

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:

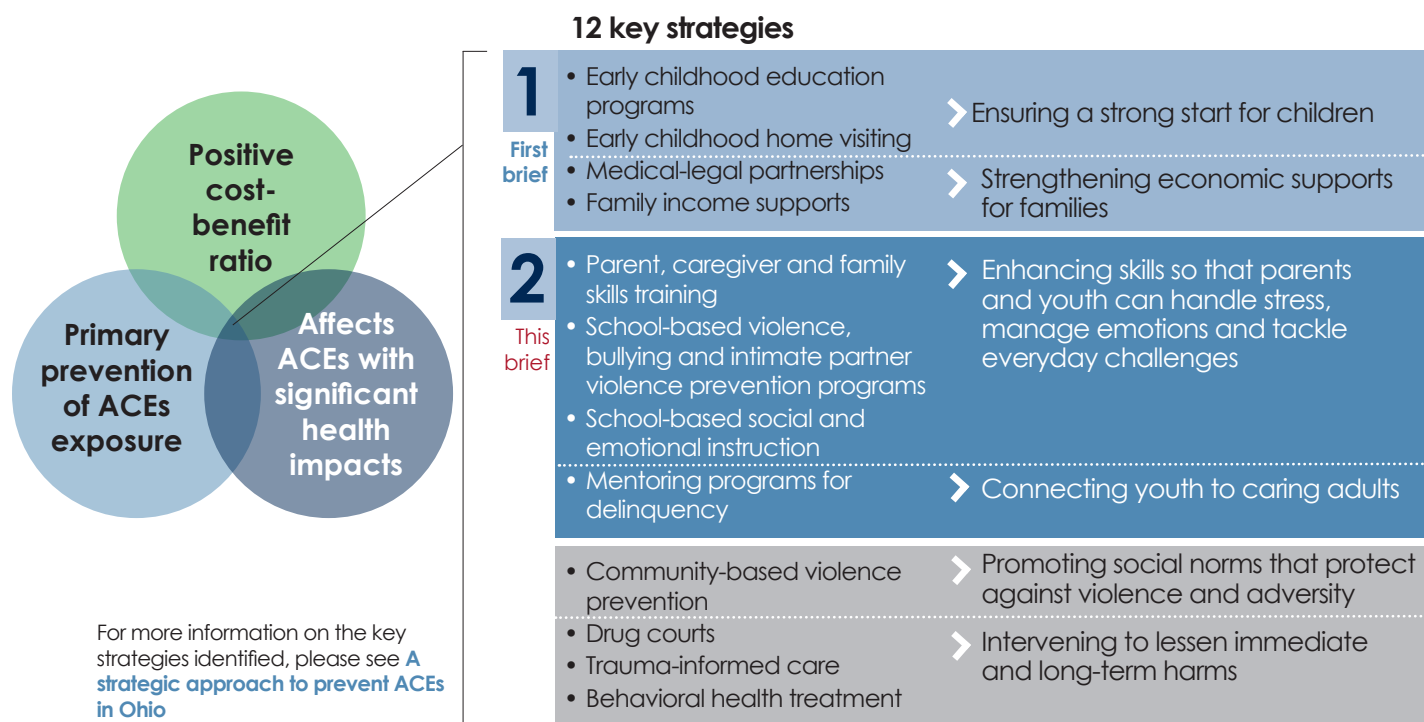
- Enhance skills so that parents and youth can handle stress, manage emotions and tackle everyday challenges
- Connect youth to caring adults and activities

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.

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.

Figure 1. **Key strategies for preventing ACEs in Ohio**





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

This section features the following prevention education strategies:

- Parent, caregiver and family skills training programs (p. 2)
- School-based violence, bullying and intimate partner violence prevention programs (p. 6)
- School-based social and emotional instruction (p. 11)

Strategy No. 1: Parent, caregiver and family skills training

Nurturing and responsive caregivers and a safe, stable family environment in which basic needs are met and boundaries exist give children a strong foundation.³ These are powerful protective factors that can decrease substance use, mental health problems and behaviors that increase the risk of poor health outcomes in adolescence and later in life.⁴ Also, research has shown that having at least one nurturing, stable caregiver can mitigate negative effects of ACEs.⁵ As shown in figure 2, in 2021, 88% of Ohio adults reported that during their childhood, they had an adult in their household that made them feel safe and protected all or most of the time.

However, parenting is a challenging job and one that generally comes without training. Stressors and adversities experienced by many parents and caregivers, especially those living in poverty, can undermine their ability to provide a secure, healthy and nurturing family environment. Broader system changes and supports can lessen these barriers.

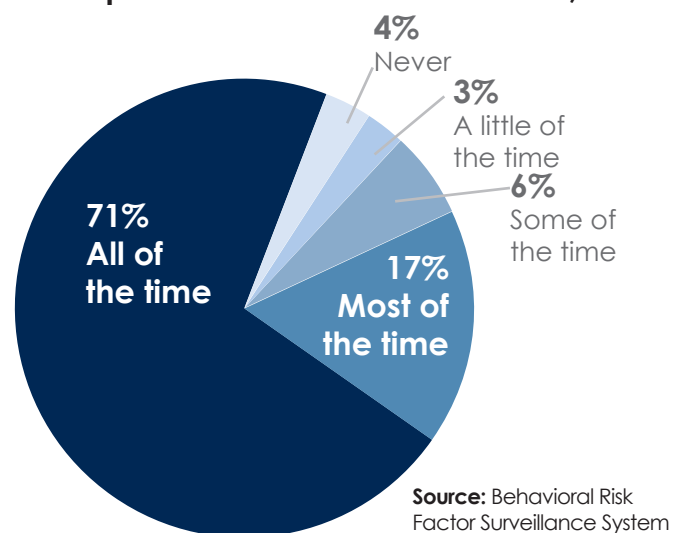
Parent, caregiver and family skills programs are a two-generation strategy, which means they have proven benefits for both children and caregivers. These training programs strengthen family relationships and support parents and caregivers by increasing understanding of child development and positive behavioral management strategies. They can be especially valuable for parents and caregivers who have endured ACEs themselves. They can also reduce the risk of repeating ACEs generationally (i.e., the generational cycle of trauma).

