Frederick County, Maryland ACEs Logic Model 2022

Problem or Issue Statement: Children experiencing one or more ACEs are at an increased risk to experience health, social and behavioral issues throughout their lifespan.
***Identified Need*:** More than 50% of Frederick County high school students have 1 or more of 4 selected ACEs. (2018 MD YRBS)
Goal: Strengthen the community's foundations for health and prosperity so that children and their families can reach their full potential
Vision Statement: Frederick County is a safe, stable and nurturing community where children families are connected to resources that allow them to thrive and prosper, and environments are inclusive, welcoming and trauma informed.

Assumptions- What are your assumptions about what you are undertaking? What do you believe to be true?	**For Whom-** Describe who will be served through your initiative	**Resources-** In order to accomplish our activities, we will need the following	**Activities/Program**- In order to address our problem, we will conduct the following activities	**Output -** We expect that once completed or underway, these activities will produce the following evidence of service delivery	**Outcomes-** We expect that once completed or ongoing, these activities will lead to the following changes	**Impact-** We expect that if completed or ongoing, these activities will lead to the following changes community, system-wide
The future health of our community depends on fostering the potential of the children who are growing up here now. Healthy brain development at all ages depends on repeated positive interactions between a child, their caregivers, and other supportive adults in the family and community. The integration of the science of brain development for early childhood, adolescence and adult for all sectors in our community will increase the effectiveness of program and policy and the skills of adults working with children and families. A child's exposure to the toxic stress that results from ACEs can negatively impact brain architecture and function. The impact of toxic stress from ACEs is an emerging science.	<u>Direct</u> Children and adolescents Parents Caregivers Family Members <u>Indirect</u> Health care delivery system Private and public health insurance Community and government agencies First responders Judicial system Education continuum Land Use and Public Infrastructure Economic development and business Advocacy Groups Elected Officials	Data Funding Involved families Staffing Community and agency champions Collaboration between systems Communications and marketing Organizational infrastructure Information and trainers Political buy-in Coalition staffing and infrastructure Relationships with organizations providing expert resources Relationships with organizations providing culturally and linguistically appropriate services	Gather and analyze data from existing and new sources Develop logic models and action plans to address efforts in awareness, prevention, resilience and treatment Provide education, outreach and engagement activities to multiple sectors across our community Identify opportunities for resource and service development Create a public facing media presence Provide support for partners to obtain funding for evidence-based or research-informed projects related to ACEs awareness, prevention, treatment and intervention Identify gaps in data that are relevant to adverse childhood experiences	# of presentations/trainings # of attendees # of visit to ACEs website # of surveys disseminated # of surveys completed # of providers using trauma informed care # of screenings Conclusions and recommendations report Data analysis reports Communications and earned media	Adopt a shared language and understanding among ACEs Workgroup members and participating organizations Changes in policy, program and practice, within local systems to increase alignment with science of brain and child development Increase in financial support for child and family services Increase in evidence based trauma informed practices Increase in screening Increase in trauma competent practitioners of somatic and behavioral health Increase skills and services that help children and families develop resiliency Increase workforce skills and opportunities for families with children	Decrease the percentage of adults with three or more ACEs on Behavior Risk Surveillance Survey. Increase school readiness rates across all demographic groups Increase in 3rd grade standardized reading scores across all demographic groups Increase high school graduation rates across all demographic groups Increase in positive health outcomes for birth weight, childhood obesity, and asthma across all demographic groups Increase median family income in order to decrease families at thresholds for Federal Poverty Level and Asset-Limited Income Constrained Employed (ALICE) Increase use of brain building activities – especially "serve and return" with children 0-5 years old by family, community caregivers, and

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Children who are low-income, of color or LGBTQ+ are more likely to report more ACEs. Individuals who have multiple ACEs utilize health and human services at a higher rate and higher cost to our community Early strengths-based supports combined with risk assessment can connect children and families with resources, information and skills to prevent or mitigate the impact of toxic stress from ACEs. Community, systems and services that are wholistic, person-centered, trauma informed, and strengths-based are necessary to mitigate the impact of toxic stress from ACEs Integrated systems must be developed to maximize effectiveness of impacts of existing resources at the						adults in child and family serving organizations. Decrease in use of pediatric ED for concerns that could be addressed at a lesser level of care Decrease pregnancy-related deaths among all women Decrease disproportional pregnancy related deaths of African American women Decrease housing, health care, child care, and transportation burden on families Decrease in percentage of substance exposed newborns Decrease in adolescent substance use across all demographics Decrease in indicated child maltreatment reports Reduce non-accidental child fatalities across all demographics

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individual, family and community level.						Decrease percentage of high school students reporting 1 or more ACEs across all demographics on Youth Risk Behavior Survey Increase percentage of high school students reporting 3 or more caring, trusted adults they can turn to for support on Youth Risk Behavior Survey Increase percentage of high school students reporting protective factors across all demographic groups on Youth Risk Behavior Survey Decrease percentage of Frederick County families with children reporting quite a bit or more stress on public survey for Community Health Needs Assessment Decrease youth suicide rate across all demographics

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ACES Screening	**ACES Screening**	**ACES Screening**	**ACES Screening**	**ACES Screening**	**ACES Screening**	**ACES Screening**
Prior to age 5, the primary system that young children and their caregivers universally interact with is the health care system. Periodic universal screening for ACEs— in combination with evaluation of symptoms, anticipatory guidance and appropriate referrals given to caregivers—in the pediatric medical home is a best practice. (American Academy of Pediatrics) ACEs screening is a quality improvement activity for reaccreditation purposes for pediatric primary care. Insufficient reimbursement from health insurance for ACEs screening, lack of referral resources, and lack of coordination among primary			Share preferred tools and implementation strategies Share national resources on ACEs screening, trauma, and resiliency Link providers to services Identify trauma-competent and resiliency-focused resources Survey health care providers on ACEs screening and assessment of trauma-informed staff	Training documents # of meetings with key decision makers in practices Referral network of trauma-informed mental health providers Possible: agreements to share data	Increase data sharing Increase connections to 211 Connect children, families, and pregnant women to resources that will help prevent ACEs or provide support to reduce the impact of ACEs	Increase # of health care providers for children, families and pregnant women who report awareness of the impact of ACEs on brain development, and physical and emotional well-being. Improve care planning for children and families with ACEs Families with children with ACEs across all demographics will report being connected to services they need. Frederick County health care providers will regularly screen children and their families for ACEs and utilize data in the provision of care, including anticipatory guidance for caregivers and referral for services.

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and behavioral health care as well as other community supports, may present a barrier to adequate care. Emergency departments, specialty practices, and urgent care should also screen children because children who die from maltreatment are less likely to have a medical home. Families face cost, coverage, and navigation barriers to access needed physical and mental health services as well as community resources that are critical for a strong foundation for health						

Evaluation Data Sources: MD Vital Statistics, MD Patient Safety Center, Maternal Mortality Review Commission, Behavioral Risk Surveillance Survey, Youth Risk Behavioral Survey, Frederick Health System, Federal Poverty Rate, MD Department of Social Services, Kindergarten Readiness Assessment Scores, Graduation Rates, 3rd Grade Standardized Test Scores, County Health Rankings, United Way ALICE Report, Child Fatality Review Commission