



African American Child Wellness Institute

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African American Substance Abuse/Mental Health Recovery Bill

According to the Report of the (U.S.) Attorney General's National Task Force on Children Exposed to Violence. "The majority of children in our country who are identified as having been exposed to violence never receive services or treatments that effectively help them to stabilize themselves, regain their normal developmental trajectory, restore their safety, and heal their social and emotional wounds. But help isn't optional or a luxury when a child's life is at stake; it's a necessity. ...For many victimized children, living in survival mode (constantly reacting in the flight-or-fight response, even when danger is not imminent) may fundamentally alter the rest of their lives, derailing their psychological, physical, and social-emotional development (2012, p.81)."

Who Are We? The African American Child Wellness Institute (AACWI), established in 2007, is a (501c3) non-profit, Rule 29 community mental health center that provides psychological assessments, consultations, individual, family and group therapy services.

Why We Are? AACWI's mission is to promote the psychological & spiritual liberation of children of African descent and their families by providing culturally specific mental health services and by developing access to culture-based, holistic wellness resources, research, and practices.

African American children and families in Minnesota experience severe disparities in multiple systems including education, foster care, criminal justice, and mental health. These systemic practices have deleterious impact on the lives of AA youth. For example, 35% of White (versus 57% of Black) 9th graders report that they have experienced one or more Adverse Childhood Experiences (ACES). Sadly, a recent MSS revealed that while 15% of the Black 9th grade youth reported having long-term mental health, behavioral or emotional problems that had lasted six months or more, only 9% of them had ever been treated during the last year.

There is also a shortage of licensed mental health providers of African descent, with the average age of current providers being around 64. Problems with developing pipelines to mental health fields exist such that those interested in the mental health fields cannot get accepted into graduate training programs and if they do become accepted, they have trouble passing the licensing exam and may require several attempts before they are successful.

What We Do?

- We provide *Clinical and Ancillary Services* to connect uninsured and underinsured children and their families to cultural-specific mental health providers and services. Current provision of more than 3,000 hours of clinical services still remains inadequate for service demand
- We provide *Capacity Building for Licensure Services* for AA clinicians to gain training and clinical supervision in culturally congruent, trauma-informed, evidence-based practices. AACWI has assisted over 40 AA clinicians of color and other 21 white allies to gain licensure, AACWI has not been able to retain one of these licensed because of inadequate resources.

- We provide *Community-Based Outreach Services* to provide psychoeducation about behavioral health to children and their families via public education programs and activities. SUD programs such as Project Murua and Murua Moms have proven to be very successful, AACWI cannot provide such needed programs consistently because of inadequate resources.

What needs or issues would you like to address?

- Provide funding to expand culturally specific mental health services for supportive ancillary services such as CTSS for children and ARMHS for adults.
- Provide funding to increase the **number of licensed mental health providers of African descent** in the workforce who can provide culturally competent care to children and adults of African descent as well as, provide culturally congruent training and supervision to trainees in the field.
- Provide funding for culturally specific mental health services in all service sectors by providing “carve outs” for us to serve African American children, youth, and adults as they attempt to navigate systems in which they are overrepresented but underserved.
- Provide funding to support MH to support to at-risk parents whether they face circumstances including poverty, mental illnesses, substance abuse or physical health challenges.
- Provide funding for the Technical Assistance Collaborative for Providers of African Descent (**TAC-PAD**) for a group of 6 AA providers that will assist each other and other providers of color needing technical assistance in CTSS, ARMHS, Rule 29, Chapter 245G licensure, grant application writing, organizational management of MH & SUD agencies, training/supervision as well as serve as mentors for trainee clinicians.

Ask: \$6,250,000 in FY 2024 and \$6,438,000 in FY 2025