



ACERT¹ Case Study

September 2019

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

The city of Manchester, New Hampshire is the largest and most densely populated city in the Granite State and the tenth largest city in New England. Approximately 111,000 residents live within its 33 square mile borders. The median age is 35 years old, and 23% of the population is 19 years old or younger. Manchester is a diverse city; approximately one in five residents is a person of color, with Latinos being the largest minority group. Moreover, roughly one in five children speak a language other than English in their homes¹.



In 2018, U.S. News & World Report rated Manchester as one of the 50 best places to live in America looking at five metrics: job market, value, quality of life, desirability, and net migration. This accolade follows prior rankings. In 2016, the City of Manchester was one of seven communities nationally recognized by the Robert Wood Johnson Foundation, the largest U.S. philanthropy solely focused on health, for its Culture of Health Prize Award. In addition, Kiplinger voted Manchester the second most tax friendly city in the United States, and Forbes magazine ranked the region first on its list of *America's 100 Cheapest Places to Live*. In an interview, Manchester Mayor Joyce Craig shared that she is proud of the city's assets including numerous recreational, cultural, educational, sports, social service, and health care opportunities.

¹ ACERT is a registered name and cannot be used without permission. For questions about ACERT or to inquire about using the name, email acert@amoskeaghealth.org

In 2019, the Annie E. Casey Foundation's *KIDS COUNT*® ranked New Hampshire number one in the country for child well-being; however this state level ranking masks the disparities within the state. As with many urban centers, Manchester has its challenges. The 2017 per capita income was \$29,578 and the median household income was \$56,819, both lower than national averages. Roughly 17% of all residents, and 30% of children, live below the federal poverty lineⁱⁱ. With many residents struggling 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

A surprising number of adults have experienced significant trauma growing upⁱⁱⁱ. Known as 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

If children are regularly exposed to stressful, traumatic circumstances for a prolonged period of time, 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.

How do we address ACE's and trauma?

Prevention and Promotion

- Highly specialized intervention as early as possible for families with children can decrease the effects of long-term toxic stress.
- Put development and behavioral health in the forefront when working with children
- Ensure safe, supportive environments and programs for children to develop and learn
- Mitigate toxic stress and health disparities by creating a shared vision and plan among community members and sectors

Toxic stress response can occur when a child experiences strong, frequent, or prolonged adversity, such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, or the accumulated burdens of family economic hardship, in the absence of adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems and increase the risk of stress related disease and cognitive impairment well into the adult years.

- Center for the Developing Child, Harvard University^{iv}

Several physiological and psychological impacts can occur when children witness or experience traumatic situations, and a large body of research has documented how these experiences can specifically impede morbidity, mortality, and brain development. Toxic stress can interrupt proper brain development which can lead to physical, mental, and learning difficulties. Moreover, children who have experienced ongoing trauma are more likely to engage in riskier and aggressive social behaviors themselves. They are more likely to suffer from substance use disorders, and increase the chances of perpetuating ACEs as adults within their own families. The more prolonged the stress, and the more traumatic the experience, the greater the likelihood that the child will have negative outcomes as an adult^v. While ACEs occur in households of all geographic and socioeconomic backgrounds, there is a higher prevalence for children who live in poverty.^{vi}

Kids are megaphones for the stresses they are facing and the dysregulation in their family. We can support the child through the process, but the child is the most disempowered person in the family system. Working with the kids necessitates working with the parents.

- Dr. Steven Durost, CREATE!

However, children who have experienced significant trauma are not destined to live with negative outcomes. The key is to assess the root causes of children's problematic behaviors and symptoms and not only to address or treat them.

Children can and do directly experience trauma, but more often they are silent witnesses. Left untreated, this traumatic exposure is then carried by these children into their adulthood and into the way they parent their own children, furthering the potential damage for generations to come.

- Maryann Evers, Director of Family Support Programs
Waypoint NH

Manchester Responds

In 2015, three high ranking officers of Manchester Police Department's Juvenile Investigative Division and Domestic and Sexual Violence Divisions, along with other police officers handling household violence in the city, came together to share their concerns about leaving children in homes following a traumatic event without supports or resources. While officers can provide referrals to adult victims, they offer virtually nothing for the traumatized child, unless there is evidence that children were being directly abused themselves, in which case they would be referred to the New Hampshire Division of Children Youth and Families. Without intervention, the officers knew the children would continue to be exposed to stressful, traumatic situations in their homes, would be irreparably impacted by these conditions, and were more likely to enter the court system when they grew older. As the Manchester police chief stated, "Our officers have felt as though these kids didn't have a chance."

Following a 2015 statewide violence prevention conference sponsored by the New Hampshire Attorney General's Office, where select Manchester police officers learned about ACEs, they began looking into ways they could better serve children present at the scene of domestic violence or other traumatic occurrence. One Manchester sergeant observed, "We felt like we were throwing spitballs at a problem we didn't know how to handle."

With the support of the former Manchester police chief, a victim of ACEs himself, the officers set out to gauge the extent of the problem. In examining Manchester police data, the officers discovered that more than 400 children had been exposed to violence in 2014 alone.

One of the officers reached out to a child specialist at the local community health center, Amoskeag Health, who had knowledge and expertise in the wellness of young children, particularly as it relates to addressing their physical, social, emotional, cognitive, and behavioral development. The specialist was an ideal partner given their expertise in understanding and treating childhood trauma resulting from ACEs.

