

California Essentials for Childhood Initiative

“Enhancing the Collective Vision”





Welcome

to “Enhancing the Collective Vision”



Purpose

We are together today to:

- Assess the current state of collective action around adverse childhood experiences (ACEs);
- Align EfC Initiative goals and project interventions with existing efforts
- Identify mutually reinforcing activities; and
- Establish a collective agreement on how to strategically promote Safe, Stable, and Nurturing Relationships and Environments (SSNR&E), to prevent and reduce child maltreatment and other childhood adversity among California's children.



Meeting Goals

At the conclusion of the meeting, participants will:

- Understand the purpose for and efforts of the EfC Initiative
- Be able to identify of where complimentary programmatic/organizational opportunities exist for alignment with Essentials for Childhood Initiative priorities/efforts



Thank You!

This event would not have been possible without the guidance of stakeholders and backbone agency team members.



Today's Agenda

Topic
Icebreaker: Partnership Lighting Round
Essentials for Childhood Initiative: An Overview
Enhancing the Vision
The Value of Collective Impact
Fostering Collaboration & Partnership
Strengthening Resiliency: Addressing Adversity and Trauma
World Café: Priority and Strategy Setting
Next Steps



Meeting Packet

Left Side

- Subscribe to ACEs Connection: EfC Initiative Page
- Evaluation Form*
- Food Services Near California Endowment
- California Essentials for Childhood Initiative “Building a Common Agenda”

Right Side

- Enhancing the “Collective Vision “Agenda
- EfC Initiative Speaker/Facilitator Bios
- Framework for Prevention of Child Maltreatment
- Fostering Collaboration & Partnerships Handout*
- Strengthening Resiliency: Addressing Adversity and Trauma Handout*
- World Café: Priority and Strategy Setting Handout*



Housekeeping Items

- Bathrooms are located outside the meeting room to the left. Keys are available at registration table.
- Please utilize the microphones. Some of our colleagues will be joining us online.
- Pictures will be taken. Please let a team member know if you do not want to be photographed.



Partnership Lighting Round Icebreaker

Hello!

- Stand up. Find a partner (someone you don't know!) and introduce yourself
- You will have 3 minutes to ask and answer the same 3 questions of each other
- When the time is up, switch! Meet someone new!



Partnership Questions

1. What brought you to the convening today?
2. How did you learn about the Essentials for Childhood Initiative?
3. What do you hope to accomplish today?

The Essentials for Childhood Initiative is all about **collaboration** and finding **new opportunities** to **advance mutual** efforts to create **collective change**





Essentials for Childhood Initiative

An Overview



Welcome!

ACEs Connection Network

Join the movement to prevent ACEs, heal trauma, build resilience.



PPIC

PUBLIC POLICY
INSTITUTE OF CALIFORNIA

CHILDREN NOW



CALIFORNIA CAMPAIGN
TO COUNTER
CHILDHOOD ADVERSITY

CALIFORNIA
HEALTH
IN ALL POLICIES
TASK FORCE





Safe, Stable, and Nurturing Relationships and Environments

- Raise awareness and commitment to promote Safe, Stable, and Nurturing Relationships and Environments (SSNR&E) to prevent child maltreatment
- Use data and best practices to inform actions and solutions
- Create the context for healthy children and families through social norms, systems change, and program improvements
- Create the context for healthy children and families through policy



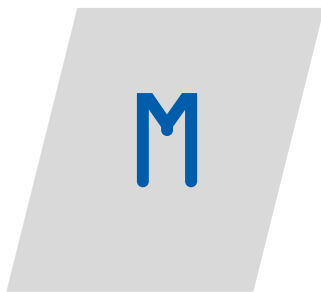
Backbone Organizations

- Safe and Active Communities Branch, California Department of Public Health
- Office of Child Abuse Prevention, California Department of Social Services



Vision

All California children, youth and their families thrive in safe, stable, nurturing relationships and environments.



Mission

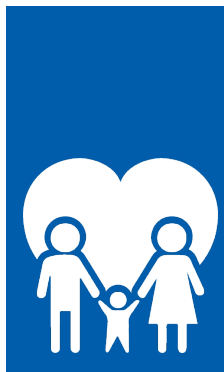
To develop a common agenda across multiple agencies and stakeholders to align activities, programs, policies and findings so that all California children, youth and their families have safe, stable, nurturing relationships and environments.





Guiding Principles of the EfC Initiative

Ensuring all children and families have SSNR&Es will strengthen families, prevent and reduce child maltreatment, promote healthy child growth and well-being, and allow children to reach their full potential as happy, self-sufficient, socially engaged and productive citizens.



Accomplishing SSNR&Es requires changes in multiple systems with a focus on broad social and economic determinants, social norms, and governmental and institutional policies, as well as individual and family level change

Solving large scale, complex social problems requires a highly effective level of sustained collaboration across multiple sectors aligned to a broad common agenda and conducting strategic and mutually reinforcing activities. (e.g. collective impact approach)



Service systems and programs should be based on the best available evidence (i.e. research, experiential and contextual), and should strive for continuous quality improvement.



Guiding Principles of the EfC Initiative Continued...



Service systems and programs should be culturally and linguistically appropriate for their audiences.



Efforts to make improvements in overall child health and well-being should include specific actions to address and reduce inequalities and disparities which are avoidable, unjust and preventable.



Public Health Perspective

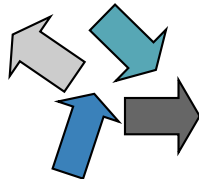
- Population based
- Focus on social determinants of health
- Comprehensive and systems orientation
- Primary prevention priority
- Data informed (e.g., best available research, experiential, and contextual evidence)
- Collaborative involving multiple sectors
- Promotes equity and social justice
- Large scale social change requires broad cross sector coordination
- Not enough to have isolated interventions of individual organizations



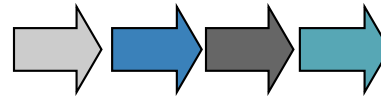
Collective Impact Approach

- All working toward the **same goal** and **measuring the same things**
- **Cross-sector** alignment
- **Organizations** actively **coordinating** their action and sharing lessons learned
- To achieve **positive and consistent progress at scale**

Isolated Impact



Collective Impact





EfC Accomplishments

Process:

- CDPH SACB and CDSS OCAP co-backbone partnership
- Strengthened the public health voice in the child welfare and early education domains
- Promoted upstream primary prevention and social determinants strategies focusing on policy and systems-level changes
- Collective impact organizing model
- Mutually reinforcing and aligned activities with other partners and initiatives

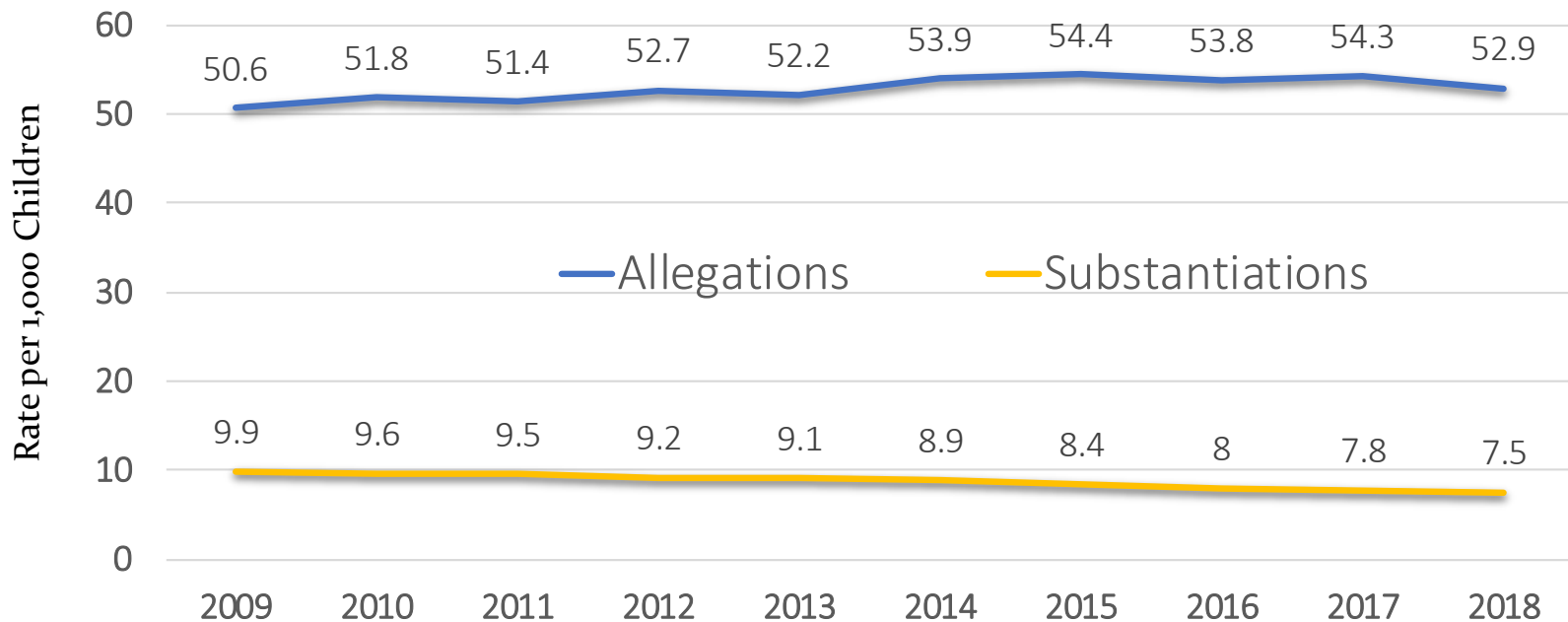


EfC Accomplishments

Impacts:

- ACEs data for Legislative hearings
- Earned Income Tax Credit, paid family leave, child care slots, minimum wage, All Children Thrive policy initiatives
- Child Adversity and Resilience topic on KidsData.org
- Expanded trauma-informed lens beyond original ACEs
- Outreach to provide hands-on trainings to local communities
- Promoted a Resilient Trauma-Informed State
- Framed effective communication messages
- Integrated and prioritized EfC agenda within CDPH and CDSS OCAP (e.g., LGHC, VPI, Strategies 2.0, Economic Empowerment grants)

Children with Child Maltreatment Allegations and Substantiations 2009 -2018, California



Rates per year per 1,000 0-17 children are based on unduplicated counts of children--at state and county level--with allegations and substantiations care during the time period.

