NEW HAMPSHIRE CHILDREN'S HEALTH FOUNDATION

A Community Comes Together to Protect its Children: Adverse Childhood Experience Response Team (ACERT) in Manchester, New Hampshire

As with many urban centers, Manchester, New Hampshire has its challenges. While many residents struggle financially, and in the context of an overwhelming opioid epidemic, the city's property and violent crime rates are substantially higher than the rest of the state and compared to communities of similar size across the nation.

According to Manchester's police chief, there are too many children in the city who witness or are direct victims of domestic violence (DV), parental substance abuse or drug overdose, physical or sexual assault, neglect, and other traumatic circumstances. This adverse environment results in too many children repeatedly witnessing traumatizing events in their own home.





The Significance of Childhood Trauma and Adverse Experiences

Traumatizing events during childhood, such as emotional and physical abuse or neglect, sexual abuse, or household substance abuse, are known as Adverse Childhood Experiences (ACEs). If children are regularly exposed to stressful, traumatic circumstances, ACEs can become toxic to their emotional, cognitive and physical development. This is particularly true in the absence of a caring adult relationship to protect and nurture the child.

A large body of research has documented how these experiences can specifically impede morbidity, mortality, and brain development. However, children who have experienced significant trauma are not destined to live with negative outcomes.

Manchester Responds

In 2015, three high ranking officers of Manchester Police Department's Juvenile Investigative Division and Domestic and Sexual Violence Divisions came together to share their concerns about leaving children in homes following a traumatic event without supports or resources. Without intervention, the officers knew the children would continue to be exposed to stressful, traumatic situations and were more likely to enter the court system when they grew older.

One of the officers reached out to a child specialist at the local community health center, Amoskeag Health. The meeting between the police team and the child specialist led to the creation of the Adverse Childhood Experiences Response Team (ACERT); local professionals who could connect children who had witnessed violence and experienced other ACEs with social, behavioral health, and other services to support their recovery.

To maintain and build the program's staffing and training needs, the leadership group identified potential funding sources in the state, including the New Hampshire Children's Health Foundation. Adverse Childhood Experiences (ACEs) - Numerous studies affirm that most adults have experienced or witnessed at least one of the following significant causes of trauma as children:

- Emotional abuse or neglect
- Physical abuse or neglect
- Verbal abuse
- Sexual abuse
- Mother treated violently
- Household substance abuse
- Household mental illness
- Parental separation or divorce, death or abandonment
- Incarcerated household member



The ACERT Model

ACERT is comprised of:

- A family advocate from Amoskeag Health who is stationed at the police department and connects children and parents to the health center's medical and public health services.
- A crisis services advocate from the YWCA New Hampshire who specializes in domestic violence, providing crisis services for women and children who have experienced DV.
- A *plain-clothes detective* from the police department who is a trained first responder, and provides security for other team members during the home visit.

When a police officer is called to a domestic scene, whether for domestic violence, mental illness, sexual assault, drug offenses or overdose, they provide the adult victim with immediate resources and also assess whether children are involved.

If children are in the home, the officer explains to the parent (or guardian) that there are advocates who can connect their children to community-based services through ACERT. The officer then provides a release form for an ACERT visit.

The ACERT visit, typically 15 minutes, takes place two to three days following the event. During the visit, an ACERT member discusses ACEs with parent(s), and how they may adversely affect their children's healthy development. As parents and children become more comfortable with the ACERT members they typically sign a consent form which lists the social, human, and behavioral health organizations that will receive information about their family members, including the police report.

The team then facilitates communication with the approved partner agencies. The family advocate also discusses community resources that can support their children. The team then facilitates communication with the approved partner agencies via the police department child advocate.

Some of the highly successful and popular referral agencies and programs include:

Amoskeag Health, a federally qualified health center (FQHC), offers comprehensive care primarily to low-income adults and children.

YWCA New Hampshire provides free and confidential services to victims/survivors of domestic and sexual violence and stalking through their Crisis Service.

The Mental Health Center of Greater Manchester's practice is focused on childhood trauma and many of their therapists have been trained by the ACERT training psychologist.

UpReach Therapeutic Equestrian Center offers innovative equine therapeutic services through the Resilience Reins program.

CREATE!, the Center for Expressive Arts, Therapy and Education, heals through arts therapy.

Waypoint, provides a variety of social services including early childhood and family supports, programs addressing youth homelessness, and a summer camp for children.

Training and Data Collection

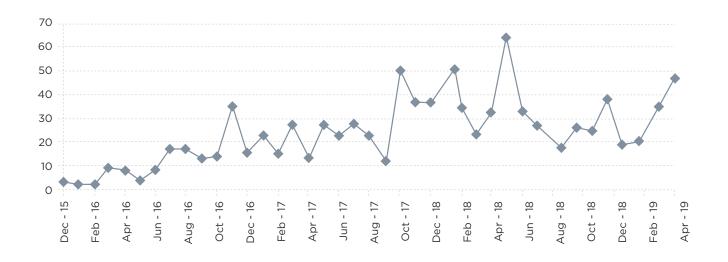
Training ACERT staff is essential to promoting trauma-sensitive care around ACEs and providing effective referrals. ACERT has a prerequisite training for all Amoskeag Health, YWCA New Hampshire, and police officers wanting to serve on ACERT.

Additional training in trauma informed services is provided for any Manchester police officer. ACEs training is provided by a child psychologist who works with police officers and other first responders sensitizing them to the realities of ACEs impact on children. The trainings also discuss the impact of physical and psychological strains resulting from their work.

Data collection is foundational to sustain and grow the ACERT program. Data includes information on the crime involved, when and what types of outreach were made to the family, the age ranges of the children, whether the family accepted services, and type of services provided. Data is used to make program improvements and to inform the ACERT leadership group's practice and contributes to effectiveness.



ACERT Monthly Referral Trends, December 2015-April 2019



Learnings

The Manchester team has been deployed more than 250 times and 1,014 children have been referred to services since its launch. Manchester's experience in developing, deploying, and monitoring ACERT provides useful lessons for communities wishing to replicate this innovative program:

- Police department champions are necessary to develop and deploy an ACERT program.
- Staff trainings are critical to assure a common understanding about the impact of ACEs on people's lives.
- Home visits improve the chances of successful referrals, and timing is important.
- Organizations involved must address family barriers to participation.
- Develop effective referral networks through local and regional collaborations.
- Identify a lead organization to provide fiscal and operational support.
- Examine data to inform the development and refinement of the program and commit to Continuous Quality Improvement
- Communicate the program's successes and impact with decision makers and community members.
- The team and partners would be well-served by developing a sustainability plan from the start, to assure long term viability for ACERT and referral services.

The full case study is available at www.nhchildrenshealthfoundation.org/acert-case-study