



A Public Health Approach to Fighting ACEs in Palm Beach County

Opportunities for Levers of Change and Innovation



Center for
Child Counseling

“

One of my favorite quotes is from the great American statesman, and former slave, Frederick Douglass who said: **"It is easier to build strong children than to repair broken men."** Building strong children means building strong relationships. In our time-- an era in which we've gotten a window into the neurobiology of how safe, stable nurturing relationships buffer the effects of adverse life experiences--we know more about the impact of strong relationships than ever before.

”

Now is the time to put our knowledge into action.

-Neil W. Boris, MD

Circle of Security International
Former President, Florida Association for Infant Mental Health

Contents

Background, General, and Local Information

Center for Child Counseling	1
Foreword by Center for Child Counseling	2
Foreword by Quantum Foundation	3
History	4
The Purpose, The Approach, and Fighting ACEs	5
Introduction to White Paper	6
ACEs in Real Life	7
What are ACEs	8
The Original ACEs Study	9
Ongoing Research	10
The National Picture	11
National Picture of Children with 1 ACE	12
Toxic Stress and Safety	13
Epigenetics	14
Why Focus on Young Children?	15
The Core Story	16
The Relationship Between ACEs and Trauma	17
How to Prevent and Mitigate ACEs	18
The Promotion of Child Well-Being	19
From the 3rd Grade to Prison	20
Orchids and Dandelions	21
Child Well-Being	22
Core Capabilities	23
Health Promotion	24
Equity	25
Preschool	26-27
Place Matters	28
ACEs and Poverty	29
Public Health Approach	30
Fighting ACEs Initiative	31
PBC's Community Readiness to Act	32
ACEs Think Tank	33
6 Conditions of System Change	34
Conditions Holding Systems in Place	35
Think Tank Recommendations	
• Policies	36
• Practices	37
• Resource Flow	38
• Relationships and Connections	39
• Mental Models	40

Sector Recommendations

Cross-Sector & Missed Opportunities	41
• Equity	41
• Trauma-Informed Continuum	42
• Capacity	43
• Community Voice	43
• Advocacy	44
Advocacy: Public Health Approach	45
Potential Pitfalls of Swift Legislation	46
Sector-Specific Recommendations	47
• Neighborhoods	48
• Funders	49
• Businesses	50
• Integrated Health	51-52
• Early Childhood Wellness	53
• K-12 Education	54
• Higher Education	55
• Government	56
• Courts	57
• Law Enforcement	58
• Child Welfare	59
Call to Action	60
Quick Wins	61-62
Major Projects	63-65
Trauma-Informed Definitions	66-68

References and Appendices Resources



Center for Child Counseling

Mission

Center for Child Counseling is building the foundation for playful, healthful, and hopeful living for children, families, and communities.

To achieve this mission, Center for Child Counseling provides services and support for children, families, and caregivers impacted by adversity, violence, abuse, and other traumatic circumstances through prevention, early intervention, and counseling at childcare centers, schools, shelters, homes, and office locations.

The organization's primary focus is on early childhood, the crucial period when most brain development takes place. By extending support beyond 3rd grade and to adult caregivers, children receive the emotional readiness required to grow up healthy, learn, and succeed in life.

Research shows that in the absence of buffering relationships, adversity and toxic stress in childhood can lead to disruption in the brain, impacting emotional and physical health throughout the lifespan. Early, effective intervention can change the course of a child's life and is the key to healthy outcomes.

Vision

Healthy, resilient children and families through ACEs-aware and trauma-informed communities.

Infant and Early Childhood Mental Health (IECMH) has been the foundation of Center for Child Counseling's mission since being founded in 1999.

Services focus on preventing, mitigating, and healing the effects of Adverse Childhood Experiences (ACEs), toxic stress, and trauma on children, while promoting resiliency and encouraging healthy family, school, and community relationships.





The COVID-19 pandemic has upended lives and thrown mental health into sharp focus, especially among our youth. It's more important than ever to understand the long-term effects of unbuffered childhood adversity and trauma, which can alter brain development and lead to mental and physical health problems later in life.

As a nation, we invest deeply in reactive approaches rather than addressing the root causes of issues like teen depression, suicide, addiction, school shootings, and other issues that threaten the health of our families and communities. Even before the pandemic, this approach was not working. The latest report from the US Centers for Disease Control and Prevention (CDC), based on the 2021 Youth Risk Behavior survey, reveals a heartbreaking picture of the mental health of high school students. The report highlights the alarming increase in depression, anxiety, and suicidal thoughts among students, with more than half of females reporting feeling hopeless and experiencing overwhelming anxiety in the past year.

In Palm Beach County, 20.7% of total high school students seriously contemplated suicide in 2021. This is alarming data, compounded by the fact that we simply don't have enough behavioral health professionals to meet the need. This data underscores the urgent need for comprehensive mental health support for young people, shifting to an approach and investment strategy that focuses on prevention and early intervention.

The Fighting ACEs Initiative aims to do just that. We need to shift our thinking and approach from "what's wrong with you" to "what happened to you." We need to ask questions like "when did it happen," "who was there to help," and "is it still happening?" This change in mindset is critical if we want to create a trauma-informed community where children feel safe, connected, and have the opportunity to thrive.

The call to act is more urgent than ever. We have over twenty years of research and science to guide us. Using this white paper, first published in 2019, we have the knowledge and strategies to put this work into action, from the classroom to the boardroom. It is essential to work together to address this crisis and create a coordinated effort for tangible, sustainable change. Our vision continues to be ambitious, but our children and the next generation deserve better. Together, we can create a brighter future for our children.

Sincerely,

Renée Layman, President & CEO

Foreword by:  **Center for
Child Counseling**



As one of Palm Beach County's largest private health funders, Quantum Foundation is tasked with strenuous and continuous evaluation. There are so many worthy nonprofits seeking grants; our resources are limited. We have to do a great deal of strategic prioritization and we've established a set of criteria to make sure the process is both fair and effective. We look for projects that are innovative and research-based, programs that will have the greatest positive impact on the communities we serve. We establish desirable outcomes with our grantees and we regularly measure against them. We want realistic ideas rooted in common sense.

When the Center for Child Counseling's CEO, Renée Layman, approached Quantum Foundation in 2013 to introduce us to the concept of ACEs (Adverse Childhood Experiences) and, most importantly, the impact these experiences have on mental and physical health throughout the lifespan, we knew it was time for a new approach to community health. The science was so compelling, and the argument for prevention and early intervention was so strong, that we have supported the organization's work ever since.

Of course, any proposed systems-level change has to be based on sound data, and so the idea of this white paper—designed for and about Palm Beach County—was born. Quantum Foundation is proud to have funded its development. It's been a project that has united a diverse cadre of stakeholders: fellow funders, service-delivery agencies, school and government entities, businesses, and experts in the legal, judicial, and healthcare fields.

It's been encouraging to watch the community embrace the concept, accept its importance, and make the communal decision to prioritize the health of our children. Together, we've accepted the ambitious challenge to not only work to heal the effects of ACEs but hopefully to address the inequity and adverse community environments that make them so pervasive in the first place.

This white paper represents the very best hopes and dreams of our County. It is the start of an optimistic plan that will involve every sector pulling together for the common good...because the willingness to search together for practical, implementable solutions is the foundation of all lasting change. We hope you will join us in this worthy pursuit.

Foreword by:  **QUANTUM**
FOUNDATION

History

Center for Child Counseling began as a grassroots effort in 1997, when the organization's founder, Jane Robinson, was completing a fellowship in early childhood and play. Through experience, observations, and conversations in local childcare centers, she quickly recognized the need for mental health services for young children, who were being expelled from childcare centers at alarming rates for behaviors that had roots in trauma and exposure to adversity.

The organization was founded in 1999 to address this need, with the vision for 'community capacity building through support and training for childcare workers, parents, and caregivers on effective strategies to address children's behaviors and trauma.

In 2013, Renée Layman joined the organization as CEO, expanding the organization's impact through talented staff, deep partnerships, innovative programs, strong leadership, and diverse funding streams. At the core of the organization's work is using a trauma-informed equity lens, reducing barriers and disparities to accessing quality care while building trusting, safe, and nurturing relationships and environments that promote each individual's capacity to heal, grow, and thrive.

For the past twenty-four years Center for Child Counseling has been at the forefront of infant and early childhood mental health in Palm Beach County, moving forward innovation, education, and positive change for the most vulnerable babies and young children. The organization has provided awareness on the research intersection between neurobiology, behavioral psychology, and program implementation through formal training of thousands of mental health and pediatric students and professionals.

Over the course of this time, the organization's programming has evolved through research, experience, and feedback from families, caregivers, and the community. Embedded within childcare centers, schools, and partner organizations in Palm Beach County, therapists and interns become a part of the fabric of each community, working collaboratively to promote resilience, mental health, and overall well-being for children and families.

Through integration in the communities served, programming aims to stop the intergenerational cycle of abuse and violence; prevent mental and physical health concerns that may develop as a result of ACEs and trauma; eliminate racial and ethnic barriers to accessing quality early intervention and treatment; and building awareness and the capacity of each community to address ACEs in a trauma-informed approach.

In 2021, Center for Child Counseling served over 7,000 children through its programs and provided education for over 4,000 professionals and caregivers. In response to the pandemic, the organization reimagined its work. In October 2021, in partnership with Palm Beach Pediatrics, the organization launched a Pediatric Integration Program to ensure that children, adolescents, and their families receive mental health screening and care through delivery of an array of services within the primary care setting.

Center for Child Counseling has been recognized for excellence in programming, including being the recipient of the 2005 National Easter Seals Award of Excellence, 2008 Blue Foundation Sapphire Award, and the 2018 Hats Off Nonprofit of the Year.

Organizational Goals

Improve the social-emotional wellness of children, parents, and adult caregivers by providing an array of prevention, early intervention, and mental health services.

Improve caregivers' use of positive, trauma-informed skills and strategies while strengthening their ability to provide an environment that promotes healthy outcomes for children.

Provide education for mental health and pediatric professionals, teachers, and adult caregivers on effective clinical models, skills, and strategies for working with children and families.



The Problem

Center for Child Counseling's work with children and families is effective and beneficial to the children and families served; however, like many communities, the recognition of missed opportunities for healing and even unintentional re-traumatization of the most vulnerable children by interactions with systems that were not aware of, or designed to mitigate the effects of trauma called for a different approach.

Through decades of clinical experience, it became apparent that Palm Beach County community sector policies and practices were often uninformed by the latest ACEs research or the impact of the system on the child and family. In some cases, the system and community sectors were unintentionally doing harm by the missed opportunity to buffer the effects of ACEs. Center for Child Counseling saw it as an imperative to have a greater impact for the most vulnerable.

This common silo-ing of knowledge and service delivery is not unique to Palm Beach County and are often driven by professional barriers. The bottom up approach of building the capacity of individuals and caregivers should be amplified through the education and engagement of community systems and sectors in which the children and families interact and are impacted by.

Our Approach

In 2016, Center for Child Counseling approached Quantum Foundation with a solution. Building awareness and the capacity of Palm Beach County to recognize and address the impact of ACEs.

The Fighting ACEs (Adverse Childhood Experiences) Initiative was launched to bring the science to practice in Palm Beach County.

Center for Child Counseling's Fighting ACEs Initiative is promoting a Public Health Approach to serve Palm Beach County at all levels, both bottom up and top down: individuals, caregiver and peer relationships, community sectors and now the larger "society" of Palm Beach County, within the context and in partnership with other community-wide efforts.

Center for Child Counseling is a uniquely qualified leader for the Fighting ACEs Initiative. The expertise and experience of serving infants, young children, and caregivers experiencing adversity and trauma through trauma-informed Play Therapy and other evidence-based treatment models in homes, schools, and the community is crucial to understanding and guiding partners on buffering, nurturing attachment, and resilience building.



Fighting ACEs

The process of supporting a child, their family, and caregivers through abuse, neglect, household dysfunction, mental health, death, violence, suicide, etc. and other adverse experiences has created a keen awareness of the urgency to mitigate the circumstances that underlie and perpetuate individual, family, and community trauma.

The Fighting ACEs initiative aims to raise awareness about the impact of adversity and trauma in childhood on health and wellness throughout the lifespan. Since it launched in 2016, thousands of caregivers, professionals, and community sector leaders have been engaged.

With the help of forward-thinking Palm Beach County funders (including the Community Foundation of Palm Beach and Martin Counties, Florida Blue, and Lost Tree Foundations), partners, and initiatives such as Birth to 22, Center for Child Counseling's trauma-informed community approach includes evidence-based ACEs screening in childcare and pediatric settings, community-wide ACEs awareness efforts, and through the organization's Education and Prevention Services, building the community's capacity to buffer the effects of ACEs through appropriate prevention, education, and early intervention strategies.

The Problem, the Approach, and Fighting ACEs





Introduction to White Paper

Purpose

Center for Child Counseling's Fighting ACEs Initiative presents this White Paper to Palm Beach County's community and sector leadership in order to identify opportunities for a community and cross sector response to the ACEs public health crisis.

This paper shows just how many of the community challenges we face today—from violence, substance abuse, addiction, suicide, and chronic disease—are correlated to people younger than 18 who have experienced multiple, unbuffered ACEs and trauma.

This paper is not an exhaustive list of Palm Beach County's possibilities, opportunities, or partnerships. Rather, it is a working document designed to stimulate conversation around innovation for improved child well-being that will result in community success and opportunity.

This paper is meant to be a living document, with updates, corrections, and changes that will educate Palm Beach County on the public health model, generate conversation, and create opportunity for strategic actionable steps forward in effectively addressing ACEs. With long-term consequences of the pandemic yet to be determined, action around these issues is imperative.

We have to be brave, honest, and committed to create systems change with an actionable plan.

“

The Florida Department of Health in Palm Beach County supports the Fighting ACEs Initiative work in our community. Prevention must start as early as possible to have the maximum impact on the lives of our future generations. We need to focus on the prevention of Adverse Childhood Experiences, which means working with children and families well before they reach middle school or adulthood. ”

-Dr. Alina Alonso

Former Director, Florida Department of Health Palm Beach County

**"What is done to children,
they will do to society."**

-Dr. Karl Menninger

Noted American Psychiatrist

ACEs in Real Life

Prevention and Mitigation Using the Cross-Sector Approach

Sasha and Ricky's Story

Ricky is a three-year-old boy who cries inconsolably when his mother, Sasha, drops him off at day care in the morning. His teachers thought his crying would stop when he became more comfortable in the classroom. It did not.

Ricky does not interact with his teachers and plays aggressively with his peers. Due to his violent behavior, Ricky is at risk for expulsion from his school. Ricky also has a speech delay and gets very upset when the other students are loud or when his daily routine is interrupted.

The family is referred to a community system to begin an intake assessment.

The family has numerous challenges. Sasha reports that she is very concerned with Ricky's behavior. She discusses escalating behavioral problems, including aggression like hitting, pushing, and slapping. Ricky's father was recently deported and had a history of being abusive to Sasha. Sasha is recently unemployed and behind in all her bills. She is experiencing grief and loss; she doesn't show much enjoyment during her interactions with Ricky. Sasha also reports having endured severe physical and emotional abuse as a child.

Initially treatment revolved around stabilizing the family. Through a therapeutic approach and care coordination, Sasha accesses community resources to help improve her appearance and secure a job so that she can address her basic material needs.

With professional help, the family is able to gain social supports. Ricky's behavior improves in his classroom and there is increased joy in Ricky's relationships with his teacher and mother.

As Ricky naturally transitions to a new school, these new therapeutic relationships help to support the family. At discharge, Sasha is no longer depressed. The family is financially stable and there is a solid social support system in place.

This family's story illustrates the **interconnection** of economic stability with a caregiver's mental health and, ultimately, a child's social-emotional well-being.

ACEs in the Story

- Household dysfunction
- Mental illness
- Separation/divorce
- Criminal behavior
- Abuse
- Battered mother
- Neglect

Systemic Approaches in the Story

Cross-System Impact:

- Individual: Child
- Relationship: Mother, Teacher

Community Sectors:

- Early Childhood Education
- Law Enforcement
- Healthy Beginnings System
- Therapeutic Programs
- Community Programs

The team worked with Sasha to strengthen her executive functioning so that she could master skills like:

- organizing, planning, and prioritizing
- time management
- self-regulation of affect

These are all skills Sasha needs to stabilize her financial situation and learn how to manage the family's finances.

The clinician helped Sasha engage in body-based regulation techniques to regulate affect which improved co-regulation between Sasha and Ricky.

She supported Sasha's ability to self-reflect and encouraged her to use relaxation strategies when she felt overwhelmed. Sasha was able to incorporate these techniques into her family dynamics.

The clinician helped Sasha identify traumatic triggers and the difference between then and now. She helped Sasha find words to explain Ricky's father's absence.

Through therapeutic services Sasha's emotional state shifted which directly impacted Ricky's emotional state. Sasha's depression diminished because her financial stress decreased.

Co-regulation began to emerge and strengthen as Sasha's depression diminished.

Ricky began exhibiting pro-social behaviors.

What are ACEs?

Adverse Childhood Experiences (ACEs), coined by researchers Vincent Felitti and Robert Anda, describes all types of abuse, neglect, and other potentially traumatic experiences that happen to people under the age of 18.

There are ten recognized ACEs, which fall into three types – abuse, neglect, and household dysfunction. Adverse Childhood Experiences have been linked to:

- Risky health behaviors
- Chronic health conditions
- Low life potential
- Early death
- As the number of ACEs increases, so does the risk for these outcomes.

Issues Associated with ACE Score Risk Factors 2

- Alcoholism and Alcohol Abuse
- Smoking
- Illicit Drug Use and IV Drug Abuse
- Obesity
- Suicide Attempts
- Depression, Anxiety, Hallucinations
- Teen and Unintended Pregnancies
- Spontaneous Abortion or Fetal Death
- Intimate Partner Violence
- Poor Quality of Life, and more

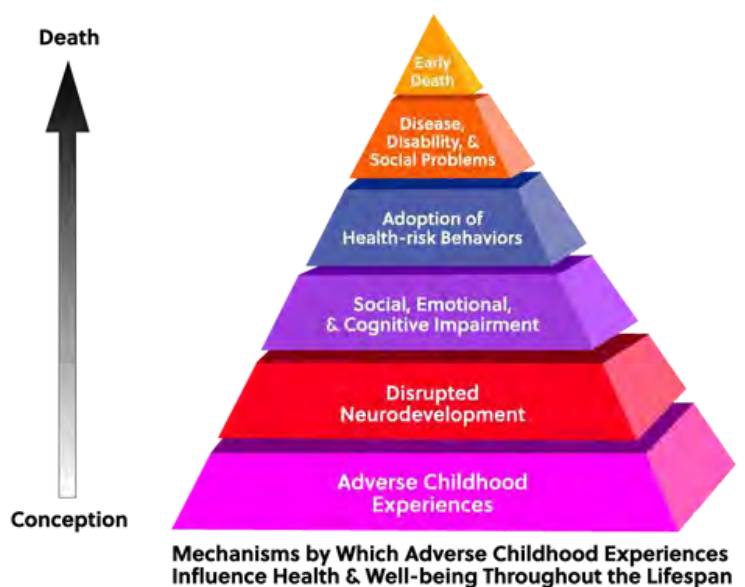
Diseases and Early Mortality

- Chronic Obstructive Pulmonary Disease (COPD)
- Ischemic Heart Disease (IHD)
- Liver Disease
- Sexually Transmitted Diseases (STDs)
- Lung Cancer
- Death Before Age 65

The ACE Pyramid

The ACE Pyramid depicts the conceptual framework of the ACE Study, which was designed to answer the question: “If risk factors for disease, disability, and early mortality are not randomly distributed, what early life influences precede the adoption or development of them?”

By taking a whole life perspective the ACE Study began to uncover how childhood stressors or ACEs affect health and social well-being throughout the lifespan. 2



“Children’s exposure to Adverse Childhood Experiences is the **greatest unaddressed public health threat** facing our nation today. ”

-Dr. Robert Block,
Former President,
American Academy of Pediatrics

In the absence of buffering relationships, exposure to ACEs not only affects brain development, it can change children’s hormonal systems, immune systems and even their DNA. This can cause behavioral problems, learning difficulties, and physical health issues.

Children exposed to ACEs are more likely to develop learning difficulties and other health problems like asthma or sleep disturbances. They may also have difficulty sitting still in school or controlling emotions in challenging situations. If left untreated, toxic stress can lead to lifelong health problems like heart disease or cancer. It also can lead to mental health issues such as depression, anxiety, substance abuse, or suicide. 12

A child’s earliest experiences literally shape how the brain gets built, establishing either a sturdy or a fragile foundation for all of the development and behavior that follows. ACEs can harm the developing brains and bodies of young children and lead to poor mental and physical health across the lifespan. 21

Preventing and mitigating these experiences will benefit Palm Beach County by reducing crime, violence, substance abuse, unhealthy behaviors, and physical disease. 6

The Original ACE Study

Data from the original Adverse Childhood Experiences study first emerged in the late 1990s. The study was led by researchers named Dr. Vincent Felitti and Dr. Robert Anda.

They surveyed more than 17,000 adults between 1995 and 1997. The Centers for Disease Control (CDC) longitudinal study was ground-breaking, linking childhood adversity (traditionally treated through the 'soft' sciences of community-based prevention and child welfare) to chronic health problems later in life (generally treated through medically-based approaches). The study was a compelling intersection of research across disciplines to show the magnitude of cause and effect of early adversity and unbuffered, sustained toxic stress.

There are 10 recognized ACEs falling into three types. The ACE score is the total sum of the different categories of ACEs reported by participants:

- Abuse (physical, sexual, emotional)
- Incarcerated relative
- Neglect (physical, emotional)
- Mother treated violently
- Household dysfunction
- Substance abuse
- Mental Illness
- Divorce/separation

Initial ACE Study Findings:²

At the time of the first study, the key findings were alarming:

- Two thirds (63.9%) of participants reporting one or more ACEs
- 1 in 8 (12.5%) reported having 4 or more ACEs
- The most commonly reported ACEs were physical abuse (28.3%), substance abuse by a household member (26.9%), and parental separation or divorce (23.3%).

Adverse Childhood Experience Facts:

The 10-question, ACE Screening Tool is a survey about experiences during the first 18 years of life.

Traditionally ACEs are *potentially* traumatic experiences that can have a profound effect on a child's developing brain and body with lasting impacts.

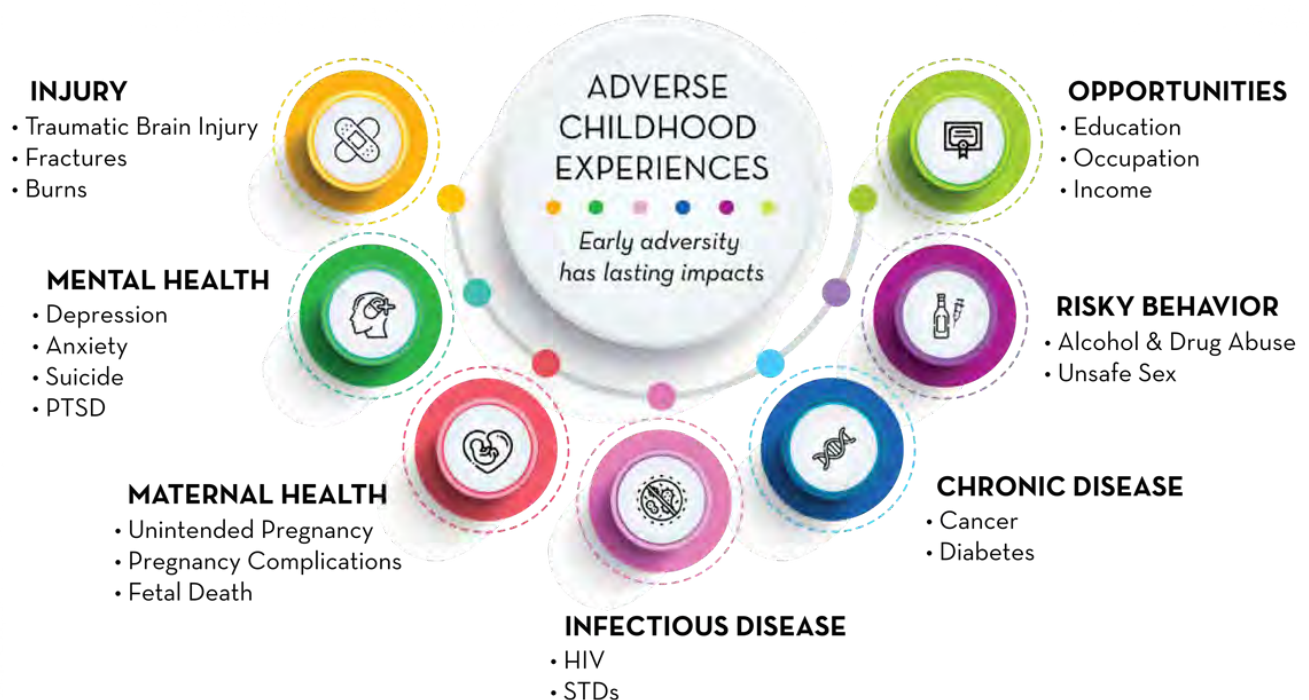
- ACEs are common (two-thirds of us have at least one ACE).
- ACEs occur in clusters (one in eight people reported having four or more ACEs).
- ACEs have lasting effects on health and well-being, as well as other economic and societal impacts.

The study revealed that a person with four or more ACEs is:

- 2.2 times as likely to attempt suicide
- 10.3 times as likely to inject drugs
- 7.4 times as likely to be an alcoholic

Notably, the clear majority of the participants were white (74.8%) and had attained a college-level education or higher (75.2%).

