

Oregon

ACEs Initiatives and Actions

As knowledge about the science of adverse childhood experiences (ACEs) spreads, ACEs initiatives have launched in all 50 U.S. states and the District of Columbia. Hundreds of cross-sector collaboratives are educating and engaging organizations and policymakers about ACEs science. In turn, these organizations are implementing trauma-informed and resilience-building practices and policies based on ACEs science; many legislatures are passing resolutions and/or bills.

Highlights

Trauma Informed Oregon, launched in 2014, includes people and organizations from addiction services, mental health, early learning, juvenile justice, corrections, healthcare, education, and others. Based at Portland State University, the initiative informs state agency funding and policy, partners with the [Oregon Pediatric Society](#) and [Oregon Health & Science University](#), and involves youth and people with lived experience. Its website provides extensive resources for fields of practice, organizations, individuals and families, and has a database of people who do training. There also are several local initiatives around the state.

State Initiative

[Trauma Informed Oregon](#)

Local Initiatives

There are several including: [The Consortium to Create Sanctuary in the Columbia River Gorge](#), which is becoming Sanctuary-certified, was one of 14 communities in the national [Mobilizing Action for Resilient Communities](#) project; [Central Oregon TRACES](#) hosted a community summit in 2017 attended by representatives from more than 100 organizations; [Southern Oregon Success](#) leads a Self-Healing Community Initiative with guidance from [ACE Interface](#) that has trained more than 8,000 people across all sectors in Jackson and Josephine Counties; and the [Washington County ACEs Initiative](#).

Legislation (Sources include NCSL)

HCR 33 — Encourages state officers, agencies and employees to become informed about impacts of trauma and to implement evidence-based trauma-informed care practices and interventions.

HB 4002 (Chapter 68) — Requires state education agencies to address chronic absences of students, and provides funding for trauma-informed approaches in schools.

HB 2401 — Requires the Department of Human Services to provide trauma-informed training to child welfare personnel.

Find links and add your updates to all initiatives and legislation at www.bit.ly/ACEsInitiatives

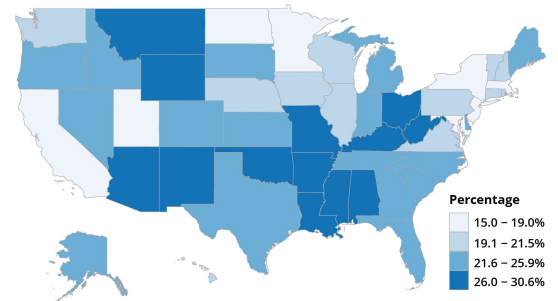


22.4%
OR*

21.7%
USA

Percent of children with 2 or more ACEs

OR ranks 26th in the US for lowest percentage of children with ACEs scores of 2 or more.



CAHMI (Child & Adolescent Health Measurement Initiative) surveys parents or guardians about their children ages 0-17.

Percentage of children aged 0-17 yrs. who experienced two or more of the following:

- Hard to get by on income (somewhat or very often)
- Saw or heard violence in the home
- Victim/witness of neighborhood violence
- Lived with anyone mentally ill, suicidal, or depressed
- Lived with anyone with alcohol or drug problem
- Parent/guardian divorced or separated
- Parent/guardian died
- Parent/guardian served time in jail
- Often treated or judged unfairly due to race/ethnicity

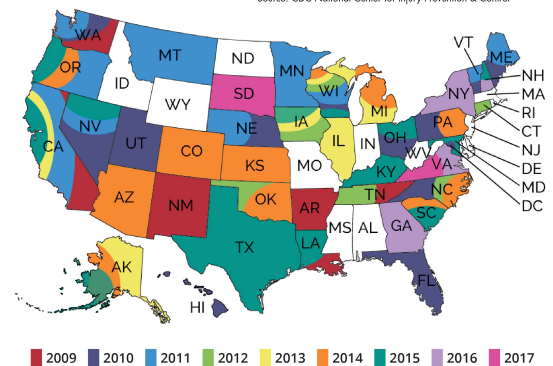
Citation: Bethell, CD, Citation: Bethell, CD, Davis, MB, Gombojav, N, Stumbo, S, Powers, K. Issue Brief: A national and across state profile on adverse childhood experiences among children and possibilities to heal and thrive. Johns Hopkins Bloomberg School of Public Health, October 2017.

www.cahmi.org/projects/Adverse-childhood-experiences-aces

* State Range: 15.0% – 30.6%

States Collecting ACEs Data 2009 – 2017

Source: CDC National Center for Injury Prevention & Control



The ACEs module of Behavioral Risk Factor Surveillance Survey (BRFSS) data comes from interviews with adults about their experiences to age 18. BRFSS is sponsored by the CDC and other federal agencies.