



ACEs Advisory Group Meeting #6

Ohio ACEs Impact Project (Phase II)

September 20, 2023



Vision

Ohio is a model of health, well-being and economic vitality.

Mission

To advance evidence-informed policies that improve health, achieve equity, and lead to sustainable healthcare spending in Ohio.

Agenda

- Welcome and brief project review
- Update on future HPIO ACEs work
- Connections between Criminal Justice and Health: Impacts on Children and Families
- Topics for next ACEs brief
- Discussion
- Next steps

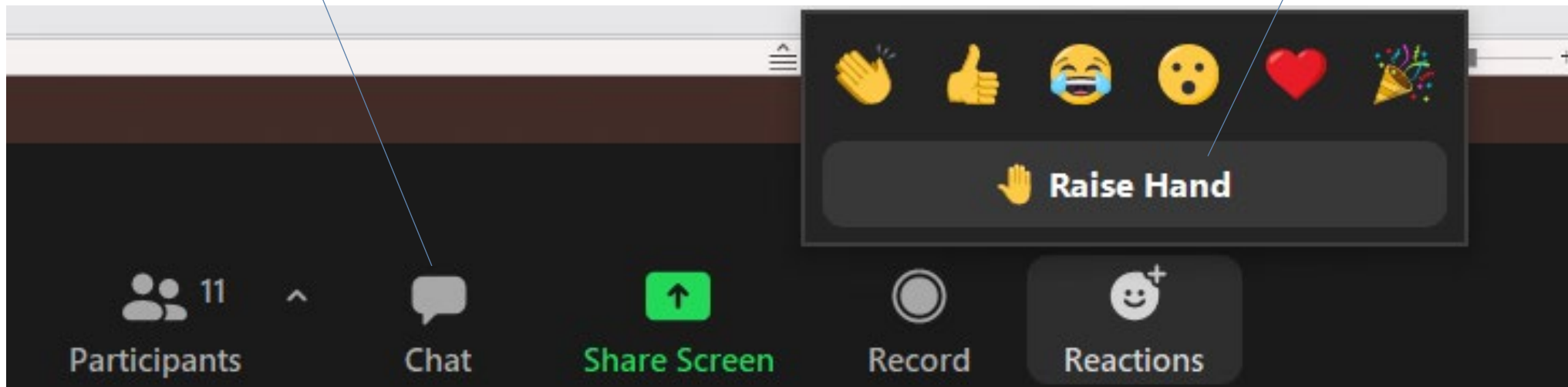
Participating in Zoom

Chat

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Raise hand

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ACEs Advisory Group page

Today's slides and a recording of this meeting will be posted here

health policy institute of ohio 

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Adverse Childhood Experiences (ACEs) Advisory Group

[Home](#) > [Adverse Childhood Experiences \(ACEs\) Advisory Group](#)

Adverse Childhood Experiences (ACEs) Advisory Group

This page provides resources and meeting materials for the ACEs Advisory Group. For more information about the Advisory Group or the Ohio ACEs Impact project, please email Carrie Almasi (calmasi@hpio.net).

Ohio ACEs Impact project

Led by the Health Policy Institute of Ohio and informed by a multi-sector advisory group, this project includes a series of three policy briefs and a **resource page** to build on and amplify current efforts to address ACEs in Ohio. Exposure to ACEs is a pervasive problem in Ohio and across the nation. Nearly two-thirds of Ohioans have been exposed to an ACE, with more than one-third of Ohioans exposed to two or more ACEs.

Ohio ACEs Impact Project

Phase I overview

HPIO Ohio ACEs Impact Project



Brief 1
**Health impact
of ACEs in Ohio**
August 2020



Brief 2
**Economic Impact
of ACEs in OHIO**
February 2021



Brief 3
**A strategic
approach to
prevent ACEs**
August 2021



Resource page

Ohio ACEs impact project: Phase I

08.28.2020

hpio Health Policy Brief
Adverse Childhood Experiences (ACEs)
Health impact of ACEs in Ohio

Overview
There are many organizations working to improve child well-being in Ohio at the state and local levels. Across these entities, the impact of adverse childhood experiences (ACEs) has surfaced as a common challenge that must be addressed.

Exposure to ACEs is a pervasive problem affecting many children in Ohio and across the country. National data and analysis provide clear evidence that ACEs exposure is linked to poor health and well-being through adulthood, including disrupted neurodevelopment, social problems, disease, disability and premature death.¹ In addition, ACEs exposure has severe long-term cost implications of the individual and societal levels, including increased medical, child welfare, criminal justice and special education expenditures, as well as productivity losses.²

This brief:

- Summarizes current research on how ACEs impact health and well-being
- Provides new data and analysis on the prevalence of ACEs in Ohio and the impact of ACEs on the health of Ohioans

More specifically, this brief expands on what we know from national research by exploring these questions:

- To what extent could Ohio's health outcomes be improved by preventing ACEs?
- Which ACEs have the most significant impact on the health of Ohioans?