Programs are generally designed with age-appropriate content for families with children within a specific age range. Although evidence-based family skills training programs vary in how they are delivered, common content areas include:

- Developmentally appropriate expectations for child behavior
- Healthy communication strategies
- Positive behavior management and monitoring
- Problem-solving skills
- Safe and effective discipline

There is strong evidence that group-based programs improve child behavior and parenting. They can also reduce stress, depression and anxiety for parents and caregivers and increase feelings of self-efficacy.⁶

Figure 2. Percent of Ohio adults who reported having an adult in their household during childhood who made them feel safe and protected all or most of the time, 2021



Parent, caregiver and family skills training in Ohio

There are many of these evidence-based programs operating throughout the state. For example, in May 2022, the **Triple P** Online and Teen Triple P Online programs became available free-of-charge to all Ohio families, granting them access to the programs for one year upon enrollment, through a partnership between the Governor's Children's Initiative, Ohio Children's Trust Fund⁷ and the Ohio Department of Job and Family Services. The target audience is families with children from birth to age 16. The online program includes pre-recorded lessons, so families can progress through the course at their own pace. As of June 4, 2023, 10,656 Ohio parents and caregivers had enrolled in one of the program offerings. Figure 3 shows the number of enrollees in each county.

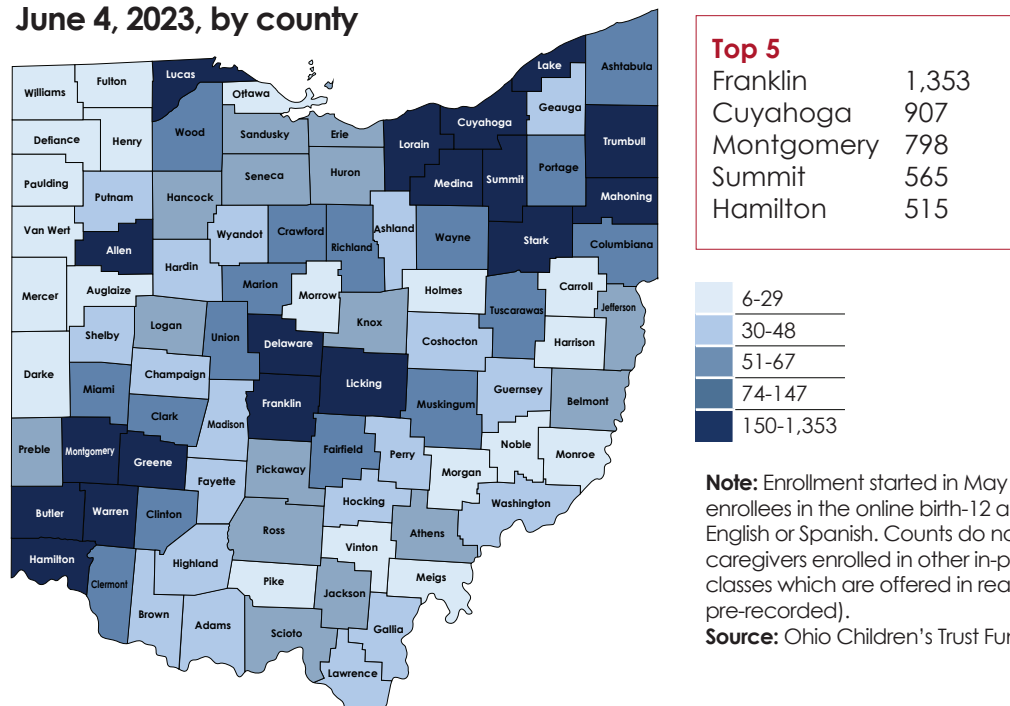
Triple P Online is also slated for Ohio's second phase of implementation of Family First Prevention Services. When implemented, this means the state will be able to receive federal Title IV-E reimbursement for providing Triple P Online to eligible families, including families that are working with the local public children services agency. Additional funding will assist in ongoing sustainability and capacity building for the program.

Other examples of these evidence-informed programs across the state include:

- **Parent-Child Interaction Therapy (PCIT)**, a family-centered program proven effective for children ages 2-8 who have experienced or are at risk of maltreatment and their caregivers. During PCIT, therapists coach parents/caregivers one-on-one while they interact with their children. As of June 2023, there were 63 certified Parent-Child Interaction Therapists across Ohio.⁸ See the **appendix** for more information on PCIT.
- The **Strengthening Families Program** involves entire families. Parents/caregivers and children learn separately for the first half of class sessions, and then families come together for the second half to learn effective communication and interaction strategies, as well as how to engage in structured family activities. It is operating in at least 12 Ohio counties. See the **appendix** for more information.

There are many other evidence-based parent, caregiver and family skills training programs such as **GenerationPMTO**, **Brief Strategic Family Therapy** and **Child-Parent Psychotherapy** (specifically for children who have experienced trauma). Child-Adult Relationship Enhancement (CARE) is based on several evidence-based parent training programs (including PCIT) and can complement other therapeutic services for children who are exposed to trauma and maltreatment. CARE consists of a trauma-informed set of skills for adults to use when interacting with children or teens to strengthen healthy relationships and increase child engagement.⁹

Figure 3. Number of parents and caregivers enrolled in a Triple P online program as of June 4, 2023, by county



Implementation examples: Children's Resource Center of Wood County's Primary Care Triple P program and Montgomery County Educational Service Center (ESC)'s Triple P program



Program descriptions

The Positive Parenting Program (Triple P) is a system of programs for parents and caregivers that teach simple, practical strategies for building strong relationships with children, confidently managing behavior and preventing problems from developing. The system includes:

- Five levels of intensity based on family need, ranging from light-touch (level 1) to more highly targeted programs for families dealing with complex family or mental health issues (level 5)
- Specialized course offerings for different age groups, needs and circumstances (e.g., children with a disability)
- Flexible setting options, including, one-on-one delivery, small groups, large public seminars or a self-paced online course

Children's Resource Center of Wood County: Pediatricians refer families to Primary Care Triple P. It is a Level 3 program, which means targeted counseling for parents/caregivers of a child with mild-to-moderate behavioral difficulties. It is composed of four one-on-one sessions between a provider and parents/caregivers.

