



NJ ACES

STATEWIDE ACTION PLAN

Foreword

Thank you for taking the time to learn more about adverse childhood experiences (ACEs) and New Jersey's ACEs Action Plan to achieve resilience. This Action Plan was created in partnership with the New Jersey ACEs Collaborative – The New Jersey Department of Children and Families (DCF), the Burke Foundation, The Nicholson Foundation, and the Turrell Fund – and the Center for Health Care Strategies. Most importantly, it is centered on and propelled by the community of people most impacted by ACEs throughout the Garden State.

If you are not yet familiar with the terminology or concept, ACEs are traumatic events known and unknown that negatively impact the developing brain in such a way that they can cause lifelong – even generational – emotional, physical, and economic health challenges. Poverty, mental illness, social maladjustment, and poor health are just some examples of the effects.

But, what we've learned through research is that ACEs can be neutralized by positive experiences and loving relationships, and that with compassionate, nurturing support, people can achieve resilience – the process of adapting and overcoming in the face of adversity. As we become more mindful about ACEs through our work, we can facilitate healing and give children a chance at a better future.

That's why the DCF Office of Resilience was created and it's why I'm here. I have lived experience in trauma. I have five adult children, 19 grandchildren and one great grandchild. My wife and I are both former foster parents. We have adopted a child out of the system, and we have placed a biological child into the system for adoption. I am a Black man who is old enough to remember living under Jim Crow. I spent 25 years working in corrections for the State of Minnesota. A lot has happened to me, but a lot has also happened *for* me.

About seven or eight years ago I was at a conference in San Diego. I sat in on a session I had not initially expected to attend, led by Dr. Vincent Felitti, who was talking about the implications of trauma. He is one of the co-principal investigators of the Adverse Childhood Experiences study. He was talking in such detail about consequences and outcomes that I thought he was telling my life story. I felt heard and seen, and at the close of the session I had to introduce myself and learn more about his research and findings.

What I discovered is that almost everyone has grown up with trauma, whether it's bullying, racism, isolation, abuse, violence, addiction or mental illness in the home, or separation of or from parent figures. It's hard to live in this country and not be exposed to trauma. In fact, we are a country founded in trauma.

Dr. Felitti had me hooked. He sent me anything and everything he could around the Adverse Childhood Experiences study. Long story short, I am one of 25 people who were originally trained in the ACE Interface curriculum, and now, here I am in New Jersey helping to advance one of the most forward-thinking initiatives in the country – in service and support of connecting people to their own stores of resilience.

Adding to our individual and collective trauma, the past year has challenged all of us in ways we never expected to be tested – some good, some bad. The surging of the racial justice movement has sparked a national conversation around the need to end racialized violence, institutionalized racism, and white supremacy. While this can have a positive effect on ACEs, it has come at a dear cost, particularly for Black, Brown, and Native people in America who have long suffered historical and intergenerational trauma. Against the backdrop of this rallying cry for racial justice is the

ongoing devastation caused by the COVID-19 pandemic. Even beyond the unconscionable loss of life, so many of us find ourselves isolated from critical supports, like family, friends, teachers, and health care providers. It is hard to predict how deeply we will each be affected by these concurrent crises. But, by making New Jerseyans aware and empowered to address ACEs, we can strive to heal from the past year, and then some.

The key elements to implementing New Jersey's ACEs Action Plan include: (1) gathering information about current efforts to address ACEs in the state; (2) meeting with non-governmental organizations to let them lead our work; (3) expanding leadership to include communities directly impacted by ACEs into the design process; (4) collecting data on the project so people can engage with it; and (5) letting community members know that an online community is available for them to share their own contributions to and opinions on the ongoing work.

Our goals under this Action Plan are to: (1) help children and families in New Jersey reach their full potential by growing and developing in relationships that are safe, healthy, and protective; (2) reduce ACE scores in future generations; (3) develop and resource programs and services based on what we learn, rather than focusing on rigid metrics of success or failure; and (4) look at solutions based on community input that address root causes rather than symptoms.

This vision is reflected in *Powerful Families, Powerful Communities*, an initiative being developed by the DCF that aspires to eliminate the need for foster care by creating the conditions in families and in communities to ensure children are safe and thriving with their families. The project, which will begin with a human-centered, community co-design process, will seek to re-design the services offered by child welfare.

To the readers of this Action Plan, I say 'Sawubona.' It is a common greeting among the tribes in South Africa and it literally means "I see you; I respect and acknowledge you." It's an understanding that you are here, perhaps because of your own experiences with adversity and trauma. But more than that, it's an invitation to do a deeper dive into who people are and to bring compassion to our shared humanity. We are more than our collective traumas; we are our potential for resilience and our capacity for strength. This is heart work — it's consent-based and readiness-driven. I hope you will learn and feel this Action Plan so that we can travel this healing path together.

People say things like this a lot, but we really do mean it — as you read through this Action Plan, please reach out to us with your feedback, ideas, questions, or concerns. This Action Plan is a living document. It will change and evolve as we receive your input and add your voice to the collective. We can learn from you, and we'll adapt this plan as we do.

We can be reached at DCF.OfficeofResilience@dcf.nj.gov.



Dave Ellis

Executive Director
NJ Office of Resilience



Letter from the Funders

Dear Colleagues:

The Burke Foundation, The Nicholson Foundation, and the Turrell Fund are proud to partner with the New Jersey Department of Children and Families to share the New Jersey ACEs Action Plan with you. This document synthesizes years of work throughout the state and is informed by best practices, research, and the voices of people directly impacted by childhood adversity.

Our three foundations share a deep commitment to building a brighter future for children in New Jersey. Since 2018, the NJ ACEs Collaborative has worked collectively to address the negative effects of adverse childhood experiences. While our three foundations' efforts to support healthy childhood development stretch back for years, the seeds for the creation of the New Jersey ACEs Action Plan were first planted in the spring of 2018, when Arturo Brito, MD, MPH, Executive Director of The Nicholson Foundation, attended a meeting of the Early Years Funders Collaborative, led by the Turrell Fund's CEO and President, Curtland Fields. Dr. Brito had just read *The Deepest Well: Healing the Long-Term Effects of Childhood Adversity*, written by the nationally renowned ACEs expert and current California Surgeon General, Dr. Nadine Burke Harris. Profoundly affected by the book, Dr. Brito explained at the meeting how Dr. Burke Harris powerfully delineated what had been well-established within the research community for 20 years, though rarely applied to make a meaningful and sustainable difference — that ACEs were at the root of the lifelong mental, physical, and socioeconomic ills experienced by all-too-many people. Dr. Brito urged everyone at the meeting to read the book and consider ways to address ACEs in New Jersey.

That 2018 meeting was the catalyst for the formation of a new alliance to address the impact of ACEs throughout New Jersey. The Burke Foundation, based in Princeton, funds the most promising and transformative programs and policies that foster the health, well-being, and resilience of children and families in New Jersey. Based in Newark, The Nicholson Foundation is dedicated to improving the health and well-being of vulnerable populations in New Jersey through strategic grantmaking in its two priority areas, health and early childhood. The Turrell Fund, based in Montclair, funds organizations that provide or foster high-quality developmental and educational services to at-risk children and their families.

At the suggestion of James Burke, President of the Burke Foundation, the three foundations held a special event in 2018 that brought together more than 100 leaders from across the state representing a wide range of sectors, including education, health, business, law enforcement, philanthropy, government, and the community. The event provided an opportunity for the foundations to announce a newly defined goal: develop a statewide Action Plan to address the impact of ACEs in New Jersey.

We are incredibly proud of the multi-sector, collaborative work undertaken since 2018 that has led to the creation of this Action Plan you are now reading. This is a living document and we look forward to hearing from you about your ideas and efforts to make New Jersey a trauma-informed, healing-centered state. We are eager to see the recommendations in this plan implemented and remain steadfast in our commitment to a better future for all of New Jersey's children.

In partnership,



ATIYA WEISS, MPH
Executive Director
The Burke Foundation



ARTURO BRITO, MD, MPH
Executive Director
The Nicholson Foundation



CURLAND FIELDS, MBA
President & CEO
Turrell Fund



In Memoriam

Colette Lamothe-Galette

JULY 6, 1974 – APRIL 4, 2020

This report is dedicated to the memory of Colette Lamothe-Galette, MPH.

Colette was a true public health champion for New Jersey. For 15 years, she worked for the NJ Department of Health, serving as the first Director of Population Health, among many other posts.

In 2019, she joined The Nicholson Foundation as a Senior Program Officer, where she led early childhood and health initiatives, including leading the Foundation's portfolio of work on adverse childhood experiences. She passed away on April 4, 2020, from COVID-19 complications.

Colette is remembered for lighting up every room she entered with her warm smile and unfailingly positive disposition; for her strong commitments to faith and family; and for her unwavering dedication to advancing health equity to ensure that all residents in New Jersey have the best opportunity to live healthy and productive lives.

TABLE OF CONTENTS

Executive Summary	2
Introduction	4
Key Concepts to Understand ACEs	5
The NJ ACEs Collaborative’s Approach to Addressing ACEs	10
The Five Core Strategies to Address ACEs in New Jersey	14
Achieve Trauma-Informed and Healing-Centered State Designation	15
Conduct an ACEs Public Awareness and Mobilization Campaign	19
Maintain Community-Driven Policy and Funding Priorities	21
Provide Cross-Sector ACEs Training	23
Promote Trauma-Informed/Healing-Centered Services and Supports	26
Conclusion	28
Acknowledgements	29
Appendices	30
Appendix A: Insights from Focus Groups	30
Appendix B: Ideas from Learning Labs	31
Appendix C: NJ ACEs Interagency Team	32
Appendix D: Key Efforts in New Jersey	33
Appendix E: ACEs-Related Efforts in Other States	38
Endnotes	40

Executive Summary

The New Jersey ACEs Action Plan sets forth a path toward making New Jersey a trauma-informed/healing-centered state. In NJ, adverse childhood experiences (ACEs) affect more than 40 percent of children across socioeconomic strata and can have lifelong implications for physical, social, and psychological health. Informed by community voices through focus groups and other convenings, and supported by state government and the philanthropic sectors, the NJ ACEs Action Plan calls for a coordinated, cross-sector, statewide response to prevent and mitigate the lasting effects of ACEs on children's health and well-being.

The NJ ACEs Action Plan synthesizes years of work examining best practices and research, listening to the voices of communities most directly impacted by ACEs, and convening partnerships among non-governmental organizations and state program leaders. Funded by the New Jersey ACEs Collaborative — created in 2018 as an alliance among the Burke Foundation, The Nicholson Foundation, the Turrell Fund, and the New Jersey Department of Children and Families (DCF) — the NJ ACEs Action Plan seeks to identify and implement promising strategies to address the negative effects of ACEs in New Jersey. In 2019, the Collaborative released [Adverse Childhood Experiences: Opportunities to Prevent, Protect Against, and Heal from the Effects of ACEs in New Jersey](#) (herein referred to as the NJ ACEs report). The NJ ACEs report details the challenges NJ faces in addressing ACEs and identifies five areas of opportunity, including: (1) supporting parents and caregivers; (2) training service professionals in trauma-informed/healing-centered care; (3) promoting community awareness; (4) advancing family supportive policies and practices; and (5) sharing data and research.

