



STATEWIDE ACEs DISCOVERY REPORT

Whole Health
Louisiana

August 2022

Prepared by Trepwise

Commissioned by the Office
of First Lady Donna Edwards
through the Louisiana First
Foundation

EXECUTIVE SUMMARY

This Discovery Report was produced by Trepwise, a growth consulting firm, in collaboration with Whole Health Louisiana, a coordination effort spearheaded by First Lady Donna Edwards' Louisiana First Foundation, the Louisiana Department of Health, and the Picard Center at University of Louisiana Lafayette. The primary goal of the report is to discover the steps needed to create statewide change.

DISCOVERY OBJECTIVES

The discovery process was designed to fulfill the following objectives as they relate to preventing and addressing Adverse Childhood Experiences (ACEs):

- Synthesize input from ACEs experts, service providers, and community members across the state to illuminate current efforts, gaps, and needs.
- Collect insights from community members who have not traditionally been involved in priority setting efforts for the state.
- Identify recommendations to inform a future action plan that focuses on collaboration across the state.

INDIVIDUALS ENGAGED

From December 2021 - May 2022, more than **100** people were engaged through interviews and focus groups, and almost **700** people were reached via a statewide survey. The discovery process targeted subject matter experts, service providers, parents, and community leaders across the state in order to capture insights from those who were well versed in the ACEs ecosystem and/or could speak to the impact of ACEs and ACEs initiatives on their communities.

CURRENT STATE

This report builds upon the insights on the current state of the ACEs ecosystem as laid out in the University of Louisiana at Lafayette Picard Center's *AAA for Addressing ACEs* study.

EXECUTIVE SUMMARY

LEARNINGS: CURRENT STATE

The primary strengths of the ecosystem, or *forces for change*, in Louisiana include:

- The high perceived and experienced impact of ACEs education
- The role of healthcare professionals and faith-based communities in providing support
- The potential for shared learning across parishes
- Specific exciting and effective initiatives across the state

The primary challenges of the ecosystem, or *forces preventing change*, in Louisiana include:

- Barriers to families accessing, navigating, and receiving high quality services
- Disparate experiences across urban, rural, and suburban communities that are not effectively addressed by the current system
- Disparate experiences and unique challenges for White and non-White communities, including the lack of culturally competent approaches
- Workforce turnover, burn out, and capacity constraints for schools, service providers, and state agencies
- Silos and communication challenges across systems
- Stigma around mental health and distrust of authority
- Untapped potential of ACEs education and training

LEARNINGS: PRIORITIES FOR THE FUTURE

Through the discovery process, **seven high priority initiatives** emerged. These seven priorities are ranked in order of importance, though all seven were deemed high priority.

- **Prevention:** Improving environmental factors that can cause adversity for children (ex: poverty, discrimination, unstable housing)
- **More ACEs-Related Services:** Increasing the number of service providers offering trauma-informed or trauma focused services or treatments
- **ACEs Education for Service Providers:** Increasing ACEs or trauma-informed education across all family and child-serving providers
- **Decreasing Stigma:** Decreasing stigma around mental health & trauma
- **Collaboration across Services:** Improving collaboration between services for more holistic care
- **ACEs Awareness for the General Public:** Campaign to increase messaging and education about ACEs to the general public
- **Accessible Information on Available Services:** Establishing an up-to-date database detailing available services by region

EXECUTIVE SUMMARY

CORE CONSIDERATIONS

The following factors should be taken into consideration for all seven initiatives:

- Parents and families as critically important to the success of this work
- Leveraging faith-based communities and healthcare providers as key partners
- Identifying opportunities to leverage schools without adding to schools' capacity strain
- Localized, community-oriented efforts as the front and center of future ACEs work
- Ensuring interconnectedness and reduction of silos within and across agencies
- Importance of representation of community members and those with lived experience in implementation

RECOMMENDED NEXT STEPS

In order to create tangible and lasting impact, key decision-makers and community members across the state should conduct an alignment process (meetings with clear goals and objectives) that results in a shared vision, a set of strategies, and an implementation approach that has buy in across interested groups.

Following this alignment process, we recommend the driving and supported planning group partner with local champions and entities to build out implementation plans for all regions in Louisiana.

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Project Overview

PROCESS

Trepwise was engaged to conduct a human-centered discovery process that utilized qualitative research to elevate insights from the community regarding ACEs. These insights are crucial inputs for inclusive and effective priority-setting by decision makers across the state.

Our understanding of ACEs awareness and the ACEs ecosystem in Louisiana builds upon the work of prior studies and initiatives, including the University of Louisiana at Lafayette Picard Center's *AAA for Addressing ACEs*¹ study and the New Orleans Children & Youth Planning Board's *Called to Care*² report. Our report incorporates these initial inquiries, and focuses on a set of outstanding questions deemed necessary to inform the development of statewide priorities

GROUP PARTICIPANTS

The goal of our discovery process was not to gather insights from a randomly selected group of Louisiana residents, but rather to intentionally engage three distinct groups who could provide rich insights around the ACEs ecosystem:

- **Ecosystem Experts:** Individuals who are highly engaged in or knowledgeable about ACEs or ACEs-adjacent work. Ecosystem experts provided a deep understanding of ACEs prevention, interventions, and barriers to implementing change statewide.
- **Service Providers:** Individuals who are regularly engaging in youth and family support services who may or may not be familiar with ACEs. Service providers spoke to experiences working within various organizations and systems, including challenges and bright spots when providing direct or indirect care.
- **General Public:** Parents, grandparents, youth leaders, community members, etc. who are not service providers and who may or may not be familiar with ACEs. The general public validated insights from ecosystem experts and provided an understanding of how systems are viewed and experienced by those they serve.

All participant feedback has been anonymized in order to identify the representative themes.

DISCOVERY PHASES

We utilized a phased discovery process in order to more effectively tailor our questions to the appropriate audiences. For each phase, we developed standardized question guides in collaboration with the Whole Health Louisiana team.

