

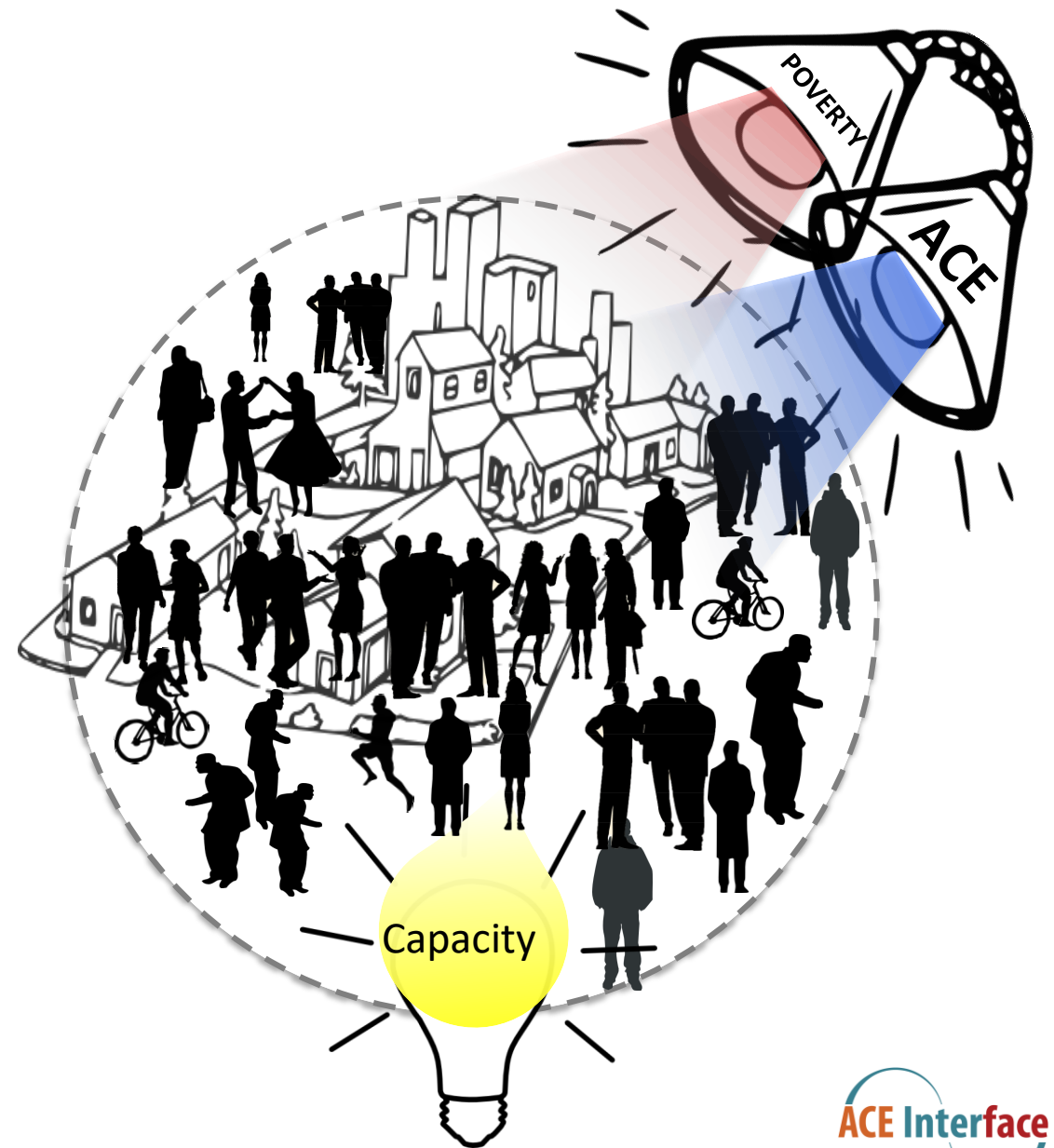


The Magnitude of the Solution

Financing Community-Based ACE Prevention

Purposes Today:

1. Consider future financing potential: bonds or risk pooling
2. Understand focus on strategic needs: prevent ACE transmission to next generation; stop progression of adversity across life course
3. Learn about current service provider and community responsibilities that can support adequate financing in the future



Paying for Public Health: Begging, Bonding, or Pooling

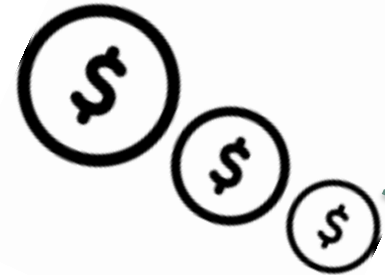
A **“municipal bond”** is a debt obligation issued by government entities. When you buy a municipal bond, you are loaning money to the issuer in exchange for a set number of interest payments over a predetermined period. At the end of that period, the bond reaches its maturity date, and the full amount of your original investment is returned to you with interest.

1. General obligation bonds – pay for immediate expenses; and are issued on the strength of the taxing authority of the issuer.
2. Revenue bonds pay for projects that will generate their own revenue to pay back the bonds (usually infrastructure)

A **“social impact bond”** is an innovative and emerging financial instrument that leverages private investment to support high-impact social programs. Some call these “Pay for Success”. They are not traded on the bond market; instead they are contractual agreements that engage the private sector to finance innovation or proven services.

A **“risk pool”** is a group of public entities that join together in a cooperative agreement that essentially “pools” their resources as well as their risks. The organizations participating in the pool are referred to as “members”. Risk-sharing pools are owned and controlled by their members. These pools are not-for-profit and are expressly operated to mitigate risk and maximize safety.

5. Fewer people need entitlement programs; government avoids costs.



1. Government and investors establish contract: societal impact will result in principle & interest payments in specified time.



4. People get healthier, safer, more productive.



6. Principle & interest payment from cost avoidance.



2. Investors provide operating funds for actions focused to deliver cost avoidance in entitlement services.



3. Community & service providers focus on reducing root causes of costly problems; monitor, innovate, improve.

Potential Challenges of Social Impact Bonds

Flexibility for Innovation -- If investor money is tied to a specific direct service program, providers could have less incentive, or less authority for innovation, even after the provider has exhausted the potential benefit of the program and is working to improve results among a population that hasn't responded to the program.

Administrative Burden -- If funders and intermediaries demand a role in design and delivery of interventions, the providers might have more oversight and additional administrative burdens that reduce resource for helping customers.

Outcomes Attribution – Since repayment is determined by outcomes that save government money, outcome measurement is vital to success. Complex community initiatives are notoriously difficult to evaluate. A constellation of outcomes is the result of a constellation of actions. Repaying investors from realized cash savings may require aggregating SIB benefits across multiple agencies and programs as well as different levels of government. This could prove challenging. We have to be careful, also, that service providers don't use creaming or other unethical strategies for asserting cost avoidance.

Profit Incentive – If the funders are engaged with design and delivery of interventions, that could represent a fundamental shift in the social contract – rather than focusing on changing the circumstances of residents with needs, residents could be considered commodities used to generate profit.

Bond Rating = Assessment of Risk

Aaa' or 'AAA' for the most creditworthy issuers to 'Ca', 'C', 'D', 'DDD', 'DD', or 'D' for those in default.

30% of risk is local economy

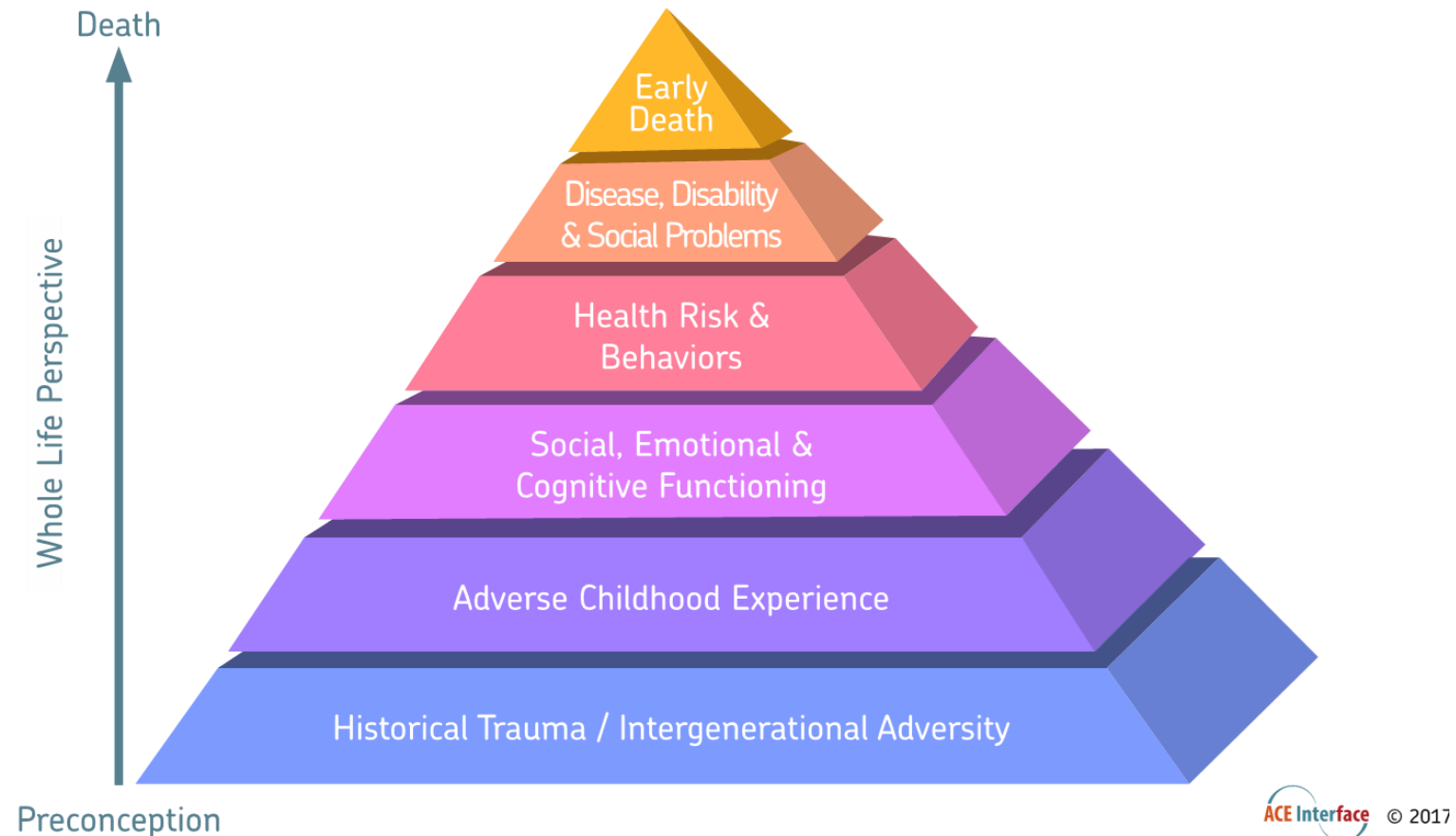
70% is a combination:

- Size, diversity, strength of local tax base
- Ability to generate revenue through property, sales, income tax
- Management, budgetary performance and flexibility
- Contingent liabilities (e.g.: pensions)

“Issuers and investors have yet to agree on the benefits both could experience through the use of a more comprehensive risk framework”

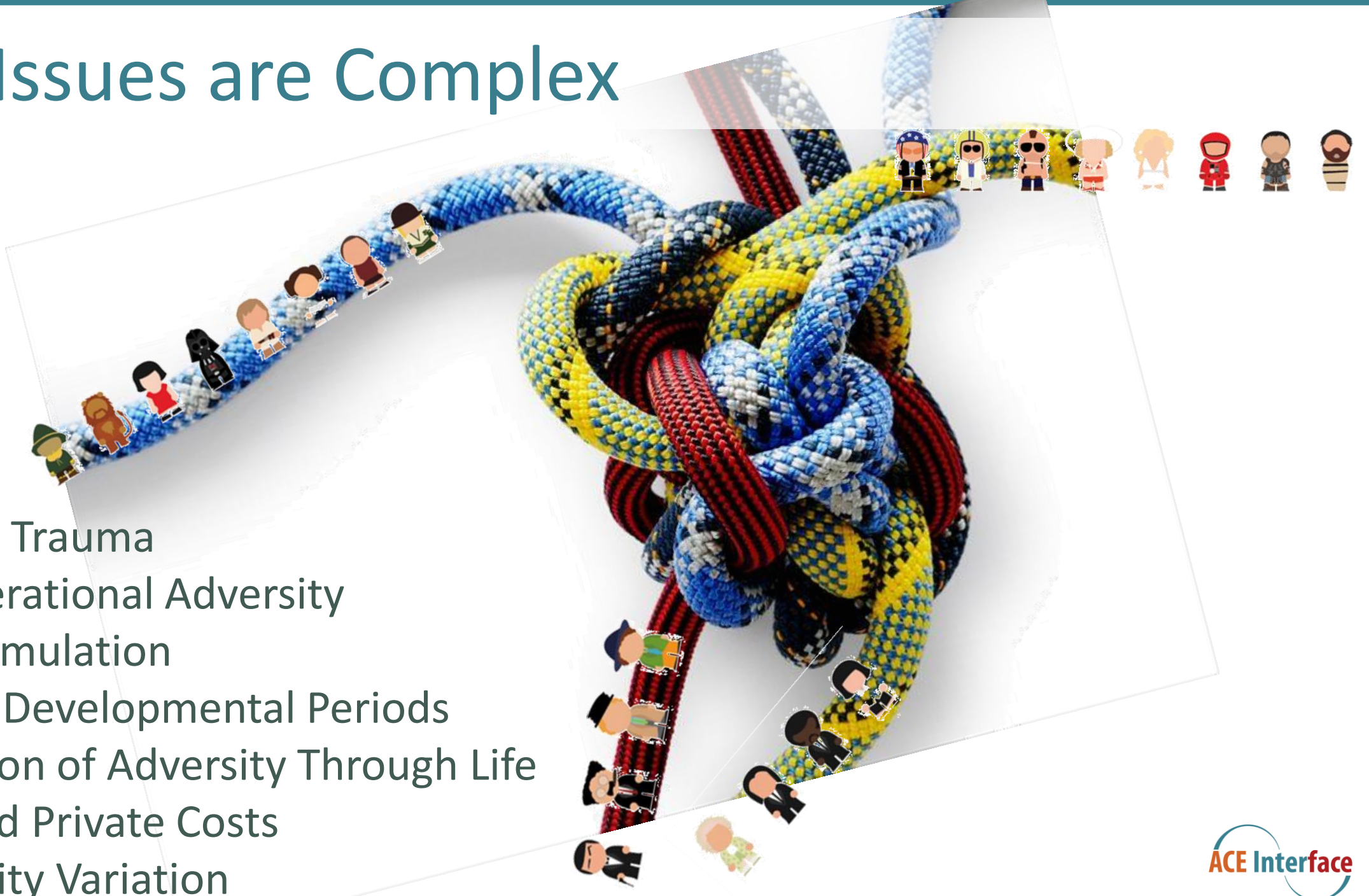
The Kresge Foundation, Feb. 2017

Adverse Childhood Experience Perspective on Risk



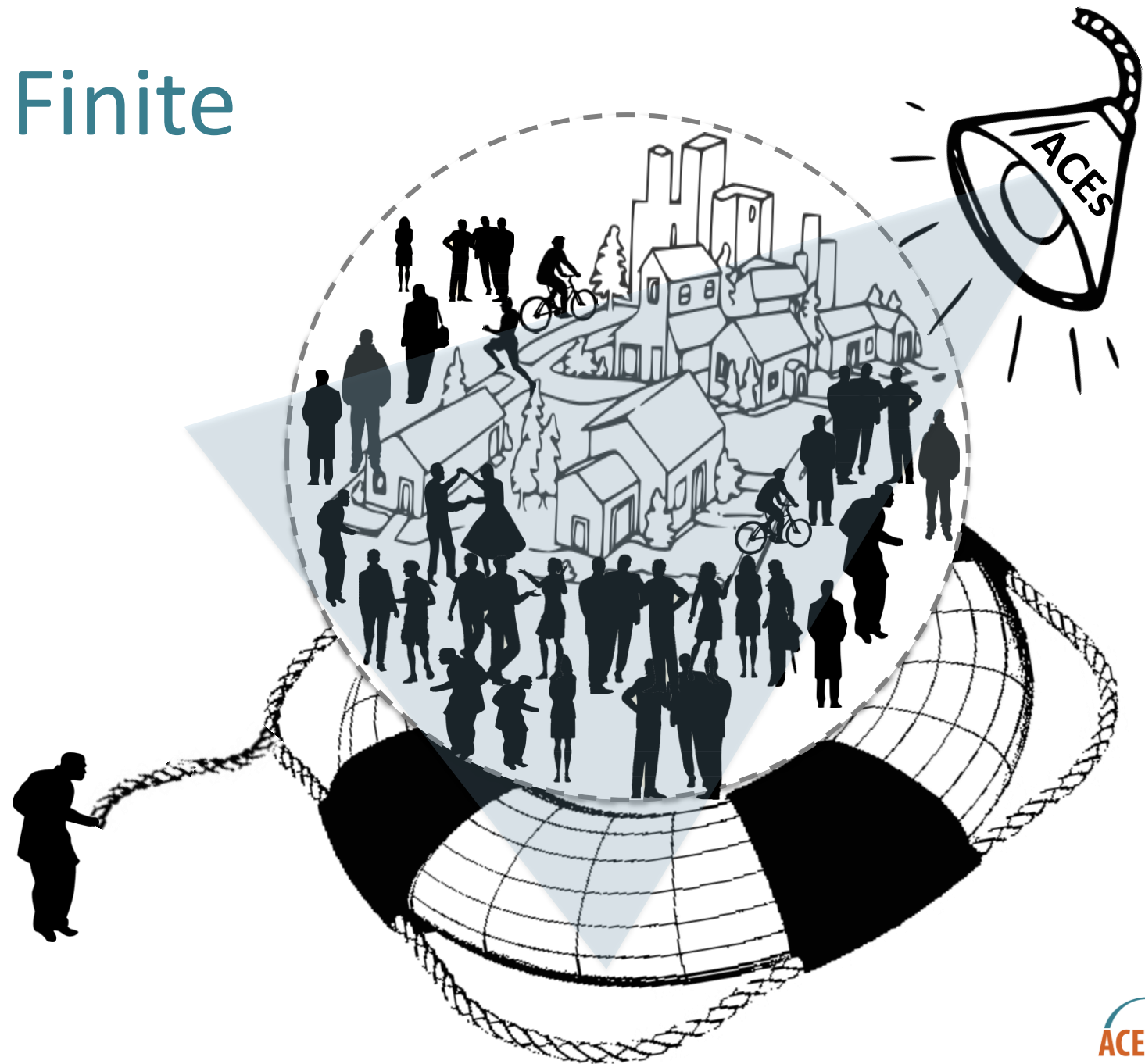
The Issues are Complex

Historical Trauma
Intergenerational Adversity
ACE Accumulation
Sensitive Developmental Periods
Progression of Adversity Through Life
Public and Private Costs
Community Variation