The NJ ACEs Action Plan, which builds upon the opportunities identified in the NJ ACEs report, offers a path toward the state's trauma-informed/healing-centered goal through five core strategies that aim to reduce — and ultimately prevent — ACEs in NJ:



CORE STRATEGY 1

Achieve Trauma-Informed and Healing-Centered State Designation

- NJ Office of Resilience (OOR) to establish the New Jersey Trauma-Informed Care Technical Assistance Center (NJ TIC TAC), to coordinate state efforts to prevent, treat, and heal from ACEs and inform state policies and budgets related to ACEs; and
- OOR to develop a Trauma-Informed Care Readiness assessment for non-governmental organizations and state agencies interested in earning a trauma-informed designation. The assessment will determine organizational readiness and staff knowledge about trauma-informed/healing-centered care and ACEs in order to determine required level of technical assistance.



CORE STRATEGY 2

Conduct an ACEs Public Awareness and Mobilization Campaign

- OOR to survey NJ residents to determine priority populations for strategic communications campaign; and
- OOR to maintain [NJ Resiliency Coalition](#) web space, a virtual learning community for ongoing stakeholder education and collaboration between trauma-informed/healing-centered organizations across the state.



CORE STRATEGY 3

Maintain Community-Driven Policy and Funding Priorities

- OOR to conduct a review of ACEs prevention and healing services throughout NJ's 21 counties and subsequently develop a needs assessment; and
- OOR to encourage public and private partners to increase the number and quality of trauma-informed/healing-centered programs available to individuals most impacted by ACEs.



CORE STRATEGY 4

Provide Cross-Sector ACEs Training

- In concert with organizations across the state providing ACEs training, OOR to offer evidence-based ACEs training programs for community members and a variety of child- and family-facing sectors to improve literacy in ACEs and understanding of the impact of trauma;
- OOR to prioritize ACEs training for community members, including resources for parents, community, educators, law enforcement officers, and primary health and mental health providers; and
- OOR to work with stakeholders and community members to identify the next most appropriate population(s) for ACEs training, building on existing statewide efforts and resources.



CORE STRATEGY 5

Promote Trauma-Informed/Healing-Centered Services and Supports

- NJ to promote use of a multi-generational, trauma-informed/healing-centered approach to prevent ACEs and foster resilience through early childhood, single-point of entry programs; and
- OOR to conduct surveys of nonprofit organizations, human services, and early childhood service providers regarding utilization of services; to oversee surveys to gauge the community's perception of and relationships with providers; and to measure outcomes through data sharing with DCF, the New Jersey Departments of Education, Health, and Human Services, and managed care entities.



New Jersey is committed to becoming a trauma-informed/healing-centered state — a place where children and families can thrive regardless of who they are or where they live. Coordinated, complementary strategies are required to help prevent, protect against, and heal from the effects of ACEs. In the pages that follow, it will be explained how NJ arrived at these core strategies, what they mean, and how to get involved in helping to make NJ the best place to live and raise a child.

Introduction

Estimates of the prevalence of adverse childhood experiences (ACEs) range from 61–67 percent.¹ In 2016, over 40 percent of children in New Jersey — more than 782,000 — were estimated to have experienced at least one ACE, and 18 percent were estimated to have experienced multiple ACEs. Among the state’s youngest children (under five years old), 33 percent experienced one or more ACEs.²

Consistent with national findings, rates of exposure to adverse experiences are higher in New Jersey for children and families of color and for children living in poverty than for their non-Hispanic white and more financially secure counterparts.^{3,4}

If unaddressed, ACEs can have profound, cumulative, and lifelong effects for children, families, and communities. Premature death and other downstream consequences have a significant impact on the cost of health care and social services provided across the individual’s lifespan. Based solely on cases in which abuse or neglect was proven, the estimated economic burden in the United States for child maltreatment, a subset of ACEs, is \$428 billion (2015 U.S. dollars).

Children who grow up with toxic stress are more likely to experience negative effects on their physical and emotional development. Toxic stress leads to changes in cognitive, social, and emotional development, and impacts long-term physical health. Prolonged stress response can lead to increased cortisol levels in the body, which can contribute to conditions like obesity, hypertension, and diabetes.⁵

ACEs, however, are not inevitable, nor do they determine the destiny of a child who experiences them. The literature shows that experiencing trauma during childhood does not in and of itself set an individual on a pre-destined life course. ACEs can be prevented, and when they do occur, concrete steps can be taken to help children, families, and communities heal from their effects. Intervening early, supporting resilience in individuals, and building resilient communities are key to mitigating the impacts of childhood trauma.

The New Jersey ACEs Action Plan sets forth a path toward making NJ a trauma-informed/healing-centered state. Informed by community voices through focus groups and other convenings, and supported by state government and the philanthropic sector, the NJ ACEs Action Plan calls for a coordinated, cross-sector, statewide response to prevent and mitigate the lasting effects of ACEs on children’s health and well-being.

THE IMPACT OF ACEs



Children who experience four or more ACEs are at least seven times more likely to **self-identify as alcoholics** in adulthood than those with no ACEs.⁶



Children who experience four or more ACEs are nearly four times more likely to **develop lung disease** in adulthood than those with no ACEs.⁷



Children who experience two or more ACEs are nearly three times more likely to **repeat a grade** than those with no ACEs.⁸



Juvenile offenders are four times more likely to self-report experiencing four or more ACEs than the mostly college-educated adults from the seminal ACEs study.⁹

Key Concepts to Understand ACEs

What is Trauma?

TRAUMA

Trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or threatening with lasting adverse effects on physical, social, emotional, or spiritual well-being.¹⁰

SECONDARY TRAUMA

Secondary trauma is the emotional duress that results when an individual hears about the firsthand trauma experiences of another. For therapists, child welfare workers, case managers, and other helping professionals involved in the care of traumatized children and their families, the essential act of listening to stories of trauma may take an emotional toll that compromises professional functioning and diminishes quality of life.¹¹

INTERGENERATIONAL TRAUMA

Intergenerational trauma occurs when the effects of trauma are transferred from one generation to the next, either through genetic adaptation or social and cultural practices.¹² When a shared traumatic event is experienced by and impacts a specific social, cultural, or racial group, it is referred to as a specific form of intergenerational trauma called historical trauma.^{13,14,15}

The current focus on racial and environmental justice — and more clarity about the roles the public and private sectors can play to improve the systems with which people interact — has influenced leaders in New Jersey to come together to create an environment in which children and families can not only survive but thrive.

TRAUMA-INFORMED CARE

Trauma-informed care is an approach defined by treating the whole person, considering past trauma and resulting coping mechanisms. A strengths-based approach to service delivery is grounded in an understanding of, and the responsiveness to, the impact of trauma. This approach emphasizes physical, psychological, and emotional safety for both providers and survivors and creates opportunities for survivors to rebuild a sense of control and empowerment.¹⁶

HEALING-CENTERED CARE

Healing-centered care is a holistic approach involving culture, spirituality, civic action, and collective healing. A healing-centered approach views trauma not simply as an individual, isolated experience, but rather highlights the ways in which trauma and healing are experienced collectively. The term healing-centered engagement expands how we think about responses to trauma and offers a more holistic approach to fostering well-being.¹⁷



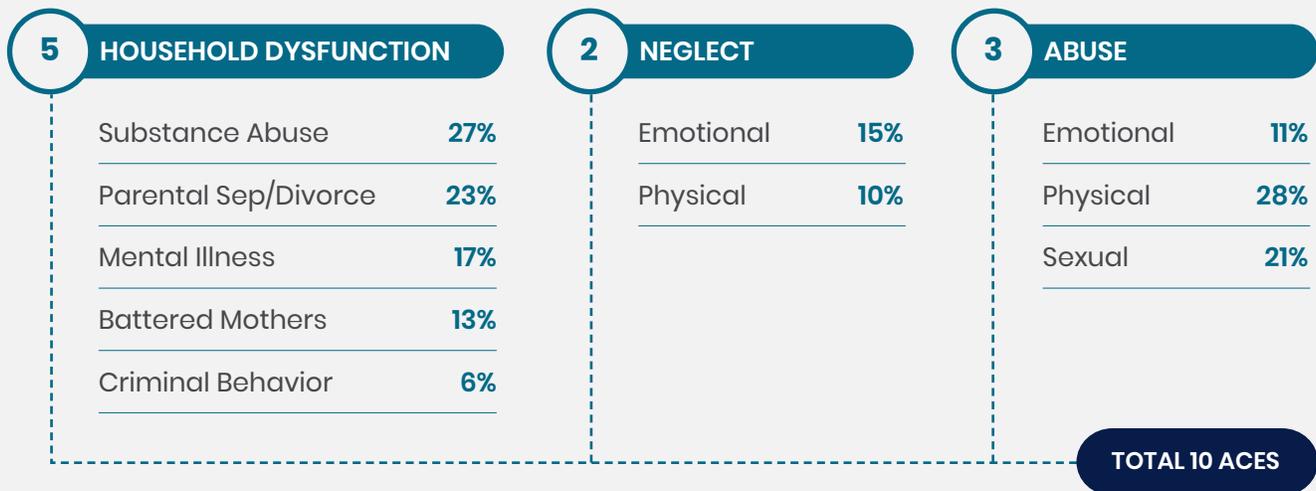
“[Trauma is] Anything that happens too much, too fast, or too soon for you to metabolize and move through it. When it happens, you get stuck.”¹⁸

– RESMAA MENAKEM

What are ACEs?

ACEs are stressful or traumatic events that occur before the age of 18.¹⁹ Examples of ACEs can include childhood physical or sexual abuse, food insecurity, or having an incarcerated parent or other significant caregiver. The 1998 landmark ACE study, conducted by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente, focused on the 10 categories of ACEs listed below.

ADVERSE CHILDHOOD EXPERIENCES ARE COMMON



Adapted from ACE Interface, 2015

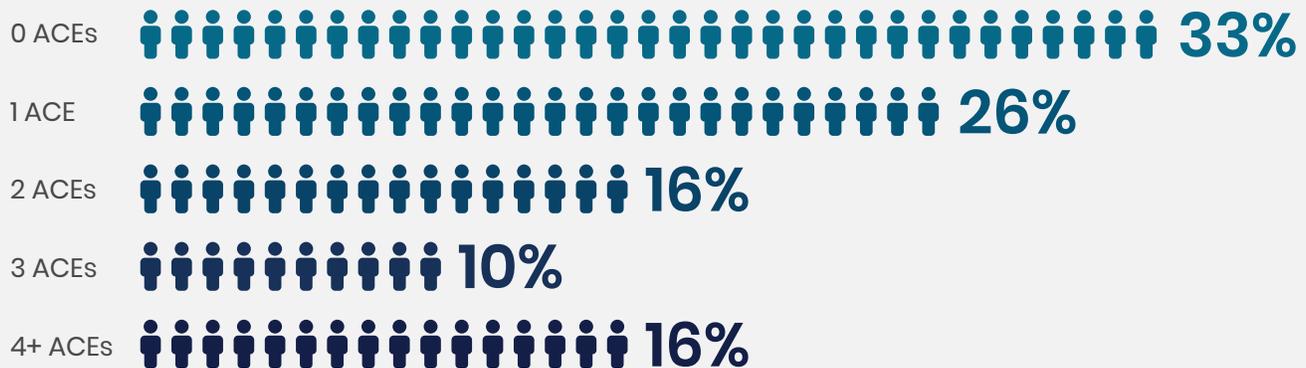
The original ACE study participants were mostly white, middle- and upper-class, well-educated, and had health insurance. The study included more than 17,000 adults who had experienced multiple categories of ACEs and were at higher risk for substance abuse, depression, and suicide attempts, as well as physical conditions, like heart disease and obesity.²⁰

The study showed that ACEs are common. While 33 percent reported having zero ACEs, 67 percent had one or more ACEs. In fact, the study found where there was one ACE, 82 percent of the time there was found to be more than one ACE. Additionally, the study found that when ACE scores exceed six or more, life expectancy was reduced by 20 years. Researchers also found a strong relationship in the study population between the exposure to abuse, neglect, or household dysfunction during childhood and risk factors for several of the leading causes of death in adults. As the number of categories of ACEs experienced increased, so did the risk of early death, disease, disability, and social problems.