- **Phase 1:** 1:1 interviews with ecosystem experts who are highly engaged in ACEs work
- **Phase 2:** 1:1 interviews with additional ecosystem experts and service providers who are engaged in ACEs or ACEs-adjacent work
- **Phase 3:** Focus groups with service providers and members of the general public
- **Phase 4:** Statewide survey targeting service providers and members of the general public

RESPONDENT COMPOSITION

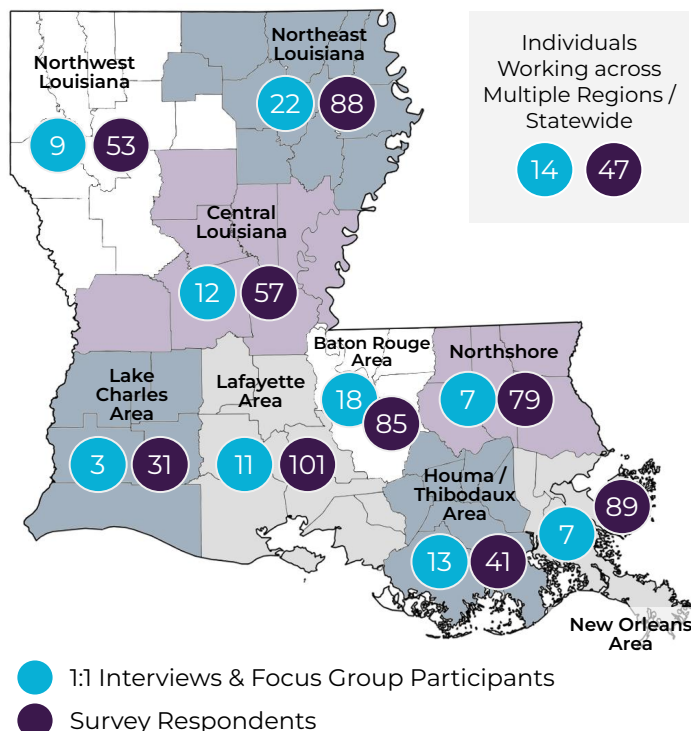
LOUISIANA REGIONS

Our discovery process utilized the categorization of Louisiana parishes defined by the Department of Children & Family Services (DCFS).

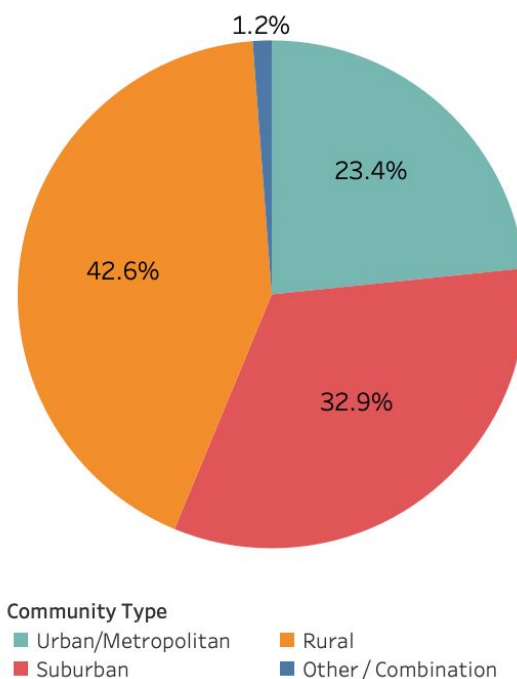
- **New Orleans Area:** Jefferson, St. Bernard, Plaquemines, Orleans
- **Baton Rouge Area:** East Baton Rouge, East Feliciana, West Baton Rouge, Pointe Coupee, Iberville, West Feliciana
- **Northshore:** Livingston, St. Tammany, Washington, St. Helena, Tangipahoa
- **Houma/Thibodaux Area:** Ascension, Lafourche, St. James, Terrebonne, Assumption, St. Charles, St. John
- **Lafayette Area:** Acadia, Iberia, St. Landry, St. Mary, Evangeline, Lafayette, St. Martin, Vermillion
- **Lake Charles Area:** Allen, Calcasieu, Jefferson Davis, Beauregard, Cameron
- **Central LA:** Avoyelles, Concordia, LaSalle, Vernon, Catahoula, Grant, Rapides, Winn
- **Northwest LA:** Bienville, Caddo, DeSoto, Natchitoches, Sabine, Bossier, Claiborne, Jackson, Red River, Webster
- **Northeast LA:** Caldwell, Franklin, Madison, Ouachita, Tensas, West Carroll, East Carroll, Lincoln, Morehouse, Richland, Union

Residents from every region of the state were incorporated into the discovery process to ensure that different geographies and community types (urban / metropolitan, suburban, and rural) were represented.

