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.
Today’s agenda

• Overview of Phases I and II of the Ohio ACEs Impact Project
• ACEs data update
• Most recent ACEs brief
• Topics for next ACEs brief
• Strategy implementation discussion
• Next steps
Participating in Zoom

Chat
(found in bottom toolbar)

Raise hand
(found inside reactions button)
The meeting will be recorded and posted on the ACEs Advisory Group page
Advisory group role

Provide guidance to HPIO on Ohio ACEs impact project:

• Project framework
• Considerations for data analyses and findings
• Sharing and dissemination of information
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
Overview
There is an ongoing push to identify and develop strategies to prevent ACEs, as exposure to ACEs is a significant contributor to poor health outcomes and health disparities. ACEs have been linked to a wide range of negative health outcomes, including mental health problems, substance abuse, and physical health problems. Preventing ACEs is a critical component of public health initiatives aimed at improving health outcomes.

Key Findings for Policymakers

- **Exposure to ACEs is a major public health concern.** ACEs can occur at any age, from infancy to old age, and can have lasting effects on physical and mental health.
- **ACEs are associated with a variety of health outcomes.** ACEs are linked to a wide range of health problems, including mental health disorders, substance abuse, and chronic diseases.
- **ACEs can be prevented.** There are effective strategies for preventing ACEs, including targeted interventions for vulnerable populations.

Insight
How do ACEs impact economic costs?

1. Summary of health impacts of ACEs in Ohio
2. What is the economic impact of ACEs in Ohio?
3. Conclusion

Primary Prevention of ACEs

- **Positive Cost-benefit ratios**
- **Impacts of ACEs with significant economic impacts**

Secondary Prevention of ACEs

- **Exposure to ACEs is a major public health concern.** ACEs can occur at any age, from infancy to old age, and can have lasting effects on physical and mental health.
- **ACEs are associated with a variety of health outcomes.** ACEs are linked to a wide range of health problems, including mental health disorders, substance abuse, and chronic diseases.
- **ACEs can be prevented.** There are effective strategies for preventing ACEs, including targeted interventions for vulnerable populations.

Tertiary Prevention of ACEs

- **Positive Cost-benefit ratios**
- **Impacts of ACEs with significant economic impacts**

Figure 1: Key strategies for preventing ACEs in Ohio

1. **Key strategies for preventing ACEs in Ohio**
   - Early childhood education and support
   - Parent and caregiver support
   - Social services and support
   - Policy and systems changes

12 Key Strategies

- Early childhood education and support
- Parent and caregiver support
- Social services and support
- Policy and systems changes
- School-based prevention programs
- Community-based prevention programs
- Community support and services
- Economic incentives for healthy behaviors
- Community health initiatives
- School-based prevention programs
- Community support and services
- Economic incentives for healthy behaviors
- Community health initiatives

Figure 2: Positive cost-benefit ratios for primary prevention of ACEs

Positive cost-benefit ratios

- **Impacts of ACEs with significant economic impacts**

Figure 3: Key strategies for preventing ACEs in Ohio

1. **Key strategies for preventing ACEs in Ohio**
   - Early childhood education and support
   - Parent and caregiver support
   - Social services and support
   - Policy and systems changes

12 Key Strategies

- Early childhood education and support
- Parent and caregiver support
- Social services and support
- Policy and systems changes
- School-based prevention programs
- Community-based prevention programs
- Community support and services
- Economic incentives for healthy behaviors
- Community health initiatives
- School-based prevention programs
- Community support and services
- Economic incentives for healthy behaviors
- Community health initiatives

Figure 4: Positive cost-benefit ratios for primary prevention of ACEs

Positive cost-benefit ratios

- **Impacts of ACEs with significant economic impacts**
| Strategies                                      | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V |
| Administrative license suspension/revocation laws | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Adult vocational training                       | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Adults and Children Together Against Violence; Parents Training Safe Kids (ACT) | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| After School Matters program                    | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Alcohol advertising restrictions                | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Alcohol brief interventions                     | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | 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.
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
Phase II Approach

