



Family Policy Council

***Adverse Childhood Experiences:
Interviews with the Criminal Justice, Early
Childhood Development, Faith, K-12 Public
Education, and Public Health Communities***

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Introduction

The Washington State Family Policy Council, a family-community-state government partnership, is committed to transforming lives through increasing the understanding and application of knowledge around Adverse Childhood Experiences (ACEs). These experiences include: child abuse; child sexual abuse; child emotional abuse; neglect; a mentally ill, depressed or suicidal person in the home; a drug addicted or alcoholic family member; witnessing domestic violence against the mother; loss of a parent to death or abandonment, including abandonment by divorce; and incarceration of any family member.

While knowledge about ACEs and its impact on children and families has been growing over the last ten years, there are currently many sectors of the community that are not familiar with ACEs and its impacts on their clients, families, parishioners, students, children, patients, and incarcerated youth.

As a result, the Family Policy Council intends to spread the knowledge regarding the issue to a broader audience. This will enable more sectors within each community to integrate ACEs-related knowledge into their policies, practices, and professional development activities. In order to effectively reach out to this broader set of players, the Family Policy Council sponsored an information-gathering effort to learn the most effective methods for integrating ACEs into the work of five key sectors: criminal justice, early childhood development, faith-based communities, K-12 public education, and public health.

Staff from Clegg & Associates, a Seattle-based consulting firm, conducted phone interviews with over 60 individuals who play a wide array of roles within these five sectors. Those interviewed ranged from individuals holding leadership positions in state-level organizations responsible for establishing and implementing policy to staff who provide services directly to children and families on a daily basis. (A list of those interviewed, along with their roles and affiliations, appears at the end of the findings summary for each sector.)

The interviews provided staff with an extensive amount of information regarding each sector's characteristics, the current level of awareness regarding ACEs within that sector, the opportunities for engagement in the ACEs issue, ideas for strategies to bring knowledge about ACEs to that sector, and suggestions about the roles the Family Policy Council could play in working with each sector. This information will form the basis for the Family Policy Council's development of outreach and engagement strategies for each sector.

In addition, the interviews offered staff a wealth of information regarding the opportunities the Family Policy Council can pursue to forge alliances and collaborations across these sectors. By building these bridges, the Family Policy Council will be able to bring about some systems-level change. This can increase the ability of community members to obtain the assistance they need to address the impacts of ACEs and reduce the prevalence of ACEs among the next generation.

The Upshot

Criminal Justice and ACEs

- The criminal justice system in Washington is not one system, but many linked systems — law enforcement, prosecutors and defenders, courts, correction agencies, parole and probation, and public and nonprofit agencies delivering court-ordered services.

“There is no centralized state administration of criminal justice programs in Washington State. However, the state, federal and local agencies that make up Washington’s criminal justice system are linked by a public policy-making structure that creates the common laws and procedures that define the criminal justice system and its operation.” Citation: Criminal Justice in Washington State, November 2004, State of Washington, Department of Community, Trade and Economic Development

- Knowledge about ACEs is increasing in the criminal justice system. While individuals with a particular interest in the topic have pursued it themselves, two parts of the system have more exposure to ACEs than others — the judiciary and prosecutors and defenders involved in child welfare or juvenile justice — but most everyone across the system is aware of the problem and its effects.
- There are many training opportunities for members of the justice community since each professional group has requirements for continuing education related to its work. Formal structures are in place for this training and conferences are held regularly and are well attended.
- If people in the justice community see that there are solutions — specific strategies that relate directly to their work — they will be more willing to engage and to act. They have to believe ACEs is immediately relevant and see how it affects their work.

“Lawyers want to get to ‘fixing’ the problem. They don’t know what to do about ACEs. And they want specifics - how they can use ACEs in their work, in court, in their advocacy, and in talking with legislators.”

- Multiple strategies relevant to changing the justice system were suggested. A clear message was — the system should do no further harm.
- Building on work already underway and collaborating with existing efforts was stressed as essential for any strategy development; therapeutic or specialized courts were mentioned multiple times as a place to begin in that they already provide a collaborative model for action.

“The therapeutic courts seem like the low-hanging fruit ... the easiest place to introduce ACEs and as the place where new practices/policies get developed and tested.”

- The Court Improvement Training Academy at the University of Washington is another cross-systems example where improvement in handling cases is the goal.
- The list of ideas for how the Family Policy Council could support the justice community around ACEs goes beyond information, training, examples, and advocacy and includes specific suggestions around development of tools, finding evidence-based practices to promote, and coordinating with other organizations.



The Sector at a Glance

The criminal justice system in Washington is made up of many inter-related subsystems — law enforcement, prosecutors and defenders, courts, correction agencies, parole and probation, and public and nonprofit agencies delivering court-ordered services. The Legislature enacts the laws under which the system and its subparts operate.

“Criminal justice policy is drafted, debated, and enacted by the state legislature. After the legislature has adopted a law, administrative rule-making agencies are generally responsible for the implementation of the new law.”

The 2004 report commissioned by the Washington State Department of Community, Trade and Economic Development, “Criminal Justice in Washington State,” includes a clear description of the key elements of the criminal justice system. The following description of the criminal justice system is based on that report.

The law enforcement part of the system includes local police and sheriff departments, the Washington State Patrol, federal and tribal enforcement entities, special offices such as port and campus police. There are also a variety of state and federal agencies and task forces with specific enforcement functions.

Washington’s court system has four levels that hear both civil and criminal cases: municipal or district courts, superior courts, Courts of Appeals, and the state Supreme Court. There also are courts of limited jurisdiction, or therapeutic or problem-solving courts as they are termed, including those related to Drugs, Mental Health, and Domestic Violence. Juvenile courts deal with both abused and neglected youth and youth who break the law.

Prosecutors and defenders advocate for their clients with the prosecutor representing the government and the defense attorney representing the person accused of a crime. The prosecutor brings charges and acts as the attorney for the jurisdiction whose criminal laws have been violated — the city, county, state, tribe, or federal government, representing “the people” or the government acting on behalf of the public. Some counties have salaried staff attorneys providing criminal indigent defense services; some contract with non-profit organizations to manage the public defense systems; many rural counties contract with individual defenders or private firms to handle criminal defense cases.

Dependency cases are initiated when the state Department of Social and Health Services (DSHS) files a petition alleging that a child is dependent on the state because of child abuse and/or neglect, or because a parent is ill or otherwise unable to care for the child. If conditions in the family do not improve, DSHS may file a petition to terminate the parent/child relationship. In both situations, the Attorney General's Office represents the state and defense attorneys represent the parents. A guardian ad litem may be appointed to represent the best interests of the child.

There are civil cases in which public defenders are involved. As one example, "Becca" cases involve defenders representing juveniles in truancy or at-risk youth petitions. Attorneys advocate for the child, test information provided by the school district or the parents, and propose alternatives to incarceration if the child has violated a court order. Other examples include sexual predator and civil commitment cases and child support enforcement.

Correctional facilities include locally run jails confining offenders before, during and after their court trials and high security and minimum security prison. The Department of Corrections (DOC) takes jurisdiction over defendants after sentencing and runs the state prison system. The Juvenile Rehabilitation Administration (JRA) operates institutions for serious juvenile offenders and group homes and community supervision. Counties operate juvenile detention facilities and there are regional centers administered by a group of counties. The most serious juvenile offenders are incarcerated in state residential facilities managed by JRA while less serious offenders are held under the jurisdiction of counties. Other less serious offenders may be placed in diversion programs.

DOC community corrections are handled by officers in local offices around the state. They provide probation and parole services, supervising both offenders who have not been incarcerated and those who have been incarcerated and subsequently released.

Each of the subsystems within criminal justice has its own professional association, providing information, training and continuing education, and other services for its members. Specialized commissions and programs within universities and at the state level also provide publications, training, and support for professionals in the criminal justice system.

Current Awareness & Perspectives on ACEs

Knowledge about ACEs does not appear to be consistently prevalent across all parts of the criminal justice system, but it is increasing. The judiciary and prosecutors and defenders involved in child welfare or juvenile justice appear to be the most well-informed, since a number of symposia and conferences offered in the past few years for these groups have included ACEs presentations. It also is increasingly a part of criminal defense attorneys' deliberations as they prepare their cases.

Those interviewed noted that individuals with a particular interest in the topic have pursued information on ACEs, including the recent research available.

“A substantial minority of people would answer yes if asked whether they were aware of ACEs, considerably more than a year or so ago.”

Most everyone working within the system is certainly aware of the problem and the effects it has on law enforcement and the courts. They see the ‘revolving door’ people.

“We might as well label a jail cell for them, and in many cases for a number of members of the same family.”

Almost everyone interviewed believes that learning about ACEs makes sense and that the continuing education requirements for professionals in each part of the justice system and the well-established communication channels should make it reasonably straightforward to provide.

Education and Training

Law school is not seen as the primary vehicle for educating legal professionals about ACEs. The focus in law school is on practical technique and the law. It would not be easy to introduce ACEs into a curriculum already considered “full.” And it would be just one of many content-specific topics vying for inclusion.

The Washington State Criminal Justice Training Commission (CJTC) provides the basic instruction for law enforcement, corrections and public safety professionals (<https://fortress.wa.gov/cjtc/www/>). ACEs could be included as part of the training, but it is not generally thought to be appropriate for lengthy or mandated training for law enforcement personnel.

Having said this, however, individuals interviewed identified a couple of places locally where ACEs information could be a welcome addition in formal education venues:

- Seattle University's Juvenile Clinic and its Domestic Violence Clinic are places where the research would be of interest.
- The University of Washington Law School's Child and Youth Advocacy Clinic already includes ACEs in the curriculum and the Court Improvement Training Academy would be another place it would fit.

Offering training on ACEs information and research as a part of continuing education is where most people interviewed felt it would be more effective. Every group of professionals within the criminal justice system is required to complete continuing education credits each year. There are established systems in place for each organization offering training and mechanisms for sponsoring and accrediting education courses or activities. A number of people expressed hope that ACEs training could be integrated into everyone's practice and that the training efforts could be done in an interdisciplinary way. The broadly attended conferences may be where this is most easily accomplished. People shared a number of ideas about state and regional training options and regularly-scheduled conferences that would be appropriate for ACEs, including:

- The Washington State Criminal Justice Training Commission (CJTC) has a wide variety of offerings, including online courses which many law enforcement professionals use to complete their requirements. The Regional Training Manager is responsible for organizing and publicizing the content.
- The Washington State Bar Association regulates and monitors continuing legal education and has a calendar of monthly seminars, recorded seminars, and webcasts, as well as print materials.
- Among other professional groups, the Washington Association of Prosecuting Attorneys, Washington Defenders Association, Washington Association of Sheriffs and Police Chiefs, Washington Correctional Association, and Association of County Officials have conferences where ACEs could be included among sessions offered.
- Judicial conferences are well attended and provide a good opportunity for interacting with judges from all state courts.

“The spring and fall judicial conferences would be the place to inform judges. Perhaps better than the Children’s Justice Conference as judges may feel more comfortable asking questions and talking about it with their peers.”

- Framing the issue as an ethical one may get judges’ attention for continuing education as “ethics-related credits” are required of judges and there are not many courses that address this.
- Providing a short curriculum for police department-required in-service training may be effective in reaching these audiences.
- The Court Improvement Training Academy at the University of Washington involves judges, lawyers and other professionals in the juvenile court dependency process and hosts trainings that could include ACEs.
- The Washington State Children’s Justice Conference, held annually in April has a broad and interdisciplinary attendance and participants likely would be interested in ACEs. Including the topic as a plenary session would provide the broadest reach.
- The Judicial College (www.judges.org), located in Reno, has a wide array of courses, as does the National Council of Juvenile and Family Court Judges (<http://www.ncjfcj.org/>). The Justice Management Institute (www.jmijjustice.org/), focused on improving court administration, may be another option.

While none of the organizations providing these education opportunities requires their members to pursue specific courses or content, coupling the availability of training with other types of communication about ACEs could encourage participation in training by a wide group of professionals.

“The various groups offering continuing education don’t tell people what to take, but with enough buzz, ACEs could be shared broadly across the criminal justice system.”

Other Communication Options

There are multiple electronic and print options for communicating with members of the justice community, including distributed and online newsletters, national and state publications, email lists, and listservs. Most of these are specific to one or more parts of the justice system, which would require a somewhat intensive effort to include all the communication conduits for the various audiences. It is important to note that “information overload” is an issue. The multitude of options means that some things may be read with more detail than others and some may be read only by one subsector. It does not appear that any of them are uniformly read, even by members of the target audience.

