

Adverse Childhood Experiences Response Team (ACERT)



for a collaborative
community approach to
supporting positive
social & health outcomes
for children susceptible to trauma

Community Implementation Guidelines



ACERT™

MISSION & VISION

Vision: Build a strong and coordinated community partnership made up of close knit multi-disciplinary agencies and organizations focused on the safety and healthy development of children and their families.

Mission: Respond to families, and especially children, in the wake of violence and connect them to appropriate trauma-informed supports and services in the community.

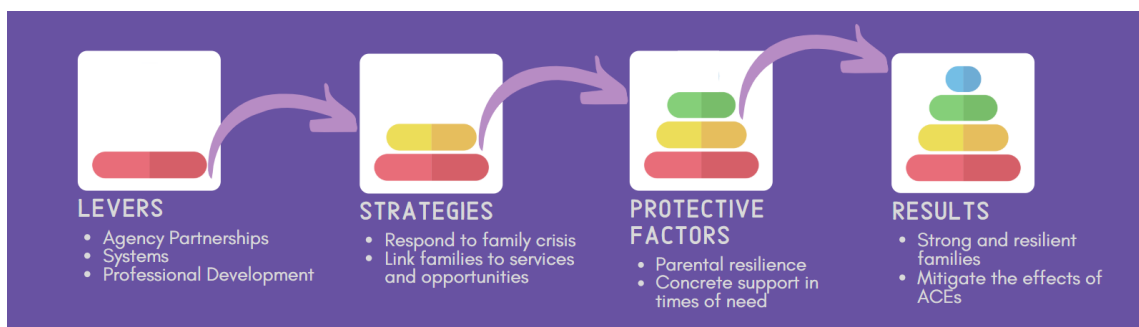
Program Information

The Adverse Childhood Experience Response Team™ (ACERT) Project is comprised of a cross-system network of providers and agencies dedicated to mitigating the effects of exposure to violence and crime of children, specifically addressing prevention and intervention of adverse childhood experiences (ACEs¹). Through a targeted approach to identifying families and children in need, ACERT works in conjunction with First Responder agencies and affiliate partners to refer children to appropriate programs and services while removing barriers to access to promote healthy child development.

The Adverse Childhood Experiences Response Team (ACERT) Project takes a two-pronged approach to bringing awareness and intervention to the community around adverse childhood experiences and their potential impact on individuals and families in connection with health, behavioral, and social outcomes in adulthood. The work focuses on two strength-based approaches:

1. Trauma-informed training to first responder populations (and partner affiliates) to foster a competent, compassionate, and effective workforce around ACEs, trauma, and mitigation
2. Implementation of a systematic and collaborative referral process that connects children to community partners who share the vision of the program for provision of direct services (i.e. evidence-based therapy, recreational & Therapeutic based groups, mentor programs, etc.)

Theory of Change



The ACERT Program is designed to strengthen and empower families and communities, promoting collective outcomes at the family system level while engaging citizenship of a cross-sector network of providers and agencies who hold a shared vision and commitment to helping children in the wake of potentially traumatic exposures to violence. ACERT relies

on collaborative relationships, continuing education, and a streamlined process of notification and response.

The Adverse Childhood Experiences Response Team in Manchester, NH is committed to sharing its work and its strategies with local, state, and national communities exploring programs aimed at strengthening partnerships and promoting alignment to address childhood exposure to adverse experiences by ensuring children receive the most effective and comprehensive services to mitigate effects of trauma.

Following strategies that have been in implementation for several years offers opportunity to learn what has worked, and what hasn't, to save time, money, and energy determining next steps. When exploring how and when to launch community collaborative programming, policies, resources, capacity, and capabilities must be audited.

Program Criteria

ACERT is a program that enables designated advocates to work with police and first responders to identify children exposed to violence and potentially traumatic events. A community's adoption of this program and a Memorandum of Understanding between a designated community lead and Amoskeag Health entitles them to use of the ACERT logo and trademarked name, consultation with professionals embedded in existing programs, and program templates for modification. Additional training and technical assistance will be provided as funding permits. Communities with interest in replication or those wishing to demonstrate their readiness to implement ACERT and their ability to adhere to the ACERT Core Components of the ACERT Community Implementation Guidelines may do so by submitting the ACERT Readiness Demonstration Checklist and associated attachments to acert@amoskeaghealth.org.