Ohio ACEs Impact project
Led by the Health Policy Institute of Ohio, this project will include a series of three policy briefs and a resource page to build on and amplify current efforts to address ACEs.

This brief focuses on the health impact of ACEs on Ohioans. The remaining two briefs will provide information on:

- The economic impact of ACEs in Ohio
- Evidence-informed and cost-effective strategies to prevent, screen and treat for ACEs exposure

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02.12.2021

hpio Health Policy Brief
Adverse Childhood Experiences (ACEs)
Economic Impact of ACEs in Ohio

Overview
Exposure to adversity in childhood is a pervasive problem in Ohio and across the country with severe, long-term health impacts that persist into adulthood. Nearly two-thirds of Ohioans have been exposed to an adverse childhood experience (ACE), with more than one-third of Ohioans exposed to two or more ACEs.¹ Nationally, Ohio is in the bottom quartile on ACEs exposure (ranking 39 out of 50 states and D.C.), indicating a higher percent of children exposed to two or more ACEs compared to many other states.²

According to HPIO's 2019 Health Value Dashboard, Ohio ranks 46 out of 50 states and D.C. on health value – a composite measure of Ohio's rank on health outcomes and health-care spending. This means that Ohioans live less healthy lives and spend more on health care than people in most other states.

The research is clear that ACEs result in both significant health and economic impacts. Economic costs from ACEs are incurred across the public and private sectors, including substantial costs to the healthcare system.³ The economic burden of ACEs also impacts the state child protection, behavioral health, criminal justice and education systems, as well as private sector businesses. By preventing and mitigating the impacts of ACEs, policymakers and others can put Ohio on a path towards improved health value.

This brief builds on HPIO's Adverse Childhood Experiences (ACEs): Health Impact of ACEs in Ohio by:

- Summarizing national research on the economic costs associated with ACEs exposure
- Providing new data and analysis on the economic impacts of ACEs in Ohio

More specifically, this brief expands on what we know from national research by providing Ohio data to answer the following questions:

- How does ACEs exposure impact healthcare costs?
- To what extent does ACEs exposure contribute to lost productivity?
- What is the impact of specific types of ACEs on economic costs?

3 key findings for policymakers

- Preventing ACEs can reduce healthcare and other spending.** If ACEs exposure were eliminated, more than \$10 billion in annual healthcare and related spending could be avoided in Ohio. Approximately \$319 million in lost wages due to missed work days could also be prevented annually if ACEs exposure were eliminated.
- Focusing action on specific ACEs, particularly those associated with behavioral health, can yield significant savings.** For example, over \$4.5 billion in annual spending to treat depression is attributed to ACEs exposure. Significant healthcare costs for treating depression could be avoided by focusing on preventing and mitigating the impacts of emotional and sexual abuse and living in a household with someone who has a mental health problem.
- Economic costs associated with ACEs extend beyond health impacts.** ACEs exposure results in economic burdens to individuals, families and society, including impacts on both the public and private sectors.

Inside

How do ACEs impact economic costs?	2
Summary of health impacts of ACEs in Ohio	2
What is the economic impact of ACEs in Ohio?	5
Conclusion	10

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DRAFT 08.4.2021

hpio Health Policy Brief
Adverse Childhood Experiences (ACEs)
A strategic approach to prevent ACEs in Ohio

Overview
Safe, stable and nurturing relationships and environments are essential for children's healthy growth and development. Children in families that are stressed and that do not have access to necessary supports are more likely to be exposed to adversity and trauma or Adverse Childhood Experiences (ACEs). Exposure to ACEs can cause serious and long-lasting health and economic harms that persist across generations.¹

ACEs are common. In Ohio, one in five children were exposed to ACEs in 2018-2019.² However, ACEs do not have to be a determinant of future hardship. There are actions that state policymakers and others can take to prevent ACEs and safeguard the well-being of Ohio children and families who have experienced adversity and trauma.

Making sure that all children have a fair opportunity to thrive is a value shared by many. Ohio leaders across both the public and private sector have expressed a strong commitment to this value and have taken actions to lay a strong foundation for families and children. This brief, the third in HPIO's Ohio ACEs Impact Project, provides insights to build upon these successes and support a comprehensive and strategic approach to preventing ACEs.

3 key findings for policymakers

- Focusing action on key strategies can have a broader impact.** State policymakers and other partners can maximize the effectiveness of public and private spending to prevent ACEs by focusing on the 12 key strategies outlined in Figure 1.
- Primary prevention is critical.** Significantly reducing the number of children in Ohio that are exposed to ACEs requires getting ahead of potential harms, creating safe, stable and nurturing environments and fostering resilience.
- Efforts to prevent ACEs must reach children and families most at-risk.** Communities across the state must be equipped to support children and families that are most at-risk for experiencing adversity and trauma, such as Ohioans of color and Ohioans with low incomes, disabilities and/or who are residents of urban and Appalachian counties.