In addition to the organizations that provide the training listed above, suggestions from those interviewed include:

- Fight Crime: Invest in Kids (www.fightcrime.org/state/washington).
- Washington Association of Sheriffs and Police Chiefs’ “Get the Word Out” is a widely read weekly notice for sheriff and police departments.
- Washington Criminal Defense Magazine is jointly published quarterly by the Defender Association and Association of Criminal Defense Lawyers and is widely followed.
- Court Appointed Special Advocates (CASA) has a regular newsletter. The Judges Corner may be a place to communicate about ACEs.
- Those involved specifically in child welfare, juvenile justice, and family law appear to keep up with national publications related to those topics.
- All the Bar Associations have listservs as well as monthly publications available online and in print.
- The Washington Association of County Officials’ Courthouse Journal is published monthly and read by elected and appointed county personnel.

It was also suggested that an attorney or law student could write an article on ACEs for the Seattle Journal for Social Justice, a peer-reviewed, student-edited, interdisciplinary journal, published twice a year by Seattle University’s School of Law. It includes writings that reflect theoretical, literary, and hands-on approaches to achieving social justice.

Engaging the Justice Community in ACEs Efforts

More than one person said that bombarding people with a consistent message about ACEs and why the justice community should care about it will get people's attention. Everyone agreed that presenting information about ACEs is important, but the message must be clearly presented and must be compelling if the Family Policy Council is asking them to lend their time to a cause. Members of the justice community have to believe ACEs is immediately relevant, see how they are affected by it, and understand how it affects their work. A call to action would require the Family Policy Council to be unambiguous about what it is asking people to do. Asking them come together to brainstorm what to do will not be a good strategy with this group.

“It is not enough to ask people to carry the message and mobilize others in the justice community. What are they mobilizing people to do? Be clear what you are asking for and don't call us together to form a committee or talk about how to bring people together.”

People are busy with the work in front of them. Those interviewed were clear that whatever is done should be done in partnership with other groups. Members of the justice community feel that they don't have the time to work on one more issue, so coordinating action is important if the Family Policy Council wants people to commit to problem-solving. Part of this is helping people understand what other entities are doing related to ACEs, so collaboration is key and will demonstrate that the Family Policy Council values people's time and recognizes that there a number of initiatives that have links to the ACEs research.

Strategies for Action

Most of those interviewed had ideas about strategies to undertake within their particular part of the criminal justice system as well as other places where the system can change. Many simply talked about the need to do something different with people who have ACEs in their histories — figuring out how to respond in a less punitive way and how to ensure that the system does not inflict further harm.

Within law enforcement, there is some pessimism about knowledge regarding ACEs making a difference in day-to-day work on the street.



“Don’t expect that knowledge about ACEs is going to change the practice of law enforcement officers. We deal with the immediate situation, not underlying causes. That’s our role and it won’t change, not one iota.”

People noted that ACEs information may make officers more understanding and compassionate, but if laws have been broken, their actions are codified by the RCWs regardless of whether the perpetrator has ACEs in his or her history. In situations where arrest is not an issue and discretion is appropriate, however, officers with knowledge of ACEs and related community services may be able to extend help, recommending community-based organizations that can provide help.

“Take it away from the touchy-feely realm and give them tools to help them deal with the people who’re experiencing ACEs.”

Any strategy directed to law enforcement must start with how to “sell it to cops.” Consider what message will hit home with them ... “We know what your job is and you have to do it, but ...” One angle to pursue may be safety, a critical issue for police on the street. One person noted that the more officers know about people they are encountering, the more likely they may be to manage situations and keep themselves and others safe. This could be a starting place for law enforcement personnel.

Law enforcement and the court system are seen as “processing” people according to the law, not providers of services that actually address ACEs. However, making people aware of ACEs and allowing them to make conscious decisions at various points where people enter and move through the system seem the way to begin thinking about possible changes — a structured procedure that guides the actions of all the actors involved.

More than one person suggested focusing on the therapeutic or specialized courts first. These limited-jurisdiction courts — mental health, drug, gang, domestic violence, veterans’ and family dependency court — represent examples of best practice collaborative efforts where the system has said, “yes, we need to act differently.” They are less adversarial and go beyond the typically structured presentation of information, operating on more of a team basis where judges and lawyers explore issues and discuss options. Therapeutic courts have influenced judges in other courts where they now ask “What kind of information do I need?” Juvenile court is moving in this direction as well.

“ACEs is not well addressed by the adversarial court. Therapeutic courts are where the biggest changes are happening that will address ACEs.”

These kinds of courts could adopt implementation of ACEs assessment tools (like risk assessment tools currently being used) to provide hard evidence of trauma, take ACEs into account as a mitigating factor in sentencing, and use ACEs in developing service plans that mandate treatment such as parenting classes for dependency cases and therapy regimens that put people on probation rather than in jail if they follow through with services. Existing law permits these actions, but a new statute could broaden it and make it more consistent across jurisdictions.

Specific examples of how these courts might use ACEs in their operations include the Thurston County drug court that introduced Trauma Sensitive Care (TSC) and the King County drug court that is implementing a Department of Justice grant-funded project to connect defendants to assessment and treatment.

- In the Thurston County example, the partners administering the drug court (a committee of judges, prosecutors and public defenders) learned about TSC and agreed to create a pathway to Post Traumatic Stress Disorder (PTSD) treatment.
- In King County, the grant funds have made it possible for the drug court to contract with community-based providers at the Antioch University’s Community Counseling and Psychology Clinic for in-depth treatment that deals with childhood traumas. The grant has also provided for screening, assessment and testing and access to PTSD treatment for young adults involved in gangs.

“The therapeutic courts are in a good position to make a difference. They have huge ‘stick’ in the form of sentencing and incarceration and a ‘carrot’ in terms of access to services.”

More ambitious would be a move to create an ACEs court, where people assessed for ACEs whose scores reach a certain threshold would be referred. Having said this, however, some believe that the long-term future of specialized courts will depend on successful incorporation of the precepts on which they are based into the larger trial court systems. In essence, how does every court become an ACEs court?

“Therapeutic jurisprudence can be practiced inside and outside of specialized court forums at different levels. The most basic and informal level is when a judge interacts with the individuals involved in a particular court case. The second level is a special court forum that incorporates new procedures, disposition options, information systems, and connections to providers of social and other services (perhaps, but not necessarily, through a special court forum). Yet a third level of therapeutic jurisprudence practice is by changes to state statutes, court rules, and policies that apply across courts.”

Pamela Casey & David Rottman,
“Therapeutic Jurisprudence in the Courts,”
Behavioral Sciences & The Law

More than one person interviewed talked about Models for Change, the initiative funded by the MacArthur Foundation aimed at reforming juvenile justice systems across the country, including Washington State. It looks for leverage points and evidence-based practices that will stimulate system-wide change. Those that brought this topic up felt strongly that ACEs efforts should build on the learnings from the various other efforts underway in the state.

There was a fair degree of agreement about diverting kids out of the court system, particularly for minor offences. Even for children deeply involved in the criminal justice system, maximizing their potential and reducing their risk factors are seen as important as ensuring their accountability for crimes committed.

At least some of the juvenile issues deal with school-related problems and there is a strong sense that these should not be dealt with in court. This reflects a feeling that current zero-tolerance policies in schools have not been productive, taking kids out of school through expulsions or into detention when staying in school is what’s needed.

“Go beyond diverting them to specialized courts, but out of the court system entirely by not filing charges. This includes truancy, which shouldn’t be in the courts at all, but dealt with in partnership with the schools.”

For the corrections side of the justice system, people see a number of places where interventions are possible and should be taken to scale. Programs and services for offenders in jail and prison facilities were identified as a direct way to involve people who have experienced ACEs in treatment, although most everyone who mentioned this strategy believes these services are inadequately funded. One program of particular note is the Residential Parenting Program at the Washington Correction Center for Women. Nonviolent inmates with newborns raise their children at the facility for up to thirty months, participating in classes on parenting and child development and getting support with their parenting. The children spend time in the prison's Early Head Start center when the mother is working or in classes.

“This program is using the prison as an intervention point for the women and for their children, helping reduce ACEs in that next generation.”

Making participation in therapy a condition of an offender's parole was also identified as a means to address ACEs. It is generally true that by the time people are incarcerated, the extent to which ACEs is an issue would likely be known. However, county probation officers work directly with families as well as offenders. Providing these officers with training and more structured policies and procedures to guide their work with parolees and parolees' families could reinforce treatment being provided elsewhere.

Caution was expressed by more than one person interviewed. Thoughtful strategies, based on solid information and research, are necessary.

“We think an action will make things better, but sometimes it works counter to what we believe. For example, giving judges more information about the person in front of them, like ACEs, seems like a good idea, but do we know this will be true? Having discretion about how they deal with someone in court has not always proven wise as data available on disproportionality has shown.”

Systemic Action across Criminal Justice

Many people talked about prevention as the key cross-system approach to ACEs. They see the ACEs research as yet another piece of evidence supporting expansion of evidence-based practices to prevent the problems associated with ACEs — not just problems with kids, but with families. Parenting education and family-centered strategies move the solution to ACEs upstream.

“We have to get to kids early and break the cycle. If we don’t do this, the revolving door will just continue.”

But understanding what works, particularly for people experiencing mental illness, substance abuse, domestic violence and other traumas, is critical. Without knowledge of true evidence-based practices, many of those interviewed don’t believe intervention will make any difference. And although ensuring access to proven programs would be a start, it won’t address the problems of poverty and racism that underlie the struggles families face.

While many people had difficulty identifying systemic changes, a few were optimistic that this kind of change is possible if the right leverage points are found.

“Fifteen years ago, domestic violence cases were dealt with very differently. Now every officer knows about the cycle of violence. The turning point was certainly mandated arrest, not apropos here, but there must be something that helps us take the first steps toward this kind of shift in thinking and action.”

The work of the Court Improvement Training Academy at the University of Washington (CITA) was one example identified as a way to tackle ACEs across at least some of the system. CITA brings people together to talk about ways to improve the system for child abuse and dependency cases. It involves judges, lawyers, guardians ad litem, social workers, and service providers in cross-sector conversations. At this time it is working in ten Washington counties.

“CITA first has to convince people they have common goals; a challenge because their job is to represent their particular piece of the action, often in a very adversarial way. So this is a big hurdle. We talk about working ‘in the system’ vs. ‘on the system.’ When they’re in the system, they’re working on their particular agenda, but when they’re working on the system, they can take off that hat and see the bigger picture. You have to recognize that telling them this doesn’t work. They have to come to that place themselves by working together.”



CITA is a structured, facilitated process:

- It begins by having participants jointly create an AIM statement with an action, a target, and a measurement. It can be difficult, but those involved in CITA say that eventually participants begin to see where their work intersects and is seeking the same things.
- The second step is to help participants see the system by mapping it – drawing out what happens first, what follows that, how long each step takes, where the detours are, who’s involved in each step. This helps them understand where the problems occur and what’s going on from all the perspectives.
- And CITA uses data to help the participants see the problem. What do the numbers tell them about how many kids, at what points in the system, for how much time? Where are the biggest barriers to a good resolution for the case?
- Using the mapping and the data helps participants ‘take a bite’ rather than be overwhelmed by the complexity of the system or the size of the problem. Finding a piece of the puzzle that they can get their arms around is seen as critical as participants have to be able to identify what’s possible and who cares enough to problem-solve around the table.

“When people work on a case-by-case basis, it’s difficult to see the patterns. It’s in the patterns of what’s working and what’s not that you can begin to see what’s going on in complex systems and where there may be places to fix the system.”

Another suggestion was to capitalize on the Community Public Health and Safety Networks' history of organizing and collaborating at the local level. By looking across these efforts and the projects undertaken by the Network, commonalities likely will appear. Taking an Appreciative Inquiry approach, focused on what's worked in the past and what seems to keep things from working, may identify patterns in how effective changes have taken place. With this information the Family Policy Council could help groups think about the system and the way to instigate change.

However, there were cautions about putting too much stock in system-level change and some of those interviewed believe that calling together a high-level group to figure out change strategies may not work. The heads of the various associations — those for judges, prosecutors, defenders, and police chiefs and sheriffs — have no means to enforce anything that a leadership group might devise. They may be able to convince people of the importance of making change, but by the time it works its way down to application in local communities, things can drift or become diluted. More regulation doesn't necessarily change that.

“You have to be careful about the ‘cookie cutter’ approach, something Networks know very well. There is so much variance across counties, regardless of the fact they are all working under the same regulations and systems. When we approach things from a systems level, we tend to work toward generic changes. What we know is that you have to allow for local adaptation.”

As noted earlier, people believe that steps are being taken, strategies being proposed, and initiatives underway already. They stressed the need to piggyback on child welfare, foster care, and juvenile justice advocacy agendas already in place, and on the work underway in King County and Thurston County drug courts, Models for Change projects, or CITA. And again, working in partnership at the community level is seen as essential. This is where people live and interact most with law enforcement, the courts, and corrections and probation. The view of “the system” also needs to expand to include treatment service providers.

New legislation would be required for some changes suggested, sentencing for example. Washington is the only state with determinant sentencing for juveniles as well as adults. In order to make changes that would allow all judges to take ACEs into consideration and give them more discretion in sentencing, such as they have for sex offenders, the Legislature would have to act. Legislation related to a coordinated set of systemic changes may be what's required to integrate ACEs into the broader system.