ACERT's Beginnings

The meeting between the police team and the child specialist, who was also the lead for a community based childhood initiative, Project Launch, 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.

The Manchester Police Department engaged an AmeriCorps Victim Assistance Program (AVAP) member to serve as an advocate for children who had been exposed to trauma. The AVAP was charged with examining police reports, calling the families with children who may have experienced trauma, and connecting them with appropriate services. In the first nine months, nearly 50 families were referred to services. Through their own experiences, as well as from research conducted by Antioch University New England, the team soon realized that cold calling was not an effective way to ensure that distressed families followed through with accessing needed services. Studies have shown that in-person, warm hand-offs, where relationships and trust are established before making a referral, are far more effective^{vii}.

A "cold call" refers to someone contacting another person without having had a prior relationship or conversation with them. A "warm hand-off" describes a process where a person establishes a brief relationship, and some trust, with someone else in need of services and then refers the person to an appropriate other person or agency that can help them.

- for more about Warm Handoff, see Agency for Healthcare Research and Quality (AHRQ)^{viii}

To strengthen and leverage the ACERT program, the Manchester Police Department and Project LAUNCH hosted a community-wide meeting attended by local child-serving organizations including the YWCA New Hampshire, Waypoint, the Mental Health Center of Greater Manchester, Elliot Health System, Easter Seals NH, and others. Participants learned about ACEs and explored ways they collectively could connect children who witnessed violence or other adverse situations to services. For many attendees, this was the first time that local human service providers had planned community supports together with law enforcement. As a result, a more robust concept for ACERT emerged and a "leadership team" was established to fully develop, implement, and monitor the project.

This leadership team launched an outreach program to visit families with children in their homes. This team of professionals, known as ACERT, visits families with children immediately after an incident is responded to by the police. This team is comprised of a family advocate, a crisis advocate, and a police officer who connects children and their parents to appropriate services in the community.

Bringing services into the home can play an important role in alleviating the intergenerational transmission of trauma by helping parents and caregivers build positive and healthy attachments with their children. A safe environment and nurturing relationships are two important protective factors in a child's life that can foster resilience and help to outweigh the long-term effects of trauma.

- American Academy of Pediatrics and CDC, 2014

To maintain and build the program's staffing and training needs, the leadership team identified potential funding sources in the state, including the New Hampshire Children's Health Foundation. In May 2016, the Foundation awarded a three-year, \$150,000 grant to Amoskeag Health to expand the ACERT program. As a result, Amoskeag Health became the "lead organization" for ACERT, contributing a range of support from administration, facilitation, planning, publicity, etc.

If it weren't for the New Hampshire Children's Health Foundation's willingness to take a chance on us, it would be hard to imagine that we could have reached so many children and families or leveraged other funding to continue our efforts. We are now trying to pay it forward and help other communities learn from us.

- Lara Quiroga, Director of Strategic Initiatives for Children, Amoskeag Health

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.

Operationalizing ACERT

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 consent form to the parent to sign and approve referrals for their minor children.

The consent form allows advocates to request partnering organizations including health, mental health, and social service agencies, to contact the families directly for an appointment, removing the burden from parents to seek out services themselves. The police chief directed his police force to use the consent form and document when children were exposed to a potentially traumatizing household event.

Following the transition to a new police chief in year three of the ACERT pilot, he noted, "Our officers have been behind this 100%, even though it was an extra lift when the program took off, given their enormous day to day responsibilities."

The consent form is central to the success of ACERT. A signed waiver allows team members to give the children's names to appropriate community agencies which can then proactively reach back to the families and enroll them in the appropriate program(s). Families overwhelmed by the circumstances may find it difficult logistically or emotionally to arrange additional programming for their children. By having the agencies proactively reach out to parents, explain their services, and remove barriers to access, participation rates have greatly improved.

The family advocate regularly checks a dedicated mailbox where officers leave consent forms, and they review police reports daily to determine domestic situations that can benefit from an ACERT visit. If a consent form has not been signed or collected, the family advocate will offer to visit the family in their home with other ACERT members, or at another safe venue such as the police department or YWCA New Hampshire. If the advocate is unable to reach the family by phone, an ACERT visit will be initiated. Phone calls and visits are attempted three times before ceasing outreach altogether. When possible, the advocate contacts the family in advance to alert them that the team will be visiting, as families often fear that ACERT is coming to remove children from the home. The advance notice serves to pave the way for a successful visit.

An ACERT Visit

Visits are typically 15 minutes long during which an ACERT member discusses ACEs with parent(s), and how they may adversely affect their children's healthy development. The family advocate also discusses community resources that can support their children. Interview participants noted, "Sometimes the adults at home are surprised to see us; and they are wary about why we are there. The first thing we do is introduce ourselves and explain that nobody is in trouble. We immediately allay their fears and explain that we're here to support them and their kids. They usually then invite us in."

Team members may approach children with incentives (e.g., stickers, teddy bears for younger children and different incentives for teenagers) to make them more comfortable and invite them into the discussion. As parents and children become more comfortable with the ACERT members they often sign the 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.

ACERT Training

Training ACERT staff, including the police force and partner agencies, is essential to promoting trauma-sensitive care around ACEs and ensure the team is able to provide effective, relevant referrals. Workforce development is an indispensable component of the ACERT model. 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. This training was developed to help police officers work more effectively with anyone in the community on a daily basis.

