

{ACE}ING EARLY CHILDHOOD IN MINNESOTA

INVESTING IN OUR KIDS: HEALTHY START, BRIGHT FUTURE

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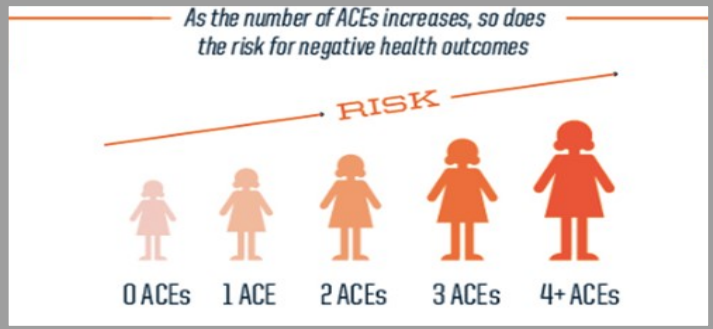
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Executive Summary

Too many young children are facing ACEs that are detrimentally impacting their development and contributing to negative outcomes that persist into adulthood. There are no current policies using the ACE questions to drive mental health interventions. The Governor’s Task Force on Mental Health made nine recommendations that, if implemented, will greatly improve the mental health and well-being of children and their parents. Improving early childhood prevention and intervention programs helps ALL Minnesota’s families build healthy and rich experiences for their children.

1. Expand the Early Childhood Mental Health Grant program statewide to increase early childhood mental health specialists.
2. Create a Governor’s Task Force focusing prevention and early intervention of ACEs.
3. Implement the recommendations of the Governor’s Mental Health Task Force with the needs of children at the forefront.
4. Use the ACEs questionnaire as a standardized tool.
5. Develop trauma-informed learning communities.
6. Require pre- and post-natal depression screenings.



Source for Image: See references.

What are ACEs?

Adverse Childhood Experiences

(ACEs) are traumatic events children endure in childhood that lead to lifelong consequences. The three types of aces are abuse (physical, sexual & emotional), neglect (physical & emotional), and household dysfunction (mental illness, incarcerated relative, substance abuse, mother treated violently, divorce).¹² The more trauma a child is exposed to, the higher the ACE score. What happens in childhood, does not stay in childhood. 55% of adult Minnesotans have reported at least one or more ACEs during their childhood. Of these adults, 21% reported having three or more ACEs, and 8% reported five or more.¹ These adults are more susceptible to long-term health, including mental-health challenges (see the image above) that negatively impact the parenting of their own children. As the health, mental health, and parenting challenges rise, so does the cost to treat and intervene, ultimately costing taxpayers more money.

SEXUAL ABUSE

DOMESTIC VIOLENCE

DRUG USE

PHYSICAL ABUSE

EMOTIONAL ABUSE

DIVORCE

MENTAL ILLNESS

DRINKING PROBLEM

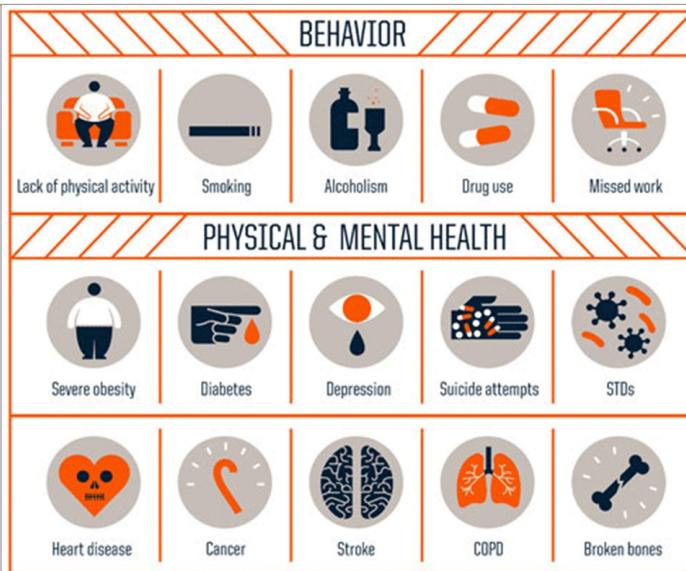
PARENTS SEPARATED

INCARCERATION

Root Causes of ACEs

Preventing ACEs begins before a child is born. The choices mothers make during pregnancy, in part due to the opportunities and choices available, can directly impact the future health of their children in regards to childhood experiences. Although ACE prevention is important to look at pre-birth, it is especially important to look at during a child's first three years of life. During the first three years of life, parents and other caregivers have the most influence on core brain development and the development of a child overall. The following factors play a large role in contributing to negative outcomes during the formative years of development:

- Mothers suffering from undiagnosed and treated postpartum depression are unable to give their infants the proper stimulation needed for development.²
- Postpartum depression in mothers increases the likelihood of emotional and physical neglect.²
- Minimal early intervention plans are/have been incorporated for early childhood with regard to ACEs in Minnesota.³
- Lack of intervention contributes to increased cognitive impairments, cross-generational factors, and mental health challenges from childhood into adulthood.³



The image to the left shows possible risk outcomes, resulting from or used to cope with ACES, that have short and long-term negative physical health and mental health consequences.¹²

Source of Image: See references.