Lifespan Impacts Attributable to ACEs



Ongoing Research

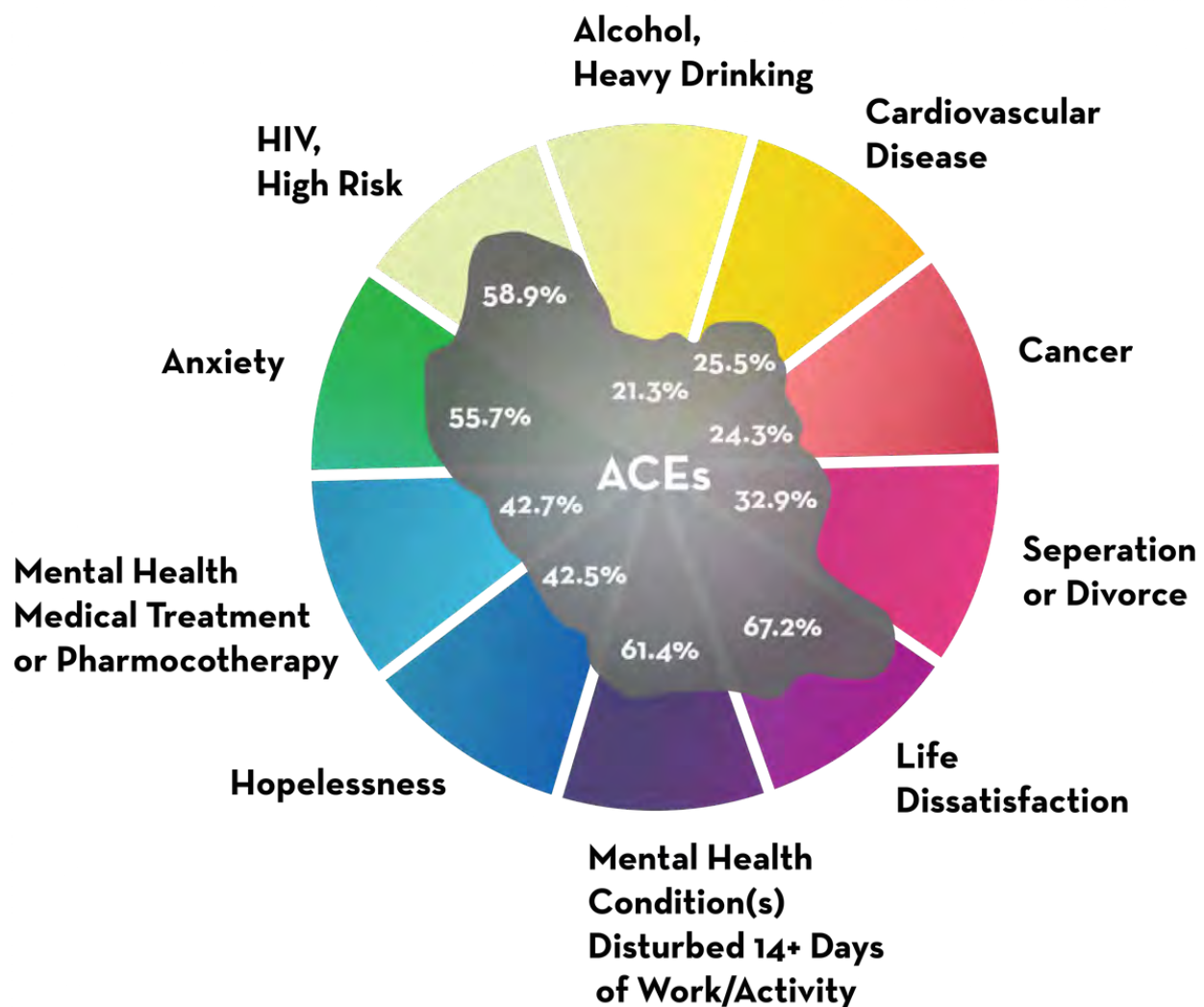
Research in this field has continued. During the period 2009 to 2018, 42 states plus the District of Columbia have included ACE questions for at least one year on their Behavioral Risk Factor Surveillance System (BRFSS). Florida began this process in 2014.

The prevalence of ACEs from the BRFSS data mirrored the original ACE study (except one in five reported three or more ACEs). What we are beginning to see; however, is that some populations are more vulnerable to experiencing ACEs because of the social and economic environments (Adverse Community Environments) in which they live, learn, work, and play. As the number of ACEs increases, so does the risk for negative health outcomes.

The BRFSS national data adds to the original list of lasting societal and individual impacts including:10

- Injury
- Mental Health
- Maternal Health
- Infectious Diseases
- Chronic Disease
- Risky Behaviors
- Decreased Opportunities

Population Risk Attributable to ACEs¹



Adapted from: ACEs Interface (2013)

The National Picture

Children of different races and ethnicities across the country do not experience the same exposure to ACEs.

In the United States, 61% of black children and 51% of Hispanic children have experienced at least one ACE, compared to 40% of white children. In every part of the country, the lowest rate of ACEs was among Asian children. In most areas, the population most at risk was black children.

Geographic regions also showed different results. Compared to the national average of 1 in 10 children experiencing an ACE score of 3 or more, in 5 states—Arizona, Arkansas, Montana, New Mexico, and Ohio—1 in 7 children had experienced the same.

56

Florida Stats:

- 49% of children between birth and 17 reported no ACEs
- 26% reported 1 ACE
- 14% reported 2 ACEs and 10% reported 3 or more ACEs

These results are generally in line with national averages.



National ACEs Data

Research shows that in the United States:

- 34.8 million children are affected by ACEs
- 1 out of 8 adults have 4 or more ACEs
- 2 out of 3 adults have 1 or more ACEs

Recent national data shows that at least 38 percent of children in every state have had at least one Adverse Childhood Experience.

Nationally, more than 46 percent of U.S. youth—34 million children under age 18—have had at least one ACE, and more than 20 percent have had at least two ACEs.

In 2018, JAMA Pediatrics (a peer-reviewed medical journal published by the American Medical Association) published the results of the largest nationally-representative study on ACEs to date. It showed that ACEs are more prevalent in certain communities. People with low-income and educational attainment, people of color, and people who identified as gay, lesbian, or bisexual had a significantly higher chance of having experienced adversity in childhood.

The data from 23 states (214,157 adults) from 2011-2014 allowed researchers to look at the issue of ACEs as a national public health problem.

Recent National-Level Findings:⁵⁶

- 62% of respondents had at least one ACE
- 25% reported having 3 or more ACEs
- 16% had four or more ACEs

*Multicultural participants reported roughly 2.5 ACEs and bisexual adults reported 3.1 (both the highest scores reported).

ACEs and the Pandemic

According to the CDC, the prevalences of poor current mental health and past-year suicide attempts among adolescents reporting four or more ACEs during the COVID-19 pandemic were four and 25 times as high as those without ACEs. Exposure to specific ACE types (e.g., emotional abuse) were associated with higher prevalences of poor mental health and suicidal behaviors.

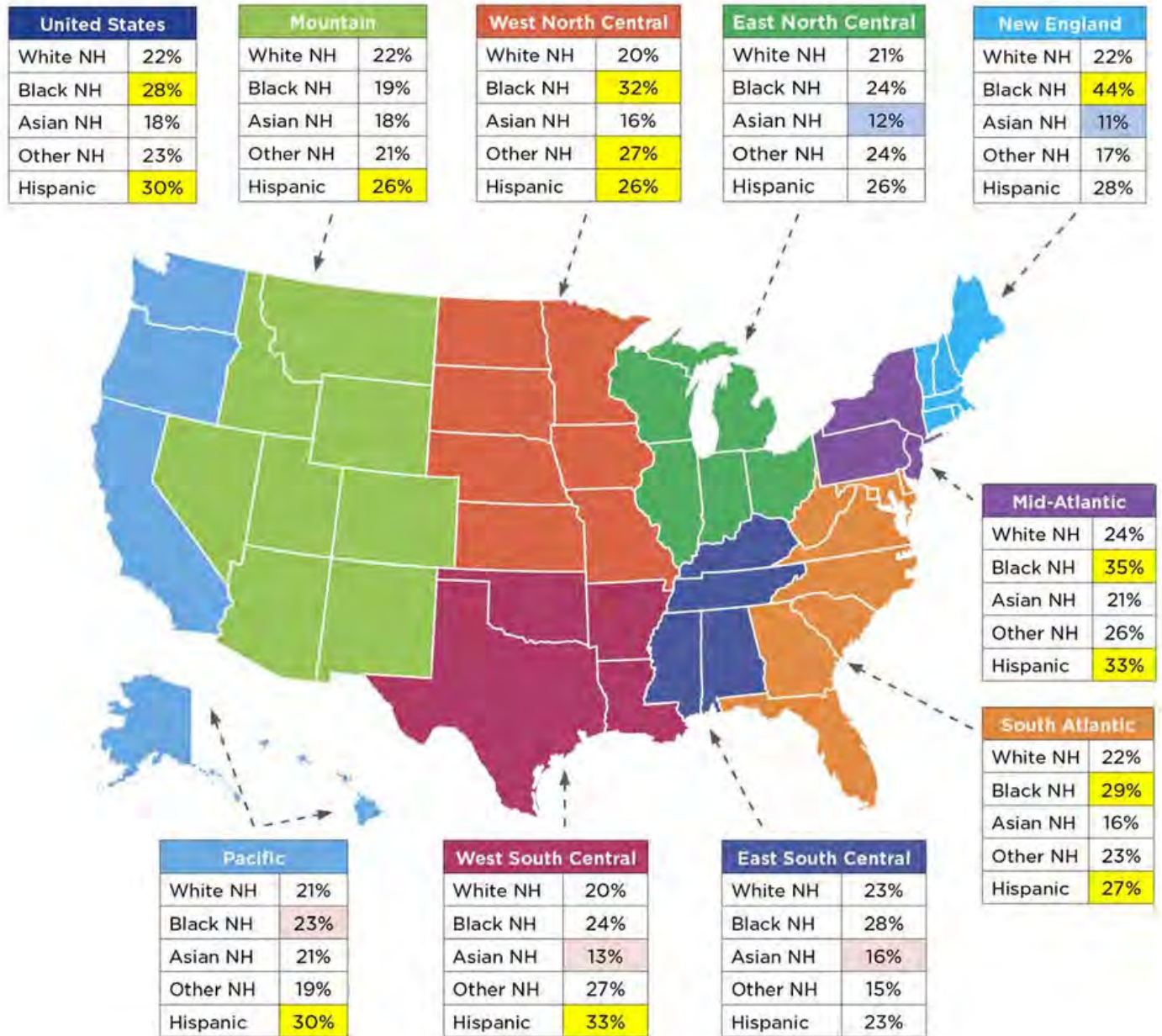
From the Robert Wood Johnson Foundation:

Nationally, more than 46 percent of U.S. youth—34 million children under age 18—have had at least one ACE, and more than 20 percent have had at least two.

The new analysis includes state-by-state percentages of children with ACEs, ranging from 38.1 percent in Minnesota to 55.9 percent in Arkansas.

The ten states with the highest rates are either in the South or West. The newest national and state data, along with an issue brief and maps, can be found at www.cahmi.org.

Percentage of Children Nationally with 1 ACE ⁵⁶



NH=Non-Hispanic

Yellow shading = Percentage is higher than white non-Hispanic children at a statistically significant level.
 Blue shading = Percentage is lower than white non-Hispanic children at a statistically significant level.
 Red shading = Estimate should be interpreted with caution, because the relative confidence interval is greater than 120 percent. See the "About the data used in this report" section for more information.



Toxic Stress and Safety

How ACEs "get under the skin"...

³¹

Toxic Stress

Experiencing many ACEs, as well as the presence of societal ills, like racism and community violence, without supportive adults, can cause what's known as toxic stress.

The excessive activation of the stress response system can lead to long-lasting wear-and-tear on the body and brain. The effect is similar to revving a car engine for days or weeks at a time.

However, the effects of ACEs and toxic stress can be reduced due to human's capacity for resilience. Dr. Shonkoff, MD, Director at Harvard's Center for the Developing Child, emphasizes the point that, even for those who may have experienced toxic stress, "it's never too late to make things better."

Fostering strong, responsive relationships between children and their caregivers, and helping children and adults build core life skills, can help to buffer a child from the effects of toxic stress.

Jack Shonkoff, MD, coined the term 'toxic stress.' He summarized the research on the impact of ACEs and toxic stress when testifying before Congress in February, 2019.

Safety, Stability, and Nurturing⁵⁴

Safety, stability, and nurturing are three critical qualities of relationships and environments that make a difference for children as they grow and develop.

Safety is the extent to which a child is free from fear and secure from physical or psychological harm within their social and physical environment.

Stability is the degree of predictability and consistency in a child's social, emotional, and physical environment.

Nurturing is the extent to which children's physical, emotional, and developmental needs are sensitively and consistently met.

“

Thousands of studies converge on the following two core scientific concepts:

- 1) A strong foundation for healthy development in young children requires a **stable, responsive, and supportive relationship** with at least one parent or primary caregiver.
- 2) High and persistent levels of **stress activation (known as "toxic stress") can disrupt the architecture of the developing brain** and other biological systems with serious negative impacts on learning, behavior, and lifelong health.

”

- Jack Shonkoff, M.D.

Director, Harvard Center for the Developing Child

“Epigenetics” is an emerging area of scientific research that shows how environmental influences—children’s experiences—affect the expression of their genes. During development, the DNA that makes up our genes accumulates chemical marks that determines the degree to which genes are expressed. This collection of chemical marks is called the “epigenome.”

The different experiences children have rearrange these chemical marks. This explains why genetically identical twins can exhibit different behaviors, skills, health, and levels of achievement. This means the old idea that genes are “set in stone” has been disproved. Nature vs. Nurture is no longer a debate. It’s nearly always both!

The genes children inherit from their biological parents provide information that guides their development. For example, how tall they could eventually become or the kind of temperament they might have. When experiences during development rearrange the epigenetic marks that govern gene expression, they can change whether and how genes release the information they carry. Thus, the epigenome can be affected by positive experiences, such as supportive relationships and opportunities for learning...or negative influences, such as environmental toxins or stressful life circumstances. Both types of experiences leave a unique epigenetic “signature” on the genes. These signatures can be temporary or permanent and both types affect how easily the genes are switched on or off.

Young brains are particularly sensitive to epigenetic changes. Experiences very early in life, when the brain is developing most rapidly, cause epigenetic adaptations that influence whether, when, and how genes release their instructions for building future capacity for health, skills, and resilience.

That’s why it’s crucial to provide supportive and nurturing experiences for young children in the earliest years. Services such as high-quality healthcare for all pregnant women, infants, and toddlers, as well as support for new parents and caregivers can—quite literally— affect the chemistry around children’s genes. Supportive relationships and rich learning experiences generate positive epigenetic signatures that activate genetic potential.

www.centerforchildcounseling.org/epigenetics-and-aces
developingchild.harvard.edu/what-is-epigenetics-and-how-does-it-relate-to-child-development

Epigenetics⁵⁴

⁴³
Resilience is the capacity to cope with stress, overcome adversity, and thrive despite (and perhaps even because of) challenges in life. People who are resilient see setbacks and disappointments as opportunities to grow.

While some people may seem to be naturally more resilient, research shows that children, adults, and even communities can learn skills and ways of thinking that boost resilience and help them grow.





Why Focus on Young Children?

Prevention and early intervention are key.

Efforts made at the earliest developmental stages yield the greatest likelihood for later returns on investment and achievement of strong, positive child outcomes. Although there is brain plasticity throughout the lifespan, the brain's capacity for change decreases with age.³⁴

Interventions implemented at age ten won't have nearly the same impact they would have had if implemented at age two. The brain is most "plastic" or open to change early in life; brain circuitry is hardwired once we reach adulthood.

Capacities developed in early childhood are prerequisites for later success. The emotional and physical health, social skills, and cognitive-linguistic capacities that emerge in the early years are critical for success in school and later in the workplace and community.²⁴

Early intervention is critical because:

- By 8 months of age, brain synapses have increased from 50 to 1,000 trillion.
- A child's early experiences build the architecture of the brain.
- Young children who did not experience touch/connection have brains that are 20 - 30% smaller.
- Adversity in early childhood can lead to lifelong physical and mental health problems.
- Supportive, loving caregivers can buffer the effects of toxic stress.

Learn about the developing brain: developingchild.harvard.edu/science/key-concepts/brain-architecture

Neuroplasticity⁴³

Where ACEs are concerned, neuroplasticity is the good news.

It refers to the brain's ability to grow, adapt, reorganize and form new connections throughout life. Exercise, sleep, music, spending time in nature, meditation, support from family and friends, and a reduction in stress can all help the brain recover from the effects of adverse experiences.

Neuroplasticity means that ACEs are not destiny; the brain can be hurt, but it can also heal.

Positive Childhood Experiences (PCEs) are the antidote to ACEs.

"If the brain can be hurt,
it can be healed."

- **Community Resilience Cookbook**

communityresiliencecookbook.org



The Core Story:

ACEs and Early Child Development

The Frameworks Institute created a messaging strategy to communicate the core critical findings from the available research on the connection between ACEs and child development. Below is a summary of findings that can be used within communities to build understanding of the key factors when relaying the ACEs research.²⁷

Prosperity:

Child development is a foundation for community and economic development, as capable children become the foundation of a prosperous and sustainable society.

Brain Architecture:

The basic architecture of the brain is constructed through an ongoing process that begins before birth and continues into adulthood.

Skill Begets Skill:

Brains are “built” from the bottom up – we need to master rudimentary skills before moving on to more complex ones.

Serve and Return:

Interaction of genes and experience shapes the developing brain and relationships are the active ingredient in the “serve and return” process.

Can't Do One Without the Other:

Cognitive, emotional, and social capacities are inextricably intertwined. Learning, behavior, and physical and mental health are interrelated over the life course.¹⁶

Toxic Stress:

Toxic stress damages the developing brain and leads to problems in learning, behavior, and increased susceptibility to physical and mental illness over time.

Pay Now or Pay Later:

Brain plasticity and the ability to change behavior decrease over time. Getting it right early is less costly (to individuals and society) than trying to fix it later.

Evaluation Science:

By requiring the application of the most rigorous program evaluation science to services for children, we can make smarter decisions among competing programs and we can replicate the successes.

Effectiveness Factors:

We can measure “effectiveness factors” that often make the difference between programs that work to support children’s healthy development and those that don’t.

Learn more: developingchild.harvard.edu/aces-and-toxic-stress-frequently-asked-questions



The Relationship Between ACEs and Trauma

The Difference Between ACEs and Trauma

What is Trauma?

Trauma is one possible outcome of exposure to Adverse Childhood Experiences or ACEs.

Trauma occurs when a person perceives an event or set of circumstances as extremely frightening, harmful, or threatening - either emotionally, physically, or both. With trauma, a child's experience of strong negative emotions (e.g., terror or helplessness) and physiological symptoms (e.g., rapid heartbeat, bed-wetting, stomach aches) may develop soon afterward and continue well beyond their initial exposure.

Exposure to Trauma⁴⁰

When a child experiences trauma, the brain sends the body into basic "survival mode." This survival mode, commonly referred to as "fight or flight" actually contains three possible responses: **Fight, Flight, or Freeze.**

When exposed to repeated, chronic trauma, children may get stuck in 'flight' and 'freeze' modes, which impacts learning and behaviors in the classroom and beyond.

Research shows that chronic trauma negatively impacts brain development, the immune system, and the way DNA is read and transcribed. These changes can be lifelong...but are reversible within positive, buffering relationships.

³⁸

Traumatic Events¹²

Situations that can be traumatic:

- Physical or sexual abuse
- Abandonment
- Neglect
- The death or loss of a loved one
- Life-threatening illness in a caregiver
- Witnessing domestic violence
- Automobile accidents or other serious accidents
- Bullying
- Life-threatening health situations and/or painful medical procedures
- Witnessing or experiencing community violence (e.g.: shootings, stabbings, robbery, or fighting at home, in the neighborhood, or at school)
- Witnessing police activity or having a close relative incarcerated
- Life-threatening natural disasters
- Acts or threats of terrorism (viewed in person or via media)
- Living in chronically chaotic environments in which housing and financial resources are not consistently available.

Learn more about Child Trauma

www.nctsn.org/what-is-child-trauma
www.nctsn.org/what-is-child-trauma/trauma-types

"A child's **first 1,000 days are critical**. By age 3, a baby's brain has reached 80% of its adult size. The quality of experiences during the first 1,000 days of life establishes either **a strong or fragile foundation for everything that follows.**"

- First 1,000 Days Florida

"Early childhood development, before birth through age 5, builds the **foundation of a child's brain architecture**. But those brain-building years aren't as they should be for too many children as a result of Adverse Childhood Experiences or other traumatic events. By investing in early childhood, we can prevent and mitigate the effect of ACEs and trauma and help build resilience which can **change the trajectory of children's lives**. Mothers who have access to consistent prenatal care often have healthier babies. Struggling families who receive in-home support build trusting, loving relationships. Children who attend high-quality, early learning environments are ready for school. **These kinds of investments benefit not only children and their families in the long run, but our whole community.**"

- Lisa Williams-Taylor, Ph.D.
CEO, Children's Services Council
of Palm Beach County

How to Prevent and Mitigate ACEs

Can you really build mental health wellness in early childhood?

The answer is yes. To understand how this happens, it is essential to connect neurobiology research with the multiple fields of child development.⁴⁸

Development can occur later but with greater difficulty. One in 4 young children live in poverty - growing up with poorer nutrition, and exposed to fewer colors, experiences, and relationships that "grow" the brain.

Studies show that the speech of children living in poverty is limited to 30 million fewer words than children from professional families, which is later reflected in lower fourth grade reading levels.²⁴

The best chance to close the gap is during the first 1,000 critical days when a loving adult who cares for the baby, talks, and reads to them can provide the foundation for academic success.

Childhood trauma impacts multiple domains of development. The trauma experienced during the most crucial years of brain development can have lasting impacts. When examining child well-being, the impact on multiple early childhood domains is clear.²¹

These include:

- Attachment and Relationships
- Physical Health: Body and Brain
- Emotional Responses
- Dissociation Behaviors

Children who do not have safe, stable, nurturing environments learn to develop atypical coping skills to help them function from day to day. Their coping strategies may result in them being overly sensitive to the moods of others, and persistently scanning the adults around them to gauge feelings and behaviors.

Children in these situations may also avoid sharing their emotions, preventing others from knowing if they are sad, angry, or mad. These behaviors are learned adaptations, the results of physical and/or emotional environmental threats. This disrupts the foundation of mental wellness in the child and can create a hypervigilant state.

As a child grows up and encounters situations and relationships that are safe, these adaptations are no longer helpful, and may in fact be counterproductive when they interfere with the capacity to live, love, and be loved.

"Most potential mental health problems will not become mental health problems if we respond to them early."

Learn more: developingchild.harvard.edu/science/deep-dives/mental-health

The Promotion of Child Well-Being

Building resilience and well-being involves cultivating trusting and caring relationships for children. It is also important for adult caregivers to understand responses and behaviors related to trauma and ACEs, as described below.

Physical Health: Body and Brain

As mentioned earlier, the developing brain is extremely susceptible to adverse experiences. There are some key points to understanding infant and early childhood biological responses to unbuffered, sustained toxic stress. When a child grows up scared, the body's natural stress response systems are overly activated, plaguing the immune system and flooding the body with fight, flight, or freeze chemicals. Later on, when the child or adult is exposed to even ordinary levels of stress, these systems are triggered as though danger is present. This results in rapid breathing and/or heart pounding. The person may "shut down" entirely when presented with stressful situations. These responses are meant to serve and protect individuals when faced with significant threats but are concerning in the context of normal stress. Often people in these scenarios are perceived by others as either overreacting or as unresponsive or detached. "My stomach hurts" is an often-heard complaint of children with complex trauma histories. This is called a somatic response to trauma. It is related to the way the body "metabolizes" stress. Additional somatic responses include: sleep disturbances or changes in sleeping habits (insomnia or sleeping too much), muscle tension, muscle aches, headaches, gastrointestinal problems, and fatigue.

Cognition: Thinking and Learning

Children with complex trauma histories are used to operating in a biological survival mode which can result in deficits necessary to problem solve, process multiple factors at once, or plan ahead and act accordingly. Learning new skills may be challenging. This can cause speech delays or problems with higher-level thinking.

Behavior

A child with a complex trauma history may be easily triggered and react very intensely to situations due to lack of self-regulation (i.e.: knowing how to calm down), impulse control, or the ability to think through consequences before acting. Their behavior may appear unpredictable, oppositional, volatile, and extreme. "A child who feels powerless or who grew up fearing an abusive authority figure may react defensively and aggressively in response to perceived blame or attack, or, alternately, they may at times be over controlled, rigid, and unusually compliant with adults."

Emotional Responses

Children who have experienced complex trauma often internalize and/or externalize stress reactions. As a result, they may experience significant depression, anxiety, or anger. Their emotional responses may be unpredictable or explosive. Having never learned how to calm themselves down once they are upset (self soothing), many of these children become easily overwhelmed. In school, they may become so frustrated that they give up on even small tasks that present a challenge.

Children who have experienced early and intense traumatic events also have an increased likelihood of being fearful all the time and in many situations. Alternately, many of these children also learn emotional numbing techniques where they tune out threats from their environment. This is a protective response similar to a defensive stance or aggression, but in the absence of threat, the responses are out of place. A person who utilizes a numbing technique is more vulnerable to revictimization; children who are aggressive are more likely to be abused and expelled from early childhood programs.

Attachment and Relationships

Attachment is the foundation of health and well-being for a child. Through relationships, children learn to trust others, regulate their emotions, and interact with the world. Their concept of safety is based on these experiences. They learn their value as an individual.

The majority of abused or neglected children have difficulty developing a strong, healthy attachment to a caregiver and are more vulnerable to stress. Additionally, the lack of attachment or healthy relationships results in trouble controlling and expressing emotions which leads to violent or inappropriate responses to situations.

Dissociation

When children encounter an overwhelming and/or terrifying experience, they may dissociate, or mentally separate themselves from the experience, and perceive themselves as detached from their bodies. Some may see themselves as being on the ceiling, or somewhere else in the room, watching what is happening to them. They may feel as if the experience is happening to someone else.

Additionally, they may have trouble remembering the experience which can result in personal history timeline gaps. As a defense to trauma reminders, children may automatically dissociate, affecting a child's ability to be fully present in daily activities or learning. It may appear as if the child is simply "spacing out," daydreaming, or not paying attention.

"The more healthy relationships a child has, the more likely he will be to recover from trauma and thrive. Relationships are the agents of change and the most powerful therapy is human love."

-Dr. Bruce D. Perry

The School-to-Prison Pipeline

The school-to-prison pipeline is a theory that describes the phenomenon where a disproportionate number of students from marginalized communities, particularly students of color, are funneled from the school system to the criminal justice system. This pipeline is created by a combination of policies, practices, and attitudes that treat children in schools as potential criminals rather than as learners who may have behavioral or emotional issues that need support.

The policies and practices that are directly and indirectly pushing students of color out of school and on a pathway to prison, including, but not limited to: ⁶²

- Harsh school discipline policies that overuse suspension and expulsion
- Increased policing and surveillance that create prison-like environments in schools
- Over-reliance on referrals to law enforcement and the juvenile justice system
- An alienating and punitive high-stakes testing-driven academic environment

Connections to consider...²³

- Third grade reading scores and high school drop out rates.
- Literacy skills and incarceration rates.

