

Human Services

FY16-17 Biennial Budget Change Item

Change Item: Build Community Capacity to Address Adverse Childhood Experiences

Fiscal Impact (\$000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	0	0	400	396
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	0	0	400	396
FTEs	0	0	0.5	0.5

Recommendation:

Effective July 1, 2017, the Governor recommends increasing Children's Mental Health Grants to support Children's Mental Health Collaboratives and Family Services Collaboratives in their local efforts to reduce risks related to Adverse Childhood Experiences (ACEs) and trauma. Local *community resilience initiatives* will build community capacity (especially intensive training) among local child-serving agencies to provide trauma prevention and trauma-informed care. The net state cost of this initiative is \$796,000 for the FY2018-19 biennium.

Rationale/Background:

Adverse Childhood Experiences (ACEs) are traumatic experiences, such as childhood abuse or neglect and growing up with domestic violence, substance abuse or mental illness in the home, parental discord, or crime. The ACE Study, conducted by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente, found ACEs are common and an individual with more adverse childhood experiences has a greater risk for certain health problems. People who have experienced trauma, especially chronic or repeated trauma, are at an elevated risk for significant social problems and health risk behaviors, mental illness, physical disorders and conditions, and even early death. The cumulative stress of ACEs is the most powerful determinant of the public's health and the strongest driver of physical, mental and behavioral health costs.

Studies of ACEs in adolescents have shown that ACEs can lead to an earlier onset of drinking alcohol and binge drinking, drug use, depression and antisocial behavior. The 2013 Minnesota Student Survey (MSS) added ACE questions to surveys completed by 8th, 9th and 11th grade students. Currently 36% of Minnesota's adolescents, more than one-third of students in 8th, 9th and 11th grades, report experiencing at least one ACE. The 2013 MSS also found increasing ACE risk scores for other health risks and other behaviors, such as suicide, sexual relations, alcohol, tobacco and other drugs, poor letter grades in school, school discipline problems, bullying and anti-social behaviors.

Proposal:

This proposal consists of making grants to support an array of mutually reinforcing activities (awareness raising, cross-sector collaboration, capacity building, data analysis and learning) among Children's Mental Health and Family Services Collaboratives around a common agenda of preventing, reducing and mitigating ACEs. By increasing collaborative leadership, development and community capacity, communities will decrease the incidence of ACEs in children's lives. The resulting improvements in child resilience will decrease mental, behavioral, and physical disorders.

Collaboratives will coordinate training to community partnerships that can learn together about brain development, the impact of ACEs and trauma on health and well-being, and protective assets. As local networks, Collaboratives will coordinate planning driven by local data and needs to develop and pilot community resilience initiatives, such as building assets with children, universal trauma precautions or target home visiting programs, designed to increase protective factors for children and families. The proposal also supports developing, coordinating and maintaining an interactive website for sharing resource information, community strategies and Collaboratives' progress in promoting resilience and preventing trauma.

More specifically, this proposal recommends the following:

- 1) Increase collective understanding and education about ACEs, resilience and trauma among Children's Mental Health and Family Services Collaboratives.

Trained community resilience coaches will deliver presentations to Collaboratives' community parents, partners, and professionals on new research findings about the impact of risk and protective factors on children's development, health, and well-being. This training will increase communities' capacity and public commitment to act to realize positive changes and build protective factors for children and youth. Key material will help parents, especially those impacted by ACEs, and practitioners become trauma aware and informed.

Community resilience coaches will facilitate conversations about next steps with Collaboratives. They will examine local data to explore strategies to improve policies, practices and programs that will increase resilience and decrease adversity and trauma. Data will include local ACE scores from the Minnesota Adult and Adolescent ACEs Surveys. Community resilience coaches will ensure collaborative partners listen to and learn what their communities need to name issues and heal. The coaches will offer information and ideas at the local level to assist Collaboratives to determine community priorities, realign strategies, and set shared local outcomes to reduce community and family stressors. This coaching, which combines a powerful perspective on human development with data-driven decisions grounded in science, will be integral in guiding Collaboratives to generate strategies for potential pilot projects.