Montgomery County ESC: The Montgomery County ESC Triple P program currently offers a virtual Level 2 Selected Seminar Series – with options for parents/caregivers of children from birth to age 12 and for parents/caregivers of teenagers (ages 13-17). There are three classes in each age group series.

The Montgomery County ESC previously funded the online Triple P program for their area, but the state of Ohio now offers it for all Ohio families. Currently, the ESC emails Montgomery County families registered for the online program, offering additional help and resources if they are interested. (Nationwide Children's Hospital does the same for Ohio families outside of Montgomery County.)



Populations served

- **Children's Resource Center of Wood County:** Serves approximately 60 families at one time from Wood and Hancock Counties. Participants span all levels of educational attainment, and there is a variety of family compositions (e.g., two-parent families, single-parent families, grandparent caregivers).
- **Montgomery County ESC:** The program is offered to Montgomery County caregivers and parents. Key informants mentioned that it is particularly helpful for grandparents raising grandchildren.



Funding

- **Children's Resource Center of Wood County:** Ohio Children's Trust Fund
- **Montgomery County ESC:** Montgomery County Alcohol, Drug Addiction, and Mental Health Services Board

Note: The state of Ohio funds the online Triple P program and outreach to online program enrollees, but other Triple P programs, such as those highlighted, must secure their own funding.



Workforce

Providers of any Triple P program must undergo Triple P training and can only implement the level(s) for which they have been trained. After training, there is an accreditation process. The full process costs approximately \$3,000 per trainee. Triple P recommends practitioners have a post-high school degree in a relevant field. However, practitioners who actively work with families and have knowledge of child/adolescent development may also be appropriate to deliver Triple P.



Outcome evaluation

Research evaluations within the U.S. have found that Triple P reduces rates of child maltreatment, child out-of-home placements, and hospitalizations and emergency department visits for child maltreatment injuries.¹⁰

Implementation considerations for parent, caregiver and family skills training

The following best practices and challenges were mentioned by key informants or identified in research literature.

Best practices

- **Choosing appropriate interventions for certain audiences.** One-on-one interventions are more effective for families at high risk for conflict and child behavior problems.¹¹
- **Cultural adaptation of programs.** Cultural adaptation of evidence-based family skills training programs, such as translating program materials and modifying pictures and examples to represent families participating, can considerably improve engagement of families and can increase retention rates by up to 40%.¹² Many evidence-based programs have been modified for families of various races and ethnicities.
- **Remove program stigma.** Programs must emphasize that the program is for every parent/caregiver, educate them on its value and employ a “strength-based” approach. Key informants noted challenges with initial engagement, but found that once families get into the programs, they tend to be very engaged.

Challenges

- **Workforce shortages.** Multiple key informants mentioned not being able to meet demand for their programs due to lack of trained staff.
- **Funding.** Funding challenges were commonly cited by key informants. For example, upfront staff trainings can be very expensive. Key informants mentioned that Triple P is especially expensive.
- **Participation barriers.** Encouraging families to participate and complete programs can be difficult, especially when classes are offered in person in rural areas, due to transportation, child care and similar barriers. These types of challenges can be overcome with other policy and systems changes.
- **Technological challenges and lack of internet access.** Although virtual sessions remove some barriers, such as transportation, they present different challenges such as the need for internet access and the need for providers to explain virtual platforms and troubleshoot during class time.

Parent, caregiver and family skills training: Next steps for Ohio

To improve the implementation of parent, caregiver and family skills training programs across Ohio, policymakers and other stakeholders should consider the strengths, gaps and recommendations in Figure 4.

Figure 4. **Strengths, gaps and recommendations related to parent, caregiver and family skills training**

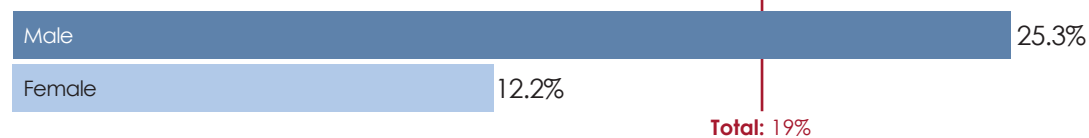
| Strengths | Gaps | Recommendations |
|--|--|---|
| <ul style="list-style-type: none"> • The state of Ohio is funding the Triple P Online program for all interested Ohio families. • There are many different parent, caregiver and family skills training programs operating throughout Ohio, and there are various state entities funding programs. | <ul style="list-style-type: none"> • Many parent, caregiver and family skills training programs are operating on a waitlist due to workforce shortages. • Although Triple P Online is available to all Ohio families, some lack internet or technology access or need more intensive support. Other training programs have capacity constraints. | <ul style="list-style-type: none"> • Take steps to increase awareness of evidence-based programs among parents and caregivers. • Increase funding for parent, caregiver and family skills training programs (in addition to Triple P) that are more appropriate for children at a higher risk of ACEs exposure, such as Parent-Child Interaction Therapy. • Include programs like Child-Adult Relationship Enhancement (CARE) in graduate school curricula for professionals who will interact with children and families. |

Strategy No. 2: School-based violence, bullying and intimate partner violence prevention programs