And children and youth... ⁶¹

- Not reading by third grade = 4 times less likely to graduate high school on time (or 6 times less likely for low income families)
- Dropping out of high school = 63 times more likely to be incarcerated than college grads

Nationwide, young people of color have far higher incarceration rates than their white counterparts — black youth are 4.6 times more likely to be incarcerated, Native Americans are 3.3 times more likely, and Latino youth are 1.7 times more likely, according to 2013 data from the U.S. Justice Department.

“Many of the kids who end up in the juvenile justice system, the vast majority of them have been exposed to high doses of adversity. **Screening is the key to prevention, not just for illness but for jail time, too.** We’re looking at it from a health standpoint, but we know for a fact that if we’re screening for ACEs and doing effective intervention, it’s going to impact justice outcomes.”

- Nadine Burke Harris, M.D.
Pediatrician, Former Surgeon General of California



Preschool-to-Prison Pipeline

The preschool to prison pipeline suggests that children can be pushed towards incarceration from an early age. Even before leaving their cribs, children as young as eight months old can be suspended or expelled from childcare programs for typical behaviors such as crying or biting.

Preschool-aged children are at a higher risk of suspension or expulsion, with three times the likelihood compared to K-12 students. This means that children can face suspensions from before even reaching their toddler years, with further suspensions possible at ages two and three for behavior such as throwing tantrums.

Orchids and Dandelions

The Science of Sensitive Kids⁶³



Dr. Thomas Boyce, professor of pediatrics and psychiatry at the University of California, San Francisco, who has treated children for decades, began to notice two categories of response to stressors: Children who were unfazed by their surroundings and children who were extremely sensitive to their surroundings.

Over the years, he began to relate these two types of children to two very different flowers: dandelions and orchids.

Through study and observation, he learned that most children are resilient, like dandelions, and able to cope with the stress and adversity in their lives.

The minority of children, who he called "orchid children", are more sensitive and biologically reactive to their circumstances, which makes it harder for them to deal with stressful situations.

Given supportive, nurturing conditions, however, orchid children can thrive. Especially, Boyce says, if they have the comfort of a regular routine.

Sibling Differences

Siblings within a family — although they are being raised by the same parents or caregivers in the same house, in the same neighborhood, and often in the same school — may have quite different experiences and reactions that depend upon the birth order of the child, the gender of the child, to some extent differences in genetic sequence.

'Orchids and Dandelions' is a way of talking about dramatic differences that kids from different birth orders and different genders have within a given family.



"The orchid child is the child who shows **great sensitivity and susceptibility** to both bad and good environments in which he or she finds herself or himself."

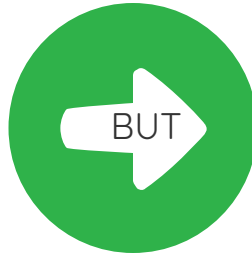
- Dr. Thomas Boyce

Dr. W. Thomas Boyce is a renowned pediatrician and Distinguished Professor Emeritus at the University of California, San Francisco. He has conducted extensive research on how individual differences in children's biological susceptibility to social contexts, such as the family, classroom, and community, can impact their health and development. His work has shown that some children, known as "orchid children," are exceptionally sensitive to their social environments and face increased risks of illness and developmental disorders in stressful or adverse situations.

Watch his TedTalk: https://youtu.be/g_vcWB43W7Y

Child Well-Being

Negative outcomes often receive a lot of attention. As a society, we are **reactionary**; we use **punitive** measures to course correct.



If we can shift our lens from asking: “What’s wrong with you?” to asking: **“What happened to you?”** in the context of ACEs, trauma, and child development, we can begin to better understand child well-being.

It’s human nature to address and fix what we can see. If we don’t see warning signs as they arise in child, we won’t be prepared to respond in research-informed ways.

If, as a system, we are not equipped to identify the warning signs of trauma in children, how will we ever address them?

We need to be ready and equipped to respond, otherwise our lack of action simply sends the problem downstream, resulting in punitive responses or doctor-prescribed pharmaceuticals as a solution.

What would happen if we used research to prevent trauma-related negative outcomes in Palm Beach County?

What does it take for a child to flourish or thrive? What positive behaviors, emotions, and skills (as well as employing resilience in the face of challenges) can be taught?

It’s important to understand negative outcomes and to learn from them, but to solely focus on them presents a missed opportunity to view how to build systemic interventions when we already know these facts about ACEs:

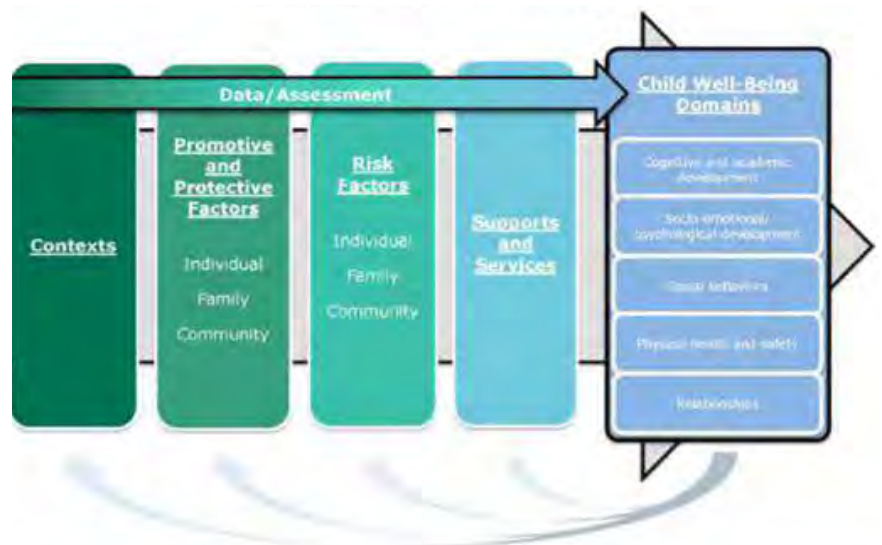
- 1.They are very common
- 2.They occur in clusters
- 3.They are disproportionately prevalent among minorities
- 4.They have lasting effects

There are many other outcomes as a result of environment, genes, and experiences that can be managed or mitigated long before the onset of chronic disease, incarceration, or early death.

When we frame our approach from the perspective of child well-being, we can see the associations between the many factors at play. We can identify when interventions will be most successful and provide the foundation for mental wellness throughout the lifespan.

The model to the right is defined by a large arrow that reflects the life course model of development, where child well-being is both a goal (outcome) and a process that unfolds over time.

Conceptual Model of the Determinants of Child Well-Being



Core Capabilities

Core capabilities, which include executive function and self-regulation skills, help us successfully navigate life. With these skills, we are able to plan ahead, set goals, resist impulses, adapt behaviors, and work on executing goals.

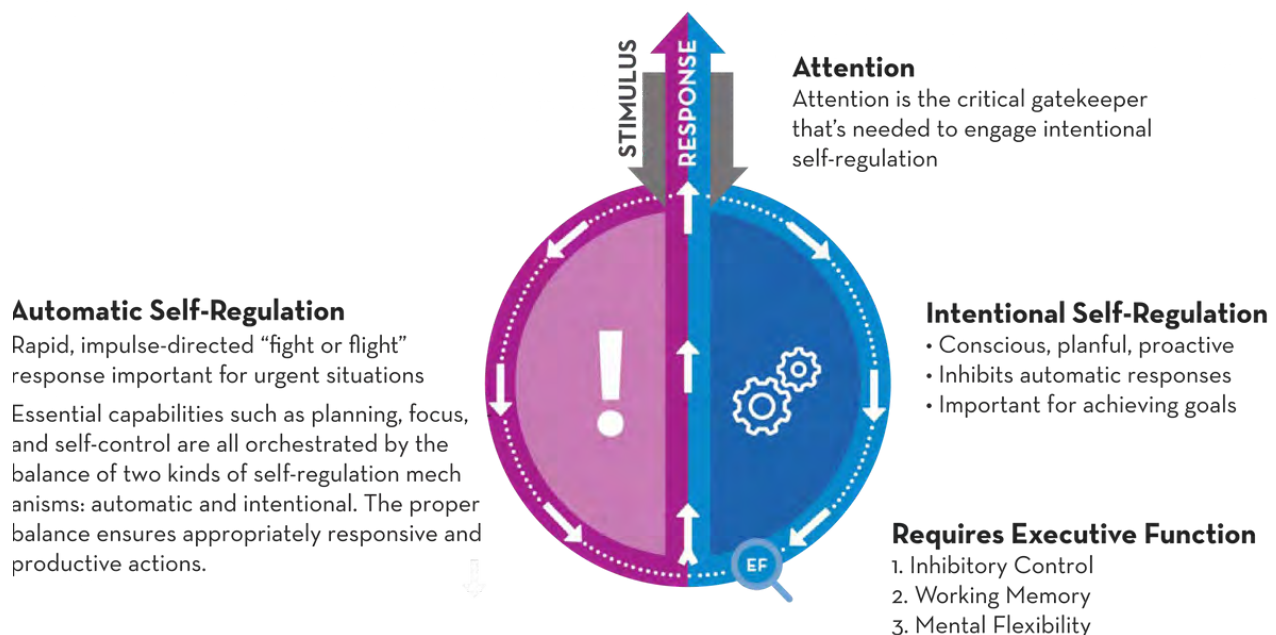
Some of the core capabilities that adults use to manage life, work, and parenting effectively include planning, focus, self-control, awareness, and flexibility.

Unfortunately, we are not born with these skills, but they can be built over time. Our experiences form connections that help us develop these skills, with experiences in early childhood providing the foundation. The full range of skills and the neural network that connects them continue to develop into the adolescent and early adult years.

Exposure to ACEs and trauma in childhood can derail the development of core capabilities. For children facing adversity, it is important for adult caregivers and communities to focus on helping to build these skills through training and targeted interventions, focused on promoting intergenerational attainment of skills.

The video 'How Children and Adults Can Build Core Capabilities for Life' from Center on the Developing Child at Harvard University provides an excellent overview of how these skills are built over time.

How Core Capabilities Work



"We know from science that it is never too late to help adults build up their core capabilities, and that we **can have a life-long intergenerational impact** if adults support the development of these skills in children."

Center on the Developing Child at Harvard University (2016)

"Building Core Capabilities for Life:

The Science Behind the Skills Adults Need to Succeed in Parenting and in the Workplace. "

Learn more: developingchild.harvard.edu/building-core-capabilities-for-life

Health Promotion

Building a resilient community to support child well-being is the ultimate goal. Experiences build brains. Buffering relationships, hope, and resilience can grow and be impacted by environments.

While not all factors are likely to exist at once, it is helpful to see the counter measure to adverse childhood experiences and adverse community conditions. ⁴³

The more positive factors a child has in play, the better the outcome for that child and the community at large.

The tree below depicts resiliency building experiences at the individual, family, and community levels.



Childhood trauma is associated with problems across multiple domains of development.

However, trauma affects each child differently, depending on his or her individual, family, and environmental risks and protective factors.



The research is clear that it is not adversity, solely, that produces harm - it is also **the absence of supportive factors that help children (and their parents and families) process adversity and setbacks** and learn and move beyond them. Stable, consistent, and nurturing and resilient parents, of course, represent the foundation for most children's healthy growth, but **they cannot achieve it alone.**"

"Evolving a More Nurturing Society to Prevent Adverse Childhood Experiences"

Equity

We must recognize and address **community trauma and historical trauma** that arises from institutional racism, oppression, and **discriminatory systems and policies** as well as recognizing and addressing individual trauma.

The groundbreaking ACEs study has been available to policy makers and practitioners for two decades; however, it is only recently that the disproportionate prevalence and effect of ACEs on those in poverty, the LGBTQ+ community, and Black Indigenous People of Color (BIPOC) have been highlighted.⁵⁶

We know ACEs are common, but we also know they affect some populations more than others. The pandemic placed a spotlight on disparities in BIPOC communities.

Additionally, we are seeing how our community and public health approach fails to provide equal safe, stable, nurturing and buffering opportunities to the very demographics that are experiencing the higher prevalence of ACEs. This can be attributed to a lack of place-based opportunities as well as inequities caused by systems regardless of the child's culture or behavior.⁸

In the Landmark 2002 study, "Unequal Treatment", the Institute of Medicine found that once access is accounted for, patients are still denied care. This is influenced by patients' race or ethnicity and their associated stereotypes.

Race and ethnic stereotypes are reinforced, but what messaging is produced as a result of ACEs and Public Health research? Nationally, black students represent 18% of preschool enrollment, but 42% of preschool students suspended once, and 48% of students suspended more than once. African-Americans attending state-funded prekindergarten were about twice as likely to be expelled as Latino and Caucasian children, and over five times as likely to be expelled as Asian-American children.⁴²

Through a public health lens, racial inequity mirrors ACEs data throughout community systems.

According to data from the Racial Equity Training "The Fish, the Lake and the Groundwater", African Americans are:

- 2.3 times more likely to experience infant death (CDC)
- 1.9 times more likely to die of diabetes (CDC)
- 1.5 times more likely to be below proficient in reading in the 4th grade (NAEP)
- 3.7 times more likely to be suspended in K-12 (ED and OCR)
- 7.0 times more likely to be incarcerated as adults (BJS)
- 1.8 times more likely to be identified as victims by the child welfare system (DHHS)
- 2.1 times more likely to be in foster care (DHHS)

ACRONYM KEY:

CDC: Centers for Disease Control

NAEP: National Assessment of Educational Progress

ED: US Department of Education

OCR: Office for Civil Rights

BJS: Bureau of Justice Statistics

DHHS: Department of Health and Human Services

Levels of Racism²⁵

Personally-Mediated Racism
is an acute stressor; it includes individual insults and discriminatory acts.

Institutionalized Racism
defines the discriminatory, race- or class-based policies and practices (both formal and informal) that affect BIPOC and communities.

Internalized Racism
is the acceptance by members of the stigmatized races of negative messages about their own abilities and intrinsic worth.

Cultural Racism
determines which group qualities and characteristics are valued or devalued.

Racial Equity is...

- Fair and just distribution of resources and opportunities
- Economic, relational, and social systems that are sustainable and sustain all people.
- Meaningful engagement of communities of color in planning, decision-making, evaluation.
- Authentically embodying racial equity and empowerment principles.
- Bold and courageous long-term commitment to unearthing racism's root causes and addressing barriers

Numerous studies have shown how the persistent strain of daily discrimination faced by parents and other caregivers, including exposure to negative stereotypes, can adversely impact their caregiving practices and overall mental wellbeing. This, in turn, may cause an overwhelming stress response in their children due to the challenges of coping with their caregiver's mental health struggles.

Racism Infographic: developingchild.harvard.edu/resources/racism-and-ecd

Preschool

School Discipline Practices:

Data has conclusively shown that early childhood structures and approaches form the road map for a person's lifelong success. Children of color continue to be deprived of academic opportunities. One example of this is the disproportionate expulsion and suspension rates of black students compared to their white peers. To make matters worse, these same students are more likely to face adversity and toxic stress outside of school. Harsh disciplinary practices (exclusionary school discipline or ESD) have grave consequences and represent a serious missed opportunity for our community. ¹⁴

ESD practices include in-school and out of school suspensions, expulsions, referrals to law enforcement, and corporal punishment. These are all punitive approaches that do nothing to teach children pro-social behaviors. These measures and policies can increase feelings of fear and isolation, compound stress, and foster the mistrust which children exposed to complex traumas likely already suffer.

Preschool Setting Does Matter: ⁵⁸

Data released over the past decade shows high rates of expulsion and suspension from early childhood programs, with variability in rate depending on the setting. Expulsion rates are lowest in classrooms located in public schools and in Head Start, and highest in faith-affiliated centers and for-profit child care.

The discipline gap between black and white students starts as early as pre-school with black pre-school students 3.6 times as likely as white students to be suspended. This disparity contributes to the school-to-prison pipeline.

The likelihood of expulsion decreases significantly with access to classroom-based behavioral consultation from mental health professionals. Although rates of expulsion vary widely among the 40 states funding prekindergarten, state expulsion rates for pre-kindergarteners exceed those in K-12 classes in all but three states.

National Preschool Expulsion Rates ⁵⁸

Pre-K expulsion rates triple the rate of expulsion among K-12 students.

The prekindergarten expulsion rate was 6.7 per 1,000 pre-kindergarteners enrolled.

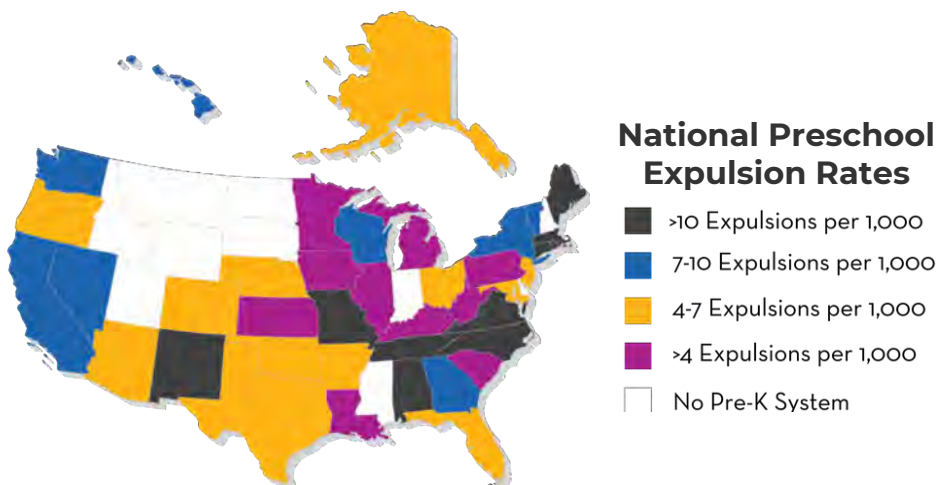
Based on current enrollment rates, an estimated 5,117 pre-kindergarten students across the nation are expelled each year. This rate is 3.2 times higher than the national rate of expulsion for K-12 students, which is 2.1 per 1,000 enrolled.

Four-year-olds were expelled at a rate about 50% greater than three-year-olds. Boys were expelled at a rate over 4.5 times that of girls.

African Americans attending state-funded pre-kindergarten were about twice as likely to be expelled as Latino and Caucasian children, and over five times as likely to be expelled as Asian-American children.

In this sample of state-funded prekindergarten teachers, 10 percent reported having expelled at least one child in the 12 months preceding the study.

Of those teachers, about 80% expelled one student, 16% expelled two, 3.5% expelled three, and 0.4% expelled four.



Early Care and Education Suspensions and Expulsion: ⁶⁴

Racial disparities in discipline begin in the earliest years of schooling. Black students represent 18% of preschool enrollment, but 42% of preschool students suspended once, and 48% of students suspended more than once.

"Nobody is immune to adverse experiences in childhood, but for some population groups, there's a **larger burden of adversity** than others. We need to focus on targeting limited resources to the people at greatest risk and making sure those **resources go into programs that reduce or mitigate adversity.**"

- Jack Shonkoff, M.D.,
Director, Harvard Center for the Developing Child

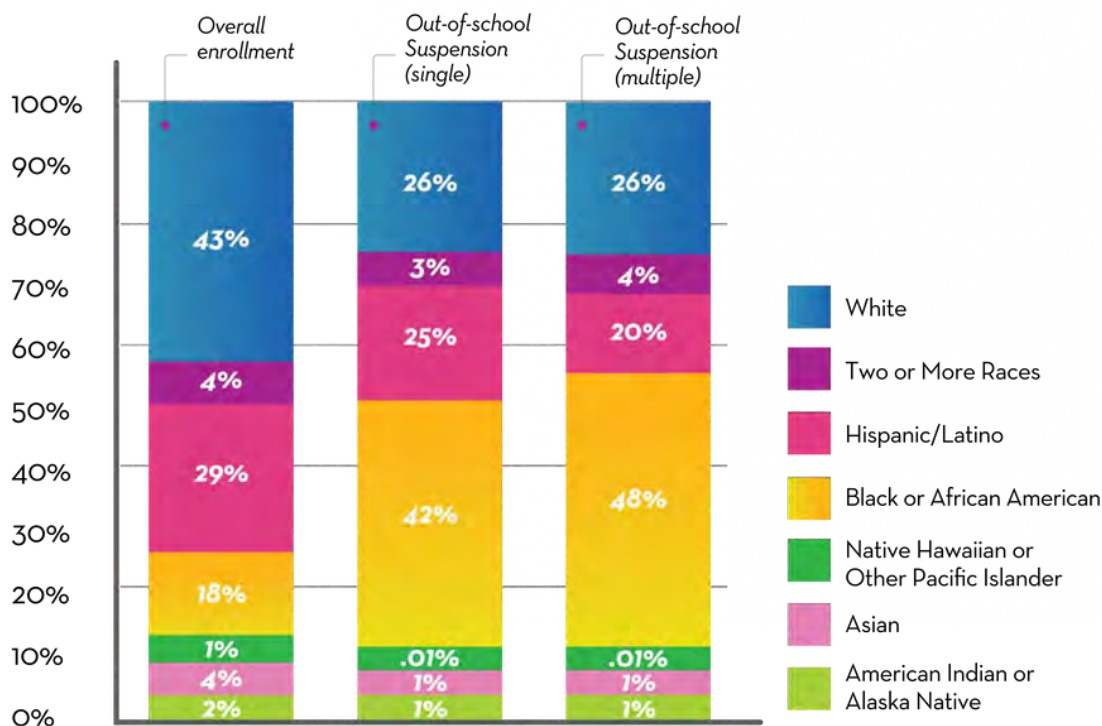


Equity in Preschool

Investing in high-quality pre-K experiences for all children is not only the right thing to do, but it is also essential for building a more equitable and just society. By ensuring that every child has access to early education that fosters their cognitive, social, and emotional development, we set them on a path for success in school and beyond. Moreover, children who face systemic inequities, such as poverty, discrimination, or language barriers, often lack the resources and support they need to thrive.

Pre-K leaders can play a critical role in addressing these disparities by recognizing and being responsive to the strengths and lived experiences of marginalized communities. By implementing policies and practices that advance equity, pre-K leaders can help level the playing field and ensure that all children have an equal opportunity to succeed. Ultimately, investing in high-quality pre-K experiences and promoting equity is not only a moral imperative but also a strategic investment in our collective future.

PRESCHOOL STUDENTS RECEIVING OUT-OF-SCHOOL SUSPENSIONS by race and ethnicity



NOTE: Preschool suspensions were collected for the first time in the 2011-12 CRDC. Detail may not sum to 100% due to rounding. Figure represents 99% of schools with preschool students enrolled. It also represents over 1 million preschool students, nearly 5,000 students suspended once, and over 2,500 students suspended more than once.

Place Matters

Research shows that the places where young children live can threaten healthy development and shapes the trajectory of growth in profound ways.³⁰

ACEs originated in a medical context and did not originally take into account, or include, neighborhood effects. Family violence and dysfunction are accounted for; however, even if a family is able to provide sanctuary in their home, children can still experience adversity outside their home which can still affect overall healthy development and mental health.

ACEs related to community and societal actions affect children at all social levels.

This includes neighborhood or school violence, bullying, and denigration in many forms, which can be the result of prejudice and differential responses from others to those perceived as different or a minority. Discrimination can have these same effects including institutional, and structural racism, sexism, or other "isms".⁵⁵

Environments and neighborhoods are characterized by physical as well as economic conditions that give rise to adversity. Often these places are where families are under the greatest stress with the highest number of ACEs in the home.

Additional environmental hazards like exposure to lead and mold are also grave concerns. The ACEs tree below summarizes Adverse Childhood Experiences and Adverse Community Environments that must be considered.

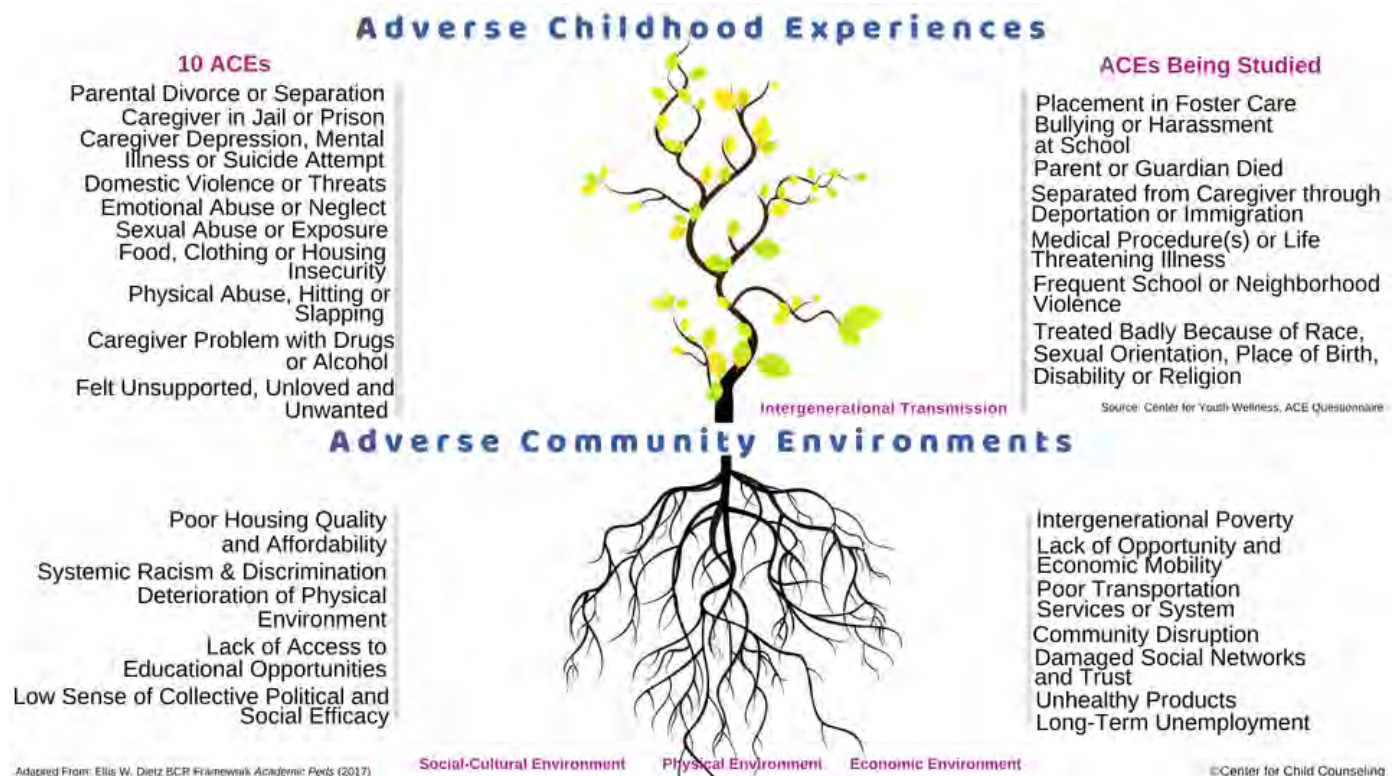
The Need for Secure, ⁵ Supportive Environments

It is imperative to find or develop secure and supportive environments outside the home where children can develop and feel safe.