To date, there have been over 1500 replications of the study in different populations with similar rates of ACEs. Subsequent studies have also expanded the categories of ACEs to include experiences such as bullying, community violence, and natural disasters.^{21,22,23} Together with the original study, the literature definitively finds that: (1) ACEs are common across all socioeconomic, racial, and ethnic groups; and (2) there are significant subgroup disparities by race and socioeconomic status.

ACES SCORE = NUMBER OF ACE CATEGORIES

ACE Scores Reliably Predict Challenges During the Life Course



Adapted from ACE Interface, 2015

Experiencing one or more ACEs, as well as environmental or historical traumas, such as community violence or racial discrimination, can cause an individual to experience toxic stress. The Center on the Developing Child at Harvard University describes three types of stress and their impact on the body:

POSITIVE STRESS

Positive stress refers to “moderate, short-lived stress responses, such as brief increases in heart rate and mild elevations in stress hormone levels.”²⁴ Examples of this could include a child’s first day at a new child care center or school or receiving an immunization. Positive stress can be considered part of everyday life and healthy development.

TOLERABLE STRESS

Tolerable stress is marked by greater stress responses that have the potential to negatively affect the developing brain but occur over generally short periods of time and do not leave lasting negative effects. Examples of this could include serious, painful events, like the loss of a loved one or a natural disaster from which a child can recover if buffered by safe, supportive relationships.

TOXIC STRESS

Toxic stress results from strong, severe, frequent, or chronic adversity that leads to prolonged activation of the body’s stress response system. Negative events that are chronic and uncontrollable can evoke this type of stress response, particularly in the absence of supportive relationships.²⁵

Further, the National Child Traumatic Stress Network describes a particular type of stress that is unique to children:

CHILD TRAUMATIC STRESS

Child traumatic stress occurs when children have been in situations in which they feared for their lives, believed that they would be injured, witnessed violence, or tragically lost a loved one.²⁶

PREVENT, PROTECT, & HEAL

Coordinated, complementary actions are necessary to help prevent, protect against, and heal from the effects of ACEs, defined as:

**PREVENT**

Keep adverse experiences from occurring (e.g., child abuse prevention)

**PROTECT**

Provide buffers so that if ACEs occur, the impact is mitigated by resilience factors

**HEAL**

Provide resources and trauma-informed/healing-centered care to repair some of the hurt when a child or adult has experienced ACEs

As children grow up in families, it is also important to deliver multi-generational interventions that help parents and caregivers heal and provide stable, nurturing homes.

The Current Context: ACEs, COVID-19, and Racial Justice

The need to mitigate the impacts of ACEs is especially salient given two significant contextual factors: the COVID-19 pandemic and the racial justice movement's ongoing, collective activism against systemic racism.

In March 2020, the United States began to see an increase in cases of SARS-CoV-2, or COVID-19, a novel coronavirus that is highly contagious and can result in severe respiratory distress and death. A recent report by the NJ-based Robert Wood Johnson Foundation — the country's largest health philanthropy — found that most households with children (61%) reported facing serious financial problems during the coronavirus outbreak.²⁷ Specifically, the report showed most Latinx (86%) and a majority of Black (66%) and white (51%) households with children reported serious financial problems. For households with children in which someone had been diagnosed with COVID-19, the impact was even more dire, with 94 percent facing serious financial problems during the coronavirus outbreak.

This resulted in millions of Americans losing their jobs, with the United States unemployment rate increasing from 3.8 percent in February 2020 to 13 percent in May 2020.²⁸ New Jersey fared similarly, reporting an increase from 3.8 percent unemployment in March to 14.7 percent in April.²⁹

COVID-19 has a disproportionate effect on communities of color. Nationally, Black people are dying from COVID-19 at a rate 2.4 times that of white people, and individuals identifying as Hispanic or Latinx are dying at 1.5 times the rate of non-Hispanic white Americans.³⁰

In addition to economic difficulties, children and families face isolation due to COVID-19-related social distancing constraints. There may be an increase in ACEs related to separation from both formal and informal supports, such as friends, family, teachers, day care providers, and physical

or behavioral health services. This isolation, along with an increase in the number of stressors, may increase the risk of intimate partner violence and child abuse.

While the COVID-19 pandemic continues to alter everyday life, the racial justice movement is experiencing more attention following several high-profile police connected and protected killings of Black Americans in the early months of 2020. Nationwide protests against police violence, institutionalized racism, and white supremacy are ongoing, with activists calling for redirection of funding for law enforcement into preventative services, like mental health and education. Efforts to address ACEs and toxic stress must include the impact of ongoing racialized violence, discrimination, and the trauma of witnessing violence in the media.

Changing the way systems – and their human representatives – interact with children and families is one part of the equation to achieve a trauma-informed and healing-centered state. In addition to reorienting those systems to “do no harm,” caring, supportive adults and safe, stable, and nurturing environments have the potential to build resilience and help children and families heal, thereby contributing to long-term improvements in physical health, mental health, educational attainment, and economic security.



The Center on the Developing Child at Harvard University highlights three principles to improve outcomes for children and families:



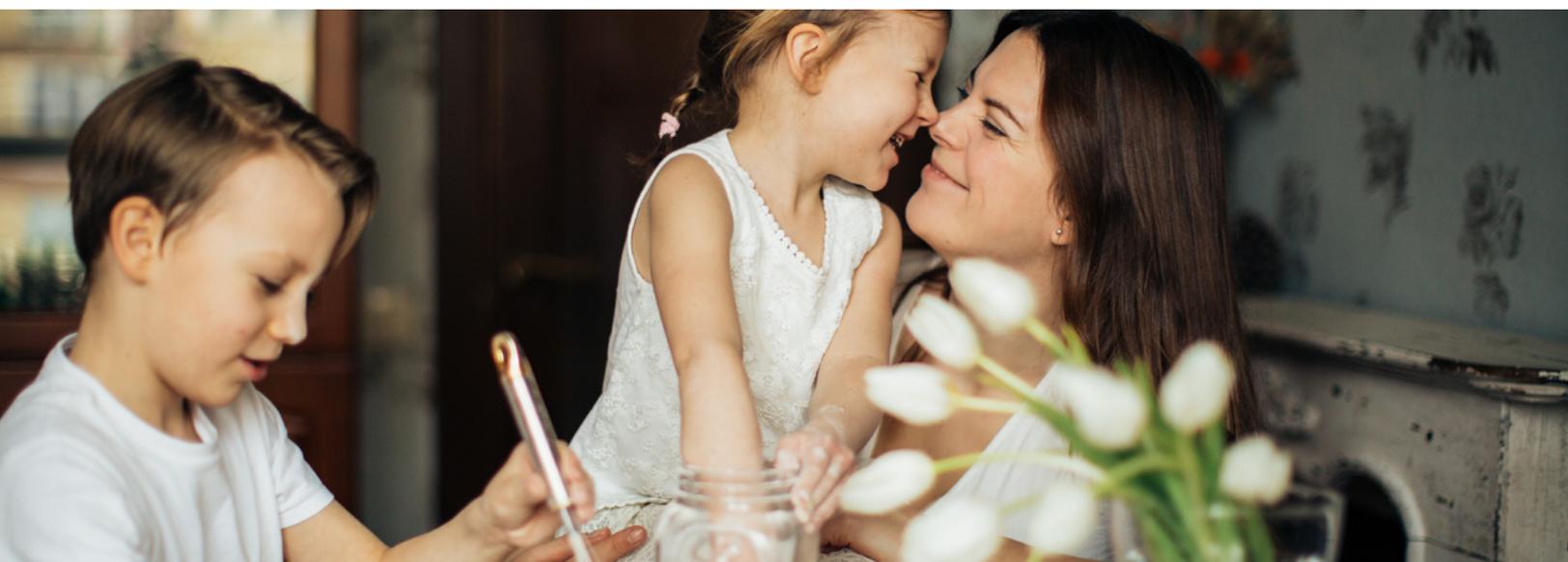
Support responsive relationships for children and adults



Strengthen core life skills (like emotional regulation and executive function)



Reduce sources of stress in the lives of children and families³¹



The NJ ACEs Collaborative's Approach to Addressing ACEs

The NJ ACEs Action Plan synthesizes years of work examining best practices and research, listening to the voices of communities most directly impacted by ACEs, and convening partnerships among non-governmental organizations and state program leaders. Funded by the New Jersey ACEs Collaborative (herein referred to as “the Collaborative”) – created in 2018 as a partnership among the Burke Foundation, The Nicholson Foundation, the Turrell Fund, and the New Jersey Department of Children and Families (DCF) – the NJ ACEs Action Plan seeks to identify and implement promising strategies to address the negative effects of ACEs in NJ. In 2019, the Collaborative released [Adverse Childhood Experiences: Opportunities to Prevent, Protect Against, and Heal from the Effects of ACEs in New Jersey](#) (herein referred to as the NJ ACEs report). The NJ ACEs report, developed from interviews with community leaders, nonprofit professionals, academic researchers, and policymakers across the state, details the challenges NJ faces in addressing ACEs and identifies five areas of opportunity, including: (1) supporting parents and caregivers; (2) training service professionals in trauma-informed/healing-centered care; (3) promoting community awareness; (4) advancing family supportive policies and practices; and (5) sharing data and research.

In 2019, the Collaborative engaged the [Center for Health Care Strategies](#) (CHCS) to facilitate a statewide process that would culminate in the release of the NJ ACEs Action Plan. CHCS partnered with Looking Glass Solutions (LGS), a human-centered design firm, to co-develop a process through which key stakeholders – with an emphasis on individuals whose lives had been most directly impacted by ACEs – would be meaningfully engaged in the development of the Action Plan. As a result, the NJ ACEs Action Plan was led by three key guiding principles:

- Employ a human-centered design approach to focus on the voice and perspective of those most directly impacted by ACEs;
- Ensure broad inclusion of stakeholders across constituencies to incorporate a comprehensive view of both challenges and potential solutions; and
- Ensure racial and ethnic diversity within and across constituencies.

5 AREAS OF OPPORTUNITY



From the NJ ACEs Report

CHCS and LGS conducted 12 focus groups and a series of individual interviews. The single constituency, small group sessions were devised to determine how each group understood ACEs, how ACEs showed up in their lives and/or work, and what opportunities they saw for the state to support a comprehensive approach to help its residents prevent, reduce, and heal from ACEs. The focus group constituencies included the following:

- Families
- Faith
- Children’s services
- Education
- Health
- Policymakers
- Business
- Law enforcement
- Judiciary
- Philanthropy
- Research/academia

Six focus groups were conducted with families to ensure the voice of families with lived experience was the most salient. In some cases, the family focus groups were led or co-led by non-governmental organizations, but in all cases in partnership with non-governmental organizations with which the participants were involved in some way. The individuals in the family focus groups were the only compensated participants in this process.

