CENTER FOR
YOUTH
WELLNESS
health begins with hope

POLICY REPORT

CHILDREN CAN THRIVE

A Vision for California's Response to Adverse Childhood Experiences

The Center for Youth Wellness (CYW) is a health organization imbedded with a primary care pediatric home serving children and families in the Bayview Hunters Point neighborhood in San Francisco. We were created to respond to a new medical understanding of how early adversity harms the developing brains and bodies of children. We prevent poor health outcomes for and among children by raising national awareness about unaddressed exposure to Adverse Childhood Experiences as a public health crisis among those who have the power to make a difference – from parents to pediatricians to policymakers. We screen every young person we see for Adverse Childhood Experiences that we know can result in toxic stress and lead to poor health outcomes in life. We heal children's brain and bodies by piloting the best treatments for toxic stress and sharing our findings nationally.

For more information, please visit our website at **www.centerforyouthwellness.org**.

EXECUTIVE SUMMARY

The Center for Youth Wellness hosted Children Can Thrive, the first summit on Adverse Childhood Experiences (ACEs) in California, in November 2014. Bringing together over 200 leaders from across diverse sectors, the Children Can Thrive summit raised awareness about unaddressed exposure to ACEs as a public health crisis and seeded the beginning of a statewide response to the negative and far-reaching effects of ACEs on children, families, and communities across California. The summit generated commitments among its diverse participants to develop a public policy strategy to prevent and address negatives consequences of ACEs. Based on the ideas shared at the Children Can Thrive summit by participants, this report sets forth the beginnings of a multi-sector, multi-strategy approach to respond effectively to the impacts of ACEs in California.

Comprehensively addressing ACEs in California has the potential to improve the health, wellbeing, and futures of children and families across the state from improved health outcomes to higher success in education to decreased contact with the criminal justice system. Achieving this vision requires investments in innovative new approaches such as integrated physical and behavioral healthcare, a two-generation approach to support children and their caregivers, trauma-informed practices, and early screening and interventions for ACEs for all children in California. A critical starting point is raising public awareness about ACEs and their long-term harmful impacts on children and families.

Progress in addressing ACEs will require the comprehensive engagement of diverse stakeholders, including state government, philanthropy, advocates, youth, and families, who are a critical to advancing statewide efforts. Additionally, given the far-reaching impacts of ACEs across multiple sectors, cross-sector strategies that result in high performing collaborations and partnerships that bridge the public and private sectors are necessary to change the outcomes for California's children and families burdened with toxic stress.

The success of the Children Can Thrive summit and the richness of the ideas explored within the report illustrate that there is a unique opportunity to champion innovative, upstream strategies and solutions to promote the health, wellbeing, and success of California's children and families. The knowledge that there are better practices for screening and treating exposure to ACEs, combined with the awareness of the financial costs and human suffering that can be obviated, has created an urgency to act.

THE FOLLOWING RECOMMENDATIONS ARE A FEW COLLECTIVE FIRST STEPS TO BUILD A STATEWIDE MOVEMENT TO RESPOND TO ACES:

- Raise awareness about unaddressed exposure to Adverse Childhood Experiences and build a movement in your community
- Organize partnerships across diverse sectors to address systematic barriers to the prevention and treatment of toxic stress
- Identify, research and advance best practices that establish the evidentiary basis for clinical and community interventions
- Support and expand efforts to foster trauma-informed practices across health care, education, child welfare, and juvenile justice systems

INTRODUCTION

Public health leaders across the nation – from Dr. Robert Ross at The California Endowment to Dr. Robert Block with the American Academy of Pediatrics – have declared that unaddressed exposure to Adverse Childhood Experiences (ACEs) is a public health crisis with far-reaching consequences on the health and well-being of Californians. Here, in California, a movement is underway in communities across the state, including individuals, groups, and multi-sector partners, to address the far-reaching impacts of chronic adversity in childhood. From San Diego to Yolo, Alameda to Los Angeles, individuals across diverse experiences and backgrounds are coming together to identify solutions and systems to build stronger, healthier communities.

Based on ideas shared by a diverse group of participants at Children Can Thrive, the state's first summit on Adverse Childhood Experiences, this paper is intended to spark conversation about a vision for California's future and the road to get there. It is, by no means, a comprehensive examination of the strategies, partnerships, and opportunities necessary to revolutionize California's response to Adverse Childhood Experiences.

OVERVIEW OF CHILDREN CAN THRIVE, CALIFORNIA'S FIRST ADVERSE CHILDHOOD EXPERIENCES SUMMIT

Although some statistics paint a stark picture for children and families across California, health and healing begins with hope. In November 2014, the Center for Youth Wellness brought together over 200 leaders from across California for Children Can Thrive, the state's first summit on Adverse Childhood Experiences. The Children Can Thrive summit raised awareness about unaddressed exposure to ACEs as a public health crisis and seeded the beginning of a statewide response to the harmful effects of ACEs. Leaders from diverse sectors including state and local government, non-profit, communities, parent and youth advocates, private business, and philanthropy began the collaborative process of exploring how California can address ACEs as a public health crisis with clear impacts across numerous systems including health, early childhood, education, juvenile justice, and child welfare.