Engagement across Regions



Community Type



RESPONDENT COMPOSITION

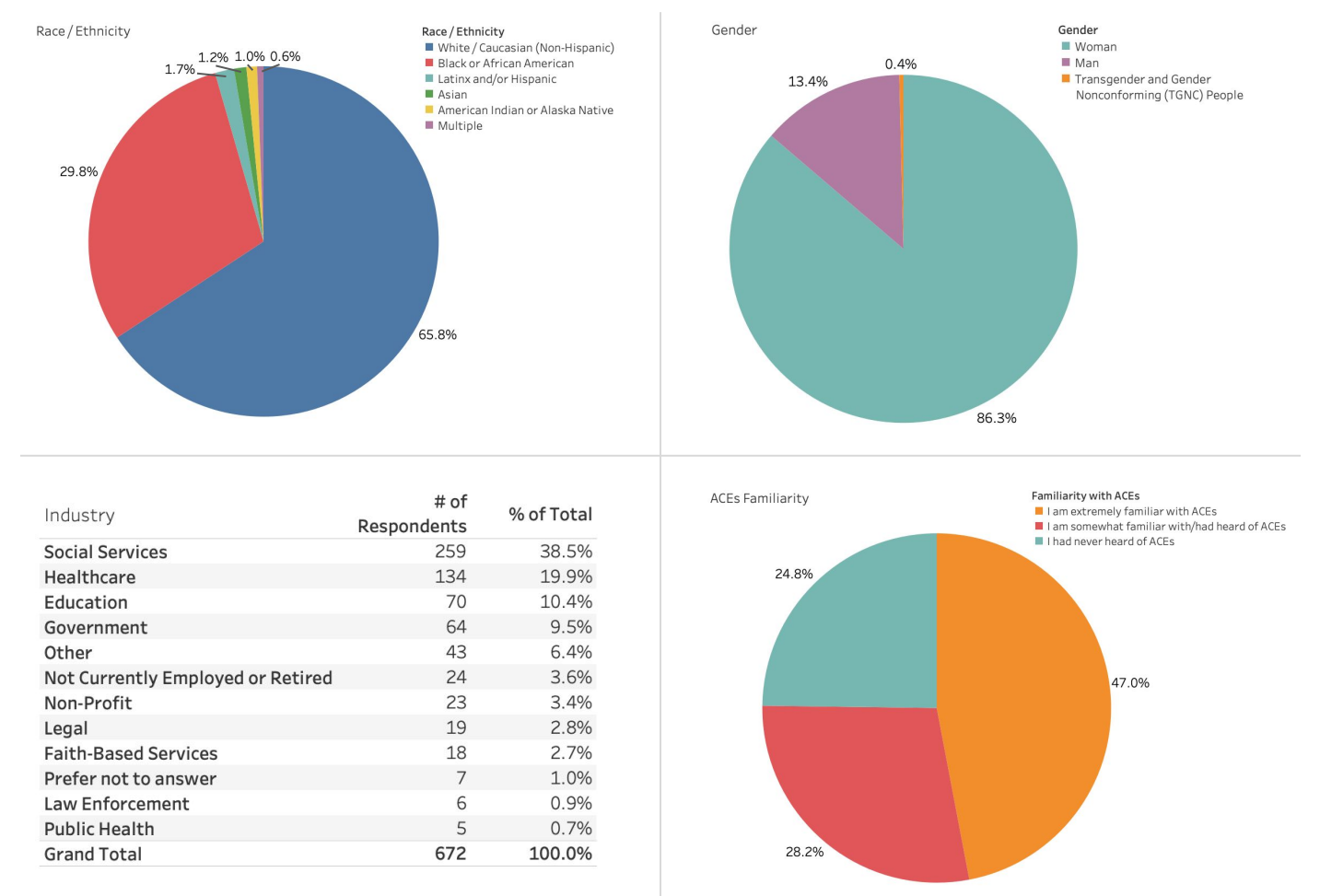
SURVEY RESPONDENT COMPOSITION

672 respondents completed at least one question regarding ACEs. The demographic makeup of the respondents reflects our learning objectives and targeted discovery approach.

Outreach for the survey utilized existing networks for child and family behavioral health and well-being (e.g., Partners for Family Health network, My Community Cares portal, Louisiana Fosters partners, etc.) so that we could attract a significant number of service providers, healthcare professionals, and a variety of other Louisianans who regularly engage with youth and their families. This is reflected in the coverage of respondents by industry, as well as in the portion of respondents who are extremely or at least somewhat familiar with ACEs.

Broadly, the race / ethnicity makeup of our respondents mirrors the general Louisiana population,³ which is 57.1% White alone, and 31.4% Black or African American alone, with the White population somewhat overrepresented and the Black population somewhat underrepresented. Our survey underrepresents Latinx and/or Hispanic people, who make up 6.9% of the Louisiana population but only 1.2% of survey respondents.

Our sample significantly over-represents women, who make up just over half of the Louisiana population.





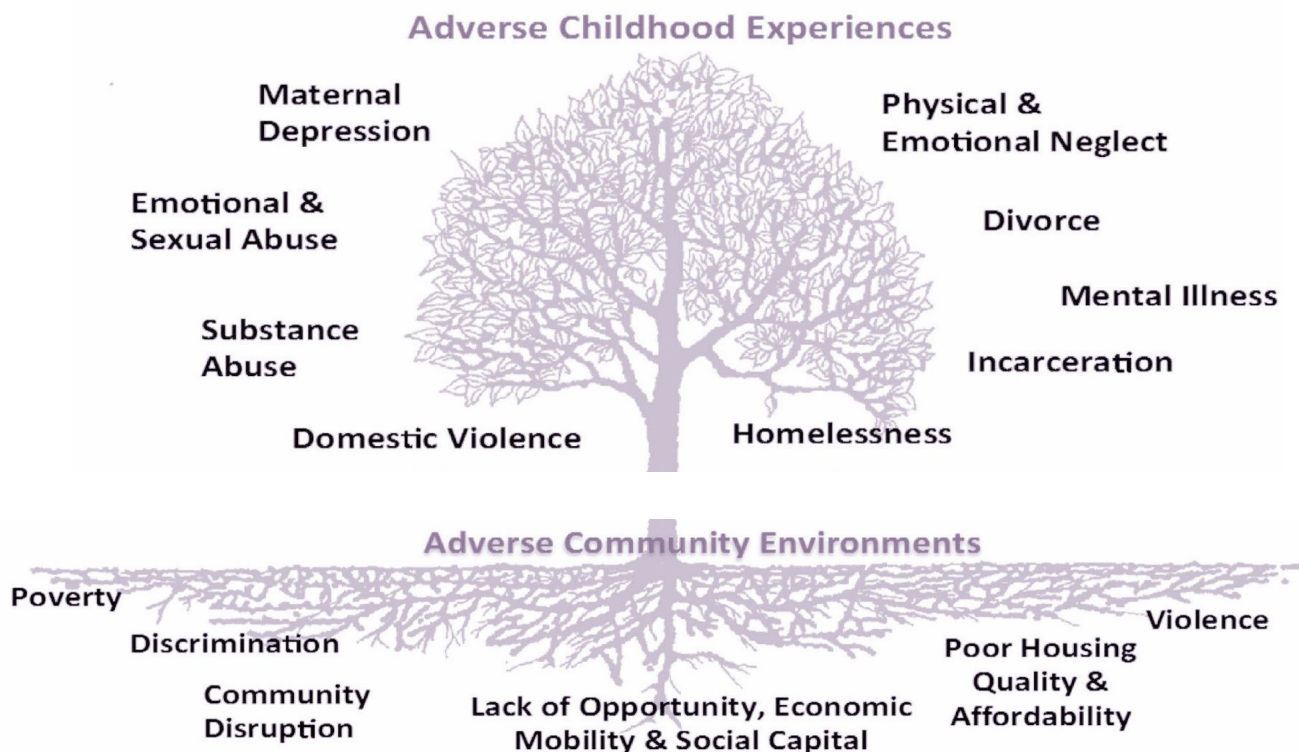
Grounding Context

UNDERSTANDING ACEs

WHAT ARE ADVERSE CHILDHOOD EXPERIENCES (ACEs) AND TRAUMA?

Childhood **trauma** is when an event, series of events, or set of circumstances is physically or emotionally harmful or life threatening and has lasting negative effects on a child's functioning and mental, physical, social, emotional, or spiritual well-being.³ **Adverse childhood experiences (ACEs)** are potentially traumatic events that occur in childhood (0-17 years). ACEs are common, with about 61% of adults in the United States reporting they have experienced at least one type of ACE before age 18, and nearly 1 in 6 reporting they had experienced four or more types of ACEs.⁵

The Pair of ACEs Tree⁶ pictured below outlines different types of adverse childhood experiences as well as the adverse community environments that often contribute to these experiences.