BECOMING A RESILIENT NEW JERSEY



PHASE 1 →

Explore ACEs in New Jersey

Release NJ ACEs Report and solicit feedback

Conduct focus groups to better understand community impacts and stakeholder perspectives, as well as uncover best practices

Hold NJ ACEs Labs and business leader co-creation session with community and stakeholders



PHASE 2 →

Build a Statewide ACEs Action Plan

Outline statewide ACEs Action Plan core strategies

Convene Interagency Team to refine core strategies

Re-engage community to finalize core strategies



PHASE 3 ★ →

Implement the Action Plan

Release Action Plan

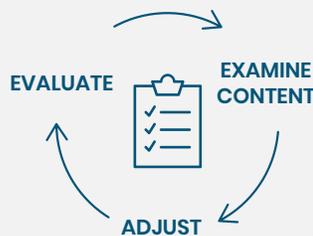
Leverage state agency policy and programs

Build upon existing community efforts

Engage philanthropy and the business sector

Develop and convene steering committee

Employ a robust quality improvement and evaluation strategy



OUTCOMES

A Resilient New Jersey

Fewer ACEs

Equity across indicators

Community co-creation and power-sharing

Collaboration across state agencies

COMMUNITY DRIVEN

★ Current Phase

Insights (Appendix A) were culled from the focus groups and provided to participants in two regional cross-constituency Learning Labs held in January 2020. The Learning Labs, comprised of 60 representatives from the abovementioned sectors, aimed to build on the insights gleaned from the focus groups and the areas of opportunity identified in the NJ ACES Report. The Learning Labs' presentations and small group brainstorming fostered connections and support across sectors. Participants generated many ideas during the labs, including: building a comprehensive, sustainable care coordination system; enhancing education around ACEs for parents and caregivers; increasing screenings for ACEs; addressing community determinants, like poverty and poor housing; creating and expanding home visitation programs; increasing drug prevention and treatment programs; and filling gaps in trauma-informed/healing-centered care. These ideas formed the basis for five strategies vetted, refined, and endorsed by constituencies across the state (Appendix B).

These five strategies build on existing activities within the state and, to some extent, leverage existing resources. To ensure the feasibility of the proposed core strategies that emerged from the community and external stakeholder process, the strategies were presented to a cross-section of child-serving state agencies. Representatives from those agencies were invited to sit on a newly established New Jersey ACEs Interagency Team (IAT) that is convened monthly (Appendix C). After soliciting input from the IAT, the strategies were shared with over 200 stakeholders across the state for input. The final version of the core strategies presented in this Action Plan reflects that stakeholder feedback.



Simultaneous to the Learning Labs, an Executive Director, to be placed within DCF's newly formed Office of Resilience (OOR) – the first of its kind in NJ – was hired in June 2020 to lead state efforts that support the development of ACEs-related policy and other public initiatives related to trauma. In partnership with the Commissioner of the DCF, the OOR Executive Director, Dave Ellis, co-chairs the IAT and leads the work around the finalization and implementation of the NJ ACEs Action Plan. Additionally, this role promotes NJ's ACEs-related initiatives in meetings, conferences, and public events throughout the state and nationally. With support from the Foundations and DCF, personnel are being added to the OOR, which will enable implementation of the NJ ACEs Action Plan – focusing on its five core strategies – and the sustainability of related efforts.



The goal of the New Jersey ACEs Interagency Team is to **maximize the impact of the Collaborative's efforts to address the effects of ACEs in New Jersey**. The Interagency Team will serve in an advisory capacity to the Collaborative, and partner with the Executive Director of the Office of Resilience to:

- Provide input on and develop implementation strategies for the Action Plan through their respective policy, programs, and funding mechanisms;
- Work with community members, state and local organizations, and businesses to implement the Statewide Action Plan and support replication and scaling of effective ACEs programming;
- Drive an ACEs policymaking agenda through legislative and administrative action;
- Identify opportunities to coordinate and centralize services across agencies;
- Build collaborative partnerships in the field; and
- Serve as ambassadors/champions for New Jersey's ACEs prevention, resilience, and healing initiatives.



The Five Core Strategies to Address ACEs in New Jersey

The NJ ACEs Action Plan is driven by five core strategies:

1. Achieve Trauma-Informed and Healing-Centered State Designation
2. Conduct an ACEs Public Awareness and Mobilization Campaign
3. Maintain Community-Driven Policy and Funding Priorities
4. Provide Cross-Sector ACEs Training
5. Promote Trauma-Informed/Healing-Centered Services and Supports



These five core strategies were given priority in consultation with NJ families, those most directly impacted by ACEs, and community leaders, as well as representatives from various child and family facing sectors. The following section proposes activities, goals, and recommendations that build upon existing NJ initiatives and aim to improve efforts to address, heal from, and prevent ACEs.



In 2019, the NJ ACEs Collaborative convened 12 focus groups and a series of individual interviews to ask New Jersey residents how ACEs showed up in their lives and work, and what opportunities they saw for the state to support a comprehensive approach to help its residents prevent, reduce, and heal from ACEs.

Quotes from these focus groups and interviews are highlighted in the following pages.

**CORE STRATEGY ONE:**

Achieve Trauma-Informed and Healing-Centered State Designation

This core strategy aims to harness existing ACEs and trauma-informed/healing-centered care initiatives across NJ government and non-government organizations; inform public policy; impact the allocation of resources across state and local government; and engage philanthropy, the business community, and non-governmental organizations in identifying NJ as a trauma-informed state. Designating NJ as trauma-informed/healing-centered will highlight the state's commitment to prevent, mitigate, and address the impact of ACEs on NJ residents and support efforts to increase resilience.

Children and families interact with a variety of systems, which may be siloed, disjointed, and difficult to navigate. ACEs must be addressed in a systemic way, offering continuity of care and a cohesive response, to support NJ's children through the prevention or treatment of ACEs. Further, as children live and grow up in families – birth, relative, foster, or adoptive – it is critical to engage the communities in which those families live and work.

Implementation

Implementation of this strategy will follow a three-pronged approach: (1) establishing a New Jersey Trauma-Informed Care Technical Assistance Center (NJ TIC TAC); (2) enacting trauma-informed/healing-centered policies and budgets; and (3) developing standards for organizations seeking to become trauma-informed/healing-centered.

New Jersey Trauma-Informed Care Technical Assistance Center (NJ TIC TAC)

In support of all five core strategies, NJ will establish a community-led Trauma-Informed Care Technical Assistance Center (NJ TIC TAC), which will be responsible for building the capacity of NJ's children, youth, and adults to tackle issues related to childhood trauma. Relying heavily on community participation, NJ TIC TAC will be a convener of NJ's ACEs-related efforts and will be responsible for creating a set of community-determined requirements upon which programs will be evaluated based on their ability to effectively provide trauma-informed/healing-centered care.

NJ TIC TAC will provide presenter and trainer network support – to include a virtual resource portal for presenters and trainers – and a plan for ongoing support activities. NJ TIC TAC will also provide assistance for organizations seeking to become trauma-informed/healing-centered, which includes a trauma-informed/healing-centered assessment tool and a plan for ongoing support for shared learning. NJ TIC TAC will also include a data and evaluation plan, as well as a plan for sustainable long-term funding.

Initially, implementation of the NJ TIC TAC will focus on gathering community input to inform NJ TIC TAC design and create an internal plan guided by that community input. Community ambassadors, individuals who serve as liaisons between NJ TIC TAC and their communities, will be identified to support this effort and the community-driven components of the other core strategies.

Subsequent efforts will focus on tasks related to initial development of the NJ TIC TAC, including:

- Creation and implementation of the virtual resource portal for presenters and trainers;
- Development of a presenter/trainer support plan, including staffing recommendations;
- Review of currently available NEAR Science (Neurobiology, Epigenetics, ACEs, and Resilience) and healing-centered curricula and recommendations for use by NJ partners;
- Review of existing trauma-informed/healing-centered care assessments and recommendation or development of one for use in NJ; and
- Initial review of data, evaluation, and long-term funding options.



“If 40% or more of New Jersey residents have ACEs – we are behind and we need to do something about this. This is all of our responsibility. We need our elected officials in on this, too.”

– BUSINESS LEADER FOCUS GROUP PARTICIPANT

Trauma-Informed/Healing-Centered Policies and Budget

The Office of Resilience will work with the Office of the Governor to identify New Jersey as a trauma informed/healing-centered state; work to pass state-level trauma-informed/healing-centered legislation; and partner with state agencies to review, adjust, and adopt policies that build and sustain a trauma-informed/healing-centered care approach. The OOR will also explore opportunities to incorporate trauma-informed/healing-centered principles, practices, and trainings into existing certification and accountability systems for family-facing service providers.

This core strategy will focus on development and recruitment of legislative champions through the creation and use of a legislator education institute to raise awareness and educate lawmakers on ACEs and their impacts. Whenever possible, legislator awareness work will connect with efforts of NJ partners. Work with lawmakers will place emphasis on ensuring state legislation is viewed with a trauma-informed/healing-centered lens prior to enactment, prioritizing prevention and resilience-building programs developed through legislation, and including trauma-informed/healing-centered training components in health, education, and social services certificate and degree programs.

Moving forward, non-governmental organizations, such as federally qualified health centers and non-governmental organizations, will be encouraged to adopt and implement ACEs or trauma-informed/healing-centered care policy action. State agencies will be encouraged to provide funding to organizations and communities that support ACEs and/or trauma-informed/healing-centered care policy actions.

To advance future trauma-informed/healing-centered policies and budget priorities, the OOR will promote sustainability of project funding, and non-governmental organizations will build onto the existing year's policy action or create new actions.

Trauma-Informed/Healing Centered Organizational Standards

State agencies and non-governmental organizations interested in becoming trauma-informed/healing-centered will have the opportunity to engage in a designation process administered by NJ TIC TAC. This process will allow organizations to conduct self-assessments and receive input from stakeholders according to a six-stage continuum of trauma-informed/healing-centered care.

Intervention → Trauma-Informed/Healing-Centered → Prevention

The OOR will work with the community to define the stages on the continuum of trauma-informed/healing-centered care, as well as the standards that must be met to reach each stage.

Once the stages and standards have been established, state agencies and non-governmental organizations interested in pursuing a trauma-informed/healing-centered designation may identify a goal along the stages of the continuum.

Entities engaged in the process will conduct an initial trauma-informed care self-assessment to determine readiness and current knowledge levels of trauma-informed/healing-centered care and ACEs among staff. Initial organizational self-assessments and ongoing self-evaluation of progress will focus on the below six components:

- Supporting staff development;
- Creating a safe and supportive environment;
- Assessing and planning services;
- Centering community voice;
- Adapting policies; and
- Funding infrastructure and sustainability.

In collaboration with the community, the OOR will ensure regular review of the continuum, stages, and standards to ensure they reflect salient ACEs-related social issues and community priorities.



“As policymakers, I think that this [how to stop the siloing in our work] is probably one of our biggest charges that we really need to start thinking about.”

– LEGISLATIVE FOCUS GROUP PARTICIPANT



“The root of the child welfare system is racism.”

– LEGISLATIVE FOCUS GROUP PARTICIPANT

Potential Outcomes

Potential outcomes of this core strategy include:

- Implementation of policies and budgets to build and sustain a TIC model across child- and family-facing systems
- Creation of standards for trauma-informed/healing-centered organizations
- Creation of a NJ-specific trauma-informed/healing-centered designation program
- Launch of a statewide summit, an annual event to share updates on the implementation of the core strategies in the NJ ACEs Action Plan

Evaluation Strategy

The impact of this core strategy will be assessed through a scan of state policies and budgets; the use of standards and number of organizations becoming certified; organizational surveys and training data; and attendance at, and evaluations of, the statewide ACEs summit.



