alaska
POSITION STATEMENT: Presented a PowerPoint on the Alaska Children's Justice Act Task Force.

KIM GUAY, Child Welfare Administrator
Central Office

Office of Children's Services
Department of Health and Social Services
Anchorage, Alaska
POSITION STATEMENT: Testified and answered questions during the presentation by the Alaska Children's Justice Act Task Force.

JOSH LAWRES, Covenant House International
Anchorage, Alaska
POSITION STATEMENT: Testified during the presentation.

ACTION NARRATIVE

3:06:32 PM

CHAIR GERAN TARR called the House Health and Social Services Standing Committee meeting to order at 3:06 p.m. Representatives Tarr, Kito, Johnston, and Claman (alternate) were present at the call to order. Representative Sullivan-Leonard arrived as the meeting was in progress. [As Chair Spohnholz and Vice Chair Edgmon were not able to be present, Representative Tarr was acting Chair]

Presentation: Alaska Children's Justice Act Task Force

3:07:21 PM

CHAIR TARR announced that the only order of business would be a presentation by the Alaska Children's Justice Act Task Force.

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B.J. COOPES, Medical Director, Inpatient Pediatrics, The Children's Hospital at Providence, shared her background as a pediatrician, a pediatric intensivist, and palliative care in Hospice physician. She noted that she was also the Medical Director at the Matanuska-Susitna Paramedic College and other outreach programs. She offered her background for work with the Alaska Children's Justice Act Task Force, stating that her role as a pediatric ICU [intensive care unit] doctor included the responsibility to look at illness and cause of death for children. She reported that, upon review, she had found that 30 - 40 percent of the children who died in the intensive care unit at Providence [Alaska Medical Center] were under the age of two years and had been beaten to death. She acknowledged that, although this did not mean that 40 percent of children in Alaska were dying from abuse, she was looking for preventative factors to help minimize the injuries and death rate. This led to her

involvement with the Alaska Children's Justice Act Task Force. She shared an overview of the agenda, which included an overview of the child abuse data, as well as some options and needs when addressing these issues. She declared that the Alaska Children's Justice Act Task Force was a federally mandated and funded committee with a mission to identify areas where improvement was needed in a statewide response to child maltreatment, particularly child sex abuse, to make recommendations, and to take actions to improve the entire system. She pointed out that the task force membership was statewide and multidisciplinary. She introduced many of the members of the task force, slide 4.

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JARED PARRISH, Senior Epidemiologist, Alaska Division of Public Health, introduced slide 6, "Perception, observation, and statistics." He acknowledged that, as data could be overwhelming, it was best to provide a few numbers to get some context with our personal experiences and understanding. He said that statistics were used to summarize observations, to confirm, inform, re-frame or dispute our own individual perceptions, and then gain knowledge and formulate our understandings. He shared an anecdote of explaining hikes to friends as an example of perception. He offered to provide multiple images for the context of child maltreatment to "potentially see it for what it is in our state." He introduced slide 7, "Annual prevalence - 3 estimates," which listed the prevalence of child maltreatment for children from ages 0 - 17 years, as evidenced by reports to the Office of Children's Services (OCS). He explained that "reports" were a call for a suspicion of harm, "screened in" were the reports that met the OCS classification for investigation, and that "substantiation" met certain parameters. He pointed out that, although the contacts to OCS and the screen ins had significantly increased since 2008, the substantiated rate had remained constant. He allowed that there was not a known reason for why this had remained constant, but he offered some hypotheses including OCS work load capacity and its ability to investigate, as well as other challenges due to the size of the state. He lauded that the numbers generated hypothesis, and "gets you hungry for another number to start answering that." He added that, in any given year, about 10 percent of the child population had contact with child welfare.

REPRESENTATIVE SULLIVAN-LEONARD referenced the average of 15,000 children reported for possible child maltreatment on slide 7,

followed by the screening process, and then the substantiation. She asked, as this reporting was a high number, how it was possible to ascertain what was really happening.

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DR. PARRISH pointed out that he was in public health and not in child welfare. He explained that he did not have this information.