"FOLLOW A CHILD" STORIES

In order to deepen Children Can Thrive summit participants' understanding of how ACEs negatively affect the daily lives of children and their families, the Center for Youth Wellness launched an innovative interactive activity called Follow a Child at the summit. In this activity, each Children Can Thrive summit participant was assigned to follow the experiences of one of five fictional children (Casey, Evan, Vince, Nina, and Michelle) grappling with the effects of ACEs as he or she interacts with various systems, including health, education, juvenile justice, or child welfare. Through the use of case studies, the goal of Follow a Child was to illustrate how the negative effects of ACEs on children manifest in the day-to-day lives of families across California and to provide a common ground for solution-based discussions. The Follow a Child stories are included throughout this report. **Please be aware that these stories contain content that may be distressing for some readers.**

A NOTE ABOUT THIS REPORT

The following vision for California was developed from the ideas shared by Children Can Thrive summit participants at the Follow a Child Discussion Groups on the second day of the summit. The ideas set forth in this report represent the best thinking of the leading and brightest minds working to address the harmful effects of ACEs on children and families living in communities across California. Where appropriate, we have expanded on participants' ideas to provide a more in-depth and robust vision.

ADVERSE CHILDHOOD EXPERIENCES AND THEIR IMPACT ON CALIFORNIA

At the beginning of the Children Can Thrive summit, participants were introduced to the Adverse Childhood Experience Study[1] and the growing body of science examining the effects of Adverse Childhood Experiences, or ACEs, on a child's developing brain and body. ACEs are experiences that can have a profound impact on a child's developing brain and body with lasting impacts on health and future success throughout the course of a lifetime. There are ten recognized ACEs, which fall into three types – abuse, neglect, and household dysfunction.

The three types of ACEs include

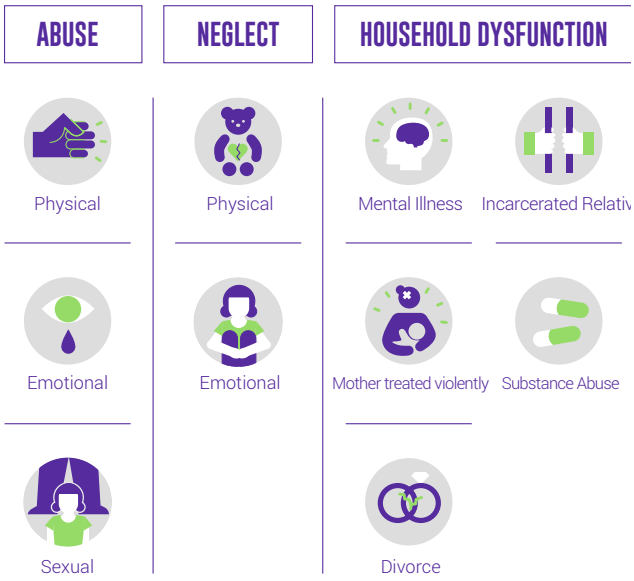


Figure 1: Types of Adverse Childhood Experiences
Image courtesy of the Robert Wood Johnson Foundation

Numerous studies have shown a strong dose-response relationship between ACEs and poor physical and mental health outcomes in adulthood.[2] High numbers of ACEs are statistically associated with increased risk for serious health conditions and negative health behaviors.[3] Even when controlling for other risk factors, research has shown a strong relationship between ACEs and chronic disease, suggesting that there is a probable causal link between ACEs and the development of disease.[4]

A person with 4 or more ACEs is:

- 2.2 times as likely to have ischemic heart disease
- 2.4 times as likely to have a stroke
- 1.9 times as likely to have cancer
- 1.6 times as likely to have diabetes
- 12.2 times as likely to attempt suicide
- 10.3 times as likely to use injection drugs
- 7.4 times as likely to be an alcoholic

Early exposure to adversity is an unfortunate reality for the majority of Californians. 61.7% of California adults have experienced at least one ACE, and one in six, or 16.7% of adults, have experienced four or more ACEs.[5] Moreover, as seen in scientific studies, high numbers of ACEs correlate with worse health outcomes in California adults. Adults with four or more ACEs are more likely to experience worse physical and mental health and more likely to engage in risky health behaviors as compared to adults with no ACEs.[6] In addition, a person with four or more ACEs is 50% more likely to lack access to health insurance, almost 13 times as likely to have been removed from the home as a child, and almost 12 times as likely to report being forced to have sex after the age of 18 as compared with a person with no ACEs.[7]