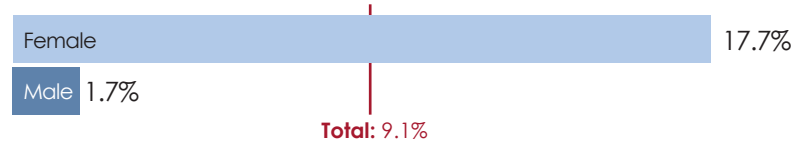
Many Ohio youth are exposed to violence or bullying, as shown in figures 5 and 6. This section describes school-based programs to prevent peer violence, bullying and intimate partner violence. These programs seek to reduce bullying and victimization before they start by building self-awareness, emotional self-control, self-esteem, conflict resolution and other social skills.¹³ They can be implemented solely in a classroom setting or extended to include interactive and community components. An international review of 44 school-based anti-bullying programs concluded that overall, these programs are effective in reducing bullying (by 20%-23%) and victimization (by 17%-20%).¹⁴

Figure 5. **Percent of Ohio high school students experiencing violence or bullying in the past 12 months, by gender, 2019 and 2021**

Physical fights. Percent of students who reported being involved in one or more physical fights during the 12 months before the survey (2019)



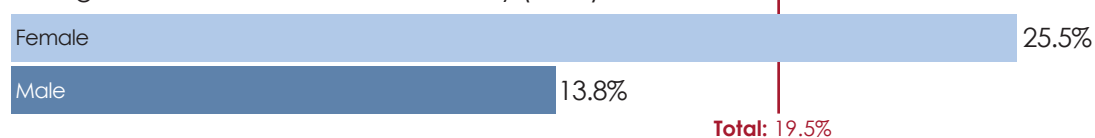
Experienced sexual dating violence. Percent of students who reported experiencing sexual dating violence during the 12 months before the survey (2021)



Electronically bullied. Percent of students who reported being bullied electronically during the 12 months before the survey (2021)



Bullied on school property. Percent of students who reported being bullied on school property during the 12 months before the survey (2021)

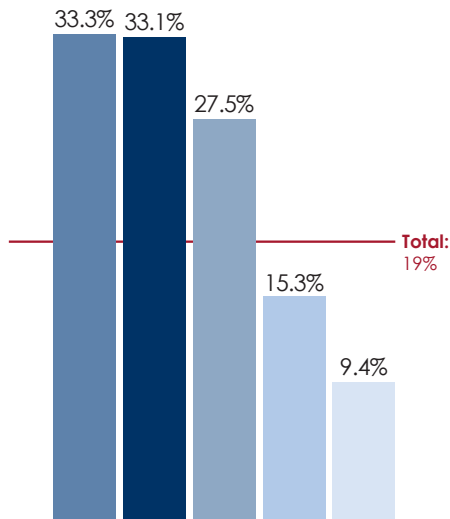


Note: Sexual dating violence includes being forced to do sexual things (such as kissing, touching or being physically forced to have sexual intercourse) they did not want to do by someone they were dating or going out with, among students who dated or went out with someone during the 12 months before the survey. Electronically bullied includes being bullied through texting, Instagram, Facebook or other social media.

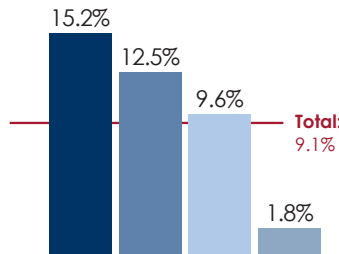
Source: Youth Risk Behavior Survey

Figure 6. Percent of Ohio high school students experiencing violence or bullying in the past 12 months, by race, 2019 and 2021

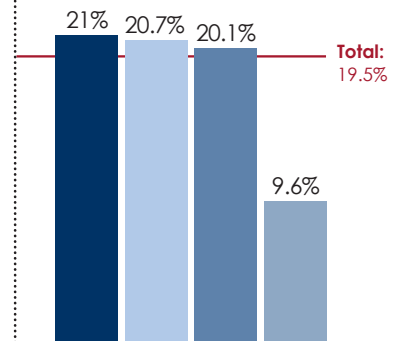
Physical fights. Percent of students who reported being involved in one or more physical fights during the 12 months before the survey (2019)



Experienced sexual dating violence. Percent of students who reported experiencing sexual dating violence during the 12 months before the survey (2021)



Bullied on school property. Percent of students who reported being bullied on school property during the 12 months before the survey (2021)



Multiple races Hispanic Black White Asian

Note: Sexual dating violence includes being forced to do sexual things (kissing, touching or being physically forced to have sexual intercourse) they did not want to do by someone they were dating or going out with, among students who dated or went out with someone during the 12 months before the survey.

Source: Youth Risk Behavior Survey

School-based intimate partner violence prevention programs also aim to promote healthy relationships via education and skill-building and can reach students across a broad age range. Program participants demonstrate increased knowledge about healthy relationship behaviors, conflict resolution and less acceptance of intimate partner violence, all of which are important foundations for prevention.¹⁵ Several school-based programs, including Safe Dates and Dating Matters, have evidence of effectiveness in preventing dating violence among adolescents.¹⁶

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

There are several Ohio laws in effect that encourage violence and bullying prevention in schools, as described below.