IMPACT OF ACEs ON HEALTH²

Decades of research have demonstrated the relationship between ACEs and several of the leading causes of death in adults, as well as the cumulative effect of additional adverse experiences. For example, a person with multiple ACEs is at higher risk for experiencing a negative health outcome than a similarly situated person who had only one adverse childhood experience.

Nobel Prize winning University of Chicago Economics Professor James Heckman identified **ACEs as the single biggest predictor for later problems in adult health and well-being.**

UNDERSTANDING ACEs

WHY ADDRESSING ACEs MAKES ECONOMIC SENSE²

Ignoring the reality of ACEs is costly. The **estimated economic impact of ACEs ranges from \$124 billion to \$585 billion** when considering confirmed child maltreatment cases and the aggregate lifetime costs for all new child maltreatment cases.

Even the higher estimate is believed to **underestimate the economic impact** of childhood trauma because it does not quantify the impact of exposure to domestic violence, parental substance abuse, and other ACEs that significantly affect long-term mental and physical health.

THE POTENTIAL OF CHILDREN²

Examining some areas of competency shows that unaddressed trauma can diminish young people's potential for good outcomes as adults:

- **Cognitive.** Knowledge of essential life skills, problem solving skills, academic adeptness
- **Social.** Connectedness with others, perceived good relationships with peers, parents, and other adults
- **Physical.** Good health habits, good health risk management skills
- **Emotional.** Good mental health, including positive self-regard; good coping skills
- **Personal.** Sense of personal autonomy and identity, sense of safety, spirituality, planning for the future and future life events, strong moral character
- **Civic.** Commitment to community engagement, volunteering, knowledge of how to interface with government systems
- **Vocational.** Knowledge of essential vocational skills, perception of future in terms of jobs or careers

HEALING IS POSSIBLE²

Those who advocate for an emphasis on trauma-informed youth care and services are clear that **trauma exposed and/or vulnerable children can reach the goals of productivity, connectivity, and civic contribution** needed from them for their community's growth **if given adequate opportunities to positively develop.**

Young people can grow through processes that engage them in positive pursuits that help them acquire and practice the skills, attitudes, and behaviors that they will need to become effective and successful adults in their work, family, and civic lives.

Core components of treatment interventions include:

- Establishing safety for the impacted young person
- Developing competence to manage 'fight or flight' reactions
- Dealing with traumatic reenactments
- Managing previously uncontrolled emotions and behaviors
- Integration and mastery to achieve calmness and fun

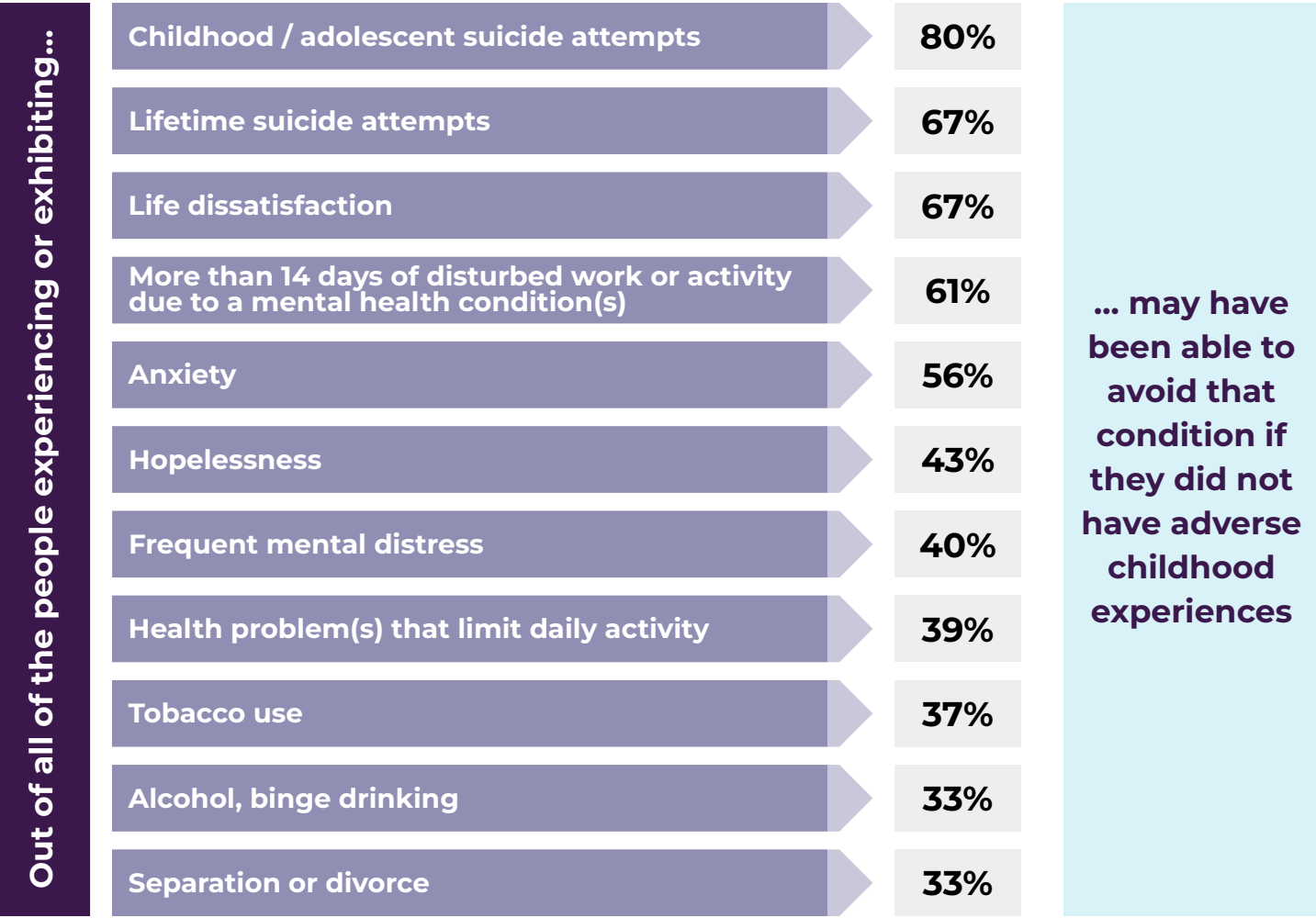
UNDERSTANDING ACEs

WHAT OUR COMMUNITY COULD BE WITHOUT ACEs

When looking at the impact of ACEs, it is helpful to consider a scientific measure called “population attributable risk” or “PAR,” which is the percentage of cases in the total population which can be attributed to a particular risk factor.