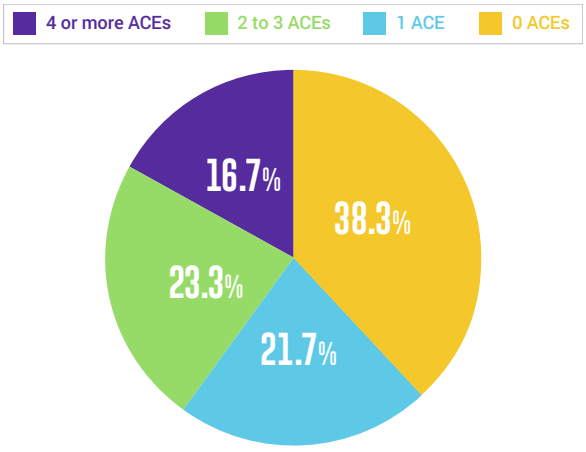


Figure 2: Prevalence of number of ACEs among California adults

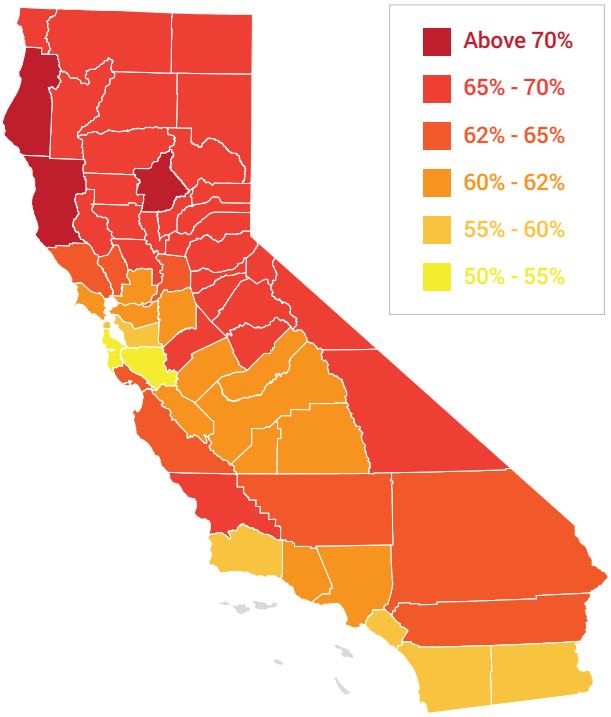


Figure 3: Percentage of residents with at least one ACE across California counties

THE EMERGING SCIENCE OF TOXIC STRESS

Existing research raises significant questions about the impact of early life experiences on lifelong health. Over the years, we have deepened our understanding of how severe, sustained, or prolonged exposure to adversity can affect the physiological response to stress in children, with alterations of their developing brains and bodies. These adversities can lead to the "extreme, frequent, or extended activation of the body's stress response, " also known as "toxic stress".[8]

Toxic stress is particularly harmful for children because of the critical physiological and neurological developments occurring in early childhood. Left unaddressed, toxic stress can cause fundamental changes to a child's basic brain architecture as well as his/her developing immune and hormonal systems.[9] These changes can dramatically alter a child's ability to learn and interact with others and can fundamentally affect physical and mental health.[10]