Data Source: CWS/CMS 2019 Quarter 1 Extract.

Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Min, S., Hammond, I., Sandoval, A., Yee, H., Flamson, T., Hunt, J., Ensele, P., Lee, H., Casillas, E., & Gonzalez, A. (2019). CCWIP reports. Retrieved 7/1/2019, from University of California at Berkeley California Child Welfare Indicators Project website. URL:

<http://cssr.berkeley.edu/ucb_childwelfare>

Children with One or More Substantiated Allegations April 1, 2018 to March 31, 2019, California

Age Group	Allegation Type										Total
	Sexual Abuse		Physical Abuse		Emotional Abuse		Severe Neglect		General Neglect		
	n	%	n	%	n	%	n	%	n	%	
Under 1	8	0.3	385	8.3	164	6.8	761	27.6	8,302	17.5	10,016
1-2	39	1.2	412	8.9	265	11	472	17.1	6,837	14.4	8,694
3-5	259	8.1	692	14.9	431	17.9	590	21.4	8,781	18.5	11,759
6-10	794	24.9	1,346	29	770	32	607	22	12,055	25.4	17,252
11-15	1,559	49	1,375	30	633	26	277	10	9,089	19.1	14,552
16-17	524	16.5	429	9.2	144	6	51	1.8	2,440	5.1	4,288
Total	3,183	100	4,639	100	2,407	100	2,758	100	47,504	100.0	66,561

Note: A child is counted only once, in category of highest severity. Allegation Type doesn't add to total because Exploitation (152), Caregiver Absence (2,375) and At Risk Sibs (3,544) are not included).

Data Source: CWS/CMS 2019 Quarter 1 Extract.

Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Min, S., Hammond, I., Sandoval, A., Yee, H., Flamson, T., Hunt, J., Ensele, P., Lee, H., Casillas, E., & Gonzalez, A. (2019). *CCWIP reports*. Retrieved 7/1/2019, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

Children with Child Maltreatment Substantiations by County, CA, 2018

County	Rate per 1,000 Children
Trinity	28.8
Plumas	23.5
Modoc	20.0
Mendocino	19.6
Calaveras	18.3
Shasta	17.9
Glenn	17.4

Lassen	15.8
Tuolumne	15.4
Humboldt	14.3
Del Norte	13.8
Siskiyou	13.1
Colusa	12.1
Tehama	12.1
Kern	11.5

Reported/Reconciled Child Maltreatment Fatalities Submitted by Counties and Reconciled by CDSS

Current Totals	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Fatalities	117	132	122	140	135	127	148	148	133	148
Rate per 100,000	1.26	1.42	1.31	1.51	1.45	1.37	1.60	1.60	1.44	1.60

Definition: Child fatalities resulting from abuse and/or neglect or in which abuse/neglect materially contributed to the death as determined by law enforcement, Coroner/Medical Examiner or Child Welfare Services, including third party (i.e., non-parent or guardian) child fatalities.

Source: <http://www.cdss.ca.gov/inforesources/Child-Fatality-and-Near-Fatality/Data-and-Reports>; retrieved July 1, 2019



Child Poverty in California

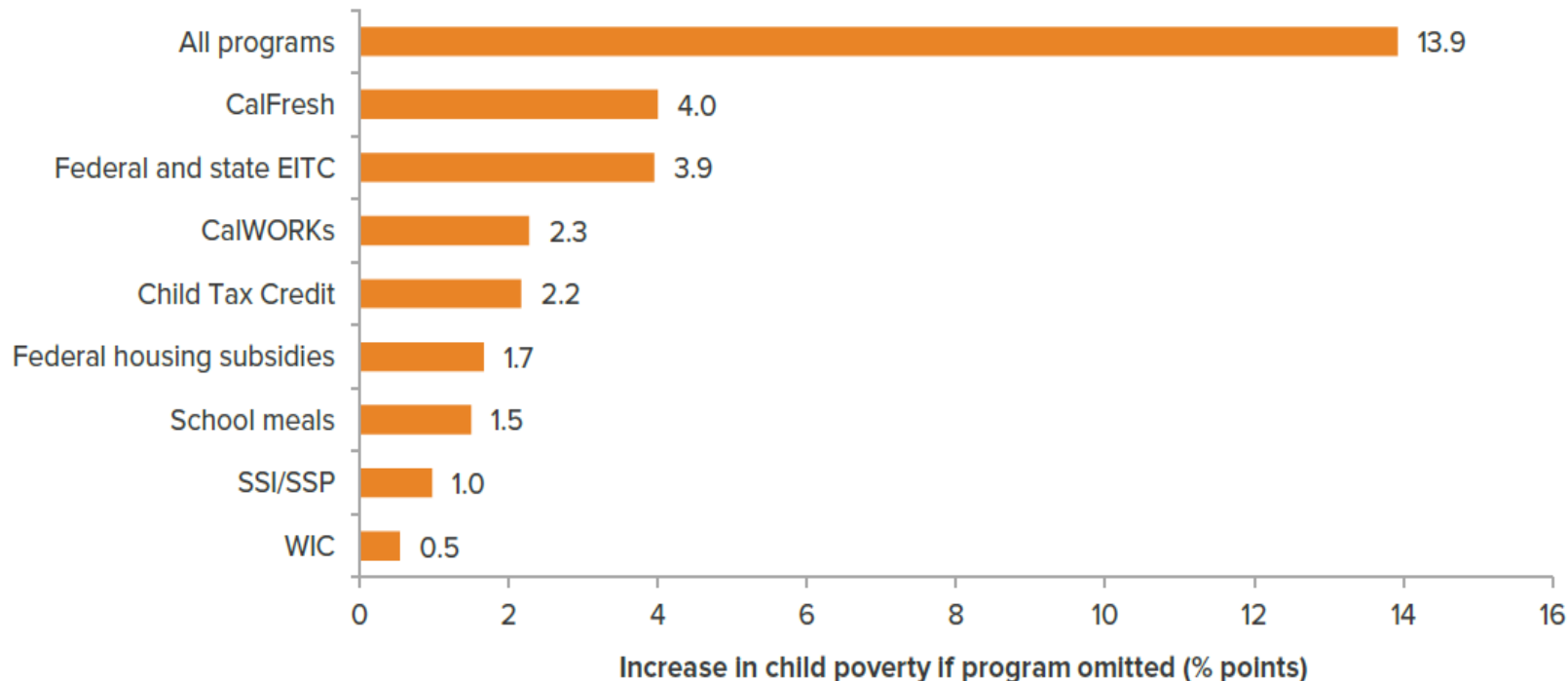
Based on the California Poverty Measure:

21.3% of children (about 1.9 million) were living in poverty in 2016.

- Latino children (28.3%)
- African American (20.0%)
- Asian American (16.2%)
- White children (11.6%)

Without safety net resources, 35.3% of children (about 3.2 million) would live in poverty.

Child poverty is high but would be even higher in the absence of the social safety net

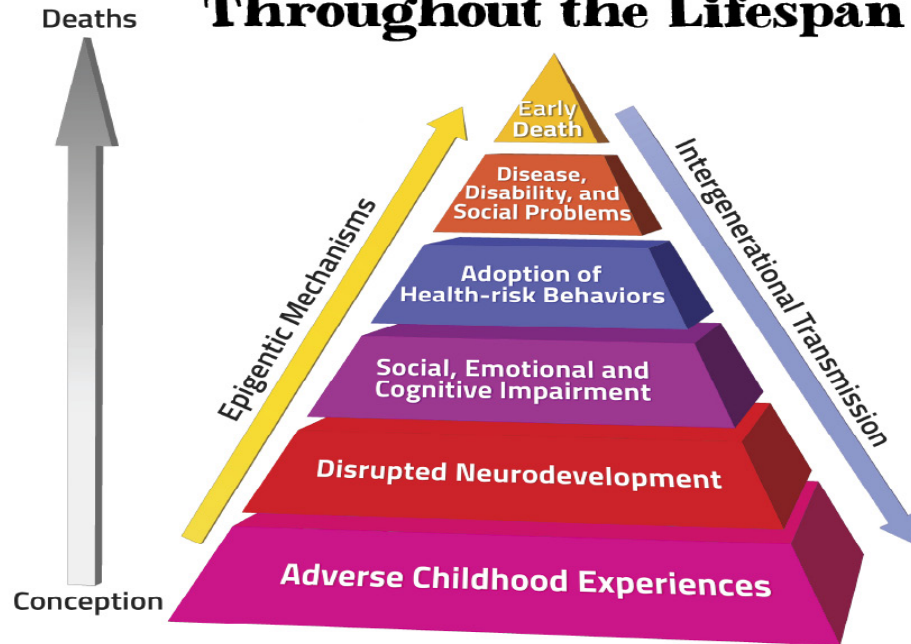


Source: Estimates from the 2016 CPM.

Note: “All programs” bar shows the combined effect of the individual programs listed below—but the individual program bars do not sum to the top bar due to overlapping program effects. The CalWORKs bar includes receipt of General Assistance, California’s cash assistance program for adults without dependent children; amounts received in families with children are very small.