Brief 1
Implementation assessment, Part 1
Fall 2022

Brief 2
Implementation assessment, Part 2
Spring 2023

Brief 3
Implementation assessment, Part 3
Fall 2023

Brief 4
Implementation summary
Spring 2024

Resource page

Copyright © 2023 Health Policy Institute of Ohio. All rights reserved.
ACEs in Ohio
Data update
For 2018-2019, Ohio ranked 39th

21.9% of children were exposed to two or more ACEs

In 2020

23.6% of children in Ohio were exposed to two or more ACEs

In 2021

21.2% of children in Ohio were exposed to two or more ACEs

Source: National Survey of Children’s Health, Health Resources and Services Administration, Maternal and Child Health Bureau
Is this data surprising? What do you think is driving what we're seeing in Ohio?
Overview of HPIO’s most recent ACEs policy brief
Health Policy Brief

Strategies to prevent Adverse Childhood Experiences (ACEs) in Ohio

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

The health and well-being of Ohio's children 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 reliable access to state Earned Income Tax Credit, can both prevent and mitigate the impacts of childhood adversity and trauma. Policymakers and partners across the state are taking action to make sure that Ohio's children and families have what they need to thrive.

Roughly 20% of Ohio's children are exposed to one or more adverse childhood experiences (ACEs), which have both immediate and long-term effects on health. 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 siloed 12 evidence-based, cost-effective strategies (programs, policies, and practices) to 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 the brief.

Figure 1. Key strategies for preventing ACEs in Ohio

12 key strategies

- Early childhood education programs
- Early childhood home visiting
- Medical-legal partnerships
- Family leave support

- School-based violence prevention programs
- Parenting, aggression, 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

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

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 maintain impact, strategies should be rolled out 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.
## Strategies covered

<table>
<thead>
<tr>
<th>Key strategy</th>
<th>Specific policy or program example(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early childhood education programs</td>
<td>Child-Parent Centers (preschool program), a program that provides comprehensive educational, family support and healthcare services to economically disadvantaged children</td>
</tr>
<tr>
<td></td>
<td>Early childhood education programs for low-income families</td>
</tr>
<tr>
<td>Early childhood home visiting</td>
<td>Early childhood home visiting programs</td>
</tr>
<tr>
<td>Medical-legal partnerships</td>
<td>Medical-legal partnerships</td>
</tr>
<tr>
<td>Family income supports</td>
<td>Expanding the Ohio Earned Income Tax Credit to 30% of the federal credit and making it refundable</td>
</tr>
</tbody>
</table>
Ensuring a strong start for children
Early childhood education
Reach of publicly funded early childhood education programs in Ohio 2019-2021*

*Data for Early Head Start is not included.
** IDEA Part B Early Intervention provides services through public school systems, including special education, to children with developmental delays.

Note: There is potential for overlap among children served because data for these programs come from multiple sources. This likely results in an underestimate of unmet need.

Sources: Health Policy Institute of Ohio policy brief, “Strategies to prevent Adverse Childhood Experiences (ACEs) in Ohio: Ensuring a strong start for children and strengthening economic supports for families.” Adapted from Groundwork Ohio’s 2022 Early Childhood Dashboard Preview. Data from Ohio Department of Job and Family Services (2021); U.S. Office of Head Start data as reported by the Annie E. Casey Kids Count Data Center (2019); U.S. Department of Education (2019-2020); Ohio Department of Education (2020)

Copyright © 2023 Health Policy Institute of Ohio. All rights reserved.
Strength, gap and recommendation for
High-quality early childhood education

