National Governor’s Association
Recommendations for States

The following recommendations to states and governors are based on the findings from efforts across five sites in the Building Community Resilience collaborative to identify, address, and prevent adverse childhood experiences in the context of adverse community environments (the “Pair of ACEs”). These recommendations reflect efforts to create cross-sector partnerships to address social determinants associated with community adversity and build resilience at the community level. If implemented, these actions would expand prevention and resilience building efforts.

1. **Make your state trauma-informed: Incorporate the science of adverse childhood experiences (ACEs) and trauma into state policy and programs**
   - Train and educate all officers, state agencies and employees who work with children, families or communities on the short-term and long-term impacts to children and adults from ACEs and trauma. Prioritize those agencies, such as child welfare, juvenile justice and education, that have the most direct and frequent interactions with children exposed to trauma.
   - Work with your state legislature and/or issue an executive order to embed ACEs science and trauma informed practices in all state policies and programs.
   - Designate a backbone agency or stand up a Trauma-Informed Care Council that can coordinate efforts across state agencies and make recommendations to your office regarding trauma-informed care and efforts to address ACEs in your state.
   - Incorporate ACEs and resilience science to address severe emotional trauma and other adverse community experiences in programs across all human services, juvenile justice, law enforcement, and community agencies. Resilience is defined as the ability for individuals and communities to bounce back from acute shocks (such as disasters, terrorism, etc.) and the ability to thrive in the face of daily adversity (such as community violence, food insecurity, homelessness, etc.).

2. **Create incentives for the provision of trauma-informed care in health care**
   - In primary care, providers are already squeezed for time and have limited reimbursement options for addressing social determinants of health. We recommend specific funding that provides reimbursement for addressing social determinants in health care. This includes payment for the use of validated screening tools to determine social determinant needs,
resilience factors and ACEs, as well as motivational interview time and office resources to connect families and patients to community resources.

- Medicaid and the Children’s Health Insurance Program (CHIP) can be resources for providing trauma-informed care and addressing the social determinants of health. We recommend directing your top Medicaid official to develop a plan for expanding and enhancing the use of Medicaid and CHIP to deliver preventative health services, including through the use of non-traditional providers such as Community Health Workers. Flexibilities under current law include Section 1115 waivers, State Plan amendments, CMMI Models for Accountable Health Communities, CHIP Health Services Initiatives, and others.

3. **Address substance use disorders, particularly the opioid epidemic**
   - Expand Medicaid if your state has not done so already. Medicaid is the most significant source of coverage for substance abuse prevention and treatment and the expansion population (those up to 138 of the federal poverty level) have a higher prevalence of substance abuse than the traditional Medicaid population.
   - Utilize the State Targeted Response to the Opioid Crisis Grants to build and fund comprehensive systems of care to respond to opioid misuse and associated problems. In 2016, Congress allocated nearly $1 billion over 2 years to SAMHSA to provide formula grants to states to respond to the opioid crisis. These funds are designed to be flexible and states are encouraged to fund comprehensive community prevention activities. We recommend that states use these funds to create and support necessary systems to respond to opioid misuse and include multiple sectors that serve families impacted by opioid misuse in order to leverage the federal funds to the fullest extent.

4. **Invest in and improve services for socially & emotional vulnerable children, particularly education and early childhood development**
   - Improve and expand services for children with mental health needs in schools. For example, the School Mental Health Program in D.C. provides mental and behavioral health services in school settings. According to the Children’s Defense Fund nearly 20% of low-income children aged 6-17 have mental health issues. States should increase the number of social workers and psychologists with trauma-informed training at schools and increase the number of school-based health centers and school nurses to help students access primary care services. Increased access to primary care can help reduce barriers to learning as well as provide additional opportunities to screen for and address childhood adversity and trauma. States should add an indicator to its school ranking report card that easily tells parents, teachers and other stakeholders how well a school is supporting healthy behavior and child development.
   - Increase state investments in evidenced-based home visiting models to better leverage federal investments and expand access to home visiting services that are proven to improve maternal and child health and decrease child maltreatment.
   - All public schools should adopt trauma-informed systems and practices to reinforce positive behavior and make school staff sensitive to the needs of traumatized children. Utilize federal resources, including the Federal Student Support and Academic Enrichment Grants (SSAE) that provide formula funding to support students and schools in high need districts that include “comprehensive school-based mental health services and supports and staff development for school and community personnel working in the school that are based on trauma-informed practices.”
• Expand parent engagement efforts. Engage parents in their child’s education through parent-teacher home visits and other strategies that give families information to support their children’s learning at home. To foster adoption of these practices, offer teachers a year-long professional learning community focused on family engagement.

• Invest strategically in early childhood education (ECE). Increase child care subsidies to help cover the average 30-34 percent gap between current child care subsidy program payment rates for providers and median cost-of-care. Increases should be tied to opportunities for increased training in trauma-informed practices, parent engagement, and early childhood development.

• Adopt or design specific professional development tracks for Early Childhood educators, such as serving children with special needs, in-home visiting specialists focused on addressing social determinant needs and fostering parent engagement. Incentivize providers to pursue these opportunities with bonuses to staff who participate.

5. **Facilitate Cross-Sector Collaboration**

• Develop a state-wide interoperability plan if your state does not already have one in place and take advantage of Office of Management and Budget (OMB) A-87 cost allocation waivers to build shared systems prior to the expiration of the current waivers in December 2018.

• Collect and share uniform data for schools and across key service areas. It remains difficult to collect school-level data for cities and districts making it hard to pinpoint where gaps in services may be found. It is critical that consistent data be collected and made public across agencies to gauge where services and funding are needed. For example, information should be collected on the health services offered at schools, how many social workers, psychiatrists and other mental health professionals are employed at each school and what kinds of parent engagement programs the schools offer.

• Create a cabinet level liaison role (or utilize the Trauma Informed Care Council from recommendation 1 to serve this purpose) between Department of Education and Health and Human Services to focus on non-instructional supports for low-income children and youth. Many of the services for low-income children and youth that are provided in school are run by agencies outside of the education sector. Communication, coordination and planning of the education and human services agencies is therefore critical. This liaison role would be responsible for identifying common needs of low-income children and youth across schools, what services are available, and how to plan for and address gaps in services.

• Share critical information appropriately across agencies. It is important that state agencies share data with one another on the children, families and communities they serve. Children with socio-emotional needs and their families often receive services from multiple agencies, but a lack of information sharing across agencies mean that efforts are duplicated, unnecessarily restarted, and problems facing the child and family are not fully understood by the various agencies working with them.

• Improve coordination of the early care and education system with data. A more systematic approach to funding and managing early childhood supports is needed to properly coordinate the full landscape of services offered to young children and their families. As a first step, a state resource map of the early childhood education system could help identify gaps and overlaps across programs, including child care/early learning services, maternal and child health home visiting, social-emotional health interventions, early intervention, and other supports.

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