The ACE Pyramid

Mechanisms by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan



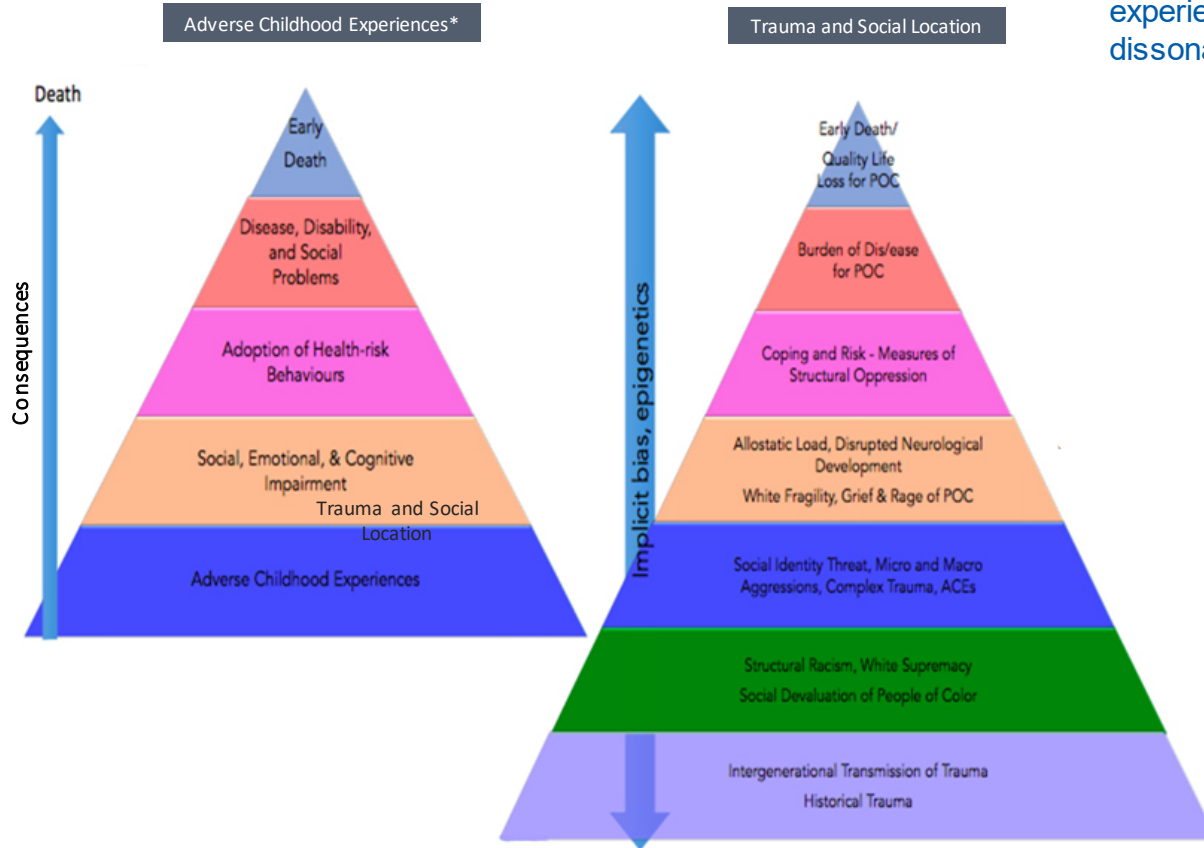
Slide Courtesy of Rob Anda, MD, MS

Prevalence of Adverse Childhood Experiences (ACEs) California Behavioral Risk Factor Surveillance System 2017

	ACEs #	1+	4+
	Total, %	62.7	17.6
Age (years)	18-34	68.0	19.8
	35-54	64.9	21.4
	55+	56.7	12.7
Sex	Male	63.5	15.2
	Female	62.0	20.0
Race/ethnicity	Latinx	66.1	17.6
	Non-Latinx White	66.0	20.0
	Non-Latinx Black	68.4	20.5
	Non-Latinx Asian	40.1	7.3
	Other	73.8	25.7
Household income	<\$25,000	69.7	21.0
	\$25,000-74,999	66.4	19.9
	\$75,000+	59.5	15.5
Education	< High School	61.9	17.8
	High School graduate/GED	67.9	21.3
	College graduate or higher	55.6	13.6

Racing ACEs - If it's not racially just, it's not Trauma - Informed

“Racism is (whites’) massive experience of cognitive dissonance.” – Dr. Joy deGruy



- ▶ Trauma is historical, structural, and political.
- ▶ The science has finally caught up.
- ▶ Impacts of trauma are embodied across generations.
- ▶ Differentiated Response:
 - White communities are validated, empathized, resourced restored.
 - Communities of color are shamed, questioned, ignored, stigmatized, criminalized.

Prevalence of ACEs, California and National National Survey of Children's Health, 2016

State	2+ ACEs 0-17 years	1+ ACEs 0-17 years	1+ ACEs 0-5 years
California	16.4	42.1	33.1
National	21.7	46.3	35



Summary

- Childhood trauma is common
- Extreme traumas tend to cluster together to produce cumulative impacts
- Poverty increases the negative impacts of trauma
- Historical, structural, and political trauma impact communities of color
- Consistent health impacts across multiple domains
 - Social emotional impairment
 - Unhealthy behaviors
 - Mental problems
 - Physical health problems
 - Chronic diseases
- Prevention and recovery are possible (Resiliency)
- Collaborative multi-sector approaches are necessary to prevent trauma and create/strengthen resilient children, families and communities

How Do We Get There?

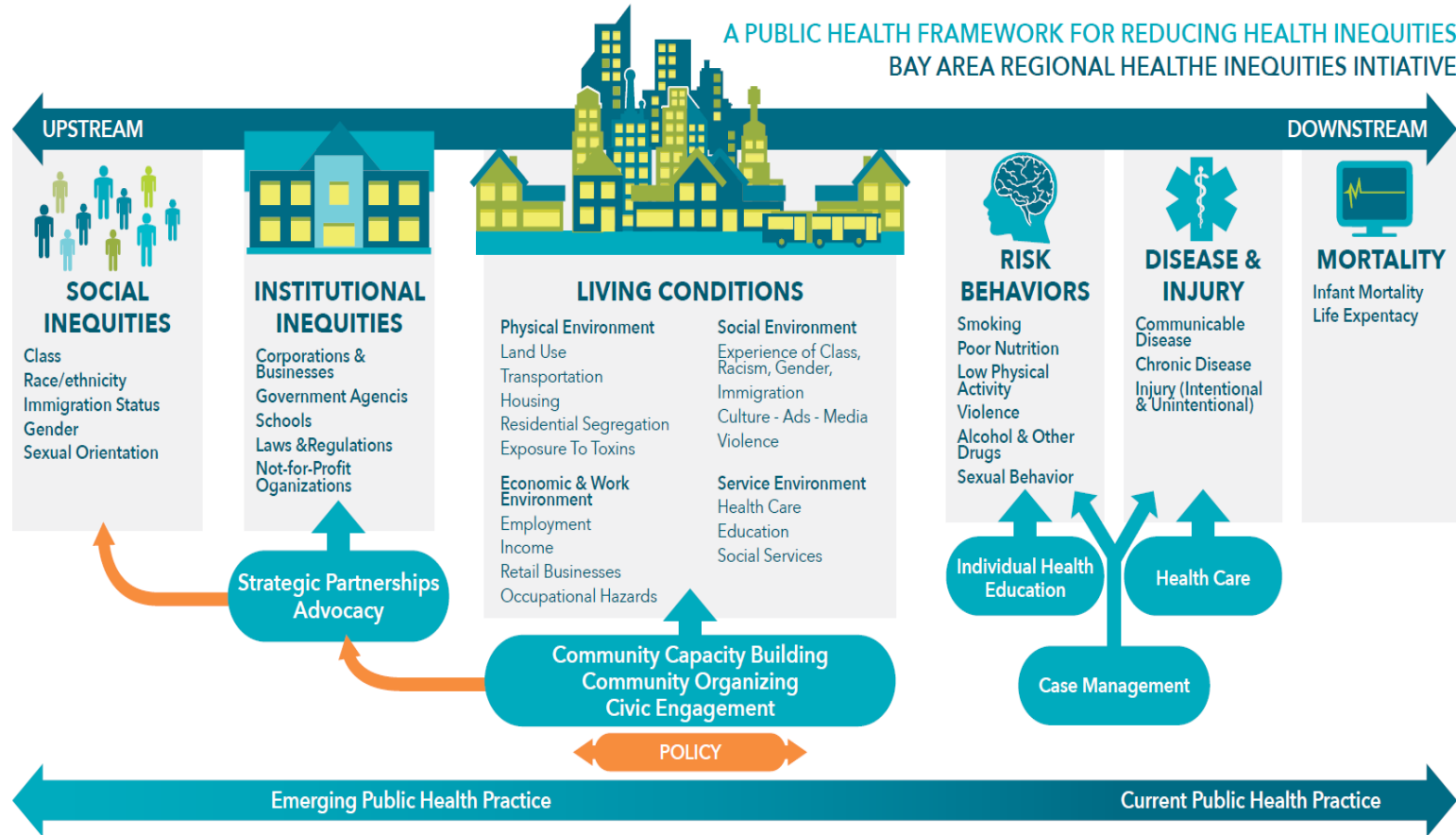


FIGURE 3: Bay Area Regional Health Inequities Initiative (BARHI) Conceptual Framework, 2006.