Moving beyond individual and family indicators of adversity has the further benefit of advancing beyond the emphasis on individually-focused service responses, targeted to specific ACEs and remediating what has happened (trauma-informed care) toward focusing on neighborhood and community building and revitalization strategies (population health) designed to create additional assets.

Palm Beach County has several examples of these efforts, including

Children's Services Council's of Palm Beach County's Bridges sites.



The World Health Organization defines **Social Determinants of Health** as "the conditions in which people are born, ⁶⁰ grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels."

ACEs & Poverty

“**Poverty** sets up children, especially students of color and marginalized youth, for **a lifetime of disadvantage**, by limiting their access to quality education, healthcare, and necessary social and economic resources.”

- **American Psychological Association (2016).**

"Effects of Poverty, Hunger, and Homelessness on Children and Youth" ³

Exposure to poverty in early childhood impacts areas in the brain responsible for stress regulation and emotion processing, increasing the risk of difficulties with executive function, including inattention, impulsivity, defiance, and poor peer relationships.⁶

Poverty also is associated with neuroendocrine dysregulation, which may alter brain function and possibly lead to the development of stress-related diseases later in life, including cardiovascular, immune, and psychiatric disorders.^{4,8}

Unfortunately...

Children are more likely than other age group in the United States to live in poverty, with the highest rates of poverty among very young children.⁸

- Poor neighborhoods are disproportionately home to children of color.
- Poorer neighborhoods are characterized by much less physical, economic, educational, and social capital than more affluent ones.
- Acknowledging issues of ACEs, race, place, and poverty is critical and cannot be ignored in addressing the root causes of adversity and trauma among young children.^{4,7}



"**From Neurons to Neighborhood: The Science of Early Childhood Development**" links brain science with early childhood systems development. This connection presents an opportunity (and a challenge) to health practitioners, early childhood advocates, and systems builders.



The stakes could not be any higher:

“Children in families of European origin soon will make up less than 50% of the population younger than five. The opportunities offered by a multicultural society that is cohesive and inclusive are virtually boundless, including the richness that comes from a broad diversity of skills and talents, and the vitality that is fueled by a range of interests and perspectives.

The challenges posed by a multicultural society that is fragmented and exclusive are daunting, including the wasted human

capital that is undermined by prejudice and discrimination, and the threat of civil disorder precipitated by bigotry and hatred.”

Public Health Approach



The Public Health Approach to Fighting ACEs

A public health crisis calls for a public health response. The public health approach is a framework for understanding the impact of ACEs across a lifespan and how unbuffered toxic stress can impact the communities where we live, work, and play.

Individuals impact their relationships, relationships build communities, and communities affect society. The same is true in reverse where societal policies and practices can impact the function of communities, which either supports or hinders relationships and individuals.

The public health framework is an approach that can be used by decision makers within community sector systems to organize, identify, and target responses to areas of opportunity. The framework positions Palm Beach County to prevent and mitigate the effects of adversity by moving upstream of the problem, using data to target high areas of need, in order to impact larger sectors of the population. With Quantum Foundation support since 2016, Center for Child Counseling has implemented a public health approach within the Fighting ACEs Initiative. This paper is meant to present the public health framework as a response to the ACEs research, to highlight opportunity for levers of change and innovation within Palm Beach County, and to suggest a collaborative call to action building on the strengths, interest, and energy present in Palm Beach County.

Broadest Approach for Maximum Impact

The focus of public health is on the health, safety and well-being of entire populations. It relies on knowledge from a broad range of disciplines including medicine, epidemiology, sociology, psychology, criminology, education, and economics. The field also emphasizes input from diverse sectors including health, education, social services, justice, policy and the private sector.

Public health draws on a science base that is multi-disciplinary. This broad knowledge base has allowed the field of public health to respond successfully to a range of health conditions across the globe. Utilizing a public health framework will allow us to have wider-ranging impact than the traditional disease-centric model. Disease Model aims to address health only as the absence of illness. Public Health Approach requires wider range of partners.

Cross-Sector Approach

Networks are the backbones of systems and relationships matter...We need each other to accomplish our goals. The health of our community is a reflection of the health of our networks. Palm Beach County cross sector approaches either work or do not work as a function of our relationships and our ability to utilize research and disseminate it through informed, adjusted practices, with a focused targeted approach.

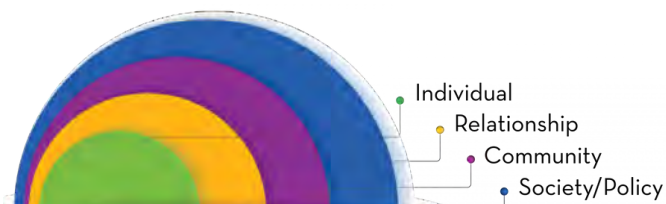
FRAMEWORK FOR PREVENTION RESPONSE

RESPONSES TARGETED
ACROSS THE LIFE SPAN



SYSTEM SECTIONS

Impact: Child & Dyadic Relationships



Fighting ACEs Initiative

Methodology

Since 2016, with support from Quantum Foundation, Community Foundation of Palm Beach and Martin Counties, Center for Child Counseling's Fighting ACEs Initiative has aimed to build awareness about the impact of ACEs, with promotion of a trauma-informed approach. Using a public health approach, the initiative is anchored in prevention as a response to the preponderance of evidence calling communities to act and intervene in the earliest years of life. Center for Child Counseling's risk and protective factor method to improving child mental wellness works locally and across sectors to change individual and community outcomes. Services and programming is targeted at the different sectors in Palm Beach County to create community impact while still serving, educating, and treating at the individual level.

Individually, the organization has helped thousands of infants, children, and their adult caregivers improve social- emotional wellness, coping skills, resiliency, and self-regulation.

Center for Child Counseling's three tiered, public health prevention approach targets individuals through the classroom, relationships (teachers, peers, caregivers, siblings, etc.), and the broader community (administrators, school staff, pediatricians, lawyers, judges, law enforcement, etc.) to build better buffering relationships and heal the lasting effects of adversity, sustained toxic stress, and traumatic events.

The three tiers include universal, selected, and indicated services delivered based on assessed need and risk of the infants, toddlers, preschoolers, and elementary aged students they serve. The organization's Education and Prevention Services division and Institute for Clinical Training has allowed them to train thousands of parents, caregivers, nurses, teachers, and therapists, to build the community's capacity to scale the workforce to effectively meet the Childhood Mental Health needs present in Palm Beach County. The organization also provides integrated support and training in the communities where programming is provided, including childcare centers and schools.

This White Paper's societal impact is aimed to help build systemic awareness of ACEs and their lasting effects, reduce unintentional re-traumatization of some of the most vulnerable and disenfranchised citizens in our systems and institutions, and promote a cross-sector, public health response to this public health crisis.

This 2023 revision reflects an urgent need to reassess priorities in light of the pandemic's traumatic effect on youth, families, communities, and the workforce who have been on the frontlines supporting overwhelming grief, loss, and trauma.

"Palm Beach County Youth Services Department and the Birth to 22 Trauma-Sensitive Community Committee are grateful that Center for Child Counseling is localizing the research on Adverse Childhood Experiences.

We know that many of the children we serve have suffered trauma, and we want to build strong networks of supportive adults that can assist these children build resiliency.

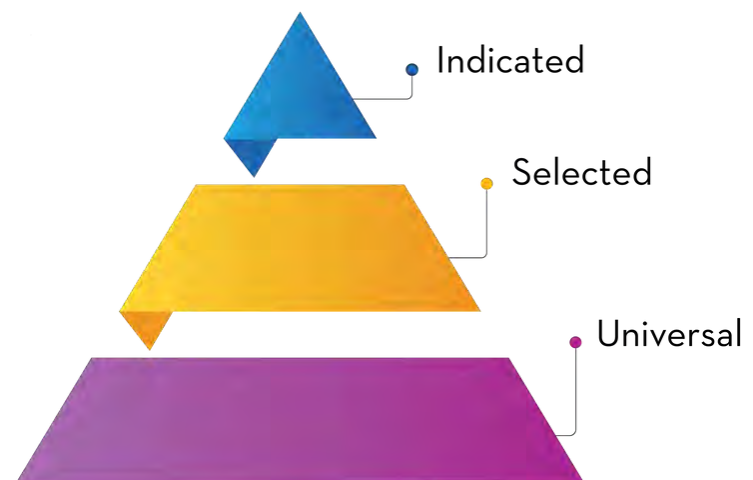
We also recognize that many parents suffered from trauma in their own childhood and they are doing the very best they can to raise their children.

Instead of adopting a 'blame the parent' approach, **let's equip parents with knowledge and tools."**

-Tammy K. Fields

Director, Palm Beach County Youth Services

How We Target Service Delivery



Palm Beach County's Community Readiness to Act:

Preparation Stage

Center for Child Counseling provided multiple opportunities to gather the experiences, ideas, and input from Palm Beach County's sector leaders and influencers using a Community Readiness Assessment, a broader Think Tank event, individual meetings, a targeted leadership meeting, and conversations with key levers of change to refine and include context and content.

Since 2016, feedback from the community, particularly parents and school staff, has been gathered through school and community-based workshops, consultation, and conversations. Center for Child Counseling leadership has been actively involved in community conversations and other initiatives including Healthier Together and Birth to 22's Trauma Informed Community Team.

Community Readiness Survey²⁰

Center for Child Counseling used the Colorado State University's College of Natural Sciences, Tri Ethnic Center's Community Readiness Model to assess Palm Beach County.

A trained facilitator and the online handbook were utilized. The available modifications were also used to include a larger interview population and improve the timing of the scoring process.

Benefits of the model include:

- It is an inexpensive and easy-to-use tool.
- It encourages the use of local experts and resources.
- It provides both a vocabulary for communicating about readiness and a metric for gauging progress.
- It helps create community-specific and culturally-specific interventions.
- It can identify types of prevention and intervention efforts that are appropriate.

According to the Community Readiness Survey, Palm Beach County is in the **Preparation Stage**. This is the 5th stage in the 9 established stages of readiness.

What Does This Mean?

In the 5th stage, most community members have at least heard about local efforts to educate or mitigate the effects of ACEs. Leadership is actively supportive of continuing or improving current efforts or in developing new efforts.

The attitude in the community is:

"We are concerned about this and we want to do something about it."

Community members have basic knowledge about causes, consequences, signs and symptoms. There are some resources identified that could be used for further efforts to address the issue. Community members or leaders are actively working to secure these resources.

The Palm Beach County community readiness stage of 5 provides the foundation to confidently move forward with suggesting a public health framework as well as ideas for levers of change and innovation.

ACEs Think Tank

On October 10, 2018, the Center for Child Counseling facilitated a Think Tank event for Palm Beach County sector leaders.

The event was intended to build on the Community Readiness Survey and allow for diverse involvement regarding systemic community sectors.

- 23 sectors were present at the meeting
- 20 table conversations were held
- 163 table participants (with an average of 8 per table)
- 161 recommended solutions were suggested

During the Think Tank, participants were asked to provide ideas and recommendations for actions.

They were asked to consider the overarching systemic challenges that impact or impede the success of addressing ACEs in Palm Beach County.

To see the potential for change, Palm Beach County must examine the systemic forces shaping the realities of our problems, beginning with ACEs and their lasting effects throughout our system.



Attendee Numbers by Sector

TOTALS BY SECTOR	COUNT
Aftercare	4
Business	9
Child Welfare	10
Community Member	4
Community Organization	15
Cross Sector	5
Dept. of Juvenile Justice	2
Early Learning	7
Education	10
Funder	10
Health	4
Healthcare	2
Higher Education	3
Homelessness	4
Insurance	3
Judiciary	6
Law Enforcement (PBSO)	2
Legal	5
Media	1
Mental Health	11
Public Office	6
Pediatrics	1
Prevention	29
Public Health	2
Research	5
Substance Abuse	3
TOTAL	163

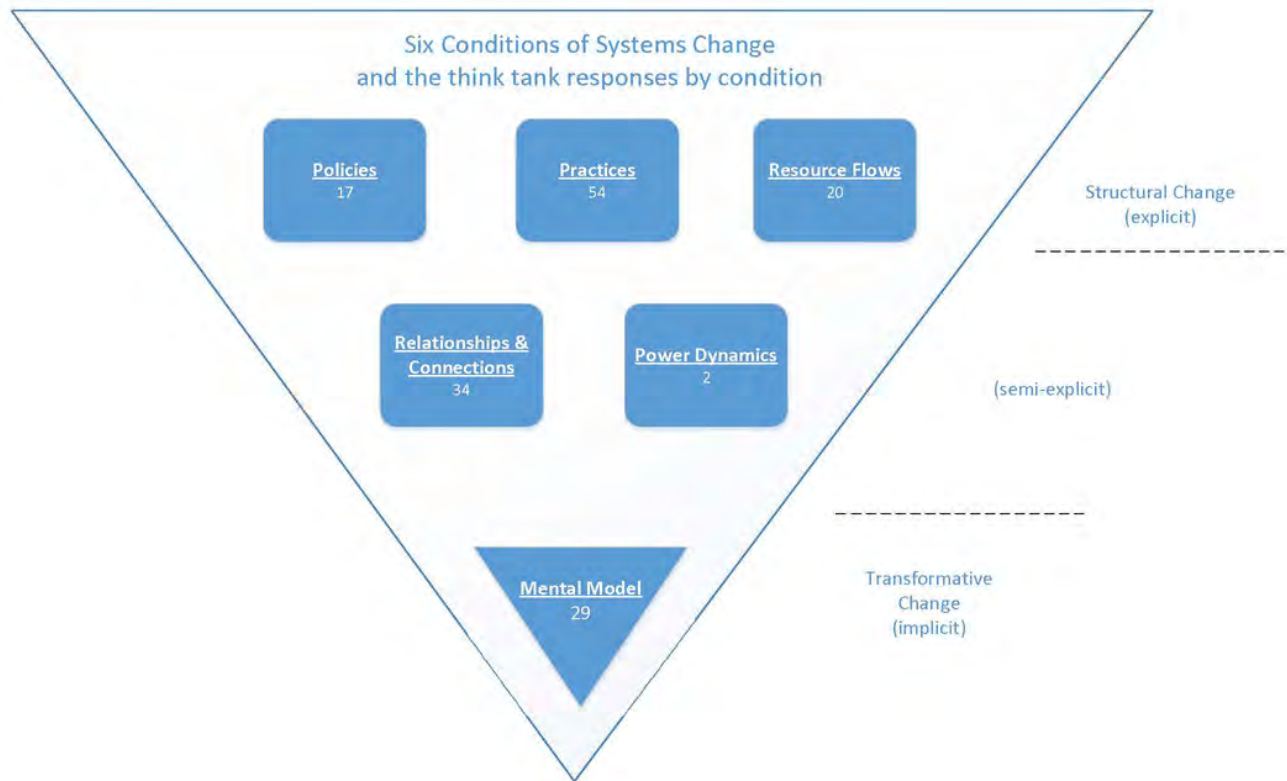
Community Readiness Survey Sector Participants

- 29 questions were asked
- 15 minutes to complete
- 80 people responded
- 19 sectors were represented
- 69 participants were female
- 11 participants were male
- 75 live in Palm Beach County
- 71 work in Palm Beach County

6 Conditions of Systems Change

Center for Child Counseling utilized FSG's publication "The Water of System's Change" to frame the feedback from the Think Tank event. Participants' responses fell into the following 6 conditions of systems change which are necessary to shift the conditions that hold the problem in place.³⁹

It is interesting to note, that these six conditions were not first presented to the Think Tank participants, yet their responses fell within these conditions, further supporting the communities readiness to act.



In order to shift a system, work in all three levels of change must occur: explicit, semi-explicit, and transformative (or implicit) change.³⁹

Six conditions significantly impede or propel systems change. These are policies, practices, resource flow, relationships and connections, power dynamics, and mental models.

These conditions are listed separately but, in reality, they can overlap and react to one another. For example, change in the pediatric mental model of ACEs may trigger a policy change to conduct further evaluation prior to prescribing psychotropic drugs.

Also, there can be conflict or friction between conditions. For example, changes in Palm Beach County practices might cause agitation and result in poor relationships between system partners.

Work in changing mental models is less explicit and doesn't result in immediate measures. Rather, a way to see change is to monitor other conditions and ultimately it can affect the overall system itself.

Historically, sector partners have worked at the explicit level of the inverted pyramid: policy, practices, and resource flow. Action in these three structural conditions can generate quick results that are measurable using traditional methods. However, if the semi-explicit and implicit system conditions are not addressed, change will likely have less impact and a lower likelihood of sustainability.

Conditions Holding Systems In Place:

Think Tank Recommendations

Policies Recommendations

Policies Definition:

Policies are governmental, institutional, and organizational rules, regulations, and priorities that guide the entity's own and other's actions.

Policy-Related Think Tank Recommendations:

Total comments: 17 (with some duplicated ideas)

- Improve the Baker Act process
- Develop an ACEs screening protocol for Palm Beach County
- ACEs screening protocol across child and caregiver systems
- Required mental health screening to access public services
- Medical home screening of ACEs
- School-based mental health
- Transparency to inform institutional supports regarding children services
- Legal system to mandate caregiver education on ACEs and positive parenting during all divorce and/or child-related cases
- Co-location of experienced mental health therapist on-site at Bridges and other community locations
- Parenting coordinator with mental health background to be appointed to work in parents' court
- Children should not be placed with family members in family-related sexual abuse cases
- Central care coordination of county services
- Change dependency law so placement priority is not necessarily with blood relatives
- ACEs screening as part of kindergarten developmental assessments, if school-based mental health is available
- Add mental health wellness and ACEs education to school curriculum



RECOMMENDATIONS

Practices Recommendations

Practices Definition:

Practices are espoused activities of institutions, coalitions, networks, and other entities targeted to improving social and environmental progress. Also, within the entity, the procedures, guidelines, or informal shared habits that comprise their work.

Practice-Related Think Tank Recommendations:

Total comments 54 (with some duplicated ideas)

- Schools systemically educate, empower, and train school staff, understand student and teacher trauma, and the effects of unbuffered toxic stress
- Train police on being trauma-informed and the Childhood Baker Act
- OB/GYNs need to follow maternal and post-partum depression screenings, provide ACEs education, and ensure service referrals during pregnancy
- Inform insurance agencies about pregnancy early
- Educate about ACEs and public health in middle school
- ACEs screening protocol implementation
- Increase in quality services for court to assist with executive functioning for clients to make the most of services
- ACEs-driven referral plan
- School District educates families at the beginning of the school year on importance of ACEs
- Change agency procedure to inform the school on continuing care at discharge
- School District child find consents to collaborate and share information
- Preschools collaborating with elementary schools to create transition plans, "child to school, family to school, and community to school"
- Address community and public health education efforts in those communities where there is the greatest risk, trying to reduce ACEs in the community, as well as building capacity in those areas of greatest need
- Embedding services needed to build trust
- Global screening at the ER, protective factors built into programs (example: Bridges)
- Funders follow through to ensure outcomes are met and fidelity to the program model is being used
- Disconnect between highest-risk families and services provided
- Pair cultural similarities together
- Teachers taking ACEs screening themselves
- Survey pediatricians across the county to see what they know. Do they have resources to give to parents?
- Have a social worker/therapist at the pediatrician's office
- ACEs screening for all pregnant women
- Screening as a routine part of pediatric visits
- Administer ACEs screening to all in school
- Organizations commit to train their employees
- Collect local data on the economic impact
- Higher- ed courses training to include mental health and ACEs training

Resource Flow Recommendations

Resource Flow Definition:

How money, people, knowledge, information, and other assets such as infrastructure are allocated and distributed

Resource Flow-Related Think Tank Recommendations:

Total comments: 20 (with some duplicated ideas)

- Family ambassadors in the community to connect families with similar experiences (similar to organization community voices)
- Connect and develop sector strategies
- Government incentives and scholarships to build workforce capacity
- Increase transportation availability
- Medicaid to increase the limit per session or not limit sessions
- Insurance providers and coverage improvements
- More funding (government) needed to create/increase affordable (free, subsidized), quality accessible day care services throughout Palm Beach County
- Proper staff training for programs/services/modalities
- Increase state/federal funding for Medicaid
- Funding for return on investment study for prevention and mitigation of ACEs early in life
- Increase funding for infrastructure of services
- Matching families in need with services, take inventory of services. Backbone agency needs to own inventory process
- Need funding to train all front-line staff



Relationships and Connections Recommendations

Relationships and Connections Definition:

Relationships and connections describe the quality of interaction and communication occurring among actors in the system, especially among those with differing histories and viewpoints

Relationships and Connections-Related Think Tank Recommendations:

Total comments: 34 (with some duplicated ideas)

- Improve interconnection between social services, child welfare, and therapeutic agencies with a focus on the child and research-based best practices
- Partner to identify priorities (look at what is already being implemented and expanding it to other sectors)
- Bring a larger audience of teachers to the table to hear their feedback and perspective
- Target pediatricians' offices for training and education
- Educate insurance companies so they can know that this work saves them money
- Identify lead ACEs organization to provide resources to support community sectors after initial training
- Training on ACEs and Trauma-Informed Care for all medical students
- Training for law enforcement and teachers
- Avoid traumatizing the community via media and news
- Inform employers of ACEs concerns and the impact of ACEs. Have employers consult employees and let them know they are cared about. Take away the stigma from needing help/guidance
- Faith-based "lunch and learns"
- Personal outreach ambassadors with cultural and local representation
- Work with FAU School of Medicine to document processes

Power Dynamics Recommendations

Power Dynamics Definition:

Power dynamics describes the distribution of decision-making power, authority, and both formal and informal influence among individuals and organizations.

Power Dynamics-Related Think Tank Recommendations:

Total comments: 4

- Lack of involvement of community and program experts at decision-making tables
- Problems sharing information due to fear of not having funding to simply keep an agency's doors open
- Remove the conflicts between funding and programs that create barriers to providing services to in-need families
- Lack of long-term funding commitment creates instability of services and programs

Mental Models Recommendations

Mental Models Definition:

Mental models are habits of thought or deeply-held beliefs and assumptions (as well as taken-for-granted ways of operating) that influence how we think, what we do, and how we talk.

Mental Model-Related Think Tank Recommendations:

Total comments: 29 (with some duplicated ideas)

- ACEs awareness campaign
- Positive ACEs messaging/education campaign targeting parents
- Normalize mental health with a media and print campaign targeting medical provider locations
- Public health campaign about ACEs targeting schools
- Work to remove the stigma of accessing mental health services
- Campaign to educate churches on ACEs
- Implement mental health day throughout the community and bring cultures together
- ACEs campaign to educate political and elected officials
- Broad-based community campaign about mental wellness



A photograph of a man and a young girl walking together in a grassy field under a bright blue sky with scattered clouds. The man, on the left, is wearing a blue t-shirt and red shorts, looking down at the girl's hand. The girl, on the right, is wearing a pink sleeveless jumpsuit with a yellow floral pattern on the chest and blue sunglasses, looking up at the man. They are holding hands.

Sector Recommendations



Cross-Sector Opportunities (and Missed Opportunities)

for Fighting ACEs in Palm Beach County

There are two categories of recommendations highlighted below: cross-sector and sector-specific. These recommendations come from the Community Readiness Assessment process, the think tank, and the sector leadership meeting, as well as national recommendations from research and best practices.

As with any system, the individual sectors that make up the system have to determine the best path forward. Individual sectors design, or are mandated to implement, internal processes, procedures, and practices that ultimately shape the way the community connects with that sector, as well as the target audience's experiences with that sector.

In order to improve intended collective community outcomes, the first work often has to focus on how a trauma-informed approach is operationalized within the systems' constituent organizations. Sector-specific change and cross-sector change can happen simultaneously; however, cross-sector change without individual sector or organizational change can result in short lived, shallow, and unsustainable efforts.

Equity, Trauma-Informed Continuum, Capacity, Community Voice, and Advocacy

Equity

The need to match resources and programming with community need

Recommendations:

Examine Birth to 22 zip code data to prioritize zip codes and indicators that are most in need by geography. Utilize resources to target the most in need, most vulnerable as a priority.

Provide the most robust services and full-scale programs targeting universal, selected and indicated approaches. The layering of services at various levels of prevention and intervention are necessary in communities fraught with adversity.

Reduce barriers to accessing services by co-locating prevention and intervention services to build access where children and families naturally are (Also see number 4).⁶⁴

② Trauma-Informed Continuum

Public policies that are informed by the science behind ACEs and trauma (consider using the trauma model).

Recommendations:

All social service agencies complete a self assessment on trauma-informed practices including training, hiring practices, and cross-sector referrals.

In Palm Beach County, many opportunities lie in the inter- and cross-system practices on behalf of the youngest people being served. Examples of these opportunities lie with the school system, child and family services, child welfare, or through the court system. These sectors and systems impact thousands of children's lives with known multiple ACEs (regardless of ACEs screening protocol) and trauma. As with any system change approach, once the mental model shift of becoming trauma-informed takes place, the practice of recruiting, training, and equipping caregivers and the policies in place for service delivery for children will change as well. Thereby the practice of expelling children from early care and education centers would look different, or there would be a regional plan for such children. The same is true of school-aged children without a history of school punishments.