ACEs training is provided by a child psychologist with more than 25 years studying and addressing the impact of ACEs and trauma on children, families, and systems. During her four-hour training, the psychologist works with police officers and other first responders sensitizing them to the realities of child victims of domestic and other violence and how ACEs can damage children's neurodevelopment, attachment to adults, and psychological stability. In addition, a checklist is provided for police to review prior to visiting a DV household, and that also helps first responders recognize "secondary traumatic stress." Secondary traumatic stress is a direct result of what first responders witness in attending to traumatic domestic situations, as well as their own childhood experiences with ACEs. The psychologist's officer trainings examine and discuss the physical and psychological strains resulting from their work and how these strains impact professional performance.

People are deeply moved by the trainings as humans because it provides meaning for the adversity that they see, and for what many of us have experienced ourselves.

- Dr. Cassie Yackley, Trauma Trainer

Partnerships With Referral Agencies

Following completion of a police-initiated visit, the ACERT family advocate refers children and non-offending parents to partner agencies trained to provide services for children and youth who have experienced trauma. Services frequently include evidence-based therapeutic counseling techniques proven to be effective in addressing ACEs^{ix} and recreational or other activity-based programs that may include a therapeutic component. Largely due to mental health stigma, the team has discovered that many families prefer to opt out of mental health counseling at first, and access recreational or other activity-based programs. It is hoped that these programs may eventually bridge care to more intensive therapies.

ACERT family advocates are trained community health workers and know Manchester's social, behavioral, and medical health systems well. Advocates can ensure additional referrals to services for families beyond care for the children to address their social determinants of health needs, including access to food stamps, health care, and housing.

They trust me. I make it clear that I am there to help them and their family. I'm with them every step of the way. If I don't have the answers, I will find them

- Mara Rouleau, ACERT Family Advocate

Why the collaboration worked

- Identifying and implementing needed services to better address the needs of children and families (e.g. improving equity and access)
- Increased awareness of and improved access to available services/resources
- Enhanced relationships and ability to share information among providers, agencies and partners
- Increased positive interaction with families and creation of natural support systems
- Informed and proactive agencies eager to work collaboratively to improve outcomes for children and families

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. Medical care for children is supplemented with behavioral health, family strengthening programs, home visiting, and trauma informed responses. Amoskeag Health is the ACERT program's fiscal agent for funding from New Hampshire Children's Health Foundation, home of Project LAUNCH, and employer of the team's full time family advocate and project coordinator.

YWCA New Hampshire, based in Manchester, provides free and confidential services to victims/survivors of domestic and sexual violence and stalking through their Crisis Services. YWCA New Hampshire employs a full-time ACERT crisis advocate, and is adding new group services designed for ACERT children and youth to its crisis services portfolio.

The Mental Health Center of Greater Manchester's practice is focused on childhood trauma, most commonly Child-Parent Psychotherapy, and many of their therapists have been trained by the ACERT training psychologist. The mental health center has specific procedures to accommodate ACERT families such as facilitating care quickly and making personal phone calls to schedule appointments with prospective clients. They often follow up with calls to families even though they realize that some families may not answer or return calls or decline services altogether.

UpReach Therapeutic Equestrian Center offers innovative equine therapeutic services to ACERT-referred youth through the Resilience Reins program. The program provides simultaneous parenting workshops and families are brought together at the end of the day. They meet for seven weeks, and therapeutic staff work with families to seek out further services as needed.

CREATE!, the Center for Expressive Arts, Therapy and Education, heals through arts therapy. Expressive therapists who specialize in working with trauma survivors integrate the modalities of dance, movement, drama, literature, music, poetry, and the visual arts with the psychotherapy.

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

The horses open up the door to conversation with the counselors that might not ordinarily happen. We hope to give families the resources and skills to move them to recovery.

- Karen Kearsting, UpReach

The ACERT leadership team continues to identify and invite new partners in order to reach as many families as possible, addressing barriers to participation whenever feasible. Public schools were recently engaged, as were other first responders, Manchester

Fire Department and the local ambulance service. These are important new partners due to their direct contact with children at-risk. The agencies work well together and meet regularly, and there is little competition for clients.

There's enough work to go around for all of us.

- Anna Pousland, Mental Health Center of Greater Manchester

ACERT Data and Continuous Quality Improvement

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 the type of services provided. Data is used to make program improvements and to inform the ACERT leadership team's practice. By way of example, the data demonstrated to team members that a real time visit was not as effective as deploying the advocates a few days following a reported event.

Our data shows that we are involving many more families than when the program started. In the first nine months, utilizing cold calls, we engaged only about 50 families. The second year, employing the warm handoff approach, we serviced 336 children, and in our third year we cared for 605 kids. Through April 2019, we've seen over 1,400 children since ACERT's inception. We're doing something right!

-Mara Rouleaux, ACERT Family Advocate

Through data collection, the team also learned that late-night visits are more difficult for families, when parents are putting their children to bed. It was also disturbing to encounter strangers at their door late at night. Data also indicated that Thursday, typically pay day in Manchester, correlates with a greater need for ACERT, especially with DV and drug or alcohol involvement. As a result of data analysis, the team now has more stable staffing and an expanded schedule of home visits three times per week for a four-hour shift, usually in the late afternoons or early evenings.