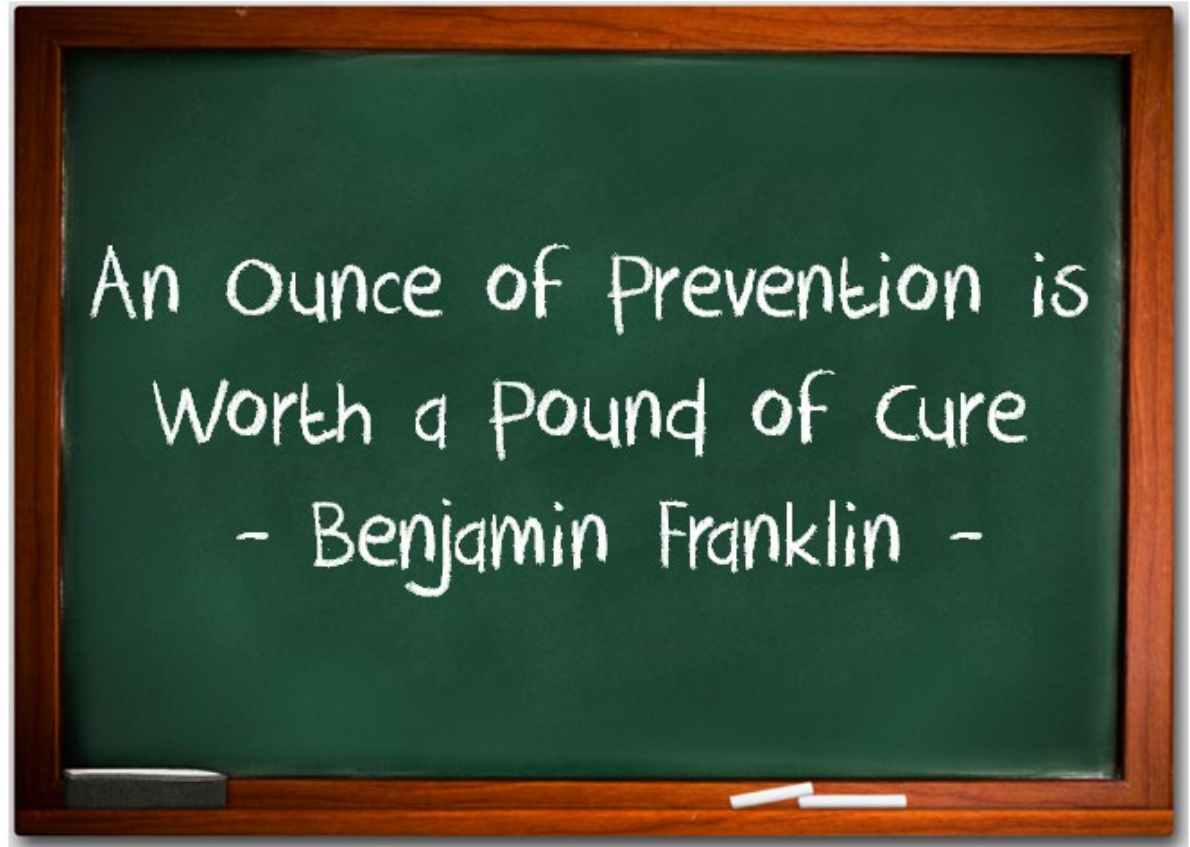


Enhancing the Vision



Why Utilize a Public Health Approach to Address Child Maltreatment?

**Written for
the February 4,
1735 issue of
the
Pennsylvania
Gazette**





What is the Public Health Role in Child Abuse & Neglect Prevention?

- By utilizing a public health approach, focused on primary prevention, we can prevent child maltreatment before it starts.
- Child abuse and neglect result from the interaction of a number of individual, family, societal, and environmental factors.
- Preventing child abuse and neglect can also prevent other forms of violence, as various types of violence are interrelated and share many risk and protective factors, consequences, and effective prevention tactics.



Current State - Level Activities

Strategies to Address and Prevent
Child Abuse & Neglect



State Activities to Address & Prevent Child Abuse & Neglect



Individual

- Family Hui - Parent Leadership Program
- Road to Resilience
- Economic Empowerment Grants



Community

- Child Abuse Prevention Month Campaign, “Community in Unity”
- Prevention Data Dashboards



Organizational Practices

- Strategies 2.0
- California Evidence Based Clearinghouse (CEBC)
- Advancing California’s Trauma Informed Systems (ACTS)
- Celebrating Families!
- Innovative Partnership Grants



Policy

- Child Abuse Prevention Summit
- Framework for Prevention of Child Maltreatment
- Economics of Child Abuse
- Integrating Prevention into the ICPM



Enhancing the Vision for the EfC Initiative

Opportunities and Areas of Strength



Takeaways from 2013 - 2018

Opportunities	Response
Members want to participate more!	Increased staff support
Additional opportunities to share organizational/community need(s) and shape the direction of the EfC Initiative requested	Flattened structure of the coalition -with an enhanced focus on creating space for members to share needs and ideas
Additional opportunities for outcome-driven activities requested	Developed proposed areas of focus for subcommittees to develop measurable, outcome focused, and topic-specific workplans
Requests to expand partnerships and engage programs whose work enhances child wellbeing (even when that is not the focus of their work)	Support and development of a Recruitment Subcommittee and a Subcommittee focused on engagement through cross-cutting partnerships
Continuous Quality Improvement Process: Annual satisfaction survey and ongoing evaluation	



Proposed Areas of Focus for the Essentials for Childhood Initiative through 2023



Proposed Areas of Focus Through 2023



Strengthening Economic Supports



Trauma-Informed Practices



Cross-sector/Cross-program engagement (e.g., non-traditional partners, business)



Recruitment



Equity



Data



Youth & Parent Leader Engagement



10 Minute Break



The Value of Collective Impact

Why We Work Together

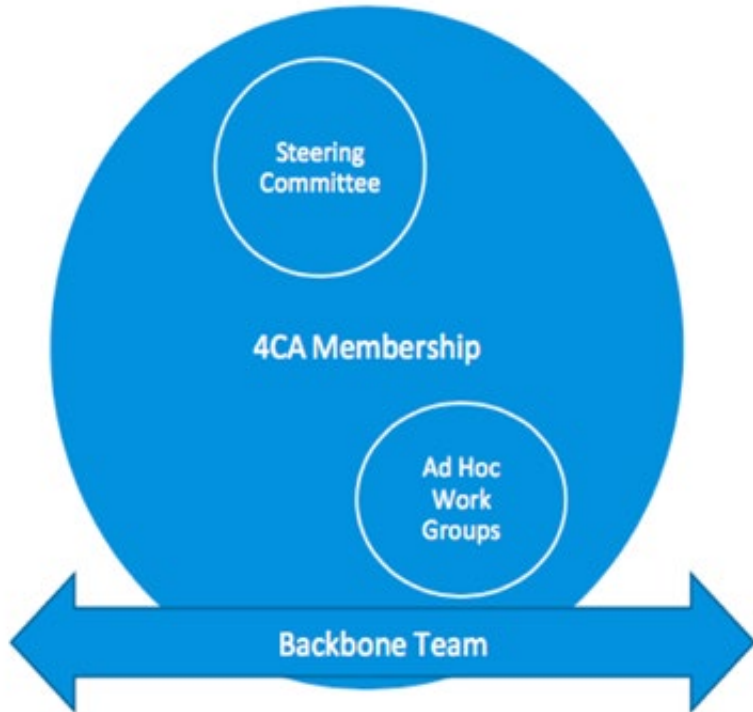


California Campaign To Counter Childhood Adversity (4CA)

- Formed in 2014 after the ACEs Conference organized by Center for Youth Wellness.
- Multi-sector representation from child and family-serving sectors such as child welfare, early childhood, education, health and youth justice.
- Guided by a statewide action policy agenda that was created in 2015 to prevent and mitigate the effects of childhood adversity.
- Aims to increase awareness and address gaps and structural inequities in systems



California Campaign To Counter Childhood Adversity (4CA)



4CA has over 200 members who represent local and state agencies, advocacy groups, and other organizations.



Policy Tactics

- Policymaker Education Day
- Tracking Policy Opportunities
- Communication and Advocacy Tools

Policymaker Education Day





Legislation Endorsed by 4CA

- **SB 439 (Mitchell & Lara)—Jurisdiction of the Juvenile Court**
Establishes a minimum age for juvenile justice jurisdiction to be 12 years of age. *Status: Signed into law*
- **AB 2043 (Arambula)—Foster Youth: Family Urgent Response System**
Would establish a statewide toll-free hotline and mobile response system to provide immediate support for foster families and youth during times of crisis, and connect youth and families to services in their communities. *Status: Vetoed by the Governor*
- **AB 2691 (Jones Sawyer)—Pupil and School Staff Trauma: Trauma-Informed Schools Initiative**
Would establish a Trauma-Informed Schools Initiative to address the impact of adverse childhood experiences on the educational outcomes of students by providing information on how to become trauma-informed schools. *Status: Vetoed by the Governor*
- **ACR 235 (Arambula)—Trauma Informed Awareness Day**
resolution to designate May 22, 2018, as Trauma-Informed Awareness Day in California. *Status: Adopted*
- **SB 54 (De León)—The California Values Act**
Prohibits state or local resources from being used to support mass deportations and ensure public institutions are safe spaces for children, families and communities. *Status: Signed into law.*
- **AB 340 (Arambula)—EPSDT: trauma screening**
Establishes an advisory working group to update, amend, or develop, tools and protocols for screening children for trauma as part of routine health screening through Medicaid. *Status: Signed into law*
- **AB 1340 (Maienschein)—Continuing Medical Education: mental and physical health integration**
Requires the Medical Board of California to consider including a course for primary care providers on integrated mental and physical health care, to identify and treat mental health issues in children and young adults. *Status: Signed into law.*



Communication and Advocacy Tools

2

CHILDHOOD ADVERSITY: 101 FACTS FOR POLICYMAKING

CHILDHOOD ADVERSITY RESEARCH FACTS

Over the last 20 years, research has transformed our understanding of how toxic stress resulting from childhood adversity is at the root of many chronic physical and mental health problems, and has a major impact on the economic and social health of communities.

