Creating Healthier Futures for Children in Detroit:
A Feasibility Study to Determine Readiness for ACE Screening and Education

Prepared for:

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Executive Summary

1. Background

“Creating Healthier Futures for Children in Detroit: A Feasibility Study to Determine Readiness for ACE Screening and Education in Detroit” was made possible by support from the Kresge Foundation, and was implemented by Center for Youth Wellness (CYW), a national organization committed to improving the health of children and adolescents exposed to Adverse Childhood Experiences (ACEs). The goal of this feasibility study was to determine readiness for adopting ACE screening and ACEs-related public education efforts in Detroit, Michigan. This study documents current efforts underway to address childhood adversity in Detroit and identifies potential avenues to advance this work, focusing specifically on the implementation of ACE screening.

We set out to answer the following questions:

- Is it feasible to implement ACE screening within the pediatric primary care setting in Detroit?
- What are the potential avenues for scaling ACE screening in Detroit? Who are the most likely strategic partners for this type of effort?
- What is the most effective way to implement a community-focused ACEs education effort in concert with a pediatric primary care screening program?

2. Methodology

Three key data sources were used to gain an understanding of current perceptions of and efforts to address ACEs in Detroit, and to inform recommendations for advancing ACEs interventions in Detroit: (1) a review of existing literature and data around child and adolescent health in Detroit and services available for these populations; (2) key informant interviews with professionals working in Detroit’s child-serving sectors; and (3) primary consumer insights data from parents and other adults providing care to children in Detroit, collected through an online focus group and survey platform. The information from these sources helped us better understand the city’s readiness to adopt an ACE screening program, as well as other factors that would be valuable to consider in launching a broad-based ACEs initiative in the City of Detroit.
3. Evaluation Criteria

Using the data collected to determine feasibility, we examined two domains of indicators of readiness: (1) Screening and intervention infrastructure; and (2) socio-political and community support factors.

4. Findings

Our data allowed us to document the following insights:

Screening and intervention infrastructure

- Screening children and adults for ACEs (and adversities additional to those in the original Felitti and Anda research) is seen as important and needed in Detroit. Medical provider champions are in agreement that the medical community should have a prominent role.
- Leadership transitions create a sense of instability among public health agencies and prominent healthcare organizations; this type of change is seen as a barrier to sustaining a new initiative led by these entities.
- Medical, mental and behavioral health and other community-based services are available to children and families; however, inequity in geographic distribution, effectiveness in connecting families with young children to services, and uncertainty on how to access external resources are seen as barriers.

Support factors

- Key informants report public- and community-serving professionals are aware of trauma as a problem in Detroit; its impact on young children and their health is less known.
- State policy is favorable to support an ACE screening effort but could benefit from an evaluation of how screening would impact the current healthcare provider incentive structure.
- State-level data on adult and child adversity exist. Local-level data that looks at the prevalence of adversities and related health outcomes is needed at the city, county, and if possible, neighborhood level.
- A few strong champions are already working to advance efforts to address ACEs in Detroit by coordinating with others; however, these efforts are early in their development. There is opportunity to convene, align and collaborate to amplify their impact.

5. Discussion

As awareness of ACEs grows in Detroit, public sector agencies and community-based organizations are developing services to address childhood adversity through training, public education, child/family support services, and public policy. Centralized coordination of these efforts may support alignment, cultivation of new champions, and expansion of these efforts.
Identification and expansion of pilot projections, as well as evaluation of state-level efforts affecting Detroit, would help determine next steps to advance efforts in Detroit.

6. Limitations

The listed data sources allowed us to identify emergent themes and surface recommendations for supporting ACE screening and public education on ACEs and toxic stress in Detroit. Limitations included insufficient sample representativeness for our online focus group and challenges in identifying key informants in education, law enforcement and among the faith-based community.

7. Recommendations

Detroit, Wayne County, and Michigan at-large, have several champions already seeking ways to address childhood adversity. We have identified areas in which continued or enhanced support could help advance the efforts already in motion:

1. **Convene a cross-sector collaborative focused on addressing ACEs in Detroit.** This convening should take a regional approach to ensure that considerations involving city/county boundaries can be addressed.

2. **Work with state-level stakeholders**, such as Medicaid and payers/insurers, and public health/data initiatives, to ensure Detroit-level data is made available and to help evaluate the screening policy.

3. **Support collection and sharing of city and regional data** that includes information about ACEs, social/essential needs and associated outcomes across the lifespan, emphasizing the need to include data on children (e.g., early childhood development, chronic diseases starting in childhood, mental illness/substance misuse, healthcare utilization, school readiness/special education utilization, and juvenile justice involvement). Platforms reporting county-level and other healthcare and education data could be leveraged to include ACEs data.

4. **Improve linkages between services**, including building and enhancing existing systems for care coordination across city/district/county lines and between public and community-based organizations.

5. **Ensure identification, evaluation, and dissemination of findings of a pilot or demonstration project** to identify locally effective models and best practices for screening and intervention, help identify barriers/opportunities, and create broader buy-in to scale impactful solutions.

6. **Enhance provider training to include practical skills** relevant to their specific interactions with children and families, working with community-based organizations and existing ACEs trainers to inform and deliver training.

7. **Continue efforts in public education around ACEs and toxic stress** directly with caregivers, community members, and professionals working with families.
1. Background

Childhood adversities, including Adverse Childhood Experiences (ACEs)\(^1\) and other hardships and major life stressors, are potentially traumatic experiences occurring during childhood and adolescence with potential for lifelong health and mental health consequences.\(^2,3\) Childhood adversity is highly prevalent across the overall U.S. population, with nearly half of all children (47.9%)\(^4\) and over 60% of adults\(^5\) experiencing at least one ACE. These experiences are linked to higher risk for health problems, as well as learning difficulties and behavioral issues, both during childhood and later in life.\(^6\)

Data on ACEs in Michigan indicate that childhood adversity is highly prevalent among children and families in the state. Half of Michigan (50.7%) children have been exposed to childhood adversity and data from 2013 indicates that 60.2% of adults have experienced at least one ACE.\(^7\)

As seen nationally, childhood adversity in Michigan also impacts health and education. Nearly half of Michigan children with “special healthcare needs” and children suspected of having a serious or chronic physical, developmental, behavioral or emotional condition that requires health-related services have experienced two or more ACEs, as compared with 36% of those nationwide. Over 20% of children without special healthcare needs in Michigan have experienced two or more ACEs, as compared with 19.3% nationwide. Additionally, 9% of students in Michigan have an individualized learning plan or are in special education, and 64.3% of these students have two or more ACEs.\(^8\)

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1. The term Adverse Childhood Experiences (ACEs) was coined in the 1998 ACE Study by Dr. Vincent Felitti and Dr. Robert Anda (of Kaiser Permanente and the Centers for Disease Control [CDC], respectively). ACEs include: abuse, neglect, and other major stressors that create household instability or dysfunction, such as divorce, a parent’s substance abuse or witnessing violence in the home.
Data on Detroit and Wayne County, though limited, indicate that Detroit has a higher prevalence of children exposed to adversity than elsewhere in Michigan, with 77,000 Detroit children — or about 40% of the children in Detroit — having experienced two or more adversities. Children’s exposure to adversity is cited as a contributor to elevated asthma rates (12.4% in Detroit compared to 8.8% nationally) and lifelong health problems. According to the Children’s Trauma Assessment Center, “more than 70% of children seen by Community Mental Health officials in Wayne County have experienced at least three potentially traumatic events that could change how they think and learn.”

A prevalent source of trauma in Detroit is community violence. In 2016, nearly 14 children per day were the victims of crime in Detroit; the average victim was 13 years old, and the most common crime was assault. According to a 2016 analysis of Detroit Police Department data, the department investigated over 33,000 cases involving youth from January 1, 2009 through September 9, 2015. During that time period, 43% of Detroit children were victims of violent crimes such as homicide, sexual assault, aggravated assault, and robbery. While the overall crime rate against youth in Detroit has decreased from 27 victims per 1,000 youth in 2009 to 25 victims per 1,000 youth in 2014, the rate remains disproportionately high compared to other large cities and undoubtedly impacts individual, environmental, and community trauma in Detroit.

In addition to tracking adversity, it also is important to understand the availability of protective factors in the community that can mitigate the effects of ACEs and toxic stress. Family resilience scores show that 80.2% of Michigan families report being resilient all or most of the time.

This report, “Creating Healthier Futures for Children in Detroit: A Feasibility Study to Determine Readiness for ACE Screening and Education in Detroit,” was made possible with generous support from the Kresge Foundation. In this project, Center for Youth Wellness (CYW) — a national organization committed to improving the health of children and adolescents exposed to Adverse Childhood Experiences (ACEs) — worked to determine readiness for adopting ACE screening and ACEs-related public education efforts in Detroit, Michigan.

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12 Ibid.
We set out to answer the following questions:

- Is it feasible to implement ACE screening within pediatric primary care in Detroit?
- What are potential avenues for scaling ACE screening in Detroit? Who would be the most likely strategic partners in this type of effort?
- What is the most effective way to implement a community-focused ACEs education effort in concert with a pediatric primary care screening program?

