NJ FUNDERS ACES COLLABORATIVE

Adverse Childhood Experiences

Opportunities to Prevent, Protect Against, and Heal from the Effects of ACEs in New Jersey

July 30, 2019

Introduction

This publication has been co-authored by the New Jersey Funders ACEs Collaborative and the global social impact consulting firm FSG. The Collaborative includes the Burke Foundation, The Nicholson Foundation, and the Turrell Fund.

About the Burke Foundation

The Burke Foundation is a private foundation based in Princeton, New Jersey. It funds transformative early childhood initiatives to foster the healthy development of families and communities in the state. The Burke Foundation focuses on three key areas: healthy pregnancies and births, positive parent-child relationships, and high-quality early care and learning. Learn more at www.burkefoundation.org.

About The Nicholson Foundation

The Nicholson Foundation is a private foundation based in Newark, New Jersey. It funds strategies that inform policy and transform service delivery systems in health and early childhood. The Nicholson Foundation is dedicated to improving the health and well-being of vulnerable populations in the state. Learn more at www.thenicholsonfoundation.org.

About the Turrell Fund

The Turrell Fund is a private foundation based in Montclair, New Jersey. It funds organizations that directly provide or foster the creation and delivery of quality developmental and educational services to at-risk children, especially the youngest and their families, in Vermont and designated areas of New Jersey. Learn more at www.turrellfund.org.

About FSG

FSG is a mission-driven consulting firm supporting leaders in creating large-scale, lasting social change. Through strategy, evaluation, and research we help many types of actors—individually and collectively—make progress against the world's toughest problems. We combine practical advice with unconventional thinking to help clients create a more equitable and sustainable future. Learn more at www.fsg.org.

HOW TO READ THIS REPORT

NJ Highlights are examples of current efforts around the state to address ACEs within communities.

From the Field sections feature unattributed direct quotes from experts interviewed by FSG for this report. A list of interviewees can be found in Appendix C.

Possible Actions are suggested jumping-off points for discussion and are summarized in Appendix A.

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Executive Summary

Childhood Matters

In recent decades, researchers have identified and examined the profound effect of adverse experiences during childhood on outcomes later in life.[1] Adverse Childhood Experiences (ACEs) can include psychological, physical, and sexual abuse as well as exposure to substance abuse, mental illness, violence, and parental incarceration.[2] More recent research has expanded the understanding of childhood adversity to include the role that community environments and systemic factors, such as chronic poverty and racism, play in determining a child's risk of exposure to ACEs.[3]

Experiencing multiple or chronic ACEs may lead to toxic stress, in which the body's stress response system is activated for a prolonged period.[4] This can profoundly affect the development of a child's brain architecture, causing lifelong harm to physical, mental, and emotional health.[5,6] The more ACEs a child experiences before the age of 18, the greater the likelihood that the child's development will be affected.[7] In the absence of protective factors, such as supportive and trusting relationships with parents or caregivers, childhood trauma can negatively impact the development of brain systems that help to deactivate the body's stress response system. Further, unaddressed ACEs are strongly linked to the development of multiple risk factors for several of the leading causes of death in adults, such as cancer and heart and lung disease.[8]

IMPACT AT A GLANCE

Behavioral Health

Children who experience 4 or more ACEs are at least **7 times** more likely to self-identify as alcoholics in adulthood than those with no ACEs.[13]

Physical Health

Children who experience 4 or more ACEs are nearly **4 times** more likely to develop lung disease in adulthood than those with no ACEs.[14]

Education

Children who experience 2 or more ACEs are nearly **3 times** more likely to repeat a grade than those with no ACEs.[15]

Criminal Justice

Juvenile offenders are **4 times** more likely to self-report experiencing 4 or more ACEs than the mostly college-educated adults from the seminal ACEs study.[16]

Premature death and other downstream consequences of ACEs take a clear toll on children, families, and communities and have a significant impact on the cost of healthcare and public services provided later in life.[9] Based on substantiated cases alone, the estimated economic burden in the United States (U.S.) for child maltreatment, a subset of ACEs, is $428 billion (2015 U.S. dollars).[10]

In New Jersey, where a high percentage of children have been exposed to adversity, the impacts of ACEs —economically and otherwise—are significant. In 2016, more than 40% of children (less than 18 years) in the state had experienced one or more ACEs, and more than 18% of children had experienced at least two. Among the state's youngest children (under five-years-old), 33% had experienced one or more ACEs.[11]

ACEs, however, are not inevitable, nor do they have to determine the destiny of a child who experiences them. ACEs can be prevented, and when they do occur, concrete steps can be taken to help children heal.

In the words of pediatrician and California Surgeon General Dr. Nadine Burke Harris:

"Twenty years of medical research has shown that childhood adversity literally gets under our skin, changing people in ways that can endure in their bodies for decades[…]. If we put the right protocols into place in pediatric offices across the city, country, and world, we could intervene in time to walk back epigenetic damage and change long-term health outcomes."[12]

Five Areas of Opportunity

The prevalence of ACEs and their deleterious effects on health and development have driven states and communities across the country to work collaboratively. In New Jersey, many individuals, agencies, and organizations are working to prevent trauma and build resiliency in children, families, and communities. The recently established New Jersey Funders ACEs Collaborative (the Collaborative) seeks to support these efforts by coordinating current and future investments in this vital work.

In the fall of 2018, the Collaborative initiated a field scan to better understand the impact of ACEs in the state of New Jersey. The strategy consulting firm FSG was hired to review research, learn from the responses of other states, and conduct more than 35 interviews with community leaders, nonprofit professionals, academic researchers, and policymakers.

NEW JERSEY FUNDERS ACES COLLABORATIVE

The Burke Foundation, The Nicholson Foundation, and the Turrell Fund share deep roots in New Jersey and a commitment to building a brighter future for children. In 2018, the three foundations formed the New Jersey Funders ACEs Collaborative, launching a coordinated effort to support programs that benefit vulnerable children and families.

The Collaborative will commit significant financial resources and technical assistance over the coming years to advance efforts that reduce early life stress and promote positive life trajectories for all children in the state.

> This report synthesizes insight from this process and identifies five **Areas of Opportunity** that hold the most promise for further investigation and action.

1. Support parents and caregivers (family members and others involved in the day-to-day care of children)

a) Facilitate access to programs equipped to address ACEs.
b) Target stressors that arise from lack of access to basic needs.

2. Provide training and professional development in trauma-informed care.

a) Ensure that adults who work with children and families know about ACEs and protective factors and are aware of available resources to provide the needed support.
b) Train education and behavioral health care staff to recognize the signs of ACEs and address them appropriately.
c) Adopt trauma-informed care practices throughout all levels of institutions.
d) Build a pipeline of diverse, culturally sensitive early care and education professionals and behavioral health providers trained to provide trauma-informed care and work with the parent-child dyad.
e) Invest in evidence-based behavioral health approaches for children.

3. Promote community awareness of ACEs.

a) Increase public understanding of ACEs through media campaigns, discussion groups, and community events.
b) Focus advocacy efforts on the voices of those directly impacted by ACEs.
c) Support multi-sector coalitions to strengthen the coordination of efforts in local and state policy and practice.
d) Encourage all businesses in New Jersey to become trauma-informed employers.

4. Advance policies and practices that help children and families thrive.

a) Advocate for specific ACEs-focused policies in early childhood care and education centers, the child welfare and juvenile justice systems, violence prevention programs, and healthcare settings.
b) Educate legislators about ACEs, opportunities for funding, and relevant policy changes to prevent ACEs and mitigate their effects.
c) Create opportunities for cross-sectoral collaboration in policy development, advocacy, and implementation.
d) Fund model pilots and innovative approaches to build evidence and enable scaling of promising programs.

5. Collect, analyze, and share data and findings from research and practice.

a) Support research, data collection, and effective data-sharing initiatives to improve understanding of ACEs and their effects.
b) Promote learning and dissemination of evidence-based, evidence-informed, and promising practices already underway.

NEXT STEPS

These five Areas of Opportunity, and a set of possible actions included in this report, are a starting point for a statewide discussion about ACEs. A series of meetings will be scheduled to gather key cross-sector stakeholders to develop, refine, and finalize a set of recommendations to inform the development of an ACEs Action Plan for New Jersey. Community voices will be heard throughout the process to ensure that all understand how race, racism, and structural inequities impact childhood trauma.

The Science of ACEs and Their Impact

The Science of ACEs and Their Impact

Defining ACEs

Adverse Childhood Experiences (ACEs) are stressful or traumatic events that occur before the age of 18. The most commonly cited ACEs include physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, parental incarceration, domestic violence, household mental illness, household substance misuse, and parental separation or divorce.[17]

BOX 1 IMPACT AT A GLANCE

Physical & Behavioral Health

Children who experience 4 or more ACEs are **7 times** more likely to suffer from alcoholism as adults and **12 times** as likely to attempt suicide.[18]

Education

Children who experience 2 or more ACEs are nearly **3 times** more likely to repeat a grade.[19]

Criminal Justice

Juvenile offenders are **4 times** more likely to have experienced 4 or more ACEs.[20]

ACEs can trigger a unique stress response in the body that is disruptive to ordinary child development. While the human brain reacts to thousands of positive and negative stimuli every day, ACEs cause a full biological fight-or-flight response. The body's reaction to situations it perceives as emergencies is meant to protect us in life-or-death situations. The heartbeat and breathing suddenly quicken. Stress hormones flood the bloodstream, making the body react more quickly and strongly and changing the way it processes energy. Thoughts bypass the logical decision-making of the prefrontal cortex and leap to the more primitive, reactive parts of the brain.[21]

These neurobiological responses may keep a person safe in a moment of real physical danger, but they also come at a cost. It takes time for the body to recover from this response and reset its hormonal levels. When children experience multiple ACEs, the result can be toxic stress (Box 2), in which the body's stress management system remains elevated long after the triggering experience has passed.