The Family Policy Council's Role

Those interviewed identified a number of ways the Family Policy Council could support the justice community and encourage action related to ACEs. Suggestions included:

- Start by getting the word out more widely and more consistently.

"Flood the market with information and get people talking about ACEs."

- Develop the network of leaders who can carry the message about ACEs and act as champions. Have knowledgeable trainers and speakers available who can provide education and in-service sessions and who can act as expert witnesses or "friends of the court" and provide testimony to the Legislature.
- Continue to provide information on ACEs — what do the numbers really tell us? Find the patterns that are most important. Make data available to local groups that show specifically where the problems are in their communities. Expand the website as more research becomes available.
- Develop a modular curriculum that allows for short information sessions as well as more in-depth training; package the research information that can then be incorporated into existing curricula.
- Create tools related to ACEs, including an assessment tool; a one-page information sheet for judges that describes ways to mitigate the court's response, issues to consider in making decisions; and an ACEs checklist that prompts judges to ask for information the lawyers may not be providing. Two groups could be helpful in the development of a checklist — the Administrative Office of the Court and the National Council of Juvenile and Family Judges (<http://www.ncjfcj.org/>) — and both could play a role in publicizing it.
- Find and promote evidence-based practices for addressing ACEs; support the research that demonstrates it.

"Without best practices, it doesn't make sense to call people to action."

- Identify resources and share information about what's available in local communities to help people affected by ACEs.
- Work with school districts to provide ACEs information for teachers and counselors.
- Build alliances and coordinate with others for effective advocacy around ACEs rather than paralleling other efforts underway. Facilitate cross-sector strategy development.
- Facilitate the connection between criminal justice and service delivery providers.

“Give us a place to refer parents and kids to and a way to talk together.”

- Identify how to measure the ‘reach’ into the justice community and whether changes in behavior among judges and others in the criminal justice system are being made.
- Request information about the evaluation underway of the King County drug court project with Antioch College and share the learnings with other therapeutic courts.
- Advocate for resources to support the services needed by individuals and families affected by ACEs, including programs that could be delivered in correctional facilities.
- Advocate for resources for defenders, particularly those outside of Seattle without funds for expert witnesses or social workers knowledgeable about ACEs nor trained on how to use these professionals effectively.
- Work on shifting the discussion beyond the cadre of experts, talking respectfully with the people most affected by it; not just a token representative on a task force, but real involvement.

Criminal Justice Key Informants

Ken Bancroft
Sheriff, Asotin County

Bob Boruchowitz
Professor from Practice, Seattle University, School of Law

Justice Bobbe Bridge
President & CEO, Center for Children & Youth Justice

Judge Patricia Clark
King County Superior Court

Timothy Jaasko-Fisher
Director, Court Improvement Training Academy, University of Washington, School of Law

Lisa Kelly
Director, Child and Youth Advocacy Clinic, University of Washington, School of Law

Anne Lee
Executive Director, TeamChild

Debby Mealy
Deputy Director, Criminal Justice Training Commission

Jeannie Nist
Section Co-Chair, Statewide Training and Advocacy Coordinator
Washington State Bar Association, Juvenile Law Section

Tracy Sarich
Executive Director, Children's Trust Foundation

Janet Skreen
Attorney, Washington State Administrative Office of the Court

Mary Taylor
Drug Court Program Manager, King County Drug Diversion Court Program
For the Washington State Association of Drug Court Professionals

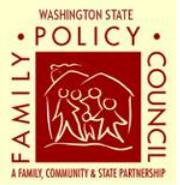
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The Upshot



Early Childhood Development and ACEs

- The early childhood development field is replete with initiatives, theories of change, conceptual frameworks, and models, e.g., ACEs, Thrive by Five, Frontiers of Innovation, One Brain Science, Return on Investment for People, Projects, and Programs, Compassionate Schools, Whole Child, Strengthening Families, etc. There does not appear to be a unifying organization or approach that brings all of these efforts together.
- Awareness regarding ACEs varies greatly according to people's roles; those in policy and administrative positions are more likely to be aware of ACEs while those in direct service positions are less likely to know about it.
- Key informants differed on their perspectives about whether ACEs should be built into other, broader, frameworks or worked on separately through its own initiative.
- The Family Policy Council is viewed as an entity that could integrate the science and practice implications around ACEs into the many initiatives currently underway in the early childhood development sector.
- In order to be viewed as a bona fide scientific addition to the other initiatives going on in the field today, the current ACEs work requires an accompanying set of evidence-based practices that produce measurable results.
- There is some concern in the early childhood development field that too much effort is going into creating new models and not enough into implementing and evaluating evidence-based practices at the grassroots level where children and families obtain services.
- There are multiple opportunities to improve the initial education and ongoing training child care providers receive around ACEs and other childhood traumas.
- There is interest in identifying the most effective methods for educating parents about their own ACEs scores and therefore the potential they have to repeat their own patterns with their young children.
- Healthcare reform is viewed as an area where the Family Policy Council could successfully advocate for the inclusion of benefits to address ACEs through the mental health, drug/alcohol, and primary care systems.



The Sector at a Glance

The early childhood development field is undergoing a significant amount of change with ambitious efforts underway to improve the quality of child care through professionalization of the field, an increase in the proportion of children who participate in pre-kindergarten, development of stronger connections between child care providers and other community services the children need, and a broadening of the concept of early childhood development and early learning to include children from birth through age eight.

The State of Washington Early Learning Plan, developed through a partnership among Washington State Department of Early Learning, the Office of the Superintendent of Public Instruction, and Thrive by Five embodies a unified approach to accomplishing these changes.

In addition, there are a variety of initiatives underway that focus on achieving different aspects of the early childhood development change agenda. Many of these initiatives bring their own vocabulary, frameworks, and supporting science to the work. This fragmentation is due, in part, to funders' desires for new, different, and often overly-complicated approaches to addressing the same challenges.

As a result, the early childhood development field encompasses multiple theories of change, theoretical frameworks, and experts committed to advancing their perspectives. A sampling of the efforts underway includes:

- The State of Washington and the national Frontiers of Innovation collaboration, focused on improving learning and health outcomes for disadvantaged children, in part by building executive function and self-regulation skills throughout the life course, including in the children themselves as well as in the parents and service providers who care for them. Washington partners include the Department of Early Learning, Department of Social and Health Services, Department of Health, Health Care Authority, and Thrive by Five Washington.
- The Department of Early Learning, Office of the Superintendent of Public Instruction, and Thrive by Five Washington have partnered to review the early childhood guidelines for the state.
- A partnership to implement evidence-based practices for home visiting includes the Council for Children and Families, Thrive by Five Washington, and the Washington State Departments of Health, Early Learning, and Social and Health Services.
- The Center for Study of Social Policy (CSSP) sponsors Strengthening Families Initiatives throughout the country, including Spokane. Underlying all of CSSP's work is a vision of child, family and community well-being. To achieve these results, CSSP improves public policies, systems and communities by building protective factors, reducing risk factors and creating opportunities that

contribute to well-being and economic success. It is a unifying framework for the many policy, systems reform and community change activities in which CSSP engages. The Spokane Strengthening Communities project is engaging a mix of people to implement the CSSP protective factors framework. The model is very grassroots, with parents directly involved in leadership roles.

Paul Dworkin's Help Me Grow System (HMG) comprises four components to identify and link at-risk children to community-based supports as early as possible to support optimal child development: child health care provider outreach to support early detection and intervention; community outreach to promote the use of HMG and to provide networking opportunities among families and service providers; centralized telephone access point for connecting children and their families to services and care coordination; and data collection to understand all aspects of the HMG system, including the identification of gaps in and barriers to programs and services. Efficiently building a comprehensive HMG system requires: an organizing entity; a strategy for expanding statewide over time; and the capacity and commitment to implement a process for continuous quality improvement

The Committee for Children has developed a new curriculum - Second Step: Social-Emotional Skills for Early Learning that helps caregivers address childhood development issues. The organization provides a diverse array of tools and online support for schools.

There are varying levels of coordination going on among the many initiatives underway. While some initiatives tend to operate as stand-alones, others have successfully brought together other key players and agencies into unified efforts. In addition, many of those interviewed pointed to a common thread among these initiatives, i.e., that one goal of current efforts is to alter the perspective of people who come into contact with parents, e.g., teachers, childcare workers, healthcare providers, etc. - to reorient them to go beyond their roles as care providers and become educators.

“There are lots of spinning plates going on around ACEs. The significant missing element is what to do with the results.”

Current Awareness & Perspectives on ACEs

Many of the concepts in use in early childhood and early learning are similar to those embodied in ACEs, e.g., the impact of trauma on the development of young brains. However, the conceptual frameworks and language used in different training institutions, service agencies, and advocacy groups differs.

Key informants shared that the level of awareness regarding ACEs differs markedly among the staff at various levels that make up the many organizations involved in the early childhood development field. They pointed out that a greater proportion of individuals at the administrative and policy levels tend to know about ACEs than those people working in direct service roles.

For example, while many childcare workers see evidence of ACEs-related behaviors and impacts, many are not familiar with the use of the term ACEs or the science behind it. In addition, staff at the community level are also not necessarily clear about what their responsibilities are vis a vis ACEs, either in terms of helping children mitigate their impacts or in terms of supporting prevention for the next generation.

“Staff at the local health jurisdictions are probably more up to speed on ACEs than people working in the ECEAP program.”

Awareness also appears to vary considerably by geographic area. For example, the Bremerton School District is working with the preschool provider community to increase their understanding about ACEs. The district invited Jeff Sprague from the University of Oregon to train the staff in Positive Behavior Support Systems. The district also sponsors family nights at the schools where it trains families and teachers in multiple aspects of children’s development.

In addition, the district added an early childhood goal focused on the self to the existing math and literacy goals. The addition of this goal supports the staff’s work in addressing children’s social and emotional needs.

Many of those interviewed view the early childhood development field as one of the most critical opportunities to ameliorate the impacts of ACEs, as contact with affected children comes at a younger age.

“Neuroscience and how the brain works are sexy topics right now. People want to learn about it – it’s not pointing fingers and it’s not debates about whose job it is to worry about it.”

Engaging Early Childhood Development in ACEs Efforts

Many key informants view the Family Policy Council’s ACEs work as a potential bridge across the multiple initiatives currently underway related to the relationship between childhood trauma and negative outcomes in learning, health status, criminal justice involvement, and intergenerational patterns of dysfunction.

There is interest in developing a more unified focus that early childhood development services can use to improve their capacity to effectively care for and teach young children impacted by trauma.

“How to connect ACEs to the large scale conversations that are taking place today in early childhood development and early learning? Identifying and ameliorating ACEs-related impacts among very young children will contribute enormously to the ability of elementary schools to teach young children.”

A related opportunity mentioned by key informants involves adoption of policies at the state level that incorporate the current understanding of ACEs into the Healthcare Authority’s implementation of the Affordable Care Act. Medicaid coverage for healthcare services linked to ACEs, e.g., substance abuse treatment and mental health treatment, offer the opportunity to reduce the prevalence of ACEs.

“Health care plans are the payors for the consequences of ACEs. It is in their direct interest to support prevention and intervention around ACEs-related conditions.”

In addition to the major system changes underway through healthcare reform, the State is also conducting a multi-year redesign of the Temporary Assistance for Needy Families (TANF) Program. This redesign effort, headed by the Department of Social and Health Services and including the Office of Financial Management, Departments of Commerce, Employment Security, Early Learning, and the community college system offers the opportunity to reframe the TANF program to better address the needs of children and families.

One of the pressing issues in early childhood development is around the translation of the science now available regarding childhood development and public policy. Science needs translators, e.g., the Frontiers of Innovation collaboration, to bring the results of scientific research about childhood development into the public sphere.

“Providing the science by itself is of minimal value. Providing science connected to solutions is useful in setting public policy.”

One key informant raised a question about the vehicle necessary to transmit information about ACEs to the early childhood development community - How can knowledge about ACEs contribute to building a system where young children receive assessments and services early on and avoid negative outcomes in development and learning? Does ACEs need to be translated into a program in order to deliver a benefit?

Another individual raised a set of complementary questions - What can the Family Policy Council do to bring the different agencies and sectors together to respond around ACEs? What is the highest and best use of the Family Policy Council in this environment? As a think tank? As a driver for change around working with at-risk families? What role will the networks play in the future?

Education and Training

Most key informants do not believe that workers in the early childhood development field learn about ACEs or related issues during their professional training. This appears to hold true whether the training is a university-based four-year degree or a community college-based two-year program.

“Sixty-five per cent of child care workers don’t know basic child development, let alone ACEs.”

Key informants also shared that they do not see information regarding ACEs in the continuing education offerings for early childhood development staff. They viewed this as a gap that is very important to address.