2. Methodology

Three key data sources informed our understanding of current efforts to address ACEs in Detroit:

1) Review of existing literature and data around child and adolescent health in Detroit, including services available for these populations;
2) Key informant interviews with professionals working in the public sector and with community-based organization in Detroit (see Appendix 1 for list of respondents); and
3) Online focus group and survey data from parents and other adults providing care to children in Detroit, collected through Remesh\(^\text{15}\) (see Appendix 2 for the Remesh report).

Data collection and interviews were conducted by a Detroit-based research consultant who is a clinical quality and public administration professional with expertise in ACEs and childhood trauma. Data analysis was completed by Center for Youth Wellness staff in partnership with the consultant.

The review of existing published literature on childhood adversity in Michigan and Detroit, review of existing data, and online research, which included grey papers, organizational websites, convening announcements and news media, helped build an initial understanding of efforts that are documented in Michigan and Detroit.

Stakeholder interviews included conversations with 17 key individuals representing healthcare, social services, philanthropy, and other sectors. We used snowball sampling, starting with a list of community leaders and providers working to address childhood adversity that were known to our local consultant and identified through our review of the literature and other publications; we then requested additional names from each key informant until our sample represented a broad cross section of public sector, medical provider, and community-based professionals and interviewed until we reached thematic saturation. We used an interview guide for all interviews, iteratively evolving the questions to make them relevant to the specific areas of expertise of the respondent and to test emerging themes.

\(^{15}\) According to information provided by Remesh, the platform “makes it possible to chat with a large group of people live.... It gives the depth of a focus group and the scale of a survey at the speed of real-time conversation.” Information available at: https://remesh.ai/product/
We also conducted parent/caregiver insights research through an online platform that allows researchers to converse with a live audience, in order to discover participant answers to our questions that the group agreed (consensus) were the most popular. We were able to ask open-ended questions and use the platform's software to analyze and segment the participants' verbatim responses in real time. For this project, we convened a group of Detroit-based parents and caregivers to assess baseline awareness of ACEs and toxic stress, test communication strategies, identify dissemination channels, and refine messaging for pediatricians, parents, community organizations, and the public. A total of 93 participants attended the session.

3. Evaluation criteria

For this project, our primary focus was identifying the feasibility of advancing ACE screening and prompt intervention through the healthcare sector in Detroit. We also looked for indicators that social, political and community contexts would support or be ready to sustain a screening initiative.

Our assessment is broken down into two overarching categories:

1. **Screening and intervention infrastructure factors**: These indicate whether there is sufficient infrastructure to support screening and access to interventions through pediatric primary care. These factors are directly tied to the capacity to implement a robust screening protocol that can effectively support the needs, identified by screening, of children and their families. Factors included:
   
   - Existing efforts to support ACE screening
   - Healthcare infrastructure and utilization
   - Availability of/access to public and community-based services providing preventive and therapeutic interventions

2. **Support factors**: These indicate that the community and socio-political environment can help enable or sustain a screening initiative. Factors included:
   
   - Public awareness of ACEs and toxic stress as an issue that affects children and families and existing efforts/capacity to raise public awareness
   - Political will/action, including legislative, administrative and budgetary policies that support screening and intervention
   - Community coordination around addressing childhood adversity
   - Data on childhood adversity
4. Findings

Findings from our review of the literature, key informant interviews, and online focus group are described below by category.

Screening and intervention infrastructure factors

<table>
<thead>
<tr>
<th>Insights</th>
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<tbody>
<tr>
<td>- Screening children and adults for ACEs (and adversities additional to those in the original Felitti and Anda research) is seen as important and needed in Detroit. Medical provider champions are in agreement that the medical community should have a prominent role.</td>
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<td>- Leadership transitions creates a sense of instability among public health agencies and prominent healthcare organizations; this type of change is seen as a barrier to sustaining a new initiative led by these entities.</td>
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<td>- Medical, mental and behavioral health and other community-based services are available to children and families; however, inequity in geographic distribution, effectiveness in connecting families with young children to services, and uncertainty on how to access external resources are seen as barriers.</td>
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ACE screening and provider training

We discovered numerous organizations that may have the capacity to support collaborative efforts and/or major components of an ACE screening and ACE public education effort in Detroit. These include Starfish Family Services and Great Start Collaborative—Wayne County, as well as Wayne Pediatrics, the newly formed clinical arm of the Wayne State University Department of Pediatrics in conjunction with the Pediatrics Department of the Henry Ford Medical Group, and Authority Health.

Three organizations were identified as currently implementing ACE screening or intending to do so soon, either directly as part of their medical practices or in partnership with others: Authority Health, Detroit Life Is Valuable Everyday (DLIVE), and Wayne Children’s Healthcare Access Program (WCHAP) - Pediatric Residency Learning Collaborative.

WCHAP, led by Dr. Teresa Holtrop, recently secured funding to support a Pediatric Residency Learning Collaborative. The collaborative will be working with the following residency programs in Michigan to advance training in ACEs science and ACE screening starting in August 2019:

1. Children’s Hospital of MI Pediatric Residency program  
2. Authority Health Pediatric Residency program (outpatient training at community-based clinics)  
3. St. John Ascension Pediatric Residency program  
4. Beaumont Pediatric Residency program  
5. University of MI Pediatric Residency program  
6. Detroit Medical Center Family Practice Residency program (located at Advantage Health Center - Thea Bowman Clinic in Detroit)

There was general consensus among respondents that screening children and adults for ACEs is seen as important and needed in Detroit. However, there was no consensus on what sector should lead this effort. Primary care providers; tertiary medical care specialists, in particular those working with victims of violence; community- and clinic-based social workers; and early and K-12 education professionals were mentioned as possible candidates for engaging in a screening program.

Even among those respondents who thought the healthcare community was the place for screening, identifying who should conduct the screening was elevated as an important question. Among the medical providers we talked to, which included primary care and specialist providers working with children and adults, there was no question that screening should occur as part of healthcare, and medical providers (including RNs, NPs, pediatricians or family medicine providers) should lead screening. Concerns expressed were availability of providers, provider time, and lack of patient trust in providers.

A more detailed list of efforts that our study identified as “already working to address childhood adversity in Detroit,” including organizations already advancing screening, are listed in Appendix 3.

Healthcare service infrastructure and utilization

Data specific to Detroit was limited, and data on pediatric-focused medical and mental healthcare was even more limited. Data on healthcare access in Wayne County points to relatively low provider-to-patient ratios. According to the County Health Rankings & Roadmaps, an initiative of the Robert Wood Johnson Foundation, the ratio of primary care providers (adult and child) to patients is 1420:1 and 370:1 for mental health providers. By pulling data from the American Medical Association (sourced through IQVIA), we were able to create a list of pediatric-focused physicians in Detroit, Wayne County, as well as throughout Michigan. We focus on pediatric-focused physicians because they provide an indicator of access to primary-care services for children. These data show that there are approximately 345 pediatric...
focused medical providers, including pediatricians, adolescent medicine physicians, and family medicine physicians that indicate a pediatric focus in Wayne County\textsuperscript{19}. Health insurance also is an important indicator of access – according to 2015 data, 97.1\% of Wayne County children had health insurance, with 58.3\% insured by Medicaid.\textsuperscript{20}

Below we provide a summary look at indicators of healthcare access in Wayne County as compared to Michigan as a whole and, where available, compares both to top performers in healthcare across the United States.\textsuperscript{21}

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Wayne County</th>
<th>Michigan</th>
<th>Top Performers</th>
</tr>
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<tbody>
<tr>
<td>Population: Primary care physician ratio</td>
<td>1420:1</td>
<td>1260:1</td>
<td>1050:1</td>
</tr>
<tr>
<td>Population: Other primary care provider (NP, PA, RN specialist)</td>
<td>1366:1</td>
<td>1064:1</td>
<td>726:1</td>
</tr>
<tr>
<td>Mental health providers (adult and child)</td>
<td>370:1</td>
<td>400:1</td>
<td>310:1</td>
</tr>
<tr>
<td>Uninsured children</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Uninsured adults</td>
<td>9%</td>
<td>8%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Key informants reinforced the data, mentioning the shortage of primary-care pediatric providers; however, the story around mental and behavioral health providers was not as consistent (we elaborate on this in the next section).

There are five main healthcare systems offering primary and tertiary care to children in Detroit and Wayne County: Henry Ford Health System, Children’s Hospital of Michigan, University Pediatrics, Ascencion St. John, and Wayne Pediatrics. Key informants also mentioned independent and small group medical practices; however, these are in the minority. Of note, key informant providers mentioned that it is not uncommon for children in Detroit to see multiple healthcare providers throughout their childhood rather than remaining with one provider or office/network. Key informants reported that this inconsistent continuity may make building rapport challenging for patients and providers, and it may indicate a need for efforts focused on ensuring connections between medical records as a way to prevent burdening families with repetitive screening.

Transitions of leadership in Detroit’s leading healthcare and public health agencies was cited as a potential reason for caution in implementing a screening program through the healthcare system. Respondents suggested that these transitions could make scaling and sustaining a

\textsuperscript{19} American Medical Association, IQVIA data, 2018
\textsuperscript{21} All data from 2016 from https://www.countyhealthrankings.org/, except where noted
new initiative such as ACE screening challenging. They reported repeated experiences of new leaders settling in and beginning to implement their vision for a new strategic direction or project, then leaving for another agency or institution before the project or vision came to fruition. This phenomenon leads to a sense that projects are frequently started but rarely seen through to completion.