*“We’re afraid to have that conversation about eliminating poverty.
We don’t dream anymore.”*

– HEALTH CARE FOCUS GROUP PARTICIPANT



**CORE STRATEGY TWO:****Conduct an ACEs Public Awareness and Mobilization Campaign**

The public awareness and mobilization effort aims to increase knowledge statewide about preventing ACEs and creating resilience through educating and empowering NJ residents. Despite decades of compelling research, many people are still unfamiliar with the lifelong impact of childhood trauma. To make trauma-informed/healing-centered changes to their behaviors, practices, and strategies, NJ residents and family-facing professionals must first be aware of the science behind healthy development and understand the steps that they themselves can take to prevent and address the negative effects of ACEs.

This core strategy will mobilize local communities, as well as the public and private sectors, to prevent ACEs and build resilience among all NJ children, youth, and adults. The goals of the public awareness and mobilization effort are to increase understanding of ACEs across NJ, as well as to highlight existing available resources and efforts and to identify opportunities to improve access to both. This core strategy also aims to establish a common, culturally responsive, strengths-based language that accommodates people of all ages and abilities around childhood adversity across sectors and fosters interest in TIC trainings for child-facing sectors.

Implementation

Implementation of the public awareness and mobilization strategy will consist of a phased and multi-faceted approach.

This strategy focuses on building awareness within the community – in particular, NJ residents who have experienced high levels of ACEs and trauma. Understanding ACEs and trauma has the potential to empower individuals who have experienced them. In turn, this knowledge can spark a path toward healing oneself and inspiring others to do the same; with the right tools and leadership, the community can then begin working towards ACEs prevention and resilience. Language and messaging, developed with input from youth and adult community ambassadors, will ensure that communications are accessible and strengths-based.

This effort also promotes awareness and mobilization of professionals who interact with and serve the community, building on the work of other ACEs public awareness campaigns.

In September 2020, a virtual learning community (VLC), the [NJ Resiliency Coalition](#), launched for ongoing stakeholder education and collaboration to help build and activate a coalition of trauma-informed/healing-centered organizations engaged in the community. Moving forward, the NJ



“In my childhood...a lot of things were normal that weren’t normal. I kept going to prison—punching people in the head isn’t the right thing to do. I grew up around chaos—arguing, domestic violence—all this is normal.”

– FAMILY FOCUS GROUP PARTICIPANT

Resiliency Coalition will be updated with a bank of ACEs initiatives and resources for NJ stakeholders and serve as an important tool for online cross-sector convening. Over time, the VLC will grow to include best practices from NJ and other states and blog posts highlighting community stories about individual experiences of ACEs, and will serve as a connector for those engaged in ACEs and resiliency-related work.

Together, these efforts will equip community members and professionals with the knowledge, tools, and resources required to help prevent and address the negative effects of ACEs in NJ.

Potential Outcomes

Anticipated outcomes for this core strategy include:

- Increased awareness and knowledge of the long-term impact of ACEs
- Opportunities for communities and priority sectors to help increase resilience
- Facilitated connections to services to help prevent and heal from ACEs

This core strategy will also help develop a common language around ACEs in the state, increase participation in sector-specific ACEs trainings, and ultimately increase adoption of behaviors to support trauma-informed/healing-centered care for children and families.

Evaluation Strategy

Evaluation of this core strategy will incorporate a number of methods. The OOR will conduct surveys with priority populations both before initiation of the campaign and at identified intervals throughout implementation. NJ TIC TAC will develop data sharing agreements with entities conducting ACEs awareness trainings in order to access training evaluation data. The OOR will utilize tools that measure social media engagement and website traffic.



“Teach parents the impact it’s gonna have on our children. Tell me my kid will die early of heart disease because I had an argument with my wife, I’m gonna think twice about it. Don’t call it ‘parenting classes’ – call it ‘save your kid’s life.’”

– FAMILY FOCUS GROUP PARTICIPANT



CORE STRATEGY THREE:

Maintain Community-Driven Policy and Funding Priorities

It is imperative that NJ communities, which are significantly diverse across regions, have a voice in determining their own priorities. Recognizing that there is no single approach that works best for engaging communities, this core strategy will employ several methodologies to connect with small and large groups of NJ residents. Engagement strategies will include the [Art of Hosting & Harvesting Conversations That Matter](#), [Technology of Participation](#), and other appropriate methods to ensure that the Action Plan is informed by, invested in, and bought into by communities. The Collaborative will engage people most directly impacted by ACEs, through community leaders and non-governmental organizations, to forge the partnerships needed to reflect individual communities' unique needs and priorities. The goal of this strategy is to ensure community ownership of the effort to increase the number and quality of trauma-informed/healing-centered, resilience-building programs available to those most impacted by ACEs.

Implementation

Initially, the OOR will focus on building relationships with communities. The Collaborative will implement the previously-described approaches to engage the community in the following: identifying non-governmental organizations that are successfully implementing trauma-informed/healing-centered care; understanding gaps in trauma-informed/healing-centered care delivery; assessing the needs of all 21 counties and determining which would most benefit from the development or expansion of trauma-informed/healing-centered care programs; and garnering interest from state and local government and philanthropic entities.

In future years, the OOR will seek funding partners to support the design and implementation of trauma-informed/healing-centered programs and services. Subsequent requests for applications



“We really need the community in these discussions. Those are the people who know firsthand what the issue is and have a better idea of the solution. I’m worried about when professionals come in and say what communities and families need...It’s a mistake to rely on professionals.”

– COMMUNITY LEADER FOCUS GROUP PARTICIPANT

will be rooted in the priorities identified by community members. The OOR will promote community selection of programs to support existing efforts and NJ communities that voice a need for new healing-centered, resilience-building programs and allot funding for pilot projects to each site.

The OOR will monitor program implementation and growth, and work with state government and philanthropic entities to ensure sustainability of funding.



“ACEs is the next public health crisis and the grant cycle doesn’t actually work.”

– COMMUNITY LEADER FOCUS GROUP PARTICIPANT

Potential Outcomes

An outcome of this core strategy will be the increased reach of existing community-based programs and the allocation of funding to create new programs for high ACE-impacted communities. Additional outcomes include positive results in individual programs and an increase in the number of community members engaged in and leading work.

Evaluation Strategy

Success will be measured, in part, by response levels to community engagement efforts under the leadership of NJ TIC TAC. The impact of this strategy will also be measured via a survey distributed to community members regarding their satisfaction with the amount of community involvement and leadership in determining priorities and the outcomes of individual programs funded by the initiative. The OOR will engage community ambassadors in the ongoing development of the evaluation plan for this core strategy.



“We need the community in these discussions, not just the community leaders. But the people who everybody’s worried about. They know firsthand and will have better solutions.”

– COMMUNITY LEADER FOCUS GROUP PARTICIPANT

**CORE STRATEGY FOUR:****Provide Cross-Sector ACEs Training**

The fourth core strategy, cross-sector ACEs training, prioritizes implementation of promising and evidence-based training programs for community members and a variety of child- and family-facing sectors. These evidence-based training programs will provide recipients with comprehensive knowledge of ACEs and tools for appropriate trauma-responsive engagement with children and families. Community members will receive ACEs training and the opportunity to become peer trainers. Community stakeholders have prioritized educators, law enforcement officers, and mental health providers to receive ACEs training first. As resources become available for further training, the community ambassadors will be tasked with identifying the next most appropriate sector(s) for ACEs training.

There are a variety of promising and evidence-based ACEs trainings that NJ will implement based on access and utility for each audience. The community, education system, law enforcement, and mental health providers are uniquely positioned to change the trajectory of children impacted by ACEs and to prevent the occurrence of future ACEs. Developing a knowledge base of ACEs and trauma-responsive care for each of these groups – and others identified by the community ambassadors as priorities – will bolster their ability to effect both short- and long-term change for NJ's children.

Through receiving ACEs training, family-facing professionals can begin shifting their service delivery towards being trauma-informed/healing-centered. In addition to providing training opportunities for professionals already in the workforce, the OOR will work with the Office of the Secretary of Higher Education and academic institutions to incorporate trauma-informed/healing-centered care principles into curricula of appropriate programs (e.g. medicine, nursing, social work, and public health). These efforts will align with, and where possible, build on existing ACEs and trauma-informed/healing-centered care trainings across the state (Appendix D).

Implementation

Implementation activities will consist of a multi-sector, phased-in approach for each of the identified sectors.

Community

Community ambassadors will be tasked with suggesting avenues of appropriate training for community members. This could include hosting ACEs training within faith communities, non-governmental organizations, schools, and any other suggested community convening spaces. Peer-to-peer training models will be used to gradually increase the number of ACEs experts across

NJ. Through training, community members will be equipped with the comprehensive knowledge of ACEs and tools for appropriate trauma-responsive engagement with children and families and to advocate for themselves and others regarding ACEs prevention, intervention, and resilience building.

Education

Initially, work with the education sector will focus on building alignment of language and curriculum for social-emotional learning, healing-centered engagement, Mental Health First Aid, and trauma-informed/healing-centered practices, determining the most appropriate programmatic model(s), and piloting the program(s) in schools. The educational program will eventually expand to include additional schools and districts.

Law Enforcement

Efforts to engage law enforcement will initially consist of a targeted awareness campaign for law enforcement officials focused on the impacts of trauma, how children process trauma, secondary trauma, and the importance of positive relationships for children. The OOR will also work with the NJ Office of the Attorney General to develop a set of statewide trauma-responsive policing policies and create a learning collaborative to advance trauma-responsive policing practices.

Mental Health Providers

Work with the mental health sector, including but not limited to psychiatrists, psychotherapists, and social workers, will focus on education regarding the impact of trauma, how children process trauma, secondary trauma, and the importance of relationships in building resilience. The OOR will work with mental health providers to incorporate a common language and ACEs education in their work with individuals, families, and groups.



“People who have suffered trauma can become trained to lead groups of other people who have suffered trauma.”

– HEALTH CARE FOCUS GROUP PARTICIPANT

Potential Outcomes

Over time, the engagement of cross-sector partners in ongoing education on ACEs and trauma-informed/healing-centered care will result in improved outcomes for NJ children and families. Community members and service providers, including educators, mental health professionals, and law enforcement, will demonstrate literacy in ACEs and the impact of trauma.

Families will experience improved relationships with these providers, which should result in an increase in access to and utilization of supportive services. In the health care sector, expected outcomes include an improvement in health outcomes, including a decrease in disparities. Anticipated outcomes also include a decrease in exclusionary student discipline and improved student retention, as well as reduced student arrests and a decrease in problematic behavior. Lastly, the impact of this strategy may include increased use of trauma-informed policing and improved community relationships with law enforcement.

Evaluation Strategy

Assessment of this core strategy will include a combination of quantitative and qualitative measurements. NJ TIC TAC will oversee several surveys with the community; survey topics will include: ACEs awareness; experience with the social service sector; and relationships with local law enforcement. NJ TIC TAC will assess the number of community members becoming peer trainers, as well as the quality of training via use of training evaluation data through data sharing agreements with training organizations. NJ TIC TAC will also develop data sharing agreements with the New Jersey Department of Education, Department of Health, Department of Human Services, DCF, and managed care entities, as well as local law enforcement agencies.



“There aren’t many people who understand the immigrant community and the specific trauma they face. In a family in Jamesburg, a father was detained. It had an immediate impact on the family – someone needed to take care of the family and provide food...How are children supposed to understand why they can’t go to school or play outside? Very few agencies who do this [focus specifically on trauma among immigrant communities].”