<table>
<thead>
<tr>
<th>Strength</th>
<th>Gap</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The Ohio SFY 2022-2023 budget increased access to publicly funded child care (PFCC) from 130% to 142% FPL (and 150% for families with children with special needs)</td>
<td>• Ohio’s PFCC income eligibility limit (142%) is among the lowest in the U.S., and many working families with low incomes are unable to access quality ECE for their children</td>
<td>• Increase access to quality ECE programs for young children with working parents by increasing eligibility for Ohio’s publicly funded child care from 142% to 200% FPL</td>
</tr>
</tbody>
</table>

**Source:** Health Policy Institute of Ohio policy brief, “Strategies to prevent Adverse Childhood Experiences (ACEs) in Ohio: Ensuring a strong start for children and strengthening economic supports for families.”
Early childhood home visiting

Photo source: U.S. Department of Health and Human Services Office of Head Start website
“The opportunity to be heard, understood and accepted by the home visitor can be a powerful experience for the ACE survivor.”

-Dr. Vincent Felitti, co-primary investigator of the original ACEs study
<table>
<thead>
<tr>
<th>Evidence-based home visiting models operating in Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Head Start home-based option</td>
</tr>
<tr>
<td>Healthy Families America</td>
</tr>
<tr>
<td>Home Instruction for Parents of Preschool Youngsters</td>
</tr>
<tr>
<td>Nurse-Family Partnership</td>
</tr>
<tr>
<td>Parents as Teachers</td>
</tr>
<tr>
<td>SafeCare Augmented</td>
</tr>
</tbody>
</table>
Estimated percentage of Ohio need met through evidence-based home visiting programs 2019

Source: Health Policy Institute of Ohio policy brief, “Strategies to prevent Adverse Childhood Experiences (ACEs) in Ohio: Ensuring a strong start for children and strengthening economic supports for families.” Estimate of families in need of home visiting services derived from 2017 American Community Survey data provided by the Health Resources Services Administration; Number of families served data is from the Ohio Department of Health (FFY 2019), Ohio Children’s Trust Fund (SFY 2019), the Ohio Head Start Collaboration Office (FFY 2019), YWCA of Greater Cincinnati (FFY 2019), the Children’s Home of Cincinnati (July 2018-June 2019), Columbus Public Health (FFY 2019) and Piqua Parents as Teachers (FFY 2019)
## Strengths, gaps and recommendations for Early childhood home visiting

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Gaps</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• State policymakers, including the administration of Governor Mike DeWine, place significant focus on early childhood home visiting programs in Ohio</td>
<td>• In 2019, only 16.9% of the estimated number of Ohio families in need of home visiting services were served through evidence-based models (estimated need calculated by HRSA)</td>
<td>• 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</td>
</tr>
<tr>
<td>• Funding for home visiting has increased in the last two biennial state budgets, and Medicaid reimbursement for some nurse home visiting programs has been implemented</td>
<td></td>
<td>• Collaborate with existing home visiting providers to overcome capacity limitations, including workforce challenges</td>
</tr>
</tbody>
</table>

Source: Health Policy Institute of Ohio policy brief, “Strategies to prevent Adverse Childhood Experiences (ACEs) in Ohio: Ensuring a strong start for children and strengthening economic supports for families.”

Copyright © 2023 Health Policy Institute of Ohio. All rights reserved.
Strengthening economic supports for families
Family income supports

Includes Earned Income Tax Credit, Child Tax Credit, TANF, unemployment insurance

Reduce poverty

Increase employment
EITC in Ohio

• 30% of the federal EITC
• Non-refundable
### Strength, gap and recommendation for Ohio’s EITC

<table>
<thead>
<tr>
<th>Strength</th>
<th>Gap</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>In 2019, Ohio raised the state credit amount to 30% of the federal EITC and removed the income cap of $20,000</td>
<td>Ohio is one of only five states with a state EITC that is non-refundable, limiting its ability to help all eligible Ohioans, especially those with the lowest incomes</td>
<td>Ohio can follow the lead of 23 other states and the District of Columbia and make the state EITC refundable</td>
</tr>
</tbody>
</table>

**Source:** Health Policy Institute of Ohio policy brief, “Strategies to prevent Adverse Childhood Experiences (ACEs) in Ohio: Ensuring a strong start for children and strengthening economic supports for families.”
Medical legal partnerships

• Legal services integrated into healthcare settings
• Funded by health systems, philanthropy, etc.

