New York

ACEs Initiatives and Actions

As knowledge about the science of adverse childhood experiences (ACEs) spreads, ACEs initiatives have launched in all 50 U.S. states and the District of Columbia. Hundreds of cross-sector collaboratives are educating and engaging organizations and policymakers about ACEs science. In turn, these organizations are implementing trauma-informed and resilience-building practices and policies based on ACEs science; many legislatures are passing resolutions and/or bills.

Highlights

Several groups in New York state's capital region and surrounding areas have combined forces to prevent and reduce adverse childhood experiences (ACEs) and childhood trauma. The groups include the New York State Capital Region ACEs Connection and the Finger Lakes (NY) ACEs Connection, the Schoharie County ACEs Task Force in Cobleskill, NY, The Trauma Informed Community Initiative of Western New York, and The HEARTS Initiative. Together they are exploring and implementing trauma-informed programs and policies that have expanded into school districts, universities, and hospitals throughout the state. Dr. Nadine Burke Harris will be the keynote speaker at the upcoming 5th Annual Capital District Symposium on Adverse Childhood Experiences, Trauma, and Response, which will be hosted by the Albany-based LaSalle School, is free, and is expected to draw 1000 people.

State Initiative

No statewide initiatives were identified that have coordinated ACEs awareness campaigns or ACE-informed activities.

Local Initiatives

New York State Capital Region ACEs Connection , the Finger Lakes (NY) ACEs Connection, the Schoharie County ACEs Task Force in Cobleskill, NY and the The Trauma Informed Community Initiative of Western New York. The Consortium on Trauma, Illness, and Grief is a multi-agency collaboration between Coordinated Care Services, Inc., the County of Monroe, and the Finger Lakes ACEs Connection community. It supports students in the the Greater Rochester area by training school staff.

Legislation

AB 3424 — Establishes a task force to identify evidence-based and evidence informed solutions to reduce children's exposure to adverse childhood experiences

AB 3427 — Requires home health care professionals to use the adverse childhood experience questionnaire in assessing the patient's health risks and makes Medicaid reimbursement of primary care providers contingent upon such use.

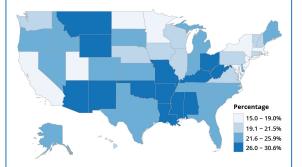
Find links and add your updates to all initiatives and legislation at www.bit.ly/ACEsInitiatives



Percent of children with 2 or more ACEs

5.0%

NY ranks 1st in the US for lowest percentage of children with ACEs scores of 2 or more.



CAHMI (Child & Adolescent Health Measurement Initiative) surveys parents or guardians about their children ages 0-17.

Percentage of children aged 0–17 yrs. who experienced two or more of the following:

- Hard to get by on income (somewhat or very often)
- Saw or heard violence in the home
- Victim/witness of neighborhood violence
- Lived with anyone mentally ill, suicidal, or depressed
- Lived with anyone with alcohol or drug problem
- Parent/guardian divorced or separated
- Parent/guardian died
- Parent/guardian served time in jail
- Often treated or judged unfairly due to race/ethnicity

Citation: Bethell, CD, Citation: Bethell, CD, Davis, MB, Gombojav, N, Stumbo, S, Powers, K. Issue Brief: A national and across state profile on adverse childhood experiences among children and possibilities to heal and thrive. Johns Hopkins Bloomberg School of Public Health, October 2017.

www.cahmi.org/projects/Adverse-childhood-experiences-aces

* State Range: 15.0% – 30.6%

States Collecting ACEs Data 2009 - 2017



The ACEs module of Behavioral Risk Factor Surveillance Survey (BRFSS) data comes from interviews with adults about their experiences to age 18. BRFSS is sponsored by the CDC and other federal agencies.