Despite the current lack of integration of ACEs-related training in education programs for early childhood development staff, key informants view the structure of the educational requirements in the field as conducive to adding training. For example, one person cited the multiple licensing and training requirements that staff in various early childhood development roles must obtain, e.g., national boards, mentor teacher training, CPS training, administrative requirements, updated licensing requirements for each type of position, etc., and suggested that training around ACEs could be built into each of these mechanisms.

In terms of the overall quality of the early childhood development workforce, the Washington State Department of Early Learning is currently working to build the skill level of staff at all levels within the system.

Strategies for Action

Key informants suggested a variety of strategies the Family Policy Council could pursue to increase the early childhood development field's understanding regarding ACEs and its ability to enact programs and practices to reduce the impact of these experiences on children and families.

Depending on the nature of the strategy, much of the proposed activity could take place in collaboration with other key early childhood development organizations such as the Department of Early Learning, Thrive by Five, OSPI, and others. As part of this collaborative approach, the Family Policy Council could define its role and contribution to the other initiatives underway in the field.

One strategy area focused on the development of materials that would help early childhood development programs interpret the different models that universities, national-level agencies, and foundations are introducing into the field. The purpose of this work would be to clarify the similarities among these models and the importance of adhering to basic science in deciding which approaches to embrace and build into local, regional, and state policy and programmatic priorities.



Another area stressed the importance of aligning the training that social workers, child care workers, teachers, and public health nurses receive so that it delivers a consistent message about ACEs, toxic stress, and other frameworks that state and local agencies are using to understand brain development and organize services for children and families.

In terms of more effectively addressing the needs of direct service staff around ACEs, several key informants proposed conducting an inventory of early childhood education and early learning programs to find out what specific needs they have related to learning about and responding to ACEs was also put forth. The Family Policy Council could use the results of this inventory to develop a set of ACEs-specific tools to help staff work more effectively with families and young children who may be impacted by ACEs.

“Put a name to it and create a brand around it that makes it clear you have answers for people working with young children who have been affected by ACEs.”

Another suggested method for introducing ACEs-related information to direct service staff involved the implementation of ACEs-related study groups at early childhood education and early learning organizations. These study groups could work together to learn new information and practices to address the social and emotional needs of children. For example, the Bremerton School District’s Director for Special Programs and School Support currently convenes a monthly book study group comprising early childhood providers. The group reads books about early childhood development, e.g., the Mind in the Making, and discusses how to use the information in their daily practice and how to share it with parents.

The importance of developing stronger connections between early childhood education programs and local mental health organizations was also proposed as key to improving the ability of early childhood development staff to obtain more intensive mental health services for children and families who need them.

At the policy level, a number of key informants proposed advocacy regarding the inclusion of ACEs-related professional development policies for early childhood programs at the local, regional, and state levels.

“ACEs needs to be part of the comprehensive fabric of early childhood education. Whenever it’s seen as an add-on, there’ll be resistance.”

Another idea called for the creation of a policy toolkit that local early childhood development programs and school districts could use to establish policies that support effective incorporation of ACEs-related information into their systems. For example, making school space available to community agencies provides opportunities for children to come into contact with services and activities that can counter the impacts of ACEs. Adopting policies that allow for the appropriate sharing of confidential information also provides avenues for children to obtain services they need from community groups such as mental health organizations, health centers, etc.

“Educating children, families, and staff about ACEs requires a nonjudgmental approach that takes the blame out of the issue. The message needs to be – bad things happen to good people.”

A number of key informants stressed the importance of identifying the outcomes the Family Policy Council wants to achieve that require policy changes at the state and local levels. They stressed that the pursuit of these policy changes in a coordinated way with other early childhood development and early learning initiatives offers the greatest change of long-term success.

The Family Policy Council’s Role

Key informants proposed many ways the Family Policy Council can infuse knowledge about ACEs into the early childhood development community, including:

- Continue to serve as the official experts regarding the science around ACEs. This is not a program role, but rather a translation role to ensure that all state-level agencies are using correct and up-to-date information regarding ACEs in their policy, program, training, and evaluation methods.
- Provide data and rationale for policy directives that support a more sophisticated approach to building an evidence-based child care system in the state. For example, these data could describe the differential needs of children experiencing ACEs and identify the associated programmatic and financial methodologies to address these different levels of need.
- Work in collaboration with other early childhood development entities to create clearly-defined roles for each organization to maximize the impact of emerging knowledge about brain science and its impact on learning



- Examine the role of the Public Health and Safety Networks to determine whether there are increased opportunities to address early childhood development issues at the community level the networks serve
- Develop concrete tools early childhood development staff at the program level can use to better serve the children and families who are impacted by ACEs.
- Advocate for the inclusion of education and training around ACEs at all levels, e.g., two-year programs, four-year programs, ongoing training, for program-level staff in early childhood development.
- Work with early childhood development leaders to incorporate ACEs-related knowledge into the changes underway in the early childhood development system.

“The Family Policy Council should stay the course on ACEs and avoid becoming distracted by the various new initiatives coming along.”

Early Childhood Development Key Informants

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Director, Washington Department of Early Learning

Karen Howell-Clark
Director of Early Learning, United Way of King County

Elaine Conley
Director of Child and Family Services, Spokane Regional Health District
Chair, WASALPHO Executive Committee

Harriet Dichter
National Director, First Five Years Fund

Sangree Froelicher
Deputy Director, Thrive by Five

Patty Hayes, Executive Director
WithinReach

Ruth Kagi
Chair, Early Learning and Human Services Committee, Washington State Legislature

Kristie Kauertz, Ed.D.
Research Scientist, School of Education, University of Washington

Hannah Lidman
Legislative Director, League of Education Voters

Jill Sells, MD
Regional Director, Reach out and Read

Joan Sharp, National Consultant
Center for Study of Social Policy Strengthening Families National Leadership Team

Linda Sullivan
Director, Special Programs and School Support, Bremerton School District

The Upshot

Faith Communities and ACEs

- System is not really a relevant term in thinking about faith communities. They do not constitute a system where collective action could be mobilized. Some denominations may provide the structure that allows for cooperative approaches, but others do not. The inter-faith groups that exist help bring the various communities together, but do not represent a mechanism for unifying all churches, temples, and mosques into a force for developing or implementing mobilization strategies.

“There are so many entry points, so many systems and structures, even within denominations, that a number of tactics will be required to reach and engage faith communities.”

- Awareness of ACEs is not widespread and the first task for engaging faith communities will be communication and education. There are multiple ways in which this could be pursued and there appears to be interest in doing so.
- Engaging faith leadership will need to be carefully planned. While people are willing to participate in discussions about ACEs and approaches to addressing it, the goal for coming together must be clear and likely to produce tangible action.
- Strategies for engagement with and action by individual churches, temples, or mosques likely will surface and many could spread from one group to another. Unified approaches or high-level policy or practice proposals that cut across denominations, however, are difficult for people to imagine.
- There are a number of ways the Family Policy Council could support faith-based efforts that educate clergy, engage congregations, and encourage action around ACEs. Most relate to educational resources, but also include things like examples of what action might look like within congregations.

The Sector at a Glance

Faith communities are many and varied, as diverse in their belief systems as in how they are organized and function. Some denominations are hierarchical in nature, providing a structure that lends itself to coordinated efforts and a means for getting buy-in from leadership. In some cases, the national organization might be the place to start, but more than likely they would ask regional or local entities to take the lead. Other denominations have a much looser or nonexistent structure, operating in a more bottoms-up manner where direction comes from individual pastors and parishioners, making unified action less common and less possible. That is not to say that these groups never take on issues and joint activities, but they generally do so independently, sometimes under the leadership of clergy and sometimes through staff or committees.

“Some denominations are very hierarchical (e.g., Catholic, Lutheran, Episcopal, United Methodist) and decisions have to start at the top. Others are very bottoms-up oriented and it depends on the interest of the congregation, the pastor, the secretary in the church office. It would be up to individual congregations to decide whether to pursue ACEs.”

In the view of one individual interviewed, institutional religion is a smaller and smaller segment of society. Yet the large array of faith communities and the values and principles which underlie them create fertile ground for broad participation around social concerns. Most faith communities see the importance of supporting a common good. Individuals can become passionately involved and congregations very active in addressing issues they care about.

While comprehensive approaches present a challenge, there are inter-faith organizations and efforts that bring church, temples, and mosque representatives together. There are not many of these groups in Washington and they carry no authority in terms of members' actions within their own congregations, but they often engage multiple faith communities in collective advocacy and joint activities.



Current Awareness & Perspectives on ACEs

Generally, the acronym ACEs and Adverse Childhood Experiences were not widely known among those interviewed. The research around ACEs even less so. However, these individuals were fully aware of the problems described as ACEs. Clergy see the problems firsthand with individuals they encounter in their parishes or in their pastoral care. They recognize that childhood problems result in difficulties for many adults. They are increasingly faced with requests for help, with people in crisis, with families struggling.

“They have people walking through their doors looking for help, either victims or family members. With the economy, this is increasing, and with fewer public resources churches are being asked for help more often.”

“A significant portion of the local Muslim community is composed of congregations of refugees dating back to Cham boat people from Vietnam and Cambodia and more recent immigrants from Bosnia, Iraq, and Somalia. Although many community members have been here for 20 years or more, they all would recognize the concept of ACEs from their own experiences.”

Given this, most of those interviewed believe that engaging faith communities will require a broad effort to raise awareness and educate clergy. And moving the discussion and involvement further will mean providing information and tools that clergy can take to their parishioners.

Education and Training

While seminary is the formal education path for faith professionals, most people interviewed were skeptical about it as the place to introduce ACEs. Seminaries already have a full curriculum and ACEs would likely not be perceived as central to what is taught. It might be touched on in classes related to counseling or pastoral care, but it is unlikely that it would be core to the curriculum.

A few people thought there might be a place for ACEs in seminary or other undergraduate and graduate education, and that getting the information to people early seems like the right long-term strategy.

- At Seattle University's School of Theology and Ministry, for example, Michael Trice is the Assistant Dean of Ecumenical & Interreligious Dialogue and would be a starting place for introducing ACEs into the curriculum. Seattle U also has courses related to pastoral care, where ACEs would be a good fit with the social/emotional learning content.
- The University of Puget Sound has a couple of places where an ACEs curriculum could be a good fit. Justice in Service in Tacoma (JUST) is an interdisciplinary program which partners with churches and local organizations, providing three weeks of education and one week of service each month. UPS also has an Office of Civic Engagement and the Center for Strategic Initiatives, both of which connect students to local groups for service work.

One person pointed out that some seminaries are market-driven and when people ask for something, that is often how it ends up being included in the curriculum.

While there are slight differences based on denomination, most of those interviewed believe continuing education and training provided through conferences or other mechanisms are better avenues for educating faith professionals about ACEs. In some cases, depending on the denomination, continuing education is a requirement and introducing ACEs into the curriculum may not be too difficult; in other cases, professional development is just encouraged and ACEs would be among any number of topics competing for inclusion. Some examples of professional development opportunities:

- For the Evangelical Lutheran Church Synod (ELCA), pastors one to three years out of seminary are required to participate in "1st Call" theological education sessions held each year in the fall. ACEs could be included. There also are two to three events for pastors each year sponsored by the ELCA. These "Bishop Convocations" are theme-specific and ACEs could present an interesting theme. Bishop Boerger, through the Assistant to the Bishop, Jan Nesse, would be responsible for making that decision.

- The Episcopal Diocese of Olympia regularly sponsors “Clergy Days,” held in various places throughout the diocese. This may be the best face-to-face path for educating clergy. Reverend Greg Rickel could take the steps necessary to get ACEs on the agenda.
- United Methodist clergy have a requirement for continuing education credits and ACEs could be a good thematic fit, particularly for those involved in children’s ministry.
- In more evangelical denominations there are pastoral classes. If clergy see issues and feel unprepared to deal with them, that’s when they ask for something to be included in course offerings. And if parishioners are interested in something, it will get attention. But continuing education is not required for every denomination so there may not be a structured means to pursue this.
- Pacific Lutheran University held an early summer session this year on ACEs for faculty from social sciences, social work, psychology, nursing, education and marriage/family therapy. People were fascinated and shared information with their students who were equally fascinated. But it was difficult to get people to think beyond addressing ACEs at the individual level.
- The Faith Action Network sponsors “Pathways to Promise,” an interfaith mental health training for Networks of Care that is currently being offered across the state. Craig Rennebohm, who has been offering this for 30 years in the Seattle area related to his work with homelessness and street chaplaincy, now is providing this training in seven Washington counties, linking ecumenical teams with local mental health providers and helping the two come together at the neighborhood level. ACEs might be considered an appropriate addition to the curriculum.
- The National Training Initiative (NTI) provides another training option. Guiding a local city, county or regional NTI training site is a planning group made up of representatives—consumers and families, faith groups, community mental health providers and advocates, pastoral counselors, parish nurses, and other community allies. The NTI planning group helps organize neighborhood clusters of congregations and other community partners who participate in core NTI trainings on mental health and substance use, as well as other trainings identified in the annual curriculum of continuing education.