The impact of toxic stress on children can reverberate well into adulthood because of the way the brain develops.[22,23,24] The neural pathways established in early childhood form the building blocks for more complex circuits as the brain develops. Meanwhile, unused neural connections are pruned away over time.[25] This developmental process during early childhood lays the groundwork for children's physical, mental, and emotional health for the rest of their lives.[26,27]

The first results of the pioneering CDC-Kaiser Permanente Adverse Childhood Experience Study (ACE Study), which links ACEs with future health outcomes, were published in 1998. The study's participants consisted of 9,500 mostly white and upper-middle-class residents of the San Diego area. Seven categories of ACEs were studied: psychological, physical, and sexual abuse (1–3); violence against the mother (4); and living with household members who were substance abusers (5),

who were mentally ill or suicidal (6), or who were ever imprisoned (7). The most significant finding from this publication was the strong relationship between the number of ACEs and the development of risk factors for several of the leading causes of death in adults, including cancer and heart and lung disease.[28]

Building off the ACE Study, numerous other analyses have since expanded understanding of the role community and systemic factors may play in children's risk for toxic stress. Most notably, research has demonstrated how systemic stresses on the community environment, like racism and chronic poverty, can function much like the traditional model of an ACE.[29] This conceptualization was used to develop the *Pair of ACEs* (Figure 1) concept, in which the community environment provides the soil in which children are rooted and the experiences within their families are the branches on which they grow.[30] The need to increase this understanding of the relationship between place and toxic stress is especially urgent given the racial and economic segregation of many cities and the limited supports typically available to children living in marginalized neighborhoods.[31]

FIGURE 1 PAIR OF ACES

Source: Adapted from Ellis (2017)[32]

Twenty years after the ACE Study, a report using the largest and most diverse population group to date—more than 200,000 participants from 23 states—was published. This report further highlights the contribution of social and structural conditions to increased exposure to ACEs and potential exacerbation of health, social, and economic inequities across generations. Significantly higher ACE exposures were reported by those who self-identified as (1) being black, Hispanic, or multiracial; (2) being gay, lesbian, or bisexual; (3) having less than a high school education; (4) having an income less than $15,000 annually; or (5) being unemployed or unable to work.[33]

BOX 2 THE VOCABULARY OF STRESS

Positive stress responses refer to "moderate, short-lived stress responses, such as brief increases in heart rate or mild changes in the body's stress hormone levels."[34] Adjusting to positive stress is part of everyday life and learning and is part of healthy development. For example, a child may fear getting an immunization, but with caring adults to provide a hug, the child can experience this event as positive.[35]

Tolerable stress responses refer to "stress responses that have the potential to negatively affect the architecture of the developing brain but generally occur over limited time periods that allow for the brain to recover and thereby reverse potentially harmful effects."[36] These stressors, such as a car accident or the death of a loved one, are very serious, but the presence of a supportive caregiver provides a buffer and helps children recover. Without the presence of safe and supportive relationships, tolerable stress can become toxic.[37]

Toxic stress responses refer to "strong, frequent, or prolonged activation of the body's stress management system. Stressful events that are chronic, uncontrollable, and/or experienced without children having access to support from caring adults tend to provoke these types of toxic stress responses."[38] An example is a child experiencing chronic, severe abuse, especially during the early, sensitive periods of brain development.[39]

BOX 3 ABOUT TRAUMA

Trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or threatening with lasting adverse effects on physical, social, emotional, or spiritual well-being.[40]

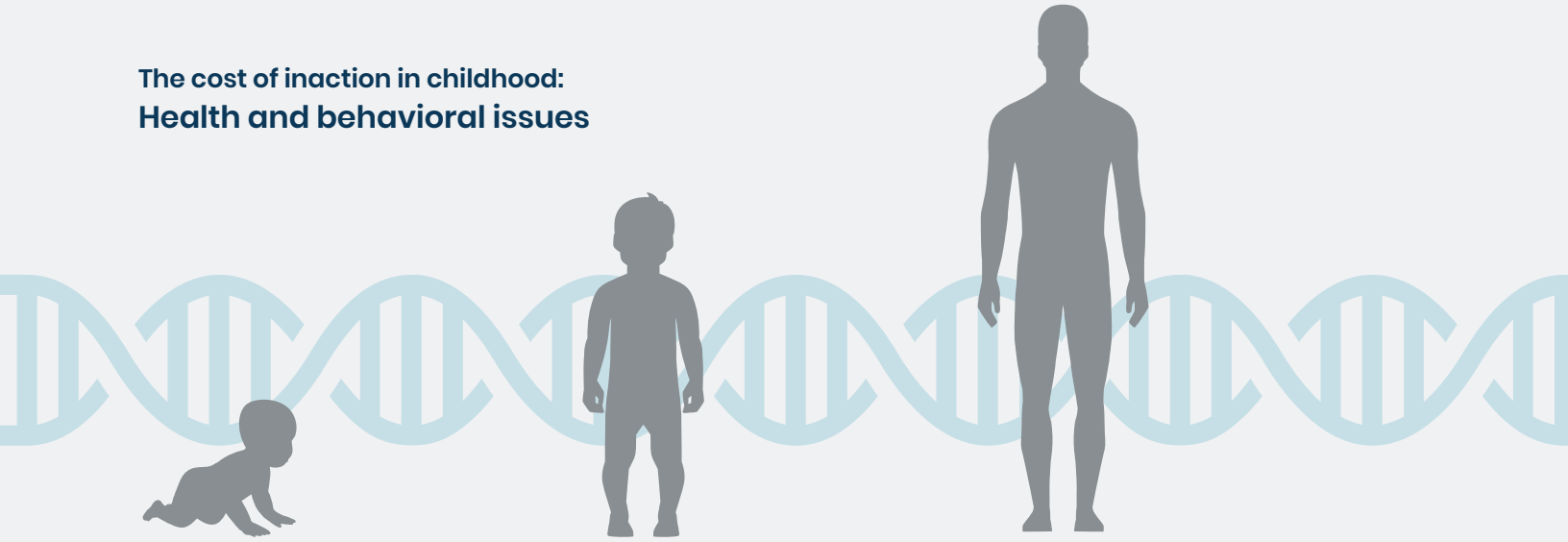
Trauma-informed care means treating a whole person, taking into account past trauma and resulting coping mechanisms. It is a strengths-based service delivery approach grounded in an understanding of and responsiveness to the impact of trauma. This approach emphasizes physical, psychological, and emotional safety for both providers and survivors and creates opportunities for survivors to rebuild a sense of control and empowerment.[41]

Assessing the Impact of ACEs

If unaddressed, ACEs can have profound, cumulative, and lifelong effects.[42] ACEs and the resulting impact have a "dose-response" relationship, meaning that the more ACEs an individual has, the greater the likelihood he or she will have physical, cognitive, and neurological deficits into adulthood (Figure 2).[43,44]

FIGURE 2 THE LIFELONG IMPACT OF ACES ON HEALTH AND BEHAVIOR

The cost of inaction in childhood:
Health and behavioral issues



- Growth delay
- Cognitive delay
- Sleep disruption
- Asthma
- Learning difficulties
- Behavioral problems
- Infection
- Obesity
- Bullying
- Teen pregnancy
- Violence
- Smoking

Source: Adapted from Oh, et al. (2017)[45]

Physical and Behavioral Health

ACEs alter the neurological, endocrine, immune, and cardiovascular systems. Recent research has brought increased attention to their wide-ranging health impacts in later life. Infants with adverse experiences tend to have increased rates of sleep disruption and growth and cognitive delays.[46] In young children, adverse experiences are associated with higher rates of asthma, infections, and learning and behavioral difficulties, while in adolescents ACEs are associated with higher rates of obesity, smoking, and violence.[47]

ACEs have also been correlated with higher instances of chronic disease in adults. Experiencing four or more ACEs is associated with a doubled risk for nearly half of the 12 leading causes of mortality in the United States.[48] Overall, ACEs are associated with more than 40 negative health outcomes, including heart disease, cancer, and early death.

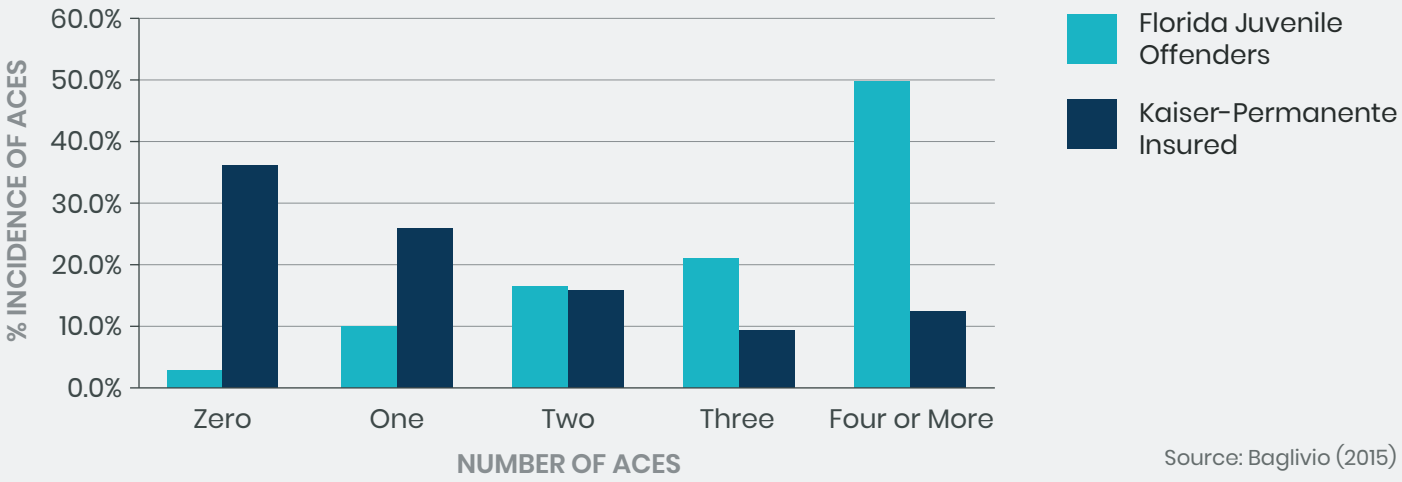
Educational Achievement

ACEs can compromise cognitive and noncognitive socio-emotional skills in children, decreasing likelihood of school success. Children with multiple adverse experiences tend to have lower educational performance and more behavioral challenges in kindergarten and are twice as likely to be disengaged in school than those without ACEs (49.0% vs. 24.1%).[49,50] ACEs are also associated with an increased risk of school dropout, and students with three or more ACEs are 2.5 times more likely to fail a grade.[51,52]

Criminal Justice

ACEs have been linked to crime and incarceration. A 2015 study of 64,329 juvenile offenders in Florida found that 90% of incarcerated or formerly incarcerated youth reported having experienced at least two ACEs, while this population was four times more likely to have experienced four or more ACEs than those in the original ACE study (Figure 3).[53] A 2013 study of four different offender groups in California found that the population of formerly incarcerated individuals reported four times as many ACEs as the male adult normative sample. This finding is particularly salient for survivors of abuse, who are more likely to commit crimes in both childhood and adulthood than those who have not experienced abuse.[54,55] This relationship is further complicated by the fact that children face an increased risk of being subjected to additional ACEs while in detention.

