



# Health Policy Brief

## Strategies to prevent Adverse Childhood Experiences (ACEs) in Ohio

### 3 Promoting positive social norms and intervening to lessen harm

#### Executive summary

Promoting positive social norms, such as a shared sense of responsibility for the health and well-being of children, can prevent adverse childhood experiences (ACEs). Treatment for mental health conditions and substance use disorders among parents and other caregivers can also reduce risks for ACEs. At the same time, when ACEs do occur, there are many trauma-informed interventions that can reduce harm and prevent similar adversity for future generations.

Since 2020, the Health Policy Institute of Ohio has released a series of policy briefs on ACEs in Ohio. As part of that work, HPIO outlined a comprehensive and strategic approach to preventing ACEs, elevating 12 key evidence-informed strategies. As displayed in figure ES.1, this brief examines the implementation status of four strategies that:

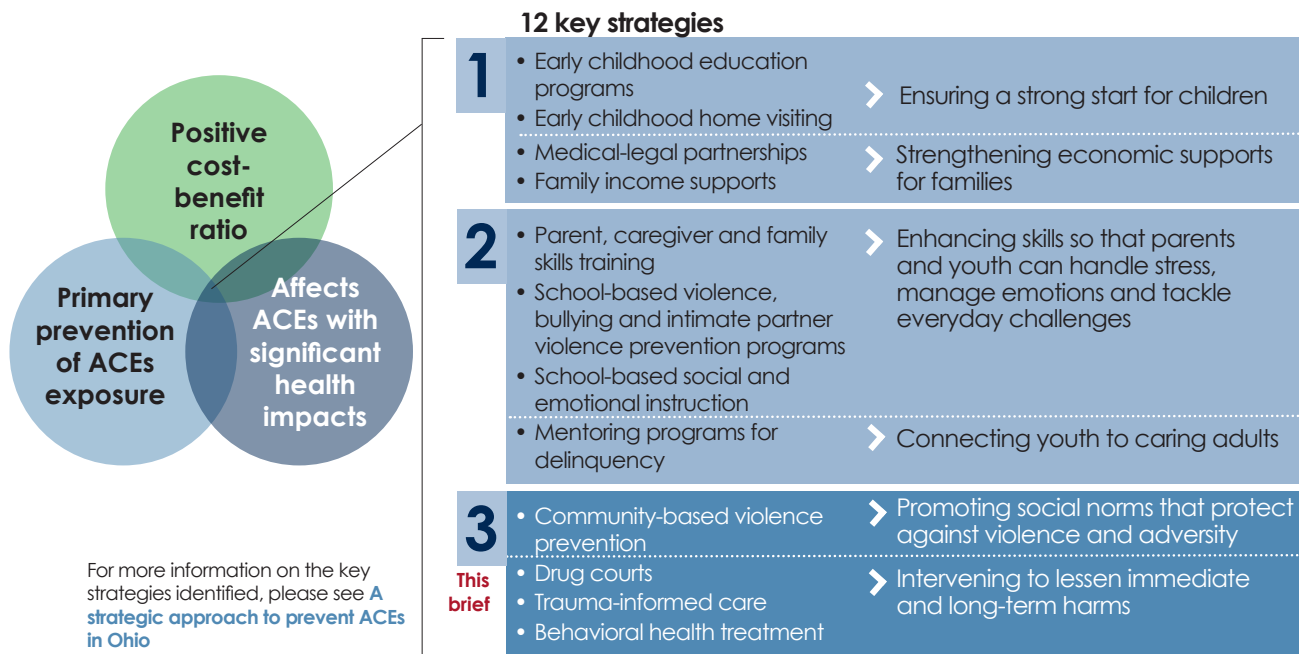
- Promote social norms that protect against violence and adversity
- Intervene to lessen immediate and long-term harms

The brief also highlights examples of strategy implementation in Ohio, informed by key informant interviews, and identifies strengths, gaps and recommendations for each strategy.