Increase access to legal and social services
Medical legal partnerships

Reduce stress and disparities

Improve child and family well-being

Copyright © 2023 Health Policy Institute of Ohio. All rights reserved.
“If there was a pill in medicine that led to a 38% reduction across all outcomes, you can be imagine every pharmaceutical company would be going after it and every insurer would be willing to pay for it.”

-- Dr. Robert Kahn, VP for Health Equity Strategy and the Fisher Child Health Equity Center, Cincinnati Children’s Hospital Medical Center
Ohio-based MLPs

Note: Regions used are based on those defined by the Ohio Medicaid Assessment Survey and are provided to contextualize the service areas of MLPs in Ohio. MLP service areas may cross regional lines or not include every county in a region. Some MLPs operate in multiple regions and have been included in counts for all regions in which they operate.

Source: Data provided by Ohio Access to Justice Foundation. Ohio’s Medical Legal Partnership Summary PDF. Provided March 1, 2022.
# Strengths, gaps and recommendations related to medical-legal partnerships (MLPs)

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Gaps</th>
<th>Recommendations</th>
</tr>
</thead>
</table>
| • MLPs are being implemented across the state. As of 2021, there were 23 MLPs in Ohio. The Cleveland-Akron area has the most MLPs | • MLPs and legal aid services lack sustainable and long-term funding  
• Many medical facilities around Ohio do not have an MLP, leaving most of the state without the number of MLPs needed to meet demand | • State and local governments can allocate funding to 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 for HEAL)  
• Health centers can develop social determinants of health and legal need screenings to help patients get connected to necessary legal services |
Topics for HPIO’s next ACEs policy brief
## Covered strategies

<table>
<thead>
<tr>
<th>Key strategy</th>
<th>Specific policy or program example(s)</th>
</tr>
</thead>
</table>
| School-based violence, bullying and intimate partner violence prevention programs | **Dating Matters**, a comprehensive teen dating violence prevention program  
**Positive Action**, a curriculum to improve school climate and social and emotional learning |
| Parent/caregiver and family skills training | **Parent-Child Interaction Therapy**, for families in the child welfare system  
**GenerationPMO**, a family training program that aims to teach effective family management skills to prevent antisocial and problematic behavior in children  
**Triple P (Positive Parenting Program System)**, a system of 5 levels of education and support for parents and caregivers of children and adolescents  
**Incredible Years** (parent training program), a program focused on strengthening parenting competencies and fostering parent involvement in children’s school experiences  
**Strengthening Families Program**, a family skills training program that aims to reduce behavior problems and substance use  
**Brief Strategic Family Therapy**, a prevention and treatment model for families with children who display or are at risk of problem behaviors |
| School-based social and emotional instruction | **Second Step**, a social skills program for reducing aggressive behavior in elementary and middle school-aged students |
| Mentoring programs for delinquency | Community-based mentoring programs focused on reducing delinquency, for children exhibiting disruptive behavior |
## Covered strategies cont.

<table>
<thead>
<tr>
<th>Key strategy</th>
<th>Specific policy or program example(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentoring programs for delinquency 🤝</td>
<td>Community-based <em>mentoring programs focused on reducing delinquency</em>, for children exhibiting disruptive behavior</td>
</tr>
</tbody>
</table>
# Covered strategies (cont.)