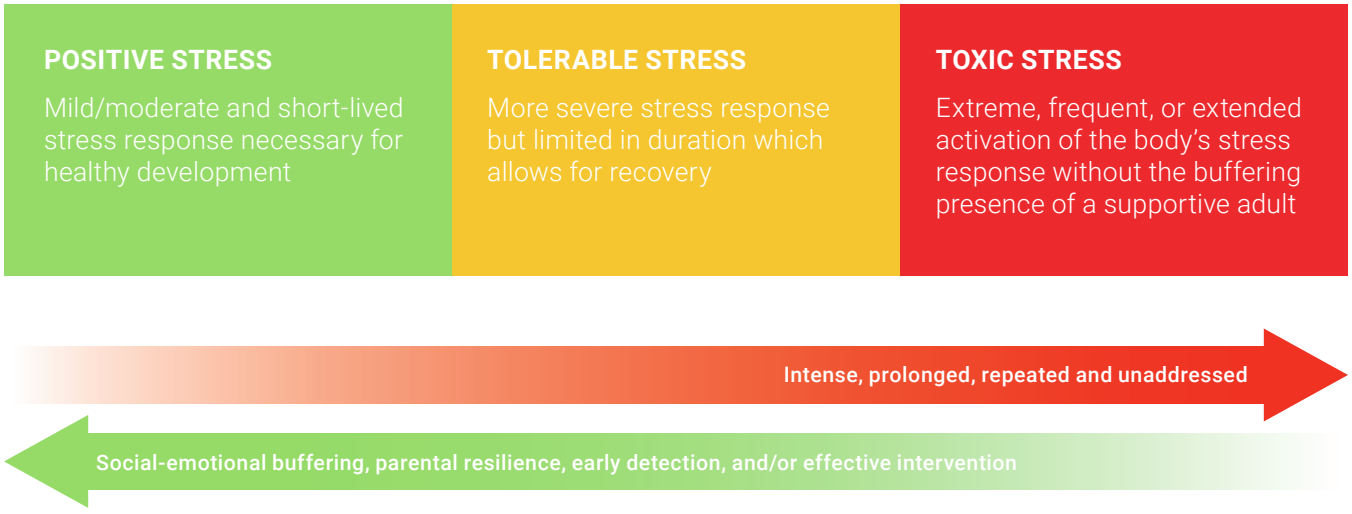


Figure 4: Spectrum of stress

CASEY'S STORY

Casey is 6 years old and lives with his parents in the Central Valley. His father is an enlisted serviceman with the U.S. Army and is frequently deployed overseas. Since Casey was born, his father has been sent to Iraq three times and once to Afghanistan. When Casey's father is home, he often has nightmares. Once fun-loving and affectionate, his father is now detached and remote with his family and many of his friends. He has given up many of his hobbies and often just sits at home, drinking beer and staring at the television. At night, after he has too many drinks, Casey's father sometimes becomes abusive – yelling and threatening Casey's mother.

Casey's mother used to be employed as a teacher's assistant at the local public school. With budget cuts in education, Casey's mother was laid off along with several other school staff. She has not been able to find another full-time job and is now only working two days a week at a local preschool. Casey's mother is often stressed and anxious – she finds herself easily frustrated with Casey when he does not follow directions.

Casey just started the first grade at his local school. Although it is only a few months into the school year, Casey's teachers have already called his parents about Casey's behavior. The teachers have noticed that sometimes Casey is too aggressive when he plays – often causing the other child to cry or run away. During class, Casey is often distracted – getting up and moving about the classroom without permission. A few days ago, Casey's mother had to leave her job to pick Casey up early from school because Casey had hit another girl in his class when she refused to share her colored pencils with him. Casey's teacher is frustrated with having to constantly reprimand Casey. She feels like he is taking away from the other children's learning experiences. She wants the school principal to suspend Casey for three days for hitting the girl.

Casey's mother takes Casey in for his annual well child check. She tells the doctor that Casey has been having frequent nightmares and is still wetting his bed at night. She is frustrated by the bed wetting because she feels like Casey is too old for those kinds of problems. The doctor notes that Casey is overweight for his age and height. His mother admits that he eats a lot of junk food and soda but also says that he is constantly hungry, often having three helpings at dinner. The doctor advises Casey's mother to monitor his diet so that he does not gain more weight and tells her to limit his water intake before bedtime to deal with the bed wetting. The doctor also tells Casey's mother to monitor how often Casey goes to the bathroom and to check back in a month. The doctor does not address the nightmares, saying that it is probably because of something scary that Casey saw on TV.

NINA'S STORY

Nina is 11 years old. She was born in El Salvador and lived there with her parents and older brother until she was eight. Two years ago, Nina was violently raped when her older brother refused to join the local gang. When he continued to refuse to join the gang, her brother was killed as a warning to others. Nina and her family fled to the United States and now live in Los Angeles. Although they have heard that other families have received asylum after fleeing El Salvador, they are worried that if their application is not granted, they will be deported.

Nina and her family often have very little money. Much of her family's money is sent back to El Salvador to help provide for Nina's aunts and cousins. Her father works at a restaurant and her mother works as a house cleaner. Six months ago, Nina's father was stopped at a DUI checkpoint. When the authorities discovered that he was undocumented, he was turned over the immigration authorities and is now in detention awaiting his removal hearing. Nina has not seen her father because he is being held in a detention center 200 miles away. Since her father's detention, Nina's mother has struggled to provide enough food for the family.

Nina's mother took her to a local clinic for a check-up so she can enroll in school. The doctor conducts a routine physical. She notices that Nina is overweight. The doctor asks Nina what she eats during the week. Nina says that she likes to eat ice cream because it makes her feel better. Her mother adds that, even though she is only 11, Nina can eat an entire pint of ice cream by herself. Nina's mother also tells the doctor that Nina often gets headaches and has trouble concentrating on tasks at home. She is frustrated that Nina is not more helpful around the house.

Nina lives in fear of being sent back to El Salvador, particularly after her father was detained by immigration authorities. At school, she is extremely shy and withdrawn. Her quietness initially made her the target of bullying by some of the other girls at the school. Although she is usually very quiet, Nina feels a lot of rage bottling up inside of her. A few days ago, after a particularly hard day of bullying, Nina snapped and starting punching and kicking one of the girls teasing her. It took three adults to subdue Nina and the other girl had to be sent to the emergency room. The school principal suspended Nina and is considering expelling her because of the violence of the assault.