In 1998, the groundbreaking CDC-Kaiser Permanente Adverse Childhood Experiences Study (ACE Study) measured 10 types of childhood adversity that included abuse, neglect, witnessing violence against one's parent, parental mental illness, substance abuse, incarceration and divorce. The ACE study found that:

- ACEs are surprisingly common (most of us have experienced at least one);
- ACEs may lead to chronic diseases, depression and other mental illnesses, and violence;
- The higher the ACE score, the worse the outcomes:
 - An ACE score of 4 increases the risk of alcoholism seven times and attempted suicide 12 times; it also doubles the risk of heart disease and cancer.
 - People with high ACE scores have higher rates of divorce, unwanted pregnancies, prescription drug abuse, broken bones, and obesity.
 - Without positive intervention, those with six or more ACEs have shorter lifespans by up to 20 years;
- Any four ACEs cause as much damage as any other. In other words, if we want to eradicate obesity, addiction, smoking, and violence, we must address all types of childhood adversity.



Image Credit: Robert Wood Johnson Foundation

kidsdata.org
A Program of Lucile Packard Foundation for Children's Health



CALIFORNIA CAMPAIGN
TO COUNTER
CHILDHOOD ADVERSITY

Children in Senate District 39

Childhood adversity includes traumatic experiences such as abuse, neglect, and harmful environments at home and in the community. Prolonged adversity may disrupt healthy development, affect brain structure and function, and lead to behavioral, emotional, and health problems during childhood and in adulthood. The more traumatic events a child experiences, the more likely the impact will be substantial and long-lasting. Some communities experience childhood adversity more severely and profoundly than others. A child's ability to overcome adversity depends on access to positive interventions and nurturing from at least one caring adult.

The tables below compare your legislative district with the California average on selected measures of childhood adversity that could be impacted by policy change.

Table 1: Family Structure and Housing Instability

WHY THESE MEASURES MATTER –

Children who experience instability in the home—caused by events like divorce, incarcerated parents, or homelessness—are more likely to experience adversity, which can lead to toxic stress and long term health consequences.

Family Structure	Year	Senate District 39	California	Data Source
Percentage of Children in Households Headed by Single Mothers	2010-2014	16.3%	18.7%	Population Reference Bureau; analysis of data from the U.S. Census Bureau's American Community Survey microdata files (Mar. 2016)
Percentage of Children in the Care of Grandparents	2010-2014	2.3%	3.4%	U.S. Census Bureau, American Community Survey (Dec. 2015)
Housing Instability	Year	Senate District 39	California	Data Source
Percentage of Children Living in Crowded Households	2010-2014	14.5%	26.1%	Population Reference Bureau; analysis of data from the U.S. Census Bureau's American Community Survey microdata files (Mar. 2016)
Percentage of Households with a High Housing Cost Burden	2010-2014	44.2%	46.3%	U.S. Census Bureau, American Community Survey (Dec. 2015)
Number of Public School Students Who Are Homeless	2014	8,301	297,615	Special tabulations by California Department of Education (Jan. 2015), California Research Bureau (Mar. 2015), National Assoc. for the Education of Homeless Children and Youth (Mar. 2015)



4CA Partners

ACE Overcomers	Children's Hospital - San Diego	Hanna Boys Center	Siasta County Health and Human Services Agency
ACEs Connection*	Chico Unified School District	Harmonium	Sierra Health Foundation
Advancement Project	Children Now*	Impact Justice	Sonoma County Department of Health Services
Advancing Parenting	Children's Defense Fund - California	Kaiser Permanente*	Stanford Law School
<u>Advokids</u>	Children's Law Center of California	Kidsdata.org/ Lucile Packard Foundation for Children's Health	Stanford University Medical Center
Alameda County Behavioral Health Care Services	Common Sense Kids Action	Los Angeles Education Partnership	The California Endowment
American Academy of Pediatrics, California	Contra Costa County Employment and Human Services Department	Los Angeles Mission College	The Children's Clinic, "Serving Children and their Families"
Berkeley Media Studies Group	Council for a Stronger America	National Center for Youth Law	The Chronicle for Social Change
Board of State and Community Corrections	County of Marin Family Connections	Office of Assemblymember David Chiu	The Sarlo Foundation
California Adolescent Health Collaborative	County Welfare Directors Association of California	Opportunity Institute	Time For Kids, Inc.
California Alliance of Caregivers	Davis Joint Unified School District	Our Family Coalition	Trauma Camp
California Department of Education	Dibble Institute	Parents Anonymous	Treatment for Chains
California Department of Justice*	East Bay Agency for Children	Partnership HealthPlan of California	UCSF
California Department of Public Health*	Everychild Foundation	PolicyLink	UCSF Benioff Children's Hospital Oakland
California Emergency Medical Services	FACES SF	Prevention Institute*	UCSF HEARTS
California Food Policy Advocates	First 5 Butte County	Public Counsel	USC Children's Data Network
California Health and Human Services Agency	First 5 California*	Public Health Institute, Survey Research Group	W. Haywood Burns Institute
California Office of Health Equity	First 5 Contra Costa	Rady Children's Hospital- San Diego	Wonder: Strategies for Good
California School-Based Health Alliance	First 5 Humboldt	San Diego County Health and Human Services Agency	Yolo County CASA
California Youth Connection	First 5 Lake	San Diego State University, College of Education	Yolo County Maternal, Child and Adolescent Health
Californians for Safety and Justice	First 5 Los Angeles*	San Diego Unified School District*	Young & Healthy
Center for Youth Wellness*	First 5 Without Violence*	San Francisco Child Abuse Prevention Center	Youth ALIVE!
Chadwick Center for Children and Families,	Futures Without Violence*	San Francisco Department of Public Health	Youth Law Center
<u>Rady</u>	Genentech	San Francisco Sheriff's Department	ZERO TO THREE*
	Goodwin Simon Strategic Research	San Juan Unified School District	
	Great Start Collaborative	Senate Judiciary Committee	
		Seneca Family of Agencies	



ACEs Connection

- Is a social networking platform that connects those who are implementing trauma-informed and resilience-building practices based on Adverse Childhood Experiences (ACEs) science.
 - The human and digital catalyst to grow and support the ACEs & resilience movement and tell its authentic stories.
- Supports local ACEs initiatives in neighborhoods, cities, counties, regions, states, and nations.
- The network's 35,000+ members share best practices and inspire each other to grow the ACEs science movement.

California ACEs Action Communication Platform

The screenshot displays the California ACEs Action website. At the top left is the 'health happens here' logo. The main header features the title 'California ACEs Action' with a subtitle: 'A group of practitioners, leaders, policy advocates and all other people committed to making California a place that is healthy and safe for everyone.' Below the header is a navigation menu with links for 'WELCOME/ABOUT', 'COMMUNITIES', 'CALIFORNIA CONNECTIONS', and 'HOME'. The main content area is titled 'Recent Blog Posts' and features a large blue graphic with a megaphone icon and the text 'Call for proposals'. Below this graphic is a blog post titled 'Call for Proposals: First 5 2020 Child Health, Education, and Care Summit' by Donella Prince (ACEs Connection Staff), dated 46 minutes ago. The post includes a 'READ STORY' link and '0 COMMENTS'. To the right of the main content are several utility boxes: a 'Post' button, 'Configure Community' and 'Configure Home Page' buttons, a 'CAACEs Connection Communities' section with a map of California and a link to view all communities, and a 'California Data Dashboard: Child Adversity and Well-Being' section with a 'CLICK HERE TO ACCESS DATA DASHBOARD' link. At the bottom, there is a 'kidsdata.org' logo and a 'Program of Santa Clara University Child Welfare Center' logo.



California Data Dashboard



 California Essentials for Childhood Initiative

The California Essentials for Childhood Initiative uses a public health and collective impact approach to align and enhance collaborative efforts to promote safe, stable, nurturing relationships and environments for children, youth and families through systems, policy and social norms change.

ACSCONNECTION / COMMUNITIES / CALIFORNIA ESSENTIALS FOR CHILDHOOD INITIATIVE / BLOG / CALIFORNIA DATA DASHBOARD: CHILD ADVERSITY AND WELL-BEING

California Data Dashboard: Child Adversity and Well-Being

Post

Manage Blog Post

VAL KRIST 10/4/17 6:30 AM

  A Program of Lucile Packard Foundation for Children's Health

A product of the CA Essentials for Childhood Initiative, the California Data Dashboard contains 23 select indicators of child adversity, health and well-being, utilizing data available on kidsdata.org. For more information about this project please [go here](#).

Collections

- > Work Group: Shared Data and Outcomes
- > Work Group: Public and Private Sector Policy
- > Work Group: Community Engagement and Public Awareness
- > Work Group: Programs and Systems Integration
- > Overview of CA Essentials for Childhood
- > Orientation Webinars

BLOG DIRECTORY

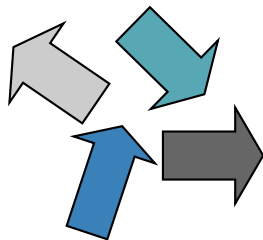




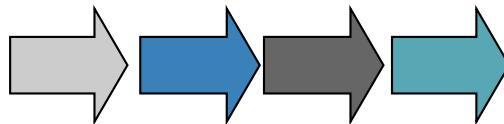
Collective Impact Approach

- All work toward the same goals and measure the same things
- Cross-sector and partner alignment
- Organizations actively coordinate actions and share lessons learned
- Goal= achieve positive and consistent progress at scale

Isolated Impact



Collective Impact



Complementary Efforts

Broad Policy Change

Address & ID gaps in communities

Direct Policymaker Education

Working with SG on Screening

Elevate Community Voice

4CA

Educate & mobilize to create change

Serve in a “Connector Capacity”

Convene Stakeholders to Shape the Vision

EfC Initiative

Public health perspective

Focus on socioeconomic context in which children and families live

Promote a shared responsibility for child well-being

Focus on equity and priority populations

Supporting efforts to create a Resilient Trauma informed State



Previous Essentials for Childhood Initiative Partners Include...