Resources are Finite

We need solutions that address the complexity of problems ... and foster measurable change in different community environments at modest costs

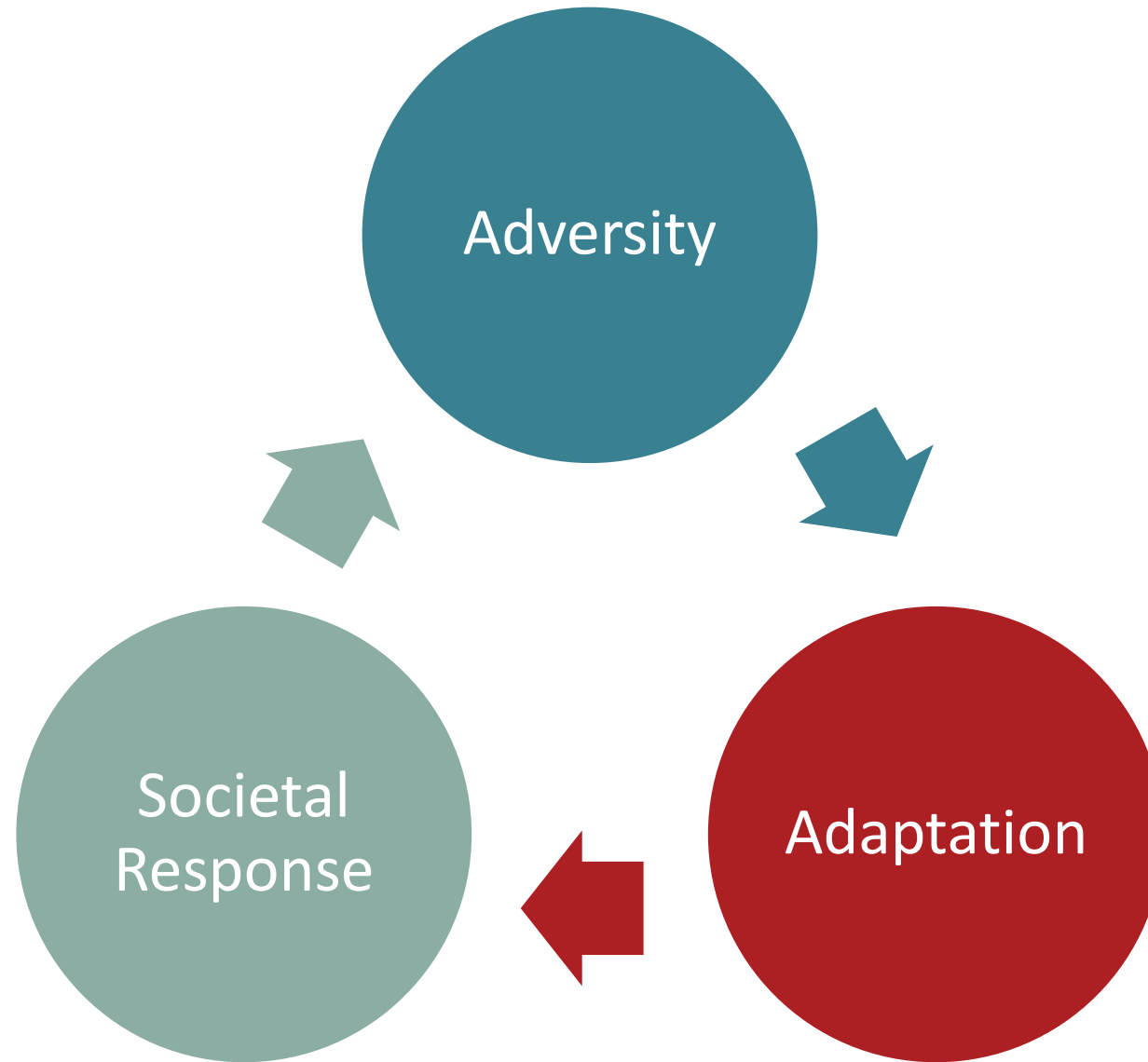




Communities are Powerful We're Creating a Culture of Wellbeing

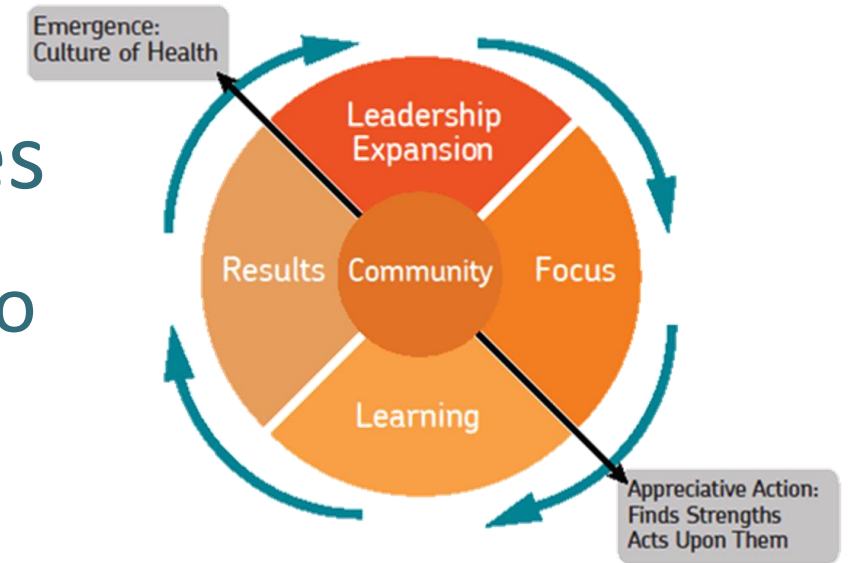
“Community is a living,
spiritual entity,
supported by every
responsible adult.”

Gregory Cajete



Important for Self-Healing Communities

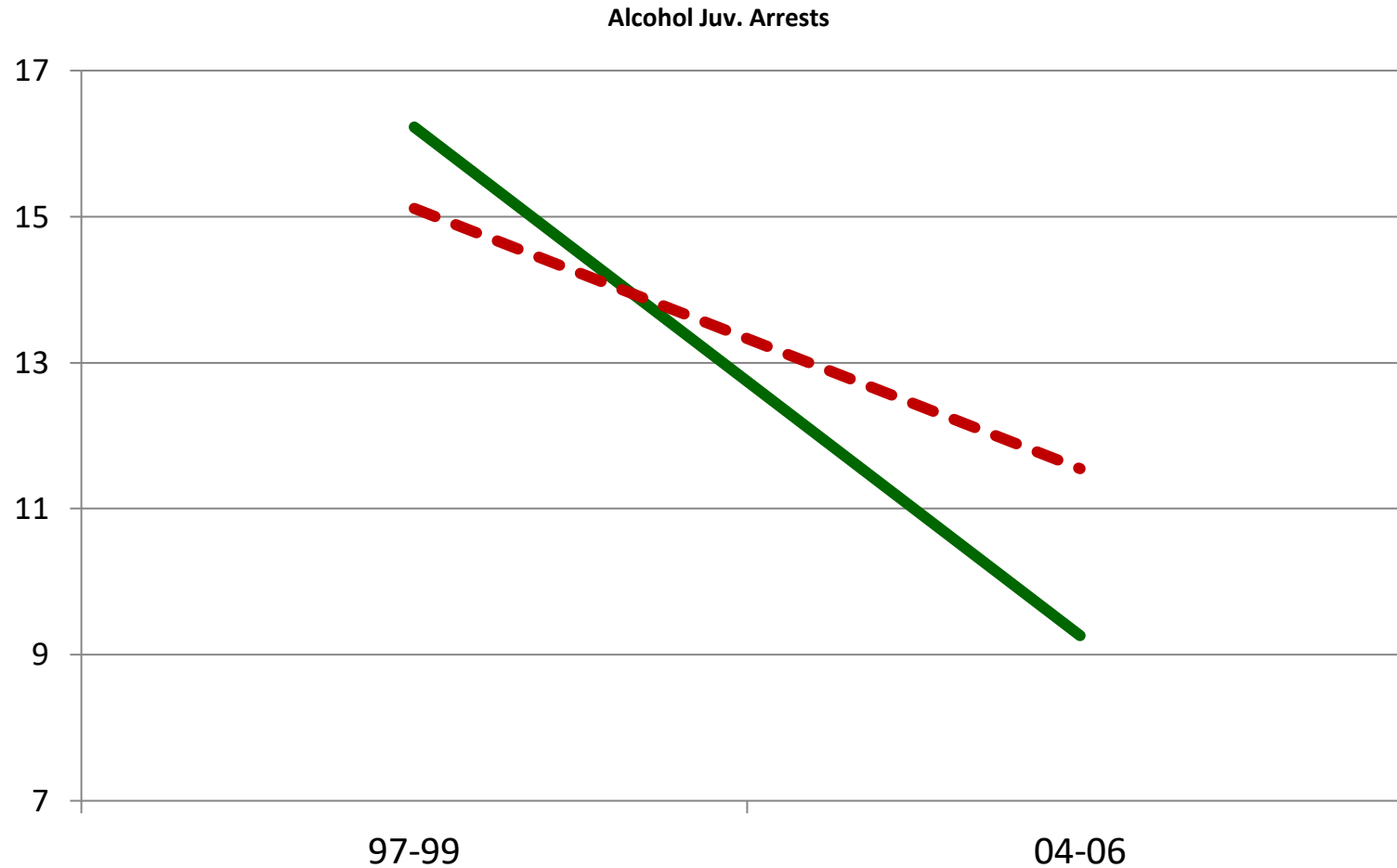
- 1) Tell everyone, enlist everyone who wants to help. Ask them to act in their own sphere.
- 2) Focus on dynamics that sustain problems.
- 3) Use learning communities to fuel innovation.
- 4) Foster a results-orientation: periodically step back to reflect; make decisions based on the future we desire.



Communities Using Self-Healing Partnerships, Principles, Process

- Improved the rates of major social problems
- Reduced public costs in real time
- Generated lower-than-expected ACE Scores in youth aging into adulthood
- Produced long-term savings for public and private sectors

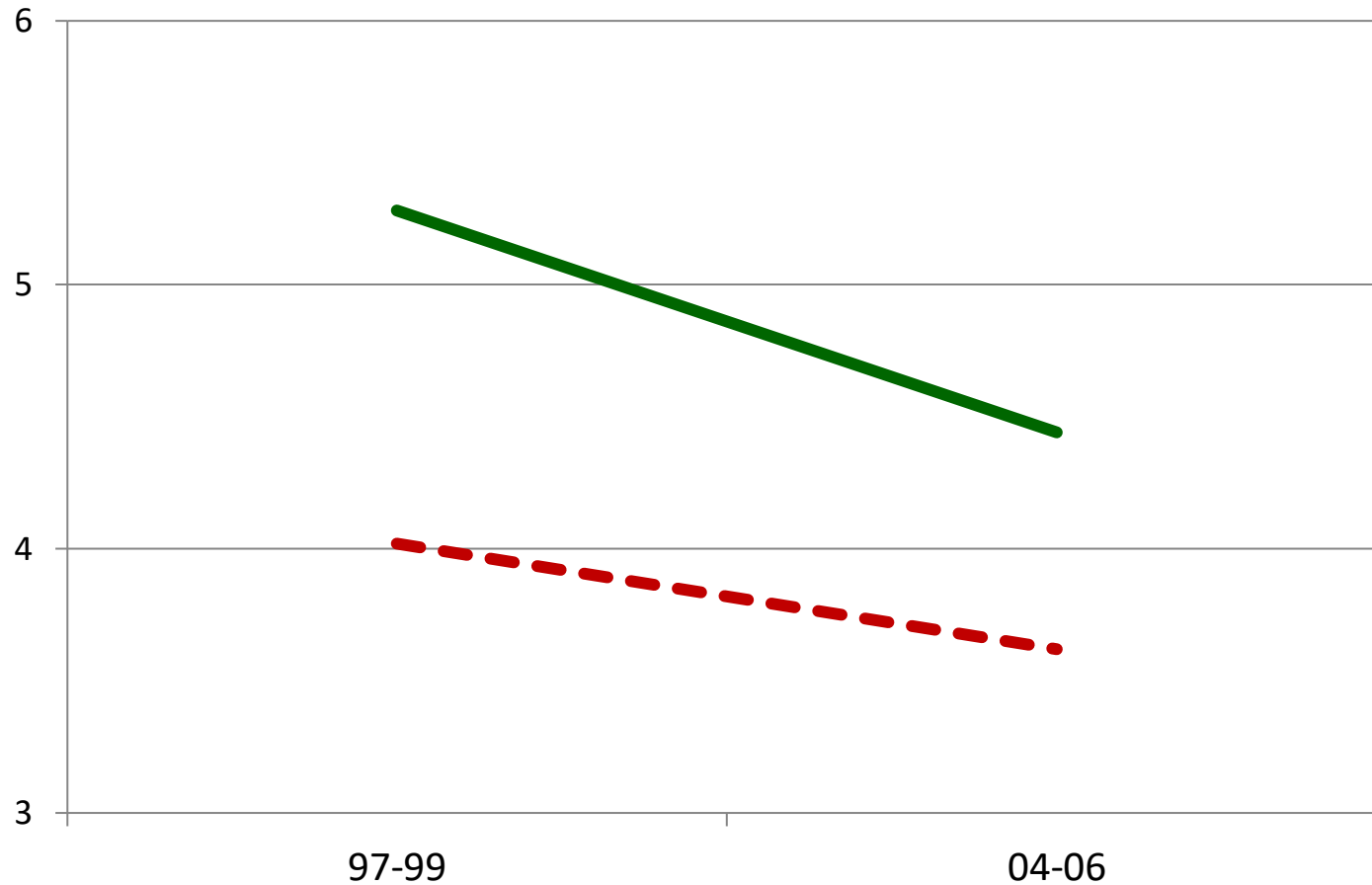
Juvenile Alcohol Arrests



	Alcohol Juv. Arrests	
	97-99	04-06
FPC Funded (n=28)	16.23	9.26
Non-Funded (n=10)	15.11	11.55

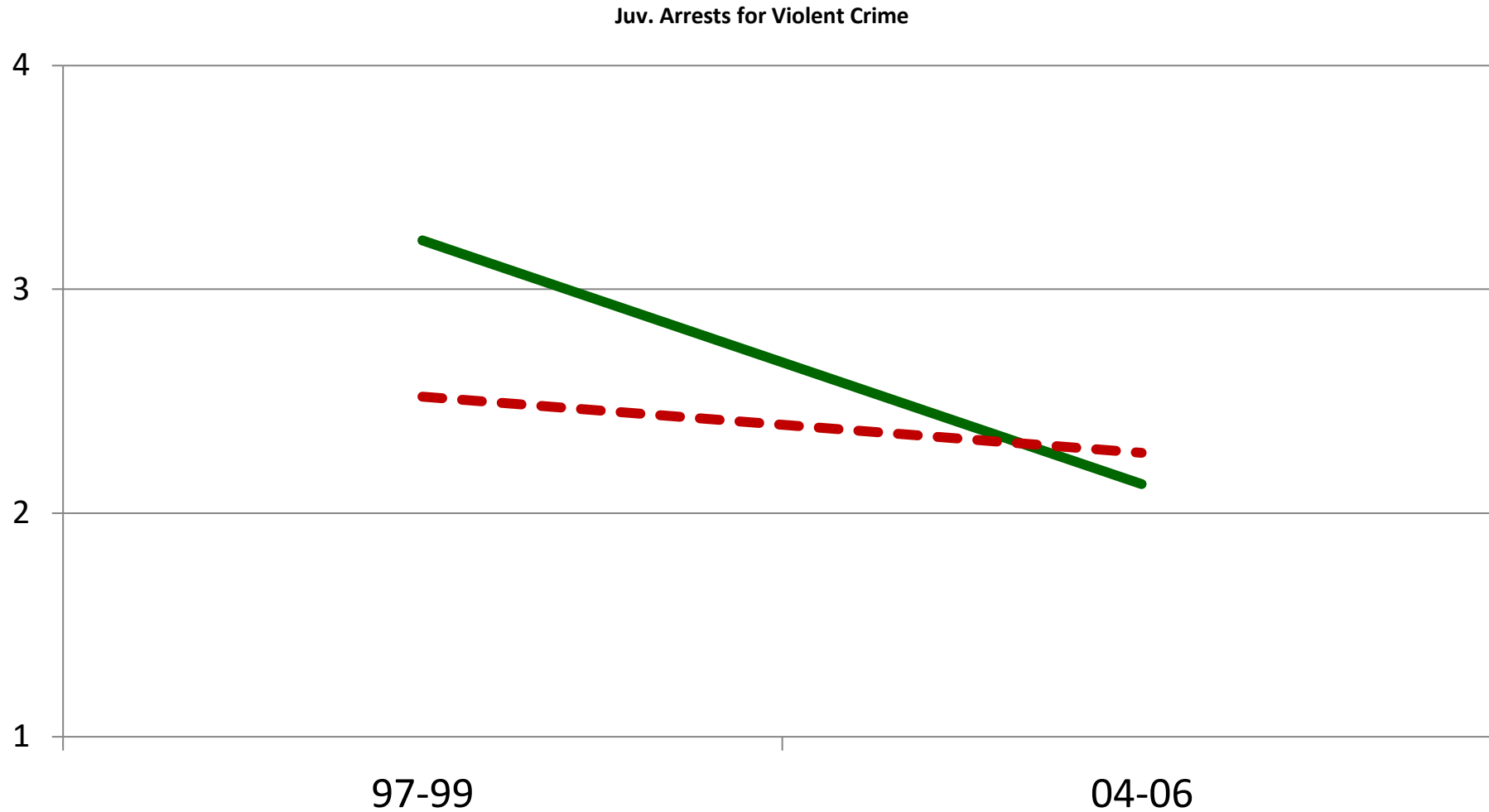
Juvenile Drug Arrests

Drug Juv. Arrests



	Drug Juv. Arrests	
	97-99	04-06
FPC Funded (n=28)	5.28	4.44
Non-Funded (n=10)	4.02	3.62

Juvenile Arrests for Violent Crime



97-99

04-06

Juv. Arrest for Violent Crime

97-99

04-06

FPC Funded (n=28)