### 3 key findings for policymakers

- **Everyone has a role to play in preventing ACEs in Ohio.** Creating a culture with a shared responsibility for the health and well-being of children can prevent ACEs.
- **Trauma-informed care can prevent ACEs and reduce the harm they cause.** Trauma-informed care is an integral part of any approach to mitigating the impacts of ACEs and preventing ACEs for subsequent generations, especially in systems with which people who have experienced trauma regularly interact (e.g., education, health care, juvenile and criminal justice systems, children services).
- **Further support is needed to strengthen the behavioral health workforce.** Treatment for mental health conditions and/or substance use disorders among parents and other caregivers can prevent ACEs, but many Ohio counties, especially rural counties, do not have a sufficient number of behavioral health treatment providers.

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





### Strategy No. 1: Community-based violence prevention

Community-based violence prevention includes programs and policies that support healthy relationships and increase neighborhood safety. **Green Dot** is an example of a program that encourages witnesses to safely interrupt situations that are imminently or potentially high-risk for violence. An example of a policy that increases community safety is **alcohol taxes**, which are directly linked to lower rates of alcohol-related harms and violence.<sup>1</sup>

Figure ES.2. **Strengths, gaps and recommendations related to community-based violence prevention**

Strengths	Gaps	Recommendations
<ul style="list-style-type: none"> <li>• Many Ohio universities have implemented Green Dot, and elements of the program have been deployed in schools and communities across the state.</li> <li>• Community Violence Prevention Grants are a step in the right direction of increased funding.</li> <li>• Ohio has a high tax on liquor compared to other states.</li> </ul>	<ul style="list-style-type: none"> <li>• Burdensome grant requirements can limit a program's effectiveness and ability to meet the community's needs.</li> <li>• Schools and communities often do not have the resources to implement large-scale evidence-informed programs, and obtaining buy-in takes time and money.</li> <li>• In recent years, opportunities to consume alcohol in a community setting have increased, while beer and wine taxes have not changed.</li> </ul>	<ul style="list-style-type: none"> <li>• Policymakers and other funders can expand grant requirements to align with the needs of community-based providers.</li> <li>• 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.</li> <li>• State and local policymakers can increase funding to community-based programs for prevention, such as bystander training for DORA-approved establishments.</li> <li>• Ohio policymakers can raise beer and wine taxes.</li> </ul>



### Strategy No. 2: Drug courts and family treatment courts

Drug courts are a type of specialized docket that serve as an alternative to standard courts and are used to mitigate the prolonged effects of drug and alcohol use on the lives of adults and children. Their primary objective is to address the root causes of substance use and improve health and well-being through treatment and rehabilitation.<sup>2</sup> Family treatment courts are a form of drug court that cater to children and families of individuals charged with drug-related crimes. Family treatment courts were created to reduce instances of child maltreatment (i.e., abuse and neglect) that stem from substance use disorder.<sup>3</sup> They use a multidisciplinary, family-centric approach to treatment so that families can stay together throughout the process.<sup>4</sup>

Figure ES.3. **Strengths, gaps and recommendations related to drug courts and family treatment courts**

Strengths	Gaps	Recommendations
<ul style="list-style-type: none"> <li>Ohio has an extensive drug court system, with every county being served.</li> <li>Ohio's specialized docket system has generated funding to sustain existing drug courts and establish additional courts.</li> </ul>	<ul style="list-style-type: none"> <li>Despite drug courts being present in every county in Ohio, there are only 30 counties with a family treatment drug court.</li> <li>Trepidation among participants and an absence of trust in drug court teams can negatively impact program effectiveness.</li> <li>The post-pandemic transition to virtual meetings has limited human connections and rapport building needed for effective implementation.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Family treatment court programs can increase trust among participants through frequent meetings between parents, children and providers.</li> <li>Programs can monitor and follow up with drug court graduates to track long-term impacts of drug court participation, including recidivism.</li> </ul>



### Strategy No. 3: Trauma-informed care

While not all ACEs are necessarily experienced as traumatic, they have the potential to be. Trauma-informed care (TIC) is an integral part of any approach to mitigating the impacts of ACEs and trauma and preventing ACEs for future generations. TIC is based on an understanding of and responsiveness to the impacts of trauma. It can be integrated into an organization's culture and policies, shaping the way people receiving services and service providers interact. One important goal of TIC is to avoid re-traumatization.