Figure 1. Key strategies for preventing ACEs in Ohio

12 Key strategies

- Early childhood education programs
- Early childhood home visiting
- Medical-legal partnerships
- Family income supports
- Community-based violence prevention
- School-based violence, bullying and intimate partner violence prevention programs
- Parent/caregiver and family skills training
- School-based social and emotional instruction
- Mentoring programs for delinquency
- Drug Courts
- Trauma-informed care
- Behavioral health treatment

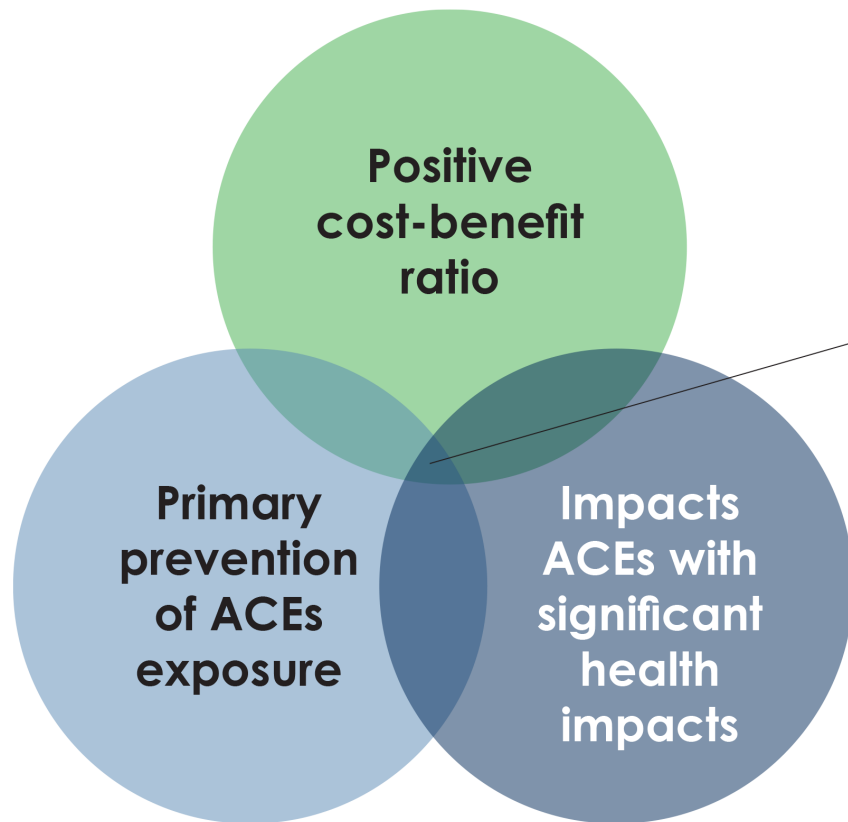
There is evidence that the strategy reduces disparities and inequities.
Note: Additional information on these 12 key strategies can be found on page 10.

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Strategy Inventory

A	B	C	D	E	F	G	H	I	J	K	L	P	Q	R	S	T	U	V	
Strategies	Outcomes (Note: for WWFH, Bold= expected beneficial outcomes; unbold= other potential beneficial outcomes")	Incarcerated member of the household	Mental illness in the household	Substance use in the household	Emotional abuse	Sexual abuse	Physical abuse	Parental separation or divorce	Emotional neglect	Physical neglect	Intimate partner violence	Cross-cutting	Rated as "likely to reduce disparities" by WWFH or "Equity" strategy in Community Guide	Prevention strategy	Screening strategy	Treatment strategy	Promotes protective factors/ resiliency	Reduces risk factors	
Administrative license suspension/revocation laws	Reduced alcohol-related crashes Reduced fatal and non-fatal injuries Reduced impaired driving			X										X				X	
Adult vocational training	Increased earnings Increased employment Reduced recidivism									X			X	X				X	
Adults and Children Together Against Violence: Parents Raising Safe Kids (ACT)	Reduced use of harsh verbal and physical discipline Improved parenting skills Reduced child abuse and neglect perpetration Reduced risk factors for child abuse and neglect (e.g., parental substance use, criminal involvement) Reduced criminal behavior Reduced youth substance use and arrests	X		X	X		X		X	X		X		X				X	X
After School Matters program	Improved attitudes toward school Reduced course failures Increased graduation rates Reduced likelihood of selling drugs Reduced likelihood of involvement in gang activity			X										X				X	
Alcohol advertising restrictions	Reduced alcohol use Reduced excessive drinking Reduced underage drinking Improved health outcomes			X										X				X	
Alcohol brief interventions	Reduced alcohol use Reduced alcohol-related harms Reduced excessive drinking Reduced underage drinking			X										X	X	X		X	

What strategies can have the largest impact in Ohio?