Collaboratives will also convene an annual statewide conference and resource fair to share successes, grow regional partnerships and encourage continuous learning environments about new ways of increasing wellness in their communities.

- 2) Support Children's Mental Health and Family Services Collaboratives' capacity to develop and pilot community resilience initiatives to increase protective factors for children and families.

The proposal requests funding to award 15 - 20 grants to Collaboratives to introduce and implement local initiatives to reduce children's exposure to traumatic events and build resilience and support for children, youth and families. Grants would increase Collaboratives' community capacity to prevent and respond to adverse childhood experiences (ACEs) with trauma-informed and data-based solutions.

Collaboratives will plan and propose evidence-based or promising practices with reasonable outcome goals and measures. The RFP process would also offer a menu of several suggestions for resilience initiatives, such as developing assets with children; intergenerational strategies; universal trauma precautions; targeted home visiting programs; and school-based efforts. Collaboratives would consider their communities and cultures in designing integrated local initiatives or solutions across different services and systems.

- 3) Develop, coordinate and maintain a Minnesota presence and participation on the ACEsConnection website

The ACEsConnection website (<http://www.acesconnection.com/>) connects people applying "resilience-building practices to prevent Adverse Childhood Experiences and further trauma," so they can help and learn from each other. Launched in January 2012, it serves as topic-focused social network that allows members to work together on projects. ACEsConnection is only for people who are implementing or interested in implementing ACEs- and trauma-informed practices in their professional or personal lives. The site provides resources focused on changing systems (education, criminal justice, social services, and health care) on national, state and local levels.

The proposal also includes funding for 0.5 FTE for the Children's Mental Health Division to support:

- Development, coordination, ongoing maintenance, monitoring of activity and accessibility, and technical support of a website to advance Collaboratives' work addressing ACEs across the state. The designated staff person will create and maintain a Minnesota ACEs group to include a variety of groups for Collaboratives, counties, school districts and tribes; and,
- Data collection, analysis, program evaluation, and report the progress of Collaboratives' initiatives.

Results:

This proposal supports the following Framework for the Future: 2014 goals:

- Lower the number of children of color in foster care
- Better protect children and vulnerable adults
- Integrate primary care and behavioral health care

Type of Measure	Name of Measure	Previous	Current	Dates
Results	Minnesota students in 8 th , 9 th and 11 th grades who report experiencing at least one ACE	NA	36%	2013

Local and statewide data, such as the Minnesota Student Survey, will provide baseline and ongoing data to measure and assess progress. The initiative will also collect and evaluate data from Collaboratives' initiatives and trainings to post on the website.

Ultimately, with sustained support over time, Minnesota would know these efforts were successful when we see reduced ACE scores and reduced impact of ACEs on people's lives. As they say in Arizona, "ACEs can last a lifetime, but they don't have to." Washington State has seen the reductions in the average ACE score for youth transitioning into adult hood and parenthood. "In high capacity scoring communities, fewer young adults (ages 18 - 34) have 3 or more ACEs, which reliably predict prevention of many mental, physical, and behavioral health problems throughout their lifetimes." [Washington State Family Policy Council Ace Response]

Minnesota expects to see successful results similar to Washington State where a commitment to increase community capacity for the last 20 years has led to reductions in Adverse Childhood Experiences (ACEs) and increased resilience.

Statutory Change(s):

None.

DHS Fiscal Detail for Budget Tracking

Net Impact by Fund (dollars in thousands)			FY.15	FY.16	FY.17	FY.16-17	FY.18	FY.19	FY.18-19
General Fund				0	0	0	400	396	796
HCAF									
Federal TANF									
Other Fund									
Total All Funds			\$0	0	0	0	400	396	796
Fund	BACT #	Description	FY.15	FY.16	FY.17	FY.16-17	FY.18	FY.19	FY.18-19
GF	15	Children's MH Division		0	0	0	57	51	88
GF	REV 1	FFP @ 35%		0	0	0	(20)	(18)	(38)
GF	58	Children's MH Grants		0	0	0	363	363	726
Total Cost to the State (Net Impact)				0	0	0	400	396	792
Requested FTEs									
				0	0	0	0.5	0.5	0.5