– COMMUNITY LEADER FOCUS GROUP PARTICIPANT



**CORE STRATEGY FIVE:**

Promote Trauma-Informed/ Healing-Centered Services and Supports

The fifth core strategy promotes trauma-informed/healing-centered services and supports to families and communities. The OOR will use a multi-faceted approach to leverage the expertise and connections of existing programs to promote the provision of trauma-informed and healing centered care. Families with young children may rely on early childhood providers to support their child's development, and families may develop comfort over time engaging with them. The OOR will work with existing early childhood groups across NJ to ensure collaborative, coordinated efforts among early childhood programs based on the needs of communities. Offering a multi-generational, trauma-informed/healing-centered care component within early childhood programs, such as Head Start³², Central Intake³³, and early childhood home visiting, may increase families' access to services, potentially ameliorating the effects of current ACEs or preventing future ones.

Schools, mental health providers, and community organizations can also serve as key members of children and families' social support systems. The OOR recommends that all child- and family-facing services strive to provide services to families with an understanding of ACEs, trauma, and their impact. Additionally, the adoption of a trauma-informed/healing-centered approach involves emotional regulation and promotion of self-care for service provider staff. The OOR encourages child and family service providers to include mental health support for frontline and other staff who work directly with children and families.

The goals of this core strategy include promotion of a multi-generational approach within early childhood programs; building upon existing comprehensive service delivery platforms to seamlessly engage with families; and providing mental health support to reduce secondary traumatization of frontline workers across sectors. These initiatives will align with, and where possible, build on existing early childhood systems and trauma-informed/healing-centered services work in New Jersey (Appendix D).

Implementation

Initially, this core strategy will focus on identifying and bringing together existing efforts, determining what interventions are needed most and which communities need the most support, then working to fill gaps through community-driven and community-focused grants. The OOR will then look to federal and state funding streams to promote the expansion of existing NJ early childhood programs and other child and family services that are successfully implementing trauma-informed/healing-centered care across the lifespan and focus on the sustainability of these efforts.



“How do you manage the stress? How do you manage listening to the adversity of others and not being able to feel like you can be helpful because removal is not anything our staff feel good about because we know we are re-traumatizing ... and the intervention is almost worse?”

– CHILD AND FAMILY SERVICES FOCUS GROUP PARTICIPANT

Potential Outcomes

Anticipated outcomes for this strategy include an increase in the number of early childhood programs available to NJ residents; increased provision of multi-generational, trauma-informed/healing-centered care services; and state government prioritization of funding for early childhood and related organizations.

This core strategy may also result in more families becoming aware of supports available to them, such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Supplemental Nutrition Assistance Program (SNAP), Temporary Aid to Needy Families (TANF), and subsidized child care. Outcomes may also include increased enrollment in early childhood services, including Early Head Start, Head Start, and Early Intervention. Additional benefits include improved outcomes related to kindergarten readiness; a reduction in ACEs indicators; and a reduction in the number of child abuse and neglect reports substantiated by the DCF.



“Most of our parents are coming with a significant trauma from their own childhood, now parenting without knowing or realizing their own trauma history.... We try to ensure we hit both at the same time – parents getting support they need [and] advocating for the best interests of the kids.”

– CHILD AND FAMILY SERVICES FOCUS GROUP PARTICIPANT

Evaluation Strategy

Evaluation of this core strategy will involve a combination of qualitative and quantitative methods. NJ TIC TAC will conduct surveys of nonprofit organizations, social services agencies, and early childhood providers regarding utilization of services. NJ TIC TAC will also oversee surveys of the community to gauge children, youth, and families’ perception of and relationships with providers. NJ TIC TAC will also measure outcomes quantitatively through data sharing with various New Jersey departments, including DCF, Education, Health, and Human Services, and managed care entities.

Conclusion

A full two years in the making, the NJ ACEs Action Plan represents the perspectives of the many stakeholders across the state, from individual families to the statehouse. There is a role for every individual, every program, and every system to make NJ a place where children and families can live lives not limited by the effects of trauma.

There is no cost estimate associated with the implementation of this plan. What is known is that an upfront investment has been shown to be a cost-effective use of limited resources in comparison to intervening after harm has occurred.



“How do you prove what did not happen?...Victories are stories written in data starring invisible heroes who saved invisible victims.”

– DAN HEATH, UPSTREAM

This plan represents the state’s commitment to re-orienting systems toward prevention, for better outcomes, at a lower cost and with reduced trauma. We have reason to believe this is possible, as similar work in communities across Washington State — highlighted in the documentary [Resilience](#) — resulted in significant improvements in health and social outcomes:

Investing in substance abuse treatment rather than juvenile incarceration	→	39% decrease in teen drug arrests
Increasing youth support programs and community awareness about ACEs	→	59% decrease in youth suicide
Increasing nurse home visiting and parenting programs for young families	→	37% decrease in domestic violence
Training teachers and students about ACEs and toxic stress	→	66% decrease in youth arrests for violent crime

While the Office of Resilience is leading the statewide implementation of this Action Plan, partners from all sectors — public, private, and philanthropic — are needed to bring this to fruition. The NJ ACEs Collaborative seeks additional organizations to partner in advancing the policy and program objectives included in the NJ ACEs Action Plan. There are three steps to take to respond to this call:

Step 1: Join the [NJ Resiliency Coalition](#).

Step 2: Sign up via the “Call to Action” link on the [NJ Resiliency Coalition](#) or the [Office of Resilience](#) pages.

Step 3: Choose your area of interest/engagement.

This is a clarion call to make changes at all levels and across all sectors of society to improve the long-term health and well-being of every resident in NJ — to help children and families impacted by ACEs to heal and break the cycle of trauma and adversity for future generations.

Acknowledgements

We would like to extend our appreciation to the participants in the Focus Groups – to each individual for sharing their personal experiences, their vulnerability and their insightful recommendations for making things better for children and families – their own, and others across the state. Their input formed the basis for this Action Plan. We thank three non-governmental organizations for working with us to ensure the voices of families were at the center of this work: Cape Assist and the participants in its Parents of the Wildwood KARE Center, Cape Assist IOP, Parents of For Kids Only, and Parents of The Country School programs; Homefront and the residents of its Family Preservation Center; and the Partnership for Maternal and Child Health of Northern New Jersey and the participants in its Irvington Family Success Center and Healthy Families of Essex program.

We are grateful to the participants in the two NJ ACEs Learning Labs for their creativity and commitment to building on the insights of the focus groups and working across constituencies to lay the groundwork for the core strategies.

We are thankful to the members of the NJ ACEs Interagency Team for providing their collective input to the draft core strategies and the Action Plan, and for their commitment to driving this work forward across state programs as the Action Plan is implemented.

We thank Looking Glass Strategy for its expertise in human-centered design and role in the co-development and facilitation of the focus groups and learning labs.

Lastly, we are deeply appreciative of the partnership with the Center for Health Care Strategies for leading the conceptualization and execution of all activities associated with the development and the drafting of the NJ ACEs Action Plan.

Appendix A: Insights from Focus Groups

Several constituency-specific focus groups were held to better understand how ACEs show up in the personal and professional lives of individuals across the state. The statements that follow are synthesized insights gleaned from those conversations. In some cases, the statement may be a particularly profound direct quote from a focus group participant.

- There's no solution without the community.
- People in need of services yearn to feel empathy from those who serve them.
- Great resources exist but they're not always accessible to the families they're intended to serve.
- There is a lack of representation among caretakers/providers – they don't reflect the people they serve.
- Our staff are traumatized because of the trauma they are trying to support.
- We can't address deeper issues until people's basic needs are met.
- Blame and shame are a huge issue for families dealing with ACEs – and prevent people from both knowing they need help and getting the support they need.
- While we don't want people to feel shame, we also don't want to normalize oppressive/problematic systems and experiences.
- Families want to do what's right for their kids but there are obstacles to doing it.
- We can't talk about ACEs without talking about racism and poverty.
- We can't serve the child without focusing on parents.
- Many existing trauma interventions are themselves traumatizing.
- There is funding; it's just not allocated the right way.
- Lack of awareness about ACEs means that people aren't accessing resources that could benefit them.
- Language around ACEs can be alienating when it sounds too clinical or upper-class – even for service providers.
- Many trauma interventions are focused on the short-term, while trauma's impacts are long-term.
- Providers don't know what they need to respond to ACEs or know what they have is insufficient – we need to arm them better.
- Obviously, ACEs.
- New Jersey has a rapidly growing immigrant population with complex traumas – they need support, too.
- It's all about relationships; even great programs won't work if families don't trust us.
- We know we can't solve ACEs working in silos, yet that's how we continue to work.
- Generational Trauma and its effects are at the center of our problems.
- Sometimes, culture is what normalizes behaviors and experiences that lead to trauma.

Appendix B: Ideas from Learning Labs

Two multi-constituency convenings followed the synthesis of insights from the focus groups. The purpose of these Learning Labs was to build on the work done in the focus groups and move from ideas to concepts that would be the basis for key strategies that garnered widespread support across constituencies. Ideas that were generated to create the five strategies included:

- Build a targeted ACEs awareness and mobilization campaign in New Jersey
- Create training and awareness programs across the education sector
- Create training and awareness programs in pediatric practices
- Create trauma-responsive law enforcement in New Jersey
- Designate or create early childhood hubs that use a multi-generational approach to build upon existing comprehensive service delivery platforms and better coordinate services
- Provide mental health support to reduce secondary traumatization of frontline workers in sectors such as law enforcement and family/social services, among others
- Enhance the number and quality of healing centered/resilience building programs available to vulnerable populations most impacted by ACEs including but not limited to Black, immigrant, LGBTQ+, and low socioeconomic status groups
- Establish a professional learning community that focuses on healing centered practices across all NJ sectors/settings
- Ensure policies and budgets are in place to build and sustain a healing centered system in NJ
- Create standards of trauma-informed organizations, including a trauma-informed organization certification program

Appendix C: NJ ACEs Interagency Team

Christine Beyer, DCF Commissioner, and Dave Ellis, Executive Director, Office of Resilience, co-chair the NJ ACEs Interagency Team. The state agencies comprising the Interagency Team are represented as listed:

OFFICE OF THE FIRST LADY

- Lauren Lalicon, Policy Director

ATTORNEY GENERAL'S OFFICE

- Elizabeth Ruebman, Special Advisor for Victim Services

OFFICE OF THE SECRETARY OF HIGHER EDUCATION

- Stefani Thachik, Director, Policy and Outreach

DEPARTMENT OF EDUCATION

- Cary Booker, Assistant Commissioner for the Division of Early Childhood

DEPARTMENT OF HEALTH

- Lisa Asare, Assistant Commissioner, Division of Family Health Services
- Chris Menschner, Assistant Commissioner, Division of HIV, STD, and TB Services

DEPARTMENT OF LABOR

- Hugh Bailey, Assistant Commissioner for Workforce
- Gillian Gutierrez, Director of Strategic Planning and Outreach

DEPARTMENT OF HUMAN SERVICES

- Natasha Johnson, Director, Division of Family Development
- Elisa Neira, Deputy Commissioner

DEPARTMENT OF CORRECTIONS

- Leanne Cook, Director of Transitional Services
- Darcella Sessomes, Assistant Commissioner, Division of Programs and Community Services

DEPARTMENT OF CHILDREN AND FAMILIES

- Katherine Stoehr, Deputy Commissioner for Operations

Appendix D: Key Efforts in New Jersey

The strategies outlined in this Action Plan will complement and enhance, wherever possible, ACEs and trauma-informed/healing-centered care work currently underway across the state of New Jersey. Below is a sampling of some of those efforts.