12 key strategies

- Early childhood education programs =
- Early childhood home visiting =
- Medical-legal partnerships =
- Family income supports =
- Community-based violence prevention =
- School-based violence, bullying and intimate partner violence prevention programs
- Parent/caregiver and family skills training =
- School-based social and emotional instruction
- Mentoring programs for delinquency =
- Drug Courts
- Trauma-informed care
- Behavioral health treatment

= = There is evidence that the strategy reduces disparities and inequities.

Note: Additional information on these 12 key strategies can be found on page 10.

Ohio ACEs Impact Project Phase II

Implementation assessments

Main objectives

1. Describe key strategies, including **implementation considerations**
2. Describe strategy **implementation status**
3. Identify actionable **policy recommendations** to enhance implementation efforts

Ohio ACEs Impact Project: Phase II

A closer look at ACEs prevention strategies

10.07.2022

hpio Health Policy Brief
health policy institute of ohio

Strategies to prevent Adverse Childhood Experiences (ACEs) in Ohio

1 Ensuring a strong start for children and strengthening economic supports for families

The health and well-being of Ohioans can be improved by ensuring that children have a strong start and that families are financially stable. Providing and implementing evidence-informed programs and policies, such as high-quality early childhood education, home visiting, medical-legal partnerships and a refundable state Earned Income Tax Credit, can both prevent and mitigate the impacts of childhood adversity and trauma.¹ Policymakers and partners across the state are taking action to make sure that Ohio children and families have what they need to thrive.

Roughly 20% of Ohio children are exposed to one or more adverse childhood experiences (ACEs), which have both immediate and long-term effects on health.² By focusing on the implementation of evidence-informed strategies, state and local partners can ensure that every child has a fair chance for a long and healthy life.

In 2020 and 2021, the Health Policy Institute of Ohio released a series of policy briefs on the health and economic impacts of ACEs and elevated 12 evidence-based, cost-effective strategies (programs, policies and practices) that prevent ACEs before they happen and improve health. This brief examines the implementation status of four of those strategies in Ohio. These four strategies are effective at ensuring a strong start for children and strengthening economic supports for families. Figure 1 outlines the 12 strategies and highlights the four that will be discussed in this brief.

Figure 1. Key strategies for preventing ACEs in Ohio

12 key strategies

1 This brief

- Early childhood education programs
- Early childhood home visiting
- Medical-legal partnerships
- Family income supports

Ensuring a strong start for children

Strengthening economic supports for families

- School-based violence, bullying and intimate partner violence prevention programs
- Parent/caregiver and family skills training
- School-based social and emotional instruction
- Community-based violence prevention
- Mentoring programs for delinquency
- Drug courts
- Trauma-informed care
- Behavioral health treatment

Enhancing skills so that parents and youth can handle stress, manage emotions and tackle everyday challenges

Promoting social norms that protect against violence and adversity

Connecting youth to caring adults

Intervening to lessen immediate and long-term harms

3 key findings for policymakers

- **Actions to prevent ACEs are already underway.** There are many opportunities to support partners across the state who are implementing cost-effective, evidence-based strategies to prevent ACEs.
- **ACEs prevention efforts must meet the needs of children and families.** To maximize impact, strategies should be scaled up and tailored towards those most at risk for experiencing adversity.
- **Supporting evidence-based strategies can reduce healthcare spending and other costs.** By increasing funding and sustaining support for evidence-based strategies, policymakers can effectively prevent ACEs in Ohio and reduce long-term costs.

Positive cost-benefit ratio

Primary prevention of ACEs exposure

Affects ACEs with significant health impacts

For more information on the key strategies identified, please see A strategic approach to prevent ACEs in Ohio

This brief:

- Describes strategies that ensure a strong start for children and strengthen economic supports for families
- Provides examples of strategy implementation in Ohio
- Identifies strengths, gaps and recommendations for strengthening ACEs prevention strategies

1

10.07.2022

hpio Health Policy Brief
health policy institute of ohio

Strategies to prevent Adverse Childhood Experiences (ACEs) in Ohio

2 Building skills and strengthening connections to caring adults

Building skills and strengthening connections to caring adults ensures that every child can thrive. Enhancing a variety of assets and resources can buffer children and families from the well-documented harmful effects of toxic stress and adversity¹ and promote the ability to withstand, adapt and recover from trauma.² Increasing these protective factors can lead to stronger families, better health, educational and employment outcomes and benefits to society at large.

In 2020 and 2021, the Health Policy Institute of Ohio (HPIO) released a series of policy briefs on the health and economic impacts of adverse childhood experiences (ACEs) and elevated 12 evidence-informed, cost-effective strategies (programs, policies and practices) that prevent ACEs in children. These strategies tackle the underlying causes of adverse and traumatic events before they occur. As displayed in figure 1, this brief examines the implementation status of four strategies that:

- Enhance skills so that parents and youth can handle stress, manage emotions and tackle everyday challenges
- Connect youth to caring adults and activities

The brief also highlights examples of strategy implementation in Ohio and identifies strengths, gaps and recommendations related to each strategy. HPIO conducted key informant interviews with ten organizations to inform this work listed on page 18.