Another example would be court-determined child placement through the foster care system. We would require educational and training support as well as evaluate kinship care placements in light of intergenerational transmission of ACEs. Additionally, as a county we would prioritize the continuity of therapy and care for children removed from family or foster placements. This type of practice change would truly show the understanding of trauma and ACEs and the intergenerational transmission of ACEs in the absence of an intervention. The staff across agencies and sectors would work to align trauma-informed services, treatment, and case plans. The information about a child's trauma would be shared across systems, when allowed and appropriate. To achieve these and other inter- and cross-system changes, the sector or system might have to undergo political advocacy and education to initiate reform; however, if as a society we believe the science to be true, we must persevere to realize change.⁴⁸

⁴⁵

EXAMPLES OF TRAUMA-AWARE STRATEGIES

a. Trauma-Prevention Strategies: Policies that are not necessarily designed with the explicit intent of addressing traumatic stress, but have great potential to do so by reducing exposure and promoting resilience.

b. Trauma-Informed Policies: Policies that reflect knowledge about the prevalence of trauma exposure in a population and how the effects of trauma could have secondary consequences.

c. Trauma-Specific Policies: Policies that promote access to interventions that mitigate the effects of trauma exposure and promote recovery.



Capacity

Recommendations:

Build the capacity throughout systems to provide a continuum of buffering relationships and resources to prevent and mitigate the effects of ACEs in Palm Beach County. ⁴⁹

a. Buffers:

Trained to become ACEs aware and trauma aware through a minimum 4-hour training. A buffer understands the importance of a safe, stable, nurturing relationship and the effect of un-buffered toxic stress on the developing brain.

Who could be a buffer? Depending on the age of the child, buffers can be peers, out of school staff, cafeteria workers, bus drivers, faith-based staff, extra-curricular staff, school or childcare worker administrators, co-workers, nurses, neighbors, etc.

b. Therapeutic Agents:

Demonstrated trauma-responsive approach acquired with skill based competency training model, demonstrated safe stable nurturing relationship with consistent age appropriate interaction.

Who could be a therapeutic agent?

Any of the buffering roles or relationships mentioned above including teachers. Peer mentor training models can also create therapeutic agents depending on the training model and agency or systemic support for the peer mentor (local peer mentor programs for targeted demographics include homelessness, substance abuse recovery, and post-incarceration re-entry programs).

c. Trauma-Informed Therapists:

Qualified to implement evidence based therapeutic treatments and interventions that can help build adult and child capacities to recover and heal from trauma.

Who are trauma-informed therapists?

Education, licensed, trained, and trauma experienced clinical therapist, ideally with specialized focus in target population demographic by age and/or subject matter.

Community Voice

Lack of consistent consumer involvement, perspective, or voice in Palm Beach County community systems resulting in policies and practices unintentionally re-traumatizing or creating missed opportunities to prevent and mitigate trauma.

Recommendations:

Continue to support, as well as build on and partner when possible, with the existing opportunities for quality community involvement strategies.

Examples of available Palm Beach County strategies include the Healthier Together initiative and BeWellPBC.

Other recommendations include ensuring community voice and decision making in philanthropic, county, and foundation funding, collaboratives, or initiatives. The Fighting ACEs initiative suggests that nonprofits identify opportunities for client input and voice in program delivery and dissemination to overcome barriers and meet the most pressing needs.^{39, 43, 45}

The systematic response to the policies impacting the social determinants of health (SDH)

Recommendations:

Implement a Palm Beach County public health approach to Fighting ACEs and focus on coordinating the last step of the public health framework: advocacy.² Coordinated advocacy efforts will maximize impact and inform decision making targeting the largest number of people. There is not a coordinated advocacy effort in Palm Beach County focusing on ACEs and the impact of legislation on the community.

In social service and community-based programming, policy change can be slow and hard to initiate, however it can also happen quickly, without many opportunities to inform or shape the policies. The latter usually leaves communities scrambling to try and adjust to the new realities governing them and impacting the families and children they serve.

Through the process of informing this White Paper, an interest in advocacy was not addressed by many informants. The reason might be because of funding or governance restrictions, a lack of understanding about the differences between advocacy and lobbying, a lack of time and resources, or confusion over where to start in the governmental process.

There is a substantial difference between advocacy and lobbying. Many shy away from both out of fear of violating the organizational and/or funding directives of their grants, board of directors' policies, or by-laws. Additionally, many organizations are simply busy with their day-to-day work. However, if Palm Beach County is serious about community change and looking to take a public health approach to Fighting ACEs, the final step in the framework is advocacy.

Breaking down Florida's \$400 million gun and school safety bill for the State of Florida and Palm Beach County:⁵²

Mental Health:

\$69 million for early mental health screening and services

*\$4 million to Palm Beach County School District (which alone is not enough to make a significant change in a district of 180 schools and 196,000 students).

*Approved higher property taxes to raise another \$22 million (other money from the tax will pay for more police officers and teacher raises).

Just recently, Palm Beach County has allocated an additional \$26 million dollars for school counselors, psychologists, and therapists, effectively making the Palm Beach County School District one of the largest mental health providers in the county. If an advocacy function existed in Palm Beach County focusing on trauma-informed approaches, a strategic advocacy presence could be offered both in Tallahassee as well as locally across systems to the involved sector partners. A collective advocacy effort could leverage the broader voice of the funding and service delivery sectors to help provide a trauma-informed context and avoid missed hiring opportunities for these school-based mental health positions.

School Security:

\$97 million for school resource officers, \$98 million for school-hardening grants, and \$25 million to raze and rebuild the freshman building where the shooting spree occurred.

Guardian Program:

More than \$67 million is aimed towards the controversial "Coach Aaron Feis Guardian Program," which is named after an assistant football coach who died while using his body to shield students.

New Gun Restrictions:

This legislature represents the first new gun restrictions placed on Floridians in two decades. It raises the legal age for gun ownership from 18 to 21 and imposes a three-day waiting period for the purchase of rifles and other long guns. Measures were also introduced to allow law-enforcement officials to seek court orders to seize guns from people who have shown they could be a danger to themselves or others.

Advocacy in the Public Health Approach

Palm Beach County has quality, evidence-based programs and services, as well as many levers of change and levers of innovation opportunities; however, the full impact of the public health approach is not realized in Palm Beach County.

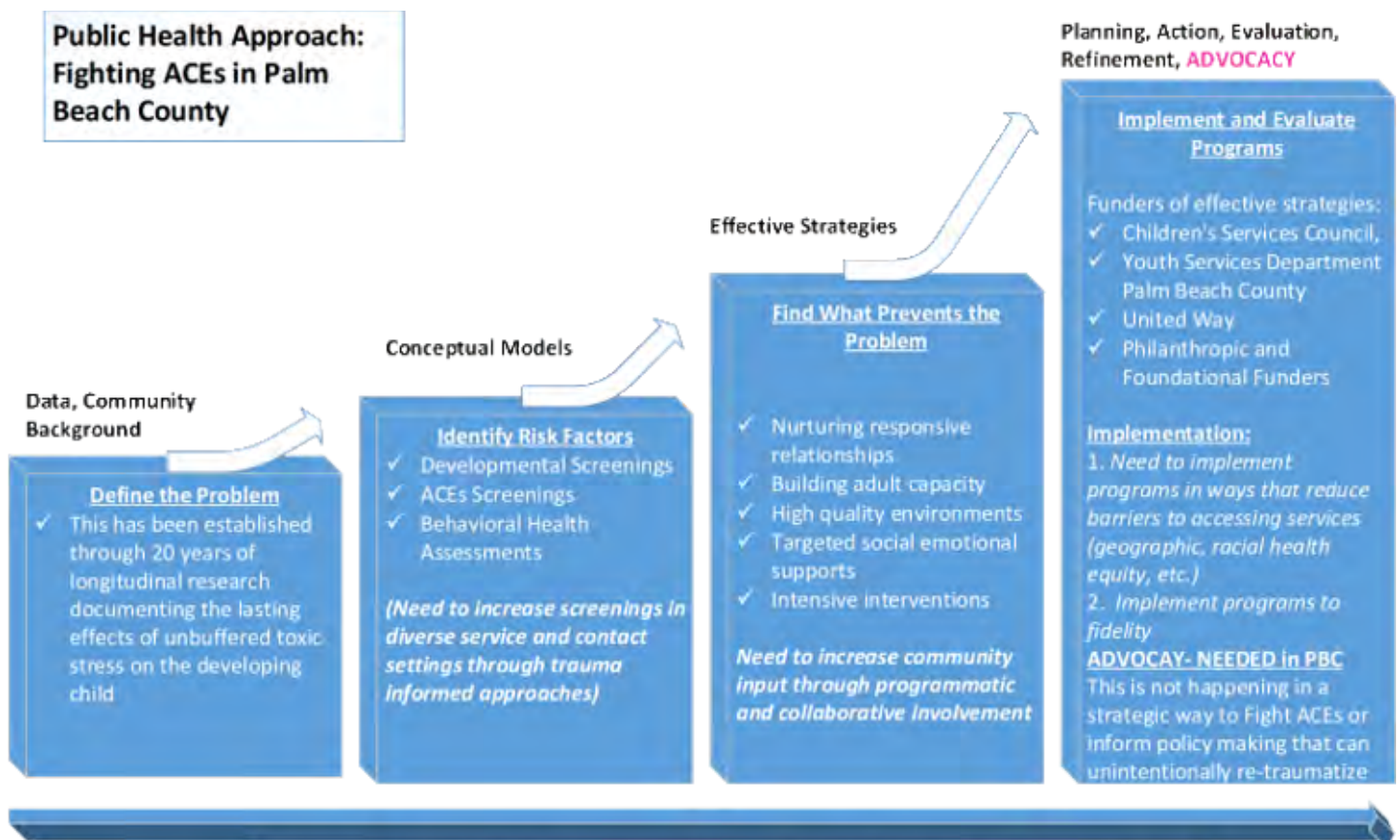
Three of the four stages of the public health approach have some areas of opportunity for Palm Beach County.

1.) Define the Problem: Data, Community, Background

2.) Identify Risk Factors: Conceptual Models

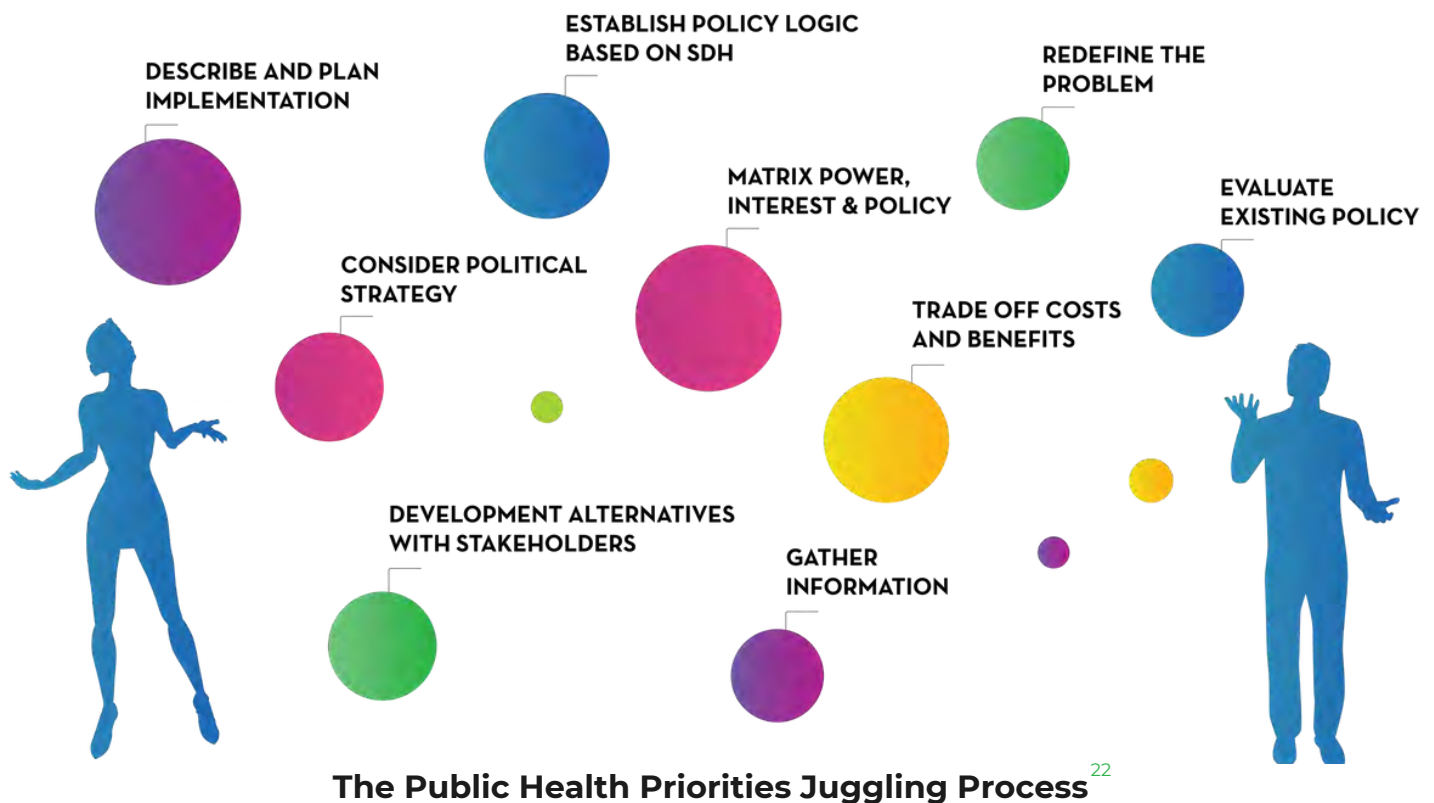
3.) Find What Prevents the Problem: Effective Strategies

4.) Implement and Evaluate Programs: Planning, Action, Evaluation, Refinement, Advocacy



Adapted from: National Center for Injury Prevention and Control, Division of Violence Prevention and Control, CDC

Potential Pitfalls of Swift Legislation



In reality, political decisions that are made quickly often happen without a collaborative, informed, evidence-based approach, or in this case, a trauma-informed approach. Evidence-based or trauma-informed approaches are intended to monitor the policies impacting the social determinants of health. Without these frameworks informing the political process, providers and local leaders are left scrambling to juggle the many balls related to the aftermath of the political process including:

- Disseminating information
- Planning implementation
- Evaluating programs and processes
- Creating an alternate counter plan based on stakeholder feedback

Putting a plan in place to prevent disruption of services (e.g.: Medicaid payer changes threaten to disrupt treatment services or create waiting lists of vulnerable families due to changes in payment structure)

Policies are formulated to address problems. Ideally, policy resources are allocated to achieve stated outcomes yet often can be symbolic to project an image of government concern or address a tangible but insignificant piece of the real problem.

Largely, policies fail to include specific performance criteria or direct intervention parameters.²²

An example of a public health approach resulting in advocacy in Palm Beach County is the Marjory Stoneman Douglas Act, which happened as a result of the Broward County high school shooting that killed 17 people. The legislation may be new but the case for increased school-based mental health services has been at the forefront of Palm Beach county advocacy for years. Palm Beach County funders have been allocating grant resources to the Center for Child Counseling to co-locate mental health services in elementary schools since 2016 and preschools since 2004.

Sector-Specific Recommendations

Through community input and national best practice recommendations from creating ACEs aware and trauma-informed systems, sector specific recommendations have emerged.

Center for Child Counseling and the Fighting ACEs Initiative has organized the sectors and the recommendations in the following ways: Levers of Change, Levers of Innovation, Actors, and Prevention based actions.

This section is not meant to be an exhaustive list of the levers of change or the opportunities; however, this is a population based, prevention based approach to begin thinking of sector specific adjustments.

Levers of Change are large population influencing agencies or approaches to effecting sweeping changes in how we support communities and families to become stronger and better able to provide children with safe and happy childhoods.

Levers of Innovation are new approaches that could engage community sectors that haven't traditionally been at the trauma-informed or Fighting ACEs table or worked across sectors.

Levers of change and innovation for Fighting ACEs in Palm Beach County can be thought of in two ways:

- 1) Sector influencers or “**ACTORS**” that are capable of impacting large segments of the Palm Beach County population either through funding resources, decision-making, or influence. This is not simply a list of the over 5,000 potential service delivery programs listed by the United Way.
- 2) Key strategies or “**ACTIONS**” that can be viewed categorized (using a prevention approach) as “UNIVERSAL”, “SELECTED” or “INDICATED” populations.

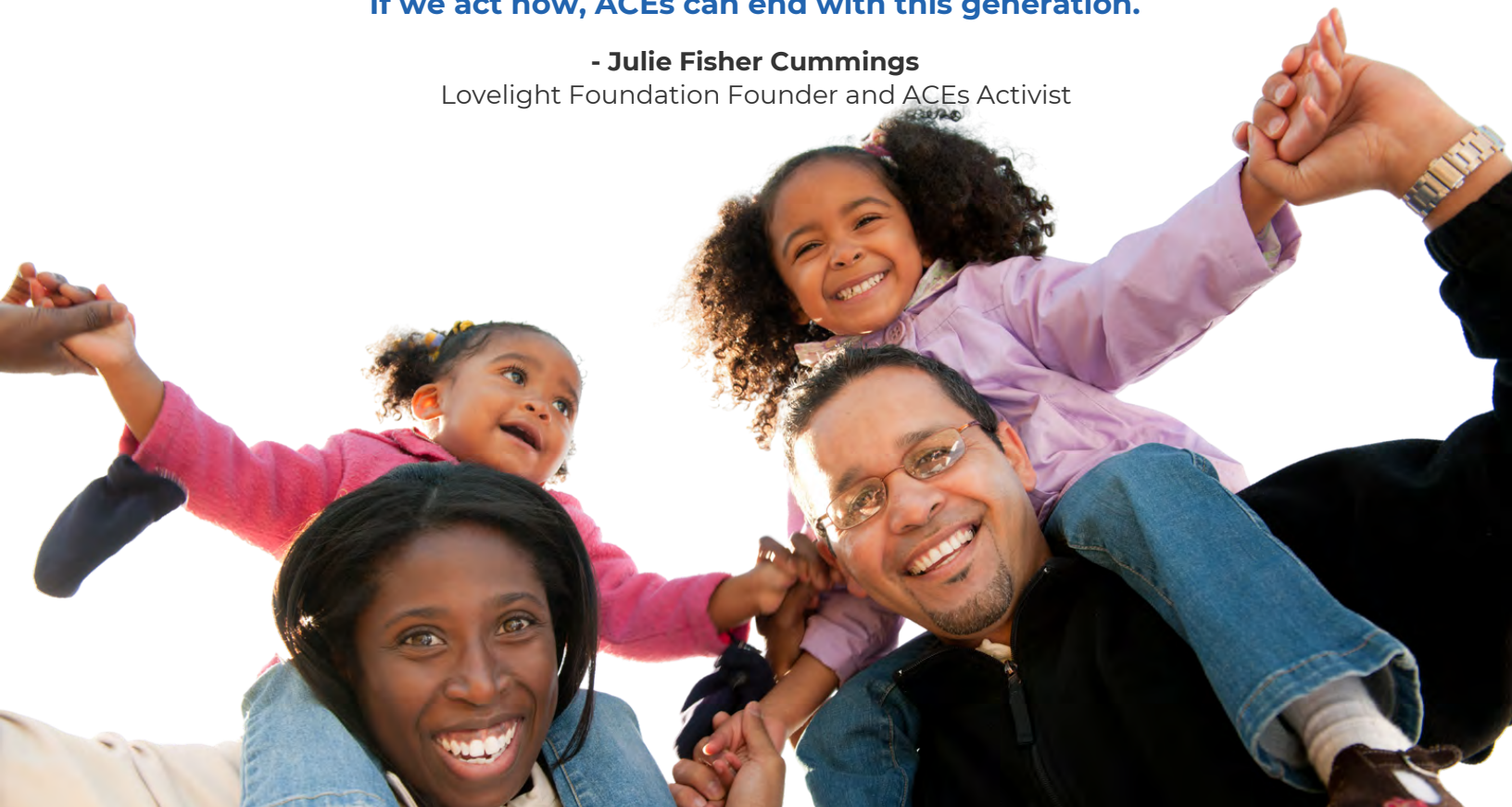
“I implore you to ask:

What would you do for your own child? Think of these children as your own. Because they are ours, and our responsibility together.

If we act now, ACEs can end with this generation.

- Julie Fisher Cummings

Lovelight Foundation Founder and ACEs Activist



Neighborhoods

Formalized and Informal Communities in Palm Beach County

Levers of Change: Actors

- 211
- BeWellPBC
- Birth to 22
- Bridges
- Civic groups
- Community stakeholder groups
- Faith-based alliances
- Healthier Together Initiative
- Media
- United Way mentors

Levers of Innovation: Actions

Quick Wins (QW) or Major Project (MP)

UNIVERSAL

- Provide training to become ACEs aware and trauma-informed to neighborhood levers of change (QW).

SELECTED

- Create a plan and train neighborhood leadership on Mental Health First Aid (QW).

INDICATED

- Ensure key leaders are aware of available services like using 211 as a resource following Mental Health First Aid Training and as a resource for anyone needing services (QW).

Call To Action:

Building Community Resilience is a call to action for the neighborhood sector.

56

Resiliency is the capability to endure and thrive despite adversity by reinforcing social supports for vulnerable children, families, and communities. There are four components to building community resilience:

- The ability to sustain economic development within the community: the degree to which residents possess social capital (social networks and supports that include family and other community members)
- The effective top down and bottom up transfer of information and communication between residents and the social services agencies that serve them
- The community competence to support civic engagement (e.g., voting and advocacy), self-management (health and social needs)
- Collective empowerment for community advocacy and engagement

Funders

Investment in Palm Beach County by government, private, community, conversion, and family foundations.

Levers of Change: Actors

- Children's Services Council of Palm Beach County
- Palm Beach County Youth Services Department
- Early Learning Coalition
- Philanthropic Foundations (Quantum, Palm Health, United Way)
- Foundations funding Palm Beach County initiatives (national and local community foundations, family foundations, etc.)
- Southeast Florida Behavioral Health Network
- Palm Beach County Community Services Department

Levers of Innovation: Actions

Quick Wins (QW) or Major Project (MP)

UNIVERSAL

- Work with existing Birth to 22 and existing Palm Beach County funders' meeting to form diverse leadership group to improve long-term strategic commitment and investment in Fighting ACEs in Palm Beach County (QW).
- Identify an Infant and Early Childhood Funder's Collaborative built on the existing Palm Beach County funders' meeting (QW).
- Collaborate with sector partners to create a Birth to 10 Theory of Change for Palm Beach County embedded within the Youth Master Plan (MP).
- Design a collaborative funding approach to impact the cross sector systems that includes long-term funding strategies and commitment) (MP).

SELECTED

- Promote systemic, sustainable capacity building that builds buffers, therapeutic agents & therapists (MP).

INDICATED

- Establish funding criteria for ACEs-aware and trauma-informed grants or investments which include required best practices, fidelity to the model, and an evaluation component (QW).

Call To Action:

Include investments toward changing the systemic conditions that hold neighborhood or community problems in place. 39, 45

Systems change work does not happen quickly. A long-term investment strategy and partnership needs to be employed. Most grants last only one year; behavior change takes longer and short-term funding creates program instability. Provide longer funding commitments for evidence-based programs to collaboratively support and allow program providers to build true sustainability. It takes a few years, for example, to show the payoff of a maternal home visiting program that helps prevent childhood injuries. Develop cooperative, multiyear contracts, and also work in an advocacy capacity to message positive outcomes and results from grant making. Consider utilizing joint funding efforts across sectors to achieve maximum community outcomes targeting a prevention and early childhood investment approach.

Businesses

Small Business and Corporate Investment in Palm Beach County

Levers of Change: Actors

- Chambers of Commerce
- Economic Council of Palm Beach County
- Better Business Bureau
- United Way of Palm Beach County
- Leadership Palm Beach County
- Leadership Florida
- Media

Levers of Innovation: Actions

Quick Wins (QW) or Major Project (MP)

UNIVERSAL

- Ensure they have (and provide employees with) ACEs-aware and trauma-informed training (QW).
- Create mental model to promote positive healthy interactions and relationships using a business-friendly campaign (QW).
- Take and offer employees Mental Health First Aid Training (QW).
- Provide workplace support and space for nursing mothers (QW).
- Implement paid maternity/paternity leave and/or offer co-located childcare facilities (MP).
- Ensure businesses offer family-friendly policies like consideration for sick children, field trips, etc. (MP).

SELECTED

- Ensure Human Resource staff receive ACEs-aware and trauma-informed training (QW).

Call to Action:

If you want a strong community from which to draw employees, you want a healthy community with strong coping strategies and resilience. 9, 35

Your employees have ACEs, their kids have ACEs and this is a workforce related problem. Begin with awareness of the impact of ACEs and trauma, build on stress management education and techniques such as breathing breaks or mindfulness rooms.

Ultimately, depending on business size, focus on early childhood community investment and the return on investment through prevention strategies. An example nationally is larger corporate giving towards providing all children access to quality pre-K education, which is a significant determinant of our region's future success.

Integrated Health

Behavioral Health, Medical, Public Health, Pediatrics/OB-GYN

Levers of Change: Actors

- Health Educators
- Pediatricians, Doctors, Nurses, Practitioners, Therapists
- BeWellPBC
- Birth to 22
- Insurance companies, including Medicaid (MCOs)
- Pediatric Society of Palm Beach County
- Palm Beach County Medical Society
- Palm Beach County Department of Health
- Health Care District of Palm Beach County
- Healthy Mothers, Healthy Babies of Palm Beach County
- Palm Beach County Youth Services Department
- Southeast Florida Behavioral Health Network
- Children's Services Council of Palm Beach County
- Florida Association for Infant Mental Health (FAIMH)

Levers of Innovation: Actions

Quick Wins (QW) or Major Project (MP)

UNIVERSAL

Behavioral Health

- Create a cross-sector campaign for Palm Beach County to normalize Behavioral Health with messaging that targets different populations by age.
- Focus on cultural messaging informed by the relevant neighborhood sector (MP).
- Ensure staff receives institutional training on being trauma informed and ACEs aware (QW).

Medical

- Provide messaging about ACEs prevention approaches for families and destigmatize mental health and wellness (QW).

SELECTED

Behavioral Health

- Place a mental health therapist in all Bridges locations (QW).

Medical

- Ensure screening for ACEs and maternal depression (QW).
- Implement trauma-informed practices when prescribing psychotropic medicines to children with complex trauma histories (QW).

Behavioral Health and Medical

- Collaborate on building Palm Beach County workforce capacity for mental health (MP).
- Implement trauma-informed models (MP).
- Increase capacity and workforce development for substance abuse treatment (MP).

INDICATED

Medical

- Provide a connection to resources, information, and referrals for targeted clients (MP).
- Co-locate a therapist/social worker on-site (MP).