Availability of/access to public and community-based services providing preventive and therapeutic interventions

Although some key informants alluded to a shortage of service providers, when asked directly, most respondents said that a shortage of providers is not what is driving the lack of access to services. All respondents remarked that high turnover in staff at behavioral health agencies poses a significant barrier to continuity of care.

In our interviews, primary care providers identifying significant trauma in children also reported discomfort in initiating a referral to mental and behavioral health services because of the sense that children/families would be placed on an indefinite waitlists to receive services. It was suggested by respondents that it may be more feasible for pediatricians within hospital systems to screen and refer than for stand-alone pediatricians to implement ACE screening, as there is more bandwidth and formal referral tracking mechanisms to offer supportive services to families.

The distribution of healthcare and social service resources within Detroit and in the region was cited as uneven and potentially challenging for patients living in certain areas of Detroit or Wayne County. For example, although Detroit is located in Wayne County, the city and the county have distinct public health and social services. Also, within the boundaries of the City of Detroit, there are two independent areas – Highland Park and Hamtramck – that require their residents to go to Detroit for services not available within their immediate area.

A further concern expressed by several stakeholders was the disconnect between services offered and provider and patient awareness of those services — not only a lack of awareness among potential clients, but also among providers. One stakeholder spoke of a trauma survivor who had called multiple agencies repeatedly without receiving a response. She finally was able to reach a service provider after receiving a referral from a stranger at a Detroit bus stop. Word-of-mouth — positive or negative — is a crucial driving force in referral-based services in Detroit. Another stakeholder told us about a grant partnership that embedded a dedicated trauma therapist into a pediatric primary care clinic specifically for ACE screening follow-up, but warm hand-offs to this embedded resource were still not being made. Reasons given for this disconnect included providers feeling rushed to complete all “required” services, a lack of training/awareness of ACE screening, the therapist’s availability, and time constraints.
Several strategies to address access to services are being tried. Some nonprofits and healthcare centers have taken it upon themselves to bring social workers and therapeutic support in-house because accessing these services through partnerships or public services was viewed as a barrier to patients. One respondent indicated that a barrier was parent/caregiver willingness to access more intensive services, either due to time limitations or trust in the service provider. The respondent described looking for approaches that allowed for parent/caregiver engagement in less intensive and less stigmatized services as a bridge towards increasing trust and later engagement in more intensive and therapeutic services. The example provided was engaging families in programs that address the childhood development word gap, as a first step towards building rapport. It was suggested that there are small-scale or pilot projects attempting to identify solutions to access that could be further evaluated for scale.

In addition, 2-1-1 is a referral and social service information aggregator that is currently available to patients and providers in Michigan. This program allows for identification of services by service type in a particular area. This is an approach used in other localities nationally. In a brief review of this service in Michigan, the web platform appears user-friendly; however, some services located in Detroit are missing. The previously described effort to advance ACE screening within pediatric residency programs in Michigan, led by WCHAP, will be partnering with 2-1-1 on an ACEs screening initiative, and this may lead to recommendations for how to best update the 2-1-1 tool.

Interviews identified that children are primarily referred to urgent behavioral health services (i.e., those without a waitlist) only once adults become aware that a child has experienced severe trauma (e.g., witnessing a homicide or being sexually assaulted) or once a child begins displaying violent behavior in the classroom. An interview with a supervisor at an agency revealed that referrals are made to her team through the Detroit Police Department or Detroit Public Schools, and that they are tasked with conducting initial forensic interviews with children and providing follow-up services as required. She also stated that there are not many resources in Detroit for children who have experienced trauma that has not been “captured by the system,” meaning that most resources involve extensive waitlists for an initial assessment. Moreover, she attributed the challenges to the disorganization of community mental health funding streams in general, rather than to a lack of providers.

Support factors

**Insights**
- Key informants report public and community-serving professionals are aware of trauma as a problem in Detroit; its impact on young children and their health is less known.
● State policy is favorable to support an ACE screening effort, but could benefit from an evaluation of how screening would impact the current healthcare provider incentive structure.
● State-level data on adult and child adversity exist. Local-level data that looks at the prevalence of adversities and related health outcomes is needed at the city, county, and, if possible neighborhood level.
● A few strong champions are already working to advance efforts to address ACEs in Detroit by coordinating with others; however, these efforts are early in their development. There is opportunity to convene, align and collaborate to amplify their impact.

Public awareness

Multiple stakeholders remarked that trauma is ubiquitous for Detroit children and their caregivers. Individuals frequently fail to acknowledge their experiences as trauma, stating instead that this is “just how things are.”

During the Remesh session, the majority of participants had never heard the terms “adverse childhood experiences” or “toxic stress,” mirroring national public awareness data collected by CYW. However, the concept of harmful, or toxic, stress resonated. When participants were asked about the main sources of stress to families inside and outside the home in Detroit; the top response was financial challenges.

We heard from key informants that there’s a need to engage parents with tools and resources to help them reduce the exposure to and the effects of ACEs on their children, although there wasn’t awareness of any existing resources. The Michigan Department of Health and Human Services has published an online "Trauma-Informed Toolkit" as a resource for parents and caregivers. It is primarily focused on helping parents, children and youth understand the impact of trauma and toxic stress, but provides limited resources for addressing this impact.

Data from CYW’s Stress Health Public Education Campaign shows that although Detroit is the 21st largest city in the country by population, Detroit ranks eighth in membership of Center for Youth Wellness’ organizational Facebook page, Stress Health Facebook page, and the Facebook page for CYW Founder, Dr. Nadine Burke Harris – demonstrating a disproportionately high amount of interest in content related to ACEs. These Facebook pages include over 1,700 followers in the Detroit-Warren-Dearborn (Metro Detroit) area. Stress Health content has also been deployed in the Metro Detroit area through the national Health Media Network, which broadcasts Stress Health information in over 20 health centers, including the Health Centers Detroit Foundation, Pediatric Care Center, Caring Pediatrics, River Oak’s Pediatrics, Southwest Pediatrics, Caring Pediatrics, K & S Family Practice, Universal Pediatrics, Best Kids, Northwest Industrial & Medical, and Primary Care-Family Clinic. The estimated reach of these ads exceeds 150,000 individuals.
We tested some of the Stress Health messaging materials through our Remesh session, and the materials resonated. After seeing the “Things we carry” video, the most common response to the question, “Seeing this, what might you do next?” were “I will cool down to understand my kids’ feelings” and “Visit the website [stresshealth.org].”

Political will/action

The current state-level policy context in Michigan is favorable for supporting an ACE screening initiative. In 2017, Michigan Medicaid, as part of the Defending Childhood Initiative, adopted a policy to provide reimbursement for ACE screening and intervention through the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program, largely citing AAP recommendations. The policy states that individuals under age 21 receiving Michigan Medicaid benefits (i.e., Medicaid, Healthy Michigan Plan, MIChild) are covered for trauma-related services under the EPSDT program policy as of February 1, 2017. The Michigan Department of Health and Human Services (MDHHS) bulletin announcing this change in coverage outlines the need for “the child’s need to be respected, informed, connected and hopeful regarding their own recovery,” as well as “the need to work in a collaborative way with the child, family and friends of the child and other human services agencies.” The bulletin is quite comprehensive and includes guidelines for the primary care provider’s role in screening children for trauma, including an advisement to “use best practices to screen for precipitants of toxic stress as indicated by the American Academy of Pediatrics,” including CYW’s ACE-Questionnaire and an unnamed Resilience Questionnaire and Pediatric Intake Form. The document also addresses procedures for referrals to behavioral health services, serving as a comprehensive tool for primary care providers in assessing and addressing ACEs.

Furthermore, the state created a website with resources for providers seeking to address ACEs, toxic stress and trauma in their practice. These resources and the policy guidance manuals include resources for Child Welfare and the Department of Corrections, indicating cross-sector awareness and collaboration.

Interviews with key informants did suggest a gap between policy and practice. The state policy on screening was referred to in one interview. This respondent reported that a potential challenge for providers was that the reimbursement rate is too low to work as an incentive ($2.97 per encounter). In speaking to state officials about the policy, it was clear that interest in ensuring that the policy meets its intended goal of supporting screening is there.

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22Michigan Department of Health & Human Services, Tools to Address Trauma
https://www.michigan.gov/mdhhs/0,5885,7-339-73971_4911_69588_80203---,00.html, Retrieved on June 27, 2019
Community coordination to address childhood adversity

Many respondents shared that there is a need for multi-sector collaboration among the education, health, social services, and juvenile justice systems, as well as public-private partnership. At the local level, there are a few strong champions representing medical providers, mental/behavioral health, research/academic, and philanthropy. These champions express interest and have made attempts to coordinate with each other, but these efforts are early in their development. Detroit public schools and the broader education sector were repeatedly mentioned as potential leaders in addressing ACEs and trauma; however, we were unable to speak to a representative from education despite repeated attempts.