CHAIR TARR reported that there had been about 20,000 reports of harm, for 15,000 individual children.

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KIM GUAY, Child Welfare Administrator, Central Office, Office of Children's Services, Department of Health and Social Services, in response to Representative Sullivan-Leonard, said that there was a matrix to screen the information during the call-ins of child abuse reports. She added that family history was also considered. She explained that OCS took all the information to make a determination for whether it met the statutory requirement for abuse. If so, a worker would recommend a screen-in, and then a supervisor would make the final determination for an investigation.

REPRESENTATIVE SULLIVAN-LEONARD asked to clarify that every call was recorded.

MS. GUAY said that was correct, and noted that in the last year, 21,000 reports had been called in.

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DR. PARRISH stated that they were most interested in understanding a sentinel event. He reported that, from a Public Health aspect, nationwide and international research had shown that kids experiencing at least one report had outcomes more similar to those kids with a substantiated report than those with no report. He stated that this showed that there was something potentially going on in that child's life where optimal health and development was not being supported. He compared this research to the challenge of putting together a puzzle without all the pieces. He moved on to slides 8 and 9, "Adverse Childhood Experiences (ACEs)," and offered a brief overview. He reported that this study, conducted in the late 1990s, was a joint venture between Kaiser Permanente and the

Centers for Disease Control and Prevention. He added that this group of about 17,000 participants was very homogeneous, was older, and about 75 percent had some college education. They were asked to recall or reflect on a series of questions related to physical, emotional, or sexual abuse or neglect and their experiences as children up to age 17 years. He added that there was also a series of questions regarding household dysfunction: mental illness, mother treated violently, divorce, substance abuse, or incarceration of a relative or family member. He reported that two-thirds of the group had experienced at least one of those "adverse childhood experiences." He stated that, although the sheer volume of this was shocking, the relationship between accumulation of these adverse childhood experiences and multiple negative health consequences was even more shocking. He shared that emerging research had started to formulate the causal etiology between experiencing some of these adverse childhood experiences and the connection with cancer and other health issues. Continuing research had affirmed that the more of these adverse experiences accumulated in childhood, the more likely to experience negative life events.

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DR. PARRISH moved on to slide 10, "Alaska ACEs snapshot," and reported that the information was drawn from the Alaska Behavioral Risk Factor Surveillance System in the Division of Public Health. He pointed out those people who reported four or more of these adverse childhood experiences were 50 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. He pointed to the association between more of these adverse childhood experiences and the increased likelihood to have poor health outcomes and limited economic attainability. He explained that there was now research "looking up stream to your early childhood experiences" to better understand and prevent chronic diseases. He pointed out that appropriate intervention turned into prevention for the next generation.

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DR. PARRISH shared slide 11, "Life course perspective." He shared that he had no memory of being one year old and acknowledged that "there could be some fogginess" when adults were asked to remember their childhood. He reported that things that occur early on during the developmental trajectory could impact the overall trajectory. He offered an analogy for flying

a plane, pointing out that being off one degree would not make that large a difference on a short flight relative to the impact on a long-distance flight. He stated that a course correction early on could mitigate the negative consequences. He pointed out that toxic stress, related to adverse childhood experiences, could have adverse effects on health. He reported that the Alaska Division of Public Health was now trying to measure things as they were occurring in children over time, to better inform the decisions for how they target the interventions.

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DR. PARRISH introduced slide 12, "New emerging data resources," and directed attention to the Alaska Longitudinal Child Abuse and Neglect Linkage Project (ALCANLink). He said that this was a new measure and he directed attention to the Alaska Pregnancy Risk Assessment Monitoring System (Alaska PRAMS), a complex, federally funded survey representative of all the births in the state each year, even though it only sampled about 1500 mothers each year, and it had been conducted since the late 1980s. He reported that the mothers answered questions related to the maternal experience and gave consent to have this information integrated with other information. He explained that the information from the 2009, 2010, and 2011 Alaska PRAMS was used to develop the ALCANLink. He pointed out that ALCANLink was now connected to the Child Protective Services records, which offered a better life time risk report. He moved on to slide 13, "ALCANLink - lifetime risk," and reported that 32 percent of kids born between 2009 and 2011 would experience a report to the OCS, 27 percent would experience a report that was screened in, and 10 percent would experience a substantiated report to OCS. He pointed out that this eliminated duplicative reports from the first report and projected something potentially going on in the home that would lead to a report of harm.