ACERT Program Statistics

Number of Children Referred

October 2015 - June 2016	51
July 2016 - August 2017	346
September 2017 - March 2019	605
April 2019 - June 2019	46
Total	1048

Number of Families to Sign releases

October 2015 - June 2016	37
July 2016 - August 2017	159
September 2017 - March 2019	357
April 2019 - June 2019	40
Total	593

Number of Children Not referred

October 2015 - June 2016	109
July 2016 - August 2017	71
September 2017 - March 2019	202
April 2019 - June 2019	26
Total	408

Grand Totals

Grand total of children contacted by the program	1454
Grand total of families contacted by the program	994

Types of Calls*

Domestics with Crime	389
Domestics without Crime	141
Missing Juveniles/Runaways	12
Overdoses	33
Juvenile Calls for Services	30
Sexual Assault	37
Stalking	3
Other	128
Total	773

Ages of Children*

0 - 5	425
6 - 12	479
13 - 17	249
Total	1153

*Initiated data recording after program start
ACERT Team Deployments: 256

The beauty of the Manchester partnership is that they are always looking for ways to build and refine their work. They have been so thoughtful in their process. They meet to review the data, they discuss what's working and acknowledge what's not, and then change course in a way that is responsive and most appropriate for the kind of participation they want to encourage.

- Patti Baum, Program Director, New Hampshire Children's Health Foundation

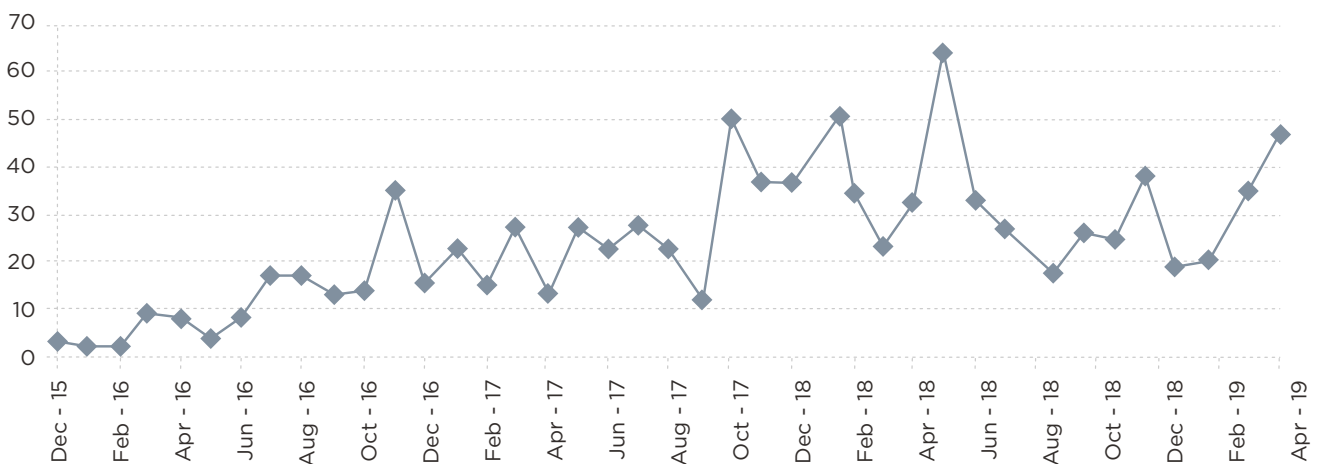
A commitment to continuous quality improvement contributes to ACERT's effectiveness. As the team has become more experienced and better understands the needs of their clients, they have adopted changes to improve performance and participation rates. The team is continually experimenting to see what works and what doesn't, and then they are open to making programmatic refinements in the best interest of families. In time, the team has become more cohesive and effective. ACERT has evolved into a learning community.

Referral agencies have also become more adept at serving ACERT clients, streamlining their internal processes, improving the scheduling of client appointments, creating new programs, and addressing clients' logistical barriers. Client appointments from the mental health center are now made by the scheduling staff, rather than by the intake staff, to avoid losing clients while transferring calls. CREATE!, the art therapy organization, has initiated group counseling sessions to better absorb the high demand for their services and as a mechanism to identify those children who would most benefit by more intensive individualized counseling. UpReach Therapeutic Equestrian Center uses commercial ridesharing services to transport clients to their center, and spends upwards of \$500/month doing so, because commuting to appointments was found to be an impediment for many families. Moreover, new group programs are being developed for ACERT youth at YWCA New Hampshire.

IMPACT

The ACERT has been deployed more than 250 times and 1,014 children have been referred to services since ACERT's launch in December 2015 through April 2019. The graph below illustrates the program's growth.

ACERT Monthly Referral Trends, December 2015-April 2019



The leadership team group, and others familiar with their work, believe ACERT is making a measurable difference in the lives of children in Manchester, yet they have lacked the evaluation capacity and data to prove it. To date, ACERT data has allowed the group to monitor the number of families that were reached and how many families enrolled in services (about one in four), but not the extent to which children's lives have been improved. Nonetheless, statistics on participation rates have allowed them to monitor and improve upon their performance.

Additional outcomes include new positive community relationships with the police department. Community organizations are working together with the police in new ways. Families experience police officers in caring roles. Furthermore, the program has received significant positive press and most recently, federal legislation has been introduced to establish a \$20 million annual appropriation to establish ACERTs across the country.

In 2019, funding received from a recent federal Department of Justice grant has allowed the ACERT leadership team group to engage an external evaluator to help them gain a deeper understanding of how lives have been changed by the program.

We've had really good feedback from families. It's interesting to see the change from the time we first visit to where they end up. We first see them in panic mode; but afterwards they are often grateful to our team. Sometimes they hug us and tell us that they can't believe there is a program like this. They become excited for their kids. To see the difference from the beginning to the end is so satisfying. ACERT is a big benefit for our community for sure!