At the state level, some efforts seem to be working in this direction:

The **Michigan Association of Health Plans (MAHP) Foundation** is a nonprofit launched to bring public and private partners together to conduct research projects on managed care, chronic disease and healthcare quality improvement, as well as provide education and resources to the public. The MAHP Foundation received funding from the Michigan Health Endowment Fund in 2017 to support their initiative, “Creating Healing Communities: A Statewide Initiative to Address Adverse Childhood Experiences (ACEs) in Michigan” (known as the “MI ACE Initiative”). The focus of the project is to increase statewide ACEs awareness and to create a coalition to recommend the development of appropriate interventions, state policy and to support the implementation of Medicaid policy for ACEs. The MI ACE Initiative is governed by the Michigan ACE Initiative Steering Committee, which is comprised of members from the health, education, and law enforcement sectors.

The MI ACE Initiative Steering Committee has outlined the foundation of their proposed ACEs strategy:

1. Break the ACEs cycle that now occurs generation after generation;
2. Support to expand capacity for community-based interventions and solutions;
3. Preserve the existing “safety net” that exists within our human service agencies; and
4. Proclaim ACEs as a critical health issue and sustain efforts over time.

At the local/regional level, respondents named previous efforts to coordinate across sectors, but none explicitly focused on addressing childhood adversity.

As of September 2018, the MI ACE Initiative has reached over 10,000 individuals with training on ACEs science through their Master Trainers and Community Champions. Lisa Farnum is the Managing Director of the MAHP Foundation and oversees the MI ACE Initiative project. The training component to this project involved hosting three-day “train the master trainer” sessions across the state. To date, 75 individuals have been trained as Master ACE trainers. Master Trainers have given 156 presentations to nearly 4,800 people, and there have been 41 MI ACE Community Champions trained. Pin maps of the location of Master Trainers and presentations given can be viewed on the MAHP Foundation website. In the summer of 2018, the project
released a video to increase awareness of ACEs and toxic stress. Additionally, as part of the MI ACE Initiative, there have been over 110 statewide screenings of the film “Resilience” since April 2017, reaching over 5,500 individuals.

Data on childhood adversity

Many of our respondents told us that Detroit lacks an easy-to-use central repository of general public health data, including ACEs, that could be leveraged for meaningful use in the human service sector. It was suggested that it may be most effective for agencies to partner to expand existing efforts to include (and share?) ACEs data on Detroit children, rather than creating a new, separate data capture infrastructure. However, a new data initiative by Authority Health is currently in test phases; the initiative is focused on the development of a data dashboard that may bring together patient and referral data for cities in Wayne County. Key informants (connected to?) smaller organizations and agencies stated that they currently screen children for ACEs\(^\text{23}\), but do not do anything further with the resulting data.

The Michigan Department of Health and Human Services’ 2016 Michigan Behavioral Risk Factor Surveillance System (BRFSS) data are the most up-to-date state- or local-level data that we were able to obtain for this project. The BRFSS included questions about ACEs in 2013 and in 2016. In both surveys, statewide data were limited to a smaller sample than the total representative statewide sample and thus cannot be boiled down to the county or city level. Several sources confirmed that additional questions are planned for inclusion in the full BRFSS sample, with the expectation that county-level data, and possibly city-level data for the city of Detroit, will result.

The Michigan Disease Surveillance System (MDSS) has begun to collect statewide data on ACEs; however, Detroit-specific data to evaluate and inform local efforts are also needed. Opportunities to adopt such a system have been identified in collaboration with the Detroit Health Department, which is in the process of creating a data dashboard to elucidate health indicators of Detroiter. Expansion of the State of the Detroit Child Data Report Initiative, managed by Data Driven Detroit in collaboration with the Skillman Foundation, also could enable inclusion of the ACE screening data collected by various programs and organizations throughout the city.

Collaboration on data collection could present valuable opportunities to inform program planning as well as policy. Population-level data can support local-level allocation of resources and support measurement of impact for cross-sector and multi-tiered efforts as is required for a comprehensive city-wide effort focused on ACEs.

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\(^{23}\) It was unclear if there is consistency in how ACE screening is being carried out, what the target population is for these screening efforts, or what tool/measure is being used.
5. Discussion

As awareness of ACEs grows in Detroit, public sector agencies and community-based organizations appear to be independently developing services to address childhood adversity. While there was stated support for cross-sector and city-wide collaboration to address ACEs, there is no clear consensus on the best path forward. Based on our findings, a stable central body that draws on the strengths of the network of organizations contributing to addressing ACEs may be the best course – it would be able to withstand the instability that can be caused by leadership and staff transitions and could help strengthen partnerships and catalyze efforts that fill gaps in services.

The state-level support for screening to address ACEs through Medicaid offers tremendous opportunity to support implementation through mechanisms that provide incentives for starting and sustaining ACE screening. Currently there is no mechanism for tracking the impact of the Medicaid policy and, with incentives as low as $2.97, this warrants further evaluation. Staff involved in the implementation of the Medicaid policy expressed interest in working with health plans to learn what is being done that could improve the success of this policy.

At the local level, it was clear that there is interest in screening, but many questions remain. These questions were similar to those we hear in other locales, including who should implement screening, what should be done once individuals are screened, and who should be screened in the first place. There is no one answer to these questions, but promising best practices are emerging.

Infrastructure to support ACE screening implementation needs to include mechanisms to ease the burden of systems navigation for patients and their families, allowing families to better access existing services. Care coordination programs, such as Healthy Steps, Project Dulce, and Help Me Grow, have been highlighted as best practices in supporting patient care in other cities and could be explored to support effective care coordination to supportive services.

Several key informants mentioned that philanthropy is seen as having an important role in seeding and sustaining efforts. However, respondents also cautioned that sometimes these efforts have lacked sustainability plans and therefore do not endure beyond their limited funding period. Supporting a broad initiative to address ACEs will likely involve a longer-term commitment to the community and should include public and private partnership to ensure diversification of funds and buy-in.

6. Limitations

The listed data sources allowed us to identify emergent themes and surface recommendations for supporting ACE screening and public education on ACEs and toxic stress in Detroit. These
methods have helped us better understand the city’s readiness to adopt an ACE screening program, as well as other factors that would be valuable to consider in launching a broad-based ACEs initiative in the city of Detroit. However, as with all studies, ours had some limitations to note.

As part of this project, we tested a relatively new platform for collecting consumer insights data. The platform itself was very easy to use and allowed for real-time analysis that was insightful. However, due to our geographic limitation, we were unable to recruit a demographically representative sample. We did report on the data and include the insights report as an appendix, but consider the results preliminary. If further broad-scale public education is pursued, in-person focus groups and interviews with the public are recommended.

For our key informant interviews, we sought out cross-sector representation, drawing largely on lessons learned from other locales that are seeking to engage in community mobilization to address ACEs. Despite several attempts, we were unable to connect to a representative from the education and law enforcement sectors.

7. Recommendations

Given that Detroit, Wayne County, and Michigan at-large already have diverse champions seeking to address childhood adversity, the following recommendations – based on CYW’s experience in the field – are high-yield areas in which continued or enhanced support could advance their efforts:

1. **Convene a cross-sector collaborative focused on addressing ACEs in Detroit.** This convening should take a regional approach to ensure that considerations involving city/county boundaries can be addressed.
2. **Work with state-level stakeholders**, such as Medicaid and payers/insurers, public health/data initiatives, to ensure Detroit-level data is made available and to help evaluate the screening policy.
3. **Support collection and sharing of (?) city and regional data** that includes information about ACEs, social/essential needs and associated outcomes across the life span, emphasizing the need to include data on children (e.g., early childhood development, chronic diseases starting in childhood, mental illness/substance misuse, healthcare utilization, school readiness/special education utilization, and juvenile justice involvement). Platforms currently reporting county-level and other healthcare and education data could be leveraged to include ACEs data.
4. **Improve linkages between services**, including building and enhancing existing systems for care coordination across city/district/county lines and between public and community-based organizations.
5. **Ensure identification, evaluation, and dissemination of findings of a pilot or demonstration project** to identify locally effective models and best practices for
screening and intervention, help identify barriers/opportunities, and create broader buy-in to scale impactful solutions.

6. **Enhance provider training to include practical skills** relevant to their specific interactions with children and families, working with community-based organizations and existing ACEs trainers to inform and deliver training.

7. **Continue efforts in public education around ACEs and toxic stress** directly with caregivers, community members and professionals working with families.

8. **Next steps**

As part of ensuring that the findings from this feasibility study are shared and owned by the community of advocates working to improve the health of children and families with ACEs in Detroit, we will be coordinating with the Kresge Foundation to provide the findings collected for this report to the community.

CYW has been asked by Wayne Children’s Healthcare Access Program to support their Pediatric Residency Learning Collaborative by providing training on ACEs science and screening to residents from five Michigan residency programs. This will be a wonderful opportunity to start embedding screening into pediatric practice.