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DR. PARRISH addressed slide 14, "ALCANLink - crude proportion by birth cohort," which linked all the children born in Alaska between 2008 and 2015, who had contact with OCS before age 2 years. He reported that the lifetime burden for being reported to OCS had not changed and had the same probability for experiencing contact with child welfare. He declared that this was another piece of information to better understand the potential burden that children in Alaska were currently experiencing.

CHAIR TARR relayed that the number of children in foster care had been rising, although with a small dip in the last two years. She asked if this suggested a constant with the first report to OCS.

DR. PARRISH said there was now a data source to start investigation for the answers to some of these questions. He declared that there was a challenge for "continually trying to do less with more." He declared that more partnerships were being formulated to answer some of these questions.

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REPRESENTATIVE SULLIVAN-LEONARD referenced the 15,000 reports of child abuse to OCS and asked if a phone call would be a data marker, regardless of whether it was determined to be abuse.

DR. PARRISH stated that the contact with OCS was a sentinel event, even though it was not clearly defined for which age group was reported.

REPRESENTATIVE SULLIVAN-LEONARD asked if it was possible to have contact with OCS without a need for services because of abuse.

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DR. COOPES explained that these reports were considered risk factors with an indication of a potential problem in the future. She pointed out that statisticians did not think about guilt, they just determined an association. Any report to OCS had the same risk factor whether substantiated or not.

REPRESENTATIVE SULLIVAN-LEONARD mused that it would be a risk factor regardless of the outcome.

DR. COOPES reiterated that a report to OCS was simply a risk factor, not a judgement.

DR. PARRISH said that a lot of national research used measurements based on the first report of child abuse because of the association and similarities with the risk factors. He noted that a researcher in North Carolina was reviewing the chronicity of these reports, and he acknowledged the difficulty for measurement of something that "usually occurs behind closed doors, whatever maltreatment or abuse or neglect might look like." He added that any support to families could potentially

reduce the reports to child welfare and allow a greater focus on abuse.

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DR. PARRISH directed attention to slide 15, "Maltreatment burden." He shared the annual prevalence of reports to OCS, which averaged about 10 percent of the child population. He then spoke about the cumulative incidence measure, a lifetime measure which indicated that 32 percent of children will be reported to child welfare before the age of 8 years. He reported that 34 percent of adults reported an experience of physical or sexual abuse, physical neglect, or emotional neglect before the age of 17 years. He pointed out that this was very close to the estimates for the lifetime burden, similar to the contacts with child welfare. He said these estimates were much closer than with an annual prevalence estimate. He moved on to slide 16, "Household dysfunction," and addressed the 13 life event experiences asked of mothers prior to childbirth in the Alaska PRAMS study, pointing out the similarity to the household dysfunction questions in the ACEs study. He relayed that the more stressors reported by a mother prior to childbirth, the more likely the child would have contact with child welfare before the age of 8 years. He stated that this would allow them to begin interventions and preventions prior to birth. He pointed out that 21 percent of the mothers reported experiencing 4 or more of these events, and that 1 out of every 2 births in that group had contact with child welfare. He stated that this offered potential areas for focused prevention efforts. He lauded the collection of data to more adequately evaluate "what we are doing."

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DR. PARRISH addressed slide 17, "It's usually not just one thing!" He spoke about protective factors and risk factors, those things that supported health and development and those things that detracted. He reported that for a child born to a mother with less than 12 years of education, there was 3.5 times the likelihood for a report to child welfare prior to the age of 8 years. He declared that education appeared to be one of the protective factors for offspring. He pointed out that, if intimate partner violence was interjected into the lower risk group of mothers with at least 12 years of education, that protective factor was "obliterated" and the risk for those offspring became 3.9 times as likely to be reported. He stated

that a focus on one protective factor would not solve the issue, as it needed a comprehensive understanding.

