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Reducing Adverse Childhood Experiences: Collaboration and Innovation in Washington State

In Washington State, a unique partnership is generating groundbreaking practice innovations and results for children and families. The partnership has several dimensions—state-local, public-private, practice-policy-research—and it continues to expand to engage every available resource for family thriving. At its hub is the Washington State Family Policy Council.

The Washington State Family Policy Council's main tenet is that change must be driven by people in their communities—government programs alone are not sufficient to drive change—so it partners with 42 local affiliates called Community Public Health and Safety Networks (Community Networks) serving 34 counties and nine tribes. The Family Policy Council, a state interagency council established in 1989, and Community Networks launched in 1994, collaboratively restructure natural supports and improve service and policy necessary to reduce the rates of seven major social problems: child abuse and neglect, domestic violence, youth violence, youth substance abuse, dropping out of school, teen pregnancy and youth suicide. Although these problems are supported by very different professional disciplines—with different theoretical models for prevention and intervention, research evidence and evaluation standards, and local constituencies—they interrelate and can set up costly multi-generational harm.

Over time, the Family Policy Council and affiliated Community Networks have become central to the state's efforts to address the most powerful determinant of the public's health: adverse childhood experiences. Vital to health care reform and economic recovery is the ability to re-set the public's role in building the foundations of healthy development and improving the community's capacity to partner in ways that help their residents. As a health care reform implementation strategy (for example, shifting the ways that government supports and relates to families) communities and private partners can help orchestrate promotion of universal well-being, prevention of health problems, expansion of natural supports for chronic disease management and optimized health for the next generation.

This state-local partnership has generated startling results. Community Networks have increased resources—*$7 private and local for every $1 state*—and reduced caseloads—*valued at $55.87 million in 2009–2011.* The state has seen caseload reductions in, for example, out-of-home placements, health costs associated with births to mothers ages 10 to 17, dropping out of school, and juvenile felony crime. Long-term savings top $296 million.

With support from the Washington State Family Policy Council, Community Networks have generated significant outcomes for clients and their communities. For example,

Ten-Year Trends, 1998–2008
Archival & Healthy Youth Survey Data for Walla Walla County

INDICATOR	CHANGE
Child out-of-home placements (dependencies)	-23%
Child hospitalizations	-9%
Births to moms ages 10–17	-31%
Youth suicide attempts	-59%
Youth alcohol violations	-48%
Youth drug law violations	-28%
4th grade WASL—indicator of early childhood safety, development, etc.	-18%
Dropping out of school	-64%
Youth early initiation to alcohol or other drugs (age 12 or less)	-2%
Youth arrests for violent crime	-48%
Adult arrests for violent crime	-33%
Hospitalizations of women	+ 1% (Significantly better than state trend)
Sexually transmitted disease	-19%
Domestic violence incidents	-33%
Divorce	-4%
Youth smoking	0%
Youth use of alcohol 30 days prior to survey	0%

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the data trends from the Walla Walla Community Network in southwest Washington show multiple impressive improvements:

Walla Walla Community Network Coordinator Theresa Barila provides perspective on the process that drives down the numbers:

"Twelve years of work in this social experiment called Networks reflect a flow and rhythm in learning, listening, watching and walking the places I love. The gift of the Network 'work' is the luxury of feeling responsible only to the community's residents; being able to see beyond any one discipline or track, to look at the threads woven through the system and work to reach awareness of patterns, stories and themes.

Human dignity and human development, and the right to have a place to call your own, to understand your history and to hope for your future, and to be treated with respect regardless of any measure, those are also themes reflected in the collective work of programs and processes in which the Network has moved and pushed and maybe even shoved because 22 percent of our children shouldn't experience poverty. Fifty-five teens, on their own, shouldn't have to find a safe place to sleep at night. Adverse childhood experiences shouldn't destroy lives when that pervasive sense of shame and blame could be lifted. Walking neighborhoods teaches more than connecting, it shows what resilience looks like in real lives and real people, and perhaps at a higher level than I could ever hope to muster. The insights of courage, tenacity and hope fuel the work and the passion of the Network. Reflected from our hills, echoing in the voices of our people, our favorite question is: 'And how are the children?'"

The success of Walla Walla County and communities across the state stems in part from the Family Policy Council's long-standing support for and review of research about brain development, adverse childhood experiences, resilience and systems theory. In particular, the Adverse Childhood Experiences (ACE) Study has brought further cohesion and synergy to work throughout the state with its finding that the cumulative stress of ACEs are the most powerful determinant of the public's health and the strongest common driver of mental, physical and behavioral health costs. According to *www.acestudy.org*, "the ACE Study is an ongoing collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente. The ACE Study is perhaps the largest scientific research study of its kind, analyzing the relationship between multiple categories of childhood trauma and health and behavioral outcomes later in life." The Family Policy Council is particularly interested in the cumulative risk (severity) of many problems at very high rates in a single community. By developing a severity index, council discussions consider the question: Does the state need to be a different kind of partner in places with high severity? For example, to address the disproportionate health and safety concerns in tribal communities a dedicated staff member has initiated groundbreaking partnerships examining the relationship between ACEs and historical trauma, and supports new practices to address both.