CYW will also help connect the Kresge Foundation team to ACEs Connection, an organization that has expertise in supporting the evolution of cross-sector community-level efforts focused on addressing ACEs and building resilience.
Appendix 1: Key informants

<table>
<thead>
<tr>
<th>Interview Date</th>
<th>Sector</th>
<th>Organization</th>
<th>Interviewee</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/9/19</td>
<td>Foundation</td>
<td>Kresge Foundation</td>
<td>Wendy Jackson</td>
<td>Managing Director, Detroit Program</td>
</tr>
<tr>
<td>1/9/19</td>
<td>Healthcare/ Nonprofit</td>
<td>Authority Health</td>
<td>Kelly Herron</td>
<td>Manager, Strategy and Innovation</td>
</tr>
<tr>
<td>1/9/2019</td>
<td>Government</td>
<td>Michigan Department of Health and Human Services (MDHHS)</td>
<td>Mary Mueller</td>
<td>Project Coordinator, Trauma Informed Systems</td>
</tr>
<tr>
<td>1/10/2019</td>
<td>Higher Education/ Healthcare</td>
<td>Wayne State University</td>
<td>Dr. Herman Gray</td>
<td>Chair, Dept. of Pediatrics; Pediatrician</td>
</tr>
<tr>
<td>1/10/2019</td>
<td>Higher Education/ Healthcare</td>
<td>Children's Trauma Assessment Center, Western Michigan University</td>
<td>Dr. Mark Sloane</td>
<td>Co-founder, Pediatrician</td>
</tr>
<tr>
<td>1/11/2019</td>
<td>Nonprofit</td>
<td>Michigan ACE Initiative/Michigan Association of Health Plans Foundation</td>
<td>Lisa Farnum</td>
<td>Managing Director</td>
</tr>
<tr>
<td>1/17/2019</td>
<td>Foundation</td>
<td>Skillman Foundation</td>
<td>Tonya Allen</td>
<td>CEO</td>
</tr>
<tr>
<td>1/17/2019</td>
<td>Foundation</td>
<td>Skillman Foundation</td>
<td>Punita Thurman</td>
<td>VP, Programs and Strategy</td>
</tr>
<tr>
<td>1/29/2019</td>
<td>Foundation</td>
<td>Kresge Foundation</td>
<td>David Fukuzawa</td>
<td>Managing Director, Health Program</td>
</tr>
<tr>
<td>1/30/2019</td>
<td>Government/ Public Health</td>
<td>Detroit Department of Health and Wellness</td>
<td>Dr. Joneigh Khaldun</td>
<td>Executive Director</td>
</tr>
<tr>
<td>2/4/2019</td>
<td>Healthcare</td>
<td>Henry Ford Health System</td>
<td>Jaye Clement</td>
<td>Director, Community Health Programs and Strategies</td>
</tr>
<tr>
<td>Date</td>
<td>Sector</td>
<td>Organization</td>
<td>Name</td>
<td>Role</td>
</tr>
<tr>
<td>----------</td>
<td>-------------------------</td>
<td>--------------------------------</td>
<td>--------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>2/7/2019</td>
<td>Healthcare/Nonprofit</td>
<td>Wayne Children's Healthcare Access Program</td>
<td>Dr. Teresa Holtrop</td>
<td>CEO</td>
</tr>
<tr>
<td>2/11/2019</td>
<td>Nonprofit</td>
<td>Great Start Collaborative—Wayne County</td>
<td>Kathleen Alessandro</td>
<td>Director</td>
</tr>
<tr>
<td>2/13/2019</td>
<td>Nonprofit/Mental Health</td>
<td>Starfish Family Services</td>
<td>Ann Kalass</td>
<td>CEO</td>
</tr>
<tr>
<td>2/14/2019</td>
<td>Nonprofit</td>
<td>Teen Hype</td>
<td>Ambra Redrick</td>
<td>CEO</td>
</tr>
<tr>
<td>3/28/2019</td>
<td>Nonprofit/Mental Health</td>
<td>KidsTalk</td>
<td>Lacea Zavala</td>
<td>Supervisor</td>
</tr>
<tr>
<td>3/29/2019</td>
<td>Community Mental Health</td>
<td>Detroit Wayne Mental Health Authority</td>
<td>Crystal Palmer</td>
<td>Director, Children's Initiatives</td>
</tr>
<tr>
<td>4/12/2019</td>
<td>Faith</td>
<td>Woodside Bible Church</td>
<td>Pastor Tim Holdridge</td>
<td>Pastor</td>
</tr>
<tr>
<td>5/30/19</td>
<td>Health/Public sector (State)</td>
<td>2 DHHS staff</td>
<td></td>
<td>Medicaid Policy</td>
</tr>
<tr>
<td>6/21/19</td>
<td>Health/Public sector (State)</td>
<td>1 DHHS staff</td>
<td></td>
<td>Medicaid Managed Care</td>
</tr>
</tbody>
</table>
Appendix 2: Detroit Survey on Public Awareness, Parenting and Toxic Stress Focus Group/Survey Report

Detroit Survey on Public Awareness, Parenting and Toxic Stress

Using Remesh, an AI powered platform, our survey/focus group used a form of the Delphi technique in order to discover participant answers to our questions that the group agreed (consensus) was the most popular.

Those answers with the highest consensus among participants and the highest response popularity ranking were captured as follows.

Information about Remesh at https://remesh.ai/product/

Total 93 participants
### Detroit Survey on Parenting and Toxic Stress

#### What do you enjoy about being a parent or caregiver?

<table>
<thead>
<tr>
<th>Enjoyment</th>
<th>Consensus</th>
<th>Popularity</th>
</tr>
</thead>
<tbody>
<tr>
<td>I enjoy the opportunities [when] I get to spend time with my children.</td>
<td>89.6%</td>
<td>69.6%</td>
</tr>
<tr>
<td>Love to see my kid(s) grow and learn things</td>
<td>89.4%</td>
<td>70.0%</td>
</tr>
<tr>
<td>Watching my kids grow and learn, and I learn with them</td>
<td>88.8%</td>
<td>71.9%</td>
</tr>
</tbody>
</table>

#### What are the challenges you face as a parent or caregiver?

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Consensus</th>
<th>Popularity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being able to afford for daycare</td>
<td>98.6%</td>
<td>71.3%</td>
</tr>
<tr>
<td>Positive reinforcement: How to discipline in a positive manner (ie, no violence, etc...)</td>
<td>65.4%</td>
<td>69.5%</td>
</tr>
</tbody>
</table>

### Detroit Survey on Parenting and Toxic Stress

#### As a parent or caregiver, where do you get advice or support?

<table>
<thead>
<tr>
<th>Source</th>
<th>Consensus</th>
<th>Popularity</th>
</tr>
</thead>
<tbody>
<tr>
<td>My church, my parents, and my in-laws</td>
<td>94.0%</td>
<td>69.3%</td>
</tr>
<tr>
<td>From my mom</td>
<td>91.4%</td>
<td>73.2%</td>
</tr>
<tr>
<td>Family and friends</td>
<td>80.7%</td>
<td>71.8%</td>
</tr>
</tbody>
</table>

#### What activities do you enjoy doing with the children in your care?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Consensus</th>
<th>Popularity</th>
</tr>
</thead>
<tbody>
<tr>
<td>I love playing with them, talking with them, or just watching what they are doing</td>
<td>92.6%</td>
<td>70.2%</td>
</tr>
<tr>
<td>Board games, playing</td>
<td>84.7%</td>
<td>75.7%</td>
</tr>
</tbody>
</table>
## Detroit Survey on Parenting and Toxic Stress

### What is raising children like in Detroit?
- Consensus: 88.4%
- Popularity: 69.7%
- It is extremely hard to raise children in Detroit
  - Consensus: 80.0%
  - Popularity: 75.6%
- They get angry, shout, cry and disrespectful. They never listen to others
  - Consensus: 89.3%
  - Popularity: 73.8%
- Withdrawal or act out
  - Consensus: 92.2%
  - Popularity: 71.8%
- They act out, or are sad and depressed
  - Consensus: 81.7%
  - Popularity: 71.0%

### How do kids act when they're stressed out? What do they say? What do they do?
- Stress that is bad for you
  - Consensus: 99.1%
  - Popularity: 74.6%
- Stress that is unhealthy and damages your health
  - Consensus: 65.8%
  - Popularity: 69.0%
- Never heard this before, but seems like common sense
  - Consensus: 83.0%
  - Popularity: 78.4%
- Dealing with it first hand
  - Consensus: 82.8%
  - Popularity: 73.2%
- I think a child with toxic stress would need therapy
  - Consensus: 98.7%
  - Popularity: 69.2%
- Therapy and loving caregivers
  - Consensus: 93.3%
  - Popularity: 69.6%
### Do you know about Toxic Stress?