- The Peace and Justice Center in Seattle also has a faith curriculum where ACEs might be appropriate to include (<http://www.ipjc.org/about/index.htm>).

Other Communication Options

Communicating outside education and training venues is another means for sharing information on ACEs, with both clergy and parishioners. The electronic and print options are many. They include distributed and online newsletters, publications, email lists, and listservs. These generally are not set up for in-depth education or lengthy articles, but could pique people's interest in learning more. Specific examples include:

- Jewish Family Services and the Jewish Federation communicate to all the temples in the region. They'd be the likeliest way to communicate with rabbis and temples.
- The Episcopal Diocese of Olympia has a print and electronic newsletter three times a year for clergy (and parishioners). It is sent to more than 31,000 people in more than 100 churches and is well read. There are special editions where one topic is covered and ACEs might be a good topic. They also electronically publish "The Voice," which is distributed widely.
- The Archdiocese puts out the online "The Catholic Northwest Progress." The Office of Communication would be the place to connect with to get information included on ACEs. Catholic Community Services also reaches every parish in the diocese and the 70 schools that are interconnected with the parishes.
- Those interviewed from the Muslim community feel people would be curious about ACEs and Imams likely see it among the people that come to them. There are Imam lists and Imam forums where religious leaders get together and talk about issues. Some are formal, others less so. These may be appropriate venues for introducing ACEs.

"The question may be ... Is ACEs something they should know about? And if the answer is yes, then the information should be shared. That's not to say that people would jump to wanting to know more about ACEs. The Muslim religious community is not a monolith and interest levels will vary depending on the maturation of the community in their settlement process, but the topic ought to be of interest to Muslim faith leaders and community members."



- There are clusters of Lutheran pastors who get together weekly for text-study sessions. Face-to-face meetings with these groups would be a way to get to a small group to talk about ACEs and identify strategies that congregations could use. Each text-study cluster has a dean. The ELCA Synod puts out “Soundings” monthly, which goes to clergy.

Some of the newsletters and information-sharing vehicles noted above are sent to parishioners as well as faith professionals. But there’s no one way this is done and it may be up to individual clergy to decide what to pursue and how to pursue it. Specific suggestions included:

- The Evergreen Association of American Baptist Churches has a regular newsletter read by both clergy and parishioners throughout the state and the northwest region. And the women’s groups associated with American Baptist Churches may be a place where speakers on ACEs would be welcome.
- “The Spirit” is a publication of the ELCA Synod, meant to be included in congregational newsletters or provide information for newsletters. “Constant Contact” is a weekly electronic newsletter that is shorter, but serves a similar purpose. In addition, Lutheran Community Services and Lutheran Counseling Network are vehicles for communication with congregations.
- The Pacific Northwest United Methodist Conference publishes a monthly newsletter and an e-letter. It goes to clergy and to parishioners. The Church and Society is a statewide regional board for clergy and the laity that may also be a vehicle for sharing information.
- There is not one organized Muslim community, religious or otherwise. There are a number of congregations, but they also differ, so one communication strategy will not work. Some would likely prefer to hear/learn about ACEs through secular means, schools for example. There also are secular organizations, like the Council on American Islamic Relations (CAIR) which would be valuable for sharing information.
- Imams, at least some of them, would be the place to start in the Muslim community. They talk with their congregations each week. For some, there is a monthly theme and ACEs could be one. If Imams are interested, the message and information would be shared. In many cases, involving the Mosque director would good, and in some cases necessary as the Imam may not speak English or may not speak it well. Directors also often have a role in community outreach.

- Technology is increasingly used to communicate. The United Church of Christ, for example, is reached through its website by 86% of parishioners. Most congregations have email lists and listservs that may be a way to share information. Facebook is a new avenue for communication with some of the Muslim community. There are other opportunities to provide information and encourage engagement, including adult classes, discussion forums, and church committees. Volunteer programs may be another place. And some congregations have other programs, like Grandparenting sessions, where the information could be useful. Many churches and mosques have education or social committees which would be a way to get congregations involved, particularly those that have relationships with local schools or nonprofits. Sunday Schools may be an option as well.
- The Faith Action Network would be one vehicle for communication.
- Service providers, like Jewish Family Services, the Jewish Federation, Catholic Community Services, Lutheran Community Services, Lutheran Counseling Network, and CHAYA, an organization that provides domestic violence services to South Asian women, are likely avenues for reaching people.

Engaging Faith Communities in ACEs Efforts

When asked about engaging faith communities around ACEs, many people asked “What’s the goal?” The Family Policy Council will have to be clear what it is asking people to do. A campaign, something that goes beyond education and sharing information, would require selective outreach. Of critical importance will be convincing people there is something they have to gain from this – What’s in it for them? Why should they care?

“If the Family Policy Council does not already have an answer to this question, they run the risk of mobilizing people too soon. If you build it they will come and be ready to move, with no place to take that energy.”

Several people were adamantly clear that a call to action is not the way to proceed. There are so many already. A number of people urged the Family Policy Council to link the ACEs initiative to other work already underway on child and youth advocacy efforts. They are seen as stemming from the same underlying concerns and issues and people feel these efforts would be stronger if consolidated.

“Go small, don’t put out a big call to action. We get hundreds of them. Start by providing the resources to educate people, get them interested, then put out a call to action. If people see that you are putting in the effort to provide resources to help them, they will be more likely to respond.”

A few specific suggestions arose in the interviews:

- Consider reaching out to the women’s groups that are active in many congregations. For example, the American Baptist Women’s Ministries and the American Baptist Women of the Pacific Northwest have been instrumental in bringing the issue of human trafficking into churches and engaging people in discussion and action around it. Focusing on healthy family systems and these kinds of women’s groups may be an idea with traction.
- Look at the Children’s Sabbath for ideas. The Children’s Defense Fund worked closely with national religious leaders and organizations, state and regional bodies, and local congregations, leaders, and lay people on this effort. The CDF produces the National Observance of Children’s Sabbaths manual for faith communities to utilize in lifting up children’s needs and advocating on their behalf (<http://www.childrensdefense.org/child-research-data-publications/data/childrens-sabbath-manual-planning-section-2010.pdf> and <http://gamc.pcusa.org/ministries/child/2010-national-observance-childrens-sabbaths-weeken/>). This may provide a model for the Family Policy Council.
- Structure the approach to faith communities in a way that they can focus their work: 1) What can you do in your congregation? 2) What can you do in your community? 3) What can you do to contribute to the efforts underway in your local Network?
- Dr. Jonathan Cohen, the Executive Director of the National School Climate Center (<http://www.schoolclimate.org/>) has been doing similar work around engaging communities and may have a model and resources the Family Policy Council can use.

Most of those interviewed welcomed the idea of a leadership meeting to learn and to strategize about ACEs and were interested in being invited. They were not interested in an invitation to join one more committee or in a meeting to talk about how to get people involved in another initiative.

There are so many committees and initiatives and requests that people just don't have the time. Building a database of contacts, a network that can communicate about opportunities to connect, identifying gatherings to attend, particularly those with social justice connections, and providing tools and resources for clergy, would likely be more valuable strategies.

“Helping clergy know they don’t have to learn an entire new set of things to participate in this would encourage engagement. Providing them a packet of tools to use, related specifically to their faith’s precepts and values, would make it easy for them to do so.”

Strategies for Action

Many of those interviewed did not have clear ideas about ways in which churches, temples, or mosques might be involved in addressing ACEs. Others, while not specific, could imagine a role for faith communities, at least individually if not collectively.

“With cutbacks in available funding, churches have people coming to their doors asking for help. ACEs could be something that churches could take on to provide a different kind of help.”

Congregations receive lots of information about problems that exist, but often are overwhelmed by the size of the problem and don't see how they can help. Educating people about ACEs would be the first step in helping them imagine how they can be involved.

“Communicating that ACEs can be prevented would be valuable – it’s important in the faith community to get that message across – that it is not just your fate to experience ACEs and that people experiencing it represent a lost opportunity. Messages that ‘it doesn’t have to be this way’ might resonate.”

A number of those interviewed offered ideas about ways to promote engagement, things that could inspire congregations or individuals to become involved. They centered around a few themes:

- Creating and distributing information kits that help people understand what to look for, how to respond, and maybe how to form a congregational group to talk about it and do something about it.



- Developing and sharing examples of what a congregation could do as a way to jump start their thinking.
- Using events, like the Children’s Sabbath, that churches could rally around, tying education and action to the ‘seasons’ or annual cycle of different faiths. If worship resources were created around the appropriate annual calendar, they could be made available and become part of parishioners’ prayers and activities.
- Encouraging faith groups to provide the space and support for groups to meet, specifically for ACEs-related problems. For example, support groups for people with incarcerated family members or for victims of child abuse and domestic violence.
- Churches with accredited day care centers or those providing parenting classes may be amenable to adding ACEs to their curricula and practice as a way to begin involvement.
- Parents usually just drop kids off for vacation bible schools, but perhaps offering parents or grandparents a short parallel class on ACEs. Habitat for Humanity developed a vacation bible school curriculum around housing that might be a model.
- Encourage involvement in advocacy and lobbying efforts for resources that make more services available for ACEs-related programs or for small things to help people (e.g., free long-distance phone calls for people with incarcerated family members).

“Individuals who find a passion for this will be the ones to act. They will connect with other church groups and with others groups in their community. The focus on homelessness that is now true for many churches is an example of how this played out in the past. It will be individually generated, not something sparked by regional action or mandate.”

Systemic Action across Faith Communities

Some people suggested that a large scale change means a major cultural shift. Getting the message out might start the ball rolling, but there would have to more.

“There has to be a tipping point, as happened with homelessness. When the Committee to End Homelessness came into being, and counties adopted goals to end homelessness, this lent credibility to the issue. Having public monies available helped ... nonprofits got into the effort and reached out to local churches.”

More of those interviewed felt strongly that the Family Policy Council should not reinvent the wheel. For some, this means capitalizing on the existence of the Public Health and Safety Networks that are already collaborating in local communities. For others, it means blending ACEs into or linking it to what's already going on with other advocacy initiatives. For example, the Faith Action Network and Council of Churches are both moving more pointedly into and encouraging their members toward social justice advocacy. They are jointly undertaking an economic justice analysis from the faith perspective. ACEs is likely to be included in this initiative, perhaps not in total, but the issues that make up ACEs would clearly be a part of it.

Many people believe relying on those with the skills to take appropriate action with people who have experienced ACEs is a more appropriate path to take. They would expect congregations to partner with service providers like Jewish Family Services, Catholic Community Services, or Lutheran Community Services. It seems important to learn what is going on related to ACEs within these kinds of organizations to provide congregations the information and a connection to resources as a means to begin better collaboration.

Although the content is different, another model that was suggested is the multi-year initiative that partners the Health Promotion Research Center at the University of Washington with churches around healthy eating. It provides workshops and information for individual churches. It could be an example to learn from.

Working through schools also came up regularly as a way to make a difference. Schools are seen as being on the frontline and more readily available to provide help. There is a new committee at the Catholic Diocese, for example, with the purpose of linking parishioners to schools and to Catholic Community Services. It could be a place to get started with changes in that system.

One specific suggestion with system-wide effect was to clarify and strengthen mandated reporting laws for clergy. Mandated reporting in Washington State is unclear with regard to clergy and being interpreted differently. Clergy often don't really know what to do about things they hear. Clarification, particularly on ACEs-related elements may be welcomed, but only if mandated reporting were a way to really help families and not just punish them.

As long as something good could come of it, clergy might feel like they could make use of the laws. It also was suggested that an anonymous source they could call to clarify their concerns and get information would be useful -- a clergy hotline.



The Family Policy Council's Role

Each person interviewed identified ways the Family Policy Council could support efforts to educate clergy, engage congregations, and encourage action around ACEs. Suggestions included:

- Clear, simple messages about ACEs.
- Information about ACEs and data from the research in concise and simple form.
- Training curricula that could be adapted for different audiences: short in-service training with basic information and longer, more in-depth material for those who would be taking an active part in assisting people.
- Resources for educating clergy and to help them educate others. Kits that provide information on what to look for, how to respond in pastoral care, how to form a congregational group to talk about it, and where to partner or get parishioners professional help.
- Examples of what church groups have done, maybe shared in articles like "Did you know ... and here's what you can do about it." This would be a great help in spurring people's imaginations about actions they could take as a congregation.
- A place to turn in each community – who can help? Without this, ACEs just becomes one more thing to know about and not do anything about.
- Calling people together, acting as the convenor, and facilitating discussions that focus on solutions. What could you actually do to prevent ACEs from happening?
- Continued support for ACEs research.
- Share evidence-based best practices.
- Work from the inside on the Legislature to increase funding in the budget and put more stable revenue streams in place to provide ongoing support for services that address ACEs.
- Information about the Public Health and Safety Networks and what they are doing that is related to ACEs should be provided at the leadership meetings. "We don't want to develop parallel or competing initiative or undermine Network efforts."