- Brittany Reitze-Fontone, ACERT Crisis Advocate

Learnings

Manchester's experience in developing, deploying, and monitoring ACERT over the past three years provides useful lessons and themes for communities wishing to replicate this innovative program.

Police department champions are necessary to develop and deploy an ACERT program. ACERT demands extensive planning, additional workload,

and new policies and procedures to sustain and grow. When support is reflected from the highest levels of the police department, and the need and benefit are communicated to the entire force, it is far more likely that the program will be fully embraced.

Staff trainings are critical. At a minimum, everyone involved with ACERT should receive trauma sensitive training to assure a common understanding about the impact of ACEs on people's lives and how best to support victims or witnesses of traumatic events. This common frame, among all team members and partners, also helps families better move through and across systems.

Home visits improve the chances of successful referrals, and timing is important. A successful ACERT intervention is more likely by meeting with families face-to-face than by making referrals by phone (although a phone call is better than nothing at all). Many families may not take advantage of the offer for help as they may not be ready, willing, or able. Timing of visits is also an important factor. A few days after the crisis, a family is more likely be receptive to the team.

Address family barriers to participation. People who have experienced trauma need additional patience and understanding. Transportation, language barriers, and childcare can prove to be big hurdles to participation in therapeutic programs. Many are living in poverty. Families can benefit from appointment reminders and numerous attempts to reach them may be necessary. If possible, offer incentives such as meals, vouchers for transportation, interpretation, or childcare when needed.

Develop effective referral networks through local and regional collaborations. Determine which social, behavioral, and human service organizations – as well as governing agencies – are doing pertinent work and invite them to the planning table from the start. Continue to bring new partners to the table. A reliable, extensive referral network is singularly important to ensure that families can receive the support and services they need quickly and effectively.

Identify a lead organization to provide fiscal and operational support. Communities interested in replicating Manchester's ACERT program may benefit from identifying a lead organization to serve as a

fiscal and administrative agent, such as an existing 501(c)(3) organization or government agency (police department or health department, for example). This is especially necessary if grant funding is being sought. Additionally, it is important to build in financial support for administrative oversight of the project for staff supervision, budget management, program development, publicity, evaluation, communications, partnership development, and reporting.

Examine data to inform the development and refinement of the program and commit to Continuous Quality Improvement. Investigate data collection methods that will help to identify more families in need of ACERT's programming and that track referral rates, participation rates, and long-term outcomes for families. To start, establish a mechanism to count and monitor police calls likely to impact children. Establish a good understanding of the patterns and where need is greatest. As the program develops, notice if participation rates improve with programmatic changes. Acknowledge what's not working and brainstorm with partners to consider modifications and implement alternatives. Look to academic centers for evaluation support. Data should be reviewed by partners at every meeting.

Communicate the program's successes and impact. Strong communications are important for promoting public trust to achieve long-term viability. Communicate with decision makers (e.g., city council members) and community members about ACERT data, successes, and modifications to generate understanding of the program impact and acceptance by families in need.

Sustainability. 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 program's success and value need to be communicated to the public and to community leaders to secure their buy-in and willingness to provide resources for its continued operations through the municipal budget, or to leverage partial funding with private dollars.

In 2018, New Hampshire Children's Health Foundation supported ACERT's desire for program expansion in order to serve more families by providing them with resources to apply for a federal grant from the

U.S. Department of Justice (DOJ). As a result of the DOJ grant award, Manchester ACERT was able to hire the crisis advocate and family advocate full-time. The YWCA New Hampshire crisis advocate now has additional time to develop new programs for ACERT children and teens referred to the YWCA New Hampshire, and the family advocate spends more time with follow-up and data collection. A newly created project coordinator oversees administrative and financial functions and can attend to partnership development as needed. In addition, the grant funding provides ACERT an opportunity for more robust, formal evaluation of the program.

Conclusion

Manchester ACERT began with an idea put into action with modest resources: a community service (AVAP) member and a portion of police officer time. While pleased to refer 50 families in the first year, the team knew that additional funds were needed to build the program and refer more families to care. ACERT's success is due largely to a highly collaborative model that engages multi-sector organizations throughout the community, and because children are the primary focus of the program, strong elements for successful fundraising.

I'm thrilled to be part of this program, especially the multi-faceted way everyone is working together around trauma. The collective recognition of how ACEs affect kids, and trying to reach them as early as we can, is brilliant! I'm very proud of the work Manchester is doing.

-Dr. Steven Durost, CREATE!

There is tremendous interest in ACERT across New Hampshire, the nation, and even internationally. Following 12 months of learning and planning based on Manchester's model, the Concord, NH Police Department is in line to launch an ACERT in fall 2019. Culling through his department's data prompted the Lieutenant of Community Services Division to see the urgent need and value of ACERT. "I was blown away at how many potential kids were being exposed to traumatic situations in Concord, especially domestic violence," he said. Manchester ACERT, the New Hampshire Children's Health Foundation, and Granite

United Way are partnering to ensure the success of a Concord ACERT program. “These three organizations went above and beyond in helping to take the concept and turning it into something solid,” the Lieutenant added.

As ACERT extends further into New Hampshire and other states, new teams should recognize that not every community can exactly replicate the Manchester model. Geography, community resources, demographics, and funding will dictate what a program looks like in each community. Manchester ACERT partners advise other communities to “Get your boots on the ground. Make sure there is ongoing training for staff. Be willing to think outside of the box, make changes, and foster a collaborative spirit. Think about regional collaborations if your community lacks options. The more we talk together about shared resources, the more we can focus as a village to solve community concerns.”