| Policy | Description |
|---|---|
| Prevention reporting | ORC 3313.6024 requires school districts to report the types of prevention-focused programs, services and supports provided in each grade. |
| School personnel training | ORC 3319.073 requires in-service training on prevention for specified school personnel, including training in violence prevention, the school's anti-harassment, intimidation and bullying policy and dating violence prevention. |
| Bullying and violence prevention | |
| Anti-harassment, intimidation and bullying policy | ORC 3313.666 requires each school district to establish a policy prohibiting harassment, intimidation and bullying, and the State Board of Education has developed a model policy to guide schools. |
| Dating violence prevention | |
| Tina Croucher Act | Signed into law in 2009, the Tina Croucher Act requires the State Board of Education to update its anti-harassment, intimidation and bullying model policy to prohibit dating violence and requires Ohio public schools to incorporate and address dating violence in their policies and programming. |
| Dating violence prevention education | ORC 3313.60 requires school districts to include developmentally appropriate instruction for grades 7-12 in dating violence prevention and sexual violence prevention. The Ohio Department of Education (ODE) must provide links on its website to free curricula on both subjects. |
| Erin's Law | Erin's Law (incorporated into ORC 3313.60) added sexual violence prevention education to required instruction for grades 7-12. |
| Safety and Violence Education Students (SAVE Students) Act | Passed in 2020, the Safety and Violence Education Students (SAVE Students) Act requires ODE to maintain a list of approved, evidence-based training programs for violence prevention, with at least one program that is of no cost to schools. The law also requires schools to provide at least one hour or standard class period per year on safety training and violence prevention for grades 6-12. |

The Ohio Department of Health (ODH) offers Rape Prevention Education (RPE) grants, funded by the Centers for Disease Control and Prevention (CDC). The CDC encourages programs to extend beyond the individual curriculum level. In 2021, 11 community-based programs received ODH RPE funding.¹⁷

Dating Matters and Safe Dates

Dating Matters and Safe Dates are two evidence-based in-school dating violence prevention programs. Dating Matters is a comprehensive teen dating violence prevention model developed by the CDC that includes prevention strategies for individuals, peers, families, schools and neighborhoods. The program's structure varies by grade level. For students at the sixth-grade level, seven sessions focus on healthy relationships, social and emotional skills and ways to support friends in unhealthy relationships. As students move up in grade level, they build upon these skills with an increased focus on dating relationships and sexual violence.¹⁸ Dating Matters was shown to reduce sexual violence perpetration and victimization for women and sexual harassment within and outside of dating relationships.¹⁹ The program has also been shown to reduce levels of bullying, cyberbullying and physical violence perpetration among middle-schoolers.²⁰

Safe Dates, described in the example on page 9, is another evidence-based in-school prevention program.

Implementation example: New Directions of Knox County's Healthy Relationships program



Program description

Safe Dates is directed at middle and high school students and consists of a ten-session curriculum as well as interactive activities and materials for parents.²¹ The program seeks to improve conflict resolution skills and encourage help-seeking and help-giving behavior while changing adolescent norms on dating violence.²²

New Directions collaborates with school districts in Knox County to implement a school-based education program based on Safe Dates. The program has been adapted to fit the district, with altered phrasing and programming, and is titled "Healthy Relationships." New Directions believes the name change has facilitated implementation with schools, students, parents and caregivers.²³ The program is developmentally appropriate and encourages youth to foster healthy relationships to prevent violence and bullying.²⁴

New Directions has prevented resistance by recently updating their curriculum, aligning with ODE social-emotional learning content standards and school Positive Behavioral Interventions and Supports (PBIS) plans.



Population served

Available to all high school students in Knox County school districts, as well as younger grades in some districts. The Healthy Relationships program is also available to some preschool-age children and college students in Knox County. Program content is adapted to be developmentally appropriate.



Funding

Funding comes from various sources, including an ODH RPE grant, the Ohio Alliance to End Sexual Violence, the Ohio Domestic Violence Network and the Ohio Department of Mental Health and Addiction Services.



Workforce

Program educators are required to have a bachelor's degree or higher and must complete the Ohio Chemical Dependency Professionals Board register applicant prevention certification once hired. The organization has a comprehensive onboarding process, and prevention educators must complete domestic and sexual violence training.



Outcome evaluation

An evaluation from North Carolina found that Safe Dates significantly reduced physical and sexual dating violence and perpetration. These effects were sustained four years after the program.²⁵

New Directions regularly completes outcome evaluations with teachers and students and has seen positive outcomes for youth in many areas, including:

- 93.3% believe they can have a healthy relationship
- 95% can name things that they would not like in a relationship
- 82.9% are confident that they can stand up for others

Implementation considerations for school-based intimate partner violence prevention programs

While the following considerations are for intimate partner violence prevention programs, most are also applicable to other school-based violence prevention programs.

Best practices

- **Comprehensive approach.** Consistent with research literature, multiple key informants stressed the importance of having community prevention components to complement the school-based curriculum. Also, research has found that longer program durations increase effectiveness.²⁶
- **Youth engagement in program planning.** Key informants recommended incorporating youth perspectives to ensure the curriculum is relatable and engaging.
- **Ensure content is developmentally appropriate and trauma informed.** A key informant mentioned that ODE's social-emotional learning standards are a valuable tool for ensuring content is developmentally appropriate. Program staff should undergo training on trauma given that some students will have already been exposed to violence.

Challenges

- **Need to tailor evidence-based programs for the community.** The rigid frameworks of evidence-based curricula, such as Dating Matters and Safe Dates, can often be a challenge for schools that are trying to make the program applicable, engaging and personal to students. While fidelity to evidence-based models is important, key informants emphasized the importance of tailoring evidence-based curricula to fit a community's needs, as well as the policies and values of schools. This can be done by partnering with local organizations and altering framing. The CDC provides [resources](#) to help schools with adaptation.
- **Parental and community buy in.** Parental and community buy in is essential to the success of school-based dating violence programs, which often encounter resistance due to their coverage of sensitive topics, such as sexual activity. A key informant shared that notifying parents/caregivers and teachers of expectations prior to the program's start and providing a choice to opt their child out can prevent pushback and ensure buy in.

School-based violence, bullying and intimate partner violence prevention: Next steps for Ohio

To improve the implementation of school-based violence, bullying and intimate partner violence prevention programs across Ohio, policymakers and other stakeholders should consider the strengths, gaps and recommendations in Figure 7.