FIGURE 3 INCIDENCE OF ACES AMONG JUVENILE OFFENDERS



Source: Baglivio (2015)

Professional and Financial Security

ACEs can also impact professional achievement. ACEs have been associated with poorer work performance, lower productivity, higher rates of absenteeism, financial instability, and other job-related problems.[56] In particular, household abuse has been shown to negatively affect adult income and wealth.[57] This suggests that ACEs are an important factor for the business community to consider, as they affect wealth, consumer spending, tax revenue, and other components of community-level economic vitality. ACEs also carry important implications for intergenerational outcomes, since the lack of financial security for families can increase the risk of ACEs for the next generation.

Social Cost

Societies that fail to address a child's adverse experiences early on face substantial financial costs later. Indeed, the downstream costs of inaction include increased childhood and adult healthcare costs, decreased worker productivity, and increased public expenditures on child welfare, criminal justice, and education due to higher rates of grade retention, special education, and dropout..

Using the most recent data and updated methodologies, a 2018 analysis examined the economic burden of child maltreatment, a subset of ACEs that includes physical, sexual, and emotional abuse and neglect. Based on substantiated cases alone, the estimated U.S. population economic burden was found to be $428 billion (2015 U.S. dollars) for lifetime costs incurred annually.[58]

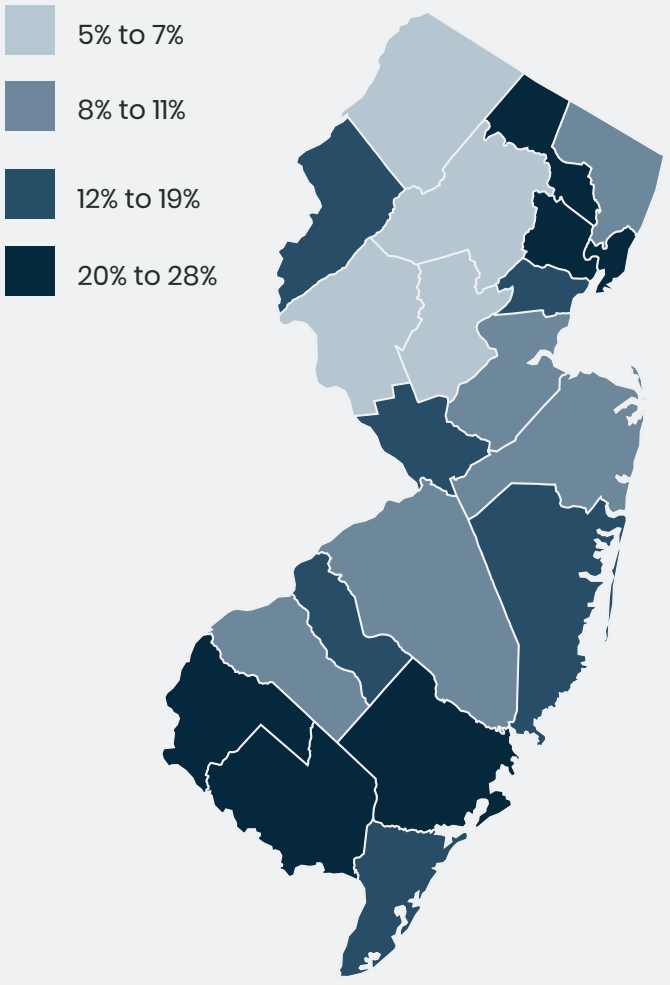
ACEs in New Jersey

According to the most recent data available, over 40% of children in New Jersey—more than 782,000—are estimated to have experienced at least one ACE, and 18% are estimated to have experienced multiple ACEs. Consistent with national findings, rates of exposure to adverse experiences are higher in New Jersey for children and families of color and for children living in poverty than for their non-Hispanic white and more financially secure counterparts.[59,60]

More than 27% of African-American children and 22% of Hispanic children in New Jersey are estimated to have experienced multiple ACEs, compared to 16% of their non-Hispanic white peers.[61] These data likely reflect some of the structural barriers experienced by families who have been historically disenfranchised. Families lacking access to quality housing or facing other barriers to economic success also have increased vulnerability to ACEs.

Children in families living in poverty are particularly vulnerable to ACEs because of food insecurity, housing instability, and other financial stressors. In 2017, 14% of New Jersey's children—more than 285,000—lived below the federal poverty level (FPL, for family of 4 < $24,600, annually in 2017;[62] Figure 4).[63] At least 28% of these children had experienced multiple ACEs, while only 8% of children who were living at 400% of the FPL or above had experienced ACEs.[64]

FIGURE 4 NEW JERSEY CHILDREN LIVING BELOW THE FEDERAL POVERTY LEVEL BY COUNTY



Source: Adapted from KIDS COUNT (2017)[65]

Five Areas of Opportunity

Five Areas of Opportunity

Addressing ACEs

In New Jersey, many and diverse agencies are already addressing ACEs, often through partnerships. In New Jersey, many diverse agencies are doing incredible work, often through partnerships, to help prevent, protect against, and heal from the harmful effects of ACEs. Examples of ongoing work include the following:

- For decades, early childhood, child welfare, and behavioral health professionals have been addressing the impact of trauma as a core part of their work.
- State government investments and policies are bolstering programs with an increased focus on reducing childhood trauma and promoting healthy child development. For example, child welfare reforms undertaken by the Department of Children and Families (DCF) in recent years have contributed/led to a decrease in the number of children placed outside their families.
- Collaborative efforts and coordination around early childhood and health have increased within and outside of state government. For example:
  - The Early Learning Commission, Inter Department Planning Group, and New Jersey Council for Young Children (State Advisory Council) support state-level coordination among agencies that provide services to mothers and children from pregnancy through age eight.
  - The healthcare coalitions in Camden, Paterson, Newark, and Trenton are all addressing ACEs and working to increase access to trauma-informed care.
- Researchers and practitioners continue to strengthen the evidence base around programs that address ACEs. For example:
  - Pediatricians are increasingly working to expand evidence-based ACEs screening and improve data collection.
  - The New Jersey Chapter of the American Academy of Pediatrics is piloting and evaluating a primary prevention program in Camden focused on ACEs and the risk of transferring trauma across generations.

At a November 2018 event on childhood adversity in the state, First Lady Tammy Snyder Murphy spoke to the importance of partnerships in addressing ACEs:

"By addressing the childhood traumas that individuals face early in life and the consequential long-term effects on health and well-being, we are setting children on the path to brighter and healthier futures… [Partnerships] play an important role in our efforts to break the cycle of childhood adversity and build a stronger New Jersey."[66]

While the literature is clear that the impact of ACEs can be severe, it also shows that ACEs are not inevitable, nor do they have to determine the destiny of a child who experiences them. ACEs can be prevented, and when they do occur, concrete steps can be taken to help children heal. The Harvard Center on the Developing Child outlines three core principles that policymakers, practitioners, and communities can use to inform policies and design services:

- reduce the sources of stress in the lives of children and families;
- support responsive relationships for children and adults; and
- strengthen core life skills (for example, executive function and emotion regulation).[67]

Research has also shown that when parents and caregivers have adequate financial, social, and educational supports they are better equipped to create safe, stable, and nurturing environments. These environments not only have the potential to prevent ACEs, but can also help children heal from ACEs, thereby contributing to improved long-term health, educational attainment, and the potential for economic security.[68] Moreover, programs that prevent or address the early impacts of ACEs have been proven to be less expensive and more effective than remediation and support programs that treat the consequences of ACEs later in life, underscoring the importance of acting early.[69]

Rooted in these principles and supported by the secondary evidence and expert interviews conducted as part of the field scan, this report has identified five Areas of Opportunity for further investigation and action to inform a strategy to help prevent, protect against, and heal from the effects of ACEs in New Jersey:

1. Support Parents and Caregivers

Parents and caregivers play a critical role in a child's early years. Safe, stable, and nurturing relationships help provide the solid foundation needed for healthy cognitive, social, and emotional development. By contrast, the impacts of unsafe, inconsistent, or stressful home environments can be far-reaching.

Parents and caregivers bring essential love, experience, knowledge, and other strengths to their children's lives. However, it can be challenging to provide the safe, stable, and nurturing environment necessary to protect children from ACEs, particularly when the ordinary stresses of parenting are exacerbated by the chronic effects of structural inequity. Financial instability may make it difficult to provide healthy food or stable, safe housing. Family dynamics may be strained by acute shocks, such as a divorce, a layoff, or the death of a loved one. In light of these circumstances, parents and caregivers may find themselves struggling to provide the level of physical and emotional support that they want for their children.

While these stressors can increase a child's likelihood of exposure to ACEs, programs and services that work to support parents through these challenges can help reduce such risk factors. The National Academies of Sciences, Engineering, and Medicine (NASEM) Committee on Supporting the Parents of Young Children has built a critical evidence base that demonstrates why parenting matters, how existing programs are making a difference, and the types of platforms that exist and can be enhanced to support child well-being from birth to eight years of age.[70,71]

Anticipating and addressing barriers to these services can reduce the likelihood of a child being impacted by an adverse experience.