3.22

2.13

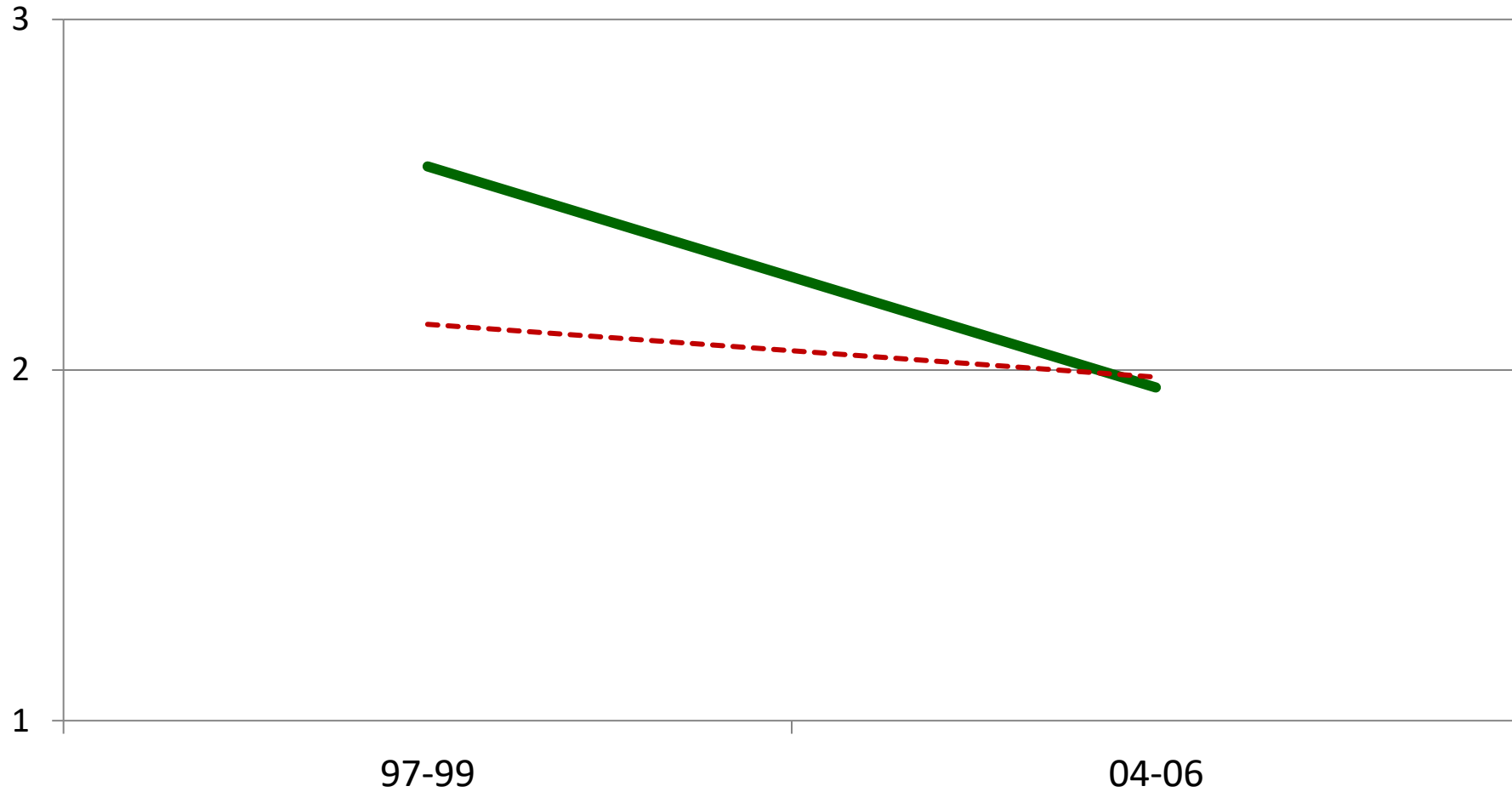
Non-Funded (n=10)

2.52

2.27

Juvenile Crime

Juvenile Offenders



97-99

04-06

Juvenile Offenders

97-99

04-06

FPC Funded (n=28)

2.58

1.95

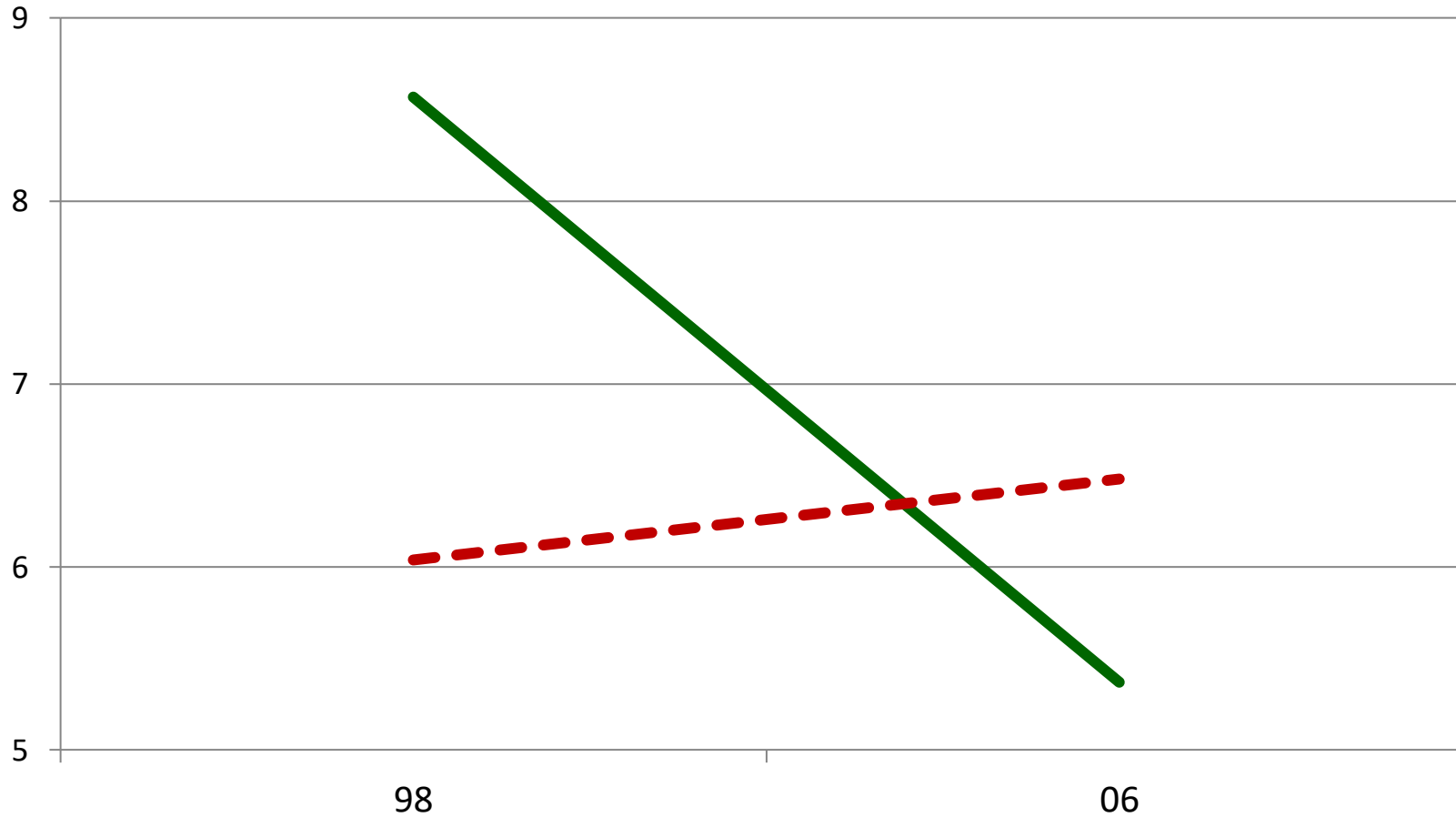
Non-Funded (n=10)

