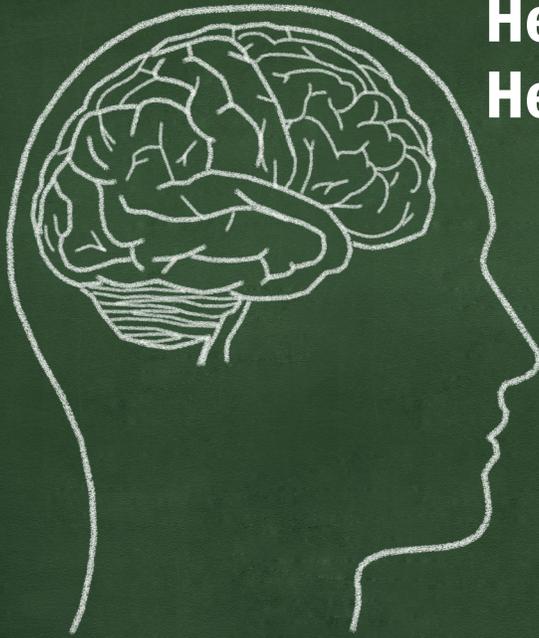


crb network news

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newsletter of the citizen review board



Healthy Brains, Healthy Children



Improve outcomes in child welfare by investing in early cognitive, social and emotional health

"We are the product of our childhoods. The health and creativity of a community is renewed each generation through its children. The family, community, or society that understands and values its children thrives; the society that does not is destined to fail. To truly help our children meet their potential, we must adapt and change our world."

~ Dr. Bruce D. Perry, Senior Fellow
[ChildTrauma Academy](#)

"Our brains are wired for relationships." I heard this phrase several times as I was training with Dr. Perry on the effects of chronic neglect and abuse on the developing brain. We now have extensive research on the

core strengths needed for healthy brain development, the importance of human connections, the requirements for healthy children and communities, and the long-term consequences if we fail to help children early on when they are in crisis.

In the groundbreaking [Adverse Childhood Experiences study](#), which started 20 years ago and continues today, we see the tragic result of adverse childhood experiences and the corresponding rise in high-risk health behaviors, such as alcohol and drug abuse into adulthood.

During the last 20 years working with the court and child welfare systems, I have seen good people who are

See "Prevention," p. 2

New DHS director announced

The Oregon Department of Human Services has hired a new child welfare director.

[Lena Alhusseini](#), who has more than 20 years experience in child protection and human rights leadership, started her new job Nov. 7.

"Lena's experience in strategic planning, policy and advocacy with a focus on building support and consensus to achieve successful outcomes made her a clear standout," said DHS Director Clyde Saiki in a statement.

Alhusseini previously worked for global organizations such as UNICEF and the National Center for Missing and Exploited Children. She also established the first child protection center in the Middle East to address issues of child abuse.

Most recently, she served as executive director of the Arab-American Family Support Center in Brooklyn, New York. Alhusseini has masters degrees in public administration and information technology engineering.

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Prevention: “Shift resources to expand mental health, addiction services .”

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trying to do good work with limited resources in an overburdened system. We have come a long way in Child Welfare, including, for example, the implementation of Differential Response. But when looking at child well-being and prevention, we need to step back and look at a much broader picture.

There are a few key elements I believe would benefit the system as a whole. But this would require a reset button, and strong leaders cooperating and looking at a different way of doing things that would ultimately improve prevention outcomes.

Shift Resources to Prevention.

America has more jails and prisons than colleges and universi-

ties: That statement alone sums up some of the issues we are facing when we are talking about how to promote healthy children. We know that the largest family stress factor when child abuse and neglect is present is alcohol/ alcohol abuse. In Oregon, it accounts for 46% or nearly half of all Child Welfare cases. The next common stressors are domestic violence and involvement with law enforcement. If we shift a portion of public safety dollars spent on building and maintaining prisons, and instead, provide victim services, mental health and addiction services, it would go a long way toward prevention. Regarding mandatory minimum sentences during the past 10 years, the number of inmates has grown significantly, with an 86% increase in female inmates. About 75% of Oregon’s female inmates are mothers. According to the Oregon Department of Corrections, 64% of female inmates have serious mental health diagnoses, and 89% of this inmate population entered prison addicted to drugs or alcohol.

These are the two issues – mental health and drug and alcohol addiction – that I see repeatedly with the parents on our cases. With the ACE study, we now know the strong correlation between victimization and substance abuse. Researchers at the University of Illinois at Chicago found that women who reported two or more victimization experiences had two to four times the prevalence of alcohol dependence, drug abuse, or drug dependence as women who reported no victimization.



Sandy Berger

CRB
Field Manager

What would it look like if we surrounded youth and parents with support and treatment services immediately, rather than waiting until a crisis? Shifting resources to expand mental health, addiction and victim services would improve prevention outcomes.

Invest in Early Childhood. The majority of brain development takes place in the first four years of life. Investing in high-quality early childhood programs that provide enriching cognitive, emotional, social, and physical experiences for children will have a lasting impact into adulthood. And implementing policies that support parents spending more time with their children in early childhood would promote bonding and attachment.