THE VISION FOR CALIFORNIA

In recognizing and responding to ACEs as a public health crisis, California can lay the foundation to support the health and well being of millions of children and families across the state. From health to early childhood development to education to public safety to child welfare, a statewide response to ACEs has the potential to radically improve the futures of generations to come. The vision, set forth below and expressed by Children Can Thrive summit participants, illustrates the far-reaching effects we can have on California's children by addressing exposure to ACEs.

First, California would see vast improvements in health across all age groups potentially saving millions of dollars in health care costs. We would see lower numbers of infant death and babies born with low birth weight. In children, we would see lower levels of childhood obesity and asthma. In adults, we would see improved health across the life course, including lower rates of chronic disease such as diabetes, asthma, arthritis, chronic obstructive pulmonary disease (COPD), kidney disease, and cardiovascular disease. This opportunity for disease prevention would translate to longer, healthier lives and lower health costs. We would also see lower rates of mental illness, such as depression, and lower rates of negative health behaviors, including smoking, binge drinking, injection drug use, risky sexual practices, suicidality, violence and being a victim of violence.

Addressing ACEs would improve children's chances for being neuro-developmentally and emotionally ready to learn and, as a result, better positioned to succeed. We would see an increase in school readiness, attendance, and high school graduation rates. We would also see a decrease in the number of students referred to special education and a reduction in school suspension rates. Moreover, we would see healthier school environments where students and teachers can thrive, no longer burdened by the consequences of chaotic learning environments caused by toxic stress.

Across other sectors, we would see improvements in overall child wellbeing. We would see a decrease in juvenile detention rates. A statewide response to ACEs could result in a decrease in the number of children exposed to abuse and maltreatment, leading to a decrease in the frequency of ACEs in subsequent generations.

THE ROAD TO A HEALTHY CALIFORNIA

With this powerful vision for California in mind, the question then becomes: How do we get there?

The most resounding theme that emerged at the summit was - Prevention. How do we prevent the long-term harm of ACEs whether it is poor health in adulthood or worse educational outcomes? And how do we prevent already traumatized children and their families from experiencing additional trauma when interacting within systems like juvenile justice and child welfare?

A critical starting point for prevention is **raising public awareness**. Raising awareness about ACEs and their long-term harmful impacts on children and families was a resounding theme throughout the Children Can Thrive summit. We must do more to educate communities about ACEs and the effects on early childhood development while connecting this information to the long-term health and life impacts of ACEs. Additionally, education must be equally coupled with efforts to emphasize that, as Dr. Andrew Garner said, "ACEs are not destiny" and that there are pathways to healing and wellness. Raising public awareness of ACEs will also build broader public support to advance policies aimed at systematizing responses to the impacts of early adversity.

Some of the ideas to raise awareness about ACEs included:

- Launch a "What Happened to You?" campaign to generate awareness and recognition of the impact of ACEs
- Integrate pop culture, such as celebrity champions, as part of ongoing public education efforts

There is also an urgent need to raise awareness among parents and professionals who regularly interact with children and families, such as physicians, educators, nurses, social workers, and people who work in the juvenile justice system. Increasing the number and regularity with which professional programs educate and train participants on the harm of unaddressed exposure to ACEs and trauma-informed care will be vital to establishing a work force equipped to understand and meet the needs of children exposed to ACEs.

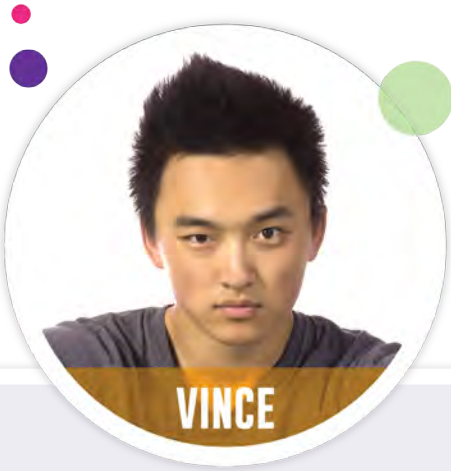
To prevent the long-term consequences of ACEs, **early screening and interventions**, particularly in the healthcare setting, are also critical. The pediatric primary care home offers a unique opportunity for early and routine screening for ACEs beginning in infancy. By building routine screenings into the well-child check, we have the opportunity to offer interventions early during a time when we can have a radical impact in preventing and reversing the harmful effects of toxic stress on child development. School-based health centers are another important space in which to explore the development of early screening protocols for ACEs. Any screening protocol, whether in health or education, must always be accompanied by a thoughtful consideration and response to address potential unintended consequences, including robust trainings on the harmful effects of ACEs for those administering the screen to ensure a responsible and fair approach to assessing the child's situation and needs focusing on opportunities to prevent and treat children without stigmatizing them.