Figure 7. **Strengths, gaps and recommendations related to school-based violence, bullying and intimate partner violence prevention**

| Strengths | Gaps | Recommendations |
|---|---|--|
| <ul style="list-style-type: none"> • Ohio schools are required to provide and report on violence and bullying prevention education, and the state provides guidance for implementation. • Ohio requires school personnel training for bullying and violence prevention education, ensuring that educators can adequately respond to and support students. | <ul style="list-style-type: none"> • Without proper engagement, the sensitive nature of the content in intimate partner violence prevention programs can cause resistance among parents and caregivers. This can cause barriers to implementation and efficacy of these programs. • Knowledgeable and experienced educators from sexual violence prevention programs may encounter barriers to implementing school-based programs due to provisions in Erin's Law that prohibit schools from contracting with or providing information from an organization that "provides, promotes, counsels or makes referrals for abortion and abortion-related services."²⁷ • Ohio is the only state without health education standards, which is a barrier to comprehensive and evidence-informed education for Ohio students.²⁸ | <ul style="list-style-type: none"> • Pair dating violence prevention with other types of school-based prevention education, such as suicide prevention education. • Support robust training of prevention educators and allow experienced preventionists to offer sexual violence prevention education. • Adopt comprehensive health education standards to strengthen schools' ability to implement prevention programs. |

Strategy No. 3: School-based social and emotional instruction

School-based social and emotional instruction, also known as social-emotional learning (SEL), teaches and enhances critical life skills that children need to handle stressful situations, manage emotions and tackle life's challenges. These skills promote success in school and future employment. At its core, SEL results in the ability to:

- Successfully interact with others
- Form and maintain positive relationships
- Set and achieve goals
- Make responsible decisions
- Feel and express empathy toward others
- Understand and manage one's emotions

Research shows that children with strong social and emotional skills end up being more successful in education and employment and experience greater lifetime well-being.²⁹ These skills also lessen the likelihood of mental health challenges and risky behaviors, such as substance use.³⁰ Therefore, age-appropriate social and emotional instruction in schools is a key ACEs prevention strategy.

SEL competencies can be integrated into classroom instruction, and/or schools can provide specific SEL programs, such as Second Step (highlighted in this brief), to students.³¹ Research finds that when SEL is properly implemented in schools, students' academic performance and behavior improve.³² This means teachers have more time to provide classroom instruction in core courses with little distraction and can dedicate more time to helping students who need additional support. It is also critical to implement SEL in early childhood education prior to kindergarten using resources such as [Ohio's Early Learning & Development Standards: Birth to Kindergarten Entry](#).

What do strong social and emotional skills look like at different ages?

In early elementary school:

- Sitting still and paying attention to school lessons
- Taking turns with peers
- Helping with tasks at school and home

In high school:

- Effectively working on a group project for school
- Fewer instances of bullying and risky behavior
- Setting aspirational educational or employment goals

School-based social and emotional instruction in Ohio

Ohio law does not require social-emotional learning in K-12 education. Ohio does have [social and emotional learning standards](#), but schools are not required to use the standards and ODE does not monitor or collect data on their use. Ohio also has early learning and development standards which include [SEL competencies](#) for children from birth to kindergarten entry.

Ohio law ([ORC 3319.46](#)) does require schools and districts to implement Positive Behavioral Interventions and Supports (PBIS), which is a multi-tiered, evidence-based framework aimed at creating a positive, safe and supportive learning environment for school staff and students. SEL can be implemented into this framework.

In the 2020-2021 school year, more than 81% of Ohio schools offered prevention-focused curricula, with Second Step being among the top five used by schools.³³ Schools are required to report on prevention programs, services and supports provided for each grade from kindergarten through grade 12.

Funding for SEL is available to Ohio schools and districts through Student Wellness and Success Funds, which are distributed using the school funding formula. These funds can be used for [a variety of wellness activities](#), including "social and emotional learning curricula to promote mental health and prevent substance use and suicide." In Fiscal Year 2022, nearly \$240 million funds were distributed, and under \$200 million were spent.³⁴ Many schools also have remaining Student Wellness and Success funds from fiscal years 2020 and 2021 that can be spent on other wellness activities, including mental health services and mentoring programs. In addition, the Ohio Department of Mental Health and Addiction Services [Early Childhood Mental Health Initiative](#) supports evidence-based training to equip parents and caregivers of young children with the skills to help children develop into mentally healthy people.

Implementation example: Fairfield Union Local School District Second Step program (provided by OhioGuidestone via contract)



Program description

Second Step is an evidence-based social skills program for children in Pre-K through middle school with a distinct curriculum for each grade. Research has shown that Second Step results in improved social-emotional and academic outcomes,³⁵ increased cognitive skills³⁶ and reductions in bullying and aggressive behavior.³⁷

Fairfield Union Local School District contracts with OhioGuidestone to deliver the Second Step program during lunch once per week to a small group of students in kindergarten through fourth grade. Students who participate in the program are recommended by the schools based on the different tiers of support they need. Parents can opt their child out or request that their child participate.



Population served

In the 2022-2023 school year, 62 Fairfield Union students ages 5-10 participated in the program. There were 26 females and 36 males; all were White/Caucasian.



Funding

Fairfield County Alcohol, Drug Addiction, and Mental Health (ADAMH) Board



Workforce

There is a required Second Step training. Additionally, OhioGuidestone requires its Second Step providers to attain a prevention certification through the Ohio Chemical Dependency Professionals Board. Providers must take continuing education and be Board-registered to access grant money from the ADAMH Board.



Outcome evaluation

OhioGuidestone conducts pre-and-post-evaluations for every group and found that last year, 80% showed an improved understanding of program content and social and emotional skills.