Local Initiatives

An important grant was awarded to the Rutgers Institute for Health to support the New Jersey Population Health Cohort study – the largest study to date to explore factors that influence health and well-being in New Jersey. The data from this study will serve as a critical source of data to inform the understanding of health and well-being of NJ children and families over time, including ACEs.

Newark has set a goal to become a trauma-informed city. The ACE Impact Team was developed to raise awareness of trauma and promote trauma-informed care in Newark. Also in Newark, BRICK (Building Resilient Intelligent Creative Kids) Education Network has implemented the practices of screening students for trauma and equipping teachers with a framework for addressing trauma in the classroom; and Newark Beth Israel Children’s Hospital has worked with Rutgers University Behavioral Health Care to develop trauma-informed care professional development opportunities for health care professionals in the hospital.

In Cape May County, Cape Regional Medical Center is leading a two-year project addressing ACEs as a health factor in partnership with the Middle Township Police Department, Lower Cape May Regional School District, Cape Counseling Services, and the Cape May County Chamber of Commerce to build resiliency among families. The Medical Center and its key partners in the Cape Regional Wellness Alliance, including representation from over 30 community organizations, are striving to enlist partners from all sectors of the community. Through this project, the Alliance is advancing health and equity in Cape May County by creating a universal prevention initiative for parents and caregivers of children ages 0–18 that parallels the Alliance’s existing work for the community’s school-age children.

Safe Babies Court Team (SBCT) is an initiative of ZERO TO THREE that includes making home environments safe for children – especially the youngest children – and keeping them with their families through the provision of comprehensive, trauma-informed services. In 2020, a coalition including three local court-appointed special advocate organizations (Passaic, Essex, and Hudson counties), the Turrell Fund, DCF, and Advocates for Children of New Jersey secured a \$425,000 implementation grant to launch the approach in the three counties. SBCT employs the leadership of local judges who are trained on the impact of ACEs and relies on community coordinators to ensure parents are respected and receive holistic support throughout their engagement with the child welfare system.

BABES (Beginning Awareness and Basic Education Studies) is a national program hosted locally through Edison Municipal Alliance in Edison, New Jersey schools and libraries. It provides factual, non-judgmental information on alcohol, other drugs, and child abuse, and gives children a basic introduction to decision making and coping skills. BABES presents a series of seven lessons covering topics such as peer pressure, self-image, and getting help when needed. BABES is a nationally

recognized primary prevention program aimed at children ages 5–8 years old. It uses animal puppets combined with storytelling, music, and activities to teach positive life skills to help build a healthy and happy life.

System-Focused

To build public understanding to help prevent ACEs and their associated short- and long-term impact on children’s health and wellness, the [Burke Foundation](#) launched a statewide ACEs Public Awareness and Mobilization Campaign. The initial priority audiences for this awareness initiative are law enforcement officers and teachers given the growing interest and momentum around ACEs among these two professional groups in New Jersey. In future years, the Office of Resilience intends to broaden the awareness campaign to focus on additional audiences prioritized by community ambassadors, such as New Jersey parents, caregivers, higher education institutions, and health care providers.

There are several existing federal-state initiatives aimed at early childhood systems change that align with the work in this Action Plan, including but not limited to [Maternal, Infant and Early Childhood Home Visiting](#), [Early Childhood Comprehensive Services](#) and [LAUNCH grants and Promise Neighborhoods](#).

[Nurture New Jersey](#) is a campaign to reduce infant and maternal mortality by 50 percent over five years and eliminate racial disparities in birth outcomes, including disparities in maternal mortality for Black women. Launched by First Lady Tammy Snyder Murphy, Nurture New Jersey centers the voices and needs of pregnant people of color with lived experience and includes internal collaboration among 18 state departments and agencies; sponsors an annual Black Maternal and Infant Health Leadership Summit; and hosts the First Lady’s Family Festival event series, which targets cities with high rates of Black infant and maternal mortality; has a robust social media strategy to inform and raise awareness; and connects family members with state, county, and local resources to provide care, support, resources, and relief. The Nurture New Jersey Strategic Plan, a comprehensive, multi-sector plan for achieving the campaign’s goals, will be released in early 2021.

[Healthy Spaces: Promoting Healthy and Resilient Communities](#) is the New Jersey chapter of the American Academy of Pediatrics’ (NJAAP) community-focused primary prevention program that brings together pediatric practice teams, school nurses, and local community organizations in three communities in New Jersey – the City of Camden, and Cape May and Cumberland Counties. NJAAP is expanding a successful pilot program to increase the number of non-governmental organizations providing population-based primary prevention services related to violence.

The [New Jersey Pediatric Residency Advocacy Collaborative](#) is an initiative of the NJAAP, that implements an early childhood curriculum for pediatric residents in all nine of New Jersey’s pediatric residency programs, focusing on developmental keystones in early childhood.

New Jersey is one of eight states currently participating in CHCS’ [Aligning Early Childhood and Medicaid](#) (AECM) initiative. The 20-month learning collaborative supports cross-state and cross agency opportunities to develop and test the alignment of state programs and investments between

Medicaid and other early childhood systems to drive more strategic, evidence-based investments for infants and toddlers in low-income families; and demonstrate the value of early childhood cross-sector alignment for improving near- and long-term health and social outcomes. The goal is to enhance alignment across Medicaid and state agencies responsible for early childhood programs with the goal of improving the health and social outcomes of low-income infants, young children, and families.

Central Intake is a county-based system designed to connect families to community resources, medical care, home visiting programs, Healthy Women Healthy Families, doula programs, and social support agencies.

Family Connects, an evidence-based program, connects parents of newborns to the community resources they need through postpartum nurse home visits. A new initiative in Mercer County led by the Trenton Health Team will launch Family Connects as a countywide universal home visiting model that strives to ensure new parents have access to a range of community resources to support their family's well-being.

The New Jersey Education Association ACEs Task Force has implemented ACE Interface – Building Self-Healing Communities trainings in schools in many counties across in New Jersey. Through its Priority Schools Initiative, NJEA has trained over 40 consultants who can host trainings in those schools in Neurobiology, Epigenetics, ACEs, and Resilience (NEAR) Science Communities and Building Self-Healing Communities. NJEA has also trained for a cross-sector cohort of 25 ACE presenters statewide who are available to present in the community. Additionally, NJEA has a group of 10 current presenters on track to become master trainers who will then be able to train other presenters, thus making the capacity to provide ACEs education sustainable for the long-term.

The NJ Attorney General's Office has issued a statewide directive establishing protocols for a Handle with Care program. It provides a framework for partnerships between law enforcement and schools to provide children exposed to ACEs with a safe and supportive academic environment.

Programs/Training Models

Prevent Child Abuse New Jersey's Trauma Transformation Initiative is an innovative, research-informed, training and education initiative for those working with, playing with, and raising children. This program addresses and prevents childhood trauma by (1) promoting positive parenting and healthy child development; and (2) training professional staff of organizations that work with children and families statewide.

Center for Resilience and Trauma Recovery, a Substance Abuse and Mental Health Services Administration-funded Category III Trauma Services Training Center – provides Attachment, Regulation and Competency framework training for professionals who work with children ages 0-10 who have complex trauma.

Hopeworks in Camden began using the Sanctuary Model, developed by Sandra Bloom, in 2012 and currently provides customized trauma-informed care trainings for professionals through their Youth Healing Team.

The Training and Technical Assistance Program at the New Jersey Children's System of Care (CSOC) offers trainings in the Nurtured Heart Approach, created by Howard Glassner, to all CSOC system partners.

In 2020, the Foundation for Educational Administration, the professional learning division of the New Jersey Principals and Supervisors Association, convened two focus groups, a Development Team and a Steering Committee, to build consensus around trauma-informed and healing-centered practices and compile learnings from leaders in New Jersey's educational sector. Over 50 participants were engaged in these conversations, including school administrators, educators, nurses, and counselors, as well as representatives from government, academia, and non-governmental organizations across the state. These consensus-building activities have helped to lay the foundation for a pilot initiative that will offer training and coaching on healing-centered practices within the education sector, reaching a diverse cohort of 25 NJ public schools beginning in 2021.

The New Jersey Department of Education (NJDOE) has been promoting social and emotional learning (SEL) to enhance the building of positive school climates and the healthy development of young people. NJDOE is offering SEL training to educators across the state.

Family Success Centers, a program of the Department of Children and Families, are "one-stop" shops that provide wrap-around resources and supports for families before they find themselves in crisis. The centers aim to prevent problems that threaten the safety and stability of families and the community and that result in child abuse or neglect.

HealthySteps, a program of ZERO TO THREE, is an evidence-based, team-based pediatric primary care program that promotes the health, well-being and school readiness of babies and toddlers, with an emphasis on families living in low-income communities. Specialists join the pediatric primary care team to ensure universal screening of all families, make referrals, and provide intensive services - including access to social supports beyond health care, and adapting to life with a baby or young child, if needed.

Garden State Equality's Asbury Park ACEs Resiliency Project provides training, tools, and strategies to Asbury Park children, youth, and families who are directly impacted by stressful and traumatic events and the systemic and community factors leading to and compounding the effect of ACEs. This project will convene a team of clinicians, educators, parents, local government, and community organizations to collaborate in developing a common language and understanding of ACEs, as well as strategies that can be used to protect, prevent, and heal from ACEs and build thoughtful community response and resilience. Garden State Equality is collaborating with Konscious Youth Development & Service (KYDS), Food for Thought by the Sea, the YMCA of Greater Monmouth County, and the Monmouth County Assisting Communities through Services Positive Youth Development Hub on this work.

Asbury Park Healing Together Palm Card



WHO WE ARE

A network of community partners, individuals, parents and organizations working together to build a common language and common understanding about how Adverse Childhood Experiences (ACEs) affect wellbeing.



WHAT WE DO

Through community conversations and telling our stories we will uncover the uncommon practices that interfere with the damage of toxic stress and build the core protective systems for all children in Asbury Park to thrive.



HOW WE DO THIS

By providing education and opportunities for dialogue between a broad cross-section of residents and professionals, all community members can become knowledgeable about ACEs and whose behavior, if changed, can greatly impact ACEs.

WHY WE NEED YOU

We believe the wisdom to prevent, protect against, and heal from ACEs already exists in Asbury Park. We need you to be expert leaders in your own community's healing by discovering and sharing the practices that can profoundly improve the health and wellbeing of the children in Asbury Park today and for generations to come.



REGISTER HERE TO ATTEND A COMMUNITY SESSION:

visit the link below or scan the QR code to register:

<https://forms.gle/fWHc3KQCHXr25gGt7>




This pilot is brought to you by Garden State Equality through a generous grant from The Nicholson Foundation and in partnership with the City of Asbury Park.



For more information, contact delorenzo@gardenstateequality.org

Side 1

ADVERSE CHILDHOOD EXPERIENCES

Understanding how experience affects wellbeing

WHAT ARE ACEs?

Adverse Childhood Experiences (ACEs) are a public health crisis. ACEs are the leading cause of health and social problems in our nation and the most powerful determinant of the public's health. They include all types of abuse, neglect, household dysfunction and other traumatic experiences that occur to young people before the age of 18. In addition, exposure to community violence, poverty, discrimination, lack of opportunities, and poor housing quality increases our risk of chronic stress that can lead to chronic illness.

HOW COMMON ARE ACEs?

ACEs are common, highly interrelated and cumulative. While we know that more than half of the population has experienced at least one ACE, we know that Black and Latinx children are at greater risk of developing multiple ACEs. As the number of ACEs goes up, so does the risk for negative health, learning and social outcomes.