These research-fueled discussions combined with the Family Policy Council's Community Capacity Development Model, a four-phased process to produce healthy and productive adults regardless of the circumstances into which they are born, have led to innovations in the way children and families are served across the state. For example, many communities are now employing a two-generation approach to their strategies for combating poverty, creating healthy foundations for development and expanding educational opportunity. More than 10 years of data have been collected tracking community capacity development. The measurement is based on reading the community's ability to come together around a shared focus, generate learning and opportunity, set high standards and measure results, and expand leadership. As evident in the Walla Walla County data there appears to be a tipping point—when community capacity development reaches a high level, the rates of multiple problems drop.

In 2009, Washington became one of the first states to add ACE questions to the Behavioral Risk Factor Surveillance System survey—a random statewide telephone survey of adults. In 2010, the co-principal investigator of the original ACE Study led data analysis with results from this survey and determined that ACEs are common in the lives of Washingtonians: 62 percent have one or more ACE. The good news is that the state has seen the average ACE score reduced in youth transitioning into adulthood. In counties with Community Networks where high community capacity development has been measured, fewer young adults (ages 18–34) have three or more ACEs, which reliably predicts prevention of many mental, physical and behavioral health problems throughout their lifetimes. In 2009, 37.9 percent of 35–44 year olds reported three or more ACEs and only 29.6 percent of 18–34 year olds reported three or more ACEs, a significant decrease in ACEs among a population that was the first recipient of community capacity-building initiatives spearheaded by the Family Policy Council and affiliated Community Networks. This positive ACE trend means reduced cases of asthma, cancer, heart disease, mental illness and reduced work due to mental illness, HIV, binge drinking and smoking.

The state legislature has made reduction of ACEs a priority with the recent passing of House Bill 1965 which states:

"The legislature finds that adverse childhood experiences are a powerful common determinant of a child's ability to be successful at school and, as an adult, to be successful at work, to avoid behavioral and chronic physical health conditions, and to build healthy relationships. The purpose of this chapter is to identify the primary causes of adverse childhood experiences in communities and to mobilize broad public and private support to prevent harm to young children and reduce the accumulated harm of adverse experiences throughout childhood." And that "the legislature recognizes that many community public health and safety networks across the state have knowledge and expertise regarding the reduction of adverse childhood experiences and can provide leadership on this initiative in their communities."

As part of implementing the legislation, the Family Policy Council will transition from a government-run entity to a public-private partnership. Community Networks will be linked to this new partnership and will continue leveraging every available resource for the reduction of adverse childhood experiences through close, ongoing partnerships with hundreds of nonprofit, government, philanthropic, faith, education, business, medical, child welfare, justice, public health, and neighborhood initiatives.

Rob Anda, co-principal investigator of the ACE Study, is excited by the practical application of his research. "Trust the people of the State of Washington to use this information," Anda said. "What's happening here with the Adverse Childhood Experiences Study is extraordinary; it exceeds all expectations."

This past year, the Walla Walla Network invited Anda to speak to community residents. One resident, Annett Ridenour, calculated that she had an ACE score of 10—she had experienced every adversity during her childhood. She shared this awareness, saying, "something happened." Annett acknowledged that previously she had just been "going through the motions" and now "I'm in the middle of it, I'm involved. You know that saying, 'It takes a village to raise a child'? It's my favorite saying in the world. Because my village came together." Today, Ridenour is the lead parent representative to the Children's Resilience Initiative in Walla Walla. Ridenour is one of more than 47,000 professionals and lay leaders volunteering time in Network-supported roles to create new possibilities, shift our expectations and produce extraordinary results.

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resources may be available to support such activity. Developing a network of health and human service providers is a way to launch a community needs assessment while creating an entity that will continue contributing in the future to the fabric of a community's safety net.

A key ingredient to building a successful network is engaging a knowledgeable and respected organization, which does not provide direct services, to facilitate. The Florida Public Health Institute continues to serve this function in Palm Beach County. There are several good reasons for this approach including:

- The facilitating organization does not compete for funding among member organizations.
- Few public agencies have the staff and time to dedicate to such an effort.
- An independent organization is not constrained by political boundaries.
- The facilitating organization may identify opportunities to utilize the network to help address public health issues that transcend the immediate mission of any single member agency.

By supporting the formation of, and active participation in a local human service collaborative like the Community Health NETwork, human service agency leaders may play a vital role in assisting their organization and their entire community in navigating the challenges and opportunities presented by federal and state health care reform in the face of shrinking budgets and increased demand.

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