Implementation considerations for school-based social and emotional instruction

Best practices

- **Tailor SEL programs to the needs of the school.** There is no one-size-fits-all approach for SEL, because students have different needs and challenges that should be taken into consideration when implementing a program. Schools can use data to assess needs, tailor evidence-based practices and programs and measure impact. Suggested data sources for schools can be found in the [appendix](#).
- **Partner with community organizations for SEL.** Partnering with experienced prevention education providers frees up capacity of teachers and school staff. However, it is important for outside providers to have a workable understanding of the school's policies and values and maintain good communication with the school. Even more ideal is having a healthy balance for shared SEL instruction between school staff and non-school program providers where both parties are working collaboratively.
- **Begin in early grades.** Key informants emphasized the need to start SEL with young children, adding that first grade is ideal. SEL is also beneficial in early childhood education settings.

Challenges

- **Workforce challenges.** OhioGuidestone mentioned considerable staff turnover due to low wages and short-term internships among their prevention educators implementing Second Step. They explained that consistent staffing enables relationship building with the school staff and students, increasing the effectiveness of the program.
- **Funding.** Funding is generally a challenge, given all the competing priorities of schools.
- **Shortage of time during the school day.** Schools have a lot to cover during the school day, and some people have concerns about SEL taking instruction time away from other subjects. Key informants mentioned that SEL can be integrated into other subjects throughout the day and/or be provided during lunch.

School-based social and emotional instruction: Next steps for Ohio

To improve implementation of school-based social and emotional instruction across Ohio, policymakers and other stakeholders should consider the strengths, gaps and recommendations in Figure 8.

Figure 8. **Strengths, gaps and recommendations related to school-based social and emotional instruction**

| Strengths | Gaps | Recommendations |
|--|--|--|
| <ul style="list-style-type: none"> • Ohio has K-12 social and emotional learning standards.³⁸ The state also has early learning and development standards which include SEL competencies for children from birth to kindergarten entry. • Ohio already has policies that support different components of SEL in schools, such as PBIS, and reporting requirements for prevention services and programs. • Funding is available through the Student Wellness and Success Fund to address the physical, behavioral and mental health of students.³⁹ | <ul style="list-style-type: none"> • There is no state requirement for schools to adopt SEL standards. • There is a lack of coordination and data sharing between school-based SEL programs and mental health providers in the community to ensure students that need intensive support are being connected to services. | <ul style="list-style-type: none"> • Encourage and support schools and districts in adopting SEL standards, such as through targeted funding and training. • Encourage teacher and early childhood training programs to include SEL coursework and provide professional development opportunities to teachers already in the field. • Provide funding and encourage schools and districts to examine district data and identify their greatest challenges and needs related to social and emotional skills. |



Connecting youth to caring adults and activities

Mentoring and afterschool programs can foster social connections, which protect against depression, anxiety and ACEs.⁴⁰ Nonfamily relationships and social support are community-level protective factors which can buffer against adversity, such as child maltreatment.⁴¹

Further, connecting youth to caring adults and activities can lead them to⁴²:

- Be more engaged in school
- Establish positive networks and experiences
- Set healthy life goals
- Have improved future educational and employment opportunities

Exposure to positive adult role models helps youth learn acceptable and appropriate behavior. Mentoring and after-school programs can reduce the prevalence of crime, violence and other adolescent risk behaviors and lead to positive outcomes in adulthood.⁴³

Strategy No. 4: Mentoring programs

In mentoring programs, youth are matched with a volunteer from the community with the goal of fostering a relationship that will contribute to the young person's growth and future success. Mentoring programs can occur in a specific location, such as a school or community center, or be delivered without a set location. Programs can use a one-on-one or group mentoring approach.

Mentoring programs are generally more effective for youth perceived to be at risk for academic, behavioral and/or health problems. Mentoring programs can also buffer against negative factors in youths' lives and play an important role in healthy development, especially for youth with limited access to informal mentoring by positive role models.⁴⁴

Mentoring programs have been shown to strengthen self-control and relationships with parents and other adults. Research also links mentoring to improvements in the "5 C's of positive youth development" (confidence, caring, competence, connectedness and character).⁴⁵ Specifically for programs that aim to keep youth from becoming involved in the juvenile justice system, there is strong evidence of the following outcomes⁴⁶:

- Reduce delinquent behavior
- Reduce aggression
- Reduce drug use

Mentoring programs across Ohio

There are a wide variety of mentoring programs offered throughout Ohio. Some programs are centered around a specific purpose (e.g., academic enhancement) or geared toward a certain population (e.g., pregnant and parenting teens). **Big Brothers Big Sisters of America** (BBBS), one of the most well-known national mentoring organizations, has 12 affiliates in Ohio. **MENTOR**, the national mentoring partnership, offers a mentor connector database where prospective mentors or mentees can find a local mentoring program.

There is no dedicated state funding for mentoring programs, but there is a federal grant program through the U.S. Department of Justice Office of Juvenile Justice and Delinquency Prevention. In Federal Fiscal Year 2021, there were 15 sub-grantees in Ohio that provided one-on-one mentoring; some were BBBS affiliates.⁴⁷

Program example: Big Brothers Big Sisters of Greater Cincinnati



Program description

Started in 1903 in Cincinnati, BBBS is now the nation's largest network of mentoring programs. Adult volunteers ("Bigs") are matched one-on-one with a child ("Little"). The focus is on building supportive relationships rather than addressing problem behaviors. There are both community-based and school-based programs, as well as separate programs for children in military families and children with parents who are incarcerated.

BBBS affiliates have professional caseworkers, many of whom have a social work degree, who interview children for the program. The interview includes questions about any trauma the child may have experienced. The caseworker then reviews the child's current life circumstances, and interviews volunteers to match the child to the right adult (e.g., such as by demographics, interests, goals, etc.). Every match is managed by a professional caseworker and rooted in BBBS standards and procedures. Mentors continue to receive training and consistently meet with the caseworker about needs of their match.