In this case, it is identifying what portion of people who experience a negative health outcome (e.g., recent depression) would **NOT have that outcome if they did not have adverse childhood experiences.**

For ACEs, this data^{7,8} is staggering.



The research is clear: **Preventing and addressing ACEs are incredibly powerful strategies for improving the health and economic prosperity of our community.**

WHY THIS WORK IS IMPORTANT

The Whole Health Louisiana partners are hopeful about the future for children and families across Louisiana. There is power in the change that a coordinated statewide action plan could initiate.

THE POWER OF EFFECTIVE INTERVENTIONS

Understanding and educating communities about ACEs leads to more compassionate, authentic, and effective interventions for parents and children in distress. Effective interventions can result in overall quality of life improvements, such as increased literacy, increased lifespan, and more.

THE POWER OF LANGUAGE & UNDERSTANDING

Healing often happens when people can start to identify why they do the things they do. This work has the potential to empower children and families by providing the language and understanding to communicate about challenges that have always been present. Equipped with this knowledge, people can move away from stigma and towards strength, resilience, and recovery.

THE POWER OF COORDINATED IMPACT

Ensuring communities are on the same page is a substantial step towards increased impact. no one agency, organization, or policy can do this without the support and collaboration of working together towards clear, common goals, Collaboration and shared ownership of implementation is a powerful way to bring people together. With more voices at the table, the potential reach of this body of work increases greatly, creating exciting opportunities for schools, childhood care, and mental/behavioral health.





Forces Driving Change

The activities, successes, and positive momentum in Louisiana that help propel the state towards progress around ACEs.



FORCES DRIVING CHANGE

In Louisiana, years of work to advance awareness, prevention, and treatment of ACEs have shifted the landscape for the better.

In this section, we outline four *forces driving change*, which include activities, successes, and positive momentum in Louisiana that help propel the state towards progress around ACEs.

This is not an exhaustive detailing of all of the great work being done across the state, but rather a synthesis of the core themes that emerged across our conversations.

Impact of ACEs
Education

Resources for
Support

Community
Bright Spots

Successful
Initiatives



IMPACT OF ACEs EDUCATION

Reinforcing the learnings from *AAA for Addressing ACEs* and *Called to Care*, we found that overwhelmingly, people who have been educated about ACEs found **significant value in their ACEs education**. Universally, respondents also believe in the **benefit of more widespread knowledge of ACEs**, particularly with parents, educators, law-makers, those in the justice system, and healthcare practitioners.

IMPACT OF ACEs EDUCATION ON REDUCING & MANAGING TRAUMATIC EXPERIENCES

Survey data demonstrates the positive impact that familiarity with ACEs has on individuals' confidence in their abilities to reduce and respond to traumatic experiences for children in their families or communities.

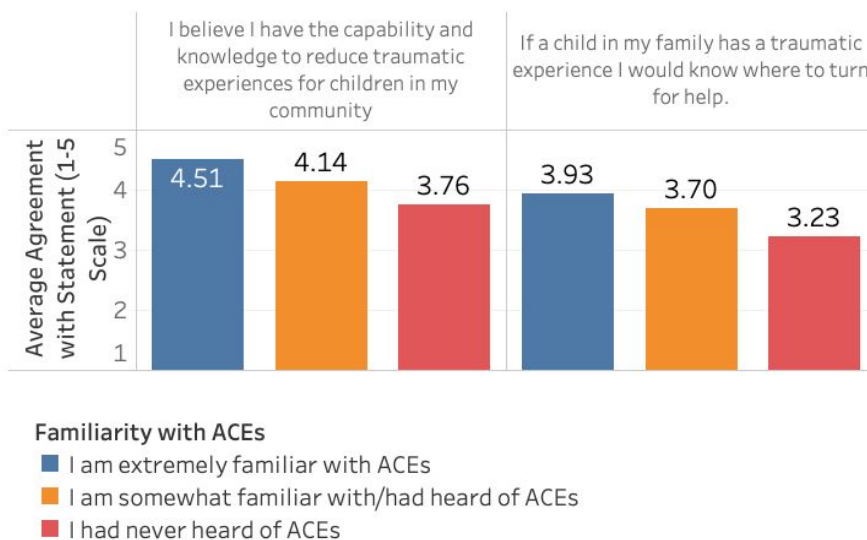
Relative to respondents with no familiarity with ACEs, those who were extremely familiar have...

- 19.6% higher confidence in their ability to reduce traumatic experiences.
- 24.8% higher confidence in their ability to find support after a child's traumatic experience.

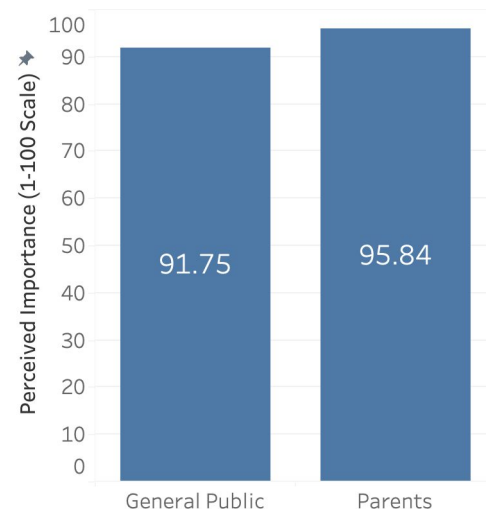
PERCEPTION OF IMPORTANCE OF ACEs EDUCATION FOR PARENTS & GENERAL PUBLIC

Survey data strongly reinforced the high value of ACEs education expressed by interviewees and focus group participants. Respondents demonstrated overwhelming support for widespread ACEs education. On a 100 point scale, respondents scored the importance of ACEs education for the general public at 91.75, and for parents at 95.84.