The need for systems and communities to be more **trauma-informed** is universal. Trauma-informed practices tailored to the needs and services of each sector – whether it is health, early childhood, education, child welfare, or juvenile justice – are critical. We must also begin to identify the levers and incentives within each system to help shift priorities towards trauma-informed approaches. These trauma-informed and resilience-building approaches must be integrated with a cross-sector approach at the community level – in our towns, cities, and counties – where basic human interactions take place millions of times each day in our state. Additionally, the ability to innovate and experiment will be crucial in developing the most effective practices across sectors.

The philanthropic community can be a champion in this effort by contributing flexible, long-term investments to encourage and create the environment for innovation and measurement. Finally, as systems become more trauma-informed and trauma-responsive, statewide or county plans setting forth resources and responses to ACEs will be an important step in institutionalizing these advances.

Additionally, greater investments in and broader movement towards **integrated physical and behavioral healthcare** is critical. Mental health professionals have long known of and raised concerns about the impacts of chronic adversity on individuals' wellbeing. As efforts increase in the medical field to respond to the long-term health consequences of ACEs, there is an ever-increasing need for behavioral and physical health professionals to work in close collaboration. Interventions to address toxic stress must focus on healing the whole child – body and mind – requiring a deep partnership and fundamental integration of physical and behavioral healthcare practices.

Finally, families must remain at the heart of efforts to build a healthier California. Thus, efforts should embrace a **two-generation approach**[11], committed to supporting the health, wellbeing, and success of both children and their parents or caregivers. Parents and caregivers play an integral role in a child's development and, particularly for children exposed to ACEs, act as a powerful buffer to mitigate the effects of chronic adversity on a child's developing brain and body.



VINCE'S STORY

Vince is 16 years old and lives in the Bay Area. His father came to the United States when he was 10 years old as a refugee from Vietnam in 1973. Although his parents have run a series of successful restaurants, his father's gambling addiction has often resulted in significant losses to the family's finances and economic security. A few years ago, Vince's father lost ownership of the family restaurant after a weekend-long gambling session. Vince's father used to yell and hit his wife and children whenever he lost in gambling. As the children got older, Vince's father stopped hitting them but still continues to yell.

Vince has a 22-year-old brother whom he has always idolized. However, his brother joined a gang when he was in high school. A few years ago, his brother was arrested and convicted for selling drugs. He is now in state prison and, because his parents are ashamed, the family never visits him.

Growing up, Vince always looked up to his older brother and sought to emulate him. When he was younger, he would hang out with his brother and his friends, who were also members of the same gang. When Vince turned 14, he joined his brother's gang. Even though he knew that his brother went to prison because of his involvement in the gang, in many ways, Vince felt that the gang members were more like his family. Because of rivalries with other gangs in the area, Vince does not feel safe at school. At school, he is jumpy and on edge. Sudden noises startle him. He has been suspended for fighting twice already. Once he fought with a rival gang member and the other time he thought that another student had looked at him "the wrong way." The principal is worried about the safety of the teachers and other students when Vince is around.

Because Vince has become further involved in his gang, he no longer feels safe on his way to school. A month ago, Vince was walking home from school, and he was jumped by four rival gang members who were retaliating for the fight earlier this year. After being jumped, Vince started bringing a knife to school for protection. A school resource officer recently found the knife while searching Vince's bag. The District Attorney has decided to press charges against Vince for bringing a knife to school. Under his plea agreement, he is now on juvenile probation.

EVAN'S STORY

Evan is 13 years old. He lives in public housing with his grandmother in San Francisco. Growing up, Evan did not really know his father because he was often in and out of prison, usually for violating his probation. Then, Evan's father was killed in a drive-by shooting when he was 8 years old. This summer, Evan saw his summer school counselor killed in a drive-by shooting while he was playing basketball at the local park.

Evan's mother struggled with a meth addiction for many years. Sometimes, she would leave Evan at home alone for days. Three years ago, Evan's mother dropped him off at his grandmother's house. She told him that she would pick him up in a few hours but she never came back. He has lived with his grandmother ever since. He knows that his grandmother loves him very much, but she often becomes very lethargic and will say that she does not want to "be here" anymore.

When Evan was 10 years old, his mother left him alone for a week. A neighbor called CPS after Evan knocked on her door asking for some food. CPS opened an investigation and, soon after his mother returned, she left Evan with his grandmother. A CPS social worker continues to visit Evan and his grandmother. Although she is usually very caring, Evan's grandmother forgets to feed him when she lapses into depression. Evan never tells his social worker because he is afraid that he will have to live with a foster family and he loves his grandmother.