NJ HIGHLIGHT

New Jersey's Family Success Centers (FSCs) are free "one-stop shops" that provide wraparound resources and supports for families before they find themselves in crisis. There are 57 FSCs across all counties in New Jersey funded in part by the state Department of Children and Families.

New Jersey's Central Intake system also connects families at risk of or experiencing ACEs in each county with a variety of services, including prenatal care, substance use disorder treatment, and child care services. The system stems from a collaboration between the state Department of Health and the Department of Children and Families.

a) Facilitate access to programs equipped to address ACEs.

Parents and caregivers whose children face a high risk of exposure to ACEs often also have an overwhelming number of competing demands for their time and energy. Even where programs exist to alleviate financial and familial stresses, there may be hurdles that keep eligible caregivers from participating.

New Jersey can help families get the benefits they are eligible for by simplifying the enrollment process for these programs, increasing the number of services offered per site, building on-ramps for new programs into existing services, delivering services in easy-to-access locations, and providing accessible information and resources.

Evidenced based home visiting programs offer another opportunity to support pregnant women and parents of young children. Through these programs, practitioners provide in-home parenting support, health and development screenings, and referrals to community resources when needed.[72] The Centers for Disease Control and Prevention (CDC) has demonstrated that benefits to individuals, families, and communities outweigh the costs of specific home visiting programs.[73]

b) Target stressors that arise from lack of access to basic needs.

Lack of access to a living wage, stable housing, affordable healthcare, and other basic needs makes it more difficult for parents to provide the kind of home environment children need to thrive. Across New Jersey, families face a combination of economic and social stressors that create challenging conditions for child development. For example, economic barriers can result in unpredictable access to healthy food or a safe, stable place to live for the one-third of children in New Jersey living in low-income households. Champions for preventing childhood trauma in New Jersey advocate for supporting parents by developing policies, practices, and systems that help reduce these stressors.

In addition to access to basic needs, parents and caregivers may need support addressing their traumatic experiences. Evidence-based psychological interventions for parents before or during pregnancy or after birth can support positive prenatal and postnatal environments and improved parent-child interaction.[74] Supporting the psychological and emotional well-being of parents can help break the cycle of intergenerational trauma.

FROM THE FIELD

"I believe if you want to solve ACEs anywhere you need to address income inequality and getting families out [of poverty] and support them in having strong parent-child relationships. […] Income inequality sets people up for continuous cumulative trauma."

2. Provide Training and Professional Development in Trauma-Informed Care

All adults whose work brings them into contact with children, regardless of their field, should at a minimum have familiarity with ACEs. It behooves leaders and staff across all fields (including early care, Pre-K–12 education, healthcare, law enforcement, business, and others) to understand that ACEs (1) can affect anyone; (2) manifest in a variety of ways, such as low classroom and work performance, behavioral and physical ailments, and substance use disorders; and (3) could be the root cause of many challenges facing children daily, often in a repetitive cycle of problems unresolved by common reactive and temporary solutions.

It is not, however, the expectation that all adults working in these settings be proficient in addressing ACEs and providing trauma-informed care. For most, it is helpful simply to have a heightened sensitivity and awareness of available resources to help children and families access the needed resources. In addition, some professionals, such as child care providers and behavioral health specialists, need to have increased competence in trauma-informed care.[75]

Because ACEs tend to impact minority communities with increased frequency, the professional workforce serving children and families must be diverse and culturally sensitive. Even with increased representation of adult providers of care from racially and ethnically diverse backgrounds, implicit bias training should be included across fields.

a) Ensure that adults who work with children and families know about ACEs and protective factors and are aware of available resources to provide the needed support.

Given the importance of the first five years of life, it is critical that employees in early childhood programs, child care facilities, and public prekindergarten are trained in trauma-informed care. Young children often do not have the language to express their feelings, so the signs of ACEs may manifest as behavior that appears challenging or disruptive. Data indicates that most early childhood teachers and child care providers do not have training in social and emotional development or behavior management.[76] This often leads to children being inappropriately disciplined, further traumatized, or removed from the early care and education system altogether, which compounds the effects of ACEs.[77]

Strengthening child care providers' expertise in trauma, social and emotional health, and behavior management could provide these professionals with more tools to recognize and address the negative impacts of ACEs. In addition, building new avenues for communication between providers, social services, law enforcement, and others may help to detect ACEs early and increase the benefits of coordinated care efforts.

b) Train education and behavioral health care staff to recognize the signs of ACEs and address them appropriately.

Children and families seeking support from education and behavioral health providers must experience a safe and inviting therapeutic environment built on mutual trust. This requires providers to have the relevant behavioral health expertise and training to address their clients' needs.

A strengths-based approach to addressing ACEs is also essential. Strategies to promote awareness, resilience, and safe, stable, nurturing relationships must be explored and applied in education and healthcare settings to ensure healthy child development and well-being.

In addition, New Jersey must build a pipeline of diverse, culturally informed behavioral health providers who also understand how their own implicit or unconscious bias may affect their practice, behavior, and service provision.

Finally, it is crucial to increase the number of behavioral health providers who can work with both parents and children. Therapeutic interventions that focus only on a parent or a child do not address the intergenerational transmission of trauma that occurs both biologically and through parent-child interactions.[78] Dyadic therapy, such as child-parent psychotherapy (CPP), has been shown to improve the well-being of caregivers and their children and the caregiver-child relationship.[79]

NJ HIGHLIGHT

Chris Leusner, Middle Township police chief and 2019 President of the New Jersey State Association of Chiefs of Police, has integrated trauma-informed practices in his department.

All 61 of his officers have been trained on ACEs and on how to adjust their arrest and SWAT protocols if a child is present to help reduce the stress of the situation on her or him. They also adopted *Handle with Care,* a program that establishes communication between the police department and a child's school when she or he has experienced a traumatic event.[80] This, in turn, may be used as a foundation for schools to adopt trauma-informed practices.

NJ HIGHLIGHT

Christine Norbut Beyer, Commissioner of the New Jersey Department of Children and Families (DCF), has made Healing Centered Practice a core approach in her department's work with families.

Many of the parents and children DCF works with have experienced adversity or trauma. DCF is working to ensure that its staff and service network have the skillset and orientation to promote healing and resilience. Enriching staff with training and professional development is central to that effort. In 2018, DCF began working with a national non-profit to: provide guidance to senior leaders and managers throughout the organization on understanding trauma and resilience; support ten monthly workforce well-being groups for 80-100 managers, and; provide monthly micro-learning sessions, available to all DCF staff. In addition, DCF is advancing the development of a culture of safety throughout the department and utilizing a safety science approach to address critical incidents. Staff that has lived through and healed from trauma-including vicarious and secondary trauma—can recognize it and support others' healing journeys, as well. Approaching every interaction from a perspective of healing creates an environment that is safe, welcoming and productive—all elements essential in DCF's work, both internally and externally.

c) Adopt trauma-informed care practices throughout all levels of institutions.

To be sustainable, individual efforts by family-serving professionals to become trauma informed must be supported by the organizational environment in which they work. For example, if a teacher is committed to a healing-centered classroom but the administrators' disciplinary policy is punitive, a child demonstrating disruptive behavior stemming from trauma is more likely to be expelled or suspended than to receive targeted support.[81] To create an environment in which healing-centered practice can take place, leadership must not just permit, but actively support, trauma-informed care practices.

Moreover, frontline workers may experience secondary trauma from witnessing and intervening in the traumatic episodes involved in their work. When leaders of service organizations support their staff to ensure that they can be at their best when working with children and families, outcomes improve for both the staff and the clients they serve.[82]

d) Build a pipeline of diverse, culturally sensitive early care and education professionals and behavioral health providers trained to provide trauma-informed care and work with the parent-child dyad.

A lack of diversity among education and healthcare professionals is well-documented nationally and in New Jersey.[83,84] Studies show that African American youth experience long-term benefits when their service providers reflect the diversity of the populations they serve.[85] Given the large proportion of children and families of color who experience ACEs, an increase in providers reflecting black and brown families and communities is needed to serve them. This need is exemplified by the fact that, relative to their white peers, African-American elementary school children are more than twice as likely to be referred to the principal's office and significantly more likely to be expelled or suspended. This holds true even when the behavioral infractions are similar.

All providers serving diverse populations must have expertise in trauma-informed care practices, implicit bias, and cultural sensitivity in order to facilitate trust. Building a more diverse workforce is critical to creating inviting and safe therapeutic environments for children and families statewide.

FROM THE FIELD

"There are not enough black and brown health providers. It's a major problem. We need more people of color who reflect the community. We've had women who want services. They get them and realize that the person doesn't understand them, and the woman doesn't go back."

e) Invest in evidence-based behavioral health approaches for children.

Integrating modalities beyond traditional psychotherapy and psychiatry can strengthen behavioral health support for parents and children. For example, numerous studies have shown the positive impact of mindfulness for helping children and adults regulate their stress response systems.[86] And synchronized drumming, music, and theater have been shown to improve conflict resolution and decision-making skills, as well as increase prosocial behaviors in traumatized youth.[87,88]

Expanding the number and capacity of nontraditional providers—such as community health workers and peer support specialists—increases access to behavioral health services. In addition, piloting evidence-based and promising programs, such as meditative practices, music, and theater, may help children and their parents protect against and heal from the effects of trauma.

FROM THE FIELD

"Trauma affects not only individuals and communities, it also affects organizations and systems, and then we can inadvertently perpetuate those same traumas back out. Organizations can present with the same symptoms as individuals. […] Awareness alone isn't enough. We can know something, but the journey from knowing to doing something different can be long."[89]

3. Promote Community Awareness of ACEs

Evidence has demonstrated that a child's broader environment during the first five years of life plays a key role in brain development, including cognitive growth.[90] This means that communities can play an important role in preventing and mitigating the effects of childhood exposure to ACEs.