<table>
<thead>
<tr>
<th>Key strategy</th>
<th>Specific policy or program example(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School-based violence, bullying and intimate partner violence prevention programs</td>
<td><strong>Dating Matters</strong>, a comprehensive teen dating violence prevention program</td>
</tr>
<tr>
<td></td>
<td><strong>Positive Action</strong>, a curriculum to improve school climate and social and emotional learning</td>
</tr>
<tr>
<td>Parent/caregiver and family skills training</td>
<td><strong>Parent-Child Interaction Therapy</strong>, for families in the child welfare system</td>
</tr>
<tr>
<td></td>
<td><strong>GenerationPMTO</strong>, a family training program that aims to teach effective family management skills to prevent antisocial and problematic behavior in children</td>
</tr>
<tr>
<td></td>
<td><strong>Triple P (Positive Parenting Program System)</strong>, a system of 5 levels of education and support for parents and caregivers of children and adolescents</td>
</tr>
<tr>
<td></td>
<td><strong>Incredible Years</strong> (parent training program), a program focused on strengthening parenting competencies and fostering parent involvement in children’s school experiences</td>
</tr>
<tr>
<td></td>
<td><strong>Strengthening Families Program</strong>, a family skills training program that aims to reduce behavior problems and substance use</td>
</tr>
<tr>
<td></td>
<td><strong>Brief Strategic Family Therapy</strong>, a prevention and treatment model for families with children who display or are at risk of problem behaviors</td>
</tr>
<tr>
<td>School-based social and emotional instruction</td>
<td><strong>Second Step</strong>, a social skills program for reducing aggressive behavior in elementary and middle school-aged students</td>
</tr>
</tbody>
</table>
Discussion question

What is resiliency?
### Covered strategies cont.

<table>
<thead>
<tr>
<th>Key strategy</th>
<th>Specific policy or program example(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School-based violence, bullying and intimate partner violence prevention programs</td>
<td><strong>Dating Matters</strong>, a comprehensive teen dating violence prevention program</td>
</tr>
<tr>
<td></td>
<td><strong>Positive Action</strong>, a curriculum to improve school climate and social and emotional learning</td>
</tr>
<tr>
<td>Parent/caregiver and family skills training</td>
<td><strong>Parent-Child Interaction Therapy</strong>, for families in the child welfare system</td>
</tr>
<tr>
<td></td>
<td><strong>GenerationPMTO</strong>, a family training program that aims to teach effective family management skills to prevent antisocial and problematic behavior in children</td>
</tr>
<tr>
<td></td>
<td><strong>Triple P (Positive Parenting Program System)</strong>, a system of 5 levels of education and support for parents and caregivers of children and adolescents</td>
</tr>
<tr>
<td></td>
<td><strong>Incredible Years</strong> (parent training program), a program focused on strengthening parenting competencies and fostering parent involvement in children’s school experiences</td>
</tr>
<tr>
<td></td>
<td><strong>Strengthening Families Program</strong>, a family skills training program that aims to reduce behavior problems and substance use</td>
</tr>
<tr>
<td></td>
<td><strong>Brief Strategic Family Therapy</strong>, a prevention and treatment model for families with children who display or are at risk of problem behaviors</td>
</tr>
<tr>
<td>School-based social and emotional instruction</td>
<td><strong>Second Step</strong>, a social skills program for reducing aggressive behavior in elementary and middle school-aged students</td>
</tr>
</tbody>
</table>
Discussion question

For parent/caregiver and family skills training, which policies and programs do you believe are most important for us to highlight and why?
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
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
Policy examples related to implementation

Ohio has K-12 and birth-age 5 social and emotional learning standards

Violence prevention education requirement (grades 6-12) – the Safety and Violence Education Students (SAVE Students) Act

Triple P (Positive Parenting Program) available free of charge to all Ohio families

Student wellness funding
Discussion question

What are other examples of state- or local-level initiatives related to these strategies and the idea of building resilience?

(Could include legislation, state agency policies or programs, local government initiatives, funding proposals, etc.)
## Covered strategies cont.