2.13

1.98

Dropping Out of High School

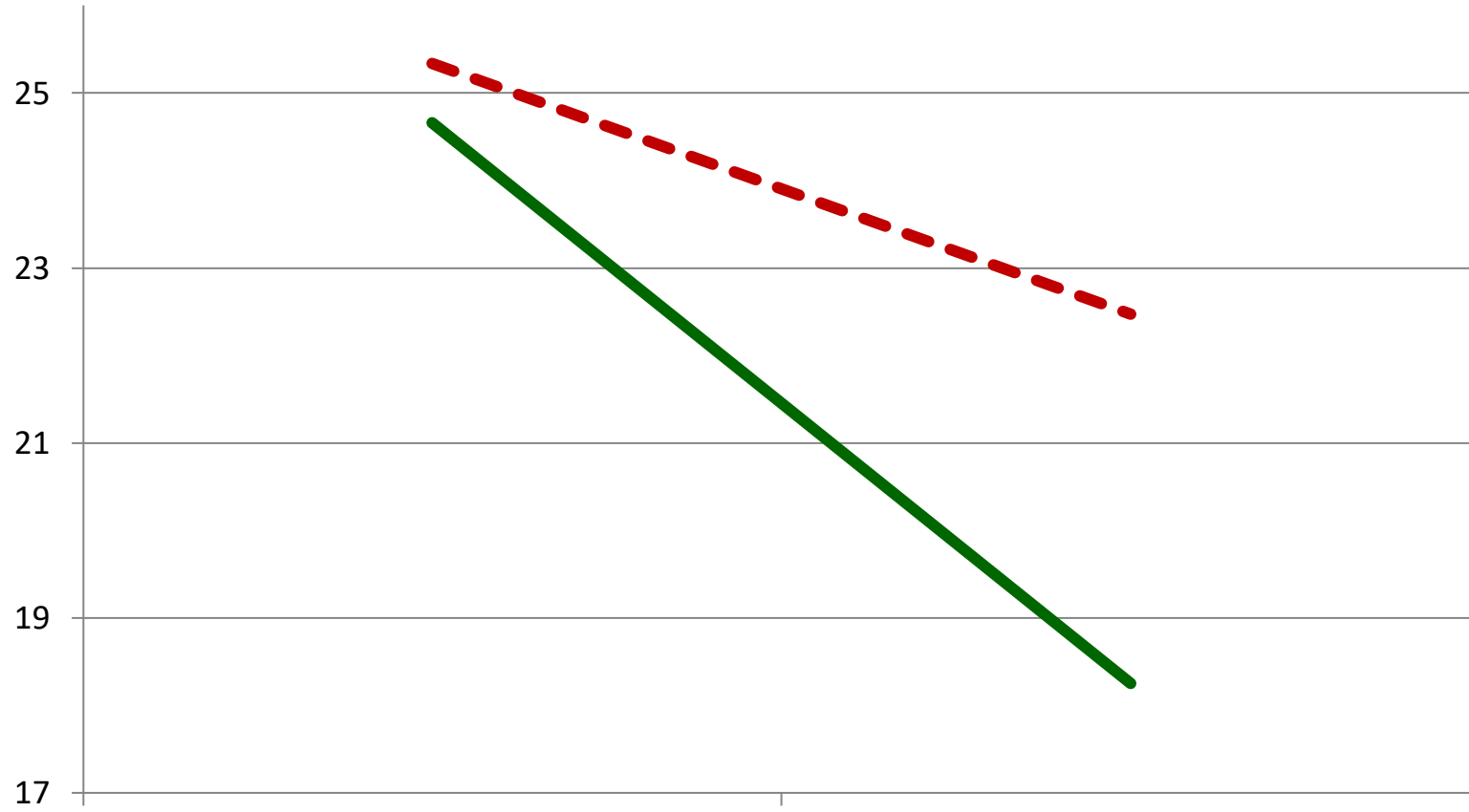
Yearly H.S. Drop-out



	98	06
FPC Funded (n=28)	8.57	5.37
Non-Funded (n=10)	6.04	6.48

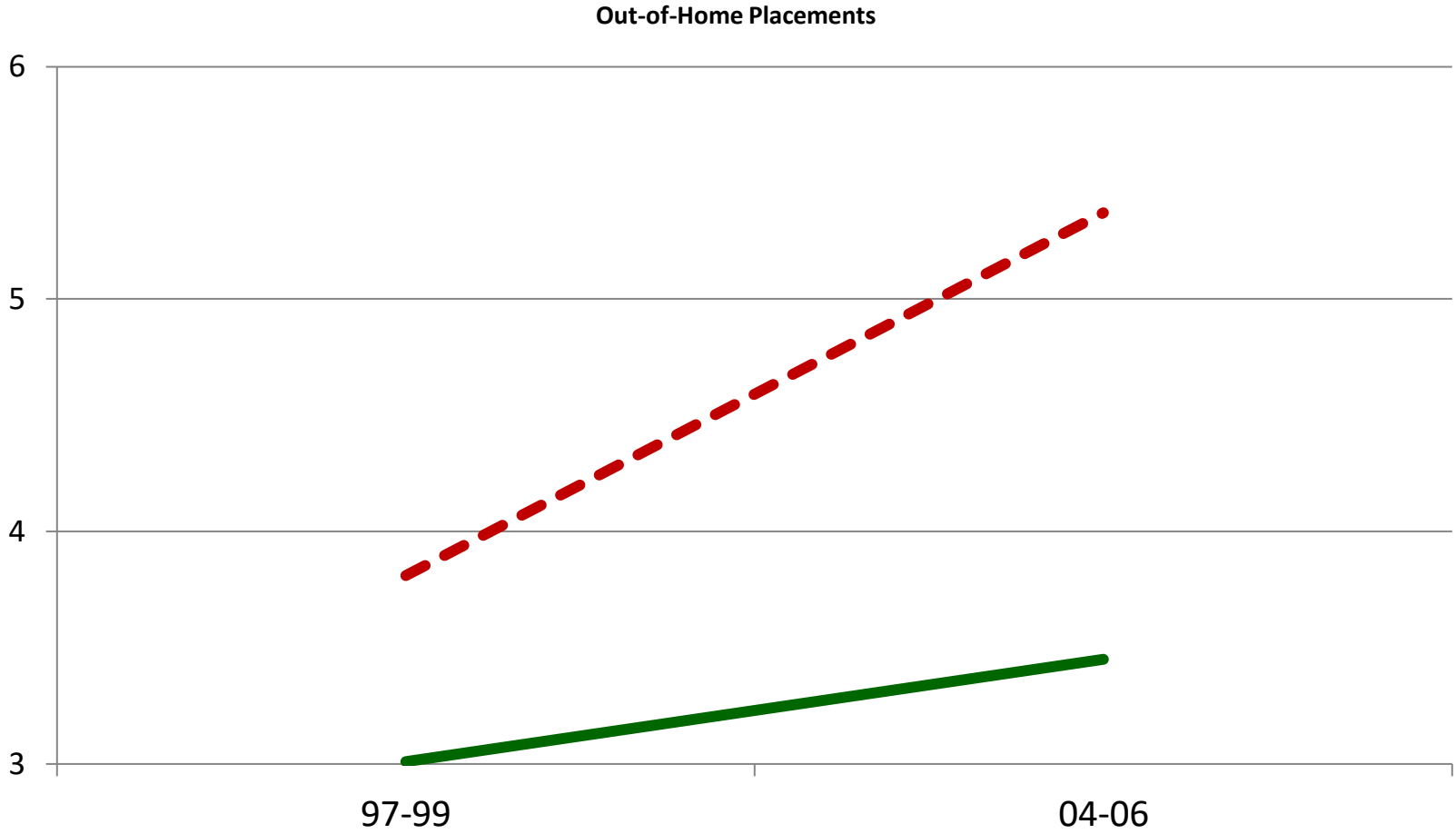
Dropping Out During High School

Freshman to Senior Drop-out



	98	06
FPC Funded (n=28)	24.66	18.25
Non-Funded (n=10)	25.34	22.47

Child Out-of-Home Placements

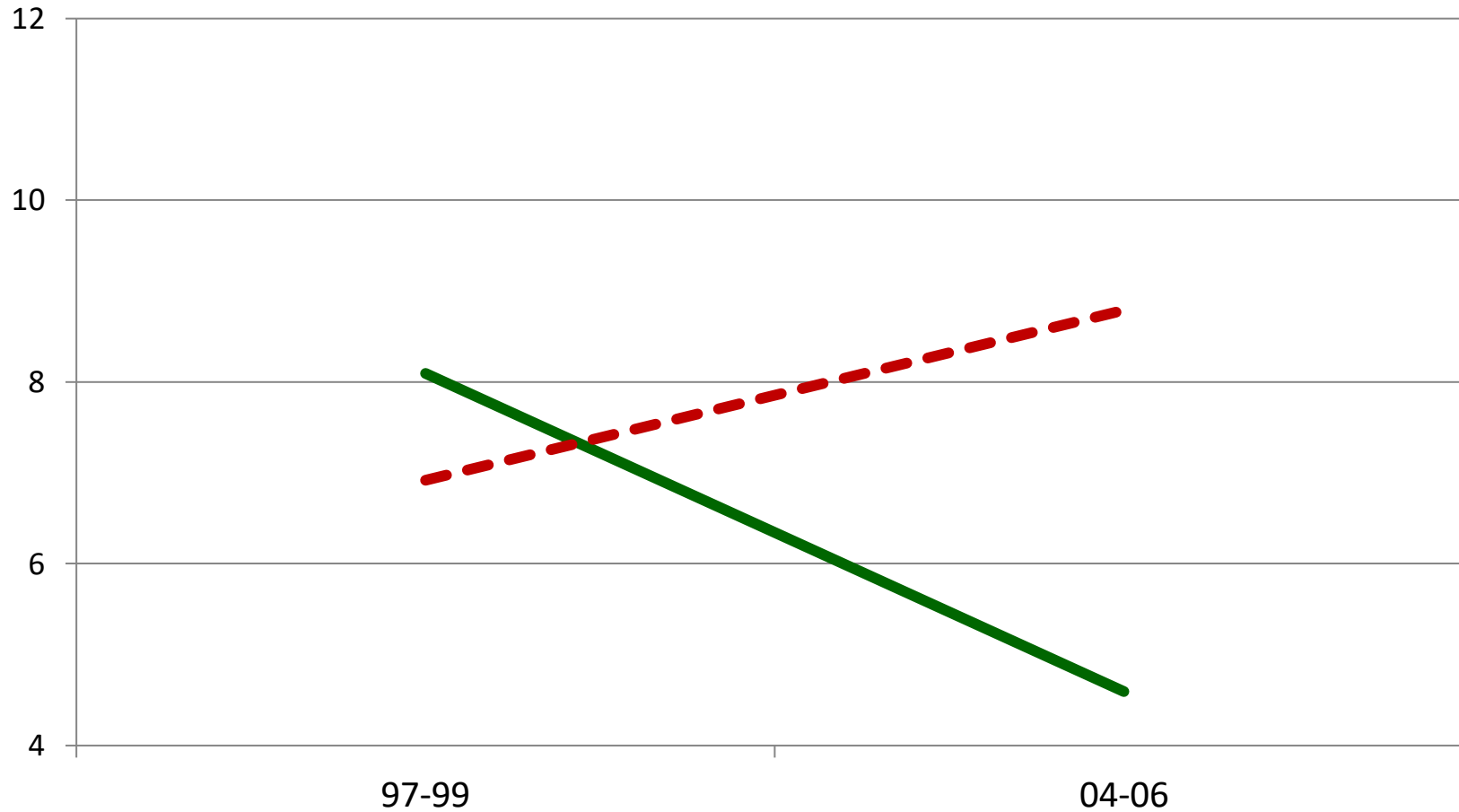


Out-of-Home Placements

	97-99	04-06
FPC Funded (n=28)	3.01	3.45
Non-Funded (n=10)	3.81	5.37

Births to Teen Mothers

Large Communities**

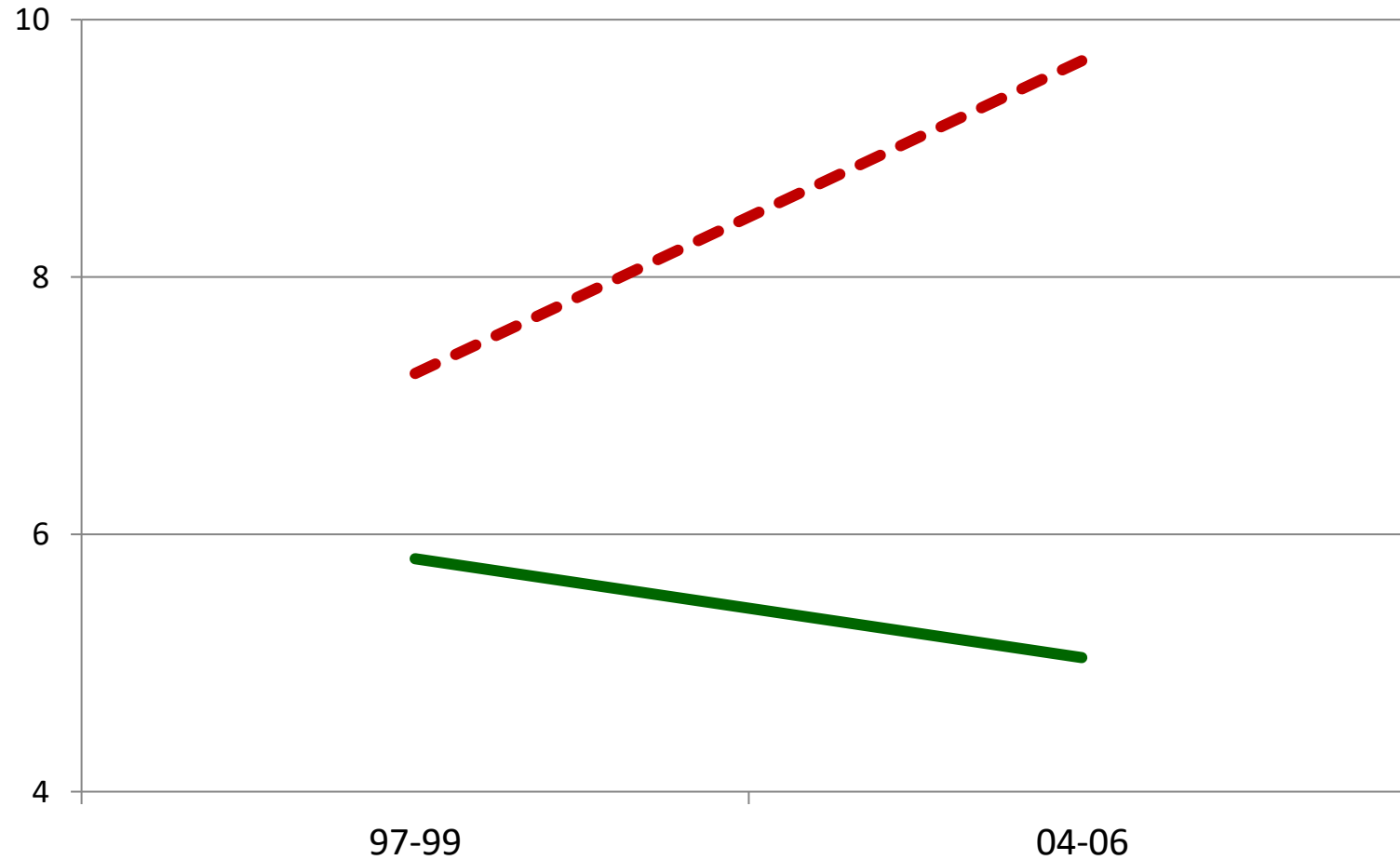


Large Communities**

	97-99	04-06
FPC Funded (n=28)	8.09	4.59
Non-Funded (n=10)	6.92	8.79

Child Suicide

Large Communities



	Large Communities	
	97-99	04-06
FPC Funded (n=28)	5.81	5.04
Non-Funded (n=10)	7.25	9.68

Public Sector Savings

For a state-wide investment of \$4m/year

Conservative estimate for only

- Pregnancy ages 10-17
- Dropping out of high school
- Out of home placement
- Juvenile Felony crime

\$56m Biennial Savings (\$1/\$7 current biennium savings)

Long term savings: \$296m; Long term cost/cost avoidance
\$1/\$37

Felt Needs

What needs to be done in order to address deficiencies from the past.



Strategic Needs

What needs to be done in order to move to a desired future.

Adverse Childhood Experience Study

- Largest Study of its Kind
- Over 17,000 participants
- Both Retrospective and Prospective
- Over 100 Peer-Reviewed Journal Articles
- Helps Us Understand Drivers of Population Health and Wellbeing
- Shifting the Paradigm of Global Health Promotion

Adverse Childhood Experiences

Abuse

ACE Score = Number of Categories

1. Child physical abuse (28%)
2. Child sexual abuse (21%)
3. Child emotional abuse (11%)

Neglect

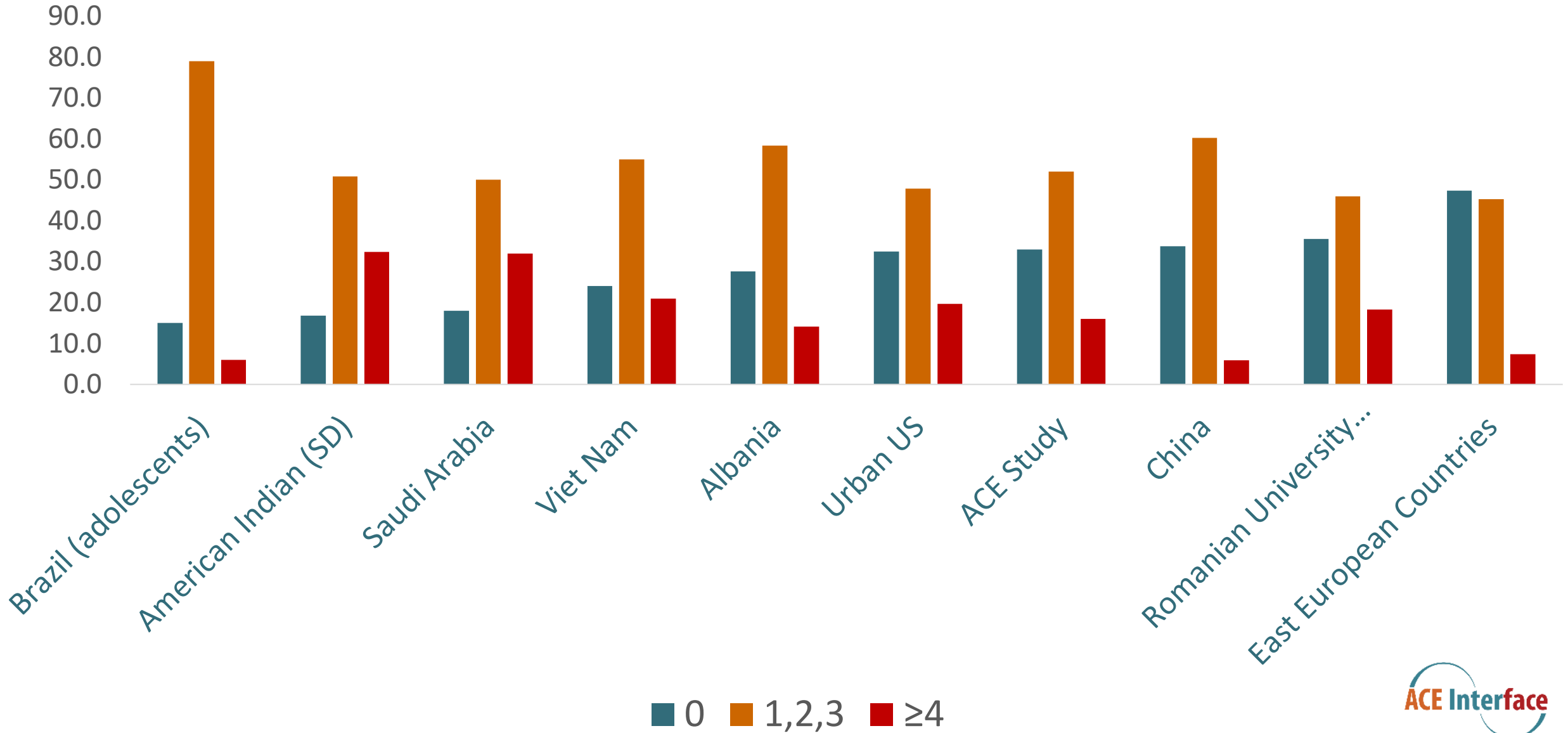
4. Physical Neglect (10%)
5. Emotional Neglect (15%)

Indicators of Family Dysfunction

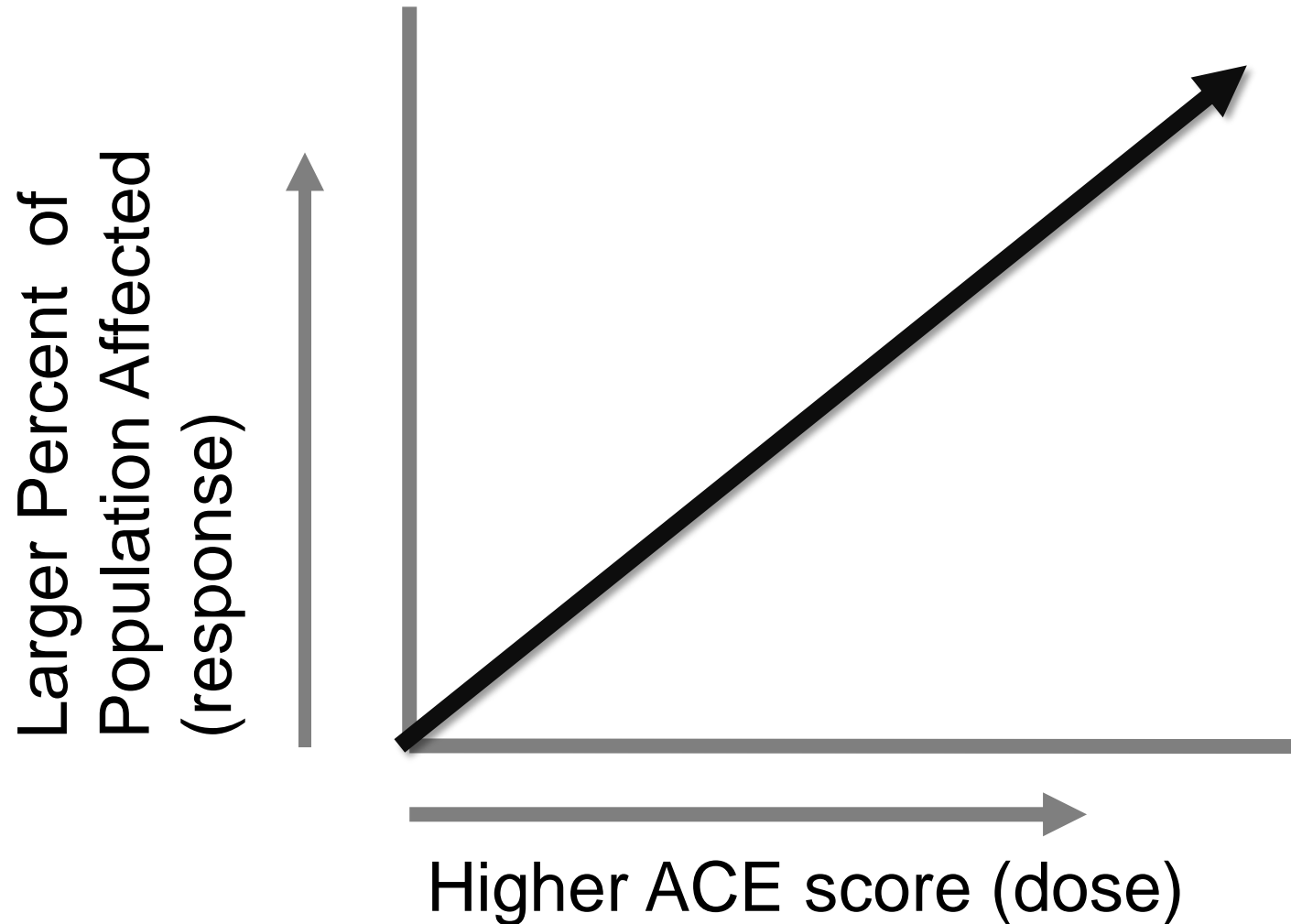
6. Mentally ill, depressed or suicidal person in the home (19%)
7. Drug addicted or alcoholic family member (27%)
8. Parental discord – indicated by divorce, separation (23%)
9. Witnessing domestic violence against the mother (13%)
10. Incarceration of any family member (5%)

ACEs are Common Across the Globe

1-3 range: 45-79%; ≥ 4 range: 6-32%



ACE: Cumulative Effect

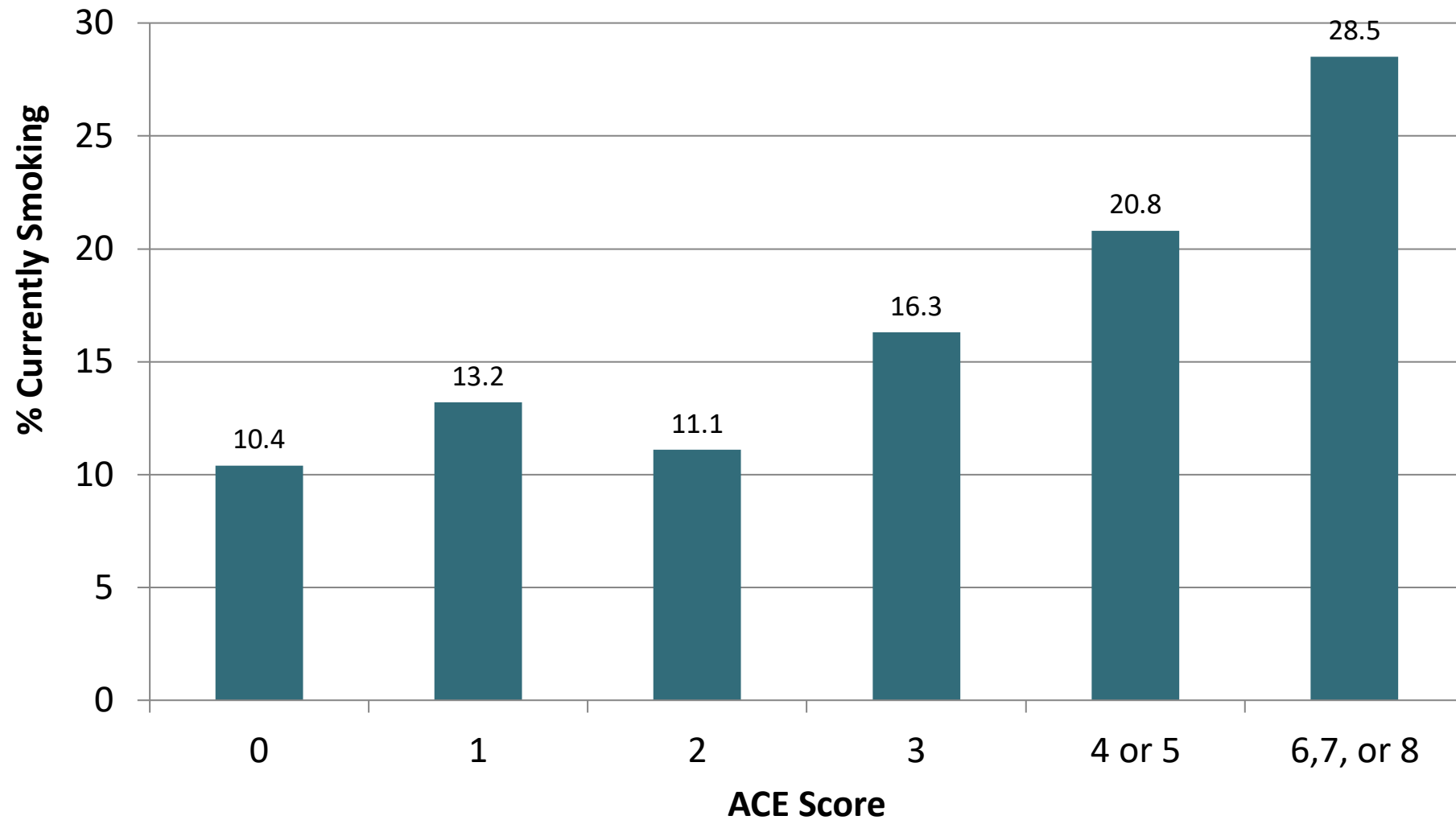


Dose-response is a direct measure of cause and effect.