Figure 1. Key strategies for preventing ACEs in Ohio

12 key strategies

1 First brief

- Early childhood education programs
- Early childhood home visiting
- Medical-legal partnerships
- Family income supports

Ensuring a strong start for children

Strengthening economic supports for families

2 This brief

- Parent, caregiver and family skills training
- School-based violence, bullying and intimate partner violence prevention programs
- School-based social and emotional instruction
- Mentoring programs for delinquency
- Community-based violence prevention
- Drug courts
- Trauma-informed care
- Behavioral health treatment

Enhancing skills so that parents and youth can handle stress, manage emotions and tackle everyday challenges

Connecting youth to caring adults

Promoting social norms that protect against violence and adversity

Intervening to lessen immediate and long-term harms

3 key findings for policymakers

- **Policies and programs to prevent ACEs are already underway.** There are many opportunities to support partners across the state who are implementing cost-effective, evidence-informed strategies to prevent ACEs.
- **There are a variety of evidence-informed strategies to enhance protective factors.** These assets and resources can buffer children and families from the well-documented harmful effects of ACEs.
- **ACEs prevention efforts must meet the needs of more children and families.** To maximize impact, strategies should be scaled up and tailored towards those most at risk for experiencing adversity.

Positive cost-benefit ratio

Primary prevention of ACEs exposure

Affects ACEs with significant health impacts

For more information on the key strategies identified, please see A strategic approach to prevent ACEs in Ohio

This brief:

- Describes strategies that ensure a strong start for children and strengthen economic supports for families
- Provides examples of strategy implementation in Ohio
- Identifies strengths, gaps and recommendations for strengthening ACEs prevention strategies

1

Strategies highlighted in **brief 1**



Ensuring a strong start for children

Key strategies

Early childhood education programs =

Early childhood home visiting =



Strengthening economic supports for families

Key strategies

Medical-legal partnerships =

Family income supports =

Strategies highlighted in **brief 2**



Enhancing skills so that parents and youth can handle stress, manage emotions and tackle everyday challenges

Key strategies

School-based violence, bullying and intimate partner violence prevention programs

Parent/caregiver and family skills training



School-based social and emotional instruction



Connecting youth to caring adults and activities

Key strategy

Mentoring programs for delinquency =

Future HPIO ACEs work

1. Data snapshot including updated ACEs prevalence data (Q4 2023)

2. Grant from Franklin County Public Health for additional dissemination work:

- Relationship building and informational meetings with Franklin County partners
- Media outreach
- Webinar (Q2 2024)
- Half-day, in-person workshop (Q2 2024)



Workgroups



Ensuring a strong start for children



Strengthening economic supports for families



Enhancing skills so that parents and youth can handle stress, manage emotions and tackle everyday challenges



Connecting youth to caring adults and activities



Promoting social norms that protect against violence and adversity



Intervening to lessen immediate and long-term harms

Criminal Justice and Health work

HPIO Criminal Justice and Health work

June 2021

Health Policy Brief

Connections between criminal justice and health

Overview
According to the HPIO Health Value Dashboard, Ohio ranks 47 out of 50 states and D.C. on health value — a composite measure of population health outcomes and healthcare spending. Incarceration, arrest and crime contribute to Ohio's poor health value rank.

This brief summarizes research on the complex connections between criminal justice and health (see figure 1), with a focus on the impact of criminal justice involvement on health and well-being. The brief also outlines policy options that state policymakers and other community leaders can take to reduce incarceration and improve the health of Ohioans at highest risk for criminal justice involvement.

The research evidence is clear that poor mental health and addiction are risk factors for criminal justice involvement and that incarceration is detrimental to health. Obstacles to health and well-being are particularly striking for Ohioans who are at highest risk of criminal justice involvement.

3 key findings for policymakers

- **There is a two-way relationship between criminal justice and health.** Mental health and addiction challenges can lead to arrest and incarceration, and incarceration contributes to poor behavioral and physical health for many Ohioans.
- **Racism and community conditions contribute to criminal justice involvement and poor health.** Racist and discriminatory policies and practices and community conditions, such as poverty, housing instability and exposure to trauma, lead to increased criminal justice involvement and drive poor health outcomes.
- **Improvement is possible.** There are evidence-informed policy solutions to combat the drivers of criminal justice involvement and poor health outcomes.

Figure 1. The relationship between criminal justice and health

Health
Health, including substance use and mental health, can impact criminal justice outcomes, such as:

- Arrest
- Pretrial detention
- Incarceration
- Community and collateral sanctions

Engagement with the criminal justice system impacts health, safety and well-being at all levels of society

Communities
Families
Individuals

Criminal justice
Involvement in the criminal justice system can impact health outcomes, such as:

- Infectious disease
- Chronic disease
- Mental health conditions and addiction

Racism is a systemic and ongoing crisis with serious consequences for the health and well-being of Ohioans inside and outside of the criminal justice system. Racism, ableism, classism and other forms of discrimination drive **disparities** and **inequities** in criminal justice and health outcomes.