Populations served

The program served 804 children, ages 6-22, in 2022. They serve families in five Southwestern Ohio counties - Hamilton, Brown, Clermont, Warren and Clinton. Of the families served by the program, 92% are eligible for free or reduced-priced lunch; 55% are people of color; and 75% have had some exposure to family incarceration.



Funding

Philanthropy, trusts and individual donations, and several government grants



Workforce

Before volunteer mentors can be matched, BBBS of Greater Cincinnati requires background checks and completion of a series of online trainings in diversity, equity and inclusion; child safety; and ACEs and trauma competency.



Outcome evaluation

The most recent BBBS of Greater Cincinnati evaluation found that of the 804 children served in 2022⁴⁸:

- 98% are not involved with juvenile courts
- 99.9% are in school
- 99.6% are substance-abuse free
- 99.1% are not pregnant

Of the children who have been effectively matched with a one-on-one mentor for at least a year⁴⁹:

- 99% developed critical life skills, including academic promise
- 98% reported improved self-esteem
- 97% reported improvement in caring for others and their community
- 95% reported improved social skills

Implementation considerations for mentoring programs

Best practices

- **Long-term relationships.** Research has found that positive outcomes from mentoring relationships are most likely to occur when⁵⁰:
 - The mentor-mentee relationship lasts for at least 1 year, with frequent interaction (i.e., once per week or more)
 - Mentors engage mentees through shared activities, allowing the relationship to grow on its own
 - Programs encourage relationships in which mentors provide advocacy and emotional support, rather than simply emphasizing modeling or teaching
- **Prospective mentor screening.** In addition to ensuring safety, thorough screening of potential mentors is critical to determine if they have the time, commitment and desire required to be effective mentors.
- **Successful mentor/mentee matching.** Programs should examine individual characteristics of mentors and mentees to initiate matches. It is also helpful to have mentors who are racially, culturally and socioeconomically similar to the youth they serve and their families.
- **Effective mentor training and support.** Programs should have formal, structured policies and procedures for training mentors on the basic knowledge and skills needed to develop an effective mentoring relationship, and programs should provide ongoing support to mentors to help them strengthen their mentee relationship.

Challenges

- **Funding.** As with many program types, funding is a constant challenge for many mentoring programs.
- **Recruitment of qualified, caring adults.** Finding adults who will commit to the mentoring relationship is critical. Key informants mentioned that it needs to be “the right time” in their life.
- **External risk factors.** ACEs exposure and other barriers, such as a lack of trust in adults and resistance to adult authority, can get in the way of youth benefiting from involvement in a mentoring program. In these cases, it may be better to refer them to more appropriate services and try mentoring again in the future when they might be more open to the experience. Alternatively, it can help for mentors to take the time to get to know the mentee and develop an authentic relationship, which can lead mentees to believe they are important in the life of their mentor and be more open to the relationship.⁵¹

Boys and Girls Clubs and after-school programs

In addition to formal mentoring, after-school programs and Boys and Girls Clubs can be valuable for children and youth. Such programs can provide opportunities for youth to strengthen social and academic skills and become involved in school and community activities. Supervision during this time frame (approximately 3 p.m.-6 p.m.) is also beneficial, since this is when youth violence, crime and other high-risk behaviors peak.⁵²

Programs can differ greatly. Some types of afterschool programs only offer homework assistance, while others involve more structured and skill-based learning activities. For example, the Boys and Girls Clubs of Northeast Ohio have five core program areas: Health and wellness, academic success, sports and recreation, arts and music, and character and leadership. They also offer homework assistance, learning loss programs in the summer, and even year-round daily meals to combat food insecurity. The Boys and Girls Clubs of Northeast Ohio typically serve children in highly-populated areas with a high number of families with low incomes.

Mentoring programs: Next steps for Ohio

To improve implementation of mentoring programs across Ohio, policymakers and other stakeholders should consider the strengths, gaps and recommendations in Figure 9.

Figure 9. **Strength, gap and recommendation related to mentoring programs**

| Strength | Gap | Recommendation |
|--|---|---|
| Ohio has a wide variety of mentoring programs, including 12 Big Brothers Big Sisters affiliates. | There is currently no dedicated state funding for 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. |

Conclusion

By acting early, **policymakers can prevent childhood adversity and eliminate more than \$10 billion in annual healthcare and related spending attributable to ACEs exposure in Ohio.**⁵³ There are cost-effective, evidence-informed strategies being implemented across the state that build important skills to handle stress, manage emotions and tackle everyday challenges, and connect youth to caring adults and activities. This momentum requires additional, long-term support to achieve and sustain positive outcomes.

To prevent ACEs exposure among Ohioans, Ohio must do more. Public and private leaders can ensure that:

- Parents and caregivers are supported through necessary system and policy changes and access to parent, caregiver and family skills training
- Schools are offering violence prevention programs and opportunities for students to build strong social and emotional skills
- Mentoring and afterschool programs are available to children at risk of poor behavioral, academic and health outcomes
- Prevention efforts are tailored to Ohioans most at risk for experiencing ACEs, including Ohioans of color, with low incomes, with disabilities and those who are residents of urban or Appalachian counties

To inform examples of ACEs prevention strategies implemented in Ohio, HPIO conducted key informant interviews with staff from the following organizations:

- **Children's Resource Center, Wood County** (Primary Care Triple P)
- **Montgomery County Educational Service Center** (Triple P)
- **Hopewell Health Centers, nine counties in southeastern Ohio** (Parent-Child Interaction Therapy)
- **Community Action Organization of Scioto County** (Strengthening Families Program)
- **New Directions of Knox County** (Safe Dates)
- **Center for Family Safety and Healing, Franklin County** (School-based dating violence prevention)
- **Fairfield Union Local Schools, Fairfield County** (Second Step)
- **Ohio Guidestone** (Second Step)
- **Boys and Girls Club of Northeast Ohio** (Boys and Girls Clubs)
- **Big Brothers Big Sisters of Greater Cincinnati** (Mentoring)

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