The Costly Effects of Minimal Early Intervention

James Heckman, a Noble Prize winning economist has demonstrated how investing during the early childhood years has a positive impact on the economy. Heckman states that early interventions “promote economic efficiency and reduce lifetime inequality.”⁴ Interventions for children who do not receive a core set of skills early on, have an increased likelihood to go through “equity-efficiency tradeoff.”⁴ Ultimately, if minimal money is invested in early interventions for children, they will likely be affected as adults, which further creates and exacerbates economic inefficiency.

- Remediating as opposed to intervening early is possible, however, not as cost effective.⁴
- “Early investment must be followed up to be effective.”⁴
- Research suggests that children with no early intervention who go through public job training, literacy services, prisoner rehabilitation programs, and education programs as adults yield low economic returns.⁴
- If the base for children remains weak (minimal investments), minimal returns on investments are likely.⁴

The Benefits of Investing Early

Investing early yields large cost savings — \$7 to \$9 for every \$1 invested.⁵

- The later the intervention, the larger the cost curve.⁵
- Significant decreases in economic returns by the end of a child's first 3 years of life.⁵
- Heckman's ACE study illustrates the importance and large role social-emotional development plays in both individual and societal health with regard to children.⁵

Children's Mental Health Policy in Minnesota

Early Childhood Mental Health Grants. In 2007, the Minnesota Legislature approved funds to enhance early childhood mental health services. In August 2015, DHS awarded Early Childhood Mental Health Grants to create comprehensive mental health systems and services to meet the needs of young children and their families.⁶

- 20 grants were awarded for July 2015-June 2020⁷ to support the development and availability of culturally appropriate services for young children and also supporting mental health professionals by providing trainings and consultation.⁸

Bill based on ACES. Two bills were introduced into the Minnesota Legislature in the 89th session (2015-16) that would have addressed ACES. Sadly, neither of these bills were enacted into law and were not re-introduced in the 2017-18 session.

- H.F. 892 / S. F. 1204: A bill to use current science on childhood brain development, adverse childhood experiences, and toxic stress to prevent child abuse and neglect before it starts and ensure the well-being of all Minnesota children.⁹
- H.F. 979 / S.F. 1202: Evidence-based and evidence-informed solutions task force established to reduce children's exposure to adverse childhood experiences.¹⁰

The 2016 Minnesota Governor's Task Force on Mental Health. The purpose of the task force was to create comprehensive mental health services for Minnesota's children, families, and individuals, through a biopsychosocial lens recognizing the impact ACEs has on development of an individual.³ The results were nine recommendations that have the potential to transform Minnesota's mental health system.

Efforts to Reduce ACEs & Improve Early Childhood Outcomes in Other States

- Ohio developed a Maternal Depression Screening and Response Program (MDSR) where the screening became mandatory in 2012 for mothers who wanted to participate in home visiting programs which has helped with providing services to the mother and infant.¹¹ Implementing these screens into Minnesota healthcare systems would help evaluate mothers and their risk of exposing their child to adverse experiences in attempt to reduce negative effects with early intervention.
- Wisconsin raised public awareness about the importance of Infant and Early Childhood Mental Health that led to policy makers looking at ways to change the eligibility requirements for a "serious emotional disturbance" for infants and toddlers.¹¹ In Minnesota, changing the requirements for how an infant or toddler can receive mental health services would reduce the barrier to early access to treatment and lower ACEs.
- Michigan recognizes the importance of having trained staff that specialize in infant mental health interventions to deliver "high-quality, culturally sensitive, relationship-focused services to infants, toddlers, parents, and other caregivers."¹¹ similar to Minnesota's Early Childhood Mental Health Grant Program. Expansion of this program would enhance the services and reduce effects of ACEs.

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ACES: RECOMMENDATIONS FOR PREVENTION & EARLY INTERVENTION

- Expand the Early Childhood Mental Health Grant program to ensure that ALL parts of the state have early childhood mental health services and specialists.
- Create a Governor's Task Force focusing on evidence-based and evidence-informed prevention and early intervention of ACES.

Ensure that the need of young children and their parents are incorporated into policies and programs emanating from the Governor's Task Force on Mental Health's recommendations, including:

- Expand healthcare and mental health programs to incorporate all newborns, toddlers, and young children to complete the ACES Questionnaire as a standardized outcome measure to enhance screening, diagnosing, and treatment.
- Develop and adopt resources and learning communities to educate adults who have contact with infants, toddlers, and young children (e.g., childcare providers, preschool educators, nurses, paraprofessionals, social workers.) about ACES and trauma-informed care .

Seek out successful policies and practices from other states, including those mentioned in this brief, that contribute to preventing ACES and provide early childhood mental health intervention.

- Require healthcare and mental health agencies to complete Depression Screenings on pre-and post-natal mothers to respond early and makes advances in the well-being of the mother and child through evidence-based practice.

Copies of this brief can be obtained by calling the Department of Social Work at (507) 389-1287 or by going to: <http://sbs.mnsu.edu/socialwork/policybriefs.html>



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Images Credit

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