Community conditions are foundational drivers of outcomes in both criminal justice and health. Examples of community conditions include income, employment, education, housing, exposure to trauma and family well-being.

11.19.2021

Health Policy Brief

Connections between criminal justice and health

Insights on justice and race

3 key findings for policymakers

- **Disparities in the criminal justice system are not inevitable,** and although unjust biases, policies and structures exist, improvement is possible.
- **Ohioans of color experience barriers to justice** stemming from a long history of racism in the criminal justice system that casts a shadow over modern policymaking.
- **Public and private stakeholders can take meaningful action** to eliminate racism in the criminal justice system and improve health, safety and well-being for every Ohioan.

Public and private leaders across Ohio work to build and support safe, just and healthy communities where every Ohioan can thrive. Criminal justice partners, including law enforcement, courts and corrections, play an important role in that effort. Goals of the criminal justice system include preventing crime and improving community safety. However, these worthy goals are not achieved under current criminal justice policies.

Involvement with the criminal justice system has wide-ranging, negative effects on physical and mental health for Ohioans. At the same time, justice involvement creates trauma, barriers to employment, education and housing, and may increase a person's likelihood of re-offending.¹ Communities of color in particular have been disproportionately impacted by our criminal justice system.

Building upon HPIO's policy brief, *Connections Between Criminal Justice and Health*, this brief takes a closer look at the role of race within criminal justice policy. The two-way relationship between criminal justice and health is influenced by racism and other forms of discrimination, which can drive poor outcomes in both sectors (see in figure 2). Ohioans of color are often negatively impacted by unjust biases, policies and structures in the criminal justice system. This results in stark racial disparities in criminal justice outcomes, such as incarceration (see figure 1). Improvements within the criminal justice system can lead to safer, healthier and more vibrant communities in Ohio.

Figure 1. Ohio incarcerations in state prison per 100,000 population, by race, July 2021

Race	Incarcerations per 100,000 population
Black	1,247
White	234

Source: HPIO analysis of Ohio Department of Rehabilitation and Corrections annual report and Population Division, U.S. Census Bureau

This brief explores:

- The relationship between the criminal justice system and race
- Barriers to justice at the individual, institutional and structural levels that lead to poor outcomes for people of color
- Recommendations and resources for public and private stakeholders to promote safe and healthy communities across Ohio

9.9.2022

Health Policy Brief

Connections between criminal justice and health

Pretrial incarceration and the bail system

3 key findings for policymakers

- **Pretrial incarceration leads to negative outcomes.** Incarceration before conviction often harms individual and community health, safety, family well-being and financial stability.
- **Ohio's current bail system is unfair and inequitable.** Money bail, which incarcerates people pretrial based on their ability to pay for release, is a barrier to justice for many Ohioans, especially Black Ohioans and those with low incomes.
- **Evidence-based reforms exist.** State and local governments across the country have made changes to their pretrial systems, and research shows promising results.

Every Ohioan wants to live in a community that is safe, provides opportunities for good health and where their families can flourish. This policy brief examines the impact of pretrial incarceration and the money bail system on the health, safety and well-being of Ohioans and their communities.

For several years, policymakers across Ohio have been engaged in bipartisan efforts to reform the money bail system with the goal of increasing safety and justice in Ohio communities. Because of the many connections between criminal justice and health, research indicates that bail reform will have positive impacts on the health and well-being of Ohioans. However, the path to policy change has been difficult and thousands of people continue to be incarcerated before being convicted of a crime.

Figure 1 shows the scope of the problem and the significant costs of the current pretrial system. Ohio must now look to research evidence and promising practices in other states to illuminate a clear path forward for effective policy change. By implementing evidence-based reforms to the money bail system, policymakers can improve health, advance equity and reduce healthcare and criminal justice spending in Ohio.

Figure 1. Snapshot on pretrial incarceration and bail in Ohio, 2018

How many Ohioans are affected?	What is the cost?
12,592 Ohioans were incarcerated pretrial on June 30, 2018 ¹	On average, the cost of bail for Black defendants in the U.S. is \$7,281 higher than for white defendants ³
More than 61% of people in Ohio jails are being held pretrial ²	Pretrial incarceration costs Ohio taxpayers \$266 million annually ⁴

Note: Unjust biases, policies and structures, including bias in criminal justice data, result in bail amounts for Black defendants that are often higher than bail amounts for white defendants.