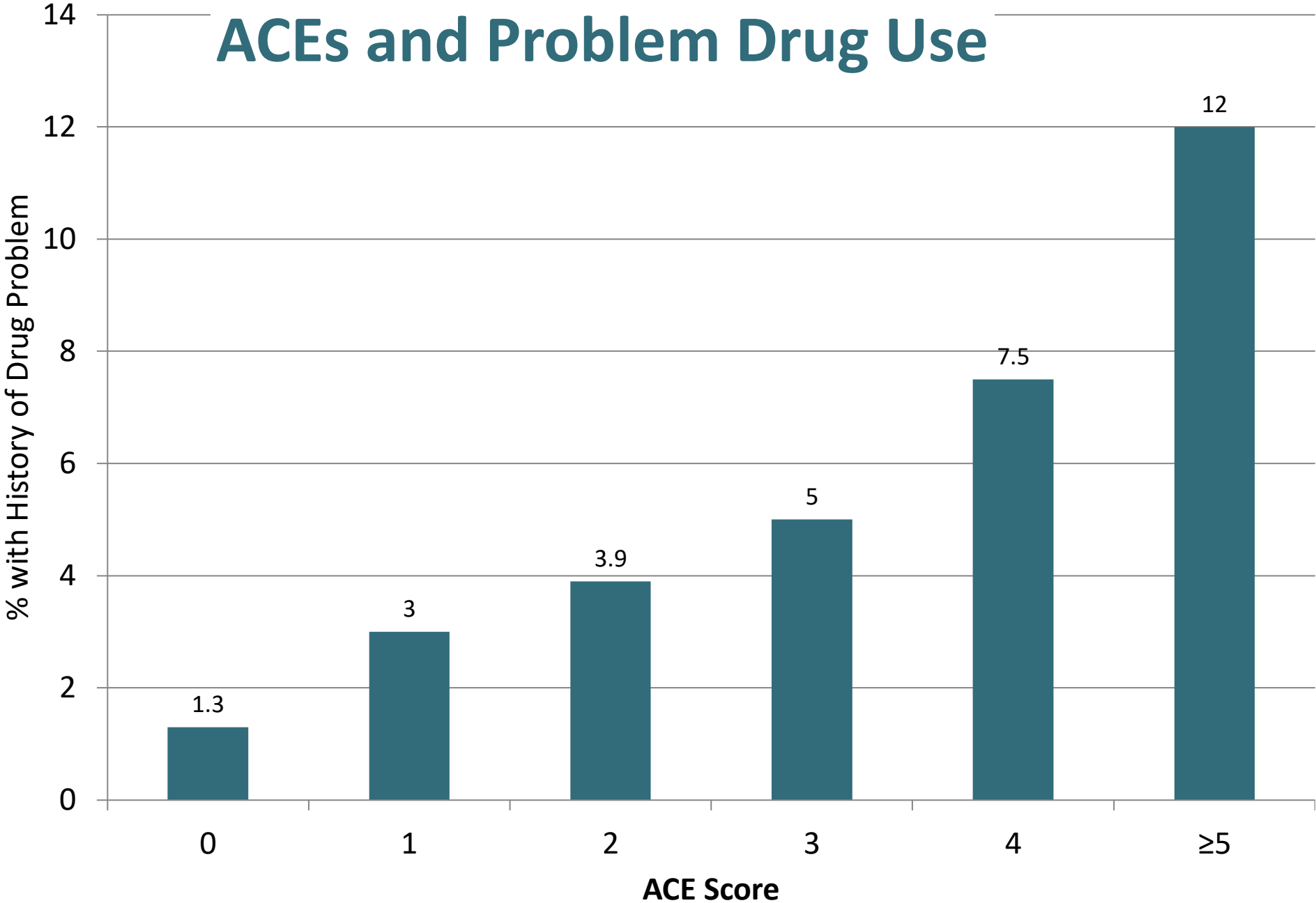
A classic causal relationship
More ACE = more health problems

ACEs & Risk

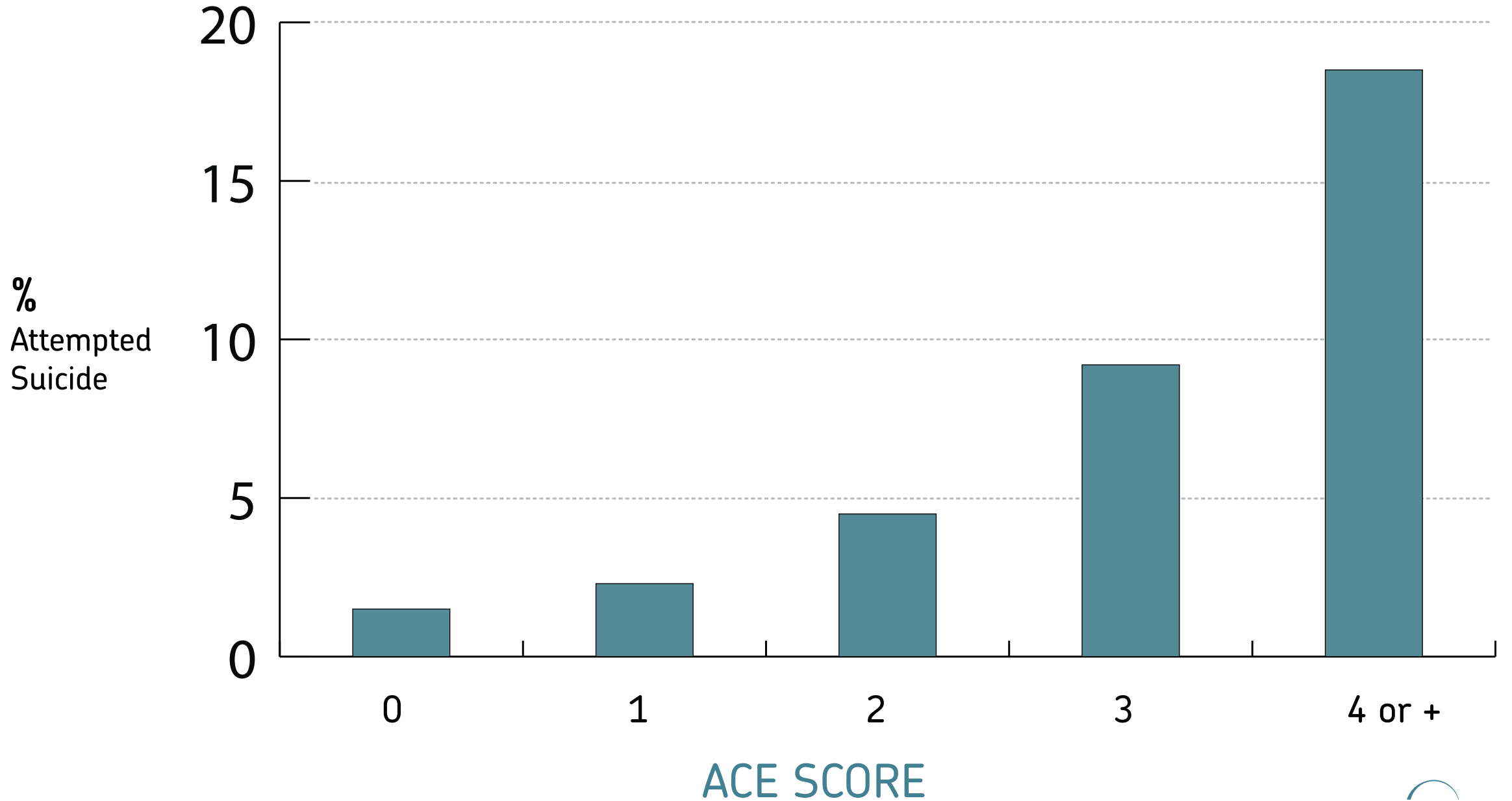
Smoking



ACEs and Problem Drug Use

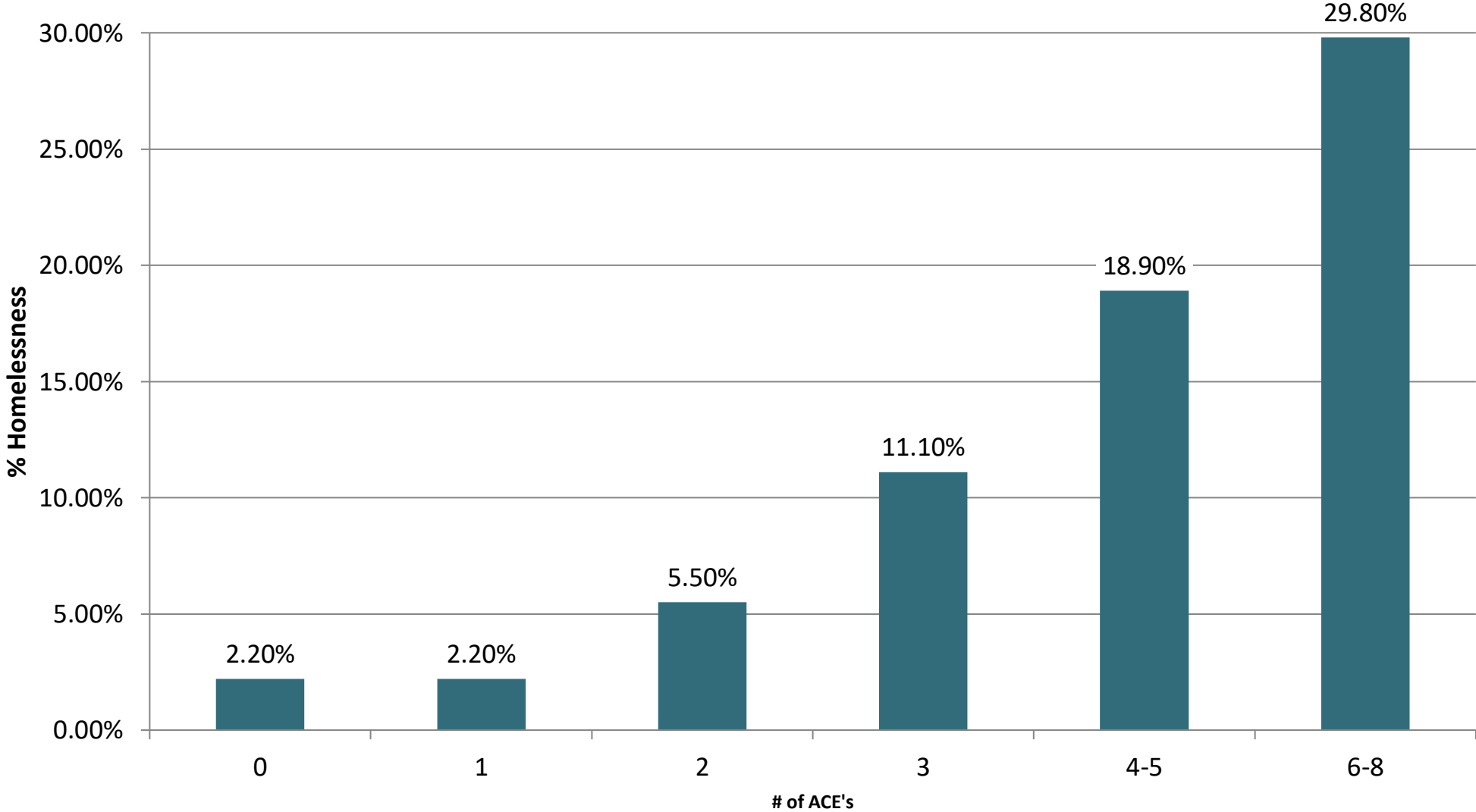


ACEs & Suicide Attempt



ACEs & Homelessness

Ages 25-54

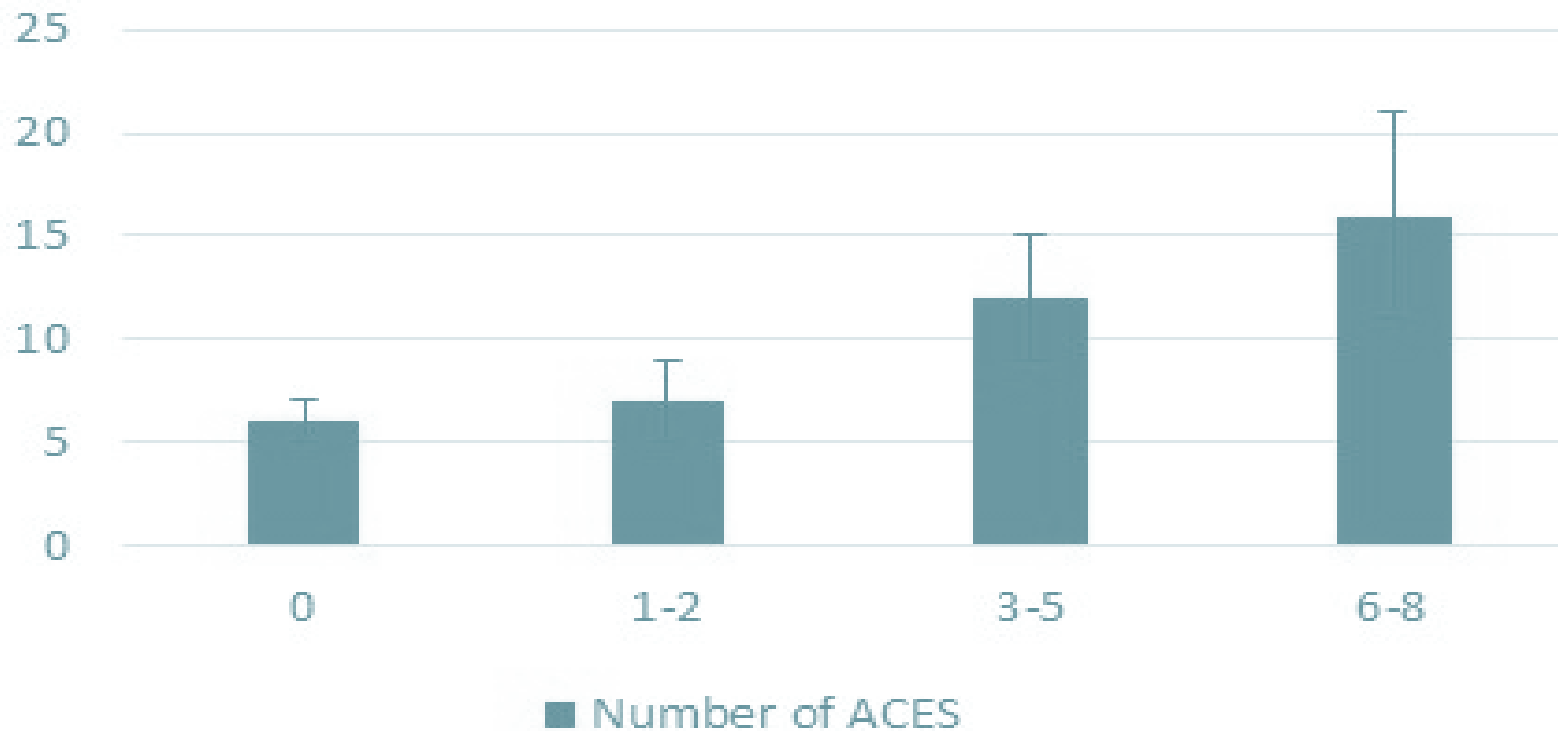


2010 WA BRFSS – Preliminary; Based on < Full Year of Data



Seatbelt Use

Do Not Always Wear Seatbelt When Driving or Riding in Car, Ages 18-44



ACEs Drive Expensive Health Conditions

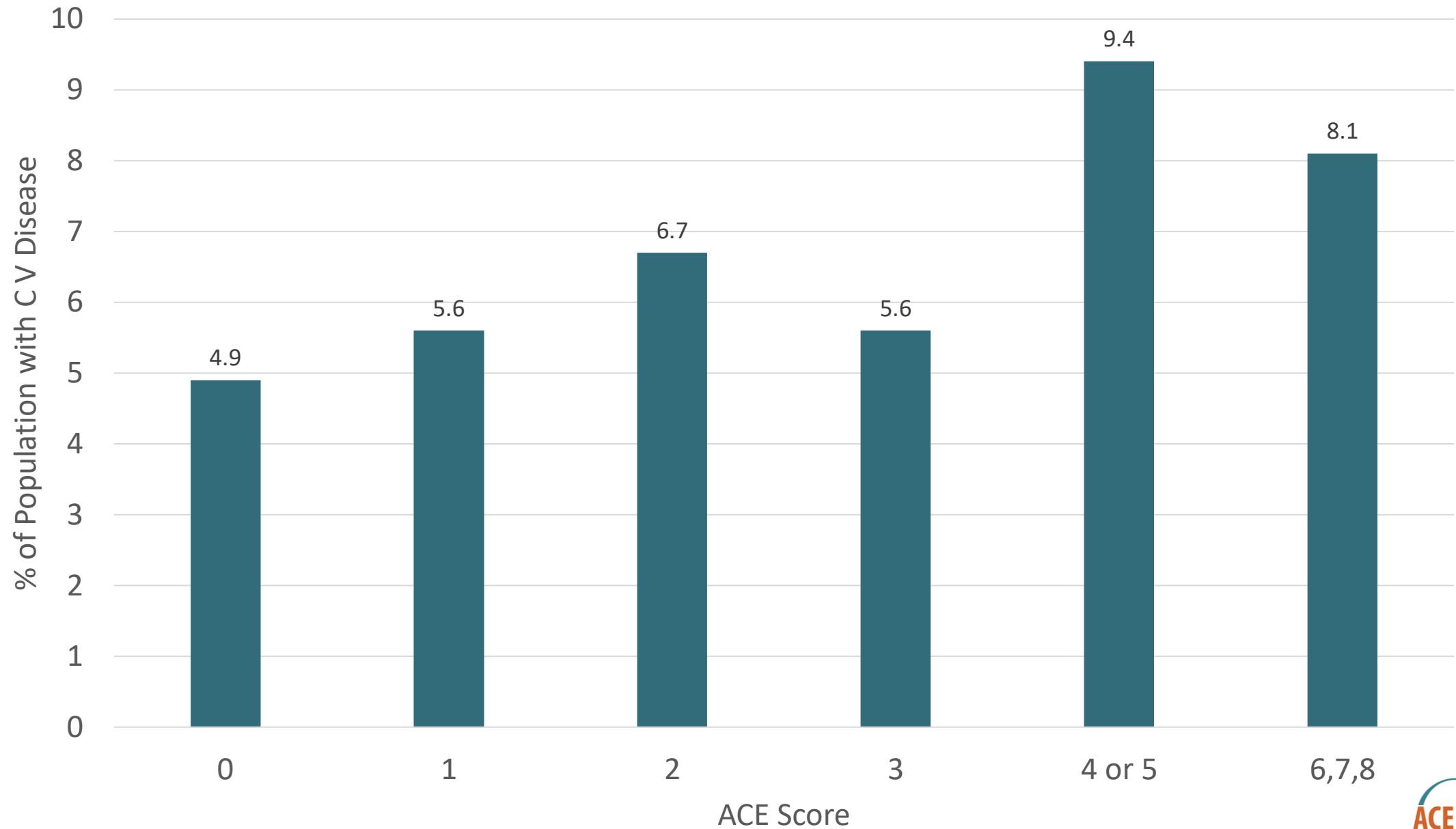
The most expensive health conditions:

1. Heart disease
2. Cancer
3. Trauma
4. Mental disorders
5. Pulmonary conditions

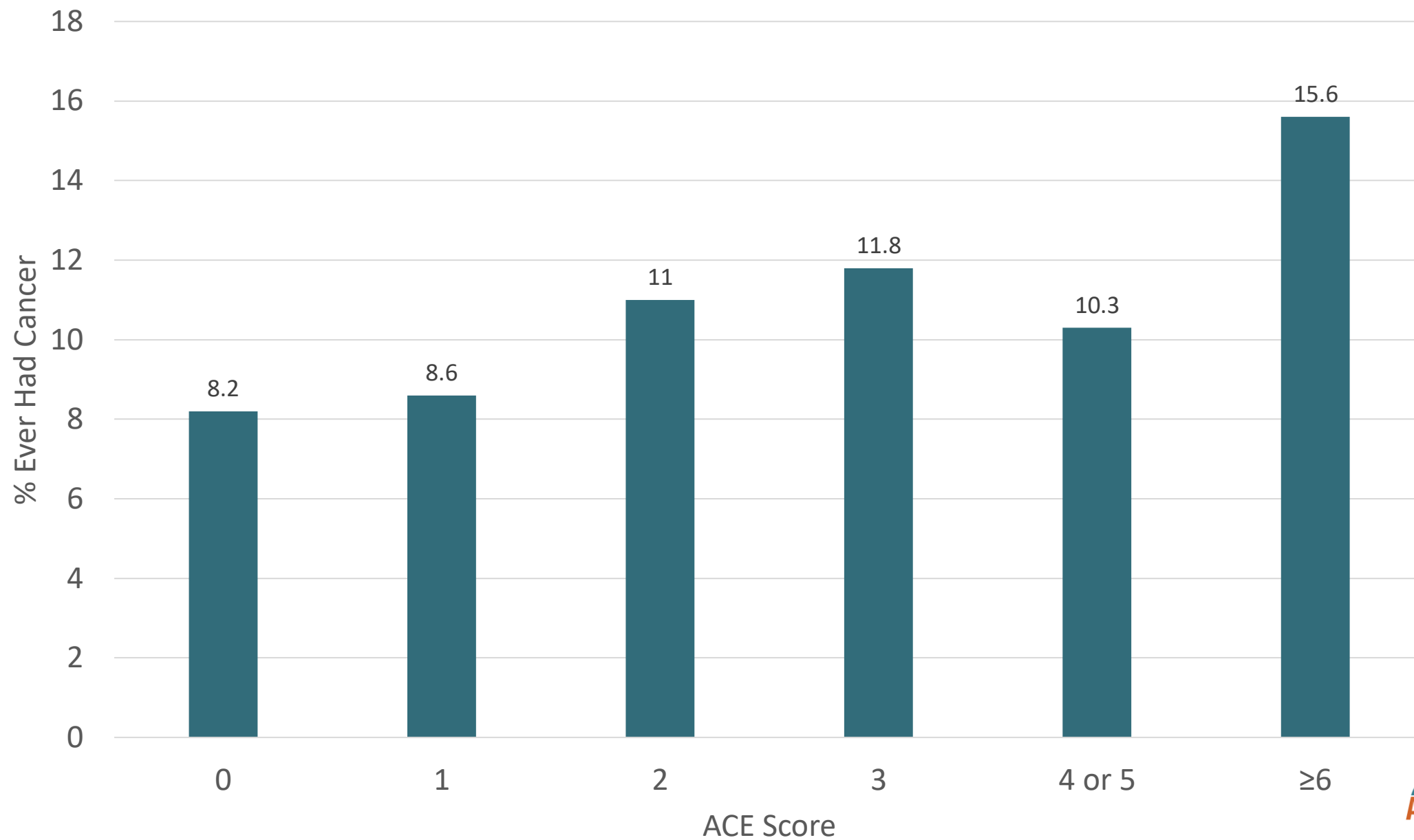
Heart disease and trauma ranked 1st and 2nd for total spending

