Adverse Childhood Experiences (ACEs) are defined as potentially traumatic events that occur in childhood (0-17 years). Examples include experiencing violence or abuse, witnessing violence in the home or community, or having a family member attempt or die by suicide. ACEs also include aspects of a child’s environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with substance misuse, mental health problems, or instability due to parental separation or household members being in jail or prison. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood (Centers for Disease Control and Prevention).

The National Association of Chronic Disease Directors (NACDD) in partnership with the Centers for Disease Control and Prevention (CDC) hosted a webinar featuring two leading public health experts to share their experience in addressing the profound effects of childhood adversities on health throughout the lifespan and how states can marshal resources and leadership to address and mitigate ACES.

Dave Ellis, Executive Director of the New Jersey Office of Resilience and a national leader on the lasting impacts of ACEs and generational trauma shared New Jersey’s experience in coordinating statewide efforts to prevent, protect against, and heal from the effects of Adverse Childhood Experiences. Jessica Wheeler, Deputy Director of the Children and Youth Division in the Maryland Governor’s Office of Crime Prevention, Youth and Victim Services provided a first-hand view of coordinating and overseeing the development and delivery of policies and interventions that promote the well-being of children, youth, and families. The following is a summary of the panelists’ presentation and the audience Q & A.

**How was the work coordinated?**

**New Jersey:**
An Office of Resilience (OOR) was established to host, coordinate and facilitate statewide initiatives related to raising awareness of and creating opportunities to eradicate ACEs through grassroots and community-led efforts, technical assistance and strategic support for organizations already pursuing this work. [www.nj.gov/dcf/resilience.html](http://www.nj.gov/dcf/resilience.html)

**Maryland:**
The Governor’s Office of Crime Prevention, Youth and Victim Services, a state agency housed in the Executive branch,
served as the coordinating center for the work and participated in the National Governor’s Association Addressing Adverse Childhood Experiences Learning Collaborative. [www.pacesconnection.com/g/maryland-state-aces](http://www.pacesconnection.com/g/maryland-state-aces)

**What approaches were employed?**

**New Jersey:**
A Community Capacity development model to build self-healing communities was used (Dr. Rob Anda model). They first assessed work that was happening before the OOR was established and then responded to the discovery that the communities most directly involved were not part of the conversation and people were asking for better outcomes. The OOR made it its mission that the people most directly impacted would be part of the decisions and leading everything that is happening through the following approaches:

- **Leadership:** Allow the community to identify leaders of their choosing.
- **Coming Together:** Determine what is most important to the community learning; all learning will be shared.
- **Results oriented decision making:** Priority is placed on interventions that the community believes will work, rather than solely on whether they have been evaluated and reported in the literature as evidence-based.

A statewide strategic plan was developed with five core strategies:

- Achieve Trauma-Informed and Healing-Centered State Designation
- Conduct an ACEs Puli Awareness and Mobilization Campaign
- Maintain Community Driven Policy and Funding Priorities
- Provide Cross-Sector ACES Training
- Promote Trauma-Informed/Healing-Centered Services and Supports

**Maryland**
An Executive Order signed by the Governor committed five agencies and offices to develop the State ACEs Plan:

- Governor’s Office on Crime Prevention and Youth
- Opioid Command Center
- State Council on Child abuse and Neglect (SCCAN)
- MD Department of Health (MDH), Behavioral Health Administrations (BHA)
- MD Department of Human Services

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**Lessons Learned**

- Assess what is already happening before proposing new interventions.
- Engage the highest level of leadership.
- Engage the community from the start.
- Engage state partners in developing and executing a strategic plan.

*Develop things the community believes will work; they are the end users.*

—Dave Ellis
The legislature authorized establishment of a Commission on Trauma Informed Care that was charged with:

- Coordinating statewide trauma responsive and trauma-informed delivery of state services that impact children, youth, families and older adults.
- Establishing metrics with the MDH to evaluate the progress of the statewide trauma care initiative.
- Coordinating with the MDH Department of Health in developing Trauma-Informed Care training.
- Submitting an annual report on the Commission’s evaluation metrics that includes and assessment of:
  - The implementation of trauma-informed care within each agency.
  - The trauma-responsiveness of each agency.
  - Recommendation to improve existing laws related to children, youth, families and older adults.

**Promising Progress**

**New Jersey**

Released NJ ACEs Statewide Action Plan in 2021 detailing a path toward making New Jersey a trauma-informed/healing centered state:

- Created NJ Resiliency Coalition Community as an active virtual learning center that convenes people living and working in the state around solutions for preventing ACEs
- NJ Attorney General issued a “Handle With Care” (HWC) program promoting partnerships between schools and law enforcement to help children facing trauma.
- Actions 4 ACEs campaign, a public-private partnership initiative guided by the New Jersey ACEs Collaborative. [https://actions4aces.com](https://actions4aces.com)
- Healing projects in 70 districts around PACES have engaged mentors in an effort to truly change the trajectory.

**Maryland**

- Handle with Care is now in 18 of 24 Maryland jurisdictions, impacting over 4,700 students to date. [https://handlewithcaremd.org](https://handlewithcaremd.org)
- Each state agency head designates two staff to serve on the Commission on Trauma Informed Care to ensure a government-wide focus on making state government more trauma responsive.
- State law passed to require the public health department to include at least 5 questions on ACEs in the Youth Risk Behavioral Surveillance survey.
- Data dashboards with real time data have been developed and include metrics to track progress on increasing child well-being across Maryland.
- The Governor’s Office of Crime Prevention, Youth and Victim Services collects data though a publicly available scorecard and is working on evaluating the data through an ACEs lens.

*Before you do anything, first ask the community what is important to the community.*

—Dave Ellis

*We can’t deal with poverty without the community being engaged.*

—Dave Ellis

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