This brief:

- Examines the impacts of pretrial incarceration on individuals and communities
- Describes the current state of pretrial policy in Ohio and promising bail alternatives in other states
- Provides state and local policy options to reform the money bail system

Health

Health, including substance use and mental health, can impact criminal justice outcomes, such as:

- Arrest
- Pretrial detention
- Incarceration
- Community and collateral sanctions

Engagement with the criminal justice system impacts health, safety and well-being at all levels of society

Communities

Families

Individuals

Criminal justice

Involvement in the criminal justice system can impact health outcomes, such as:

- Infectious disease
- Chronic disease
- Mental health conditions and addiction

Racism is a systemic and ongoing crisis with serious consequences for the health and well-being of Ohioans inside and outside of the criminal justice system. Racism, ableism, classism and other forms of discrimination drive **disparities** and **inequities** in criminal justice and health outcomes.

Community conditions are foundational drivers of outcomes in both criminal justice and health. Examples of community conditions include income, employment, education, housing, exposure to trauma and family well-being.

ACEs with significant health impacts

Abuse	Household challenges	Neglect
<ul style="list-style-type: none">• Emotional abuse• Physical abuse• Sexual abuse	<ul style="list-style-type: none">• Intimate partner violence• Substance use in the household• Mental illness in the household• Parental separation or divorce• Incarcerated member of the household	<ul style="list-style-type: none">• Emotional neglect• Physical neglect

Source: Health Policy Institute of Ohio, "Adverse Childhood Experiences (ACEs) Health impact of ACEs in Ohio." Information from Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention

Criminal Justice and Health

Brief 4 goals

- **Examine the impacts of parental criminal justice involvement** on children and families
- **Analyze Ohio's policy landscape** that contribute to or interrupt the generational cycle of criminal justice involvement
- **Describe policy options** that break generational cycles of trauma, eliminate disparities and improve criminal justice and health outcomes for children and families

Health

Health, including substance use and mental health, can impact criminal justice outcomes, such as:

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- Incarceration
- Community and collateral sanctions

Engagement with the criminal justice system impacts health, safety and well-being at all levels of society

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Racism is a systemic and ongoing crisis with serious consequences for the health and well-being of Ohioans inside and outside of the criminal justice system. Racism, ableism, classism and other forms of discrimination drive **disparities** and **inequities** in criminal justice and health outcomes.

Community conditions are foundational drivers of outcomes in both criminal justice and health. Examples of community conditions include income, employment, education, housing, exposure to trauma and family well-being.

Criminal Justice and Health work Advisory Group meeting

Jacob Santiago

Policy and Evaluation Specialist

jsantiago@hpio.net

Meeting:

Tuesday, Oct. 3

12:30 p.m. – 2 p.m.

Virtual on Zoom

Topics for HPIO's next ACEs policy brief

Strategies that will be highlighted in **brief 3**



Promoting social norms that
protect against violence and
adversity

Key strategy

Community-based violence prevention 



Intervening to lessen
immediate and long-term
harms

Key strategies

Drug courts

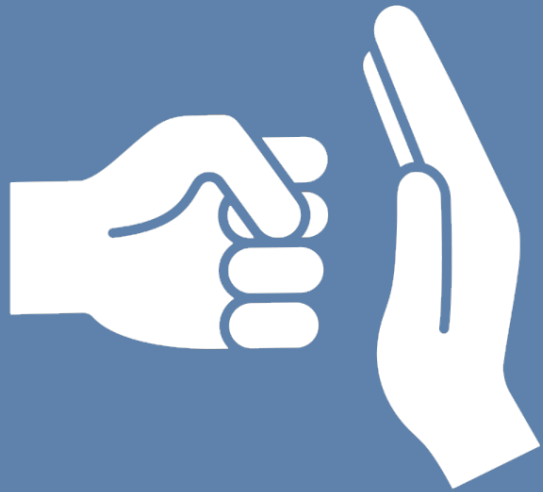
Trauma-informed care

Behavioral health treatment

Implementation assessments

Main objectives

1. Describe **key strategies**
2. Describe strategy **implementation status**
3. Highlight an **example program**
4. Present **implementation considerations** (i.e., best practices and challenges)
5. Identify actionable **policy recommendations** to enhance implementation efforts



Promoting social norms
that protect against
violence and adversity

Strategies to cover in brief 3

	Key strategy	Specific policy or program example(s)
 <p>Promoting social norms that protect against violence and adversity</p>	Community-based violence prevention 🚫	Alcohol taxes (20% increase)
		Green Dot , a violence prevention strategy that trains bystanders to prevent violence and shift social and cultural norms
 <p>Intervening to lessen immediate and long-term harms</p>	Drug courts	Drug courts (general)
		Family treatment drug courts
	Trauma-informed care	Seeking safety , a counseling model to help people attain safety from trauma and/or substance abuse
		Treatment Foster Care Oregon (for justice-involved youth), an intensive foster care alternative to institutional placement for youth with severe emotional and/or behavioral problems
Behavioral health treatment	Multisystemic therapy (for justice-involved youth), an intensive treatment for youth who were incarcerated with possible substance abuse issues and their families	

Green Dot

[Request a Green Dot Training >](#)

[Green Dot Week Events >](#)

[OHIO](#) > [Student Affairs](#) > [Office of Health Promotion](#) > [Green Dot](#)

The Green Dot Strategy

The Green Dot Strategy is an innovative approach to violence prevention. Green Dot harnesses the power of individual choices to shift social norms, resulting in broad-based culture change. Green Dot is based on a wealth of interdisciplinary research including social change theory, diffusion of innovation, communication, marketing, and bystander intervention.