Promote Core Strengths for Healthy Brain Development. Each interaction with a child is a meaningful relational opportunity. The following link details [Six Core Strengths for Healthy Brain Development](#): Respect, Tolerance, Attunement, Affiliation, Self-Regulation and Attachment. The list was developed by Dr. Perry at The ChildTrauma Academy. We need to educate parents, early childhood providers, educators and programs that work with children on the importance of these core strengths and how to integrate them into their practice. Each core strength is a building block in a child’s development. Together, they provide a strong foundation for his or her future health, happiness, and productivity.

CRB Board members can ask questions during the review to ensure we are promoting bonding and attachment for children and promoting these six core strengths. Possible questions to ask: Are there additional opportunities for increased parenting time? Do the parents have a parent mentor. Do the parents have opportunities to participate in relationship-based or therapeutic visitation? What are the most recent efforts to identify relatives for placement and support so children continue to be connected to family? Does the child participate in extracurricular activities? And if not, what efforts have been made to change that? If the child has special needs in education, are those needs being met?

No matter what profession we are in — the courts, Child Welfare, CASA, CRB, attorneys — we all want to make a difference for children. My hope is that we will start shifting more resources to the front end so we don’t need to keep digging out of an overburdened system. I believe we can do that with strong leaders who can step back and look at the requirements for healthy children, and healthy communities.

We simply must do all we can for children so they can grow up to be healthy, contributing adults in our communities.

In the news

THE NORTHWEST

◆ An University of Oregon professor will be part of the planning phase of a \$157 million, seven-year initiative to probe environmental influences on children's health from conception to early childhood, according to the UO.

Leslie Leve, who works at UO's department of Counseling Psychology and Human Services, and her colleagues will build on data already compiled on 770 children and seek new participants to expand the sample size to 1,000. Leve's research involves children adopted at or soon after birth and children living with their biological parents, the UO said.

The university is among 35 institutions that will work for the next two years to build a national data pool of more than 50,000 children from diverse racial, geographic and socioeconomic backgrounds. DNA samples will also be collected to look for genetic associations

with health outcomes. The project is coordinated by the National Institutes of Health.

Experiences during sensitive developmental windows – from conception through pregnancy, infancy and early childhood – can have long-lasting effects on the health of children. The NIH study, [called ECHO](#), will focus on factors that may influence health outcomes such as obesity and brain and nervous system development.

For more information, click [HERE](#).

◆ An intergenerational housing community that will aid foster children broke ground in Beaverton in early September, according to a story in the *Portland Business Journal*.

[Bridge Meadows](#), a Portland-based nonprofit organization, will build 41 residential units – nine family townhouses and 32 apartments for the elderly -- and a community center in southwest Beaverton. The roughly \$15

million project will open in 2017.

Bridge Meadows seeks families as tenants that are willing to adopt or become guardians of children from the state's foster care system. The organization also accommodates low-income seniors who volunteer with the youth in the housing development. The goal is to create a family support model for those in need.

The state of Oregon, city of Beaverton, Washington County, and a host of foundations and businesses have provided funding the project.

"We know that by investing in Bridge Meadows, we're actually making three times the impact by offering a supportive environment to three vulnerable populations," said Joan Allen, co-owner of Windermere Stellar, which has donated to the effort.

Bridge Meadows already runs a similar housing community in the Portland area. For more information, click [HERE](#).

Save the Date!

Every Day Counts...



In the Life of a Child in Foster Care

CRB Annual Conference

May 19 & 20, 2017



The annual *Every Day Counts...* conference will be held at the Salem Convention Center, in Salem, Oregon.

Registration information will be available in February 2017.

Federal proposal could boost foster care prevention services

The Family First Prevention Services Act focuses on increasing federal investments in child welfare programs to allow children to remain safely at home by providing evidence-based prevention services, to ensure that children who are placed in foster care are placed with families and to receive high quality care/treatment, and ending federal reimbursement when states inappropriately place children in non-family settings.

The Family First Act would change the federal funding structure for child welfare. The legislation proposes an update to the Chafee Foster Care Independence Program to allow states — like Oregon, — that have elected to extend foster care eligibility through age 21, the option of continuing to assist older former foster youth up to the age of 23.

Use of education and training vouchers will be accessible for youth until the age of 26.



Rebecca Regello

CRB

Field Manager

The U.S. House of Representatives passed the bill unanimously in June. The proposal was still pending in the Senate at the close of the summer congressional session due to questions by some lawmakers. The bill will get another look following the general election in November.

The proposal has been lauded by organizations such as the American Academy of Pediatrics (AAP).

“This bill not only recognizes the unique needs of children and families in adversity, but also makes great strides to meet them in a way that pediatricians can stand behind: through evidence-based, prevention focused approaches,” AAP said in a June press statement.

If passed, the Family First Act would be effective 10/1/19, which is when Oregon’s Title IV-E waiver state status ends. The act is co-sponsored by Oregon Sen. Ron Wyden.