Integrated Health

Call To Action:

Pediatric, prenatal, and perinatal screening for depression, ACEs and/or trauma needs to be routine and common place.

Perinatal depression is the most common obstetric complication in the United States, with prevalence rates of 15% to 20% among new mothers. Untreated, it can adversely affect the well-being of children and families by increasing the risk for complications during birth and lead to deterioration of core supports, including partner relationships and social networks. ³⁷

Perinatal depression contributes to long-lasting, and even permanent, consequences for the physical and mental health of parents and children, including poor family functioning, increased risk of child abuse and neglect, delayed infant development and attachment, perinatal obstetric complications, challenges with breastfeeding, and costly increases in health care use. Perinatal depression is identifiable and treatable.

The US Preventive Services Task Force, Centers for Medicare and Medicaid Services, and many professional organizations recommend routine universal screening for perinatal depression in women to facilitate early evidence-based treatment and referrals, if necessary. Despite significant gains in screening rates from 2004 to 2013, a minority of pediatricians and OBGYN doctors routinely screen for postpartum depression, and many mothers are still not identified or treated. This is a large systemic missed opportunity for fighting ACEs.

The American Academy of Pediatrics recommends routine screening for ACEs, with studies showing that most pediatricians have not adopted the practice.

Pediatric ACEs Screening in Palm Beach County



"Palm Beach Pediatrics (PBP) implemented the ACE questionnaire over 2 years ago to screen for possible childhood trauma in both mothers and their children. We started with a small population and have since expanded to more age groups. **We give all mothers of patients new to our practice an ACE survey to complete as well as one for each new child.** We also screen all 3 and 5-year-olds at their well visits. We were finding so many ACE surveys with more than 4 risk factors and were concerned that we would not have the resources to address them. As pediatricians, we practice **preventative medicine**, so we feel strongly about doing our part to prevent long-term chronic illnesses. The evidence connecting childhood trauma and lifelong medical conditions is overwhelming, so this is time well spent."

- Shannon J. Fox Levine, M.D.

President and Pediatrician , Palm Beach Pediatrics

Palm Beach Pediatrics and Center for Child Counseling have partnered to provide an integrated mental health model. This collaboration will promote a best practice model of care that addresses the whole child, supporting social-emotional, cognitive, and physical development to ensure that children, adolescents, and families receive immediate access to mental health services, education, and resources.

Early Childhood Wellness

Prevention Approach: Early Care and Education, Infant and Early Childhood Mental Health

Levers of Change: Actors

- Birth to 22
- Early Learning Coalition of Palm Beach County
- Children Services Council of Palm Beach County
- Fighting ACEs in Palm Beach County
- Florida Association for Infant Mental Health (FAIMH)

Levers of Innovation: Actions

Quick Wins (QW) or Major Project (MP)

UNIVERSAL

- Create mental model to promote positive healthy interactions and relationships using a parent- friendly campaign (QW).
- Build on collaborative workgroup currently meeting (QW).
- Create childcare provider and K-5th school strategic plan (MP).

SELECTED

- Expand co-location of therapeutic services to after-school programs, early care, and education preschool programs based on ACEs, racial, and zip code data (QW).

Call to Action:

Provide co-located public health approach to infant and early childhood centers as well as offering caregiver mental health in high-need communities (to include parents, aids, teachers, staff, and administrators).

The goal is to build the skill and capacity for self-regulation, identifying feelings, and coping strategies universally to create buffering and therapeutic relationships. 2 8

Create trauma-informed early childhood learning centers. Build in layers of support for centers that have high suspension and expulsion rates.

The Florida Association for Infant Mental Health (FAIMH) holds the sole license to offer the credential: Endorsement for Culturally Relevant, Relationship-Focused Practice Promoting Infant and Early Childhood Mental Health® in the state of Florida. The Endorsement® is supported internationally by the Alliance for the Advancement of Infant Mental Health, and originated as part of the Michigan Association for Infant Mental Health.

The Endorsement® identifies best practice competencies at multiple levels and across disciplines. Endorsement® uses a nationally recognized set of competencies that helps define best practice and guides professional growth for professionals who serve infants and young children.

Learn more: <https://www.faimh.org/endorsement>

K-12 Education

Public, private, charter, and alternative schools in Palm Beach County

Levers of Change: Actors

- School District of Palm Beach County
- Principals and School District Leadership
- School Board of Palm Beach County
- Teachers
- Birth to 22
- School Health Advisory Council

Levers of Innovation: Actions

Quick Wins (QW) or Major Project (MP)

UNIVERSAL

- Ensure social-emotional learning at age appropriate levels, including self regulation, coping strategies, emotional intelligence, and peer relations (QW).
- Provide middle school mental health prevention education (QW).
- Provide high school mental health education and Mental Health First Aid training (QW).
- Expand training for teachers/staff in ACEs and trauma-informed approaches as well as social-emotional wellness (QW).

SELECTED

- Ensure hiring of trained, licensed, experienced trauma therapists for school-based mental health (QW).
- Build district-wide awareness, prevention, and intervention measures to reduce the potential of re-traumatizing and triggering children with complex trauma in schools (QW).
- Ensure ACEs screening in schools with trained co-located trauma-experienced mental health professional (QW).

Call to Action:

Expand county-wide training for schools on ACEs and trauma-informed care, expand prevention strategies for children in high-risk communities, and provide co-located mental health services in every school.

All school staff and leadership need to have an awareness of the impact of ACEs and trauma on students, with specific strategies for addressing behaviors in the classroom. Schools should be aware of trauma-informed hiring practices when selecting school-based behavioral health specialists, paying attention to level of expertise and training. Schools in high-risk zip codes need more support - all children, especially PreK through 3rd grade, should receive classroom-based, trauma-informed strategies to develop core capabilities, particularly self-regulation skills. ^{48, 53}

Schools should reduce barriers to receiving services through co-location of behavioral health specialists at all schools in Palm Beach County.

Higher Education

Universities, colleges, and community colleges in Palm Beach County

Levers of Change: Actors

- Colleges and Universities
- Career Source
- Achieve Palm Beach County
- School District of Palm Beach County

Levers of Innovation: Actions

Quick Wins (QW) or Major Project (MP)

UNIVERSAL

- Include a class for all higher education students on ACEs and their impact (QW).

SELECTED

- Train students in workforce sector disciplines on ACEs, including pediatricians, medical and law students, and those pursuing careers in law enforcement, early childhood education, teaching, and human resources to begin building community capacity. Target educational institutions. (MP).

Call to Action:

The higher learning institutions in Palm Beach County should collaboratively institutionalize ACEs and trauma education to build systemic instructional capacity for understanding the impact and effect of inequity, trauma, and ACEs on development and behavioral health. 29

This will build a systemic base of buffers that have been exposed to the research of the signs and symptoms of trauma related outcomes and behaviors and the lasting impacts. The students will carry this exposure and knowledge and will understand the power of meaningful buffering relationships.

The approach can focus on content knowledge, teaching and learning strategies in the context of ACEs and trauma, how to create a trauma-informed climate and culture, and self-regulation and coping strategies for themselves and others.



Government

Policy, Requirements, and Laws (Federal, State, County, and City)

Levers of Change: Actors

- Mayors
- City/County Elected Officials
- State and Federal Elected Officials
- League of Cities

Levers of Innovation: Actions

Quick Wins (QW) or Major Project (MP)

UNIVERSAL

- Require system sector training (lawyers, foster parents, child welfare, law enforcement, etc.) in ACEs awareness and trauma-informed approaches (QW).
- Conduct ROI assessment to determine the impact of services and their resulting savings (MP).

SELECTED

- Provide incentives for behavioral health and therapeutic professional employment in preschools, at childcare providers, and within community programs (QW).

INDICATED

- Establish requirements for ACEs-aware and trauma-informed training (with required best practices) to receive funding (QW).

Call to Action:

The governmental sector needs a paradigm shift from reactive, punitive measures to address the effects and outcomes of ACEs, and adopt a preventative, early years investment approach with an accompanying ROI analysis. ³⁴

The logical links between the investments and the health benefits reveal that for every 100 cases of child abuse society can expect to pay for in middle or old age (among a wide range of physical and mental health consequences): one additional case of liver disease, two additional cases of lung disease, six additional cases of serious heart disease, and 16% higher rate of anti-depressant prescriptions.⁵⁰

The estimated average lifetime cost per victim of nonfatal child maltreatment is \$210,012 in 2010, including \$32,648 in childhood health care costs; \$10,530 in adult medical costs; \$144,360 in productivity losses; \$7,728 in child welfare costs; \$6,747 in criminal justice costs; and \$7,999 in special education costs. The estimated average lifetime cost per death is \$1,272,900, including \$14,100 in medical costs and \$1,258,800 in productivity losses. The total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States in 2008 is approximately \$124 billion. In sensitivity analysis, the total burden is estimated to be as large as \$585 billion.⁵⁰

Courts

All related institutions, services, staff and personnel directly employed or reporting to the court and judicial system.

Levers of Change: Actors

- 15th Judicial Circuit
- Baker Acts
- Probation Officers
- Guardian Ad Litem
- Public Defenders
- State Attorney Office

Levers of Innovation: Actions

Quick Wins (QW) or Major Project (MP)

UNIVERSAL

- Train workforce in ACEs and the intergenerational transmission of ACEs (QW).
- Provide training on specific strategies to use within the context of court hearings (QW).

SELECTED

- Consider the presence of intergenerational trauma during kinship placement, especially in sexual abuse cases (QW).
- Prioritize cultural, age appropriate placements, and the continuity of therapeutic interventions, when possible (QW).
- Mandate co-parenting couples be educated on ACEs and the effects of toxic stress on the developing brain, as well as the power of buffering and nurturing relationships (MP).

Call to Action:

The power of the justice system to respond and create a corrective course or a punitive, traumatized course for individuals is equally possible, powerful and with lasting implications for the individual and society in either direction. While there are certainly cases where incarceration are necessary, a challenge would be to see each case through a trauma informed lens. Incarceration removes people from society, erodes work skills, weakens social networks and alters employer perceptions.

There is opportunity at every decision making point to respond in a trauma-informed way.⁵¹

- Understanding and awareness that individuals chronically exposed to trauma are often hypervigilant and can be easily triggered into a defensive or aggressive response;
- Identification of individuals with ACEs, and ensuring trauma is not driving entry, involvement into the juvenile and/or criminal justice systems;
- Collaboration between systems that an individual might encounter;
- Preventing further trauma by responding in a way that reduces exposure to traumatic reminders and equips individuals with the supports and tools to cope with traumatic stress reactions;
- Delivery of behavioral health services to address active trauma symptoms;
- Utilizing procedural justice by focusing on fairness in the processes that resolve disputes rather than only fairness in the disputes' outcomes.

Law Enforcement

The Palm Beach County Law Enforcement division includes Palm Beach County Sheriffs' Office with city and town police, Florida Highway Patrol, and Florida Fish and Wildlife Conservation Commission Police, School Safety Officers.

Levers of Change: Actors

- Palm Beach County Sheriff's Office
- City Police Departments
- Domestic Violence
- School Safety
- Fire Rescue
- First Responders
- Jails

Levers of Innovation: Actions

Quick Wins (QW) or Major Project (MP)

UNIVERSAL

- Train all staff in ACEs and the intergenerational transmission of ACEs (QW).
- Train police officers on Baker Acts and mental health, focusing on in-service training and new hire training (QW).

SELECTED

- Include a therapist/social worker as part of law enforcement teams, to be present during calls (MP).

INDICATED

- Ensure law enforcement notifies schools (or the co-located school therapist, if present) when their is a household disturbance (MP).

Call to Action:

The recommendation is for Palm Beach County Law Enforcement to build competencies in recognizing the symptoms of traumatic stress and seek to understand how past trauma may be affecting functioning. 35

Additionally, coordinate services and interviews with other agencies to prevent re-traumatization between past trauma and present behavior. Importantly, take the opportunity to refer individuals to trauma-informed services for treatment and follow-up. Ultimately, integrate trauma-informed principles into everyday procedures.

The final step of integration is important and can change the course of lives drastically. For example: Identifying the differences between a youth who is being combative and a youth who is reacting to a situation that has triggered a stress reaction can have life-altering consequences. Rather than reacting to the combative behavior with more aggression, an officer can help a youth remain calm and create an environment of safety. This could assist in de-escalating their hypervigilance and cease aggressive behavior patterns.

This approach can result in fewer charges for youth, a reduction in the use of secure detention, youth not being retraumatized and fewer or no injuries to either the youth or the responding officers. Or an officer can respond aggressively and trigger a stronger traumatic response, which will likely only push the youth further into the juvenile justice system.

Child Welfare

The Palm Beach County Child Welfare system is operated by the Florida Department of Children and Families. This sector includes sub sectors such as: Community Based Care (outsourced of foster care and foster parent Programming with Child Net), adoptions, child legal services, child welfare (separation of child from families, reunification of child in foster care with birth families, permanent placements for a child unable to return to the birth family), refugee services program, child care services and licensing programs.

Levers of Change: Actors

- FL Department of Children and Families
- Early Childhood Court
- Department of Juvenile Justice
- Juvenile Court
- Child Net
- Speak Up for Kids
- Guardian Ad Litem Program
- Legal Aid of Palm Beach County

Levers of Innovation: Actions

Quick Wins (QW) or Major Project (MP)

UNIVERSAL

- Train all staff in ACEs and intergenerational transmission of ACEs (QW).
- Provide community education with a focus on parents/caregivers (QW).

SELECTED

- Encourage kinship foster parents, training, financial assistance, and support groups. Provide assessments such as AAPI (QW).
- Collaborate on building the capacity of the PBC workforce for dependency case managers and child protective investigators (MP).

INDICATED

- Consider the presence of intergenerational trauma during kinship placement, especially in sexual abuse cases (QW).

Call to Action:

A primary call to action is to comprehensively train and build the capacity of case workers and foster parents to understand ACEs, trauma, and the effects on the developing brain.

Ultimately building case workers and foster parent's skill in being not only buffers but therapeutic agents. The Child Welfare system encounters children with 100% certainty of having at least one, but likely multiple ACEs. The ACEs and trauma training needs to be competency based and build not only awareness but skill in trauma-informed approaches to mitigate the effects of trauma and ACEs. This is the biggest missed opportunity for children in our system. The trauma-informed lens and skills associated with being a therapeutic agent will likely result in changes for removal and placement decisions and the selection and outcome "success" of foster parents.

In a study by the Department of Health and Human Services where case record abstraction was conducted on the child welfare case records of an urban, ethnically-diverse sample of youths, neglect, including emotional, supervisory, environmental and physical, are often overlooked and not recognized, yet what we know about the developing brain of the child, this can have some of the worst long term consequences. In the study, neglect was present in 71.0% of the sample as compared to the 41.0% classified as neglected by CPS records. ⁶⁵

Call to Action

Palm Beach County is well positioned for action. As mentioned in the methodology, the Community Readiness Assessment indicates Palm Beach County is in a preparation stage for action. Funders, collaboratives, and the broader community are positioned to consider a plan to specifically address ACEs and trauma.

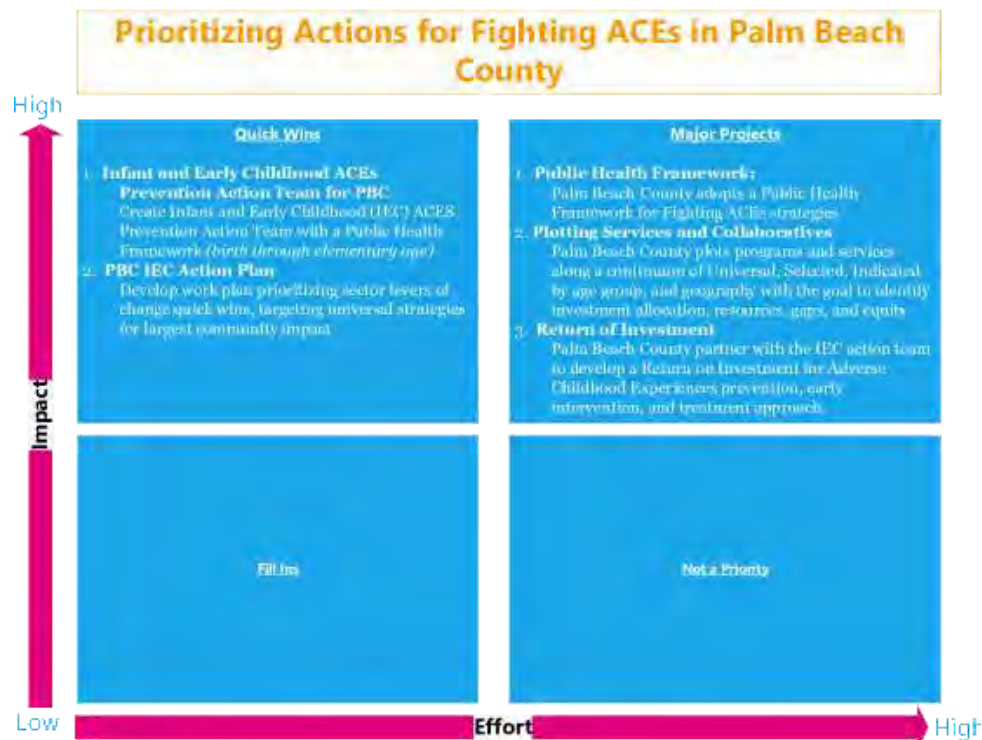
What does that mean?

- Community members have basic knowledge about the causes, consequences, signs, and symptoms of ACEs. There are some resources identified that could be used for further efforts to address the issue.
- Community members or leaders are actively working to secure these resources.
- Palm Beach County's community readiness is at stage 5. This means the community has the foundation to confidently move forward with developing a public health framework as well as ideas for levers of change and innovation.

There are already quality, research-based efforts targeting people of all ages in Palm Beach County. The community has broadly addressed trauma and specifically funded evidence-based approaches to prevent and mitigate the effects of adversity and trauma. However, a focused, coordinated, strategic effort targeting the earliest years (when the largest return on investment is available) is not maximized across sectors in the county.

It is our hope that by shedding light on the effectiveness of early interventions that a paradigm shift will occur and that prevention will be prioritized without reducing efforts currently underway.

- We need an upstream imperative for cross-sector Infant and Early Childhood Action Plan for Fighting ACEs.
- The next steps of this white paper are to encourage a prioritization of efforts based on resources, collaborative efforts, structure, and momentum currently available in Palm Beach County.
- The Fighting ACEs initiative recommends a Public Health Approach for Palm Beach County, building on the Birth to 22, Youth Master Plan for Palm Beach County, the needs identified from the Southeast Florida Behavioral Health Network's Needs Assessment, the Children's Services Council of Palm Beach County's prevention approach, and the Fighting ACEs initiative's Community Readiness assessment results, and the Think Tank recommendations.



Adapted from the Action Priority Matrix https://www.mindtools.com/pages/article/newHTE_95.htm

Quick Wins

1.

Infant and Early Childhood ACEs Prevention Action Team for Palm Beach County

Create Infant and Early Childhood (IEC) ACEs Prevention Action Team with a Public Health Framework (birth through elementary age).

2.

Palm Beach County IEC Action Plan

Develop a work plan prioritizing sector levers of change quick wins, targeting universal strategies for largest community impact.



Quick Win 1: Infant and Early Childhood ACEs Prevention Action Team for Palm Beach County

It is through the knowledge and acceptance of the research on Adverse Childhood Experiences, unbuffered trauma and toxic stress, brain development, neurobiology of stress, and the intergenerational transmission of ACEs through epigenetics, that the Fighting ACEs initiative recommends this call to action:

To organize and develop a Palm Beach County Infant and Early Childhood Action Plan, prenatal to 10, to fight ACEs through a public health approach.

It is recommended that this action plan for Palm Beach County represent a cross-sector continuum of universal, selected, and indicated actions, targeting a prenatal-to-10 population and their caregivers, engaging multiple community voices to integrate services, and creating a trauma-informed approach.

Palm Beach County Levers of Change for Infant and Early Childhood Public Health Approach to Fight ACEs

Potential Key "Backbone" Cross-System Partners to lead action planning:

- Center for Child Counseling's Fighting ACEs Initiative: Public health approach to fighting ACEs, source for expert content and training
- Children Services Council of Palm Beach County: Trauma-informed prevention and early intervention funder
- Palm Beach County Youth Services Department: County planning, potential action plan coordinator
- Birth to 22's "Becoming a Trauma Sensitive Community Action Team": Key county system and cross-sector team which could be the first layer to inform the plan for strategic actionable approaches for targeted age groups
- BeWellPBC: Local initiative, weaving together behavioral health approaches in the county and amplifying community perspective and solutions. This initiative could be engaged to inform the Birth to 10 Action Plan



Quick Win 2: Palm Beach County Infant and Early Childhood Action Plan

Possible first steps or focus areas could be to examine the sector recommendations and build on community momentum currently underway. The team could consult actions in the youth master plan, current community efforts underway in the Fighting ACEs Initiative, as well as strategic approaches within the Children Services Council of Palm Beach County and Palm Beach County's Youth Services Department.

Through the White Paper process, the community has prioritized sector levers of change, quick wins, targeting universal strategies for the largest community impact. The interest is largely focusing on developing sector specific training and education to become an ACEs-Aware and Trauma-Informed system.

Strategic Recommendations for Prenatal to 10, Palm Beach County (PBC) Public Health Prevention Approach

The action team could conduct the following Public Health Strategies for the advocacy and implementation of a Palm Beach County, prenatal to 10 strategic plan for Fighting ACEs:

1. Theory of Change:

Develop a PBC, Birth to 10, Theory of Change for Fighting ACEs, taking into account the 6 conditions of systems change. Assess the 6 conditions of systems change for the Birth to 10 Action Team:

- Policies
- Practices Power
- Resource Flow
- Relationships and Connections
- Dynamics
- Mental Modesl

2. Actor Mapping:

Conduct actor mapping and plot services by age, prenatal-10 and caregiver, along a prevention continuum (universal, selected, indicated)

3. GIS Mapping of Services:

Geographically map services to identify place-based equity of prenatal to 10 and caregiver strategies and programs. Gaps and needs can be better identified.

4. Funding Matrix:

Funding Analysis to determine PBC Infant and Early Childhood Funding Landscape by target population, geography, and levels of prevention (universal, selected, indicated)

5. Data Monitoring Agreements:

Create a Palm Beach County prenatal to 10, ACEs related shared data and monitoring repository with data agreements, used to inform the action plan and dissemination of programs and services and monitor impact.

6. Return on Investment Structure:

Develop a Return on Investment structure of system impact of prevention, early intervention, and treatment services and impact on ACE related long-term health and societal effects.

7. Advocacy Collaborative:

An advocacy collaborative could use all of the information listed above to create a compelling public health monitoring campaign to inform elected officials both locally and statewide. The advocacy collaborative could be built on existing collaboratives with a focus and structure to inform societal policy decision making as well as informing cross system, sector partners regarding impact on program implications. This group could also serve as a learning community for Palm Beach County.

8. Prenatal-to-10 Funders Collaborative:

The funders' collaborative could be a subgroup of the existing Palm Beach County Funders' meeting. It could prioritize and drive the action work team and strategic dissemination of the Public Health Approach.

Major Projects

Targeting the broader community (Birth-to-22 scope)

1.

Public Health Framework

Palm Beach County adopts a Public Health Framework for Fighting ACEs strategies

2.

Plotting Services and Collaboratives

Palm Beach County plots programs and services along a continuum of Universal, Selected, Indicated by age group, and geography with the goal to identify investment allocation, resources, gaps, and equity

3.

Return of Investment

Palm Beach County partner with the Infant and Early Childhood action team to develop a Return on Investment for Adverse Childhood Experiences prevention, early intervention, and treatment approach.



Major Project 1: Palm Beach County adopts a Public Health Framework for Fighting ACEs strategies.

The Fighting ACEs initiative recommends a Public Health Approach for Palm Beach County building on the Birth to 22, Youth Master Plan for Palm Beach County, the needs identified from the Southeast Florida Behavioral Health Network's Needs Assessment, and the Fighting ACEs Initiative's Community Readiness and Think Tank recommendations.⁴⁵

ACEs and trauma have been called one of the worst public health crises of our time. Through the Fighting ACEs Initiative, Center for Child Counseling sees the work in Palm Beach County through a public health lens impacting the larger societal population. This means seeing the services, programs, institutions, community sectors, priorities and funding on a continuum of universal, selected, and indicated approaches targeting individuals, relationships, communities and society across the life span from prenatal to geriatric ages.

This framework allows for a broader approach rather than the traditional disease-centric model which aims to measure health as the absence of disease.

2

Major Project 2: Palm Beach County plots programs and services along a continuum of prevention, age, and geography with the goal of identifying investment allocation, resources, gaps, and equity.

Show Landscape of Resources:

To begin the landscape study Palm Beach County can use existing resources. There are several levers of change, potential levers of innovation (new programs and groups), community assessments, and a youth master plan from birth to 22 with supporting available data which can provide the foundation for plotting the services and programs. The work and organizational efforts can be plotted within the public health framework where strengths and opportunities can be visualized to show both effort and funding. United Way of Palm Beach County is a resource for identifying available programs, along with the 211 informational directory.

The Fighting ACEs Initiative encourages Palm Beach County to identify and plot the available services organization, mission, focus and impact within this public health framework of prevention focusing on community sector and level of prevention with attention to age and target or impact within the socio-ecological model. It is helpful to begin to understand how this framework shapes messages and prioritization strategies, specially how approach expectations relate to effort and impact within systems and sectors in Palm Beach County. Palm Beach county could demonstrate community strategies along the continuum of prevention and target age group.

If this basis of understanding is available, collectively, it is possible to strategically transcend the professional barriers that exist due to discipline, funding, and focus, to find cross sector opportunities for systems change. ACEs and trauma are common, they occur in clusters, and they have lasting effects that underpin many of our community challenges. The approach we take to solve the problem might be different individually or organizationally, but the opportunity to evaluate efforts and identify gaps through a systems framework is powerful. ⁴⁵

3

Major Project 3: Palm Beach County develops a Return-on-Investment strategy for prevention continuum.