- ACEs Too High/ACEs Connections
- American Academy of Pediatrics/California Chapter
- Berkeley Media Studies Group
- California Department of Education
- California Department of Health Care Services
- California Department of Justice - Defending Childhood Initiative/Futures without Violence
- California Health and Human Services Agency
- California Home Visiting Program – CDPH/MCAH
- Center for Youth Wellness – 4CA – California Campaign to Counter Child Adversity
- Child Care Resource & Referral Network/Health & Safety Task Force
- Children Now
- Early Comprehensive Child Care Collaborative/Project Launch/Help Me Grow
- Early Edge California
- First 5 California
- First 5 County Association
- Kidsdata.org
- Latino Padres Network
- Lead4Tomorrow
- Multiple County partners (Health Depts., CDRTs, ACEs Networks)
- Office of Health Equity
- Pacific Business Group on Health
- Parents Anonymous, Inc.
- Policy Link – Boys & Young Men of Color
- Prevent Child Abuse California
- Prevention Institute
- Public Policy Institute of California (PPIC)
- Social Work Professors, University of Southern California
- Strategic Growth Council
- Strategies
- The California Endowment
- Zero to Three



Layered Participation Opportunities



- ◀ - - Subject Matter Expert (SME) Only
- ◀ - - SME & Coalition Member
- ◀ - - SME, Coalition Member, & Subcommittee Member
- ◀ - - All of the Above & Subcommittee Chair
- ◀ - - All of The Above & Chair of The Coalition
- ◀ - - All of the Above & Recruitment Subcommittee Member



Fostering Collaboration & Partnership

How We Can Work Together

**Please
stand!**





Handout Questions

1. When you received the initial invitation for this convening, what aspect of the EfC Initiative piqued your interest to learn more and attend today (e.g., interest in the topic, connection to your work, prior engagement, etc.)?
2. Given the conversation this morning, where do you see the definite connection points between what you do and the EfC Initiative's proposed areas of focus?
3. Which EfC Initiative proposed areas of focus are you having a harder time connecting to the work that you do?
4. Are there individuals or organizations that you would recommend that we reach out to and engage in the EfC Initiative? If you would be willing to assist with this connection, please indicate that here.



Violence Prevention Initiative

- The goal of the VPI is to reduce violence and create safer and healthier communities for all Californians
- The VPI addresses violence from a public health perspective
 - Taking a primary prevention approach and working “upstream” to address the underlying causes to prevent violence from happening in the first place



On your own, complete the
**“Fostering Collaboration &
Partnership”** handout for the next **5
minutes.**



Groups Discussion

Get in **small groups** to share & talk through your answers, particularly for questions **#2** and **#3** for **15 minutes**



Debrief!

What are key takeaways?





Lunch!



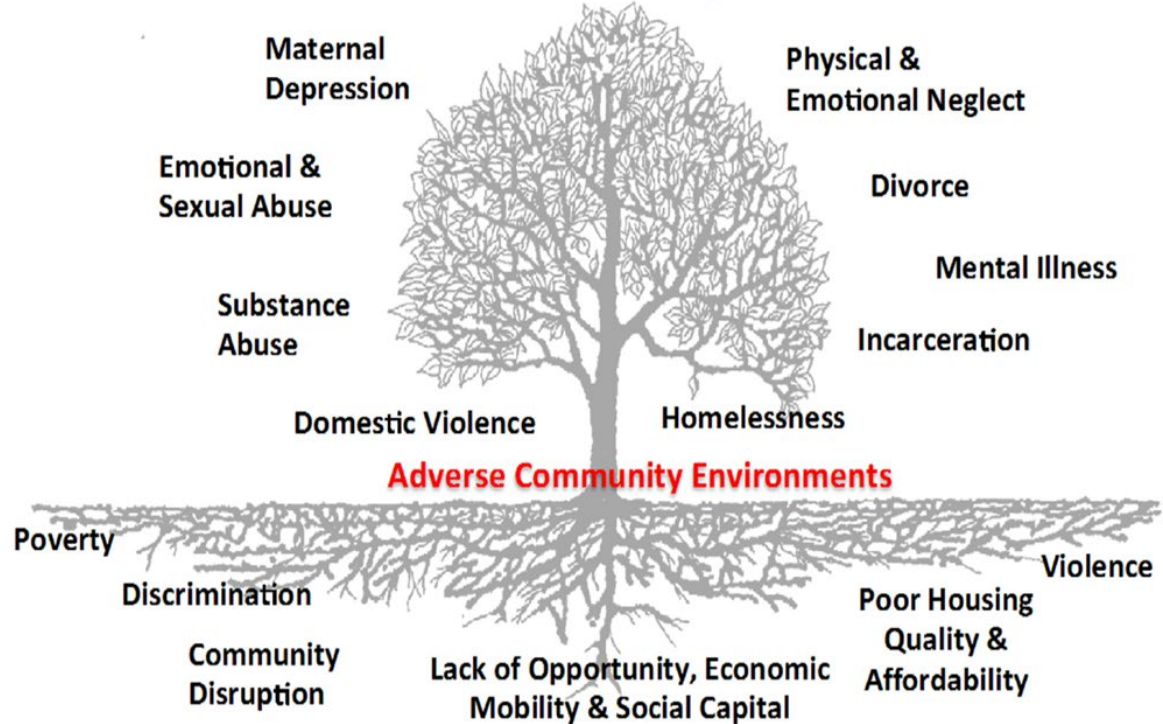
Creating a Resilient, Trauma Informed State

Strengthening California's Communities, Families, &
Children



The Pair of ACEs

Adverse Childhood Experiences

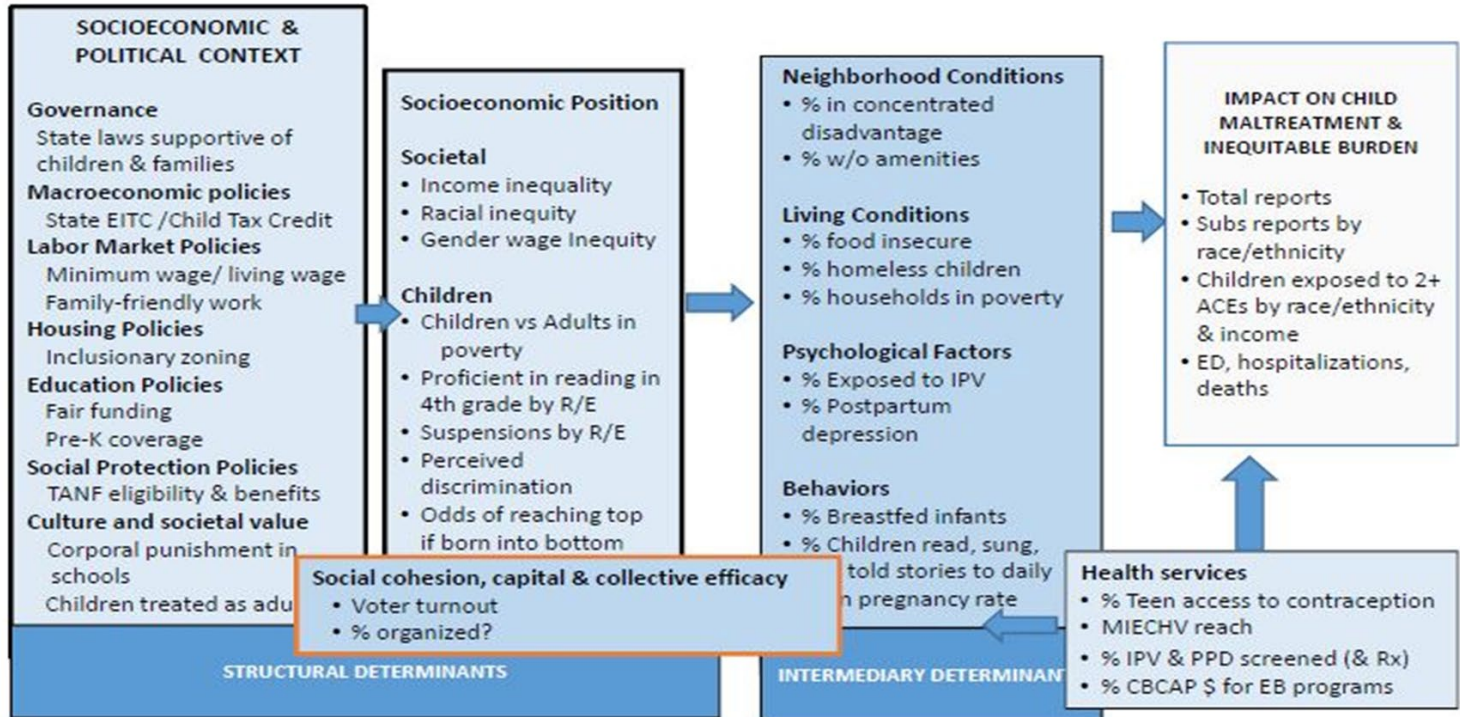


Ellis W & Dietz W, A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model, *Academic Pediatrics* (2017).



CDC Child Maltreatment Framework

Indicators for Essentials for Childhood Impact





CDC EfC Goals: 2018-2022

Goal 1: Formalize and sustain systems change, resources, and cross sector partnerships working to implement the EfC Initiative state plan activities

Goal 2: Increase public awareness of societal factors that lead to SSNR&E

Goal 3: Increase implementation of CM prevention strategies and approaches to strengthen economic support and social norms.