ACERT community replication follows four stages of Implementation Science, with Sustainability considered at each stage:

1. Exploration – Understand and Decide
2. Installation – Plan and Prepare
3. Initial Implementation – Test and Refine
4. Full Implementation – Maintain, Scale-up, and Expand



ACERT COMMUNITY READINESS INDICATORS

ACERT may not be the best fitting program for every community. Capacity, infrastructure, and alignment must all be considered when thinking about formal adoption. That said, ACERT may

be just the program that is needed in a community, however, the proven elements of success may not be evidenced to demonstrate community preparedness. Communities should consider the following readiness indicators for adopting ACERT in their area.

1. Ability to adhere to ACERT Core Components (listed in the following section)
2. Ability to provide police department generated data for 6-12 months re: children exposed to traumatic incidents (at a minimum domestic calls), in order to validate the need for ACERT
3. Ability and agreement to ongoing data collection of key indicators (listed in ACERT Core Components section) beginning in the initial implementation period and submit to Manchester ACERT on a semiannual basis
4. Commitment to offering trauma-informed training, by a qualified instructor, for all police officers (and other first responders if applicable) and ACERT members prior to program launch, and on an as needed basis
5. Convene regular meetings (monthly during planning and initial implementation phases; bi-monthly or quarterly after 3-6 months of implementation) of ACERT planning and review committee for quality assurance purposes
6. Willingness to engage in a learning community of other cities/towns/regions/states who embrace ACERT programs



ACERT CORE COMPONENTS

While community infrastructure will dictate how ACERT programs operate and function day to day, key elements of the approach have proven to be successful for program replication. Before consideration of adoption, core components should be evaluated and agreed upon by designated leading agency heads.

1. Community partnership and a shared vision about addressing ACEs (e.g. this could include trauma-informed policing approaches). At a minimum, partnership should include the following:
 - a. Mental Health Services (ideally with Child-Parent-Psychotherapy Provider)
 - b. Domestic/Sexual Violence Crisis Center
 - c. Home Visiting
 - d. Family Supports

- e. Health Care
- f. Social Services
2. Police department (and other first responders as appropriate) and at least one other (preferably two) community partners to comprise team staff
3. Focus on prevention and mitigation of negative adult health and behavioral outcomes^{2,3}
4. Referral service mechanism (as opposed to crisis response mechanism)
5. Trauma-informed services training, by a qualified instructor, for police and other first responders (if applicable) and all other ACERT service personnel
6. Identified process for data collection. Minimum threshold indicators include:
 - a. Types of victimization/crime
 - b. Ages of children
 - c. # of children contacted
 - d. # of children referred (releases signed)
 - e. # of families contacted
 - f. # of families referred (releases signed)
 - g. # of team deployments
 - h. # of children successfully completing partner agency intake and accessing services
 - i. Other demographic information such as race, ethnicity, gender, primary language spoken

Disclaimer

This information is being provided with the understanding that the authors have curated a document in sole consideration of the Adverse Childhood Experiences Response Team™⁴ Project in Manchester, New Hampshire. All program information is in the context of this distinct program within this specific community and are not necessarily appropriate for direct replication. While concepts may be transferrable, advice in determining next steps in a given community should be sought by local law enforcement and social service agencies, and/or the services of an experienced and knowledgeable professional in partnership with the ACERT in Manchester. Interested parties are responsible for obtaining independent advice before acting on any information in connection with this document, including adherence to any legal and/or ethical obligations that may arise during the course of program planning and implementation.

¹ "Adverse Childhood Experiences (ACEs) is the term used to describe all types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18"

<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html>

² Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., . . . Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-258. [http://dx.doi.org/10.1016/S0749-3797\(98\)00017-8](http://dx.doi.org/10.1016/S0749-3797(98)00017-8)

³ The George Washington University, The Milken Institute School of Public Health. "The Building Community Resilience Collaborative." Resilient Communities, 2019, publichealth.gwu.edu/departments/redstone-center/resilient-communities.

⁴ Tradename Pending