Figure ES.4. **Strengths, gaps and recommendations related to trauma-informed care**

Strengths	Gaps	Recommendations
<ul style="list-style-type: none"> <li>Ohio has six regional trauma-competent care collaboratives, designed to be responsive to local needs.</li> <li>All professionals, foster families and kinship caregivers involved in Ohio's children services and foster care system are required to undergo trauma training.</li> <li><b>Handle with Care</b> allows early intervention after children experience a traumatic event. A majority of Ohio counties have at least started to implement the program.</li> </ul>	<ul style="list-style-type: none"> <li>Aside from the free Ohio <b>Trauma-Informed Care Certificate program</b>, there is no dedicated state funding to assist organizations, such as schools and healthcare providers, to become trauma informed.</li> <li>Of the health and human services state agencies, only the Ohio Department of Mental Health and Addiction Services (OhioMHAS), Ohio Department of Developmental Disabilities and newly-created Department of Children and Youth have a staff member dedicated to TIC.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>State and local policymakers can offer more assistance, including dedicated funding, to encourage schools and healthcare providers to become trauma-informed.</li> <li>State and local policymakers can require trauma training for all child-serving public employees.</li> </ul>



## Strategy No. 4: Behavioral health treatment

Children and adults who have been exposed to ACEs are more likely to experience mental health and substance abuse challenges<sup>5</sup>, collectively referred to as behavioral health conditions. Those impacted by these conditions can benefit from behavioral health treatment. Further, behavioral health treatment for parents and other caregivers, when needed, can prevent ACEs among children.

Figure ES.5. **Strengths, Gaps, and recommendations related to behavioral health treatment**

Strengths	Gaps	Recommendations
<ul style="list-style-type: none"> <li>Ohio is taking steps to expand and strengthen the behavioral health workforce, including increasing Medicaid reimbursement rates.</li> <li>Ohio has had strong state leadership around behavioral health, such as through its efforts to address the opioid and overdose crises.</li> <li>Ohio is supportive of school-based health services and devoted funding to them in the last state operating budget.</li> <li>The state has expanded access to medications for opioid use disorder (i.e., medication-assisted treatment).</li> <li>The <b>Disparities and Cultural Competence 2021-2024 Strategic Plan</b> was developed by OhioMHAS with the goal of eliminating disparities in behavioral health treatment access and outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>One in four Ohio adults and 18% of children are not able to access behavioral health treatment when in need.<sup>6</sup></li> <li>There are behavioral health workforce shortages in many areas of Ohio.</li> <li>Stigma remains against mental health conditions and substance use disorder.</li> <li>Many areas of the state lack access to some evidence-based services; for example, there are only multisystemic therapy programs operating in 10 Ohio counties.<sup>7</sup></li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>State policymakers can encourage statewide implementation of certified community behavioral health clinics.</li> <li>State and local policymakers can fund implementation of OhioSTART programs in the remaining 35 counties.</li> <li>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.</li> </ul>

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

- Franklin County Court of Common Pleas
- COMPASS
- Safe on MAIN
- New Directions
- The Ohio Department of Health
- The Ohio Department of Mental Health and Addiction Services
- Aetna Better Health of Ohio/OhioRISE
- The Buckeye Ranch

## Notes

- Elder, Randy W. et. al. "The Effectiveness of Tax Policy Interventions for Reducing Excessive Alcohol Consumption and Related Harms." *American Journal of Preventive Medicine* 38, no. 2 (February 2010): 217-29. <https://doi.org/10.1016/j.amepre.2009.11.005>.
- "What are drug courts?" U.S. Department of Health and Human Services. Accessed Dec. 7, 2023. <https://www.hhs.gov/opioids/treatment/drug-courts/index.html>
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- Health Policy Institute of Ohio. Adverse Childhood Experiences (ACEs): Health impacts of ACEs in Ohio. August 2020. [https://www.healthpolicyohio.org/wp-content/uploads/2020/09/PolicyBrief\\_ACEs\\_Final.pdf](https://www.healthpolicyohio.org/wp-content/uploads/2020/09/PolicyBrief_ACEs_Final.pdf)
- Data from the National Survey on Drug Use and Health, via The Commonwealth Fund, and the National Survey of Children's Health via The Commonwealth Fund Health System Data Center, 2018-2019, as reported in the 2023 Health Value Dashboard. Health Policy Institute of Ohio.
- Provided by the Begun Center for Violence Prevention, Case Western Reserve University via email on Nov. 3, 2023.

Download the complete report at <https://bit.ly/3SeLVib>

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