The greater a community's fluency with the concept of ACEs, the greater its collective capacity is to recognize symptoms, support families at risk, and provide the kinds of care that allow children to thrive. Unfortunately, many community members are unaware of the indicators and impact of these experiences. This can be addressed, however, through efforts to increase community understanding, such as implementing public awareness campaigns, building capacity for youth and adults to advocate for change, and supporting multi-sector collaborations and coalitions.

a) Increase public understanding of ACEs through media campaigns, discussion groups, and community events.

Despite decades of compelling research on early childhood development, many people are still unfamiliar with the impact of early childhood trauma and the tools for prevention and resilience that can help children heal.[91,92] This makes it difficult for individuals and communities to imagine what they can do to support children and youth. To make trauma-informed changes to their behaviors and practices, community members, including families, caregivers, family-serving professionals, policymakers, and employers, must first understand the science behind healthy development and the potential for preventing and addressing ACEs.

Practitioners in New Jersey have cited this lack of understanding as a key issue and suggest that incorporating ACEs awareness education would be a necessary first step toward building a statewide effort to protect children from experiencing ACEs.

Such messaging efforts can either boost or diminish engagement and interest in the topic, though, depending on *how* the topic is discussed. For example, communications campaigns can encourage behavior change by framing work on ACEs and childhood trauma in a way that is uplifting and hopeful rather than fatalistic (for example, avoid language that suggests that poor outcomes stemming from ACEs are inevitable or that ACEs cause permanent brain damage, and instead discuss ways in which trauma can be healed). It is also important to consider *who* is sharing these important messages. For example, community members may be more likely to engage with the messages they hear when they are conveyed by credible messengers, such as people who have experienced ACEs and/or trauma themselves.

FROM THE FIELD

"[The current narrative] is building negative perceptions of "brain damage" and inadvertently adding more stigma. […] We're going to need help to think about how to engage these conversations. For community members it can feel very heavy if we are not doing this from a place [that describes] the brain [as] being malleable."

b) Focus advocacy efforts on the voices of those directly impacted by ACEs.

Strategies to address ACEs should not inadvertently replicate stressful or traumatic experiences, further diminishing people's agency by making decisions for them (for example, putting solutions into practice without ownership or consultation of those with lived experience).

Efforts to prevent, protect against, and promote healing from the effects of ACEs should be trauma informed. New Jersey can build on current grassroots work to promote leadership development and build capacity among youth and people who have experienced ACEs. Special attention should be paid to who is included, and why, when committees or working groups are formed. Parents, youth, and community members must have meaningful opportunities to engage, build capacity, and foster leadership.

c) Support multi-sector coalitions to strengthen the coordination of efforts in local and state policy and practice.

Given the diverse and complex factors contributing to ACEs, efforts to address them must work across sectors to ensure families receive the comprehensive support they need. Many active coordination efforts exist across New Jersey, including community-based coalitions that bring together people from different systems and sectors to address ACEs and trauma.

FROM THE FIELD

"Trauma is about a loss of power—how do you help people feel powerful again? You give people [the tools to help solve the challenge themselves]."

NJ HIGHLIGHT

In Camden, the **Camden Coalition of Healthcare Providers** and the **New Jersey Chapter of the American Academy of Pediatrics** recently launched a pilot to help school nurses and pediatric healthcare teams bridge the barriers between their sectors and expand collaboration by linking schools to medical homes—a patient-centered approach to comprehensive, coordinated healthcare.

d) Encourage all businesses in New Jersey to become trauma-informed employers.

Businesses have a critical role to play in helping their employees and communities prevent, protect against, and heal from the effects of ACEs. Not only do employers create jobs and opportunities and provide products and services, they also play a role in shaping how and when parents are available to care for their children.

By fostering positive work environments and supporting stability in their employees' lives, businesses can help parents and caregivers create a positive home environment for their children.[93] This benefits the private sector as well. By becoming more trauma informed, businesses create positive environments for employees, which can lead to lower turnover, fewer sick days, increased productivity, and higher quality work.[94] Businesses can also contribute by leveraging their financial and political capital to support policies at the local, state, and national levels that create the necessary conditions for healthy child development.

NJ HIGHLIGHT

Starting in 2018, **Horizon Blue Cross Blue Shield of New Jersey** invested $125 million in tax refunds toward improving its members' health. The investments focus on expanding programs and platforms to connect members with behavioral and mental health services, promoting programs that address social determinants of health, and enriching member experience through new technology tools. Horizon plans to help address the social factors that prevent its members from achieving their best health, including limited transportation, housing, and availability of healthy food. Horizon's Newark Initiative has already found improved health outcomes and a 25% reduction in total cost of care during a 12-month period.[95]

NJ HIGHLIGHT

The **Thomas Scattergood Behavioral Health Foundation**, along with the United Way of Greater Philadelphia and Southern New Jersey and Philanthropy Network of Greater Philadelphia, adapted the Substance Abuse and Mental Health Services Administration's principles of trauma-informed practice and released a guide to trauma-informed philanthropy. Their recommendations include promoting leadership and inclusion of marginalized groups to ensure that consumers (for example, parents and youth), community organizations, and service providers all "have a voice in determining community needs, priorities, and strategies of change" and acknowledging and addressing the power structures that exist within philanthropic work.[96]

4. Advance Policies and Practices That Help Children and Families Thrive

Supporting families to prevent, protect against, and heal from the effects of ACEs requires more than the actions of individual people and organizations. It also requires changes to laws, regulations, and policies. Establishing thoughtful public policies that promote environments where children and families thrive can help protect children from ACEs and improve their life-long health and well-being.

a) Advocate for specific ACEs-focused policies in early childhood care and education centers, the child welfare and juvenile justice systems, violence prevention programs, and healthcare settings.

Advocacy efforts often require a multipronged approach to address the many factors that can decrease the risk of ACEs or help reduce their effects. Policy areas that are especially important in supporting children and families include the following:

i. Early Childhood Care and Education

Children spend significant time during their earliest years in child care and prekindergarten environments. Given the tremendous number of neural connections that are created in the first years of life—about one million new neural connections per second—it is critical that early childhood care and education environments provide high-quality opportunities for cognitive, social, and emotional development.[97,98,99]

In New Jersey, a critical step is training teachers on ACEs and how to apply trauma-informed, healing-centered principles in their classrooms.

ii. Child Welfare and Juvenile Justice

Children in the child welfare and juvenile justice systems face increased risk of ACEs. Policies to reduce exposure to harm and help children in these systems heal are therefore essential. Child welfare policies should promote family preservation whenever feasible and safe, and juvenile justice policies should aim to keep children in their families and communities and out of detention.

iii. Violence Prevention

Policies that reduce domestic violence, child abuse, and community violence help create a safer environment for children. Studies show that gun control laws, such as background checks and prohibitions associated with mental illness, may decrease the instance of violent crime.[100] According to the Giffords Law Center to Prevent Gun Violence, New Jersey already ranks second in the nation on the strength of its gun laws, but it may consider even more robust policies in this area.

Other ways to continue to interrupt violence include community reentry programs, as well as architecture and community planning initiatives that consider how the spatial environment can be altered to facilitate healing.[101]

iv. Healthcare

Healthcare policies should help families access services that support their physical and emotional well-being. However, this is not always the case. For example, Medicaid enrollees are at increased risk of experiencing ACEs, yet they often have difficulty accessing behavioral health services due to limited availability of providers and fragmented delivery and payment systems.

Another challenge is that behavioral health care is often disconnected from physical healthcare, meaning that families must go to multiple places to get care. Parents and caregivers with low-paying jobs and limited work flexibility may have to choose between a health appointment and work. Policies can be adjusted to reflect these realities and support families in creative ways, such as through waivers to support screenings or Medicaid coverage for residential services for people with substance use disorders.[102] Policies can also be modified to ensure that healthcare providers and insurance companies better understand and address ACEs and trauma in families.

b) Educate legislators about ACEs, opportunities for funding, and relevant policy changes to prevent ACEs and mitigate their effects.

To support effective prevention and treatment strategies through policies, New Jersey's legislators and policymakers must be knowledgeable about the causes and impacts of ACEs. Addressing ACEs is smart policy because it not only helps children and families but can also result in cost savings for the state and lay the groundwork for a prosperous and thriving society.[103] A variety of methods can be used to strengthen legislators' knowledge around ACEs, including one-on-one meetings, group meetings, and reports and policy briefs about the causes, impacts, and costs of ACEs. Legislators can also learn about the experiences of legislators in other states who are champions for the prevention, protection, and healing related to ACEs.[104]

c) Create opportunities for cross-sectoral collaboration in policy development, advocacy, and implementation.

When various sectors come together to leverage their collective strengths, they create opportunities for the type of cross-collaboration that supports more effective, sustainable solutions.

Within the government alone, interagency collaborations can advance efforts to adapt state policies and coordinate interpretation and execution of existing policies to best support New Jersey's families. For example, by instituting an office to coordinate and centralize efforts across relevant state agencies, the New Jersey government may create a more comprehensive approach to reducing childhood trauma by addressing the multiple social, health, and economic domains that are relevant to ACEs.

d) Fund model pilots and innovative approaches to build evidence and enable scaling of promising programs.

Foundations and businesses can provide financial support for evidence-based or promising approaches to address ACEs that may not be eligible for government funding. Private funders can also fund innovative approaches that need strong evidence to support scaling. By funding pilots that demonstrate what works, foundations and businesses can lay the necessary groundwork for policymakers, advocates, and communities to then consider these models for scaling across the state.

Public, private, and philanthropic partners can also seed, fund, and evaluate local innovations and efforts to help families and children prevent, protect against, and heal from the effects of ACEs. Successful, proven models can then be used to inform local and state policy. Evaluations can help demonstrate return on investment for various interventions and support future investment.

Finally, private and philanthropic funding can provide important support for capacity building (for example, training, evaluation, operational support), which can strengthen existing service provision and inform future policy and practice.

5. Collect, Analyze, and Share Data and Findings from Research and Practice

Future investments in prevention and treatment can be improved by a more robust understanding of the trends and patterns of exposure to ACEs. Research can also facilitate a deeper understanding of the impact of specific interventions in New Jersey communities and the determinants of success. Investing public and private funds in meaningful ACEs-related data collection and analysis will provide the groundwork for more informed action. Finally, future decision-making on ACEs can be strengthened by bringing practitioners together to share lessons learned and discuss evidence-based, evidence-informed, and promising practices to be considered for scaling across the state.

a) Support research, data collection, and effective data-sharing initiatives to improve understanding of ACEs and their effects.