One person suggested putting together a committee from various congregations to help the Family Policy Council develop a packet of resources and tools for faith communities, including a DVD or CD that provides liturgies coordinated with sacred texts, messages that have scriptural references they might use at the pulpit, homilies and sermon aids that can be woven into preaching, flyers that can be download and customized depending on the faith tradition, examples of letters to legislators, etc.

Faith Community Key Informants

Arsalan Bukhari,

President, Seattle Chapter of the Council on American Islamic Relations

Sister Joyce Cox

Delegate for Ecumenism and Inter-Religious Dialogue, Seattle Archdiocese

Mike Denton

Pacific Northwest Conference Minister, United Church of Christ

Mohamed Jawad Khaki

President, Ithna asheri Muslim Association of the Northwest

Rabbi Sholom Ber Levitin

Director, Regional Offices of Chabad-Lubavitch of the Pacific Northwest and Seattle

Reverend Sandra Messick

Regional Minister and President, Northwest Regional Christian Church

Mark Markuly

Dean, Seattle University School of Theology and Ministry

Reverend Jan Nesse

Assistant to Bishop, Northwest Washington Synod of Evangelical Lutheran Church in America

Sister Sharon Park

Executive Director, Washington State Catholic Conference

Reverend Dr. Marcia Patton

Executive Minister, Evergreen Association of American Baptist Churches

Reverend Greg Rickel

Bishop, Episcopal Diocese of Olympia

Kathleen Russell

Assistant Professor and Director of Social Work Program, Pacific Lutheran University

Rabbi Jonathan Singer

Senior Rabbi, Temple Beth Am

Alice Woldt

Co-Director, Faith Action Network

Reverend Dave Wright

Chaplain, University of Puget Sound

The Upshot

K-12 Public Education and ACEs

- Overall, awareness regarding ACEs is fairly low in the K-12 public education community. Many school staff are aware that their students are experiencing the traumas that comprise ACEs, but most are not familiar with ACEs per se and the science connecting these traumas to a set of specific adverse outcomes.
- While segments of the public education field are transitioning to a greater emphasis on the *whole child* and the associated *Compassionate Schools*, *Trauma Sensitive Schools*, and *Hurt to Hope* models, many schools adhere to more traditional approaches that view students' experiences at home as outside their purview. This difference in perspective greatly influences whether schools incorporate ACEs as a relevant factor in educating students.
- Two related keys are essential for engaging public educators on issues like ACEs; the first is to document the relationship between the challenges their students experience at home and their ability to perform at school. This connection is essential because it links the outcomes educators are measured against to a broadened understanding of the factors that influence student performance. The second component is to provide educators with specific, ready-to-use tools they can incorporate into their teaching to meet the needs of students who have experienced ACEs and other traumas.
- Continuing education and professional development offer opportunities to educate teachers about ACEs and its potential impact on their students. At present, there is not a great deal of this type of training available to K-12 teachers.
- There are multiple avenues available to communicate information about ACEs to those involved in the public education system. The infrastructure maintained by the Office of the Superintendent of Public Instruction offers diverse opportunities to train school staff via courses and conferences, inform them via newsletters, and set standards for teacher education and practice.

The Sector at a Glance

The K-12 public education system is under enormous pressure to produce educational gains among the diverse array of students it serves. This pressure is a double-edged sword – some of those interviewed believe it gives educators tunnel vision while others think it encourages teachers and policymakers to expand their understanding of the family-based factors that influence students' performance at school.

While the question of role enters into the picture, i.e., whose job is it to worry about what's happening at students' homes, there is an increasing understanding that early childhood experiences impact students' ability to learn and develop. This understanding has led to the creation of a variety of education models that incorporate a focus on what is going on for the student outside the classroom.

As with other large, multi-faceted systems, attaining alignment of interests and understanding is not easily accomplished in public education. However, there are signs that the field is developing the initial teacher training, continuing education, in-school supports, and community/school partnerships that are better able to address the full range of students' needs.

The K-12 public education system comprises diverse constituencies, including communities of color, diverse geographic communities, teachers, administrators, policy leaders, etc. Bringing these components together around an issue like ACEs will be a big challenge. Not only is there the underlying issue regarding whether addressing ACEs is a school responsibility, there are other complex factors as well. These include the relative priority of dealing with ACEs vs other challenges that are interfering with student learning.

Despite the size of the state's public education system, much of the culture and approach to addressing issues like ACEs are defined at the local school district level and often within a school building itself. There are multiple examples throughout the state where individual school superintendents and school principals are implementing Compassionate Schools initiatives that strive to assist children and families in addressing the challenges they face.

In addition to the efforts at the local level, the State's Office of the Superintendent of Public Instruction (OSPI) also provides leadership and support around the implementation of these new education models.



Current Awareness & Perspectives on ACEs

While the impacts of ACEs are visible to some school staff, there does not appear to be a unified conceptual framework and terminology that enables teachers and school counselors to respond with evidence-based practices to address these impacts. One of the people interviewed stated that the K-12 system's awareness around ACEs is low. He explained that of the 40,000 teachers working in the state's K-12 school system, approximately 5,000 have participated in training regarding either Compassionate Schools, Trauma Sensitive Schools, and/or Hurt to Hope over the past four or five years.

“Staff in schools see ACEs all the time – they just don’t have a name for it.”

In terms of ACEs, the predominant view in the K-12 public education field may be that the issue lies in the student support domain, separating it from the learning domain that No Child Left Behind prioritizes. This assignment of the ACEs issue outside the higher priority domain makes it more challenging to attract teachers' attention and gain their interest in the issue.

School districts throughout the state vary widely in the extent to which they have moved to Compassionate Schools or other models that focus on the child's learning in the context of his or her home environment. For example, the Tacoma School District was suggested as one where the Compassionate Schools model has really taken hold.

The awareness level regarding ACEs depends a great deal on the culture of the individual school; schools that believe in and implement a whole-child perspective are more aware of ACEs and similar issues than those schools that are more traditional. Schools that view their role as educating the child during the six-hour school day are generally less likely to be looking at the child in a more holistic way that encompasses the types of experiences ACEs represents.

In addition, individuals interviewed believe that there is more awareness regarding children's life experiences among elementary school teachers because they see the effects on their students more clearly at that stage. Once students become older, they learn how to mask their problems, leaving teachers less aware of the underlying challenges the youth may be facing at home.

Engaging K-12 Public Education in ACEs Efforts

According to those interviewed, many people in the field of public education are interested in learning about and utilizing strategies that mitigate the learning challenges students face early on, i.e., preschool and kindergarten. They see what the results are for students who have problems that go untreated and interfere with their ability to succeed later on in the classroom.

The availability of data through the Behavioral Risk Factor Surveillance Survey (BRFSS) has helped the public education system better understand the challenges students are facing at home and has made policy leaders make a valid case for learning about and incorporating ACEs-related teaching into the field.

In addition, research at the federal level at the Centers for Disease Control and the National Institutes of Health is developing interventions and supports that educators can use in the school environment to help ameliorate the impact of ACEs. This type of practice improvement is likely to help schools identify the evidence-based practices that will be effective in helping students impacted by ACEs learn.

“Providing science by itself is of minimal value; providing science connected to solutions is essential to change policy and practice.”

One key informant pointed out that change in public education happens when the system focuses on very specific types of results it wants to achieve and measures its progress rigorously. By bringing a measurement focus around ACEs into the picture, the system has the potential to gain a better understanding of the factors that interfere with student learning and impact them.

In order to mobilize the public education community, key informants believe it is important to put forward specific strategies, programs, and practices that directly contribute to the ability of the schools to achieve their educational goals with students, e.g., reading, writing, math, and science.

“It takes special teachers to look at the preventive aspect of these issues when they’re managing the fall-out in their classrooms every day.”

At the same time, a number of individuals pointed out that policy change is necessary to create an effective approach to ACEs prevention and intervention in the public education system.

Connecting ACEs to the large-scale system-change conversations taking place in public education offers the potential to enact major policy changes that can integrate evidence-based approaches to addressing ACEs in the public schools.

One key to engaging the public education sector in ACEs work is to support the leadership around increasing education's focus on the whole child. This movement within education supports the field's interest and ability to learn about and act on issues like ACEs.

Key informants offered that teachers need concrete, specific tools they can use in the classroom to integrate knowledge regarding ACEs into their teaching practice. These tools must connect directly to the learning objectives the teacher is pursuing around math, science, reading, and writing via sample lesson plans, toolkits, and other materials that are ready for teachers to use off the shelf.

A number of individuals also pointed out that while there are many levels within education, from the classroom teacher to the Office of the Superintendent of Public Instruction, it is the school principal that sets the tone for his or her school's environment and culture.

In addition, it may be necessary to clarify the boundaries between the parents' responsibilities and those of the school in addressing the challenges that students' ACEs may be causing. For many teachers, the source of a student's classroom difficulties lies outside their area of responsibility. If the child is not able to perform successfully in the classroom due to ACEs or other challenges, these teachers may request that the child be removed. Teachers have asked that children as young as kindergarten be removed from their classes.

“An external force has to jolt the education system out of its paralysis and overcome the belief that it can't do anything differently.”

As is true in many circumstances, younger teachers are more in touch with the whole child and other approaches that encompass the student's overall situation. It will likely be easier for these educators to become engaged in ACEs efforts than those teachers who have a narrower view of their profession.

The current clarity around teachers' goals provides an opportunity for the ACEs issue to become an active component of what teachers need to understand as they work to help their students become college-ready. The teacher's ability to take into account the challenges a child may be facing at home gives the teacher another tool to help students succeed.

“We need to make ACEs part of the school day - for both teachers and students.”

On the other hand, other service areas, communities, and interests besiege school systems to cover an incredibly wide range of topics during the school day. Many teachers feel that their plates are full and that they can't wedge another issue into the school day. The pressure to add responsibilities, issues to teach about, and outcomes students should achieve results in many teachers sticking to the curriculum more rigidly. They feel that if they let in one topic they'll have to cover a multitude of new topics.

“There is no end to the topics people are trying to elbow into the school day!”

Many teachers are struggling to cover the basic academic topics, let alone a variety of additional issues that other interests believe are important. For this reason, some of those interviewed believe it is critical that understanding ACEs and teaching with this knowledge become an integral part of a teacher's responsibility, and not an additional topic that's tacked onto what they're already required to do.

In addition to issues like ACEs that students are experiencing, a number of those interviewed are also very concerned about the traumas children of color, low-income, and gay/lesbian students experience during the school day. Harassment, bullying, disproportionality, push-out (vs drop out), and racist behavior on the part of teachers contribute to these students challenges in learning and getting ahead.

One of the issues raised by a number of people involved the problem of the schools' capacity to help children once they have been identified as having challenges that stem from family dysfunction. Many schools have only part-time nurses (or none at all), very few, if any, have counselors, and almost all have limited success in referring students to community resources for assistance.

Whole Child/Whole Community initiatives bridge these gaps by bringing together interagency teams to serve students and families that need help. For example, the South Kitsap School District organized a team that includes children's protective services, juvenile justice, law enforcement, public health, medical and dental services, mental health, and the faith-based community. The team focuses on specific students and organizes services to address their individual needs.

The effort is integrated into the board's policies, the district's budgets, and its educational practices. By taking on the responsibility for addressing students' broad range of challenges, the school district believes it is more successful in engaging community partners and lining up the services the students need. And, as a result, the school district believes these students will be better able to perform in school.



The link between K-12 and early childhood development and early learning is viewed as critical to enabling elementary school teachers to successfully address the impacts of ACEs among their students. One key informant noted that early childhood education is the input side of public education and that intervening at the preschool stage with children who have learning challenges due to their ACEs could reduce the challenges these students bring to the elementary school learning experience.

One key to making this early childhood development intervention effective is to focus very specifically on those ACEs-related challenges that are most likely to impact the child's elementary school learning. However, it is not clear to what extent early childhood development views ameliorating the ACEs-related learning difficulties as its role.

Education and Training

Training programs for educators differ in their perspectives on the role of education relative to the students' life outside the classroom. This difference takes place at the institutions that provide undergraduate and graduate-level teacher preparation, in continuing education programs for practicing teachers, and in professional development courses and activities carried out by individual school districts. As a result, the type and amount of training a K-12 teacher obtains during his or her initial training and during subsequent refinements of that training will vary dramatically.

The Teacher Education Program at the University of Washington's School of Education takes the broader approach to training teachers by focusing on preparing students to become community teachers, i.e., expert teachers who work collaboratively with other community providers to meet their students' educational and non-educational needs.

In institutions where there is little training on these issues included in the teacher training curriculum, teachers' awareness may come entirely from their own experiences or those of people they know. Or, they may reach out to other departments at the institution, e.g., psychology, to learn more about the life experiences of the students they will be educating.

“Unless a teacher has personal awareness of ACEs, he or she may not know anything about it.”