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DR. PARRISH spoke about slide 18, "Disparity and risk." He shared that there was a distinction between a risk factor, a protective factor, and a population at risk. He stated that a population at risk was a group of people that could not be changed, with a disproportionate burden of these risk and protective factors that were out of balance. He offered an example of white children and Alaska Native children and the relative risks that could be modified to reduce the independent association for race. He declared that "race doesn't define risk, rather the disproportionate load of factors that are modifiable and preventable." He pointed out that it was important to not misinterpret or misrepresent the information for risk and protective factors as it could do more harm.

3:46:44 PM

DR. COOPES shared slide 19, "Addressing this issue," and lauded the work being done and the resources available for the public. She moved on to slide 20, "Costs to Alaska: $82 million ANNUALLY," the substantiated cost of child abuse in Alaska, which included the economic impact for taking care of children. She acknowledged how frustrating it appeared, slide 21, "What can we do?" but emphasized that it was not hopeless. She explained that the purpose of the ACEs study was to identify risk factors very early in life. She pointed out that the changes needed to "go through the life trajectory" and be continually brought back in line. She reported that the toxic stresses of child abuse really did affect child brains.

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REPRESENTATIVE SULLIVAN-LEONARD asked if this was the adrenaline process that caused this toxic stress.

DR. COOPES said that, although there was not any direct evidence in children, this was the case in adults for heart disease, colon cancer, breast cancer, and others from toxic stresses.

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DR. COOPES reported that the Alaska Children's Justice Act Task Force had drafted and improved laws to protect children, slide 22. She stated that the multidisciplinary guidelines were indispensable for statewide reform and the standards for child advocacy centers, slide 23 "Prior Projects." She noted that the task force supported education with scholarships, sponsorships, and on-line programs, slide 24, "Ongoing Projects: Education."

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DR. COOPES addressed slide 25, "Advocacy & Partnerships," and lauded the child advocacy centers (CACs). She pointed to the data on slide 26, "Children seen at Alaska CACs," which listed the CACs around the state, noting that although this data was for kids of all ages, more than two-thirds of them were under the age of 12 years. She moved on to slide 27, "Labor and Sex Trafficking Among Homeless Youth," and reported that one in four homeless youth in Alaska were sex or labor trafficked, pointing out that boys were also sexually abused. She referenced the studies through Covenant House International, a service for homeless youth and teens which helped them with jobs, homes and services, slide 28, "Results of Loyola University Study:"

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DR. COOPES said that the system needed multiple people to evaluate kids and get them help, slide 30, "What can you do?" She declared that "redundancy is critical!" She emphasized that, although the culture tends to blame victims, that needed to be mitigated to help change the trajectory. She listed programs that were doing excellent work, slide 31, "What can you do?" She spoke in favor of HCR 2, Adverse Childhood Experiences resolution, and in favor of HB 151, training on foster care licensing and sibling contact, slide 32, "What can you do?" She declared that it was necessary to keep siblings together.

3:58:32 PM

DR. COOPES discussed slide 34, "CJATF focus this year," and reported that there was a focus on exploring barriers for information sharing to initiate services earlier. She noted that they were working with communities to arrive at individual programs. She addressed the unintended consequence of overloading a system when reporting possible child abuse, stating that it was necessary to build a system that would accommodate the kids. She declared that they would also focus

on trafficking and safe harbor laws in collaboration with other national groups.

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REPRESENTATIVE SULLIVAN-LEONARD referenced presentations in her community about child trafficking, which revealed that kids were being brought in to the Port of Anchorage. She asked if there had been any discussion about this.

DR. COOPES said that it was very hard to get the data because the kids hide. She pointed out that putting a prostitute in jail was punishing the victim, and that much of this started with child trafficking.

4:01:19 PM

JOSH LAWRES, Covenant House International, spoke about sex trafficking. He said they had partnered with JOY International and that both sex and labor trafficking were large, underreported issues in Alaska.

4:03:22 PM

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 4:03 p.m.