Respondents' Confidence in Their Ability to Reduce or Manage Traumatic Experiences



Importance for the Following Groups to Understand What ACEs Are



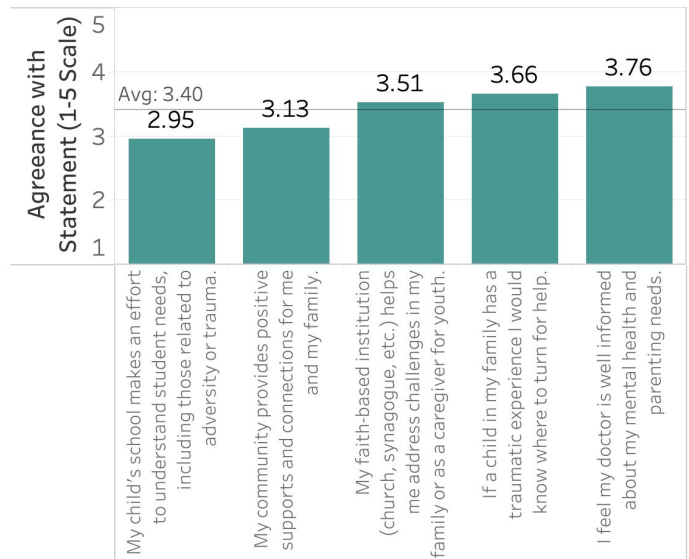
FORCES DRIVING CHANGE

RESOURCES FOR SUPPORT

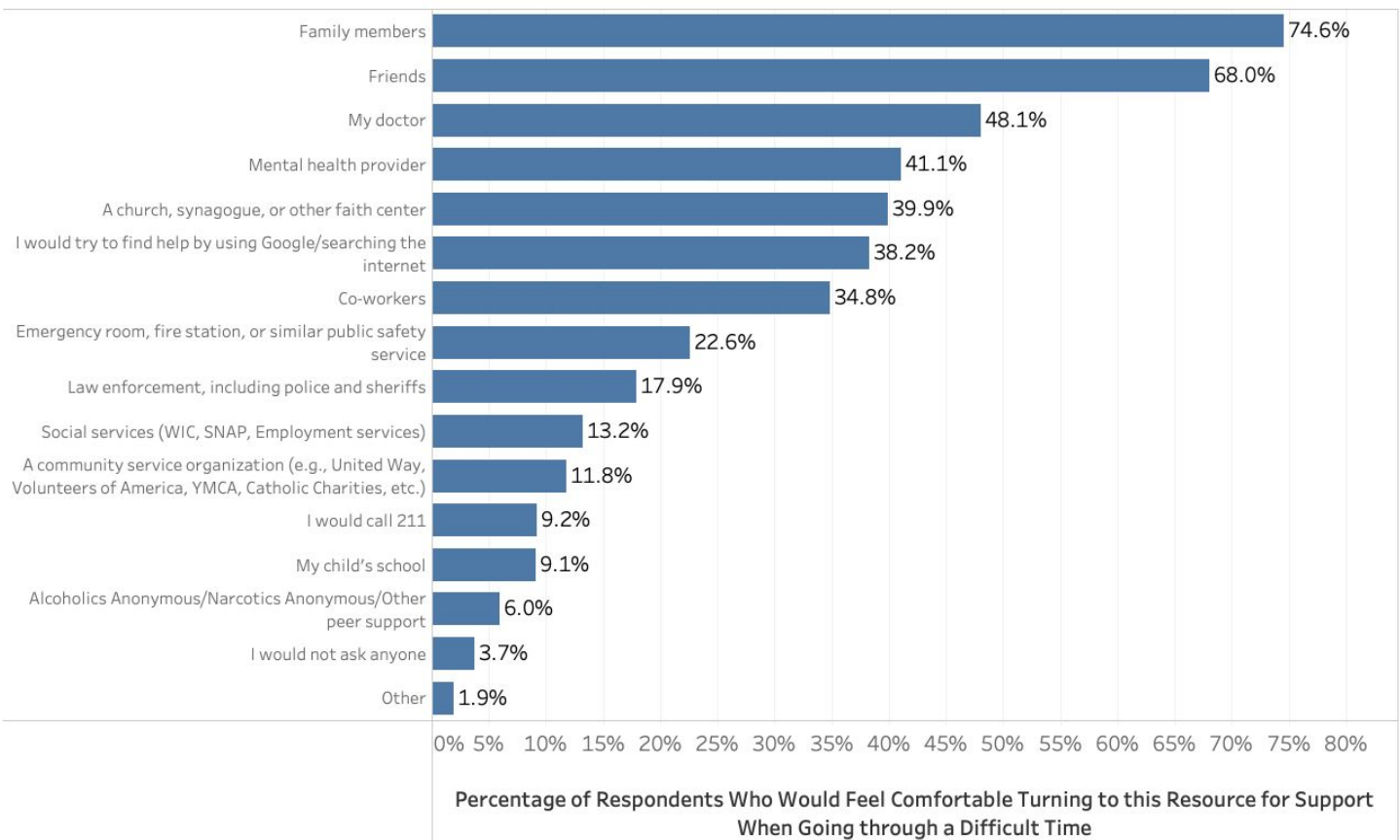
The overwhelming majority of those engaged by our survey felt comfortable turning to a resource or another person for support, and on average, our survey respondents felt **positively about specific types of support they experience** in their communities. This is particularly true in relation to their **doctors and faith-based institutions**, and their ability to find support if a traumatic experience were to occur.

This pattern was echoed in respondents' choice of who to turn to when they are seeking support in a difficult time. **Most people turn to their family and friends**, but when moving outside of this close network, doctors, mental health providers, and faith based institutions were the leading support resources.

Respondents' Experiences of Support in their Communities



Where Respondents Would Feel Comfortable Turning to for Support



BRIGHT SPOTS: COMMUNITIES

When respondents were asked what was going well in relation to ACEs in the state, Lincoln Parish and St. Tammany Parish stood out as two examples of communities seeing impact in their support of families and children.

LINCOLN PARISH

Focus groups targeting the Northeast area of Louisiana highlighted Lincoln Parish as a model of success. Like many smaller parishes in Louisiana, Lincoln Parish residents experience hesitancy or distrust towards initiatives or practices mandated by outside parties such as state government.

Focus group participants highlighted how the parish has found success addressing issues within its own sphere of influence through town meetings. Using Town Hall meetings, Lincoln Parish approaches conversations with residents in an open and community-oriented manner in order to better understand what residents need and how the parish can provide support. These meetings drive greater knowledge of resources for residents and improve communication across programs for service providers.

Individuals expressed interest in encouraging Lincoln Parish to collaborate with other areas of the state in order to share best practices.

“Lincoln uses community resources and faith. They have a homeless program and a single mom program, and the First Lady’s sex trafficking program is run through Lincoln. The school system communicates with leadership.”

-Focus Group Participant

ST. TAMMANY PARISH

St. Tammany Parish was mentioned as a Louisiana region with the ability to provide significant support to children and families. This is particularly true of Covington, where residents experience the highest level of support and resources relative to the more rural areas of St. Tammany and the surrounding parishes (e.g., Livingston, Tangipahoa).

In particular, focus group participants viewed St. Tammany as a region with well-equipped and supportive school systems that offer mental health resources and successful afterschool programs. Community members identified schools as one of the most common places to turn in times of crisis.