New Jersey has many opportunities to increase data collection and analysis of ACEs. For example, agencies and organizations could work to connect data longitudinally from childhood to adulthood as they evaluate the linkages between ACEs and outcomes such as health, educational achievement, and financial security. This information would allow researchers to more clearly understand how ACEs affect health and socioeconomic outcomes and what interventions are successful in the short and long terms.

Community-based participatory research is another powerful approach. This approach increases capacity while enhancing data quality and relevance through partnerships between community organizations and academia. Together, they design research questions, data collection approaches, instruments, analyses, and dissemination plans. The results are improved services for children and families living in the community.

b) Promote learning and dissemination of evidence-based, evidence-informed, and promising practices already underway.

Practitioners can gain energy and insight by sharing their experiences with peers engaged in similar work and facing similar challenges. Many evidence-based, evidence-informed, and promising practices are already being implemented across New Jersey. By promoting learning and dissemination of evidence, collaborative initiatives can help further improve these practices. The state can take advantage of a wide array of approaches to disseminating knowledge and lessons learned to activate communities and catalyze innovative efforts.

NJ HIGHLIGHT

The **Camden Health Information Exchange** provides an excellent example of local providers sharing data to improve holistic care. The organization has implemented dynamic electronic health records that can help healthcare providers improve their understanding of a family's situation and more effectively provide care. In this system, hospitals, social service organizations, laboratories, primary care providers, and correctional facilities are connected. This powerful tool allows providers to improve the services offered to individual families and better assess the impact and effectiveness of interventions at a population level.

Next Steps

Next Steps

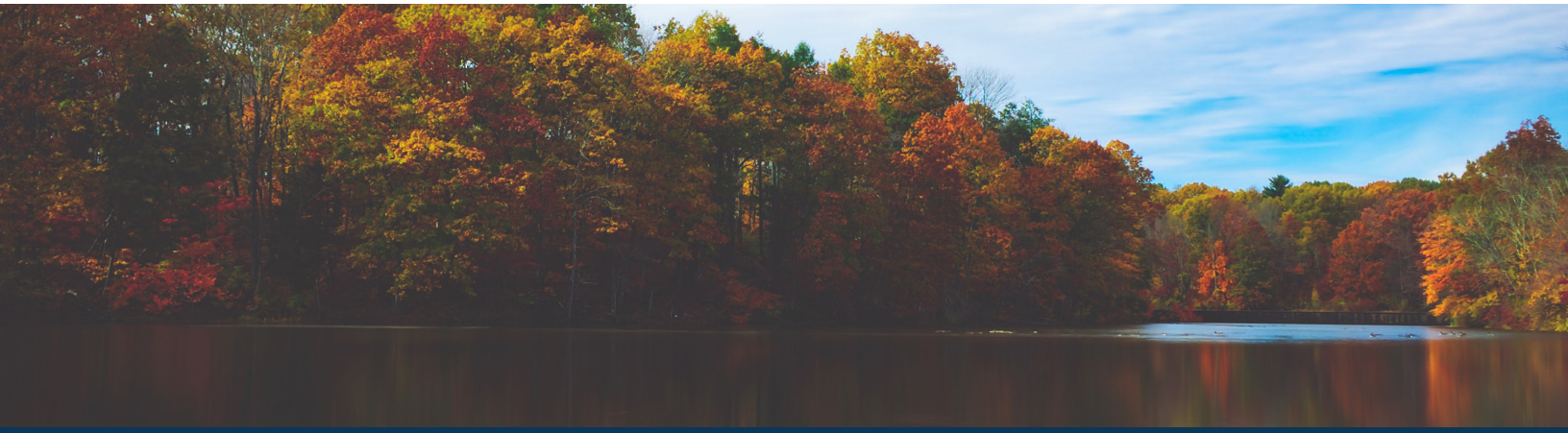
New Jersey has the potential to become a leader as a trauma-informed, healing-centered state, where children and families thrive, no matter who they are or where they live. Collaborative actions are required to help prevent, protect against, and heal from the effects of Adverse Childhood Experiences (ACEs).

As next steps in their effort, the Burke Foundation, The Nicholson Foundation, and the Turrell Fund will hold a series of sector-specific focus groups leading up to cross-sector meetings. Based on these discussions, the Collaborative will work with state, county, and community stakeholders to develop, refine, and finalize recommendations for action. These recommendations will, in turn, be used to create a set of sector-specific public and private commitments that will drive New Jersey's ACEs Action Plan. This process is intended to contribute to a shared understanding of the various approaches and strategies that can be used to elevate the work already being done throughout the state, rally new collaborators around the table, and spark innovative ideas to drive this work forward.

In this next phase and throughout the trajectory of this work, the Action Plan will be centered around the perspectives of affected children and families, focusing on the underlying structural inequities that affect ACEs. It is essential to understand the roles that race, racism, and structural inequity play in childhood trauma, while working to leverage and act upon the tremendous wealth of knowledge that can inform a strategic approach to help New Jersey's families and communities address the impact of ACEs.

The impact of ACEs on communities and individual lives can be profound and far-reaching. To effectively prevent, protect against, and help families heal from these effects, New Jersey must take an equally expansive and comprehensive approach. The New Jersey Funders ACEs Collaborative aims to support this effort, building on the impressive progress already made within the state, by investing in proven and promising programs to enrich children's lives and by leveraging their collective strengths to coordinate priorities, streamline processes, foster innovative collaborations, and draw greater attention to the issue.

Investing the time to build strong, trusting relationships as the foundation for the ACEs work in New Jersey will ultimately contribute to more impactful and sustainable change. Public and private stakeholders will collaborate with communities to create an ACEs Action Plan that reflects the needs and strengths of children and parents throughout the state. New Jersey will thus become known as the state where children have the best chance of thriving and becoming healthy, productive adults.



Appendices

Appendix A: Possible Actions

The possible actions included here are meant as a starting point for developing a statewide ACEs Action Plan, rather than as a complete, exhaustive list. They correspond with the five Areas of Opportunity identified in this report and their associated recommendations.

1. Support parents and caregivers (family members and others involved in the day-to-day care of children).

a) Facilitate access to programs equipped to address ACEs.

POSSIBLE ACTIONS

- ✓ Strengthen resources like **Central Intake** that help parents navigate the services available to them. For example, Central Intake could expand services by referring families to doula birth support services and evidence-based home visiting programs.
- ✓ Expand the reach of **evidence-based home visiting programs** that support parents before their child is born through kindergarten.[105] These programs help mothers with a range of topics, including breastfeeding and developmental milestones.
- ✓ Build in **screening and referral protocols** for ACEs, behavioral health, and living situation for professionals in family-serving settings (e.g., screening and referrals for ACEs, maternal depression, housing, employment, etc.). Ensure that child and family-serving systems are aware of and refer families to parenting resource centers and other supports.
- ✓ Launch **Parenting Institutes** or **Universal Parenting Places**, such as those that have been successful in Oregon and Tennessee. At these centers, parents can find free resources, such as individual counseling, peer group sessions with other parents, and parent-child bonding activities. Communities can build resource centers within local organizations that families already frequent, such as Head Start programs or Boys and Girls Clubs.
- ✓ Improve parents' knowledge about, and access to, evidence-based parenting resources, such as the American Academy of Pediatrics' HealthyChildren.org, through the creation of a **central repository** (e.g., website) of available resources for families.

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Appendix A: Possible Actions

b) Target stressors that arise from lack of access to basic needs.

POSSIBLE ACTIONS

- ✓ Increase access to **quality behavioral health care** for parents who have experienced trauma to help break the cycle of intergenerational transmission of trauma.
- ✓ Fund or expand **safe and supportive recovery environments** with trauma-informed treatment for families with young children that are suffering from substance misuse and/or domestic violence.
- ✓ Support programs targeting **economic inclusion** that help strengthen the financial stability of at-risk families, such as financial literacy training, programs facilitating access to fair credit, and Minority and Women-Owned Business programs.

2. Provide training and professional development in trauma-informed care.

a) Ensure that adults who work with children and families know about ACEs and protective factors and are aware of available resources to provide the needed support.

POSSIBLE ACTIONS

- ✓ Work with higher education, professional schools, and professional organizations to **include training on the effects of trauma** as part of credentialing and/or continued education for professionals (e.g., child care providers, social workers, psychologists, educators, judges and attorneys in family and juvenile courts, doctors, nurses, etc.).
- ✓ Increase the **number of trauma-informed trainers and coaches** through a "train the trainer" model, similar to the successful approach adopted in Tennessee (Appendix B).
- ✓ Hire **trauma-informed practice coordinators** in government agencies, school districts, and other organizations that work with children and families to integrate trauma-informed strategies into the everyday work of the organizations.

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Appendix A: Possible Actions

- ✓ Strengthen the early childhood system's expertise in trauma, social and emotional health, and behavior management. Use promising approaches, such as **early childhood mental health consultation**, in which a knowledgeable child mental health expert coaches teachers and administrators on supporting children's social and emotional development, and the Pyramid Model, a widely scaled intervention that provides direct coaching to early educators on promoting children's social and emotional development.
- ✓ Have **youth and people with lived experience** lead trainings and interventions. For example, Hopeworks Camden provides job training for young people who have been exposed to violence and poverty. These young people conduct trauma training for teachers in the Camden School District and employees of local companies.[106]

b) Train education and behavioral health care staff to recognize the signs of ACEs and address them appropriately.

POSSIBLE ACTIONS

- ✓ Advocate for adequate payment for **therapy providers who work with both children and parents** and build capacity to do this work.
- ✓ Facilitate training on **implicit bias, structural inequity, and cultural humility** for all service providers.

c) Adopt trauma-informed care practices throughout all levels of institutions.