<table>
<thead>
<tr>
<th>Row Labels</th>
<th>All</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maybe</td>
<td>17</td>
<td>18%</td>
</tr>
<tr>
<td>No</td>
<td>29</td>
<td>31%</td>
</tr>
<tr>
<td>Yes</td>
<td>40</td>
<td>43%</td>
</tr>
<tr>
<td>(blank)</td>
<td>7</td>
<td>8%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>93</td>
<td></td>
</tr>
</tbody>
</table>

### Detroit Survey on Parenting and Toxic Stress

<table>
<thead>
<tr>
<th>Question</th>
<th>Consensus</th>
<th>Popularity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where would the parent or child go for this support in your community?</td>
<td>90.4%</td>
<td>72.3%</td>
</tr>
<tr>
<td>Which community organizations come to your mind?</td>
<td>83.4%</td>
<td>72.1%</td>
</tr>
<tr>
<td>What groups within the city (i.e. faith-based, medical/healthcare, schools, etc) do you think should take the lead in addressing this issue in Detroit?</td>
<td>85.5%</td>
<td>69.8%</td>
</tr>
</tbody>
</table>
## Detroit Survey on Parenting and Toxic Stress

<table>
<thead>
<tr>
<th>Question</th>
<th>Consensus</th>
<th>Popularity</th>
</tr>
</thead>
<tbody>
<tr>
<td>A doctor is like my best friend. I can tell them anything.</td>
<td>92.8%</td>
<td>72.6%</td>
</tr>
<tr>
<td>Why did you select that answer? I'm not always comfortable</td>
<td>89.7%</td>
<td>71.6%</td>
</tr>
<tr>
<td>I have a great doctor.</td>
<td>85.2%</td>
<td>72.7%</td>
</tr>
<tr>
<td>What do you think would be the biggest opportunity or hurdle in Funding addressing this issue in Detroit?</td>
<td>93.9%</td>
<td>74.9%</td>
</tr>
<tr>
<td>Better funding</td>
<td>84.7%</td>
<td>69.8%</td>
</tr>
<tr>
<td>What could be improved? Providing more programs and bringing awareness to those resources and programs</td>
<td>82.4%</td>
<td>73.8%</td>
</tr>
</tbody>
</table>

## Detroit Survey on Parenting and Toxic Stress (Video)

<table>
<thead>
<tr>
<th>Question</th>
<th>Consensus</th>
<th>Popularity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reflecting on this video, how does it make you feel?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very sad</td>
<td>85.5%</td>
<td>74.5%</td>
</tr>
<tr>
<td>Seeing this, what might you do next?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I will cool down try to understand my kids feeling</td>
<td>98.6%</td>
<td>73.7%</td>
</tr>
<tr>
<td>Visit the website <a href="#">stresshealth.org</a> to learn more</td>
<td>84.0%</td>
<td>73.3%</td>
</tr>
<tr>
<td>What questions popped into your head?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What are some ways to break the cycle?</td>
<td>88.2%</td>
<td>75.2%</td>
</tr>
<tr>
<td>How can a parent be so toxic around their child and to their family?</td>
<td>80.0%</td>
<td>71.7%</td>
</tr>
<tr>
<td>Is this something you can relate to?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fortunately no</td>
<td>82.3%</td>
<td>71.9%</td>
</tr>
</tbody>
</table>
How much do you agree with this statement: "These videos could help people like me." (referring to Stress Health produced video "The Things we Carry")

<table>
<thead>
<tr>
<th>Label</th>
<th>All</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>14</td>
<td>15%</td>
</tr>
<tr>
<td>Agree</td>
<td>31</td>
<td>33%</td>
</tr>
<tr>
<td>Neutral</td>
<td>22</td>
<td>24%</td>
</tr>
<tr>
<td>Disagree</td>
<td>12</td>
<td>13%</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>4</td>
<td>4%</td>
</tr>
<tr>
<td>(blank)</td>
<td>10</td>
<td>11%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>93</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 3: Landscape of current efforts addressing childhood adversity

Through our interviews with community representatives, as well as through our own research, we have identified several efforts underway to address ACEs in Detroit, listed below. We are continuing to assess existing opportunities for advancing efforts to address ACEs and for collaboration, as well as for identifying potential gaps in services.

Healthcare Sector

The healthcare sector initiative most often mentioned in interviews was the work being conducted by Dr. Teresa Holtrop of Wayne County Michigan Children’s Health Access Program (Wayne CHAP). Dr. Holtrop provides training of pediatric residents around ACEs and trauma-informed care.

Stakeholder interviews indicated that the Henry Ford Health System and Wayne State University School of Medicine are interested in addressing ACEs, although more research is needed on efforts that are currently underway.

The Michigan Primary Care Association (MPCA) provides technical assistance and training support to Michigan’s Federally Qualified Health Centers (FQHCs) and has partnered with the Michigan ACE Initiative to provide trainings, including webinars, on ACEs.

Educational and Research Institutions

Both the University of Michigan Department of Psychiatry and Western Michigan University are actively conducting research on ACEs and early childhood development. As the self-proclaimed birthplace of the field of infant and early childhood mental health, the University of Michigan maintains a “Zero to Thrive” program led by Dr. Kate Rosenblum and Dr. Maria Muzik of the university’s Department of Psychiatry, and Dr. Alison Miller of the university’s School of Public Health. The “Zero to Thrive” program includes the Zero to Thrive Translational Research Network, which focuses on multidisciplinary research on the experiences of families with young children facing adversity by bringing together providers, academics, policymakers, and families to promote resilience in infants, toddlers, and young children. Dr. Rosenblum focuses specifically on infant and early childhood mental health, dyadic and relationship-focused psychotherapy, and trauma and loss in infancy and early childhood, including child welfare, parent mental health, intergenerational transmission of risk, and parenting interventions in early

26 Wayne State University School of Medicine website. https://www.med.wayne.edu
27 Michigan Primary Care Association (MPCA) website. https://www.mpca.net
29 University of Michigan, Department of Psychiatry. Zero to Thrive website. https://medicine.umich.edu/dept/psychiatry/programs/zero-thrive
Western Michigan University Southwest Michigan Children’s Trauma Assessment Center’s mission is “to promote compassionate understanding and support for children and families who have experienced trauma.” The Children’s Trauma Assessment Center (CTAC) has provided comprehensive neurodevelopmental trauma assessments for more than 3,300 children who have experienced trauma or ACEs from 3-17 years of age. Over 90% of the children who have received assessments are currently in or have previously been in foster care. The CTAC’s multidisciplinary team-based approach leverages expertise from professionals in social work, occupational therapy, speech-language pathology and medicine. The CTAC is affiliated with the National Child Traumatic Stress Network. Southwest Michigan CTAC Co-Founder Dr. Mark Sloane participated in a stakeholder interview during the first half of the project period. Dr. Sloane and the CTAC are currently screening for ACEs using a screening tool that they developed.

Government Agencies

Michigan Department of Health and Human Services (MDHHS) has a significant number of siloed efforts to screen children for trauma that focuses on higher-risk populations, such as children in foster care and/or Community Mental Health systems. The MDHHS Children’s Services Agency (CSA) released a Children’s Services Agency Trauma Protocol (updated in April 2018) that outlines the vision and process (including screening and response) to identify children who have experienced trauma.

The protocol mandates that staff use the appropriate CTAC Trauma Screening Checklist based on the age of the child (0-5 years or 6-18 years). All caseworkers are required to screen each child involved in an open Child Protective Services (CPS) case and/or foster care within 30 days of opening a case. An initial screen is required within 180 days.

Additionally, the MDHHS Family Health Services Bureau provides training opportunities regarding trauma-informed practices through the programs it administers, including Child and Adolescent Health Centers; Maternal Infant Health programs; Michigan Home Visiting Initiative; and the Women, Infants and Children (WIC) program. Family Health Services Bureau staff work with Michigan Bureau of Epidemiology and Population Health, Michigan Health and Wellness, and the Michigan Department of Education to incorporate and analyze information about childhood adversity in the Michigan Behavioral Risk Factor Surveillance System (MiBRFSS) and the Michigan Youth Risk Behavior Survey (YRBS). Currently, the Michigan Trauma Toxic Stress team at MDHHS primarily facilitates training and prepares self-teaching guidelines for implementing trauma-informed care practices.

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30 Western Michigan University. Children’s Trauma Assessment Center website. https://wmich.edu/traumacenter
31 Michigan Department of Health and Human Services website. https://www.michigan.gov/mdhhs/
MDHHS oversees the Children’s Trauma Initiative, which was launched in 2008 and provides training and coaching to Community Mental Health Services program providers and their provider network. Elements of the program include trauma screening of all children using the Trauma Symptom Checklist for Young Children and UCLA-PTSD 5 instruments. The program also aims to provide trauma treatment to children ages 3-18 in the Community Mental Health system and their families through home-based or outpatient Trauma Focused Cognitive Behavioral Therapy (TF-CBT). In 2018, the program collaborated with the University of Michigan to provide training in Child Parent Psychotherapy, an evidence-based, trauma-specific model for children ages 0-5 years.

In addition, the Kalamazoo County Commissioners passed a resolution in April 2018 to establish Kalamazoo County as a trauma-informed, resilient community.

Nonprofit and Community Based Organizations

**Michigan Association of Health Plans (MAHP)** is a nonprofit that promotes the interests of member health plans while providing “leadership for the promotion and advocacy of high quality, affordable, accessible healthcare for the citizens of Michigan.”