“My daughter attends a public school in St Tammany, and her entire team is pretty outstanding. From her teacher to her paraprofessionals to her regular education teacher to all of her therapists.”

-Focus Group Participant

Survey data reinforces these insights, demonstrating that respondents in the Northshore area were 29.9% more likely than residents of other areas to turn to their child’s school for support if they were going through a challenging time.

Focus group participants spoke highly of St. Tammany’s use of resources and commitment to sharing information with other parishes.

BRIGHT SPOTS: INITIATIVES

Community members across the state agree that there is broad readiness for ACEs work and noted various impactful programs and supports that have already been put into place. Specific examples highlighted by respondents include:

TRAINING PROGRAMS

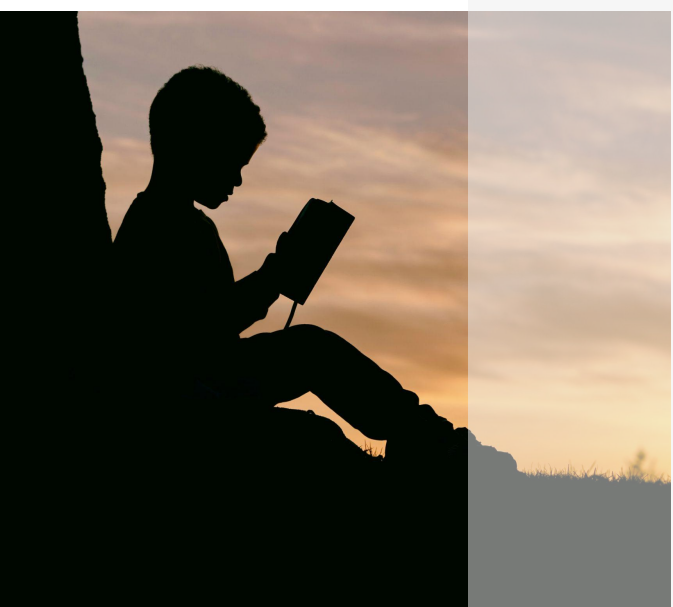
- **ACEs Trainings** and ACEs “Train the Trainer” Trainings offered by **PACES Connection**.
- **Trust-based Relational Intervention (TBRI)** trainings offered by **Crossroads NOLA**.

STATEWIDE SUPPORTS

- **My Community Cares:** a community-driven initiative to connect children and families to resources.
- **Louisiana Head Start:** a government-run program aimed at preparing low-income children for school through educational programming.
- **Early Steps:** a program run by the Louisiana Department of Health providing support to children ages 0-3 years with developmental delays.
- **Families Helping Families:** a network of resource centers located across Louisiana focused on advocacy, education, and support for families with a member with disabilities.
- **Nurse-Family Partnership:** a program run by the Louisiana Office of Public Health connecting young, first-time expectant mothers to trained nurses for ongoing home support from pregnancy through the child’s first two years of life.
- **Court Appointed Special Advocates (CASA):** a program specializing in support for youth in foster care through training, advocacy, and awareness.

COMMUNITY SUPPORTS

- **Churches & faith-based communities** were often mentioned as strong community spaces and potential centers for ACEs awareness and application trainings.
- Numerous local organizations were highlighted as providing impactful support to children and families, including the **Children & Youth Planning Board** (New Orleans Region) and **MCMH Masters Program at Nicholls State University** (Houma / Thibodaux Region).
 - The Children & Youth Planning Board (CYPB) centers youth experience and youth voice to improve the lives of young people in New Orleans. CYPB brings together youth-serving organizations to create collaborative, system wide impact.
 - The MCMH Masters Program at Nicholls State University is well known in the area for providing local, high quality counselors and therapists. This program has helped normalize mental health practices and decrease stigma.



Forces Preventing Change

The context, barriers, and emerging challenges that hinder or complicate progress around ACEs.

FORCES PREVENTING CHANGE

Existing studies detail the many forces that contribute to adverse childhood experiences and adverse community environments. Our discovery process uncovered experiences and examples that validate those research findings and also highlight the forces that create barriers for the systems that are intended to support Louisiana residents. Organizations, foundations, and networks surround children and families, yet still they are unable to create the positive impact they are seeking to achieve.

Across the state of Louisiana, individuals, communities, organizations, and agencies have attempted to serve the children and families in our communities. In this section, we have synthesized and categorized these barriers to support (forces preventing change) so that policy-makers and those with levers to make change can work together to identify where we can focus our collective efforts to better support Louisiana families.

The forces preventing change examined include:

Resource Access,
Navigation, &
Delivery

Challenged
Service Providers
and Systems

Public
Perceptions

Untapped
Potential of ACEs
Education &
Training



FORCES PREVENTING CHANGE

RESOURCE ACCESS, NAVIGATION, & DELIVERY

NAVIGATING THE SYSTEM

Families and service providers often *struggle to identify and navigate available resources* for supporting children and families after traumatic experiences.

- Outdated databases pose challenges for families and providers, causing fatigue and frustration when listed services are no longer active or unable to be reached.
- Respondents expressed a desire for a “one-stop shop” that could provide a wide array of services and resources, addressing trauma and challenges in a more holistic way.
- Families and individuals struggle to find the professional care they require, as many facilities have few licensed professionals or have outdated or unclear scheduling mechanisms, leading to appointments with the incorrect provider, long waits, or frequent cancellations.