Cancer ranked 1st, heart disease 2nd highest for per-person costs

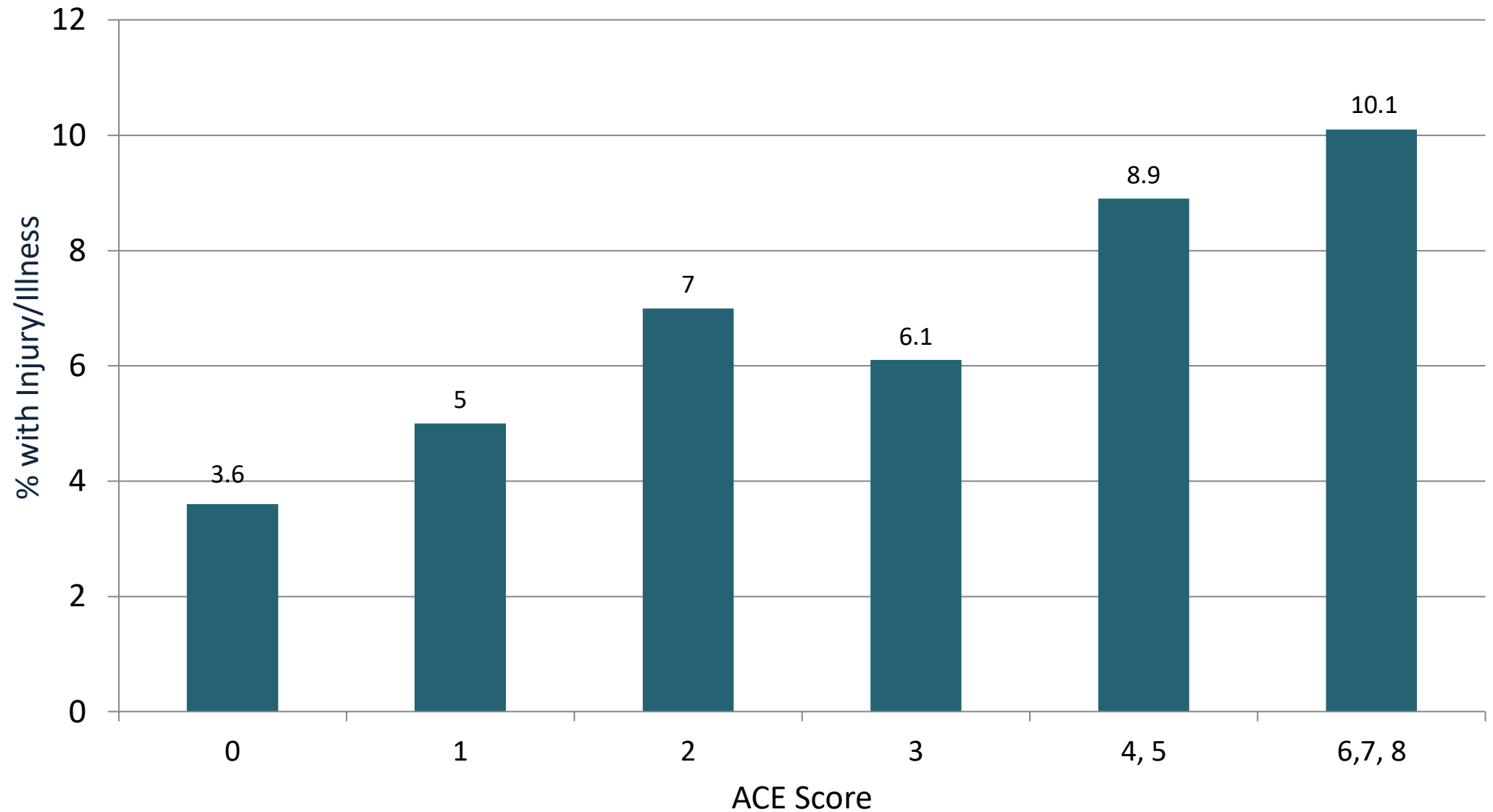
Cardio Vascular Disease



History of Cancer



Work-Related Injury/Illness in Past Year



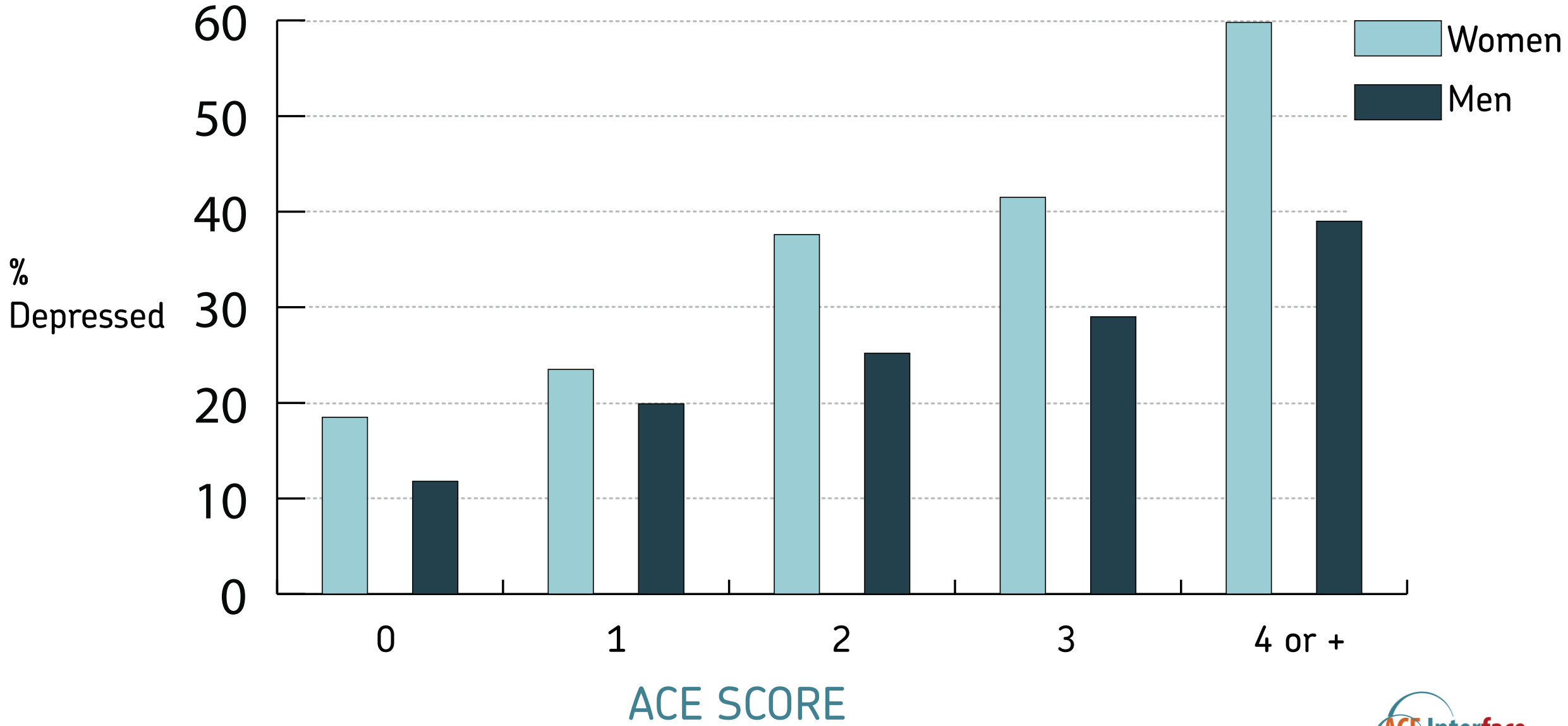
Common Chronic Conditions

25% of the U.S. population has one or more of five major chronic conditions:

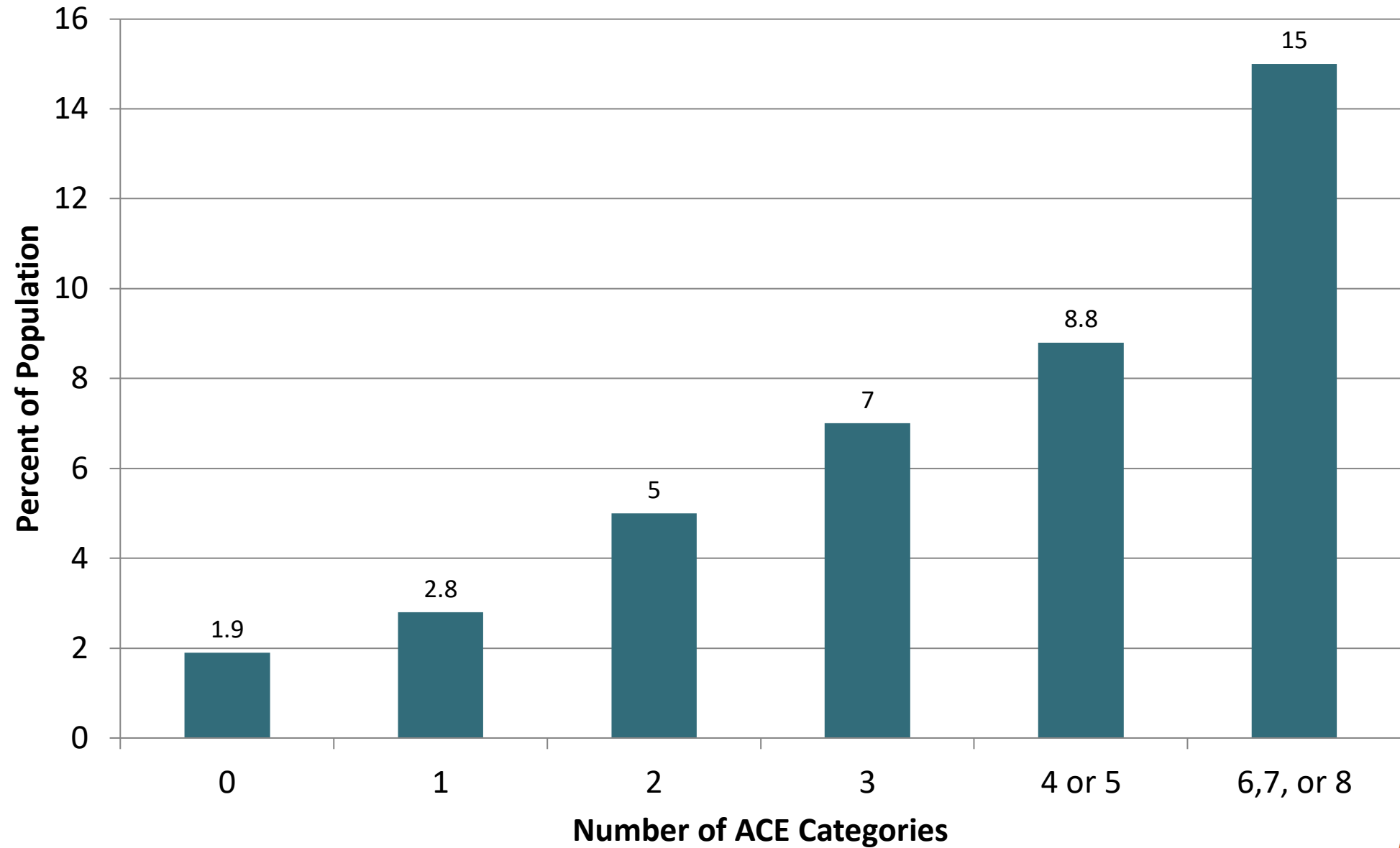
1. Mood disorders
2. Diabetes
3. Heart disease
4. Asthma
5. Hypertension

Expenses for people with one chronic condition twice as great as for those without any chronic conditions.