**The MAHP Foundation**, a separate nonprofit now in its 20th year, was launched to bring together public and private partners to conduct research projects on managed care, chronic disease, and healthcare quality improvement, as well as provide education and resources to the public. The MAHP Foundation received funding from the Michigan Health Endowment Fund in 2017 to support their initiative, “Creating Healing Communities: A Statewide Initiative to Address Adverse Childhood Experiences (ACEs) in Michigan” (known as “Michigan ACE Initiative”). The focus of the project is to increase statewide ACEs awareness and to create a coalition to recommend the development of appropriate interventions and state policy and to support the implementation of Medicaid policy for ACEs. The Michigan ACE Initiative is governed by the Michigan ACE Initiative Steering Committee, which is composed of members from the health, education, and law enforcement sectors.

The Michigan ACE Initiative Steering Committee outlined the foundation of their proposed ACEs strategy as follows:

1. Break the ACEs cycle that now occurs generation after generation;
2. Support to expand capacity for community-based interventions and solutions;
3. Preserve the existing “safety net” that exists within our human service agencies; and
4. Proclaim ACE as a critical health issue and sustain efforts over time.

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33 Michigan Department of Health and Human Services. Children’s Trauma Initiative. Available at: [https://www.michigan.gov/documents/mdhhs/Mental_Health_Services_Children_Families_629636_7.pdf](https://www.michigan.gov/documents/mdhhs/Mental_Health_Services_Children_Families_629636_7.pdf)

34 Michigan Association of Health Plans website. [https://www.mahp.org](https://www.mahp.org)

As of September 2018, over 12,000 individuals had been reached with training and/or a presentation. Lisa Farnum, Managing Director of the MAHP Foundation, oversees the Michigan ACE Initiative project. The MAHP Foundation contracts with Martin Waymire, a Michigan public relations firm, on this project. The training component involved hosting three-day “train the master trainer” sessions across the state. To date, master trainers have given over 156 presentations to nearly 4,800 people, and 41 MI ACE Community Champions have been trained (pin maps showing locations of master trainers and presentations can be viewed online). In summer 2018, the project released the “Michigan ACE Initiative” video to increase awareness of ACEs and toxic stress. Additionally, as part of the MI ACE Initiative, there have been over 110 statewide screenings of the film “Resilience” since April 2017, reaching over 5,500 individuals.

Starfish Family Services, a private, nonprofit agency with eight sites in the Detroit metropolitan area, is dedicated to serving vulnerable children and families in Detroit, with an emphasis on early childhood development and a philosophy of promoting trauma-informed care. Starfish Family Services implements a Building Resilient Communities Program that trains parents to support their children experiencing trauma. Starfish incorporated the nationally recognized Trauma Smart program into its services as part of a multi-year initiative to provide tools to staff, parents, and communities to help families address trauma in healthy ways. Children in Starfish’s early childhood classrooms receive annual trauma screenings from Starfish Family Services staff.

Black Family Development is a nonprofit family counseling agency serving Detroit residents. In October 2018, Black Family Development hosted the International Institute of Restorative Practices conference, which focused on trauma-informed care and healing for individuals who have experienced trauma. Black Family Development works with different populations and launched the “Circle Keepers” program for community residents who are on a path to healing.

Children’s Trust Fund (CTF) is a nonprofit dedicated to promotion of the health and safety of children and family through funding local programs and services to prevent child abuse and neglect. In its most recent 2018-2019 State Plan, CTF highlights a major leadership initiative to “collaborate with more than 15 committees or groups related to prevention, early childhood and child welfare issues, including the Michigan Adverse Childhood Experiences State Leadership Team, Great Start Systems Team, the University of Michigan Child Abuse and Neglect planning committee, the Parent Leadership in State Government Advisory Board, and the Parenting Awareness Michigan (PAM) steering committee.” Additionally, CTF leads training and education

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37 MAHP pin maps. Available at: [http://mahp.org/ace-pin-maps](http://mahp.org/ace-pin-maps)
38 Michigan ACE Initiative. Video. 2018. Available at: [https://www.youtube.com/watch?v=MtuTmDtvGm0&feature=youtu.be](https://www.youtube.com/watch?v=MtuTmDtvGm0&feature=youtu.be)
40 Starfish Family Services website. [https://www.starfishfamilyservices.org](https://www.starfishfamilyservices.org)
41 Black Family Development website. [http://www.blackfamilydevelopment.org](http://www.blackfamilydevelopment.org)
efforts “to broaden the understanding of the Adverse Childhood Experiences Study.” CTF also partners with local councils that serve Michigan’s counties. **The Guidance Center/Kids-TALK Children’s Advocacy Center (CAC)** is CTF’s Wayne County affiliate. Kids-TALK CAC is a community-based program that serves children through age 17, providing treatment to suspected victims of sexual abuse, physical abuse, neglect, or other forms of psychological trauma.

Born of the need to establish a critical intervention at the junction where violence and healthcare intersect, **Detroit Life Is Valuable Everyday (DLIVE)** was launched in 2016 as the first health system effort in the city of Detroit to intervene and prevent re-injury. This initiative works holistically with youth and young adults who have survived acute, intentional violent trauma in order to interrupt the cycle of violence, prevent re-injury and death, and promote resilience, prosperity, and success in individuals’ lives and community.

**Authority Health** conducted a study in 2017, with the now-defunct New Center Mental Health and a community health clinic, and found that staff working with trauma-exposed clients have not been properly trained about trauma. Authority Health is interested in creating community hubs of support across the city, leveraging partnerships and community-based services to improve health education, and utilizing networks of existing services and/or mobile services. Respondents told us that Authority Health also is working to create a central repository of patient data for cities in Wayne County. Authority Health promotes screening for social determinants of health, and possibly ACEs, in the organization’s wellness center.

**Great Start Collaborative—Wayne County** and **Wayne Pediatrics** are discussed in the body of this feasibility study; both are considered to be likely leaders for this initiative in Detroit, along with **Starfish Family Services**.

**Great Start Collaborative—Wayne County**
Great Start Wayne — a self-described “systems builder” — has had tremendous success with coordinating consistent messaging, images, and language at various “touchpoints” to minimize confusion among their target audiences. Touchpoints include doctor’s offices, schools, places of worship, grocery stores, and gas stations. Great Start Wayne’s three main audiences are parents, providers, and community leaders — key audiences for promoting awareness of ACEs and an ACE framework for cross-sector services in Detroit. Consequently, their success with messaging around nutrition, safe sleep, and safety could easily incorporate information on ACEs and resilience-building. Moreover, Great Start Wayne’s director, Kathleen Alessandro, is enthusiastic about and supportive of ACEs work and is willing to utilize her organization’s infrastructure (including extensive monthly collaborative network meetings with key Wayne County community leaders) to see a collaborative ACE screening initiative come to fruition in Detroit.

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44 The Guidance Center/Kids-TALK Children’s Advocacy Center. Website. Available at: [https://www.guidance-center.org/kids-talk/](https://www.guidance-center.org/kids-talk/)
Wayne Pediatrics
An academic/medical provider partnership, Wayne Pediatrics aims to provide primary and specialty pediatric services while improving the overall health of Detroit’s children by addressing social determinants of health. Dr. Herman Gray, chair of Wayne State University Department of Pediatrics, is a pediatrician with extensive experience as a hospital executive in Detroit (former CEO of Children’s Hospital of Michigan) and nonprofit leader (former CEO of United Way of Southeastern Michigan). Dr. Gray is personally very interested in ACEs and is poised, through the new Wayne Pediatrics partnership, to lead the way for ACEs work in Detroit. Engagement of a champion of ACE screening in academic medicine could be a great support for training current and future physicians, mid-level providers, nurses, and other healthcare workers about the importance of screening. Moreover, there also is extensive interest and excitement around ACEs work at the Henry Ford Health System, and as a result, they are well-positioned to be an effective hospital system partner in this endeavor.

Detroit Public Schools (DPS)
Though we were not able to connect with individuals within the education sector, several key informants spoke positively and enthusiastically about DPS’s new executive leadership team. One of the community leaders we spoke with noted that K-12 districts get called upon “to fix everything that’s broken in society — healthy eating, exercise, parents’ issues, etc.,” and that schools are overwhelmed. Some stakeholders pointed to DPS as a potential site for ACE screening, noting that a successful ACEs program would integrate early childhood, school-aged children, parents, and families.

Churches
During the focus group, churches were mentioned frequently as functioning as anchoring institutions of support in the community. Respondents said they turn to churches for parenting advice, as well as to learn where to find support in the community. Respondents also indicated they see a role for churches in leading the way to implement a universal, community-focused ACEs campaign. However, it was extremely difficult to convince church representatives to participate in stakeholder interviews for this study. A Detroit pastor told us that churches want to maintain control of their messaging and do not want to serve as a mouthpiece for others. Another respondent noted that some churches may be reluctant to engage in collaborative efforts to address mental health issues if they see the efforts as inconsistent with the belief that faith can cure all ailments, including mental health challenges.