Strengthen Economic Supports

Policy Context under Governor Newsom

- Dr. Mark Ghaly, Secretary, Health and Human Services Agency
- Kris Perry – Deputy Secretary, Early Childhood Development Initiatives
- Dr. Nadine Burke Harris – Surgeon General, ACEs Initiatives

Highlights from May Revision 201920 Governor's Budget

- Increased ACEs and developmental screening
- Expanded Earned Income Tax Credit
- Expanded paid family leave
- Increased CALWORKS grants
- Whole person care pilots - housing
- Expanded home visiting (CALWORKS; MCAH)
- Expanded and subsidized child care
- Expanded full day preschool slots
- Support for child welfare Continuum of Care



Strengthen Economic Supports

Potential EfC Initiatives

- ☉ Mobilize community partners to raise awareness of EITC and Child Tax Credit
- ☉ Conduct EITC outreach to hard to reach families
- ☉ Expand access to VITA sites (e.g., new sites; volunteers)
- ☉ Promote fuller use of CalWORKs wrap around resources
- ☉ Promote family friendly business policies and practices (e.g., flexible schedules, onsite child care, paid family leave)
- ☉ Identify and award businesses for family friendly practices
- ☉ Expand pro-child, pro-family institutional and community policies and practices



Social Norms Change

Dominant Public Narrative for Child Maltreatment

- Parenting is a family issue – not a government or community problem
- Bad parents and children are to blame
- It is mainly a problem among the poor and “cultural” groups
- It is inevitable
- Child welfare and legal systems are not tough enough

Create an Alternative Public Narrative

- Grounded in values and beliefs that support SSNR&E
- Focused on the shared responsibility for the well being of all children
- Based on the science of child development and child adversity
- Proposed pro-active solutions



Making California a Resilient, Trauma Informed State

Potential EfC Initiatives

- Conduct outreach to existing partners to document current TI activities and identify promising/best practices (e.g., assist with Surgeon General 's environmental scan)
- Promote use of the ACEs Connection and Essentials Engagement tracking tools
- Conduct community outreach and training to expand awareness and commitment among professional, organizational and community leaders across multiple sectors
- Develop TI Tool Kits with both Core and Domain-specific guidance for TI policies and practices (e.g., child welfare, education, health care)
- Frame effective SSNR&E messages for public events (e.g., April Child Abuse Prevention Month; Child Abuse Prevention Day at the Capitol; Policy Education Day at the Capitol)
- Expand communication strategies to reach a wider public and decision maker audience



Equity

- Promote awareness of differential ACEs exposures, vulnerabilities and consequences
- Promote cultural humility/sensitivity training for all service systems
- Integrate equity policies and practices into all EfC activities
- Reach out to and engage with priority populations to reduce ACEs and strengthen resiliency
- “No decisions about us without us!”
- Promote trauma-informed policies and restorative justice practices in local schools
- Identify and address gaps in opportunities (e.g., education, employment) and access to care



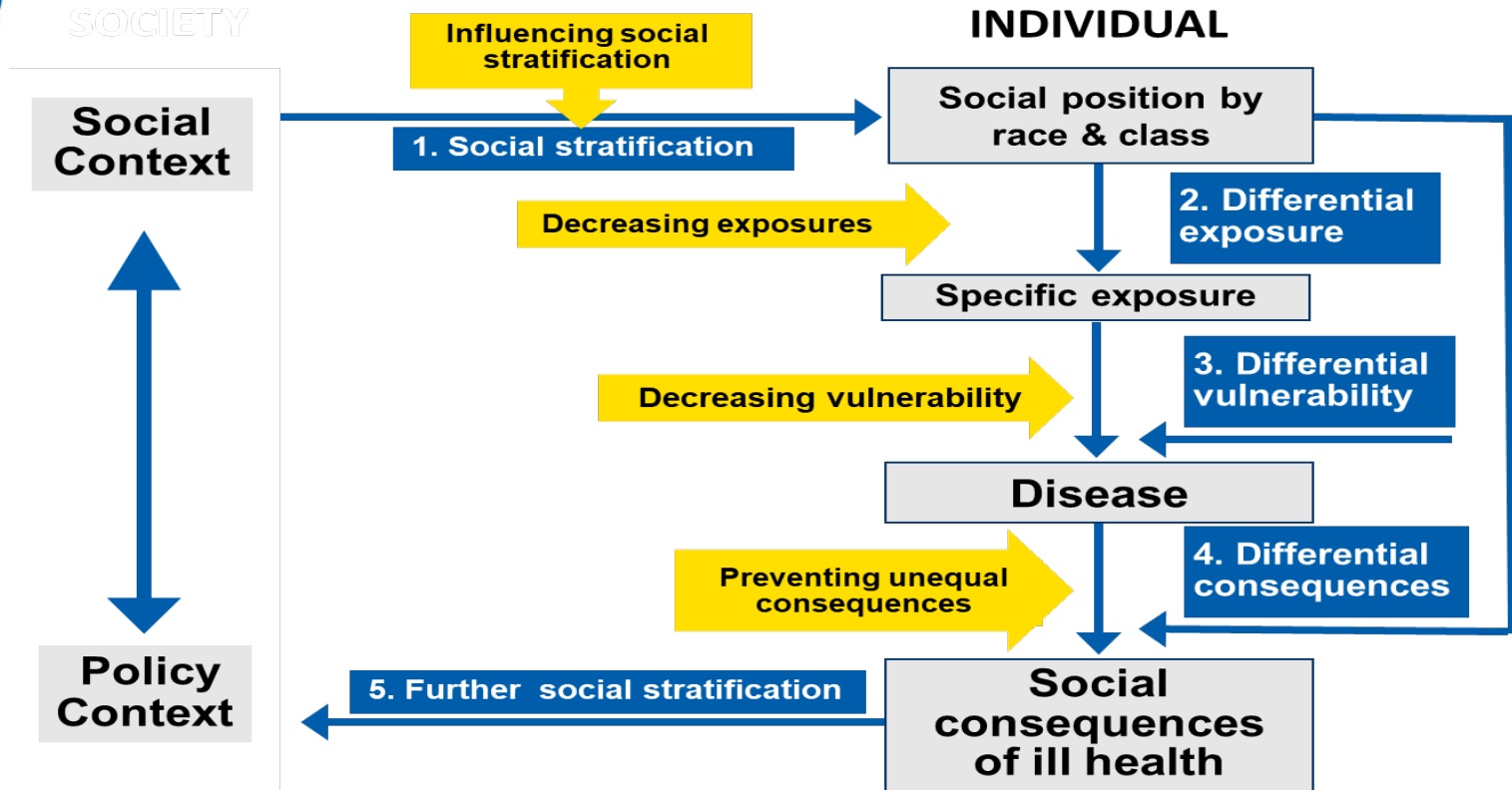
From: Trends in Health Equity in the United States by Race/Ethnicity, Sex, and Income, 1993 - 2017

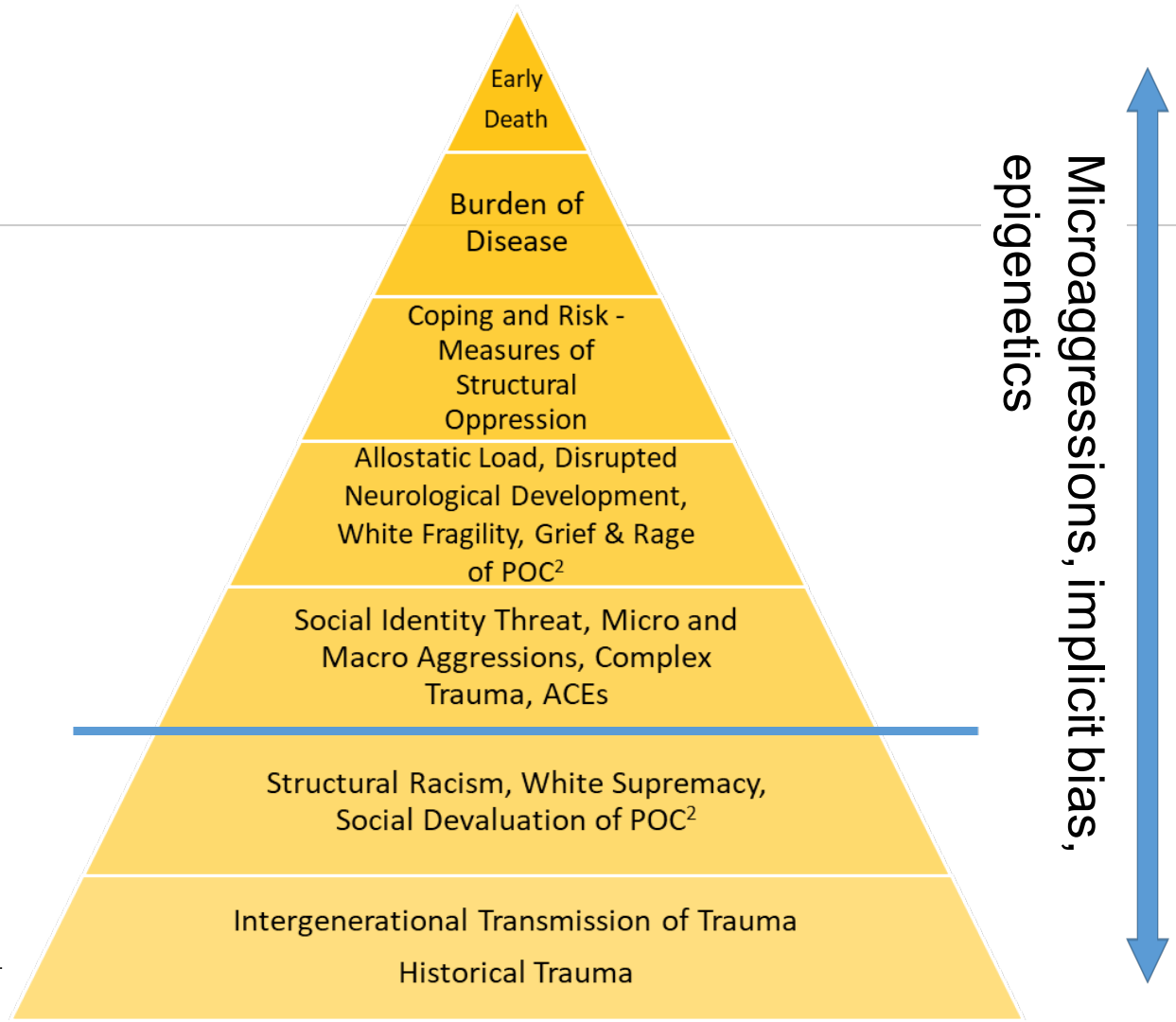
Table. National Estimates of Change in Health-Equity Constructs From 1993 to 2017^a