One key informant viewed the approach to training around ACEs as similar to the differences in training teachers regarding cultural competency. Cultural competency training is incorporated into some teacher preparation curricula (at the undergraduate teacher preparation level) as required coursework, but treated as an elective at other institutions.

Younger professors may tend to be more in touch with the current thinking about Whole Child, ACEs, Compassionate Schools, and other initiatives that encompass in-school and at-home factors in educating students.

The professional development activities sponsored by school districts for their teachers also vary greatly. Teacher unions and school districts negotiate the amount and content of the professional development teachers will participate in during the school year. The negotiation includes which trainings will be mandatory. In addition, there are training days controlled by the schools at different levels, e.g. elementary, middle school, etc.

Key informants shared that it is critical that professional development around ACEs and other social/emotional issues be directly linked to academic performance; if the two are separated, staff will choose the academic-oriented training because they feel more pressure to perform in that area.

Another key informant pointed out that it is unlikely that school nurses have received any training regarding ACEs. As with other professionals in the school environment, school nurses are faced with a daunting set of challenges to address and may not be aware of ACEs or its relationship to the problems students bring to them on a daily basis.

Other Communication Options

There are multiple opportunities for reaching out to the K-12 public education sector about ACEs. In many cases, this outreach will be bringing an initial level of awareness to the school administrators, policymakers, teachers, and other school staff.

One key informant suggested that the Family Policy Council make presentations, conduct workshops, and sponsor exhibition hall booths at the state conferences sponsored by the many professional associations, including the Association of Washington School Principals, Washington Association of School Administrators, the Washington State School Directors Association, the Public School Employees/Service Employees International Union, etc. The Family Policy Council could begin this work by creating a calendar for the 2012/13 school year and identifying each of the state conferences where it plans to request presentation, workshop, or exhibition hall booth time.

Another individual shared that there are regular system-wide channels of communication that the Family Policy Council could use to disseminate information about ACEs to the K-12 community.

Staff from the Office of the Superintendent of Public Instruction (OSPI) work collaboratively with the communication staff from Service Employees International Union, the PTA, the Washington Association of School Administrators, the State Board of Education, the Professional Educators Standards Board, Association of Washington School Principals, and others to identify content for the shared newsletter and website.

In addition, the Family Policy Council could reach out to the many other stakeholder groups that play a role in the state's public education system, including the Washington Education Association, the Washington Alliance of Black School Educators, the League of Education Voters, the Washington State Parent Teacher Association, and others.

“It’s important that everyone involved in schools at all levels understands the impact that ACEs and other traumas have on children’s ability to learn and succeed.”

The annual Healthy Schools Summit, organized by Treeswing, provides another opportunity to share information about ACEs. The summit invites a broad spectrum of interests to come together to work on creating healthy schools; typical participants include advocates for healthy schools, school board members, superintendents, directors, principals, students, community partners supporting schools, school improvement specialists, teachers, counselors/psychologists/social workers, family support workers, school nurses, school-based health center staff, health educators/physical education teachers, food service workers, PTA/PTSA, community advocates, and others.

Strategies for Action

Many of those interviewed had suggestions for how K-12 public education system could better address impacts of ACEs on student learning. Ideas ranged from what teachers should learn during initial preparation, how they should build on the learning through continuing education and professional development, what policymakers should do, what teachers’ practice should include, and how local schools could support educational methods that support the whole child.

Looking first at teacher preparation and ongoing training, key informants recommended the following strategies:

- Advocate with the Washington Higher Education Coordinating Board to set policies calling for the inclusion of ACEs-related coursework in required teacher preparation curricula.
- Add knowledge regarding ACEs to core competencies that are addressed across all teacher preparation institutions and included in the WEST-B exam, a requirement for teacher certification.



- Advocate for changes in state policy to require colleges and universities to provide inter-professional training for teachers, social workers, healthcare providers, and others that provide services in schools and the broader community. Bringing these professions together to receive their initial training offers many opportunities to establish unified theoretical frameworks, vocabularies, and cross-profession communication that is essential to providing effective services.

“The educators who are preparing the teachers, the social workers, the nurses, the nutritionists, etc. need to bring their students together and teach them as an inter-disciplinary group; this will enable them to work collaboratively across disciplines after they graduate.”

- Connect teacher preparation with community-based initiatives that are implementing collaborative approaches to improving educational outcomes, e.g., the Community Center for Education Results in south Seattle.
- Provide expanded continuing education opportunities around trauma and its impact on student learning, e.g., Heart of Learning – Compassion, Resilience, and Academic Learning, a resource developed by the State of Washington Office of the Superintendent of Public Instruction and Western Washington University.

“Coursework regarding ACEs and other similar issues should be an integral part of a teacher’s education, not a special course or two on the side that individuals can choose to take.”

In terms of teacher practice, key informants shared a variety of ideas for ways the K-12 education field could embrace the ACEs issue and incorporate it into teaching practice.

- Identify approaches to better connect teachers and families. One individual suggested pursuing the teacher home visiting idea put forward in June 2011 by Chicago School Chief Executive Officer Jean-Claude Brizard. Brizard called for teachers to visit each of their students’ homes once at the beginning of the school year and one other time during the year. Teacher opposition to the idea was significant.

Brizard has since withdrawn the suggestion, but maintained that his point that teachers need to learn about their students' families so they can better understand the challenges impacting their students' educations.

- A related idea focused on the loss of connection between teachers and families as parent/teacher conferences no longer take place at many schools. This is due, in part, to the fact that many parents are unable to come to the school to meet with their children's teachers. Once teachers have met with their child's teacher, they feel more involved in that child's learning and success.

“In-person conversations build enormous trust between teachers and families. The teacher becomes knowledgeable about the life the child is leading, and the family becomes more involved in helping the child achieve his or her learning goals.”

In addition, individuals proposed system-level initiatives that could bring ACEs into the mainstream of the public education environment. Ideas included:

- Implementation of collective action initiatives that bring together the multiple sectors in communities that are working with children and their families around trauma and school success.
- The creation of a playbook that educators could use to integrate knowledge of ACEs and accompanying best practices around it into their policies, curriculum, teacher education, and performance measurement systems. The development of this type of resource would create a common language and understanding of the issues around ACEs that would enable educators to communicate with each other as they develop more effective approaches to mitigating the impacts of ACEs in the classroom.
- Development of a toolkit that school districts could use to transform their schools into Whole Child/Whole Community schools. The toolkit could include the specific steps and needed materials to engage community partners, educate school boards to raise their awareness regarding Whole Child/Whole Community approaches, inform community leaders and constituencies to enlist their participation, etc.

The Family Policy Council's Role

There are many avenues the Family Policy Council can pursue as it brings knowledge and understanding about ACEs into the K-12 public education system. Key informants suggested the following:

- Serve as the central source of knowledge regarding the science around ACEs. This role includes sharing information about ACEs with all components within the K-12 realm, including policymakers, administrators, teachers, other school staff that work with children, and parents.
- Advocate for changes in educational policy, including teacher requirements, to put a greater emphasis on the impact of ACEs and other childhood traumas on student learning and achievement.
- Work collaboratively with the staff at the Office of the Superintendent of Public Instruction to bring a greater emphasis on the Whole Child into the school building and the classroom.
- Develop ready-to-use tools that enable teachers to change their practice to take into account the ACEs-related challenges their students face.
- Sponsor pilot initiatives that demonstrate the impact of addressing ACEs on student achievement.
- Create a road map that shows the ways in which K-12 public education can effectively incorporate an understanding of ACEs into the accomplishment of its educational goals.

As these suggestions indicate, there are myriad roles the Family Policy Council can play in bringing the science around ACEs into the K-12 public education system. The key to the successful implementation of these roles is to demonstrate the relationship between ACEs and students' ability to succeed in the classroom.



K-12 Public Education Key Informants

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Dave LaRose,
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Hannah Lidman
Legislative Director, League of Education Voters

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Linda Sullivan
Director, Special Programs and School Support, Bremerton School District

Jim Theofolis,
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The Upshot

Public Health and ACEs

- Leadership around public health’s role in ACEs is strong at the state level, with the Washington State Health Officer leading efforts to bring the issue into the public health mainstream
- Perspectives on public health’s role regarding ACEs differ at the regional and local levels. While some staff at local health jurisdictions view ACEs-related work as a high priority for public health, others do not believe it constitutes a public health responsibility. As a result, the focus on ACEs varies widely by local health jurisdiction.
- Due to budget cuts at the state and local level, governmental public health’s role is shrinking. Key informants reported that local public health departments have lost approximately 600 full-time-equivalent positions over the last two years; many are reluctant to take on what they perceive to be a new priority issue.
- Public health has a strong history of working collaboratively with other fields to bring about changes in population-level health status. ACEs offers another opportunity for public health to combine forces with K-12 public education, early childhood development, and other sectors to build ACEs-related knowledge and expertise into preventive services focused on children and families.
- Support at the board of health and top administrator levels in local communities is enabling some health departments to become actively involved in ACEs work, including redesigning existing programs to incorporate ACEs efforts.
- At present there is limited knowledge in the public health world about ACEs; key informants report that people have heard the term but most have not incorporated the issue into their work.
- There does not appear to be a concerted effort to train public health professionals about ACEs.
- A key role for public health involves framing issues for other sectors to better understand and act on. In addition, public health measures problems and results through its epidemiology function. Public health’s approach to framing and measuring ACEs could influence how other communities of interest design their ACEs-related policies and interventions.

The Sector at a Glance

The public health system in Washington State comprises a diverse array of federal, state, local, and tribal organizations that historically has not operated as a system per se. While state-level policy frameworks have unified the work of the State's Department of Health and local health departments to some extent, there is still a great deal of variance among public health organizations throughout the state.

One factor that contributes to the challenges of bringing together the public health field around new issues and priorities stems from the diversity of the personnel that work within the field. Nurses, social workers, epidemiologists, physicians, and other public health staff bring their professions' expectations and underlying philosophies to the table. This can lead to challenges in creating common goals, intended outcomes, methodologies, and terminology.

“Public health is a big umbrella with many disciplines under it”

The primary unifying factor within public health has often been the categorical, i.e., program-based, sources of funding that support specific programs and services. This unification is vertical in nature in that it brings together staff at multiple levels who are operating the same program, but does not easily lead to cross-program collaboration.

For example, staff working in the Maternal and Child Health Program (MCH) at the federal, state, local, and tribal levels are connected through MCH's funding streams, program requirements, monitoring and reporting relationships, and joint learning opportunities. While this does not bring staff together across programs, it does create opportunities for individuals working in different parts of the state to share experiences and perspectives.

Public health leadership at the state, regional, and local levels has worked hard over time to bring together these multiple programs into well-coordinated and accessible services for residents of local communities. While many of the underlying categorical funding streams have remained in place, public health leaders have joined with other community providers to develop and operate collaborative initiatives focused on improving community health through development of unified prevention and early intervention efforts.



Reductions in funding have significantly impacted the public health field over the last five years, with dramatic cuts coming during the last several years. As a result, many public health programs have consolidated services, reduced staff, and carefully reviewed their priorities. This stressful funding environment has also contributed to a much more careful look at new initiatives and programs that may compete with existing services for resources.

The identification of chronic disease prevention has brought federal and foundation funding for new initiatives to the public health field. The infusion of significant dollar amounts for special initiatives have enabled some local health jurisdictions to add capacity to expand preventive activities, particularly those that relate to proven causes of chronic disease, such as obesity prevention.

Current Awareness & Perspectives on ACEs

Public health nursing leadership probably know the most about ACEs and is the most engaged. They believe ACEs is important and believe current models such as the Nurse Family Partnership (NFP) are effective approaches to reducing the prevalence of ACEs; however, they have been unable to generate a systematic investment of financial resources in evidence-based practices like the NFP.

“Public health nurses have jumped on the ACEs topic.”

On the other hand, many public health administrators and health officers at the local don't accept the brain science around ACEs and don't believe ACEs is a core public health responsibility.

How public health becomes involved was also a topic of interest – this centers around whether public health's role should include intervention as well as prevention. There is concern that public health practitioners are unprepared to address ACEs due to the level of intervention that some individuals may require. In addition, public health staff see limited opportunities to successfully refer people to community treatment and service organizations to obtain appropriate help.

“Public health's role is upstream - at the preventive end. We should partner with schools and the mental health system to help them address the downstream effects of ACEs.”

Some public health staff who are involved with the ACEs issue see it as one of two critical challenges facing the field (obesity is the other). They view ACEs' relationship to chronic disease as essential for public health to address in order to reduce the prevalence of these conditions, particularly within low-income communities.

They also see ACEs as contributing to other risk factors such as high school dropout, teen pregnancy, drug/alcohol use, and poor employment outcomes that also lead to poor health outcomes.

“Whose job is it to assess ACEs and why?”

Education and Training

There does not appear to be systematized training at the undergraduate or graduate levels regarding ACEs. Key informants shared that curricula have not incorporated the new knowledge regarding ACEs into the multiple disciplines that work within the public health arena. They also pointed out that the curricula developed around ACEs should be in alignment with the public health professional standards of care.