Local ACEs-Focused Convenings
Upcoming events in the Detroit area addressing ACEs include:
- Detroit Wayne Mental Health Authority (DWMHA) Trauma-Focused Care Conference (February 14-15, 2019 in Detroit)
Children’s Hospital of Michigan Foundation 2019 Child and Adolescent Behavioral Health Summit: Investing in the Mental Health of our Youth (May 14, 2019 in Plymouth, MI)

Annual Michigan ACE Conference (to be held in East Lansing on May 23, 2019)

The following past events in the Detroit-area have addressed ACEs:

- ACEs Michigan Association of Community Mental Health’s 2018 Wraparound Conference, which included a “Adverse Childhood Experiences and Encouraging Resiliency” section (June 13-15, 2018)
- The Michigan Medicine Child Protection Team and the Child Abuse and Neglect (CAN) Conference Planning Committee (University of Michigan) hosted a Child Abuse & Neglect: Prevention, Assessment and Treatment Conference included breakout sessions on “Understanding ACEs, Addressing ACEs in Home Visiting, Mitigating Maternal ACEs” and “Understanding ACEs and Building Self-Healing Communities” (October 22-23, 2018). The event was sponsored by the Michigan Children’s Trust Fund.
- The Michigan Department of Health and Human Services sponsored Intergenerational Trauma and Community Violence Summit (September 20, 2018) aimed to explore intergenerational trauma and its relation to violence in communities of color.

Policy Initiatives

Michigan League for Public Policy (MLPP)\(^{45}\) is a think tank that promotes racial equity, economic security, health, and well-being for Michigan residents through policy change. Utilizing the Flint water crisis and financial struggles of Detroit Public Schools as a starting point for education around toxic stress and its disproportionate impact on children of color and those living in poverty, MLPP published the report “Crises in Flint and Detroit compound toxic stress, health risks”\(^{46}\) in 2016.

There have been no discernable pushes for legislation on toxic stress and ACEs in the state of Michigan to date. However, the Michigan ACE Initiative Steering Committee is working to garner support and action for legislation. They have outlined their strategy\(^{47}\) for policy change in the Michigan legislature:

1. Legislature to declare ACEs as one of the “critical healthcare issues in Michigan.”
2. Legislature to appropriate new funds to the Children’s Trust Fund for targeting support for organizations at the local and state levels.

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\(^{45}\) Michigan League for Public Policy website. [https://mlpp.org](https://mlpp.org)


3. Legislature to support enhancement for Michigan’s 2-1-1 system to create an electronic database for ACE-related interventions.
4. Legislature to support increased funding for providers to perform ACE-related screenings as part of the “well child” visit.
5. Executive Directives and Legislative resolutions should be adopted to support ACE initiatives within state government.

Individuals under age 21 receiving Michigan Medicaid benefits (i.e., Medicaid, Healthy Michigan Plan, MIChild) are covered for trauma-related services under the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program policy, as of February 1, 2017. The MDHHS bulletin announcing this change in coverage outlines “the child’s need to be respected, informed, connected and hopeful regarding their own recovery,” as well as “the need to work in a collaborative way with the child, family and friends of the child and other human services agencies.” The bulletin is comprehensive and includes guidelines for the primary care provider’s role in screening children for trauma, including an advisement to “use best practices to screen for precipitants of toxic stress as indicated by the American Academy of Pediatrics,” including CYW’s ACE-Q, AAP’s Resilience Questionnaire, and Pediatric Intake Form. The document also addresses procedures for referrals to behavioral health services, serving as a comprehensive tool for primary care providers in assessing and addressing ACEs.

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49 Center for Youth Wellness. ACE Questionnaire (ACE-Q) and User Guide. https://centerforyouthwellness.org/cyw-aceq/
Appendix 4. Secondary data analysis to identify existing data sources and build an understanding of the state of Detroit youth.

State of Detroit Youth

Demographics

According to 2016 projections from U.S. Census data, Detroit is one of the country’s most sparsely populated large cities, with only 672,829 residents in 138.8 square miles. Youth (defined as children under 18 years of age) comprised 172,761 individuals, or just over a quarter (25.7%) of Detroit’s total population. Thirty percent of Detroit children are under 5 years of age; 28% are 5 to 9 years of age; 25% are 10 to 14; and 17% are 15 to 17. Approximately 80% of children and youth, ages 0 to 18 years, are Black/African American; 10% are Hispanic; 2% are Asian; and 8% are White. There are approximately 259,295 households in Detroit; just over 55% of families have related children under 18, and just over 30% of households have children under 18 — suggesting that a significant proportion of Detroit youth live in households with a non-familial caregiver or guardian.

Income Data

The median household income in Detroit is $28,099. Per capita income in Detroit is $16,784, or two-thirds of Michigan's per capita income of $29,128. Over half of Detroit’s children live below the poverty line, with 68.3% of households with children receiving Supplemental Security Income (SSI), cash or Supplemental Nutrition Assistance Program (SNAP)/food assistance, more than double the rate in Michigan overall. Data from the 2016 National Survey of Children’s Health demonstrate that low-income families suffer from ACEs at a disproportionately high rate: 62% of children in families with incomes below 200% of the federal poverty level (FPL) have experienced at least one ACE, a percentage that is considerably higher than the 46% of children across income levels who have experienced one or more ACEs in the U.S.

Health Insurance Enrollment

According to 2015 data, 97.1% of Wayne County children had health insurance, with 58.3% insured by Medicaid. There are consistent gaps in Detroit-level data regarding the healthcare status of the city’s youth, including rate covered by insurance, the number of children with primary care providers, and the number of children, disaggregated by age range, who have seen

52 Data Driven Detroit. Available at: DataDrivenDetroit.org
a healthcare provider. There is also a significant gap in city-level mental health service engagement data about youth around ACEs. Reliance on hospital emergency departments for asthma care was 50% higher for children with persistent asthma who were enrolled in Medicaid in Detroit as compared with their counterparts in the state as a whole. In 2014, 11.3% of Detroit children and 9.7% of Michigan children had asthma. 57 ACEs can exacerbate the risk and severity of asthma. 58 Data from the 2016 National Survey on Children’s Health show that increases in ACEs are associated with increased risk of developing asthma: 5.7% children with no ACEs reported having asthma; 9.2% of children with one ACE reported having asthma; and 14.1% of children with two ACEs reported having asthma. 59

Prevalence of ACEs in Detroit
A study conducted by Johns Hopkins Bloomberg School of Public Health found that 77,000 Detroit children — or about 40% of the children in Detroit — have experienced two or more ACEs, contributing to childhood asthma and lifelong health problems. 60 According to Johns Hopkins researchers, two of every three children in Detroit have experienced ACEs, such as household substance abuse, exposure to violence, and extreme economic hardship, that can trigger asthma. Detroit leads the country in children’s exposure to ACEs (39.9%) and has the lowest proportion of children who have faced no ACEs in their lives (34.3%). 61

Additional research on ACEs conducted by the Michigan Department of Community Health in 2011 and 2012 found that Michigan youth had been exposed to more childhood trauma than the national average at each of the socioeconomic levels defined in the study. 62 According to a fact sheet outlining the data, an estimated one million children in Michigan, or 50.7% of the population, had experienced one or more ACEs; 38.9% ages 12 to 17 had two or more ACEs; and 60.6% of children living with a combination of one biological parent and one stepparent had two or more ACEs.

60 PBS News Hour and Detroit News. Why stress may be fueling the childhood asthma epidemic. Dec. 9, 2015. Available at: https://www.pbs.org/newshour/health/can-stress-trigger-asthma-in-children
According to 2012 Michigan Department of Health and Human Services (MDHHS) data, a higher proportion of Michigan children ages 0-17 had two or more ACEs (28.5%) as compared with the nationwide average (22.6%). Additionally, a higher proportion of female children experienced two or more ACEs than male children—a trend consistent with national data. Over 40% of non-Hispanic black children experienced two or more ACEs as compared to 26.2% of non-Hispanic white children in Michigan; nationwide, the percentages of rates for non-Hispanic black children and non-Hispanic white children are 31.1% and 21%, respectively. Seventy-nine percent of Detroit’s population is composed of African Americans. An alarming 48.7% of Michigan children with “special healthcare needs” and children suspected of having a serious or chronic physical, developmental, behavioral or emotional condition that requires health-related services have experienced two or more ACEs as compared with 36% of those nationwide. Alternatively, 23.1% of children without special healthcare needs in Michigan experienced two or more ACEs as compared with 19.3% nationwide. Finally, 9.9% of two-parent (biological or adoptive), 60.6% of two-parent (at least one stepparent), 52.4% of mother-only (no father present), and 62.6% of children in Michigan belonging to all other family structures have experienced two or more ACEs, a larger percentage for each of these groups than the nationwide average. According to the Children’s Trauma Assessment Center, “more than 70% of children seen by Community Mental Health officials in Wayne County have experienced at least three potentially traumatic events that could change how they think and learn.”

The phenomenon of youth trauma in Detroit is exacerbated by an exceedingly elevated crime rate. In 2016, nearly 14 children per day were the victims of crime in Detroit; the average victim was 13 years old, and the most common crime was assault. According to a 2016 analysis of Detroit Police Department data, the department investigated over 33,000 cases involving youth from January 1, 2009, through September 9, 2015. During that time period, 43% of Detroit children were victims of violent crimes such as homicide, sexual assault, aggravated assault, and robbery. While the overall crime rate against youth in Detroit has decreased from 27 victims per 1,000 youth in 2009 to 25 victims per 1,000 youth in 2014, the rate remains disproportionately high compared to other large cities and undoubtedly impacts individual, environmental, and community trauma in Detroit.