“It’s the right policy for kids, and it’s the right policy for taxpayers, whose investments in foster care today

aren’t helping children and families the way they should,” Senator Wyden said.

There are six Titles in this bill. Highlights of Title I and II include:

Title I-Investing in Prevention and Family Services

States would have the option to provide foster care prevention and family services for children who may end up in foster care or who are pregnant or parenting, as well as the children’s parents or kin caregivers. The federal government may pay a state for up to 12 months of certain mental health and substance abuse prevention and treatment services, and in-home parent skill-based programs. Parents, adoptive parents and relatives caring for a child are included as eligible recipients.

For states to receive federal reimbursement, prevention services provided must be based on the evidence structure developed by the [California Evidence-Based Clearinghouse for Child Welfare](#). The bill proposes a 50% payment to states for the use of kinship navigator programs. These programs are designed to help relatives who are caring for children outside of a foster care arrangement. The Act proposes that by October 2026, states will have an electronic interstate case-processing system to aid in timely interstate placements.

Title II-Ensuring the Necessity of a Placement that is not in a Family Foster Home

This Title addresses, in part, youth who are placed in a congregate-care placement, such as a group home, children’s shelter, or residential facility. Congregate care should only be used for children who need a specific set of services.

Title II has provisions for more oversight in these types of placements. Title IV-E of the Social Security Act would be amended to prohibit federal reimbursement to a state unless the child is placed in a child-care institution meeting certain criteria, or a child is placed in a qualified residential treatment center meeting certain requirements.

The Act does not eliminate funding for these types of placements, but puts limits on the “type” of youth who would benefit from this type of placement to: youth who are pregnant or parenting, youth age 18 or over in an independent living program, and youth in a qualified residential treatment program.

To learn more about the background and benefits of the Family First Prevention Services Act, click [HERE](#).

Neurofeedback therapy reduces depression, stress in children

During a review, I learned of a modality in the healthcare field that is not traditionally heard of in the cases we review.

The parties present, including the attorney and case-worker raved about the remarkable impact of [Low Energy Neurofeedback System \(LENS\)](#) — a technique for restoring optimal brain function, — on a sibling group of young children.

During the review, we learned that the coordinated-care organization for this particular county had terminated the funding for the children to continue with LENS. This had such a negative impact on the children that the case-worker secured special funds so LENS therapy could be reinstated. The Board recommended that Department of Human Services maintain the funding for all the children to receive LENS sessions.

LENS equipment is certified by the United States Federal Drug Administration as a Class II medical device for relaxation and self-regulation. It uses the dominant brain wave as the basis for feedback to the person through electrodes applied to their head.

In terms of neurofeedback, LENS is unique in that it uses electromagnetic signals for the feedback to assist in reorganizing brainwave activity.

Electroencephalography activity is continuously monitored and LENS uses the findings to determine the frequency at which to provide feedback.

Typically, feedback is provided to seven or fewer electrode sites for one second. LENS sessions are short, perhaps only a few minutes in duration. In traditional neurofeedback, information is displayed on a computer screen to aid people in creating healthier brainwaves.

A patient may need to sit and concentrate for a long pe-

riod of time. LENS treatments usually require two thirds the number of sessions as traditional neurofeedback.

Although it is not completely understood how LENS is able to be effective, it is known that the brain is able to detect and process the feedback — even though the feedback energy field is almost immeasurable.

And it's known that a person's functioning can be improved through LENS.

[The therapy is used to address symptoms](#) for people suffering from many different conditions and disorders, including extreme stress; anxiety; depression; Attention Deficit Hyperactivity Disorder; autism; trauma; post-traumatic stress disorder; head injury; addiction; anger; and developmental disorders.

The most common side effects of LENS when there has been overstimulation include fatigue, anxiety or hyperactivity, and no improvement in symptoms.

While we don't typically hear of modalities such as LENS therapy being used in the cases we review, it is interesting to think into the future about how "alternative" treatments may become more commonly used in conjunction with conventional mental health and drug-and alcohol-dependency treatment.

LENS becomes even more relevant as we learn more about brain science, and apply the research to the handling of dependency cases.

Story by Rebecca Regello

CRB Field Manager

Sources:

The Healing Power of Neurofeedback [Stephen Larsen](#)

A Symphony in the Brain [Jim Robbins](#)

NEW CRB VOLUNTEERS!

CLACKAMAS COUNTY

Kira Meyrick

DESCHUTES COUNTY

Gerald Smith

DOUGLAS COUNTY

Jessica Lloyd-Rogers

Jerry Schneider

HOOD RIVER COUNTY

Joella Dethman

LANE COUNTY

Melanie Pinto

Karen Priest

Mary Jo Templeman

LINCOLN COUNTY

Kevin Quill

Pat Mead-Womack

MARION COUNTY

Gilberto de Jesus-Rentas

Paul Lindsey

MULTNOMAH COUNTY

Kaylin Burford

TILLAMOOK COUNTY

Beverly Lutz

WASCO COUNTY

Gena Kepler

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