

Strategies to prevent Adverse Childhood Experiences (ACEs) in Ohio

Recommendations for expanding and enhancing implementation

As part of the **Ohio ACEs Impact project**, the Health Policy Institute of Ohio (HPIO) elevated 12 evidence-informed and cost-effective ACEs prevention strategies for Ohio. In 2022-2024, HPIO took a closer look at each of the 12 strategies across three "Strategies to prevent Adverse Childhood Experiences (ACEs) in Ohio" policy briefs:



Ensuring a strong start for children and strengthening economic supports for families
(October 2022)



1
Early childhood education

2



Early childhood home visiting

3



Medical-legal partnerships

4



Family income supports:
Earned Income Tax Credit



Building skills and strengthening connections to caring adults
(August 2023)

5



Parent, caregiver and family skills training

6



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

7



School-based social and emotional instruction

8



Mentoring programs



Promoting positive social norms and intervening to lessen harm
(January 2024)

9



Community-based violence prevention

10



Drug courts and family treatment courts

11



Trauma-informed care

12



Behavioral health treatment

For each strategy, the briefs describe:

- Research evidence on expected outcomes
- The extent to which the strategy is being implemented across Ohio, along with examples
- Implementation considerations
- Strengths, gaps and recommendations of how to enhance or expand implementation throughout the state

This document compiles the recommendations for all 12 strategies. Readers should note that the policy environment surrounding some of these strategies may have changed since the corresponding brief was published.



Recommendations from
Strategies to prevent ACEs in Ohio: Ensuring a strong start for children and strengthening economic supports for families

1



Early childhood education

1. Increase access to quality early childhood education programs for young children with working parents by increasing eligibility for Ohio's publicly funded child care from 145% to 200% FPL
2. Increase funding and support for early childhood education programs that have not yet achieved a high-quality rating
3. Invest state dollars in Early Head Start and Head Start to focus on and tailor to the needs of low-income children experiencing multiple ACEs, including children in state custody and children experiencing homelessness
4. Look to states such as Illinois, Wisconsin and Minnesota for guidance in implementing the Child-Parent Center model

2



Early childhood home visiting

1. Increase state funding for evidence-based early childhood home visiting, especially those models that are most cost-beneficial and focus on the ACEs with the largest impacts in Ohio (i.e., emotional abuse, sexual abuse and living in a household with someone with a substance use disorder, mental health condition or who is incarcerated)
2. Integrate Early Head Start and other non-state funded evidence-based home visiting programs into Ohio's Help Me Grow Central Intake and Referral System
3. Collaborate with existing home visiting providers to overcome capacity limitations, including workforce challenges

3



Medical-legal partnerships

1. State and local governments can allocate funding to medical-legal partnerships (MLPs) in their budgets, including allocation of state general revenue funding and agency-specific funding (such as the Ohio Department of Health's infant vitality funding)
2. Health centers can develop social determinants of health and legal need screenings to help patients get connected to necessary legal services

4



Family income supports: Earned Income Tax Credit

Ohio can follow the lead of 26 other states and the District of Columbia and make the state EITC refundable



Recommendations from
Strategies to prevent ACEs in Ohio: Building skills and strengthening connections to caring adults

5



Parent, caregiver and family skills training

1. Include programs like Parent-Child Interaction Therapy and other evidence-based treatments in graduate school curricula to increase the number of trained providers
2. Take steps to increase awareness of these evidence-based programs among parents and caregivers
3. Increase funding for programs (in addition to the Positive Parenting Program/Triple P) that are more appropriate for children at a higher risk of ACEs exposure, such as Parent-Child Interaction Therapy

6



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

1. Pair dating violence prevention with other types of school-based prevention education, such as suicide prevention education
2. Support robust training of prevention educators and allow experienced preventionists to offer sexual violence prevention education
3. Adopt comprehensive health education standards to strengthen schools' ability to implement prevention programs

7



School-based social and emotional instruction

1. Encourage and support schools and districts in adopting social and emotional learning (SEL) standards, such as through targeted funding and training
2. Encourage teacher training programs to include SEL coursework and provide professional development opportunities to teachers already in the field
3. Provide funding and encourage schools and districts to examine district data and identify their greatest challenges and needs related to social and emotional skills

8



Mentoring programs

Provide state funding for mentoring programs, similar to the [Mentoring Matching Grant program](#) funded by the Massachusetts Department of Elementary and Secondary Education, for example



Learn more about HPIO's

Ohio ACEs Impact Project

hpio.net/our-work/projects/ohio-aces-impact-project





Recommendations from

Strategies to prevent ACEs in Ohio: Promoting positive social norms and intervening to lessen harm

9



Community-based violence prevention

1. Policymakers and other funders can expand grant requirements to align with the needs of community-based providers
2. State policymakers can assist local organizations with implementation of prevention programming through trainings and technical assistance. For example, key informants mentioned the need for the development of a toolkit with best practices for violence prevention to guide local programs
3. State and local policymakers can increase funding to community-based programs for prevention, such as bystander training for Designated Outdoor Refreshment Area (DORA)-approved establishments
4. Ohio policymakers can raise beer and wine taxes

10



Drug courts and family treatment courts

1. Drug courts and family treatment courts can take steps to increase awareness and understanding of their programs' value among professionals and providers that interact with individuals struggling with substance use
2. Programs can prioritize in-person attendance and build new ways for program staff to meet with participants face-to-face to enable participants to build healthy relationships and hold each other accountable
3. Family treatment court programs can increase trust among participants through frequent meetings between parents, children and providers
4. Programs can monitor and follow up with drug court graduates to track long-term impacts of drug court participation, including recidivism

11



Trauma-informed care

1. State and local policymakers can take steps to ensure more Ohioans are familiar with trauma and its effects, such as through a public awareness campaign
2. State and local policymakers can offer more assistance, including dedicated funding, to encourage schools and healthcare providers to become trauma-informed
3. State and local policymakers can require trauma training for all child-serving public employees

12



Behavioral health treatment

1. State policymakers can continue efforts to increase the behavioral health workforce and diversity within it through financial incentives (e.g., loan forgiveness, scholarships and higher salaries), especially in areas with provider shortages
2. State policymakers can encourage statewide implementation of certified community behavioral health clinics
3. State and local policymakers can fund implementation of OhioSTART programs in counties currently without a program
4. State policymakers and Medicaid managed care organizations can mitigate transportation barriers to accessing care through increased funding for public transportation and improvements to non-emergency medical transportation