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Amoskeag Health
www.amoskeaghealth.org/adverse-childhood-experiences-response-team-acert/
www.amoskeaghealth.org/primary-care-prenatal/project-launch



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Community Services Division
Concord, NH Police Department
www.concordnh.gov/821/Community-Services-Division

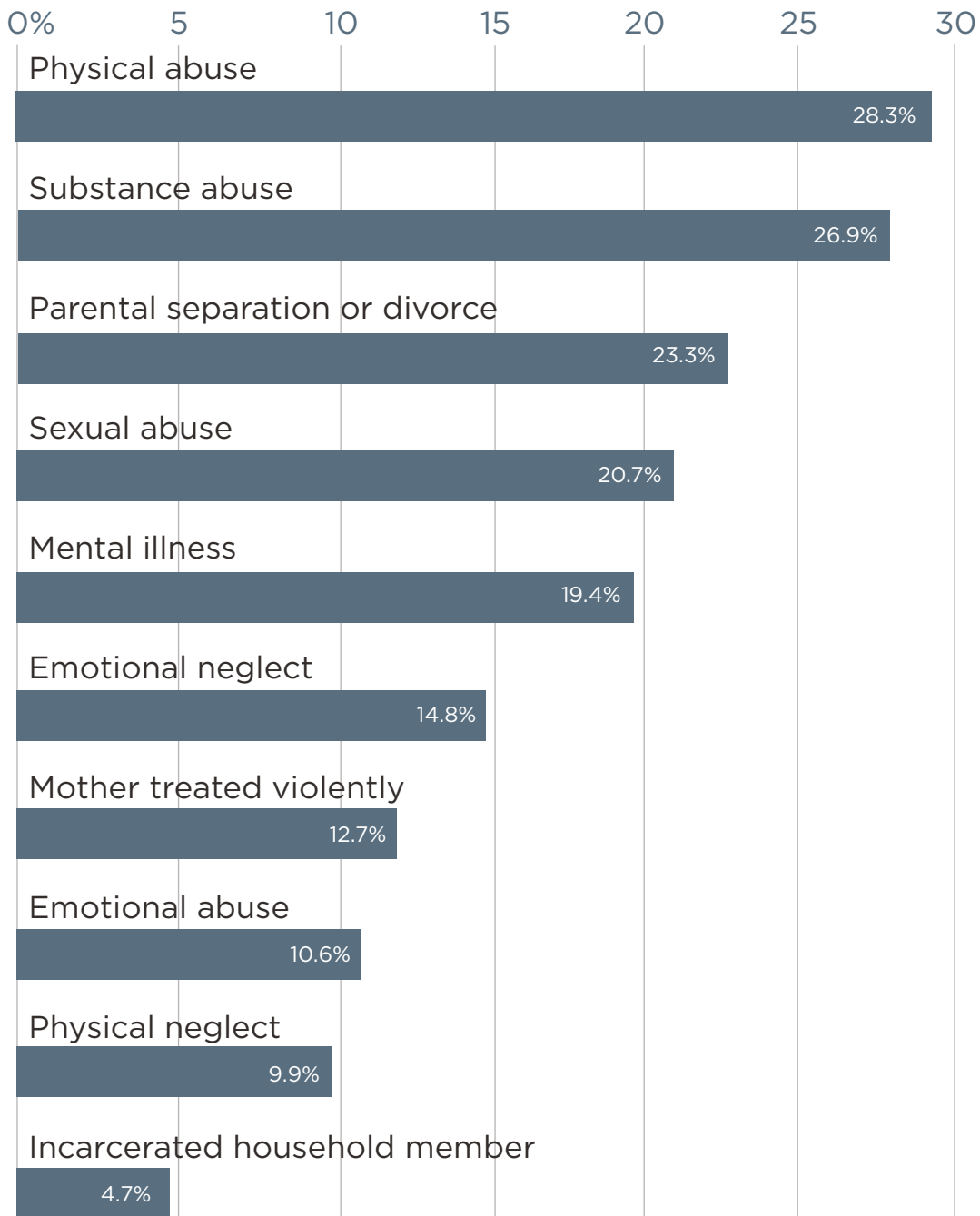
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The ACERT partners are grateful for the New Hampshire Children's Health Foundation's generous support of this initiative, ensuring that children and their families are set on a path of health, resilience, and success.

