

## 1 SENATE JOINT RESOLUTION NO. 30

2 INTRODUCED BY J. WINDY BOY, STEWART-PEREGOY, CAFERRO, AUGARE, VUCKOVICH, ROBERTS,  
3 ANKNEY, READ

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5 A JOINT RESOLUTION OF THE SENATE AND THE HOUSE OF REPRESENTATIVES OF THE STATE OF  
6 MONTANA REQUESTING AN INTERIM STUDY OF WAYS TO REDUCE CHILDHOOD HEALTH TRAUMA AND  
7 ITS LONG-TERM EFFECT ON CHILDREN.

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9 WHEREAS, Montana's future depends in large part on the health, growth, and achievement of the state's  
10 children; and

11 WHEREAS, many physical, mental, and educational disabilities are preventable through prenatal care,  
12 parent education, family support, and other efforts to prevent or mitigate childhood trauma; and

13 WHEREAS, the human brain grows to 85% of its adult size by the time a child is 3 years of age, and this  
14 growth is profoundly shaped by the child's experiences during those years, particularly by the safety, stability, and  
15 nurturing provided by the child's primary care givers; and

16 WHEREAS, repeated childhood trauma, including chronic neglect, may cause significant physical  
17 changes to the brains and nervous systems of children that profoundly affect both their physical health and  
18 mental health as adults; and

19 WHEREAS, childhood traumatic stress can be either acute stress, such as community violence, serious  
20 accidents, the loss or sudden death of family members and friends, removal from the home, and physical or  
21 sexual assault, or it can be chronic stress, such as neglect, physical and emotional abuse, and domestic violence;  
22 and

23 WHEREAS, children who receive safe, stable, nurturing care generally reach appropriate developmental  
24 milestones, form secure attachments and satisfying social relationships, and develop effective coping skills and  
25 the resiliency to recover from traumatic events; and

26 WHEREAS, acute or chronic childhood trauma may prevent or reduce resiliency; and

27 WHEREAS, unaddressed childhood trauma may affect a child's experiences later in life and may lead  
28 to problems such as poor physical health, addiction, and mental illness; and

29 WHEREAS, nurses visit high-risk pregnant women in their homes as part of the Montana Initiative for the  
30 Abatement of Mortality in Infants, a program designed to provide the women with information they can use to

1 improve their own health and thus the health outcomes of their newborns; and

2 WHEREAS, the national Nurse-Family Partnership program for low-income, first-time parents and their  
3 children has been shown to reduce traumatic events, reduce child abuse and neglect, and reduce adolescent  
4 arrests by 60% and adjudications by 90% later in the child's life; and

5 WHEREAS, programs that teach biological and foster parents skills for responding to traumatized  
6 children have been shown to reverse some of the symptoms of trauma in young children and to improve  
7 resiliency; and

8 WHEREAS, the National Native Children's Trauma Center has been working with the Institute for  
9 Educational Research to create trauma mitigation demonstration projects in schools serving the Blackfeet, Rocky  
10 Boy's, Fort Peck, Crow, Northern Cheyenne, and Flathead Reservations and Missoula county public schools in  
11 low-income neighborhoods; and

12 WHEREAS, the projects have trained more than 1,000 Montana clinicians and educators to recognize  
13 and respond to symptoms of trauma and have helped schools develop short-term cognitive behavioral  
14 intervention programs that help to build long-term family and peer support for children, in an effort to increase  
15 resiliency and reduce the effects of trauma.

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17 NOW, THEREFORE, BE IT RESOLVED BY THE SENATE AND THE HOUSE OF REPRESENTATIVES OF THE  
18 STATE OF MONTANA:

19 That the Legislative Council be requested to designate an appropriate interim committee, pursuant to  
20 section 5-5-217, MCA, to study promising and evidence-based practices for the prevention of childhood trauma  
21 and for mitigating its effects on children.

22 BE IT FURTHER RESOLVED, that the study efforts include:

- 23 (1) compiling data on the prevalence of acute and chronic childhood traumatic stress;
- 24 (2) evaluating the extent and impact of current efforts in Montana to prevent childhood trauma and to  
25 mitigate its effects after it occurs;
- 26 (3) identifying promising and evidence-based practices that are most appropriate for Montana  
27 communities, particularly rural communities;
- 28 (4) identifying the communities most in need of prevention and mitigation efforts related to childhood  
29 trauma as a way to prevent physical and mental health problems, substance abuse and addiction, school failure,  
30 and involvement in the criminal justice system; and

1 (5) identifying any appropriate steps Montana policymakers may take to reduce childhood trauma in order  
2 to improve the mental health of Montanans.

3 BE IT FURTHER RESOLVED, that the study include representatives of the Department of Public Health  
4 and Human Services, the Office of Public Instruction, the mental health service area authorities and local advisory  
5 councils, groups involved in efforts to prevent childhood trauma, the Indian Health Service, Montana Indian tribes,  
6 and other interested parties as identified by the committee.

7 BE IT FURTHER RESOLVED, that all aspects of the study, including presentation and review  
8 requirements, be concluded prior to September 15, 2012.

9 BE IT FURTHER RESOLVED, that the final results of the study, including any findings, conclusions,  
10 comments, or recommendations of the appropriate committee, be reported to the 63rd Legislature.

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