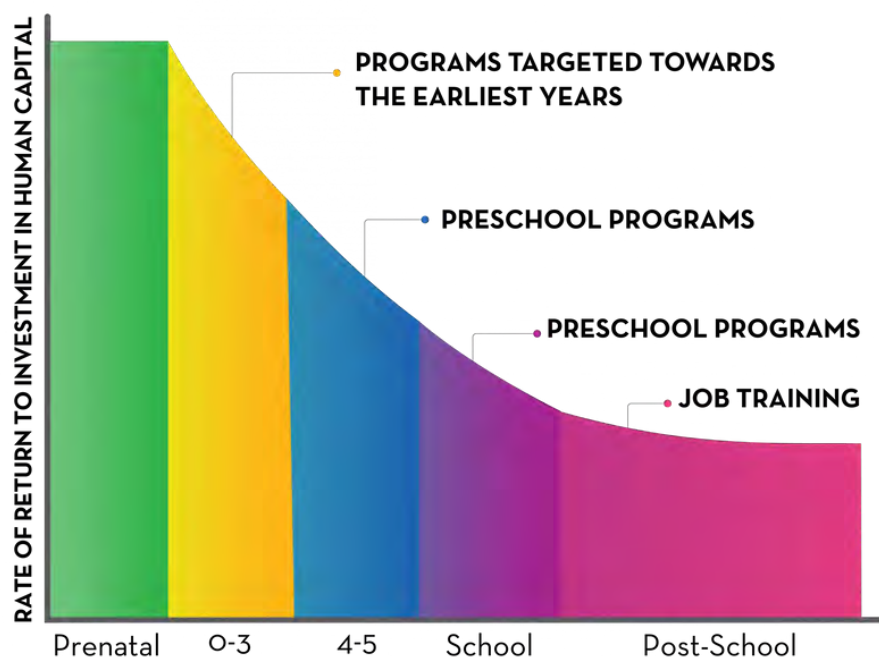
Return on Investment (ROI) analyses can be a useful tool to encourage expanded coverage and investment by the state of Florida. An ROI strategy enables policymakers to weigh the value of partnerships investments in social services that are likely to improve medical outcomes. It is unethical to hinge treatment on purely financial calculations. ROI tools for prevention are not required for other health conditions (e.g., cancer and heart disease). It would be useful for planning purposes to know probable ROIs for prevention programs for children.

Possible return on investment calculators to model after include:

Commonwealth Fund: ROI Calculator for Partnerships to Address the Social Determinants of Health. ROI Calculator Assesses Risks and Rewards of Integrating Social Services with Health Care. New York NY, Commonwealth Fund, 2018 <https://www.commonwealthfund.org/publications/interactive/2018/may/roi-calculator-assesses-risks-and-rewards-integrating-social>

The Washington State legislature has directed the Washington State Institute for Public Policy (WSIPP) to calculate the ROI to taxpayers from a variety of education, prevention, and intervention programs and policies Benefit Cost Results. Olympia, WA, Washington State Institute for Public Policy, 2018. http://www.wsipp.wa.gov/BenefitCost/WsippBenefitCost_AllPrograms45

RETURNS TO A UNIT DOLLAR INVESTED



The image to the left represents an example of ROI by James Heckman. In this model of return on investment, the increase in human capital is measured focusing on age-based prevention and related programming.

Heckman, James J. (2008). "Schools, Skills and Synapses," *Economic Inquiry*, 46(3): 289-324

Early childhood education is an efficient and effective investment for economic and workforce development. The earlier the investment, the greater the return on investment.

Trauma-Informed Definitions

The following is a universal set of definitions intended to be used by the Birth to 22 collaborative for the purpose of ensuring consistency and to establish the linkage between social-emotional learning and trauma-Informed practices.¹⁷

ADVERSE CHILDHOOD EXPERIENCES (ACEs)

ACEs are Adverse Childhood Experiences that occur prior to a child's 18th birthday that harm their developing brains so profoundly that the effects show up decades later. ACEs are associated with both mental illness and chronic disease. ACEs are at the root of most violence. The concept of ACEs first emerged following a landmark 1990s-era study conducted by the Centers for Disease Control (CDC) and Kaiser Permanente. This groundbreaking public health study discovered that childhood trauma can lead to the adult onset of chronic diseases, depression, and other mental illness, violence, and being a victim of violence.

Adverse Childhood Experiences include (but are not limited to):

- Divorce or separation of parents
- Domestic violence in the household
- Physical, emotional & sexual abuse
- Homelessness
- Incarceration of household member
- Maternal depression
- Mental Illness in household
- Physical & emotional neglect
- Substance abuse in household

ACEs STUDY

The original ACEs study included the following 10 survey questions that touched on three categories of adversity:

Abuse

- Did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you. Or did they act in a way that made you afraid that you might be physically hurt?
- Did a parent or other adult in the household often or very often push, grab, slap, or throw something at you? Or did they ever hit you so hard that you had marks or were injured?
- Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way? Or did they attempt (or actually have) oral, anal, or vaginal intercourse with you?

Household Dysfunction

- Were your parents ever separated or divorced?
- Was your mother, stepmother, father, stepfather or caregiver often or very often pushed, grabbed, slapped, or had something thrown at him or her? Or were they sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? Or were they ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
- Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
- Was a household member depressed or mentally ill, or did a household member attempt suicide?
- Did a household member go to prison?

Neglect

- Did you often or very often feel that no one in your family loved you or thought you were important or special? Or did you feel that your family didn't look out for each other, feel close to each other, or support each other?
- Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or did you feel that your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Add up your "yes" answers. This is your ACE score

ADVERSE COMMUNITY ENVIRONMENTS

Conditions that contribute to Adverse Community Environments include community disruption, discrimination, a lack of opportunity, little economic mobility or social capital, poor housing quality with low affordability, general poverty, and violence.

STRESS

In humans, stress is a physical, chemical, or emotional factor that causes bodily or mental tension and is likely to be a factor in disease causation.

Chronic/Toxic Stress: This type of stress is associated with prolonged periods of pressure/tension in the absence of protective relationships. It can cause damage to emotional, cognitive, physical, and moral development and often stems from situations like domestic violence, abuse, neglect, household dysfunction, substance abuse, etc.

Minority Stress: This describes chronically high levels of stress faced by members of stigmatized minority groups. It may be caused by a number of factors, including poor social support and low socioeconomic status, but the causes of minority stress that are best understood include interpersonal prejudice and discrimination.

Positive Stress: This type of stress, also called "eustress", is a reaction we have whenever we are faced with a demand which is pressing but which we can handle or manage. Positive stress provides a spark or motivating catalyst that can help you push your body to its limits in order to achieve a certain goal.

Tolerable Stress: This involves serious, but temporary, stress responses that are buffered by supportive relationships. For example, after a natural disaster like a hurricane, the situation may be stressful but it is easier to manage because people pull together and support victims during the recovery process.

TRAUMA

Trauma is the result of an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual wellbeing.

Collective Trauma: This is an aggregate of trauma experienced by community members or an event that impacts a few people but has structural and social traumatic consequences. Collective trauma can break social ties, erode the sense of community, and undermine previous supportive resources.

Complex Trauma: The experience of multiple and/or chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature (e.g., sexual or physical abuse, war, community violence) and early-life onset. These exposures often occur within the child's caregiving system and include physical, emotional, and educational neglect and child maltreatment beginning in early childhood.

Cultural Trauma: This is a collective feeling that a group has been subjected to a horrendous event that leaves indelible marks upon their group consciousness, marking their memories forever and changing their future identity in fundamental and irrevocable ways. Cultural trauma not only highlights trauma at a community level but also the necessity of community-level intervention to deal with trauma collectively.

Developmental Trauma: The result of abandonment, abuse, and neglect during the first three years of a child's life that disrupts cognitive, neurological and psychological development and attachment to adult caregivers. Developmental trauma, a new term in the field of mental health, has roots in both developmental psychology and traumatology. Developmental trauma is inflicted on infants and children unconsciously and most often without malicious intent by adult caregivers who are unaware of children's social and emotional needs.

Safety is less about the lack of threat. Safety is about
the presence of connection.

-Dr. Gabor Maté

EARLY INTERVENTION

The process of identifying children and families who may be at risk of running into difficulties and, in response, providing timely and effective support early on, prior to the difficulties lasting years or interfering with their development. The process of early intervention typically begins with observation and referral followed by assessment and substantive evaluation, with the understanding that a formal diagnosis will potentially be established and, with or without such a diagnosis, services will be provided.

MICROAGGRESSION

A statement, action, or incident regarded as an instance of indirect, subtle, or unintentional discrimination against members of a marginalized group such as a racial or ethnic minority.

PREVENTION

Prevention is used to define intervening actions that minimize mental health problems by addressing the determinants before a specific mental health problem has been identified in the individual, group, or population of focus. The ultimate goal of prevention is to reduce the number of future mental health problems prior to the onset of a disorder.

PROTECTIVE FACTORS

Protective factors are conditions or attributes (skills, strengths, resources, supports, or coping strategies) in individuals, families, communities, or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.

Protective factors include:

- Building a sense of self-efficacy and perceived control
- Facilitating supportive adult-child relationships
- Mobilizing sources of faith, hope, and cultural traditions
- Providing opportunities to strengthen adaptive skills and self-regulatory capacities



References and Appendices



References and Appendices

References	i - iv
------------	--------

Appendix A: General and Local Data	v - vi
------------------------------------	--------

General and Local Data

Appendix B: Graphs & Charts

2015 Child Population by Age Group, Poverty Level, and Area	vi
Percentage of Palm Beach County Children Living in Poverty (by Race)	vi
Parental Substance Use Concerns in Palm Beach County	vii
Past/Current Substance Abuse	ix
2017 Palm Beach County Areas with High Food Insecurity and Pantries	x
2016 Palm Beach County Population by Race	x
Percentage of Children Entering Kindergarten Ready to Learn in Zip Code Areas Performing Below the County Rate	xi
2016 Top 10 Municipalities with Highest Reported Crime Rates* by Type	xi
Subsidized Child Care Providers	xii
Percentage of Uninsured Children and Youth in Palm Beach County	xii

References

- 1.ACE Interface. (n.d.). Effects. Retrieved from The National Child Traumatic Stress Network: <https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma/effects>
- 2.Adverse Childhood Experiences (ACEs). (2016). Retrieved from Centers for Disease Control and Prevention: <https://www.cdc.gov/violenceprevention/acestudy/>
- 3.American Psychological Association. (2016). Effects of Poverty, Hunger and Homelessness on Children and Youth.
- 4.Annette Christy, S. R. (2018). The Baker Act: The Florida Mental Health Act Fiscal Year 2016/2017 Annual Report. Louis De la Parte Florida Mental Health Institute Department of Mental Health Law & Policy.
- 5.Biglan A, Van Ryzin MJ, Hawkins JD. (2017). Evolving a more nurturing society to prevent adverse childhood experiences. *Academy of Pediatrics*.
- 6.Blair, C., & Raver, C.C. (2016). Poverty, Stress, and brain development: New directions for prevention and intervention. *Academic Pediatrics*.
- 7.Bonnie D. Kerker, A. S.-I. (2016). Do pediatricians ask about adverse childhood experiences in pediatric primary care? *Acad Pediatr*.
- 8.Bruner, C. (2017, September-October). ACE, Place, Race, and Poverty: Building Hope for Children. *Academic Pediatrics*, 17.
- 9.Business Development Board of Palm Beach County. (2018). Palm Beach County Workforce Analysis. Retrieved from <https://www.pbcskills.org/wp-content/uploads/2018/09/PBC-Skills-Deliverable-Presentation-1.pdf>
- 10.Center for Disease Control. (2019). Violence Prevention. BRFSS ACE Data. Retrieved from <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/ace-brfss.html>
- 11.Center for Study of Social Policy. (n.d.). Concrete Supports in Times of Need. Protective and Promotive Factors. Retrieved from [cssp.org: https://www.cssp.org/reform/strengthening-families/2013/SF_Concrete-Support-in-Times-of-Need.pdf](https://www.cssp.org/reform/strengthening-families/2013/SF_Concrete-Support-in-Times-of-Need.pdf)
- 12.Center for Youth Wellness. (2013). Whitepaper An Unhealthy Dose of Stress. San Francisco. Retrieved from <https://drive.google.com/1e/d/1RD50IIP2dimEdV3zn0eGrgtCi2TWfakH/view>
- 13.Center on the Developing Child at Harvard University. (2016). Building Core Capabilities for Life: The Science Behind the Skills Adults Need to Succeed in Parenting and in the Workplace. Retrieved from Center on the Developing Child at Harvard University: <https://developingchild.harvard.edu/>
- 14.Change Lab Solutions. (2019, January). School Discipline Practices: A Public Health Crises and an Opportunity for Reform.
- 15.Child Abuse Council. (2019). Adverse Childhood Experiences Study. Retrieved from <http://www.childabuseqc.org/adverse-childhood-experiences>
- 16.Child Mind Institute. (2016). Helping Children Cope After a Traumatic Event A recovery guide for parents, teachers and community leaders. New York.
- 17.Child Youth & Community Data Team of the Birth to 22 Palm Beach County Initiative and contributing partners. (2018). Palm Beach County Indicators of Child, Family and Community Risk, Well-being and Access to Supports. Retrieved from Birth to 22 Palm Beach County United for Bright Futures: http://pbcbirthto22.com/pdf/B22_2017_Final_Combined_Slides_March_22_2018.pdf
- 18.Cohen, S. (2017). Three Principles to Improve Outcomes for Children and Families. Center on the Developing Child at Harvard University. Retrieved from <http://www.developingchild.harvard.edu>

- 19.(June 2017). Complex Trauma: Facts for Service Providers Working with Homeless Youth and Young Adults. The National Child Traumatic Stress Network. Retrieved from <https://www.nctsn.org/resources/complex-trauma-facts-service-providers-working-homeless-youth-and-young-adults>
- 20.E. R. Oetting, B. A. (2014). Community Readiness for Community Change. Colorado State University, Tri Ethnic Center for Prevention Research. Retrieved from http://www.triethniccenter.colostate.edu/wp-content/uploads/sites/24/2018/04/CR_Handbook_8-3-15.pdf
- 21.Effects. (n.d.). Retrieved from National Child Traumatic Stress Network (NCTSN),: <https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma/effects#page>
- 22.Evelyn de Leeuw, C. C. (2014). Health policy- why research it and how: health political science. Health Research Policy and Systems.
- 23.ExcelinEd. (2016, March 28). Does K-3 reading matter? Ask the 70% of inmates who can't read. Retrieved from ExcelinEd: <https://www.excelined.org/ed-y-blog/does-k-3-reading-matter-ask-the-70-of-inmates-who-cant-read/>
- 24.First 1000 Days. (2019, April). Research The Critical Window for Development. Retrieved 2019, from First 1000 Days: <http://rst1000days.org/research/>
- 25.Flojaune Grif n Cofer, B. D. (n.d.). ACEs, Race, and Health Equity: Understanding and addressing the role of race and racism in ACEs exposure and healing.
- 26.(2018). Florida Youth Substance Abuse Survey. Palm Beach County Data Report, Florida Department of Children and Families. Retrieved from <https://www.pbcskills.org/wp-content/uploads/2018/09/PBC-Skills-Deliverable-Presentation-1.pdf>
- 27.Frameworks Institute. (2009). Summary Message Memo: FrameWorks' Analysis of Frame Effects. 20. Retrieved from http://www.frameworksinstitute.org/toolkits/canp/resources/pdf/AnalysisofFrameAffectsPCAA_2009.pdf
- 28.FSU Center for Prevention and Early Intervention Policy. (2016). Behavioral Health for Children Tip Shee: The Pyramid Model for Early Childhood. Early Childhood Health Optimization Series(02). Retrieved from www.cpeip.fsu.edu/mma
- 29.HAELLE, T. (2018, September 17). Childhood Trauma And Its Lifelong Health Effects More Prevalent Among Minorities. Retrieved from NPR: <https://www.npr.org/sections/health-shots/2018/09/17/648710859/childhood-trauma-and-its-lifelong-health-effects-more-prevalent-among-minorities>
- 30.Halfon N, Larson K, Son J, et al. (2017). Income inequality and the differential impact of adverse childhood experiences in US Children. Academy Pediatrics.
- 31.Harvard University. (2019). ACEs and Toxic Stress: Frequently Asked Questions. Retrieved from Center on the Developing Child: https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2018/08/ACEsInfographic_080218.pdf
- 32.Harvard University. (n.d.). Epigenetics and Child Development: How Children's Experiences Affect Their Genes. Retrieved from Center on the Developing Child: <https://developingchild.harvard.edu/resources/what-is-epigenetics-and-how-does-it-relate-to-child-development/>
- 33.Hayes-Greene, Deena, and Bayard P. Love. (2018). The Groundwater Approach: Building a Practical Understanding of Structural Racism. The Racial Equity Institute.
- 34.Heckman, J. (n.d.). Retrieved from <https://heckmanequation.org>
- 35.Hochman, A. (2016, December 1). Business leaders in the ACEs science and resilience movement: A different kind of bottom line. Retrieved from ACEs Too High: <https://acestoohigh.com/2016/12/01/business-leaders-in-the-ace-and-resilience-movement-a-different-kind-of-bottom-line/>
- 36.INBRIEF: The Science of Early Brain Development,. (n.d.). Retrieved from Centering on the Developing Child, Harvard University : (www.developingchild.harvard.edu).
- 37.Jason Rafferty, G. M. (2019). Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice. American Academy of Pediatrics. Retrieved from <https://pediatrics.aappublications.org/content/pediatrics/143/1/e20183259.full.pdf>

38. Jessica M. Craig, M. T. (2017). Do Social Bonds Buffer the Impact of Adverse Childhood Experiences on Reoffending? Youth Violence and Juvenile Justice, 3-20.
39. John Kania, M. K. (2018, June). The Water of Systems Change. FSG.
40. Kristin Anderson Moore, D. M. (2016). Child Well-Being: Constructs to Measure Child Well-Being and Risk and Protective Factors that Affect the Development of Young Children. Child Trends. Retrieved from <https://www.childtrends.org/wp-content/uploads/2017/03/2016-61ConstructsMeasureChildWellbeing.pdf>
41. Mandy A. Allison, E. A. (2019, February). The Link Between School Attendance and Good Health. The American Academy of Pediatrics, p. 13.
42. Morris, E.W., & Perry, B.L. (2016). The punishment gap: School suspension and racial disparities in achievement. Social Problems, 68-86.
43. NEUROPLASTICITY. (2019). Retrieved from Community Resilience Cook Book: <http://communityresiliencycookbook.org/the-language-of-aces/>
44. (September 2017). Palm Beach County Zip Code Report. Children Services Council, Palm Beach County. Retrieved from <https://trustedpartner.azureedge.net/docs/library/ChildrensServicesCouncil2011/PBCZipCodeReportSept2017.pdf>
45. Philanthropy Network of Greater Philadelphia, Thomas Scattergood Behavioral Health Foundation, United Way of Greater Philadelphia and Southern New Jersey. (2016). Trauma-Informed Philanthropy A Funder's Resource Guide for Supporting Trauma Informed Practice in the Delaware Valley.
46. Robert Anda, M. M. (n.d.). The Health and Social Impact of Growing Up With Alcohol Abuse and Related Adverse Childhood Experiences: The Human and Economic Costs of the Status Quo. Board of Scientific Advisors National Association for Children of Alcoholics. Retrieved 2018
47. Shonkoff J, Phillips DA, eds. (2000). From Neurons to Neighborhoods: The Science of Early Childhood Development. Washington, DC: Committee on Integrating the Science of Early Childhood Development, National Academies of Science.
48. Shonkoff, J.P., Garner, A.S., & Committee on Psychosocial Aspects of Child and Family Health; Committee on Early Childhood, Adoption, and Dependent Care; Section on Developmental and Behavioral Pediatrics. (2012). The Lifelong effects of early childhood adversity and toxic stress. Pediatrics.
49. (2017). Southeast Florida Behavioral Health Network Comprehensive Plan. Southeast Florida Behavioral Health Network. Retrieved from <https://collectiveimpactforum.org/sites/default/files/Behavioral%20Health%20Needs%20Assessment%20Final%20Report%202017.pdf>
50. The Flourish Project. (2018). The Economic Cost of ACEs. Retrieved from https://www.flourishproject.net/uploads/1/8/4/9/1849450/the_economic_cost_of_aces.pdf
51. The Illinois ACEs Response Collaborative. (n.d.). Justice Brief: Juvenile and Criminal Justice Systems. Brief. Retrieved from <http://www.hmprg.org/wp-content/themes/HMPRG/backup/ACEs/Justice%20Policy%20Brief.pdf>
52. The Palm Beach Post. (2018, March 8). Breaking down Florida's \$400 million gun and school safety bill .
53. The Palm Beach Post. (2019, February 13). Parkland shooting legacy: Palm Beach County students get more counselors, psychologists.
54. Thomas J. Schofeld, R. D. (2013, October). Safe, Stable, Nurturing Relationships as a Moderator of Intergenerational Continuity of Child Maltreatment: A Meta-Analysis. Journal of Adolescent Health, S32-S38. Retrieved from <https://doi.org/10.1016/j.jadohealth.2013.05.004> s-of-Need.pdf
55. U.S. Department of Education Office for Civil Rights. (2014, April). Civil Rights Data Collection: Data Snapshot (Early Childhood Education).
56. Vanessa Sacks, D. M. (2018, February 12). The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity. Retrieved from Child Trends: <https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity>
57. Wade, R. (2016, October 24). The Impact of Poverty and Adverse Childhood Events on Child Health. Philadelphia, PA

58. Walter S. Gilliam. (2005). PreKindergardeners Left Behind: Expulsion Rates in State Prekindergarten Programs. New York: FCD Policy Brief Series. Retrieved from https://medicine.yale.edu/childstudy/zigler/publications/National%20Prek%20Study_expulsion%20brief_34775_5379_v1.pdf
59. Wendy R. Ellis, W. H. (2017). A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model. Academic Pediatrics.
60. World Health Organization. (n.d.). Social Determinants of Health. Retrieved from http://www.who.int/social_determinants/en
61. Andrew Sum, I. K. (2009). The Consequences of Dropping Out of High School Joblessness and Jailing for High School Dropouts . Boston. Retrieved from https://www.prisonpolicy.org/scans/The_Consequences_of_Dropping_Out_of_High_School.pdf
62. Annie E. Casey Foundation. (2012, January 1). Double Jeopardy, How Third Grade Reading Skills and Poverty Influence High School Graduation. Retrieved from The Annie E. Casey Foundation: <https://www.aecf.org/resources/double-jeopardy/>
63. Davies, D. (2019, March 4). Is Your Child An Orchid Or A Dandelion? Unlocking The Science Of Sensitive Kids. Retrieved from NPR: <https://www.npr.org/sections/health-shots/2019/03/04/699979387/is-your-child-an-orchid-or-a-dandelion-unlocking-the-science-of-sensitive-kids>
64. US Department of Health and Human Services US Department of Education. (2016, February 12). Policy Statement on Expulsion and suspension Policies in Early Childhood Settings. Retrieved from Zero to Three: <https://www.zerotothree.org/resources/131-policy-statement-on-expulsion-and-suspension-policies-in-early-childhood-settings#downloads>
65. Ferol E. Mennen, K. K. (2010, September 3). Child neglect: Definition and identification of youth's experiences in official reports of maltreatment. Child Abuse and Neglect, p. 34.

Appendix A: General and Local Data

National Mental Health Data:

Mental Health Facts

- 1 in 5 children ages 13-18 have or will have a serious mental illness
- 20% of youth 13-18 live with a mental health condition
- 11% of youth have a mood disorder
- 10% of youth have a behavior or conduct disorder
- 8% of youth have an anxiety disorder

Suicide

- Suicide is the 3rd leading cause of death in youth ages 10-24,
- 90% of those who died by suicide had an underlying mental illness

Impact

- 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24
- 37% of students with a mental health condition age 14 and older drop out of school; the highest dropout rate of any disability group
- 70% of youth in state and local juvenile justice systems have a mental illness

Palm Beach County Data by Individuals, Relationships, and Community (Related to ACEs):

INDIVIDUAL DATA: (*Data from Birth to 22 Data Deck unless otherwise noted)

Total Births: 15,043

(Children's Services Council of Palm Beach County via department of Health and Vital Statistics)

0-5 Population: 87,211 (2017 5-year estimate)

Data Source: US Census Bureau, 2013-2017 American Community Survey 5 Year Estimate (B17020)

Population under 3: 646,379

Percentage of children less than 18 years old who are infants and toddlers (under 3) : 15% (under 18 years is 4,010,846)

Low Birth Weight – 8.5% (2017)

Preterm – 9.4% (2017)

Mothers receiving prenatal care 74.8% (1st), 16.8% (2nd), 6.3% (3rd), (2.2%) No prenatal care

Data Source: Florida CHARTS; DOH 2017

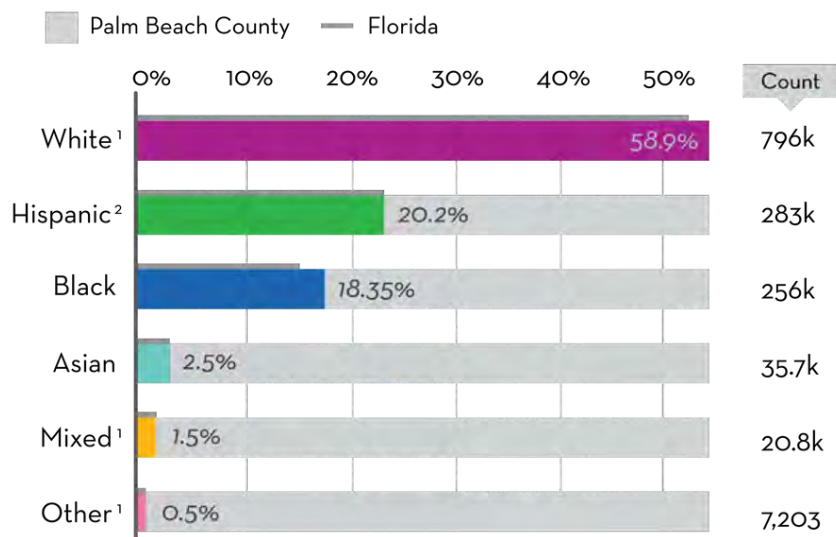
Special Needs: 10,854 unduplicated children receiving ASQ3, 15% concern/risk for delay, 1,640 eligible IEP

Drug withdrawal syndrome in newborns: 147 (15,043 Number of births)

Healthy Beginnings System referrals: 12,163 (CSC FY15-16)

Children feeling hopeless: 22.6% (55.6% for LGB)

Students attempting suicide: 8.3%



Race and Ethnicity
Percentage of the Total Population
Scope:
Population of Florida and Palm Beach County

¹Count Number of members in ethno-racial group
¹non-Hispanic
²excluding Black & Asian Hispanics

PARENTAL/ RELATIONSHIP: (*Data from Children's Services Council of PBC unless otherwise noted)

Mothers receiving prenatal care: 1st trimester: 75.9%, 2nd Trimester: 16.8%, 3rd Trimester 6.1%

Mental Health:

Healthy Start risk screen data –a state risk screen offered to all pregnant moms.