Evan's teacher thinks that Evan has ADHD and wants his grandmother to take him to a doctor for a formal diagnosis. The teacher told Evan's grandmother that Evan has a difficult time focusing and concentrating on the class activities and that he often gets up repeatedly throughout the class without permission. In taking his history, the doctor finds that Evan has trouble falling asleep and he's not doing well in school. Evan tells the doctor that he sometimes smokes weed with his friends after school.

IT TAKES ALL OF US

While advancing trauma-informed care across systems and developing practices for early screening and interventions are critical, equally important are the diverse stakeholders necessary to advance this movement. As we know, unaddressed exposure to ACEs is a public health crisis, and as such they require a public health response. No single entity or sector can solve this problem alone. Therefore, not only do diverse sectors, including health, early childhood, education, juvenile justice, and child welfare, have an important role to play in advancing the field, but these historically siloed sectors must identify **cross-sector strategies for collaboration**. More importantly, sectors must have a shared vision for the future to ensure that there is alignment in advancing towards a common goal. In order to facilitate deep collaboration, we must develop strategies to improve information sharing between sectors. Furthermore, developing a set of **shared metrics** that can be used across sectors offers an important tool for crafting a collective definition of success.

In addition to strong cross-sector collaborations, **public-private partnerships** between government, not-for-profit organizations, and philanthropy are critical to address the harmful effects of ACEs. Each will have an important role to play in advancing the field. In **state government**, the legislature can play a pivotal role in advancing policies to institutionalize trauma-informed care and ACE screening and intervention practices with supportive health reimbursement mechanisms. To raise awareness about ACEs among legislators, for example, Children Can Thrive summit participants suggested organizing an ACEs advocacy day and hosting a screening of James Redford's powerful film Paper Tigers in Sacramento.

In addition to legislators, public agencies can be influential conveners and play an important role in accountability. Some local public agencies can also exemplify institutional change by becoming trauma-informed organizations themselves and thus modeling this imperative.

Not-for-profit organizations will play a crucial role on the ground working directly with children and families impacted by ACEs and by developing effective and scalable programs and strategies to address ACEs.

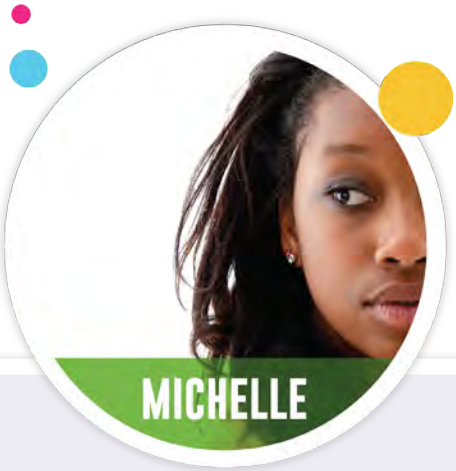
The direct, day-to-day learnings of advocacy and service organizations, if properly measured, are vital to ensure that the policy ideas brought to the legislature reflect the best thinking and innovation of the field.

In addition, the support of **philanthropy**, which often acts as the bridge between ideas, concept development, implementation and measurement, is critical to advancing efforts to address the impact of ACEs. Philanthropy is central to supporting innovation, particularly the exploration of ideas and solutions necessary to address a previously unrecognized public health crisis, such as ACEs. Thus, philanthropy has and will continue to play a central role in fostering the development of programs and practices that effectively respond to the impacts of ACEs and promote the health and wellbeing of children and families across California.

Youth must also be a part of this conversation and leaders in this movement. As the students of Leadership High School, a San Francisco high school partnering with the Center for Youth Wellness to examine the effects of toxic stress on local teenagers, so eloquently demonstrated at the Children Can Thrive summit, our young people are not only powerful communicators but also critical agents of change. As we think about California's future, who better to help lead and shape our efforts to build a healthy California than the next generation of leaders?

In building a healthy California, we must also think about whom we are including as part of the solution, including parents, caregivers, educators, doctors, nurses, clergy, and other child-serving professionals. We must also consider groups that are often overlooked including law enforcement and the military and their families.

Lastly, **families** are essential for ensuring that we move towards a healthy and thriving California. Families, in particular, can play a truly transformative role for a child who has experienced ACEs. As a result, we must be investing more in families, particularly parents and caregivers, and engaging in efforts to remove the stigma of parenting support so that more parents will take advantage of available tools and resources to build healthy families.



MICHELLE'S STORY

Michelle is a 14-year-old girl living in an affluent community in Southern California. Her parents divorced four years ago and she now lives with her mother and 10-year-old brother. Although closer to her father, she only gets to see him a couple times a year because he moved to New York after the divorce.