POSSIBLE ACTIONS

- ✓ Expand the **number and capacity of nontraditional providers**, such as community health workers and peer support specialists, to help bridge the gap in behavioral health services.
- ✓ Expand access to evidence-based and promising practices, such as **meditation, mindfulness, music, and theater**, to help children and their parents protect against and heal from the effects of trauma.

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Appendix A: Possible Actions

d) Build a pipeline of diverse, culturally sensitive early care and education professionals and behavioral health providers trained to provide trauma-informed care and work with the parent-child dyad.

POSSIBLE ACTIONS

- ✓ Use recruitment strategies to intentionally **hire trauma-informed professionals**.
- ✓ Recruit and retain students and providers of behavioral health services from **diverse backgrounds**, who share experiences with the populations most affected by ACEs, including those who may have experienced ACEs and/or trauma themselves.

e) Invest in evidence-based behavioral health approaches for children.

POSSIBLE ACTIONS

- ✓ Address effects, prevention, and treatment of ACEs in **employee orientation and trainings**.
- ✓ Incorporate **trauma-informed vision, values, principles, and policies** (including values around staff wellness) into organizational practices.
- ✓ Form a **trauma-informed care committee or advisory panel** within the organization.
- ✓ Provide opportunities for staff to understand and regulate their own stress responses and build capacity to heal from their own past ACEs. When relevant, conduct **secondary traumatic stress training, track secondary trauma and burnout, and provide appropriate supports**.

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Appendix A: Possible Actions

3. Promote community awareness of ACEs.

a) Increase public understanding of ACEs through media campaigns, discussion groups, and community events.

POSSIBLE ACTIONS

- ✓ Work with a skilled communications partner, such as the FrameWorks Institute, to **develop state-specific ACEs messaging**.
- ✓ Use **media and public meetings** to increase the general public's knowledge about brain science, ACEs, trauma, resilience, the personal and societal impacts of ACEs in different sectors (e.g., education, justice), and ways to prevent and mitigate the effects of ACEs.
- ✓ **Host screenings** of movies such as *The Raising of America*, *Paper Tigers*, and *Resilience* to build awareness of ACEs.
- ✓ Highlight the **voices and stories of those affected by trauma** and the supports that helped buffer adverse experiences in sensitive and respectful ways (e.g., peer support circles).
- ✓ Build **partnerships with faith-based institutions** (e.g., churches, mosques, synagogues) and **community centers** to host events and share information.
- ✓ Leverage **social media platforms** to engage new audiences.

b) Focus advocacy efforts on the voices of those directly impacted by ACEs.

POSSIBLE ACTIONS

- ✓ Fund **community organizing, youth development organizations, civic engagement, and advocacy** on issues raised by youth and their communities.
- ✓ Train community leaders on advocacy and **build capacity for grassroots movements** to drive policy change.
- ✓ Consider opportunities for **trauma-informed community building**. For example, local efforts have worked to engage residents in a trauma-informed way in the revitalization of their cities' most distressed public housing.[107]

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Appendix A: Possible Actions

- ✓ Leverage **social media platforms** to amplify and bring community voices to the foreground.
- ✓ Consider new ways of funding that **support grassroots engagement** (e.g., participatory budgeting, community advisory committees).

c) Support multi-sector coalitions to strengthen the coordination of efforts in local and state policy and practice.

POSSIBLE ACTIONS

- ✓ Help community members d**evelop coalitions to collaborate and share resources, information, and trauma-informed best practices**.
- ✓ **Disseminate lessons learned** across local coalitions and across state agencies.

d) Encourage all businesses in New Jersey to become trauma-informed employers.

POSSIBLE ACTIONS

- ✓ Encourage businesses to create a **family-friendly workplace** by paying employees a livable wage; offering regular, predictable work schedules; providing access to on-site child care or subsidizing off-site child care; creating a clean, pleasant lactation room; providing break time for breastfeeding mothers; providing paid family leave; and considering flexible work schedules and teleworking.
- ✓ Encourage businesses to model **safe, stable relationships within the organization**. This can be done by creating space for employee feedback and a culture where employees feel valued, addressing behavioral health and trauma in employee orientation, integrating a trauma-informed perspective into corporate vision and values, and measuring success against trauma-informed organizational assessments.
- ✓ Advocate for **policies that improve access to safe, stable, nurturing environments**. Organizations can join business associations to work together to advocate for laws that help prevent ACEs. Businesses can also support changes in policy and practice by giving financial resources to help prevent and heal childhood trauma.

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Appendix A: Possible Actions

4. Advance policies and practices that help children and families thrive.

a) Advocate for specific ACEs-focused policies in early childhood care and education centers, the child welfare and juvenile justice systems, violence prevention programs, and healthcare settings.

i. Early Childhood Care and Education

POSSIBLE ACTIONS

- ✓ Provide high-quality, tuition-free **universal prekindergarten** for three- and four-year-olds.
- ✓ Hire a **trauma-informed practice coordinator** for each school district.
- ✓ Train teachers of students of all ages to **recognize ACEs and to incorporate trauma-informed and healing-centered practices** and **social and emotional learning** into their classrooms.
- ✓ Hire **school counselors and school nurses who are trained in trauma-informed care**.
- ✓ Provide **livable wages and professional development opportunities** for the education and child care workforce.
- ✓ Employ **restorative practices** rather than punitive discipline policies in schools. Ensure that teachers understand the relationships between racism, implicit bias, and discipline.
- ✓ Provide funding and support for policies that **address vicarious traumatization and/or burnout** for teachers, child care providers, and other early childhood care and education staff (e.g., comprehensive staff health and wellness policies, support for self-care and mindfulness practices).
- ✓ Help schools **collaborate with parents and caregivers** (e.g., to create individualized wellness plans) and include **parent champions** in dialogue with school staff.
- ✓ Create **college savings accounts** for all children to provide opportunity for financial mobility in the future and to break intergenerational cycles of poverty that perpetuate ACEs.

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Appendix A: Possible Actions

ii. Child Welfare and Juvenile Justice

POSSIBLE ACTIONS

- ✓ Ensure that **safe baby courts** or **early childhood courts** include judges, lawyers, and staff who are trained in ACEs and trauma and a community coordinator who works with individual families to fast-track services such as child-parent therapy to heal trauma.[108]
- ✓ Integrate well-timed **traumatic stress screenings and trauma-informed interventions** for children in the child welfare and juvenile justice systems.
- ✓ Engage **youth and families as partners** in the decision process, including when creating service plans, and ensure they receive adequate assistance or resources to participate fully (e.g., language interpreters, transportation support).
- ✓ Support child welfare staff in **minimizing vicarious trauma**, which affects staff's ability to serve children and families.

iii. Violence Prevention

POSSIBLE ACTIONS

- ✓ Tighten **requirements for purchase and use of firearms**, including permit or license requirements, background checks, mandatory waiting periods, and safe storage laws.
- ✓ Create **community reentry programs**.
- ✓ Support **urban and community planning efforts** to make physical environments more conducive to healing.

iv. Healthcare

POSSIBLE ACTIONS

- ✓ Preserve the gains of existing insurance programs and support expansion efforts to ensure that children and families are insured and that efforts to integrate behavioral and physical health continue.

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Appendix A: Possible Actions

- ✓ Promote policies to allow for integrated physical and behavioral health care.
- ✓ Use Medicaid waivers creatively, such as for pilot projects or community health workers.
- ✓ Promote screening and management of ACEs in appropriate settings, such as pediatricians' offices. Universal screening for ACEs in pediatric settings can help ensure that any potential challenges related to toxic stress are identified early for intervention.

b) Educate legislators about ACEs, opportunities for funding, and relevant policy changes to prevent ACEs and mitigate their effects.

POSSIBLE ACTIONS

- ✓ Organize **advocacy days** for nonprofits, service providers, and impacted families to lobby their legislators on the importance of issues related to ACEs.
- ✓ Publish **talking points**, **charts**, and **other advocacy materials** and make them freely available to individuals, organizations, and representatives.

c) Create opportunities for cross-sectoral collaboration in policy development, advocacy, and implementation.

POSSIBLE ACTIONS

- ✓ Advocate for the creation of an **office to coordinate** ACEs-related initiatives across relevant state agencies.
- ✓ Host **meetings** and other events that foster collaboration between local organizations working across sectors.

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Appendix A: Possible Actions

d) Fund model pilots and innovative approaches to build evidence and enable scaling of promising programs.

POSSIBLE ACTIONS

- ✓ Encourage funders to coordinate with public and nonprofit partners to **identify possible pilots** not yet eligible for government funding.
- ✓ Invest in **rigorous evaluations** of promising programs.
- ✓ Support **capacity-building initiatives** for staff that can enhance the provision of existing services.

5. Collect, analyze, and share data and findings from research and practice.

a) Support research, data collection, and effective data-sharing initiatives to improve understanding of ACEs and their effects.

POSSIBLE ACTIONS

- ✓ Leverage the upcoming 2019 Behavioral Risk Factor Surveillance Survey (BRFSS) to guide New Jersey's investments in prevention and treatment.[109] Ensure **continued ACEs data collection** and monitor results over time.
- ✓ Adopt **common screening tools** for children and parents and **trauma-informed assessments** in family-serving settings.
- ✓ Develop **shared outcomes and metrics** to guide evaluation across ACEs prevention and mitigation interventions, including outcomes for health (e.g., biomarkers), education (e.g., graduations, suspensions), and other areas relevant to ACEs.
- ✓ Use **research, including community-based participatory research**, to understand and develop innovative ACEs interventions.

Appendices

Appendix A: Possible Actions

- ✓ Pilot **data-sharing strategies across systems** to improve monitoring and service delivery to families who interact with multiple agencies and organizations while protecting confidentiality and privacy.
- ✓ Support **evaluation efforts and analytics around return on investment** for trauma-informed interventions to help build the case for Medicaid and other agencies to invest in these approaches to address ACEs.

b) Promote learning and dissemination of evidence-based, evidence-informed, and promising practices already underway.

POSSIBLE ACTIONS

- ✓ Convene and facilitate **learning communities** to share and promote adoption of best practices that are occurring across New Jersey.
- ✓ Create a **central hub for ACEs data and reports** to understand progress, trends, gaps, and disparities across New Jersey and to connect practitioners to one another.
- ✓ Partner with **academic institutions** to increase and disseminate knowledge.