Questions 6, 7, and 8 all have to do with mental health, but they are asking the mother in the last month, while ACEs focus on the childhood experiences of the mother.

The questions:

6) In the last month, have you felt down, depressed or hopeless?

7) In the last month, have you felt alone when facing problems?

8) In the last month, have you ever received mental health services or counseling?

9) In the last month, has someone you know tried to hurt you or threaten you?

In 2017, there were 12,500 Prenatal Risk Screens recorded and of that number 3,148 (25.2%) answered "Yes" to at least one of those questions.

Breaking down those 3,148 further, 2,091 (66.4%) answered "Yes" to one of those questions; 763 (24.2%) answered "Yes" to two of the questions, and 255 (8.1%) answered "Yes" to three questions and 39 (1.2%) answered "Yes" to all four questions.

Data Source: Healthy Start Prenatal Risk Screens entered into CSC's Healthy Beginnings Data System (HBDS)

FAMILY VIOLENCE AND HOUSEHOLD DYSFUNCTION:

Child Maltreatment (verified 0-5): 4,248 (2014-2018), 45.6% under 5, 82.9% under 13. Period: 2018.

Data Source: Children in Investigations by Most Serious Finding, Florida Department of Child and Families Dashboard

Parental substance abuse (substance misuse—alcohol, illicit drugs, prescription drugs) 22.9%. Period: calendar year 2018.

Data Source: Alleged Maltreatments, Florida Department of Child and Families Dashboard

Family Violence (intimate partner violence or house hold violence threatens child): 21.9%. Period: 2018.

Data Source: Alleged Maltreatments, Florida Department of Child and Families Dashboard

Divorce: 4,684 (Florida Public Health 2017)

Paternity:

Circuit/County	Simplified Dissolution	Dissolution	Child Support	Orders for Protection Against Violence	Paternity	Other Domestic Relations	Juvenile Delinquency	Juvenile Dependency	Total
Circuit 15- Palm Beach	806	4,825	470	2,537	1,054	1,672	1,808	764	13,936

Community Environmental: (*Data from Birth to 22 Palm Beach County unless otherwise noted)

Children 0-5 in poverty: 25.1%

Children homeless: 4,321

Children in subsidized childcare: 21, 805 (Birth -12), 11,115 (Birth-5), (FY2014-FY2016)

Children ready for school: 90% (down 2%)

Student Reading Proficiency 3rd Grade: 54%

Children Being Bullied: 25.5%

Circuit 15 Juvenile Arrests: 3,479 (Fy16-17) ages 9-23

Baker Acts: 15th Judicial Circuit 9,290 Involuntary Examinations and 17.36% of total are children under 18. (from Baker Act Annual Report)

Career Ready-Achieving Degrees from Post secondary Institutions: Associates-17%, Bachelors 38%, Masters 1%

Idleness (No school or work): 3.9% (16-19 years 63,245)

Unemployment: 8.2 (1,156,597) ages 16-24

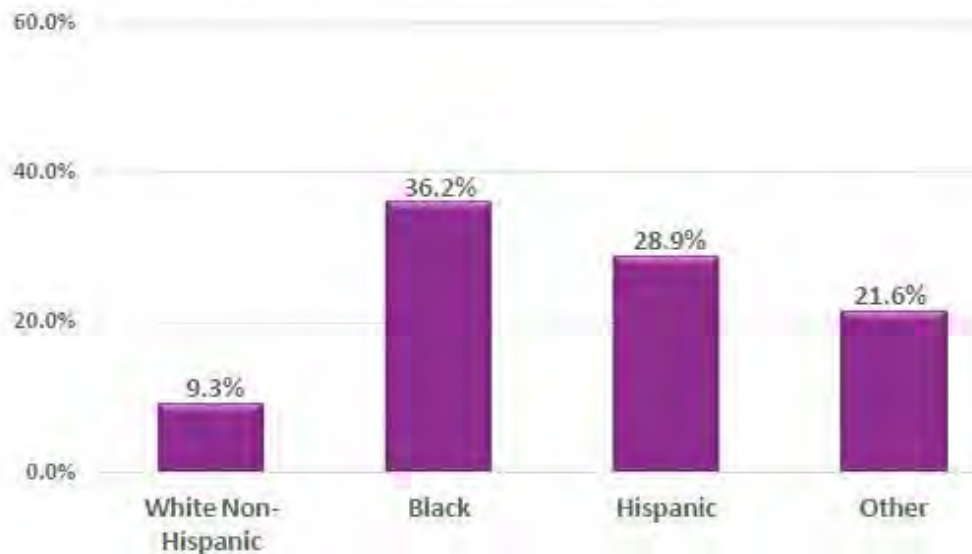
Appendix B: Graphs and Charts

2015 Child Population by Age Group, Poverty Level, and Geographic Area

Geographic Areas	Primary Municipality	Total Population 0-5	Percent 0 - 5 in Poverty	Total Population 6-11	Percent 6 - 11 in Poverty	Total Population 12-17	Percent 12-17 in Poverty	Total Population 0 - 18	Percent 0-18 in Poverty
Florida	N/A	1,281,576	26.9%	1,314,762	24.3%	1,379,651	21.3%	3,975,989	24.1%
Palm Beach County	N/A	85,998	25.1%	88,896	23.3%	94,989	18.4%	269,883	22.2%
33438	Canal Point	19	100.0%	9	100.0%	0	0.0%	28	100.0%
33493	South Bay	245	56.3%	382	50.5%	199	47.2%	826	51.5%
33430	Belle Glade	2,135	52.0%	1,663	47.0%	1,758	42.9%	5,556	47.6%
33404	Riviera Beach	2,189	50.5%	1,897	49.8%	2,029	43.8%	6,115	48.0%
33476	Pahokee	742	48.0%	779	56.5%	797	52.2%	2,318	52.3%
33405	West Palm Beach	1,239	46.5%	1,322	44.9%	1,325	42.7%	3,886	44.7%
33407	West Palm Beach	3,282	43.8%	2,435	49.3%	2,215	33.2%	7,932	42.5%
33460	Lake Worth	2,679	42.7%	2,653	38.4%	1,762	37.5%	7,094	39.8%
33461	Lake Worth	4,324	40.9%	3,991	42.6%	2,916	35.1%	11,231	40.0%
33415	West Palm Beach	4,188	40.3%	3,483	35.7%	3,941	26.7%	11,612	34.3%
33401	West Palm Beach	1,018	38.5%	998	28.4%	1,422	14.2%	3,438	25.5%
33417	West Palm Beach	2,439	36.9%	2,132	54.6%	2,052	36.1%	6,623	42.4%
33444	Delray Beach	1,302	34.5%	1,309	38.5%	1,646	31.3%	4,257	34.5%
33406	West Palm Beach	2,238	34.2%	1,921	27.2%	1,905	16.2%	6,064	26.3%
33435	Boynton Beach	2,316	34.0%	1,996	38.3%	2,182	24.1%	6,494	32.0%
33403	Lake Park	863	33.6%	1,064	37.8%	530	18.1%	2,457	32.1%
33409	West Palm Beach	2,967	32.8%	2,506	36.7%	1,722	35.8%	7,195	34.9%
33432	Boca Raton	563	30.6%	738	26.2%	1,377	10.6%	2,678	19.1%
33462	Lake Worth	2,339	27.3%	2,247	25.8%	2,687	18.2%	7,273	23.5%
33463	Lake Worth	4,811	26.3%	5,020	33.8%	5,737	22.0%	15,568	27.1%

Source: US Census Bureau, 2011-2015 American Community Survey 5 Year Estimate (B17020)

Percentage of Palm Beach County Children Living in Poverty (by Race)

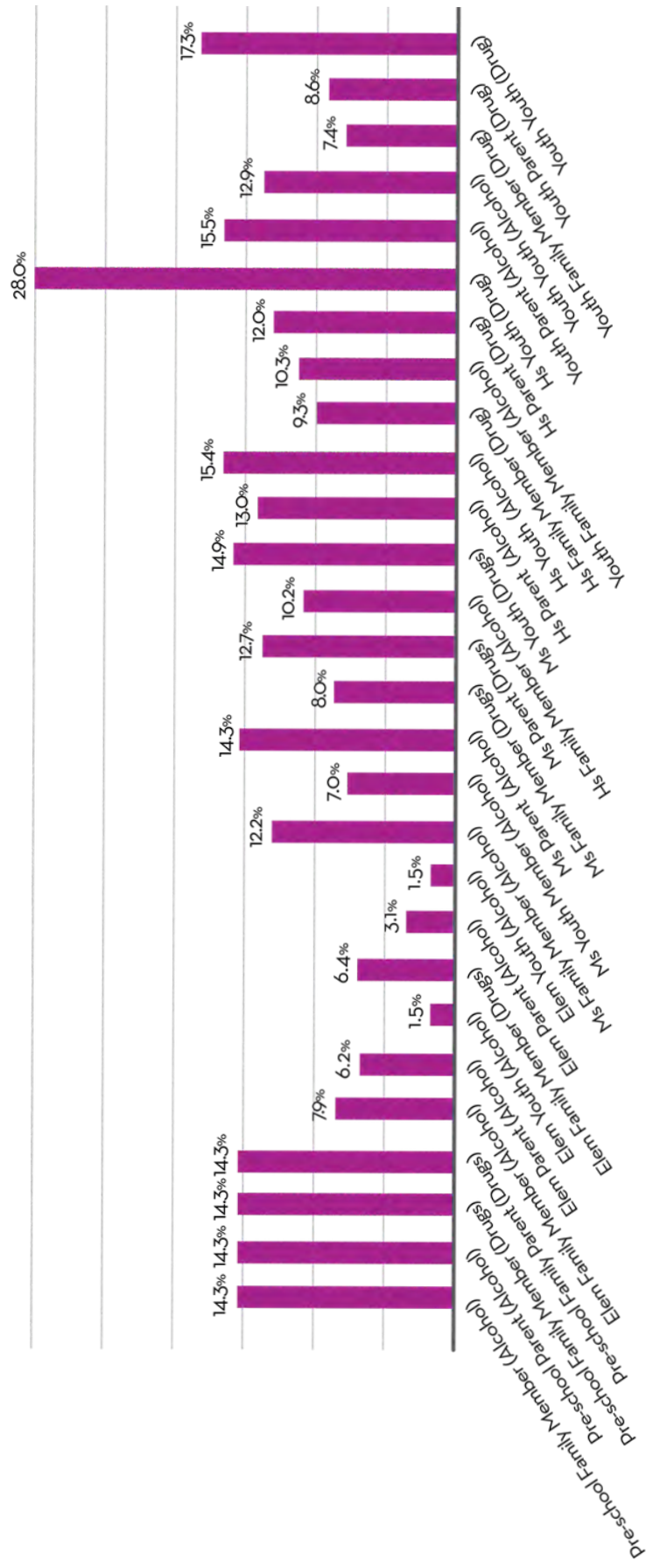


Source: US Census Bureau, 2011-2015 American Community Survey 5 year estimate (B17020A-I) Children includes individuals from birth to 17 (under 18)

Parental Substance Concerns in Palm Beach County

Grade Level	Total Respondents	Total Past/Current	Percentage
Pre-school Alcohol Use Concerns			
Pre-school Family Member (Alcohol)	7	1	14.3%
Pre-school Parent (Alcohol)	7	1	14.3%
Pre-school Youth (Alcohol)	7	0	0.0%
Pre-school Drug Use Concerns			
Pre-school Family Member (Drug)	7	1	14.3%
Pre-school Parent (Drug)	7	1	14.3%
Pre-school Youth (Drug)	7	0	0.0%
Elementary School Alcohol Use Concerns			
Elem Family Member (Alcohol)	126	10	7.9%
Elem Parent (Alcohol)	129	8	6.2%
Elem Youth (Alcohol)	131	8	1.5%
Elementary School Drug Use Concerns			
Elem Family Member (Drug)	126	8	6.4%
Elem Parent (Drug)	129	8	3.1%
Elem Youth (Drug)	130	2	1.5%
Middle School Alcohol Use Concerns			
MS Family Member (Alcohol)	329	40	12.2%
MS Parent (Alcohol)	342	49	14.3%
MS Youth (Alcohol)	341	24	7.0%
Middle School Drug Use Concerns			
MS Family Member (Drug)	326	26	8.0%
MS Parent (Drug)	339	43	12.7%
MS Youth (Drug)	343	51	14.9%
High School Alcohol Use Concerns			
HS Family Member (Alcohol)	393	40	10.2%
HS Parent (Alcohol)	416	54	13.0%
HS Youth (Alcohol)	421	65	15.4%
High School Drug Use Concerns			
HS Family Member (Drug)	397	37	9.3%
HS Parent (Drug)	410	49	12.0%
HS Youth (Drug)	415	116	28.0%
Grade Unknown Alcohol Use Concerns			
Youth Family Member (Alcohol)	68	7	10.3%
Youth Parent (Alcohol)	71	11	15.5%
Youth Youth (Alcohol)	70	9	12.9%
Grade Unknown Drug Use Concerns			
Youth Family Member (Drug)	68	5	7.4%
Youth Parent (Drug)	70	6	8.6%
Youth Youth (Drug)	70	12	17.1%

Past/Current Substance Abuse (Percentage Total) in Youth and Their Families (FY 2019)



2017 Palm Beach County Areas with High Food Insecurity and Area Pantries

Location of Food Pantries	Number of Food Pantries	Zip Codes in Municipality	Food Insecurity Need Index*
Belle Glade	8	33430	0.9
Boca Raton	3	33432, 33487	
Boynton Beach	13	33435, 33436, 33472	0.9
Delray Beach	12	33444, 33445, 33446, 33483, 33484	0.9
Jupiter	3	33458	0.26
Lake Worth	32	33460, 33461, 33462, 33463, 33467	0.9
Loxahatchee	1	33470	0.3
North Palm Beach	1	33408	0.3
Pahokee	3	33476	0.9
Riviera Beach	11	33404	0.9
West Palm Beach**	40	33401, 33403, 33405, 33406, 33407, 33409, 33410, 33411, 33413, 33415, 33417, 33418	0.9
Total	127		

Source: United Way of Palm Beach County, Palm Beach County Hunger Relief Advisory Council Presentation, August 2, 2017

*Food Insecurity Need Index is a composite index based on 10 indicators associated with insufficient access to food. Geographic areas are ranked relative to comparison to the county. Index scores range between 0 and 1.0, with 1.0 being the highest need index. The numbers presented in the table reflect the average across census tracts in the Jupiter and Loxahatchee zip code areas of high food insecurity.

** With the exception of 33405, 33407, 33410, and 33418, remaining zip codes in West Palm Beach have a Food Insecurity Need Index of 0.9.

County	Food insecurity rate (full population)	Population under 18 years old	Child food insecurity rate	Estimated number food insecure children (rounded)	Food insecure children likely income-eligible for federal nutrition assistance	Food insecure children likely NOT income-eligible for federal nutrition assistance
Palm Beach	13.60%	274,730	19.50%	53,630	68%	32%

Food Insecurity: https://www.feedingamerica.org/sites/default/files/research/map-the-meal-gap/2016/child/FL_AllCounties_CDs_CFI_2016.pdf

2016 Palm Beach County Population by Race

Race	Estimated Number	Percent
One Race Total	1,368,404	97.8%
White	1,042,509	74.5%
Black or African American	255,606	18.3%
Asian	35,653	2.5%
American Indian and Alaska Native	2,087	0.1%
Native Hawaiian and Other Pacific Islander	539	0.0%
Some Other Race	32,010	2.3%
Two or More Races	30,353	2.2%
White and Black African American	10,008	0.7%
White and American Indian or Alaska Native	4,326	0.3%
White and Asian	4,605	0.3%
Black or African American and American Indian or Alaska Native	651	0.0%
Total Population	1,398,757	100.0%

Percentage of Children Entering Kindergarten Ready to Learn in Zip Code Areas Performing Below the County Rate (FY 2016 & 2017)

Zip Code	City	2016	2017
33444	Delray Beach	87.1%	74.7%
33483	Delray Beach	75.0%	81.8%
33445	Delray Beach	84.8%	82.8%
33428	Boca Raton	89.3%	87.0%
33462	Lake Worth	90.7%	82.2%
33461	Lake Worth	86.9%	84.5%
33415	West Palm Beach	90.4%	86.3%
33463	Lake Worth	90.8%	82.8%
33460	Lake Worth	86.1%	87.5%
33407	West Palm Beach	89.4%	88.2%
33426	Boynton Beach	89.5%	88.6%
33404	Riviera Beach	89.3%	89.4%
33493	South Bay	90.0%	89.8%

Based on Work Sampling System

Source: School District of Palm Beach County, Department of Research Evaluation & State Assessment Special Request: 2017

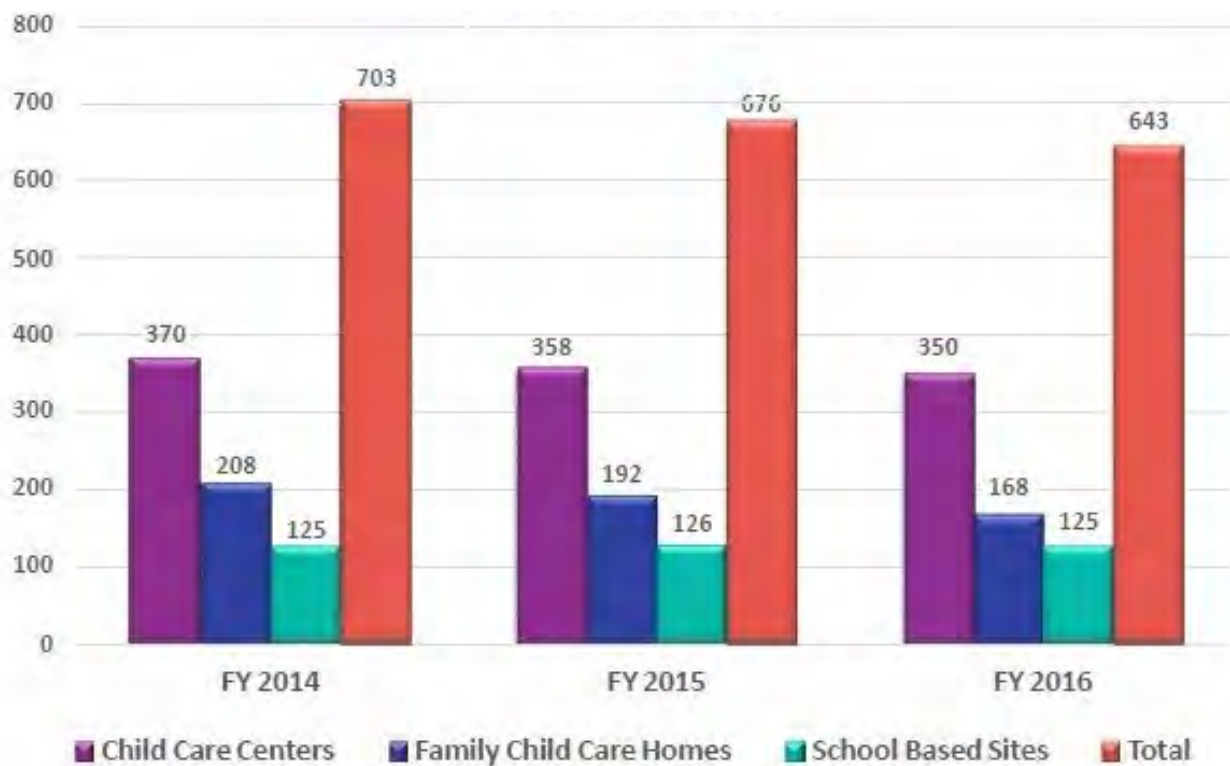
2016 Top 10 Municipalities with Highest Reported Crime Rates* by Type

Municipality	Population	Total Crime Index	Murder	Rape	Robbery	Aggravated Assault	Burglary	Larceny	Motor Vehicle Theft	Crime Rate Per 100,000 Population	% Rate Change 2015/2016
Lake Park Police Department	8,640	941	2	2	36	51	103	662	85	10,891.2	7.8
Belle Glade Police Department	17,274	1,261	8	12	60	215	279	629	58	7,300	18.5
Lake Worth Police Department	37,475	2,388	10	36	185	279	432	1,261	185	6,372.2	-1.8
West Palm Beach Police Department	108,896	6,553	10	71	333	540	946	4,100	553	6,017.7	6.6
Boynton Beach Police Department	73,163	4,067	1	3	167	324	566	2,752	254	5,558.8	10.6
Riviera Beach Police Department	33,957	1,816	9	23	56	387	309	902	130	5,347.9	-9.7
Delray Beach Police Department	63,972	3,229	5	31	125	226	385	2,218	239	5,047.5	11.4
Boca Raton Police Department	88,275	2,734	1	22	105	111	507	1,831	157	3,097.1	12.4
Greenacres Department of Public Safety	39,066	1,091	0	18	48	79	171	706	69	2,792.7	-34.8
Royal Palm Beach Police Department	37,138	915	0	10	24	92	71	681	37	2,463.8	-7.1

*Crime Rate is per 100,000 Population and as such may reflect areas with fewer crimes recorded relative to other municipalities, but greater rate overall. The Palm Beach County Sheriff's Department records the most crimes, but is excluded from the table as geographic area is not specified beyond Palm Beach County. Source: Florida Department of Law Enforcement. 2017. Crime in Florida, 2016 Florida uniform crime report [Computer program]. Tallahassee, FL: FDLE.

Access to Early Care and Education

Subsidized Child Care Providers (FY 2014 - 2015)



Source: Early learning Coalition of Palm Beach County, Inc. Special Data Request - Provided by Jose Abreu

Estimated Number and Percentage of Uninsured Children and Youth in Palm Beach County (2014 - 2016)

Children by Age & Insurance	2014	2015	2016
Number of Children Under Age 6	86,103	86,837	87,276
Number of Children Under Age 6 Without Health Insurance	9,144	8,268	7,183
Percent of Children Under 6 Without Health Insurance	10.6%	9.5%	8.2%
Number of Children 6 to 17 Years of Age	184,947	185,807	187,065
Number of Children 6 to 17 Years of Age Without Health Insurance	26,353	23,304	21,213
Percent of Children 6 to 17 Years of Age Without Health Insurance	14.2%	12.5%	11.3%

PACEs Resources

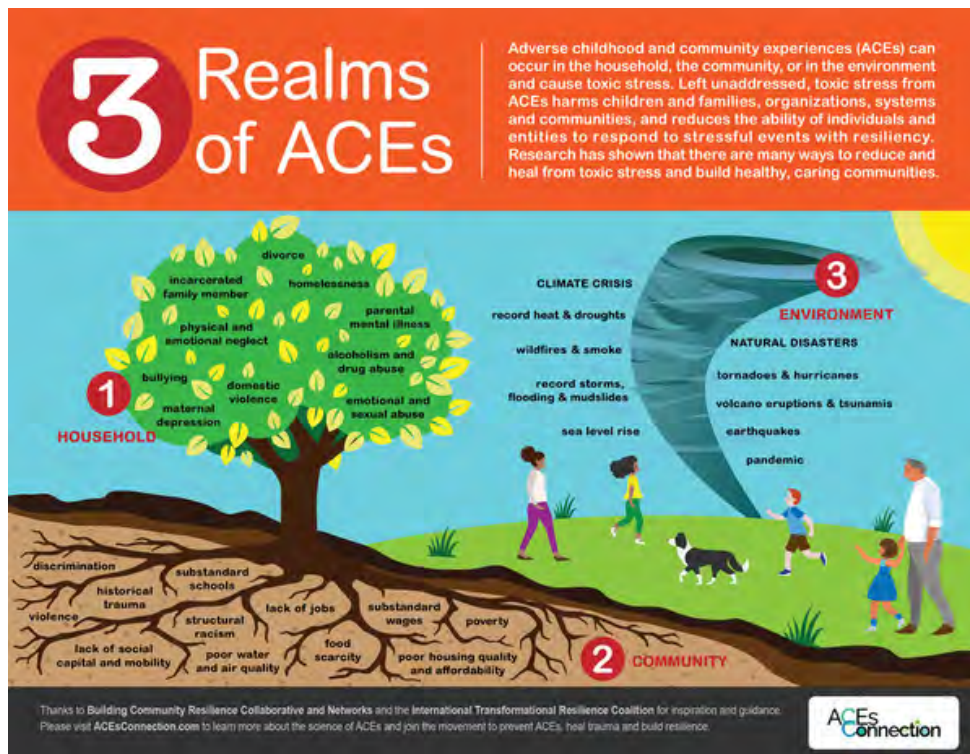
PACEs Connection

www.pacesconnection.com

PACEs Connection is supporting communities to accelerate the use of PACEs science.

PACEs Science

The science of PACEs refers to the research about the stunning effects of positive and adverse childhood experiences (PACEs) and how they work together to affect our lives, as well as our organizations, systems and communities.



PACEs is free to join and includes:

- **PACEs Connection Resource Center** - PACEs science presentations, surveys, videos, webinars, training....and more. Including our Anti-Racism Resources and COVID-19 Resource Lists.
- **PACEs Connection Speakers & Trainers Bureau** - a service that provides PACEs Connection members a database of PACEs speakers and trainers.
- **How-Tos** - Directions on how to post a blog, calendar event, comment, etc.
- **Growing Resilient Communities** - Launching or growing a local PACEs initiative? We've got tools & guidelines.
- **PACEs 101** - The five parts of PACEs science, plus links to articles, books & videos.
- **What ACEs and PCEs do you have?** - Do the ACEs & resilience questionnaires. Learn about other ACEs.

Learn more...

www.pacesconnection.com/blog/welcome-to-acesconnection-com

National Resources

Harvard Center on the Developing Child
<https://developingchild.harvard.edu>

Centers for Disease Control and Prevention
www.cdc.gov/violenceprevention/aces

ACES Too High
www.acestoohigh.com/got-your-ace-score

Palm Beach County Resources

Birth to 22, Palm Beach County
<https://pbcbirthto22.com/trauma>

Centers for Child Counseling
www.centerforchildcounseling.org/acetoolkit





info@centerforchildcounseling.org
Telephone: 561-244-9499

www.centerforchildcounseling.org

Committed to Excellence and Transparency...

Platinum
Transparency
2022

Candid.