Michelle's mother is a lawyer and often works long hours. When her mother is at work, Michelle and her brother are looked after by her mother's boyfriend and are often alone with him. When Michelle turned 13, her mother's boyfriend began to sexually molest her. Michelle tried to tell her mother that she feels uncomfortable with the boyfriend, but her mother ignored Michelle and accused her of trying to ruin her relationship. The boyfriend continues to molest Michelle on a regular basis. After work, Michelle's mother usually has several drinks to help her "unwind." Her mother does not think that she has a drinking problem but, after drinking, she yells at Michelle and her brother, blaming them for "ruining her life."

A few weeks ago, her mother's boyfriend attempted to rape Michelle. She fought back and, in the struggle, he broke her wrist. Her mother's boyfriend waited until her mother came home to take Michelle to the hospital. While they were waiting for her mother, the boyfriend threatened Michelle that if she told anyone what he did he would hurt her worse next time. Michelle told the hospital nurses that she had been clumsy and tripped on her brother's toy on her way to the bathroom. The hospital staff became suspicious because her wrist injury was not consistent with a typical fall and made a report with Child Protective Services. CPS has opened an investigation but is having trouble gathering information because Michelle's mother refuses to cooperate.

At school, Michelle is at the top of her class academically. However, she has started hanging out with an older group of kids and started experimenting with different drugs and drinking on the weekends. She recently started dating a 19 year old, whom she met through her friend's brother and is sexually active with him. Although her friends tell her that he is too old for her, she disagrees and says that he loves her. Last weekend, after a night of partying and drinking, her boyfriend took a neighbor's car for a joyride. He lost control of the car and crashed into a parked car a few blocks away. Luckily Michelle and her boyfriend were not injured, but they were taken into custody by local police. Because she is a minor, Michelle's case was referred to juvenile court.

A COLLECTIVE FIRST STEP TOWARD RESPONDING TO ADVERSE CHILDHOOD EXPERIENCES

While California's response to ACEs will not happen overnight, there are a few collective first steps that we can take to build a statewide movement:

- **Help raise public awareness about unaddressed exposure to Adverse Childhood Experiences**
  - Develop your elevator pitch – How will you communicate the urgency of this crisis along with the hope that comes with solutions?
  - Become a champion in your sector – We all have a sphere of influence whether it is with our family, our community, or our work. As a result, everyone can be champion and help to raise awareness about ACEs and what we need to do to build a healthier California.
- **Build a movement in your community**
  - Join ACEs Connection (www.acesconnection.com) - ACEs Connection provides an online community of allies, advocates, and experts to help support your efforts to respond to ACEs. You can join your community's ACEs Connection group or start one in your county.
  - Advocate for local data collection on ACEs – We now have data on the prevalence of ACEs in California. However, additional data at the local level can provide more in-depth information on the far-reaching impacts of ACEs in your community.
- **Organize partnerships across diverse sectors to address systemic barriers to prevention and treatment of toxic stress**
  - Build advocacy coalitions to address the impacts of ACEs in your community– For example, CYW is convening a statewide cross-sector working group, comprised of public and private stakeholders, to respond to ACES in California.
- **Identify, research and advance best practices that establish the evidentiary basis for clinical and community interventions**
  - Identify opportunities to promulgate evidence-based interventions that address the harmful effects of ACEs.
  - Support efforts to increase funding for innovative and promising practices aimed at reducing the impacts of ACEs on children and families.
- **Support and expand efforts to foster trauma-informed practices across health care, education, child welfare, and juvenile justice systems**
  - Advocate for your organization, institution, or system to integrate trauma-informed practices – Efforts are already underway across multiple sectors to build practices and systems that respond to the needs of children and families in a trauma-informed matter. For example, the San Francisco Department of Public Health is working to become the nation's first trauma-informed public health department, beginning by training its 9000-person staff on trauma-informed care.

CONCLUSION

The vision for California's future described above is one centered on wellness, health, and opportunities for success for children, families, and communities across the state. As noted above, no one individual, organization, agency or sector alone can address the impacts of Adverse Childhood Experiences. From policymakers to parents, from philanthropy to private organizations, we each have a role to play in advancing a movement that makes health and hope a priority for all children.

We would like to acknowledge and thank all of the Children Can Thrive summit participants for their ideas and contributions to this vision for California. This report is a reflection of your ideas for crafting a statewide response to Adverse Childhood Experiences. Thank you for your commitment to ensuring that children and families throughout California are healthy and thriving.

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[11]For more information on the important of a two-generation approach, please see the following resources: Ascend at the Aspen Institute, Two Generations, One Future: Moving Parents and Children Beyond Poverty Together (2012), available at: http://b.3cdn.net/ascend/f52f62b126afc10fd6_2rnm60p51.pdf; and Annie E. Casey Foundation, Creating Opportunities for Families: A Two-Generation Approach (2014), available at: http://www.aecf.org/resources/creating-opportunity-for-families/.

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