Appendices

Appendix B: Case Studies

For this report, FSG researched ACEs-related work around the country and, in consultation with the Collaborative, identified key takeaways that may point toward the most promising areas of opportunity for New Jersey. The key takeaways below pertain to (1) tangible program impact, (2) role of philanthropy, and (3) statewide coordination.

Overview of Programs

Wisconsin

Wisconsin's *Fostering Futures*, launched in 2011, supports organizations, mostly in the public sector, to develop and implement trauma-informed practices and policies. In the first phase of the initiative, three pilot communities were chosen to educate people across various sectors about ACEs and support the development and integration of trauma-informed and resilience-building practices. While all three pilot sites led to successful results, the Menominee Nation was by far the most successful. After the first three years, the number of children in the child welfare system placed outside the home dropped 15%, and kinship placements increased. Similarly, following integration, Menominee tribe schools increased their graduation rates from 60% to 99%. Furthermore, the development of a trauma-informed Health Department and Child Welfare Department led to improvement in staff quality of life and decreases in burnout and secondary trauma over the course of the program.[110]

Tennessee

Building Strong Brains (BSB) was launched in 2015 by the Governor, First Lady, and Deputy Governor of Tennessee. It is a public-private partnership that employs statewide multi-sector training, local innovation grants, and a public awareness campaign to prevent and mitigate ACEs in the state.[111] Since 2015, *BSB* has trained 833 trainers on ACEs science, the importance of being trauma informed, and how to train other trainers. Subsequently, these master trainers have collectively trained more than 29,000 people around the state and country.[112]

Washington

Essentials for Childhood (EfC), launched in 2013, is a multi-sector collaborative effort to prevent child abuse and neglect and is supported by the CDC. In August 2018, the CDC approved a proposal for an additional five years of funding for *EfC*. Additional funding was provided by private funders, and the CDC renewed the state's five-year *EfC* grant in August 2018. While the state's goals have not been met entirely, the effort has increased coordination across child-serving agencies; built up community resources; aligned systems, strategies, and policies to improve how families experience support, reduce stress, and increase resilience; and expanded the professional use of trauma-informed practices.[113]

Appendices

Appendix B: Case Studies

Key Takeaways

1. Have difficult or uncomfortable conversations about race, equity, and ACEs.

Seek guidance and assistance where necessary to support productive conversations that build connections and shared understanding of community history and experiences. The *BSB* team shared that attention to issues related to racism and structural inequity has increased, recognizing that to create environments where children can thrive, family-serving organizations need to ensure children live in a state where their race, income level, or zip code does not determine their life outcomes. The *BSB* team also found (e.g., Memphis/Shelby County) that some communities dislike ACEs language because it can feel blaming or determinative (e.g., conversations about epigenetics). Therefore, the program has shifted from using language around trauma to using strengths-based language. Finding ways to tailor the conversation to different communities and maintain a strengths-based approach helps keep conversations productive, respectful, and actionable.

Many of the inequities and conditions that lead to ACEs are a result of the structural barriers created by discriminatory policies and practices that perpetuate bias and unequal opportunities. For instance, the practice of redlining resulted in historic disinvestment in neighborhoods where communities of color lived. Those same neighborhoods are now areas where people may face challenges finding good jobs and accessing economic opportunity. This lack of opportunity becomes a source of stress for parents, caregivers, and families, and then becomes a risk factor contributing to multiple adverse experiences, including economic hardship and uncertainty.

> *"It is hard to make meaningful progress without an intentional look at race and its relation to ACEs."*
>
> *"One of the greatest missed opportunities we had was some of the messaging. […] We should have tackled race, equity, inclusion, and systemic racism right from the start. I just don't think we were brave enough about disparity."*
>
> *"In the last few years we have seen an increased research focus on intersections with racism, access, and equity. […] If we don't do this, we will end up getting the same outcomes and improving things for white children and having the same disparities or even increasing disparities."*

2. Elevate the voice of consumers and people with lived experience of ACEs and/or trauma.

The backing of the parent and consumer movement was essential for building the groundswell of support for trauma-informed work. The *Fostering Futures* team conducted many listening sessions with communities across Wisconsin and learned that having consumer and parent voices integrated into each Core Implementation Team helped

the teams understand what needs to change, why those changes are necessary, how to go about making those changes, and what the impact of the changes is on families and communities.

> *"There isn't any substitute for consumer voice. You can't replicate it. You can't know in any other way what needs to change and what the impact of the change is on those that you are serving."*

3. Engage local organizations to include community voices and provide critical perspectives on the realities of implementation.

Local organizations can move faster than state agencies and can help state officials understand policies and practices that would support local work. Ideally, communication between those engaged in the high-level state policy work and local organizations who see the on-the-ground reality of implementation is two-way.

> *"State agencies can't fully understand the challenge or how to effectively implement and enforce policies without trusted relationships on the ground."*

4. Include people at all levels in implementation teams.

Leadership increases visibility and buy-in, staff ensure continuity and ability to execute, and parent and consumer representatives ensure that solutions are relevant and sustainable. In many cases, having a prominent champion in the executive office provided validation and gravitas to the project, which was useful in building momentum. In addition, including voices from all levels of program implementation helped to integrate the trauma-informed practices into the work and ensure various perspectives were represented, creating more effective and lasting change.

> *"Former First Lady Walker [of Tennessee] was very instrumental in pushing trauma-informed care. What it comes down to is leadership. It takes a lot of leadership fortitude, not only from a director level but also management. It matters what leaders do or don't do."*

5. Incorporate agencies that are not traditional direct service agencies, and ensure strategies and content resonate with these partners.

Uniquely, the work in Wisconsin includes public systems that do not provide direct services, such as the Departments of Children and Families, Health Services, Corrections, Justice, Veterans Affairs, Workforce Development, and the Wisconsin Economic Development Corporation. The original content for trauma-informed learning was too direct-service oriented to be helpful for a broader range of organizations. Thus, in the latest stage of work, *Fostering Futures* uses a "Wisconsinized" curriculum that resonates with a broader audience.

> *"Tailor the content and strategies to fit the work of the county and—especially—state agencies who do not provide direct services to consumers."*[114]

Appendices

Appendix B: Case Studies

6. Couple statewide top-down efforts with innovation at the local level and make room for flexible evaluation of these grassroots efforts.

Tennessee's innovation grants provide flexibility to allow local customization tailored to communities' specific needs and aspirations. The evaluation of these innovations has not been as rigorous as it could be, which the *BSB* team sees as both a challenge and a benefit. On one hand, consistent indicators can be helpful to aggregate data across projects and understand change on a macro scale, but on the other hand, those metrics can sometimes be too rigid and hamper innovation. *BSB* suggests allowing for recognition that interventions may need to pick different relevant outcomes, but they can also benefit from comparisons across interventions that target similar outcomes.

> *"We selected [innovation grants] that were well distributed across the state to serve as sparkplugs for interest and competition, which has been great. Now we have 35 projects. It's part of the vitality of this project. The state funded these community innovations, and that's just a rarity."*

7. Bring credibility and momentum to the initiative through the leadership and endorsement of high-level government officials.

In Wisconsin and Tennessee, the leadership of high-ranking officials, including the first lady, the governor, and the deputy governor, helped move the initiative forward on a large scale.

> *"Our champions are so influential. Jim Henry [Tennessee's Deputy Governor] has been a strong proponent of this work. The First Lady is a Memphian and strong member. The Governor put his money where his mouth is, which jump-started this."*

8. Educate legislators, elected officials, and other policymakers along the way to create buy-in for funding and policy change.

The *BSB* team referred to the "FrameLabs," which fostered a basic understanding of ACEs, trauma, and resilience, and encouraged the adoption of the same language and frameworks (developed by the FrameWorks Institute and based on communications science) as the secret to success. Ensuring that legislators understand the research and that the voting public is well versed enough to advocate for supportive policies makes a difference in creating lasting change. The resulting annual legislative appropriation of $2.45 million for ACEs work in Tennessee is just one example of how policy and legislative change can make ACEs efforts more sustainable.

> *"The common language has helped people from various sectors see how they fit in. We saw some recent legislative wins, and I think it's because of the space of understanding."*

Appendices

Appendix B: Case Studies

9. Collect local ACEs data to help ground the work and drive urgency.

In Wisconsin and Tennessee, the work benefited from local ACEs data to build interest and momentum.

> *"The catalyst [for BSB] was that the First Lady and Governor of the state came to Memphis in January 2015 for the release of ACEs in the Shelby County area. The Deputy Governor went to the release of the data. He was impressed. […] DOH had included basic questions in the BRFSS survey. We had a starting point to see the conditions in Tennessee."*

10. Begin with a clear and specific objective to guide the effort toward action.

People come to collaborations with different goals. Some see it as a way to learn from one another, while others see it as a way to align on policy priorities or mutually reinforcing activities. All are potentially useful roles for collaboration, but it is important that a group decide up front and articulate a shared intention about the objectives for collaboration to move forward efficiently and effectively.

> *"We could have been action-oriented, policy-oriented, or learning-oriented but since we didn't clarify our objectives at the beginning, we tried to do a little of everything and haven't been as effective as we could have been."*

Appendices

Appendix C: Acknowledgements

This report reflects the contributions of a diverse group of interviewees, including community leaders, practitioners, academics, funders, and representatives from government agencies. The authors and funders of this report would like to thank the following individuals, whose insight, thoughtful feedback, and knowledge now serve as the foundation for this important New Jersey initiative.

In addition, Dr. Nadine Burke Harris, Alisa Trantraphol, Chris Padula, Dr. Jonathan Goldfinger, and Jabeen Yusuf at the Center for Youth Wellness in California provided continual inspiration and invaluable partnership in creating this report. A special thanks, also, to the Center for Health Care Strategies, Looking Glass Strategy, LLC, and The Group Forward, for their important role in developing this report.

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Adverse Childhood Experiences: Opportunities to Prevent, Protect Against, and Heal from the Effects of ACEs in New Jersey.
Published July 2019.