What is a Green Dot?

Strategies to cover in brief 3

	Key strategy	Specific policy or program example(s)
 <p>Promoting social norms that protect against violence and adversity</p>	Community-based violence prevention 🚫	Alcohol taxes (20% increase)
		Green Dot , a violence prevention strategy that trains bystanders to prevent violence and shift social and cultural norms
 <p>Intervening to lessen immediate and long-term harms</p>	Drug courts	Drug courts (general)
		Family treatment drug courts
	Trauma-informed care	Seeking safety , a counseling model to help people attain safety from trauma and/or substance abuse
		Treatment Foster Care Oregon (for justice-involved youth), an intensive foster care alternative to institutional placement for youth with severe emotional and/or behavioral problems
Behavioral health treatment	Multisystemic therapy (for justice-involved youth), an intensive treatment for youth who were incarcerated with possible substance abuse issues and their families	

Discussion question


What feedback do you have about the policy and program examples we plan to highlight (i.e., alcohol taxes and Green Dot)?

(E.g., any state or local policies we should mention, suggestions of what else we should explain, questions)



Intervening to lessen immediate and long-term harms

Strategies to cover in brief 3

	Key strategy	Specific policy or program example(s)
 <p>Intervening to lessen immediate and long-term harms</p>	Drug courts	Drug courts (general)
		Family treatment drug courts
	Trauma-informed care	Seeking safety , a counseling model to help people attain safety from trauma and/or substance abuse
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Drug Courts and Family Treatment Drug Courts


Expected benefits of **drug courts**:

- Reduced recidivism
- Reduced drug use

Expected benefits of **family treatment drug courts**:

- Increased family reunification
- Increased substance use disorder treatment


Strategies to cover in brief 3

	Key strategy	Specific policy or program example(s)
 <p>Intervening to lessen immediate and long-term harms</p>	Drug courts	Drug courts (general)
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Trauma- informed care

Trauma-informed care

An official State of Ohio site. [Here's how you know](#) ▾

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Ohio's Trauma-competent Care (TCC) Initiative

TCC is an approach that explicitly acknowledges the role trauma plays in people's lives.

Ohio's Trauma-competent Care Initiative

Welcome

TCC Principles

Resources



Trauma in Adults and Children

Find resources for addressing trauma in adults and children.

[Learn More](#)



TCC Regional Collaboratives

Get information about the six regional collaboratives in Ohio.



TCC Resource Library

Find a variety of treatment resources.



The Wellness Project

Watch videos on meditation, mindful movement and breath practices.

Handle With Care



Photo credit: The Times Leader

Other trauma-informed care initiatives

- Trauma-informed treatment model requirement for qualified residential treatment programs
- Ohio Department of Education guidance on how to become a trauma-informed school or district
- The Ohio Child Care Resource and Referral Association (OCCRRA)'s Trauma-Informed Care Certificate

Treatment Foster Care Oregon



A cost-effective alternative to institutional, residential and group care placements for children and youth with severe emotional and behavioral challenges.

(Formerly known as Multidimensional Treatment Foster Care)

Behavioral Health Treatment

- Early intervention
- Mental health and substance use disorder treatment services
- Crisis response
- Recovery supports

Behavioral Health Treatment



Resilience through
Integrated Systems and Excellence



Multisystemic Therapy

(for youth with justice system involvement)

An intensive family- and community-based treatment approach which strives to create healthier families and reduce recidivism among justice-involved youth at risk of out-of-home placement.



Discussion question

What do you think the policy brief **must include** related to drug courts, trauma-informed care or behavioral health treatment?

Research approach

Gather information through:

- Key informant interviews
- Meetings with advocacy initiatives
- Program page reviews
- Quantitative data analysis

Guidance provided by ACEs Advisory Group.

Discussion question

What are some local programs that we should interview and/or highlight in the brief?

Strategies to cover in brief 3

	Key strategy	Specific policy or program example(s)
 <p>Promoting social norms that protect against violence and adversity</p>	Community-based violence prevention 🚫	<p>Alcohol taxes (20% increase)</p>
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	Behavioral health treatment	<p>Multisystemic therapy (for justice-involved youth), an intensive treatment for youth who were incarcerated with possible substance abuse issues and their families</p>

Discussion question

What policy
recommendation
suggestions do you have?

Next steps

Contact information



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Thank you