<table>
<thead>
<tr>
<th>Key strategy</th>
<th>Specific policy or program example(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School-based violence, bullying and intimate partner violence prevention programs</td>
<td><strong>Dating Matters</strong>, a comprehensive teen dating violence prevention program</td>
</tr>
<tr>
<td></td>
<td><strong>Positive Action</strong>, a curriculum to improve school climate and social and emotional learning</td>
</tr>
<tr>
<td>Parent/caregiver and family skills training</td>
<td><strong>Parent-Child Interaction Therapy</strong>, for families in the child welfare system</td>
</tr>
<tr>
<td></td>
<td><strong>GenerationPMTO</strong>, a family training program that aims to teach effective family management skills to prevent antisocial and problematic behavior in children</td>
</tr>
<tr>
<td></td>
<td><strong>Triple P (Positive Parenting Program System)</strong>, a system of 5 levels of education and support for parents and caregivers of children and adolescents</td>
</tr>
<tr>
<td></td>
<td><strong>Incredible Years</strong> (parent training program), a program focused on strengthening parenting competencies and fostering parent involvement in children’s school experiences</td>
</tr>
<tr>
<td></td>
<td><strong>Strengthening Families Program</strong>, a family skills training program that aims to reduce behavior problems and substance use</td>
</tr>
<tr>
<td></td>
<td><strong>Brief Strategic Family Therapy</strong>, a prevention and treatment model for families with children who display or are at risk of problem behaviors</td>
</tr>
<tr>
<td>School-based social and emotional instruction</td>
<td><strong>Second Step</strong>, a social skills program for reducing aggressive behavior in elementary and middle school-aged students</td>
</tr>
<tr>
<td>Mentoring programs for delinquency</td>
<td>Community-based mentoring programs focused on reducing delinquency, for children exhibiting disruptive behavior</td>
</tr>
</tbody>
</table>

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

**Connecting youth to caring adults and activities**
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?
## Covered strategies cont.

<table>
<thead>
<tr>
<th>Key strategy</th>
<th>Specific policy or program example(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School-based violence, bullying and intimate partner violence prevention programs</td>
<td><strong>Dating Matters</strong>, a comprehensive teen dating violence prevention program</td>
</tr>
<tr>
<td></td>
<td><strong>Positive Action</strong>, a curriculum to improve school climate and social and emotional learning</td>
</tr>
<tr>
<td>Parent/caregiver and family skills training</td>
<td><strong>Parent-Child Interaction Therapy</strong>, for families in the child welfare system</td>
</tr>
<tr>
<td></td>
<td><strong>GenerationPMI</strong> [Program for Maternal, Infant, and Young Child Health], a family training program that aims to teach effective family management skills to prevent antisocial and problematic behavior in children</td>
</tr>
<tr>
<td></td>
<td><strong>Triple P (Positive Parenting Program System)</strong>, a system of 5 levels of education and support for parents and caregivers of children and adolescents</td>
</tr>
<tr>
<td></td>
<td><strong>Incredible Years</strong> (parent training program), a program focused on strengthening parenting competencies and fostering parent involvement in children’s school experiences</td>
</tr>
<tr>
<td></td>
<td><strong>Strengthening Families Program</strong>, a family skills training program that aims to reduce behavior problems and substance use</td>
</tr>
<tr>
<td></td>
<td><strong>Brief Strategic Family Therapy</strong>, a prevention and treatment model for families with children who display or are at risk of problem behaviors</td>
</tr>
<tr>
<td>School-based social and emotional instruction</td>
<td><strong>Second Step</strong>, a social skills program for reducing aggressive behavior in elementary and middle school-aged students</td>
</tr>
<tr>
<td>Mentoring programs for delinquency</td>
<td>Community-based mentoring programs focused on reducing delinquency, for children exhibiting disruptive behavior</td>
</tr>
</tbody>
</table>
Next steps
## Strategies to cover in third brief

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

Promoting social norms that protect against violence and adversity

Intervening to lessen immediate and long-term harms