Appendix A: Data on Adverse Childhood Experiences

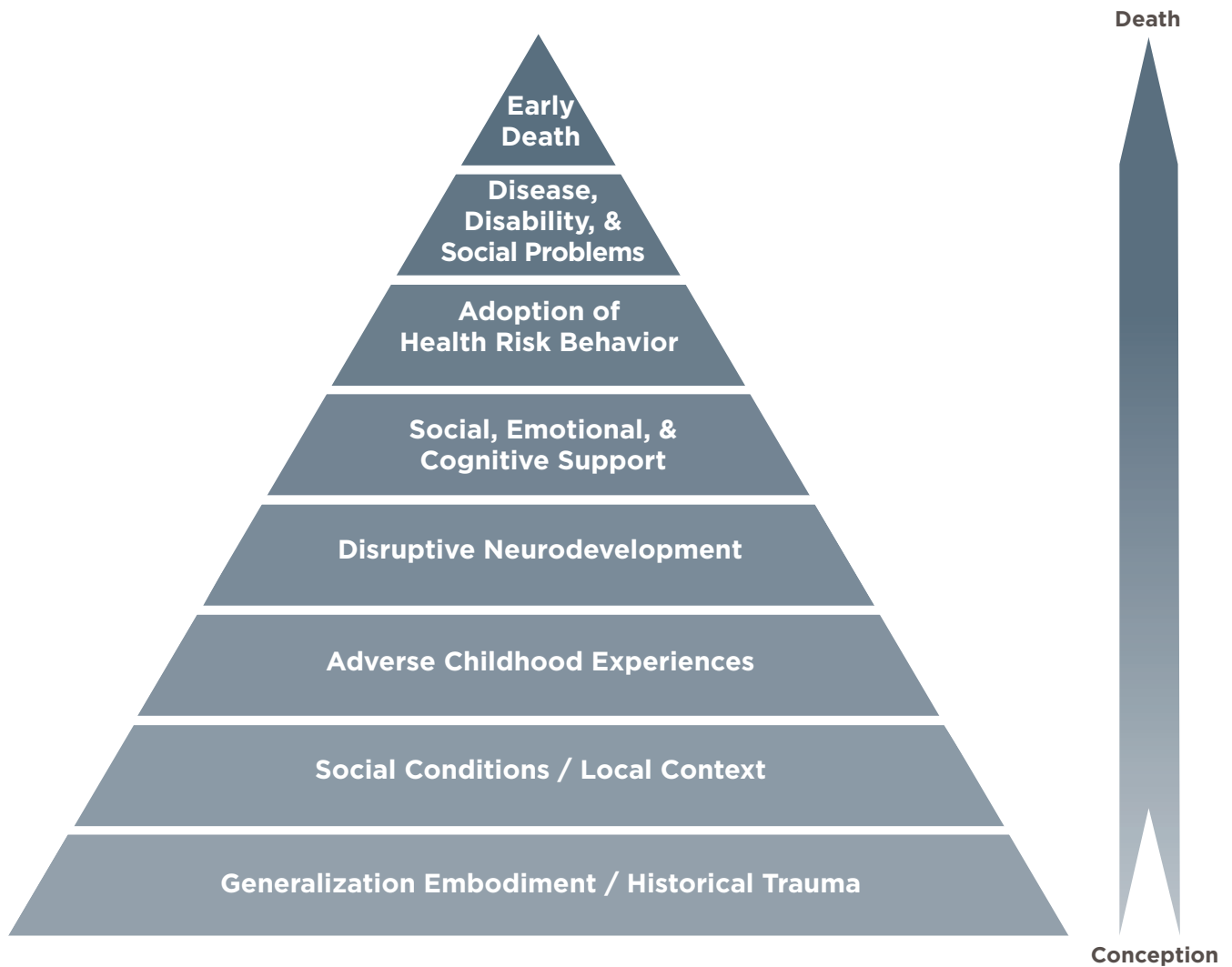
The prevalence of ACEs

A landmark 1998 study measured how many Americans had adverse childhood experiences



Source: Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. The Adverse Childhood Experiences (ACE) Study, Felitti, Vincent J et al. American Journal of Preventive Medicine, Volume 14, Issue 4, 245 - 258

Appendix B: The ACE Pyramid, CDC

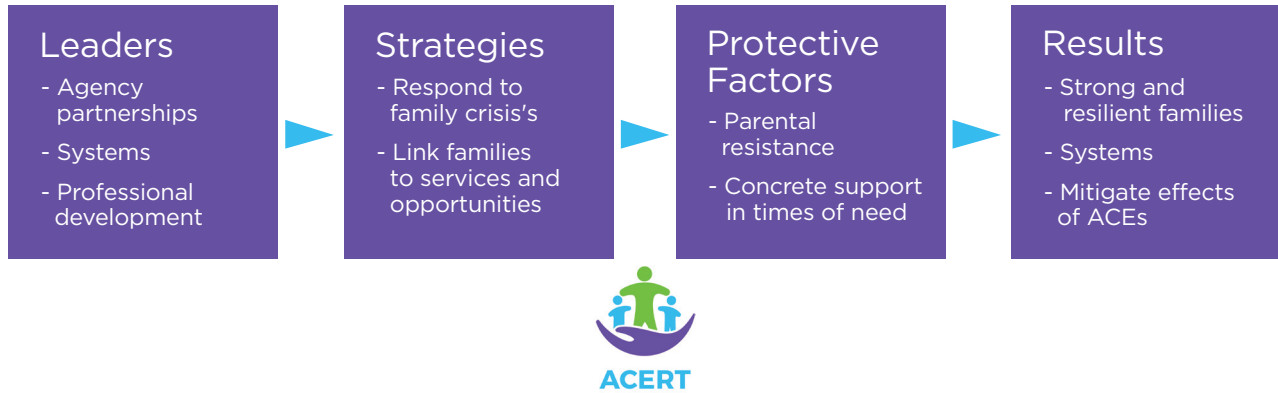


Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
Centers for Disease Control and Prevention