In addition to limited undergraduate and graduate-level curricula regarding ACEs, continuing education opportunities to build ACEs expertise also appear to be in short supply. Registered nurses in Washington are required to obtain 40 credits of continuing education during a three-year period. A number of key informants mentioned that a free, online ACEs course with credits would be useful to have and suggested the University of Washington Nursing School’s Continuing Education (CNE) Program as a well-respected source that develops CNE courses on a regular basis.

“Public health nurses are learning about what ACEs is, but they don’t know what to do about it.”

In addition to nurses, childbirth educators also participate in continuing education programs. The Lamaze Institute and International Childbirth Educators Association both sponsor continuing education classes for childbirth educators and carry out the credentialing for this group.

Continuing education opportunities that use webinars and other distance learning techniques would be particularly helpful (due to limitations on travel possible for local and state-level staff). A number of key informants also suggested development of an ACEs curriculum for the multiple types of staff working within public health. For example, the many paraprofessional staff at public health sites could benefit from training on cues regarding ACEs and how to make referrals to appropriate community resources. Most staff in these positions do not play clinical roles but often have good relationships with clients.

Those interviewed believe training on the interventions to accompany awareness of ACEs is essential if public health practitioners are going to play a role beyond prevention.

They point out that there are knowledgeable individuals who could teach this information and encourage the use of training pathways to bring new expertise to many people working in the public health field today.

ACEs-related presentations at conferences are occurring, but are not widespread. For example, participating public health staff from Washington noted that the national-level 2011 CityMatCH Urban Maternal and Child Health Leadership Conference did not include presentations on ACEs. In addition, public health staff planning to attend the American Public Health Association meeting in November are uncertain whether there will be ACEs-related presentations at the conference.

Closer to home, efforts to increase staff understanding around ACEs are proceeding however. The Spokane Health Department, in collaboration with Washington State University and the Spokane public schools, shared their expertise via a presentation on ACEs at the Joint Conference on Public Health in Vancouver during October 2011.

In addition, some local health departments have organized training events for staff. For example, the Spokane Health Department invited Chris Blodgett, PhD, from Washington State University and Maxine Hayes, M.D., State Health Officer, to conduct a training for the department's nursing leadership, public health administrator, and program directors.

Other potential venues to introduce ACEs training include individual public health programs, e.g., Women, Infants, and Children's Program (WIC). These programs organize their own staff training, which is limited to nutrition-related content by the U.S. Department of Agriculture.

A number of those interviewed believe it is important to share the science about ACEs with public health staff in order to share what is known about the cause and effect relationships between ACEs and health problems. They also think it could be helpful to encourage staff to complete a confidential ACEs assessment in order to understand that it isn't just clients who have ACEs and live with the associated impacts.

Engaging Public Health in ACEs Efforts

At this point in time there is not unanimity among public health leaders and staff regarding the sector's role in ACEs. While some leaders view the issue as one of the most important facing public health today, others view it as a repackaging of existing issues that the field has struggled with for decades. This divergence of opinion, coupled with intense budget pressures, has created a broad continuum of perspectives on whether public health should embrace ACEs.

Nonetheless, there is curiosity about what a comprehensive ACEs initiative might look like – the components it would include, the outcomes it would try to achieve, etc.



Those interviewed wonder about how ACEs-related work would fit into the public health infrastructure - where would it live, who would do the work, who would pay for it. A number of people interviewed pointed out that it is essential that public health be able to define the ACEs-related outcomes public health wants to achieve over different periods of time, e.g., a year, five years, 10 years. They stressed that this type of outcome-based approach is an underpinning of public health practice now and should apply to ACEs efforts as well.

Support for public health engagement around ACEs often came with strong encouragement to develop intervention tools that practitioners of all types could use to respond once they've learned to identify ACEs. They were clear that it would not work to assess clients for ACEs and not have options for either serving them directly or successfully referring them to other community resources for assistance.

"We can't refer people to the mental health system for help with ACEs-related issues - they'll never get in."

The diminishing resources available to government-based public health also played a role in people's concerns about taking on the ACEs issue. Many believe it will be important to mobilize a much broader coalition of interests to address the issue, including those sectors that are not dependent on government funds, e.g., the business sector and the faith-based community.

Key informants suggested multiple strategic approaches that could be effective in mobilizing the public health field around ACEs. For example, they viewed both decentralized and centralized initiatives as holding promise for the field. The key to strategic deployment of different mobilization strategies is to match them to the features of the public health arena where they will be in play.

For example, some geographic areas have a unified public health and social services structure that works collaboratively with public education, the business community, and other sectors on an ongoing basis. This type of environment could lend itself to a collective strategy that brings additional focus and unity to the existing systems.

Other local communities operate with balkanized public health, social services, public education, and other systems. It is questionable whether these communities would succeed at creating the type of focused and unified approach called for in collective action approaches. Rather, it is more likely that decentralized approaches would lead to greater progress in achieving the intended goals around reducing the prevalence of ACEs.

Similarly, success at the state level in bringing together the multiple systems that are working on ACEs-related issues presents a challenge. A number of key informants suggested the creation of a state-level ACEs policy that would define the respective roles of public health, public education, early learning, and social and health services. This type of policy would create additional clarity regarding public health's role in ACEs and contribute to a more aligned approach between the Department of Health and the local health departments.

In addition, a number of individuals suggested that there should be an effort to examine the current public health infrastructure to uncover opportunities to build the new knowledge regarding ACEs into the field's theory, programs, practitioner education, and policymaking roles.

Strategies for Action

The decentralized and siloed structure of the public health system presents challenges in galvanizing sector-wide interest and commitment to the reduction of ACEs. Key informants suggested the development of a unifying policy at the state level that could facilitate the engagement of the state and local health departments and communities around ACEs. This policy could articulate the three levels at which public health could address ACEs, i.e., policy; professional staff; and the community. In addition, it could provide an integrated ACEs prevention and early intervention framework that could reduce the duplication among the programs that are playing a role in preventing ACEs.

By articulating a clear integrated policy, key informants believe state public health leaders could demonstrate a more upstream approach to chronic disease prevention by engaging in ACEs prevention efforts. This could lead to increased flexibility in use of existing public health resources. For example, a number of key informants suggested that the Maternal and Child Health Programs be allowed to use resources to address ACEs with the pregnant women, parenting families, and young children the program serves. They pointed out that at present many public health funders do not view ACEs as a traditional maternal and child health issue, therefore they're not willing to support use of funds to address it.

“Policymakers are still thinking in silos – they’re not encouraging local public health departments to be creative with their resources by moving upstream to address the complex traumas that are driving up chronic disease prevalence rates.”

In addition to creating a clear policy regarding public health's role regarding ACEs, people suggested that the Department of Health develop a clear set of criteria to guide its investments in ACEs work, e.g., use of

evidence-based practices, trained staff, linkages to community resources that can assist with intervention.

In terms of developing a strategy for stimulating action on ACEs within the public health community, key informants suggested the following design questions:

- Which components of public health should be involved?
- Should the organizing begin within public health first and then reach out to other sectors or begin with a cross-sector approach as a foundation?
- Should the focus begin at the local level and build in the supports to operate there (as with the networks) or build larger systems that cut across communities?
- How will the effort build in the current evidence-based practices in public health (and other sectors for cross-sector initiatives) that have proven outcomes for reducing ACEs prevalence on a population basis?

In addition to these design questions, key informants suggested a variety of strategies to stimulate ACEs work in the public health field:

- Sponsor pilot programs that build bridges between public health, behavioral health, public education, and public welfare to coordinate the prevention and intervention components of a comprehensive community-level ACEs response. It is critical that these pilots have a very strong research component to add to the knowledge base about ACEs.
- Evaluate collaborative service models that bring together public health and public education to help highly-stressed children impacted by ACEs succeed in school. The program that operates in six Spokane schools involves staff from the health department's Maternal and Child Health Program, school staff, and experts (Chris Blodgett, PhD) from Washington State University. Health department staff (public health nurses) sit in with the school assessment teams and follow through on referrals from the team to the Maternal and Child Health Program. The MCH program works with the families to improve their understanding of their child's development, access needed resources, reduce the stressors in the home, and increase the families' behavior management skills.
- Monitor and publicize the results of research that supports evidence-based practices for the interventions available to address ACEs – both for the individual's own experience and for parenting by that person.

- Develop local systems that link public health’s work in prevention, e.g., screening, nutrition, breastfeeding, with other fields that provide intervention services, e.g., healthcare, early childhood development, mental health, drug/alcohol, domestic violence etc. One component of this effort could involve building linkages to community health centers to educate staff about ACEs and its impact on health status, including behavioral health issues.
- Provide training, tools, and resources to encourage local health departments to work collaboratively with schools to develop action plans to address complex trauma. These plans could include analysis of school policies that impact traumatized children, expansion of after-school activities for traumatized children, increasing parents’ awareness of school policies that impact their children (e.g., expelling a kindergarten student for being disruptive).

“Don’t just dole out money for ACEs pilots by county or to the networks. Select high quality providers that can test the effectiveness of different approaches and add to the evidence-based practices available.”

- Engage the military in the ACEs discussion to assist them in developing interventions (such as the News Parent Support Program) to prevent ACEs associated with military service, e.g., domestic violence, and child abuse, some of which is associated with Post Traumatic Stress Disorder and Traumatic Brain Injury).
- Increase the amount of user-friendly communication regarding ACEs available to the public health community, including appropriate materials for parents, educators, healthcare providers, and public health professionals. Use social media models to reach out to parents and community members; use of Text4Baby, a national social media site for pregnant women, has skyrocketed since its creation. Low-income women make up a significant portion of its clientele. This approach is cost-effective as it eliminates the need to develop multiple, local sites.
- Develop health education materials and protocols that help public health staff explain the impact of ACEs on clients’ health status, including information about the relationship between ACEs and the chronic diseases it affects. This could also increase client/community interest in ACEs by encouraging people to know their ACEs score so they can engage in effective prevention and intervention activities.
- Reach out to men at their entry points into services, e.g, drug/alcohol treatment, disability benefits, etc. so they can learn about ACEs and its impacts.

“We need to explain to people why their health status looks like it does – tell them there’s a reason!”

- Identify a less expensive, evidence-based parent education intervention for parents who have experienced ACEs; the Family Nurse Partnership costs approximately \$9,000 per year per family and is not sustainable for many public health organizations.
- Identify sustainable resources to support implementation of evidence-based prevention and intervention services; recruit a champion to spearhead an initiative such as the role Rob Reiner plays with Zero to Three.
- Train public health staff in conducting community conversations (as designed by the Keith McCandless and the Social Invention Group). Link the ACEs assessment to specific evidence-based interventions that will help public health practitioners engage parents in preventing ACEs.
- Identify opportunities for diverse public health programs to contribute to community and client education regarding ACEs.
- Expand the window for attention to women during the perinatal period; this is truly a “teachable moment” for parents and can have a dramatic impact on outcomes. Identify upstream opportunities to connect with pregnant women when they are first enrolling in Medicaid at the DSHS Community Services Offices; this can provide the opportunity to do parenting education and make referrals to service providers. This also offers the opportunity to collect data on ACEs over time and track whether interventions are having an impact.
- Engage childbirth educators as a significant resource for teaching new parents about ACEs and the risks associated with these childhood experiences.
- Connect with the State Department of Health’s breastfeeding promotion program that offers opportunities to reach out to mothers; the program is training paraprofessional health department staff, e.g., WIC staff, to become peer counselors for breastfeeding moms.
- Connect ACEs efforts to a protective factor framework such as the one developed by the Center for Study of Social Policy.

- Expand services that increase women’s access to contraception to reduce the amount of stress women are under and the associated impacts on themselves and their children.
- Become more precise around the preventive activities public health undertakes. One method would be to utilize social epidemiology to identify who is at risk for ACEs and allocate resources to match the depth and breadth of that risk.



The Family Policy Council’s Role

The Family Policy Council has the potential to provide a great deal of assistance to the public health sector as it determines its potential roles in addressing ACEs, including:

- Provide up-to-date, scientific information regarding the relationship between ACEs and adverse health outcomes, particularly chronic diseases. There are numerous opportunities to present this information at national, regional, and local public health conferences and meetings.
- Advocate for inclusion of ACEs-related content in the undergraduate and graduate-level training public health practitioners receive, including nursing, social work, epidemiology, and policy and administration.
- Become a resource for galvanizing public health’s efforts around ACEs by providing concrete tools and technical assistance to public health agencies at all levels.
- Support administrators and health officers in bringing a wider range of resources to bear on public health issues, including ACEs.
- Form local partnerships with faith-based organizations, public education, the justice sector, etc. to design and implement coordinated approaches to addressing ACEs in local communities.
- Create a more user-friendly terminology that isn’t academic, avoids jargon, and grabs people’s emotions.

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