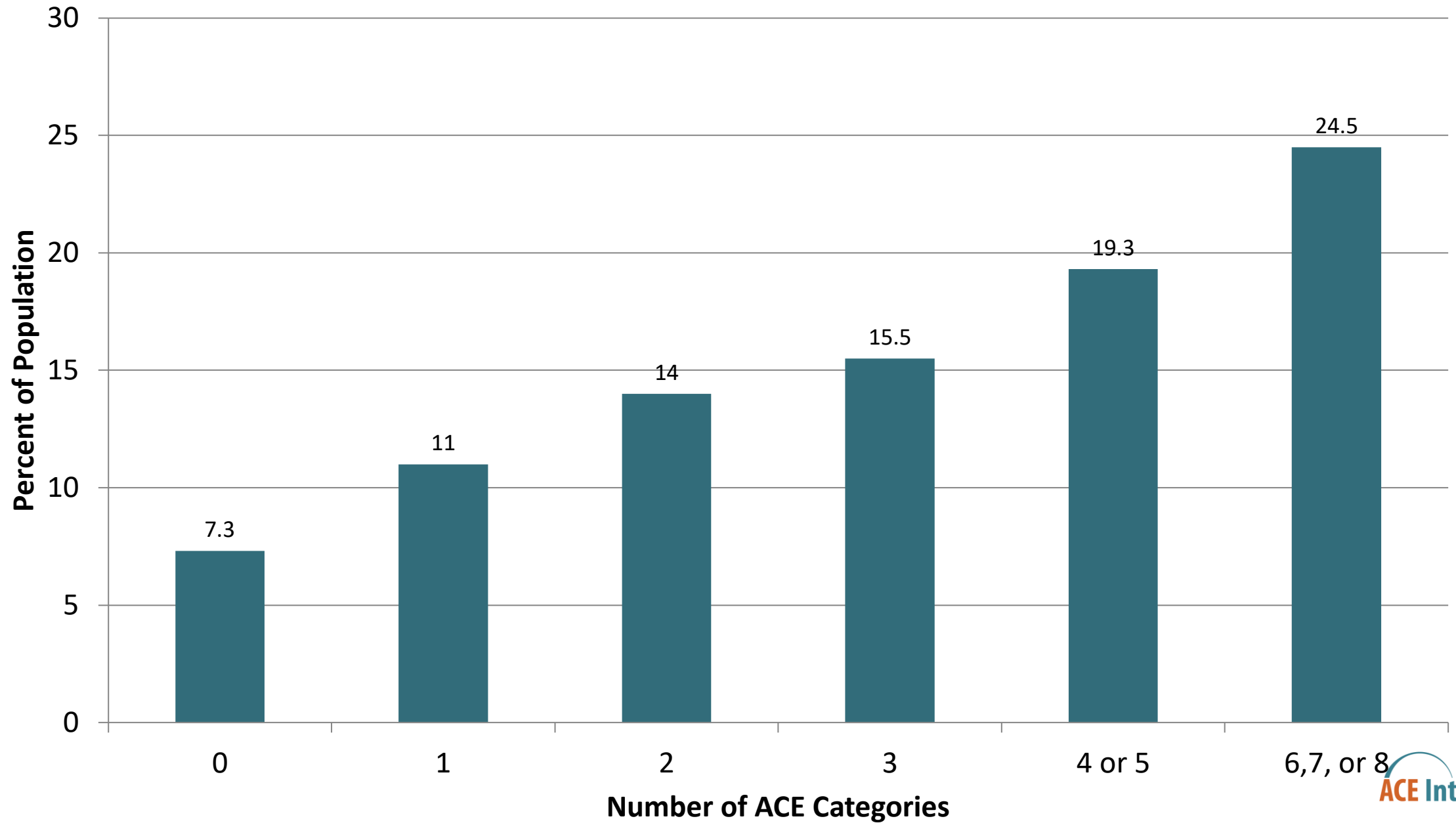
ACEs & Depression



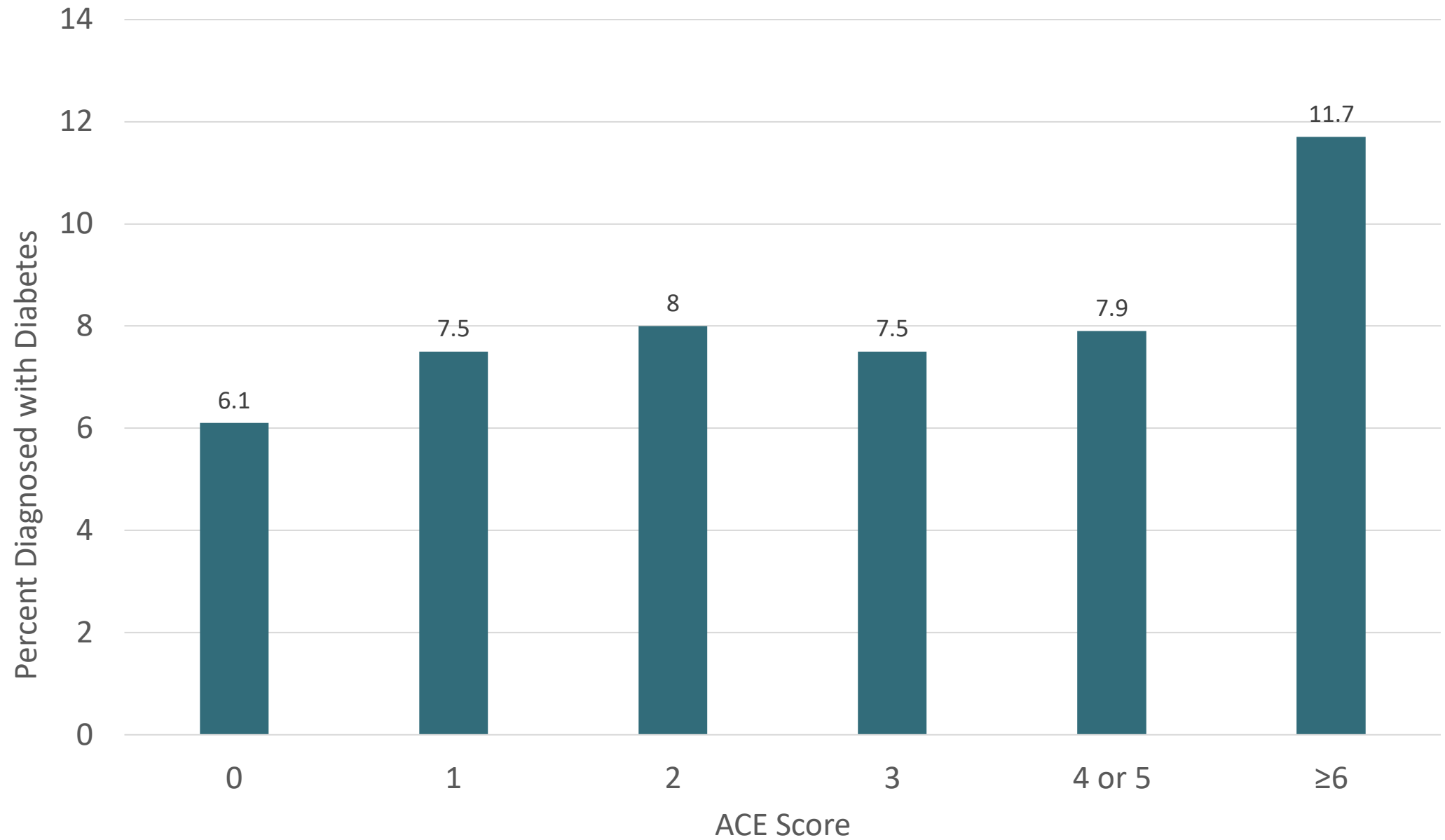
Anxiety



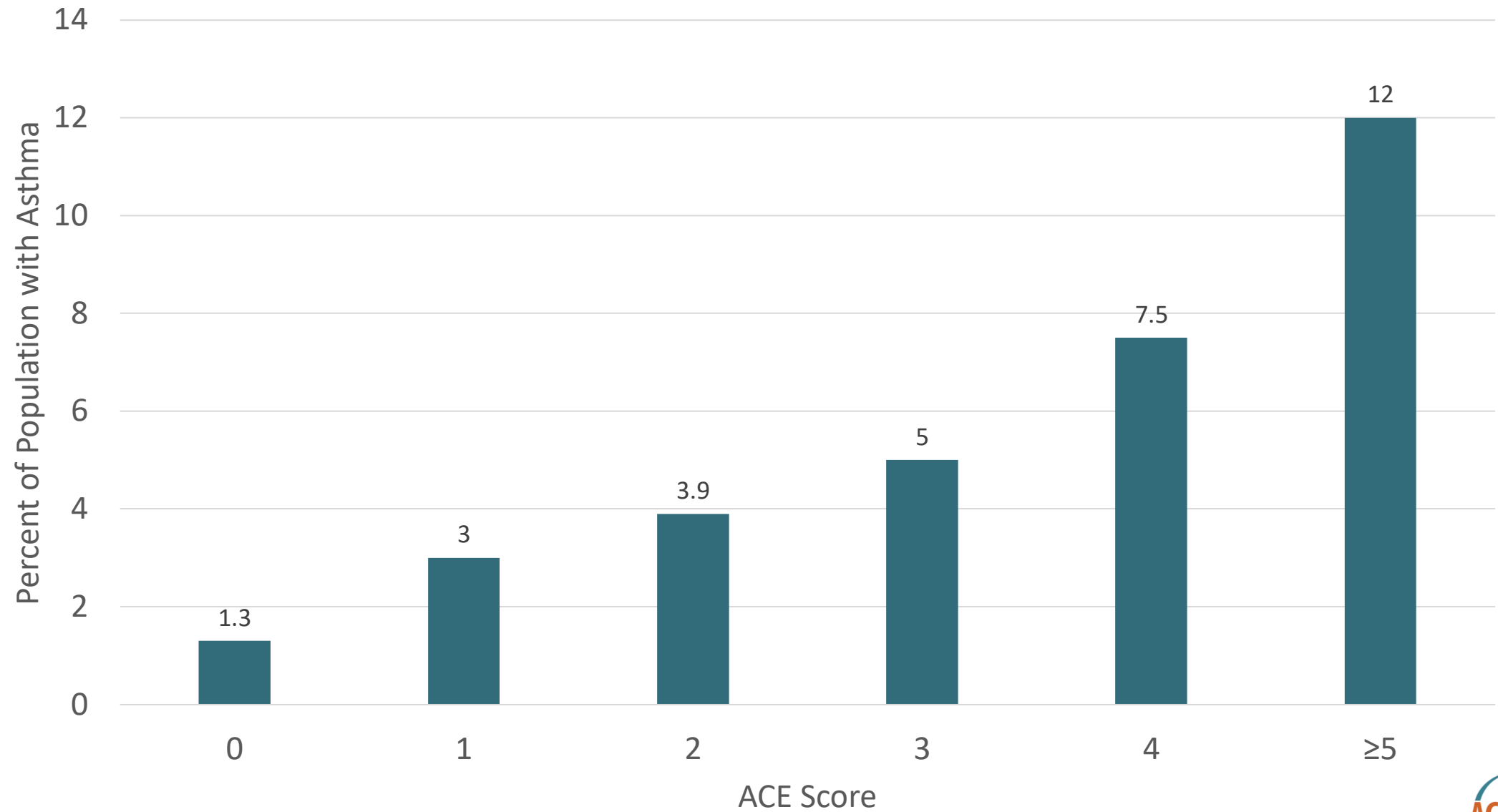
Treatment: Mental Health Condition



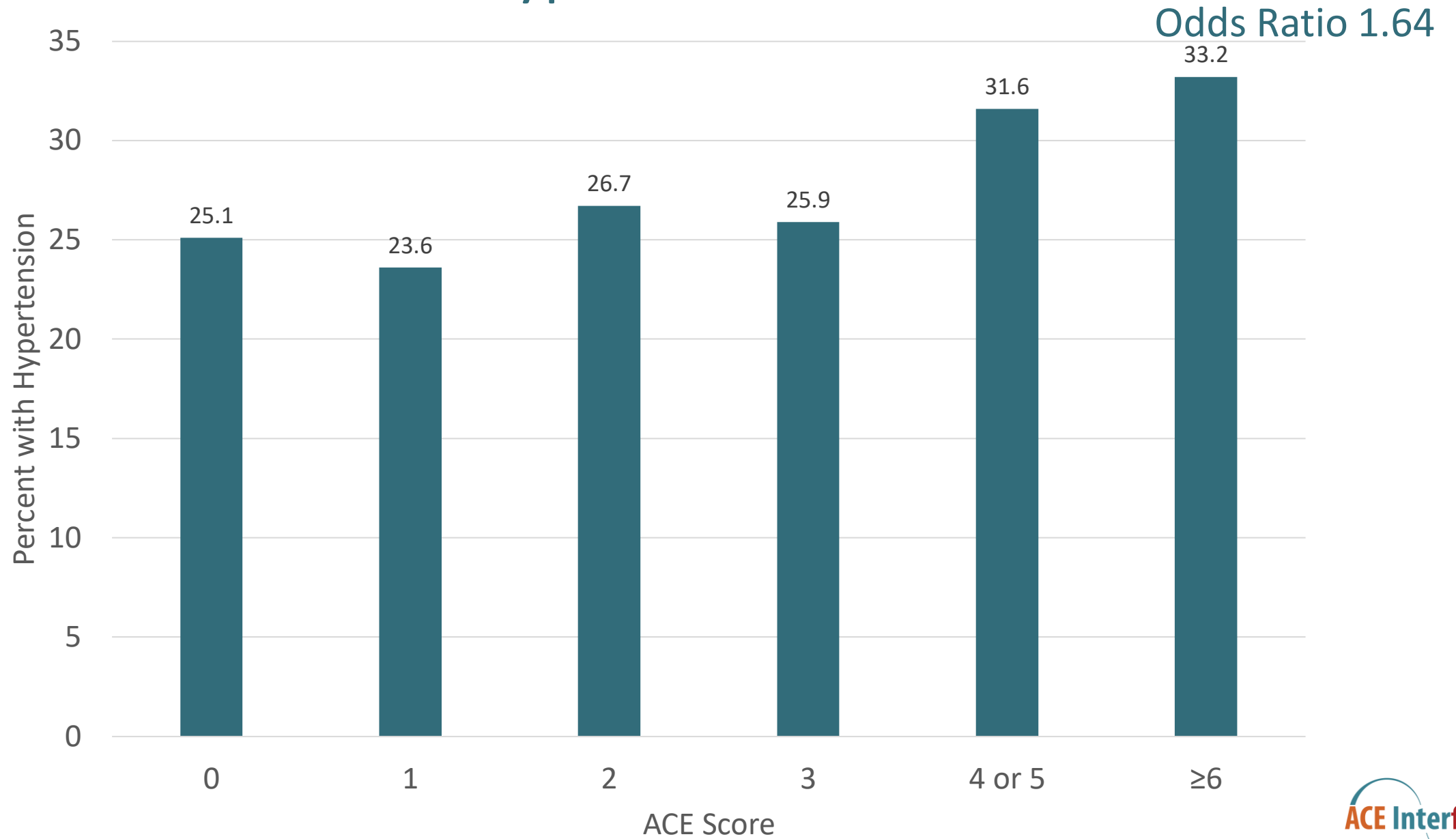
Diabetes



Asthma



Hypertension

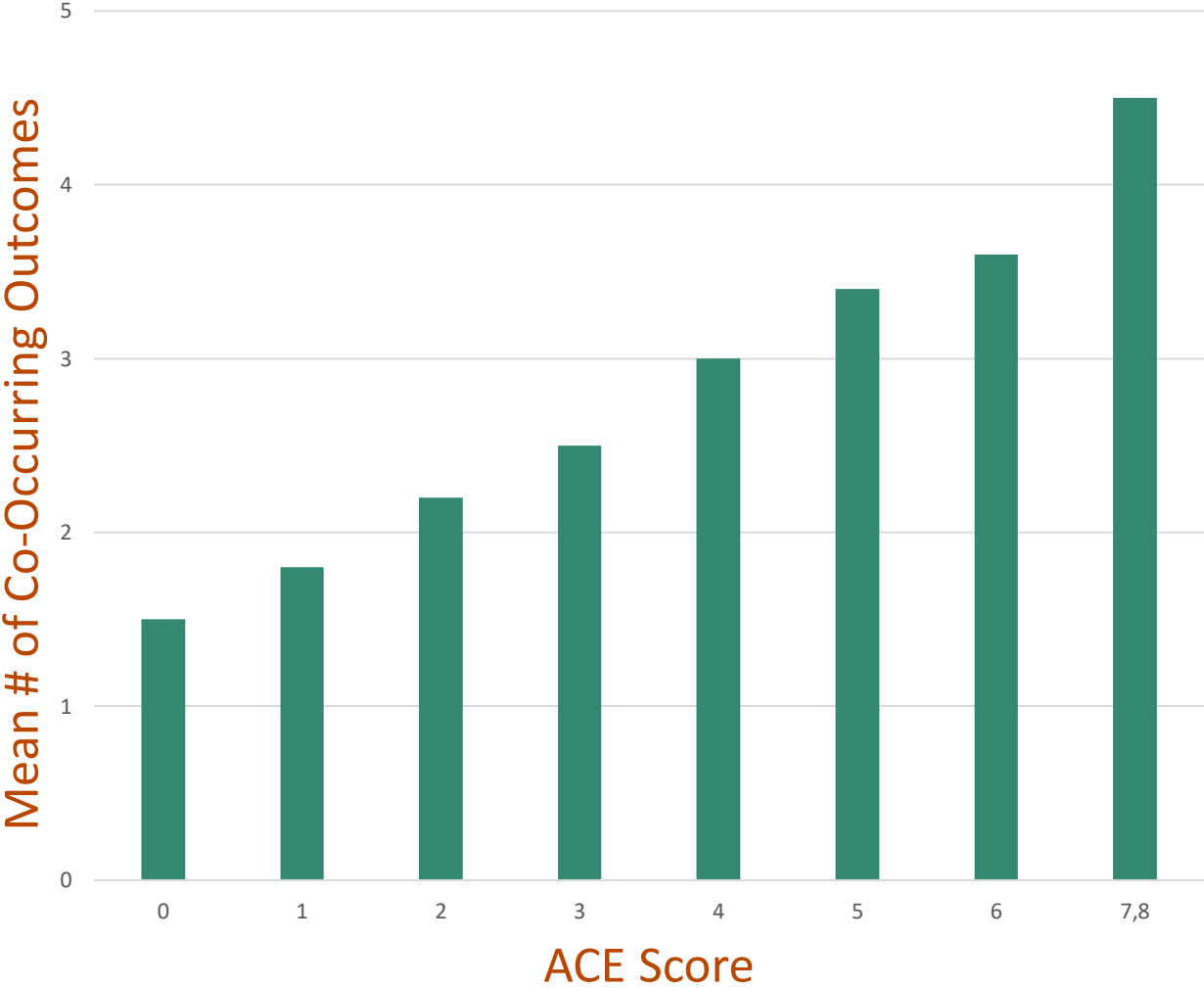


Co-Occurring Chronic Conditions

People with chronic conditions tend to have other conditions and illnesses.

When the other illnesses are added in, total expenses for people with five major chronic conditions rise to 49% percent of total health care costs.

ACEs and Co-Occurring Problems



Health & Social Problems

- Panic Reactions
- Depression
- Anxiety
- Hallucinations
- Sleep Disturbances
- Severe Obesity
- Pain**
- Smoking
- Alcoholism
- Illicit Drug Use
- IV Drug Use
- Early Intercourse
- Promiscuity
- Sexual Dissatisfaction
- Amnesia (Childhood)
- Problems with Anger
- Perpetration of Family Violence

Affect Regulation

Somatic Issues

Substance Use

Sexuality

Memory

Arousal



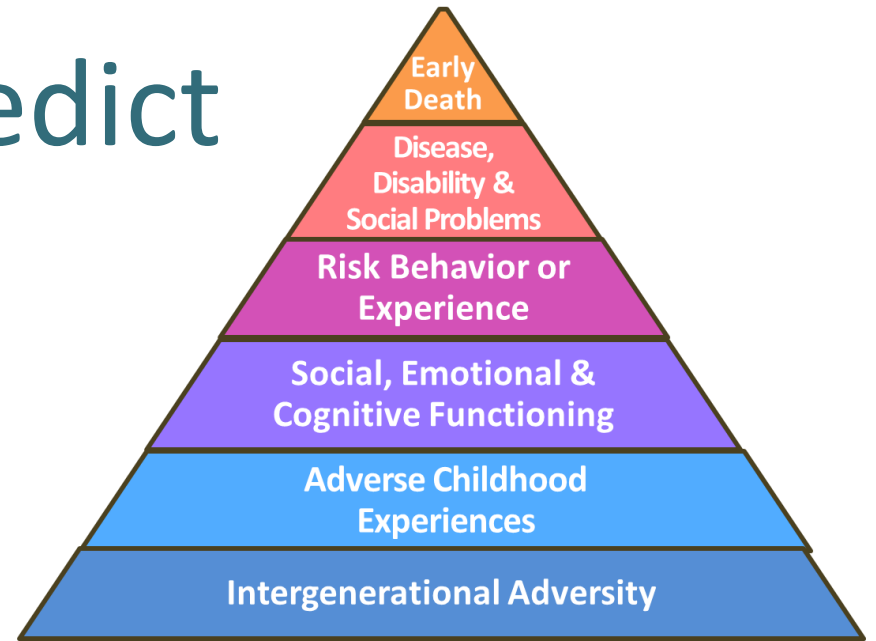
Cost of Chronic Conditions

Spending for those with ≥ 5 chronic conditions was 14x greater than spending for those without chronic conditions. (RWJ, 2002)

Persons with ≥ 5 conditions also have high hospital expenditures. In New York State during 2002, of the 1.3 million different persons admitted to the hospital, the 27% with ≥ 5 chronic conditions accounted for 47% of all hospital inpatient costs. (Friedman, 2006)

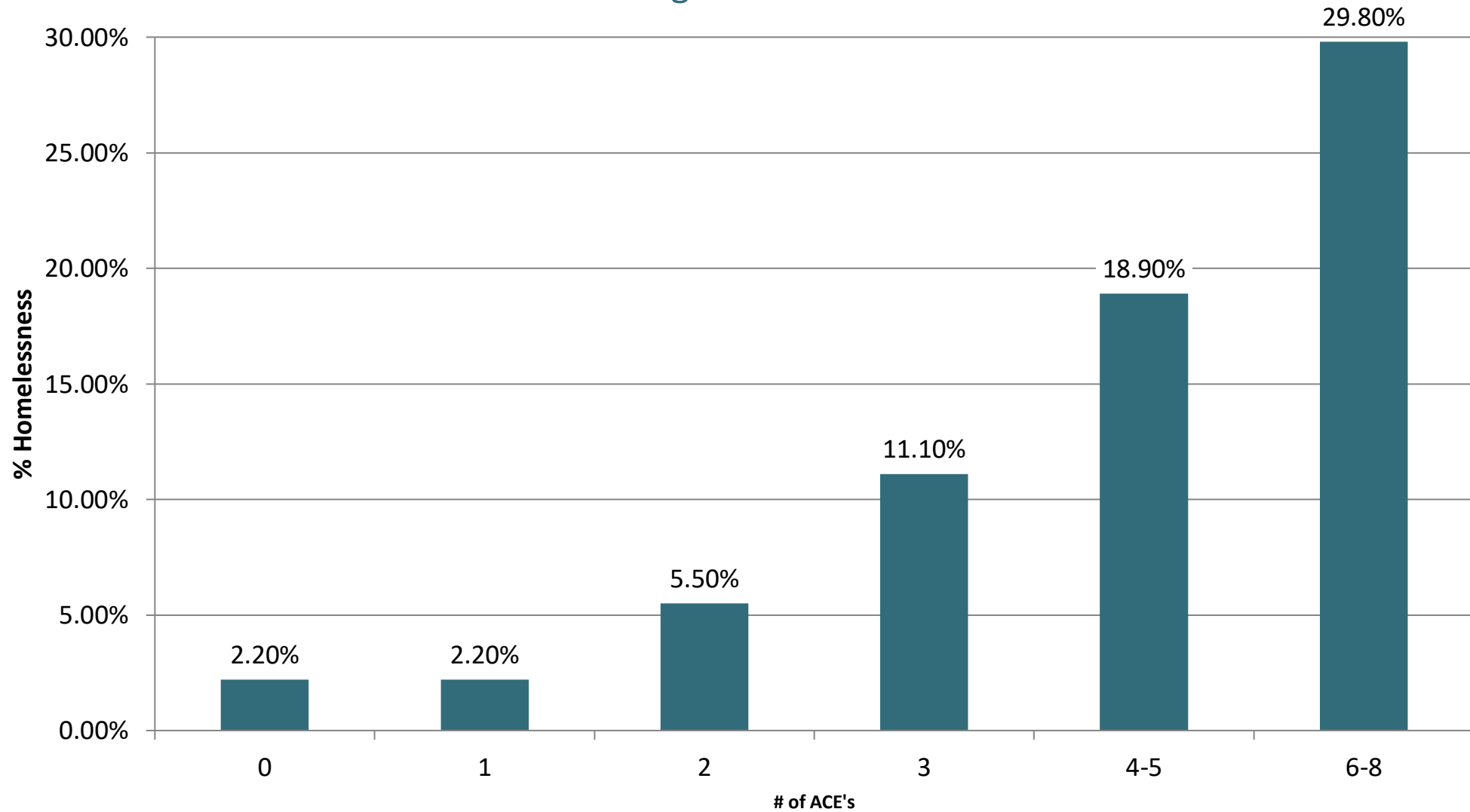
ACEs reliably predict

- Risk behavior
- Social problems
- Disease
- Disability
- Generational transmission of adversity
- Early death



ACEs & History of Homelessness

Ages 25-54



Santa Clara County Social Impact Bonds

Population: 200 people challenged by “chronic homelessness” = adult with disabling condition (e.g.: SA or MI), homeless one year or more who experienced ≥ 4 bouts of homelessness in past 3 years

Model: Assertive Community Treatment with Housing First with individualized innovation based on real time service usage across behavioral health, health care, justice, housing, & more, plus trends & analysis to support continuous improvement of tailored services

Repayment to investors: County will pay up to \$8m based on # of months of continuously stable housing, with an initial investment of \$6.9 investment.