WHAT IS THE IMPACT

People who experience multiple ACEs are more likely to develop multiple health and social challenges including cognitive functioning, disease, disability and even early death. The good news is, what's predictable is preventable.

HOW DO WE PREVENT, PROTECT AGAINST, AND HEAL?

While the magnitude of this problem can seem overwhelming, there are people in Asbury Park right now that have been resilient in the face of adversity. Research on resilience points to attachment & belonging, supporting individual capabilities, and culture, community, & spirituality as key protective systems.

Source: ACE Interface



For more information, contact delorenzo@gardenstateequality.org

Side 2

Appendix E: ACEs-Related Efforts in Other States

The efforts of several other states toward becoming trauma-informed have served as inspiration to the NJ ACEs Collaborative throughout the development of the NJ ACEs Statewide Action Plan. New Jersey is honored to join the ranks of those states who have publicly committed to working toward acknowledging and mitigating ACEs.

For example, Delaware's Governor Carney declared Delaware a [trauma-informed state](#) via Executive Order in 2018, directing the Family Services Cabinet Council to develop tools for training state employees and community partners on the impact of exposure to ACEs, to promote ACEs awareness, and to improve services and interventions for children and families exposed to trauma. Just following the Executive Order, the Governor released The Family Services Cabinet Council's Trauma-Informed Progress Report and Action Plan for state agencies. Arizona, California, Pennsylvania, and Oregon have also released ACEs Action Plans that demonstrate how they plan to become trauma-informed and address ACEs in their communities.

Public awareness initiatives related to ACEs across the nation include the [Philadelphia ACE Task Force](#), which focuses on community education to ensure that residents of the Philadelphia area understand the impact and prevalence of ACEs and childhood trauma, the role of resilience, and the possibility of healing and recovery. Another effort, the [Community Resilience Initiative](#) based out of Walla Walla, Washington, created "Resilience Trumps ACEs" cards and other materials to educate the public on these topic areas. [Trauma Informed Oregon](#), a collaborative in Oregon made up of university representatives, state agencies, private partners, and individuals with lived experience, serves as a centralized source of information and resources. Trauma Informed Oregon also serves as a coordinator and provider of training for health care and related systems on trauma-informed care with a specific commitment to taking an anti-racist lens in their approach to trauma-informed care.

Efforts across the country have focused on training a range of policymakers, educators, community leaders, parents, law enforcement officials, and health care providers on ACEs and trauma-informed care using a racial equity lens. [The People's Institute for Survival and Beyond](#) utilizes its [Undoing Racism workshops](#) to help people understand racism, where it comes from, how it functions, why it persists, and how it can be undone. Another initiative, [Mobilizing Action for Resilient Communities \(MARC\)](#), led by the Health Federation of Philadelphia and supported by Robert Wood Johnson Foundation, focuses on building a movement for a just, healthy, and resilient world.

Other states have engaged in work to expand multi-generational approaches through early childhood hubs. Oregon has 16 [Early Learning Hubs](#) in each region across the state that convene cross-sector partners to create local systems that are aligned, coordinated, and family-centered. The goal is to ensure that families receive the support they need to become healthy, stable, and attached, and that their children receive the early learning experiences they need to thrive.³⁴ In Colorado, there are 34 [Early Childhood Councils](#) that serve as hubs in their local communities to improve access to high quality services and supports for young children and their families.

In order to create and sustain a shift toward trauma-informed culture, some states and organizations have focused on creating standards for trauma-informed organizations, including trauma-informed organization certification programs. The [Whole System Change Model](#) from the Traumatic Stress Institute is a multi-year process of transforming organizational culture to one that is trauma-informed. It can be applied in schools, residential and health care settings, among others.

Other states and communities have prioritized support and activation of trauma-informed schools and school districts. Examples of trauma-informed schools include [Turnaround for Children](#), which works with 20 schools in New York City, California, and Washington, D.C. to connect the dots among science, adversity, and school performance to catalyze healthy student development and academic achievement. Another example, [Resilience in School Environments](#), is focused on empowering schools to create safe and supportive learning environments by cultivating practice that strengthen the social and emotional health of all school employees and students.

Along with NJ's existing and new ACEs-related initiatives, these states' efforts will pave the way toward a healthier United States. New Jersey looks forward to sharing lessons learned and best practices with other states and hopes to inspire additional states to take on the challenge of addressing and mitigating ACEs in their community while also committing to building resilience.

Endnotes

- 1 Centers for Disease Control and Prevention. "Preventing Adverse Childhood Experiences." Retrieved from <https://www.cdc.gov/violenceprevention/aces/fastfact.html>
- 2 The Child and Adolescent Health Measurement Initiative. "A national and across-state profile on Adverse Childhood Experiences among U.S. children and possibilities to heal and thrive." Retrieved from https://www.cahmi.org/wp-content/uploads/2018/05/aces_brief_final.pdf
- 3 Bruner, C. "ACE, Place, Race, and Poverty: Building Hope for Children." *Academic Pediatrics* (2017), 17(7S), S123–S129. doi: <https://doi.org/10.1016/j.acap.2017.05.009>
- 4 KIDS COUNT Data Center: A Project of the Annie E. Casey Foundation. (n.d.). "Children who have experienced two or more adverse experiences by race and ethnicity in New Jersey." Retrieved from <https://datacenter.kidscount.org/data/tables/8821-children-who-have-experienced-two-or-more-adverse-experiences-by-race-and-ethnicity#detailed/1/any/false/1021/10.11.9.12.13/17678.17679>
- 5 Harvard Health. "Understanding the Stress Response." Retrieved from <https://www.health.harvard.edu/staying-healthy/understanding-the-stress-response>
- 6 Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Marks, J. S. "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults." *American Journal of Preventive Medicine* (1998), 14(4), 245–258. doi:10.1016/s0749-3797(98)00017-8
- 7 Ibid.
- 8 Bethell, C. D., Newacheck, P., Hawes, E., & Halfon, N. "Adverse Childhood Experiences: Assessing the Impact on Health and School Engagement and the Mitigating Role of Resilience." *Health Affairs*, 33(12) (2014), 2106–2115. doi:10.1377/hlthaff.2014.0914
- 9 Baglivio, M. T., & Epps, N. "The Interrelatedness of Adverse Childhood Experiences among High-Risk Juvenile Offenders." *Youth Violence and Juvenile Justice* (2015), 14(3), 179–198. doi:10.1177/1541204014566286
- 10 Substance Abuse and Mental Health Services Administration. "SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach." *HHS Publication No. (SMA) 14-4884* (2014).
- 11 The National Child Traumatic Stress Network. "Secondary Traumatic Stress." Retrieved from <https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress>
- 12 Lev-Wiesel, R. "Intergenerational Transmission of Trauma across Three Generations: A Preliminary Study." *Qualitative Social Work* (2007), 6(1):75–94. doi:10.1177/1473325007074167
- 13 Administration for Children and Families. "What is Historical Trauma?" Retrieved from <https://www.acf.hhs.gov/trauma-toolkit/trauma-concept>
- 14 Danieli, Y. (Ed.). "International handbook of multigenerational legacies of trauma." *Plenum* (1998).
- 15 Evans-Campbell, T. "Historical Trauma in American Indian/Native Alaska Communities: A Multilevel Framework for Exploring Impacts on Individuals, Families, and Communities." *J Interpers Violence* (2008). Mar;23(3):316–38. doi: 10.1177/0886260507312290
- 16 Withers, M. "Trauma-informed Care and why it Matters." Retrieved from: <https://www.psychologytoday.com/us/blog/modern-day-slavery/201707/trauma-informed-care-and-why-it-matters>
- 17 Ginwright, S. "The Future of Healing: Shifting From Trauma Informed Care to Healing Centered Engagement." Retrieved from <https://medium.com/@ginwright/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c>
- 18 Menakem, R. "My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies." *Central Repository Press* (2017).
- 19 Ibid.
- 20 Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. "Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study." *American journal of preventive medicine* (1998), 14(4), 245–258. [https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8)
- 21 StopBullying.com. "Bullying as an Adverse Childhood Experience." Retrieved from <https://www.cmhnnetwork.org/wp-content/uploads/2018/05/a249e196c7fe68ab784989ae15641296.pdf>
- 22 Lee, E., Larkin, H., Esaki, N. Exposure to Community Violence as a New Adverse Childhood Experience Category: Promising Results and Future Considerations. *Families in Society*. 2017;98(1):69–78. doi:10.1606/1044-3894.2017.10.

- 23 Inoue, Y., Stickley, A., Yazawa, A., Aida, J., Kawachi, I., Kondo, K., Fujiwara, T. "Adverse childhood experiences, exposure to a natural disaster and posttraumatic stress disorder among survivors of the 2011 Great East Japan earthquake and tsunami." *Epidemiology and and Psychiatric Sciences*. 2019 Feb; 28(1): 45–53.
- 24 Center on the Developing Child at Harvard University. "Toxic Stress." Retrieved from <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>
- 25 Ibid.
- 26 National Child Traumatic Stress Network. "About Child Trauma." retrieved from <https://www.nctsn.org/what-is-child-trauma/about-child-trauma>
- 27 Robert Wood Johnson Foundation, Harvard T.H. Chan School of Public Health. "The Impact of Coronavirus on Households with Children." Retrieved from <https://media.npr.org/assets/img/2020/09/08/cities-report-090920-final.pdf>
- 28 Kochhar, R. "Unemployment rose higher in three months of COVID-19 than it did in two years of the Great Recession." Retrieved from <https://www.pewresearch.org/fact-tank/2020/06/11/unemployment-rose-higher-in-three-months-of-covid-19-than-it-did-in-two-years-of-the-great-recession/>
- 29 Marcus, S. "N.J. unemployment rate soars to 15% as coronavirus slams labor market." Retrieved from <https://www.nj.com/coronavirus/2020/05/nj-unemployment-rate-soars-to-15-as-coronavirus-slams-labor-market.html>
- 30 The COVID Tracking Project. "The COVID Racial Tracker: A Project of the COVID Tracking Project and the Boston University Center for Antiracist Research." Retrieved from <https://covidtracking.com/race>
- 31 Center on the Developing Child at Harvard University. "Three Principles to Improve Outcomes for Children and Families." Retrieved from <http://www.developingchild.harvard.edu>
- 32 Head Start. "Getting Young Children and Their Families Ready for School and Ready for Life." Retrieved from <https://eclkc.ohs.acf.hhs.gov/>
- 33 NJ Health. "Healthy Women Healthy Families." Retrieved from <https://www.nj.gov/health/fhs/maternalchild/outcomes/>
- 34 Oregon Department of Education, Early Learning Division. "What are Hubs?" Retrieved from <https://oregonearlylearning.com/administration/what-are-hubs/>

Design and Photo Credits

Graphic artist rendering of Asbury Park Healing Together palm card by Ruben Jean.

Asbury Park Healing Together logo designed by Amani Hughes.

NJ ACEs Statewide Action Plan design and layout by Kelsey Armstrong.

Featured program and event photos are courtesy of the Center for Health Care Strategies, Dave Ellis, Garden State Equality, and the Burke Foundation.

Additional stock photography is courtesy of the following artists:

Pexels

- [Jonathan Borba](#)
- [August de Richelieu](#)
- [Emma Bauso](#)
- [Vlada Karpovich](#)
- [Lombe K Jr](#)
- [Elly Fairytale](#)
- [Nappy](#)
- [Katerina Holmes](#)

Unsplash

- [National Cancer Institute](#)
- [Humphrey Muleb](#)
- [Nathan Dumlao](#)