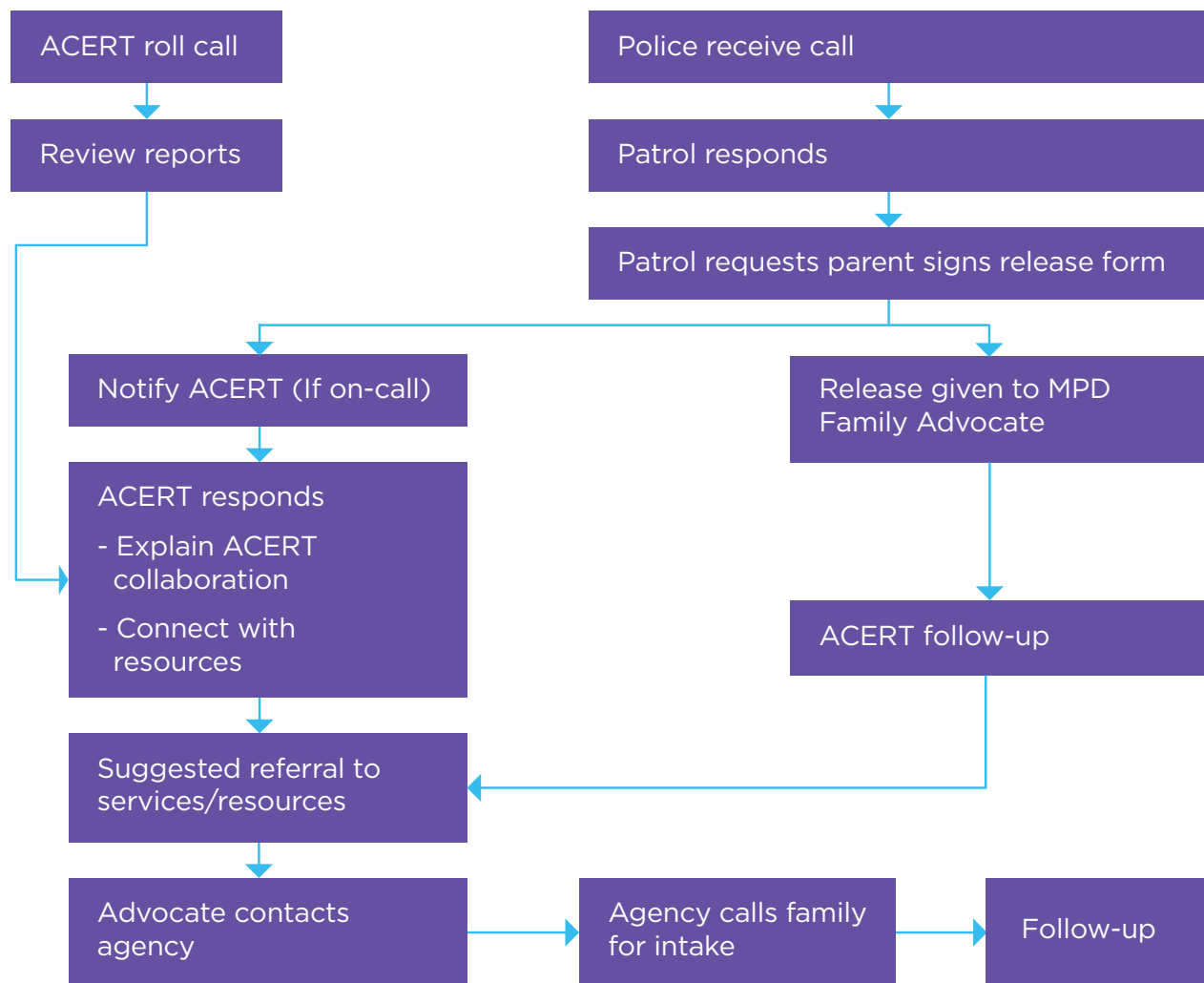
Appendix C: ACERT Team Structure



Appendix D: ACERT Theory of Change



Appendix E: ACERT Workflow



ⁱAmerican Community Survey, 2017.

ⁱⁱAmerican Community Survey, 2017.

ⁱⁱⁱFelitti, Vincent J et al. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. American Journal of Preventive Medicine, Volume 14, Issue 4, 245 - 258

^{iv}Center on the Developing Child at Harvard University, 2017. Toxic Stress.

<https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>. Accessed June 14, 2019.

^vAdverse Childhood Experiences and the Lifelong Consequences of Trauma, American Academy of Pediatrics, 2014.

https://www.aap.org/en-us/Documents/ttb_aces_consequences.pdf

^{vi}Traumatic Experiences Widespread Among U.S. Youth, New Data Show, Robert Wood Johnson Foundation, 2017.

<https://www.rwjf.org/en/library/articles-and-news/2017/10/traumatic-experiences-widespread-among-u-s--youth--new-data-show.html>

^{vii}Duprey, M. (2018). Building integration in pediatric settings. [PowerPoint slides]. Retrieved from SAMHSA.gov

website: https://www.integration.samhsa.gov/02.08.18_February_Webinar_Peds.pdf

^{viii}Warm Handoff: Intervention. Agency for Healthcare Research and Quality, Rockville, MD.

<https://www.ahrq.gov/patient-safety/reports/engage/interventions/warmhandoff.html>

^{ix}Evidence-based therapeutic services available through Manchester ACERT partners include Child-Parent Psychotherapy (CPT); Dialectical Behavior Therapy for Adolescents (DBT-A); Modular Approach to Treatment for Children with Anxiety, Depression, Trauma and Conduct (MATCH-ADTC), Helping the Noncompliant Child (HNC), and Rehabilitation for Empowerment, Natural Supports, Education and Work (RENEW). Individual, Group and Family Therapy are all appropriate and available modalities

^xAge ranges include 0-15; 6-12; 13-17 years old