Outcomes Attributable to ACEs

Risk

- Smoking
- Heavy drinking
- Obesity
- Risk of AIDS
- Taking painkillers to get high
- Obesity

Poor Mental Health

- Frequent mental distress
- Sleep disturbances
- Nervousness
- MH problem requiring medication
- Emotional problems restrict activities
- Serious & persistent mental illness

Health & Social Problems

- Fair or poor health
- Life dissatisfaction
- Health-related limits to quality of life
- Disability that impedes daily functioning
- Don't complete secondary education
- Unemployment
- History of adult homelessness

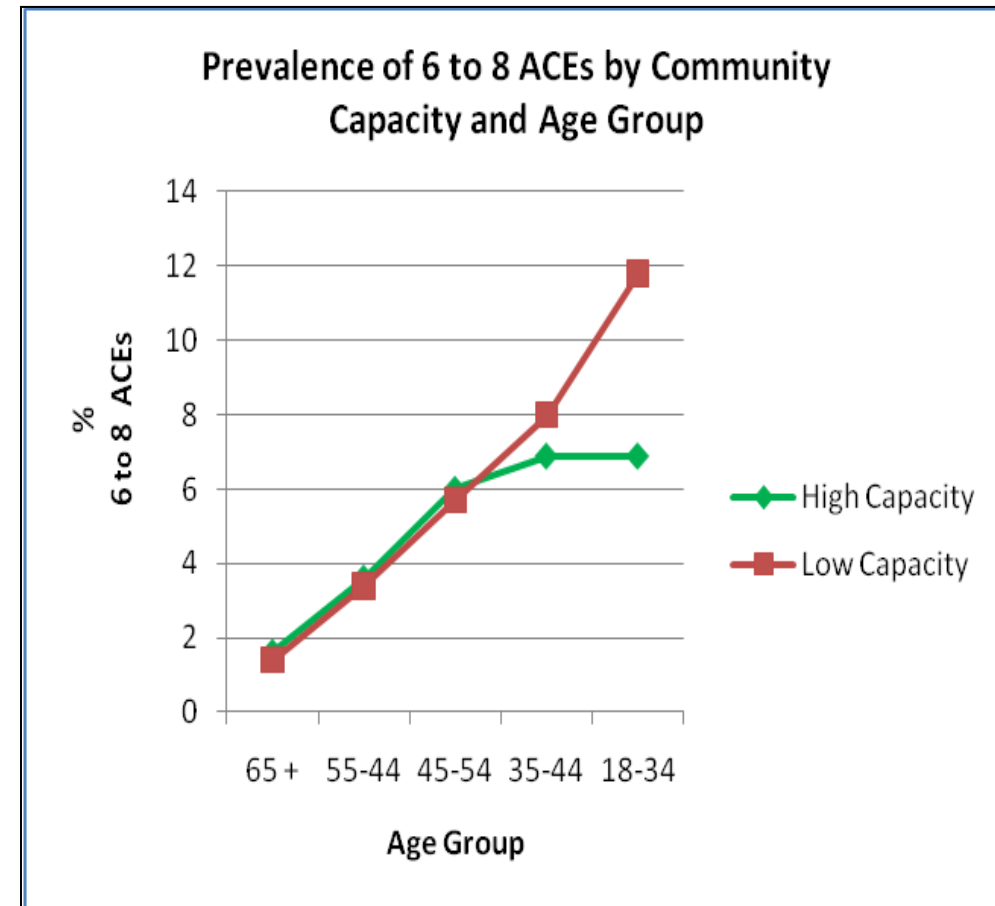
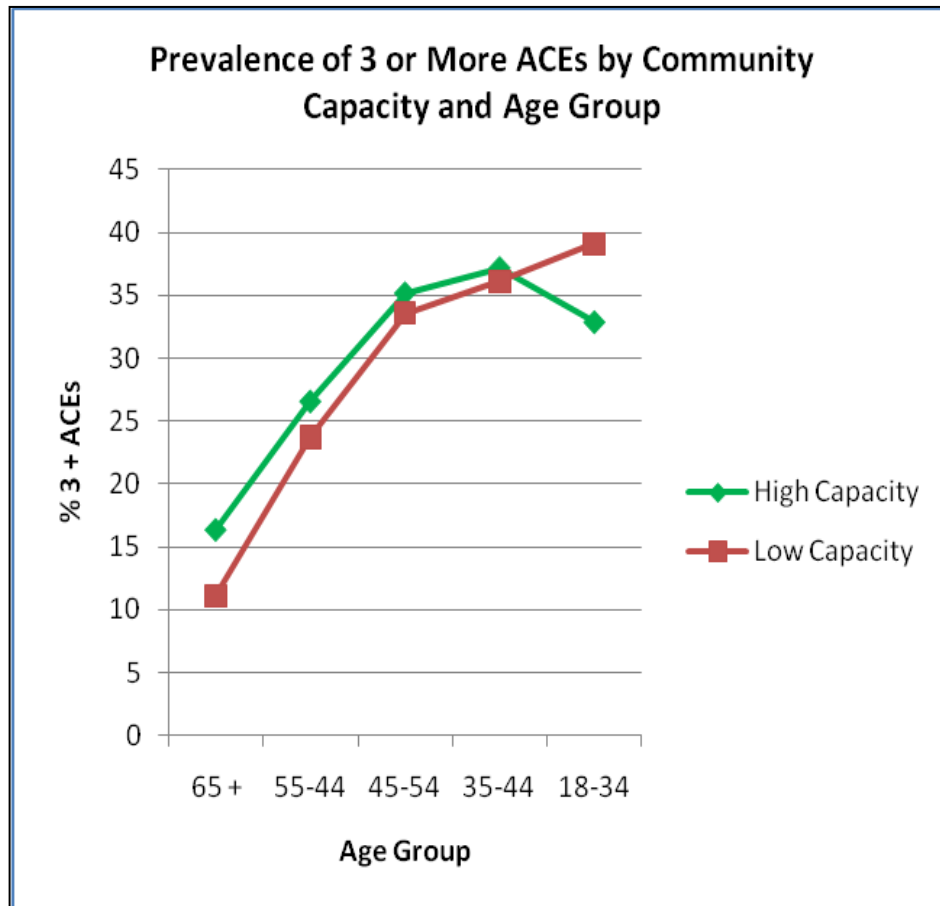
Prevalent Disease

- Cardiovascular
- Cancer
- Asthma
- Diabetes
- Auto immune
- COPD
- Ischemic heart disease
- Liver disease

Intergenerational ACE Transmission

- Mental Illness
- Drugs or Alcohol Problem
- Multiple divorces, separations
- Victim of family violence
- Adult incarceration

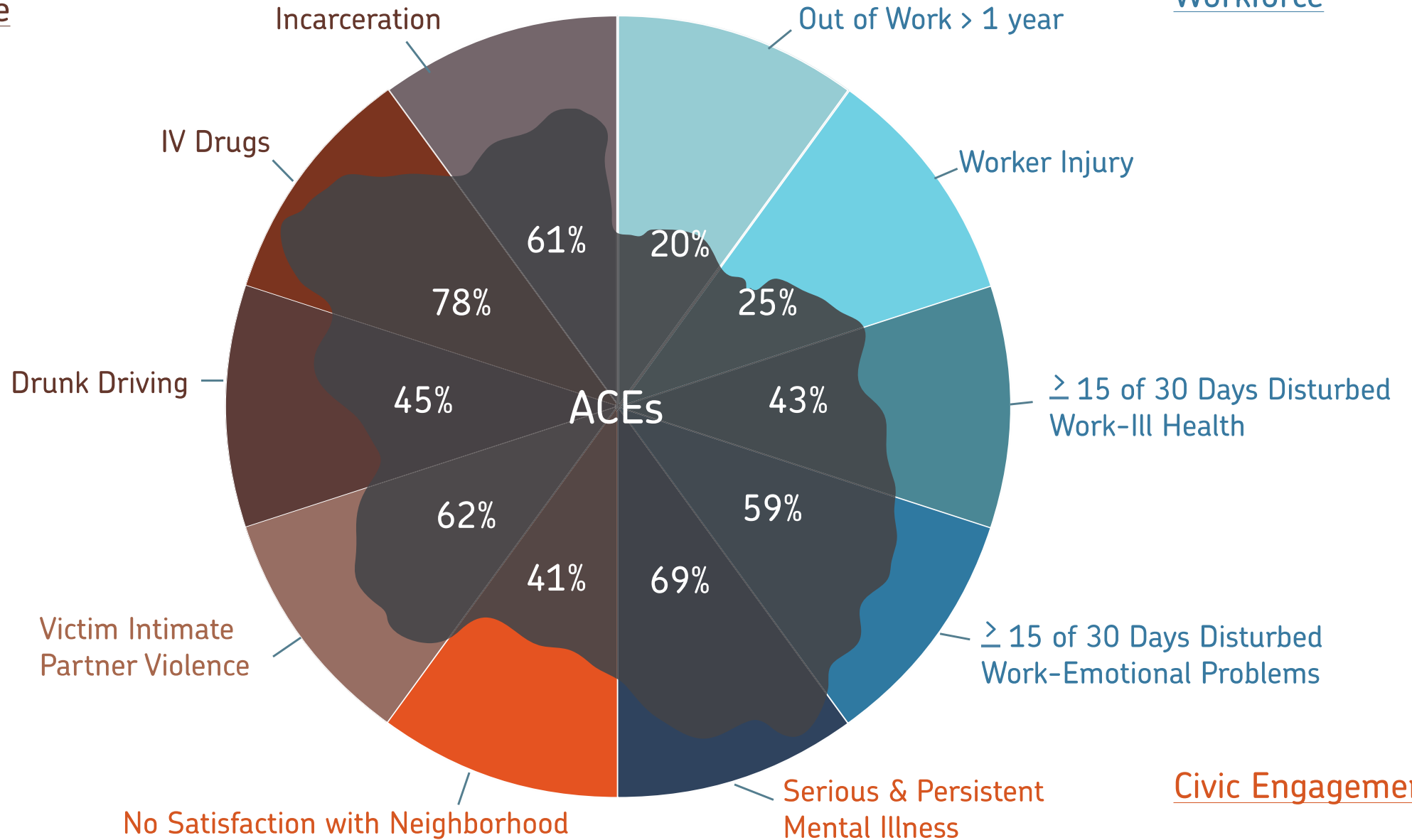
Higher Community Capacity Fewer Adverse Childhood Experiences (ACEs) among Young Adults



Population Attributable Risk

Law & Justice

Workforce



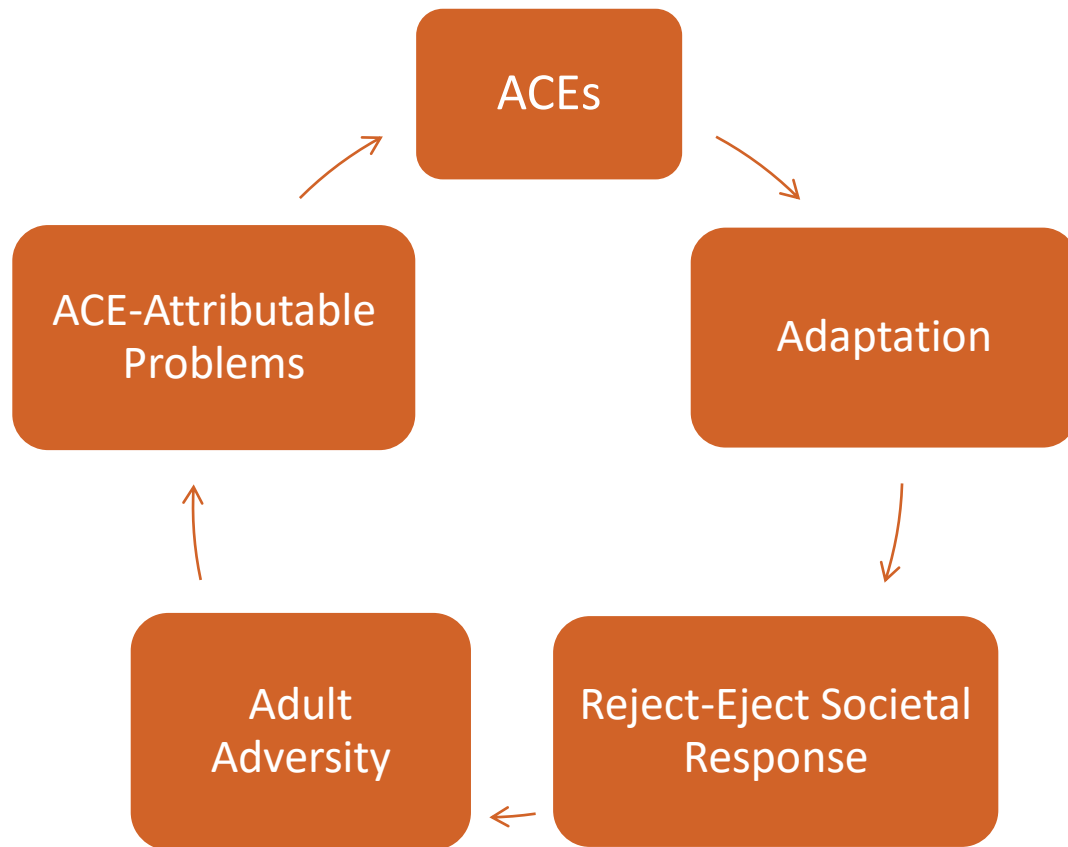
Safety

Civic Engagement

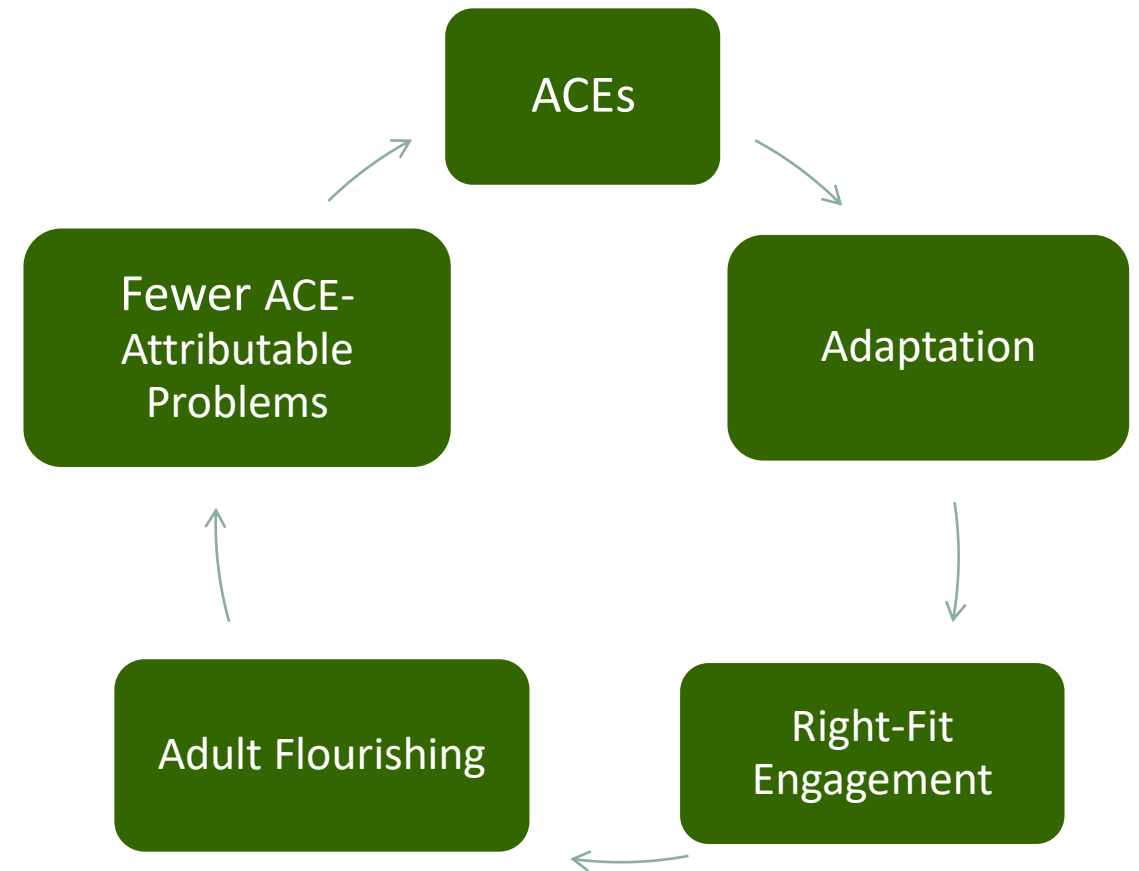
Controls: gender, age, income, education, race-ethnicity

Shifting from a Vicious Cycle to a Virtuous Cycle

Vicious Reinforcing Cycle



Virtuous Reinforcing Cycle



Policy Framework

- Focus to Interrupt Intergenerational Transmission of Adverse Childhood Experiences (ACEs)
- Structure Differential Help for Loss Prevention
- Learn Systematically: What Works, for Whom, in What Context
- Invest in Staff Education and Skills Development
- Size Investments for the Magnitude of the Solution
- Protect ACE Scores; Use Information with Fidelity to the Science
- Document actions and outcomes



Thank You

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