Equity Measure	Years, No.	Year Coefficient (97.5% CI)	P Value
Healthy Days			
Average health	25	-0.023 (-0.032 to -0.015)	<.001
Black-white health gap	25	0.021 (0.012 to 0.029)	<.001
Income disparities	25	-0.060 (-0.076 to -0.044)	<.001
Health justice	25	-0.045 (-0.053 to -0.038)	<.001
Health equity metric	25	-0.025 (-0.033 to -0.017)	.001
Self-Reported Health			
Average health	25	-0.017 (-0.029 to -0.006)	.005
Black-white health gap	25	0.030 (0.025 to 0.035)	<.001
Income disparities	25	-0.029 (-0.046 to -0.012)	.002
Health justice	25	-0.035 (-0.046 to -0.023)	<.001
Health equity metric	25	0.001 (-0.007 to 0.009)	.84

^a Each row represents a separate regression, with the outcome listed in the left column, as scaled by fraction of the interquartile range in 1993 across states. The black-white gap and income disparities were reverse coded: for all outcomes, higher values imply greater health equity. In each regression, year was the only covariate, except in the regression of income disparities, which included controls for the proportion of the population in the highest and lowest income categories.

Understanding social disadvantage and impact on health across the life course and across generations





1. RYSE Center. (2015) ACES and Social Location. Retrieved from <https://rysecenter.org/field-building>
2. POC: Person of color



Shared Data and Outcomes

- Continue work of prior Shared Data and Outcome Workgroup (e.g., update Kidsdata.org, create local data dashboards)
- Assess state and local data needs and gaps (e.g., timely community level data)
- Engage data providers in addressing data gaps
- Increase the sample size for California on the National Survey of Children's Health
- Translate data into actionable information (e.g., infographics; data briefs)
- Conduct community outreach and training to local leaders on ACEs data and how to use it
- Participatory evaluation of EfC Initiative

[Home](#)

[Data by Topic](#)

[Data by Region](#)

[Data by Demographic](#)

[Data in Action](#)

[Blog](#)

Find data about the health and well being of children
in communities across California:



Enter a location and/or a topic, e.g. "Los Angeles foster care"



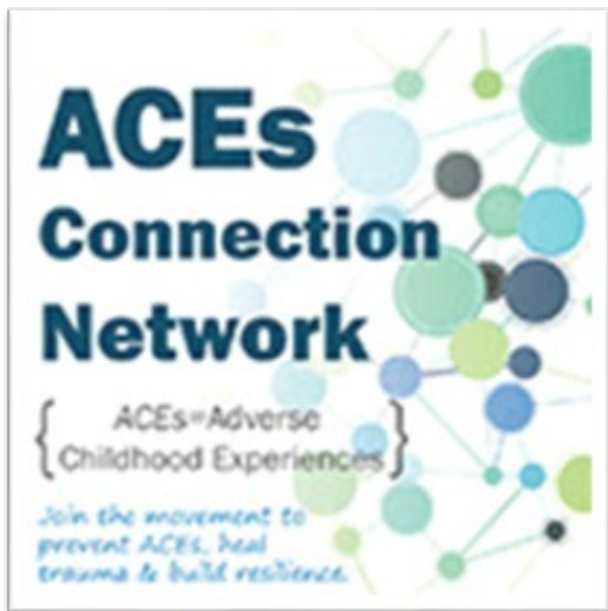
[A-Z Index](#) | [PDF Fact Sheets](#)

Over A Quarter Million Public School Students Are Homeless



Updated data on homeless children and youth in California are now available. Learn how homelessness is measured and why undercounts are a serious concern.





California Data Dashboard: Child Adversity and Well-Being

VAL KRIST 10/17/17 6:30 AM



kidsdata.org
A Program of Lucy Packard Foundation
for Children's Health

A product of the CA Essentials for Childhood Initiative, the California Data Dashboard contains 23 select indicators of child adversity, health and well-being, utilizing data available on kidsdata.org. For more information about this project please [go here](#).

- Child Life Course
- Pregnancy and Birth
- Early/Middle Childhood
- Adolescents

Children with Two or More Adverse Experiences (Parent Reported)

Year(s) 2015



DESTROY CHART





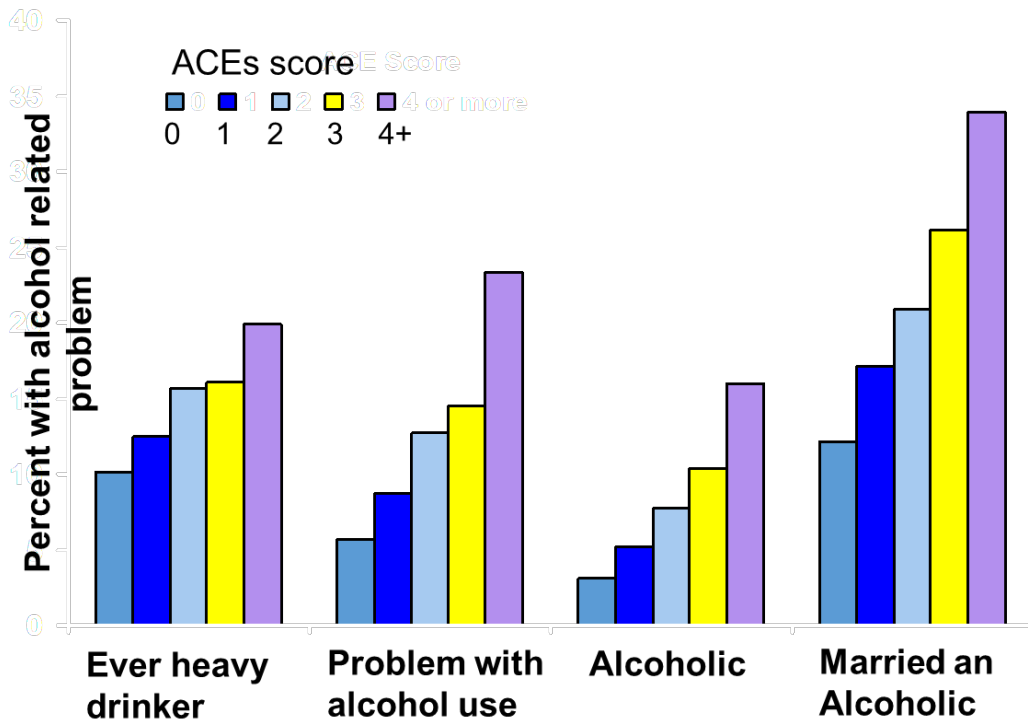
ACEs and Substance Use Disorder (SUD)

Substance misuse and addiction is both a cause of ACEs and a result

- Bring ACEs science to the Substance Use Disorder field
- Outreach and recruit SUD partners to state and local EfC Initiative activities
- Support efforts to de-stigmatize people who use or are addicted to drugs
- Promote trauma informed approaches for pregnant women and substance exposed infants (e.g., maintain mother-baby dyad)
- Promote access to “low threshold” SUD treatment



The ACE Score... Alcohol Use and Abuse





Outreach and Recruitment

- Continuous review of EfC membership and participation
- Review feedback from EfC membership activities (e.g., meeting evaluations)
- Identify gaps in membership given EfC priority activities
- Conduct outreach to priority populations
- Recruit new members
- Provide orientations for new members



World Café: Priority and Strategy Setting

Your Priorities, Our Strategy

- We will be spending the **next hour and a half** in **small groups**
- The purpose of this time is to **determine what efforts and activities** the Essentials for Childhood Initiative should focus on.



- Complete the “**World Café: Priority and Strategy Setting**” handout on your own
- Then, participate in **five small groups comprised who you do not typically work with** and discuss your responses for **ten minutes** each
- Then we will **debrief** as a large group.



On your own, complete the
**“World Café: Priority and Strategy
Setting”** handout for the next **five
minutes.**



Please stand and join a group with whom you **do not typically work with** and discuss your response to question **#1** for the next **ten minutes**



Switch groups and
work on question
#2 for the next **ten**
minutes



Switch groups and
work on question
#3 for the next **ten**
minutes



Switch groups and
work on question
#4 for the next **ten**
minutes



Switch groups and
work on question
#5 for the next **ten**
minutes



Quick Stretch Break!



Debrief!

**What are key
takeaways?**





Next Steps

Collaborating Towards A Shared Vision



What's Next?

- **Subscribe** to the California Essentials for Childhood - ACEs Connection page
- We will be reaching out to start forming subcommittees
 1. Equity
 2. Economic Supports
 3. Cross-Sector Partnerships
 4. Data
 5. Trauma-Informed Practices
 6. Youth and Parent Leader Engagement
 7. Recruitment
- 2nd Convening (tentatively): **October 30, 2019– 9:00 am – 3:30 pm**
- Orientation Webinar: **July 17, 2019 10:30 am– 11:30am** – [Register here!](#)



Thank You!

Together We Can Build Safe, Stable, Nurturing
Relationships and Environments for California's Children &
Families

Please don't forget to fill out
the **Evaluation Form!**

Your feedback is valuable!