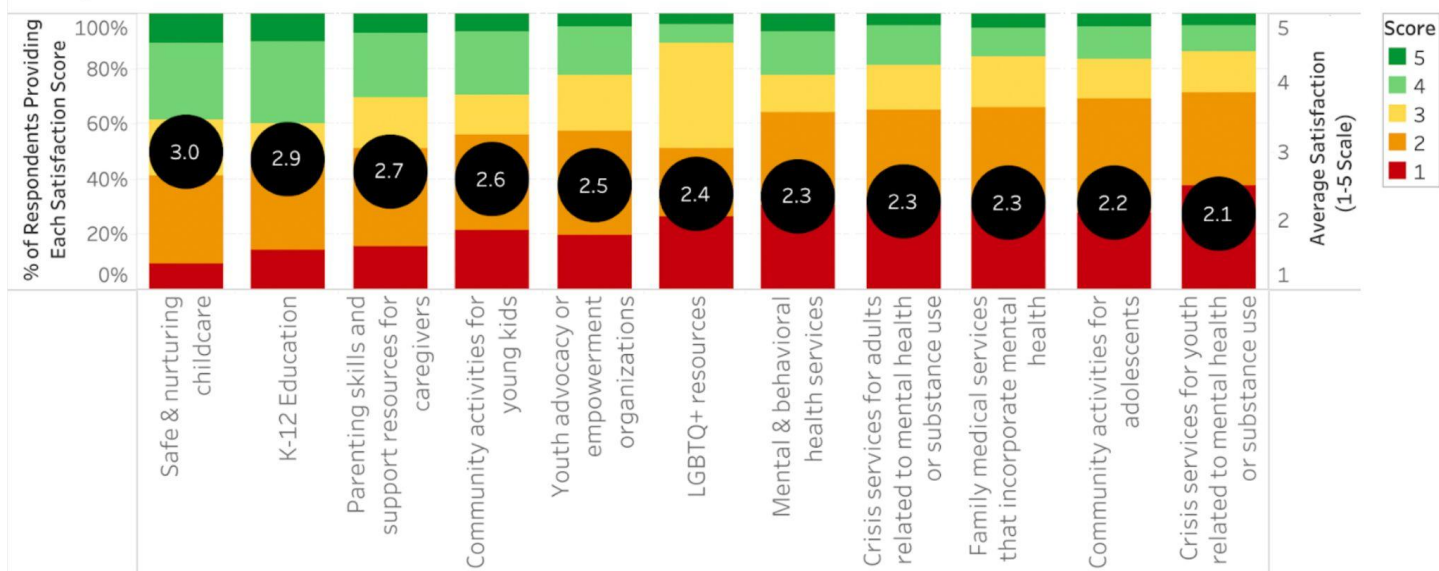
QUALITY OF SERVICES

Survey data and responses from focus group participants emphasize that even when services are accessible, they are often *lacking in quality and professionalism*.

- Respondents referenced inconsistency across counselors/counseling services.
- Community members highlighted disorganized, ineffective services that can risk causing additional harm.
- On average, respondents were neutral towards or dissatisfied with all 11 service areas defined in the survey.
- With no current state-level ADA coordinator, parents of children with disabilities struggle to find service providers who are familiar with their child’s specialized needs.

“No one is there to help you figure it out. In these extreme moments, people feel overwhelmed and don’t know how to use the resources available.” -Parent

Average Service Satisfaction



FORCES PREVENTING CHANGE

RESOURCE ACCESS, NAVIGATION, & DELIVERY

DISTINCT CHALLENGES FOR RURAL AND URBAN COMMUNITIES

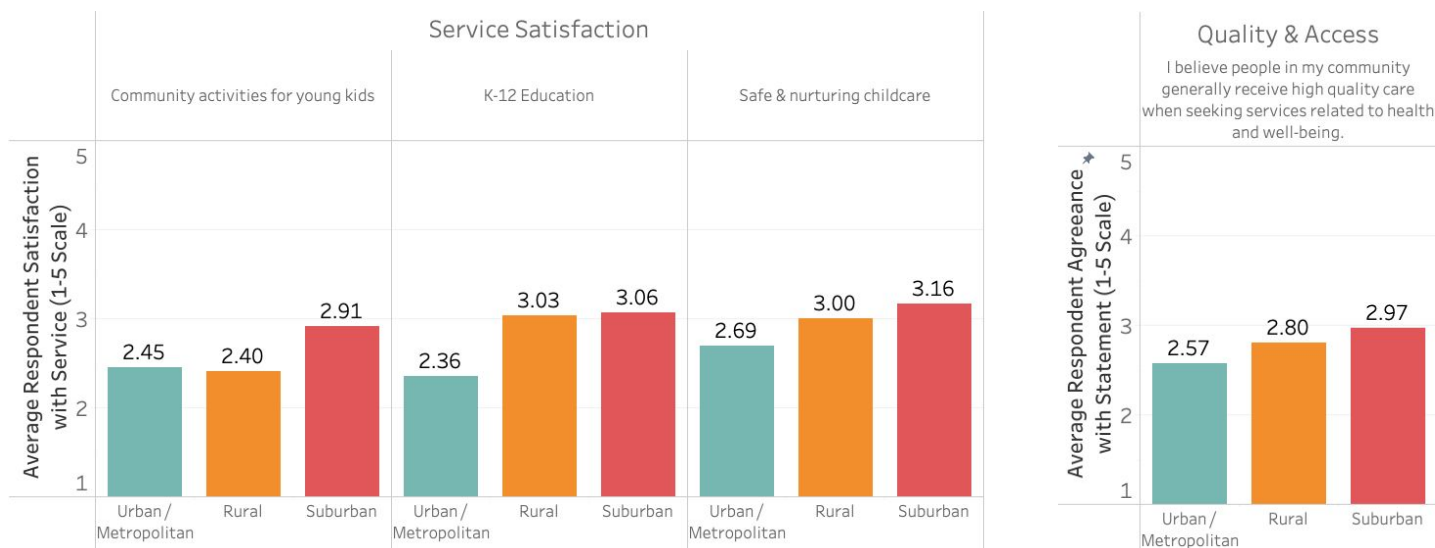
Interviewees and focus group participants spoke often of the *unique experiences of rural communities* relative to Louisiana's major cities, and the need for *tailored approaches* for each.

Key differences between the two community types include:

- Decreased access to support services in rural communities due to limited services and service providers, as well as transportation barriers.
- Lower average services satisfaction in urban communities relative to rural communities.
- Greater cultural barriers to engaging in ACEs prevention and treatment for rural areas (e.g., stigma surrounding mental health, "bootstrap" mentality, mistrust of "outsiders").
- Greater familiarity with the terms "ACEs," "trauma," and "trauma-informed care" in urban areas. This results in greater awareness of these concepts; however, the differentiations between trauma, ACEs, and other negative experiences children face can get lost, leading to imprecise assessments and a dilution of the public's understanding of the terms.

SUBURBAN SATISFACTION

- Respondents from suburban communities rated their satisfaction with services higher than urban and rural communities across all 11 service areas defined in the survey.
- For specific service areas, these differences were most pronounced for community activities for young kids, K-12 education, and safe & nurturing childcare.
- When considering quality & access, community types differed most around perceptions of high quality care related to health and well-being.



FORCES PREVENTING CHANGE

RESOURCE ACCESS, NAVIGATION, & DELIVERY

CULTURALLY COMPETENT APPROACHES

Respondents highlighted *trusting relationships* between families and service providers as a key factor in preventing and addressing ACEs. However, a *lack of culturally competent approaches* amongst service providers creates a barrier to establishing mutual trust.

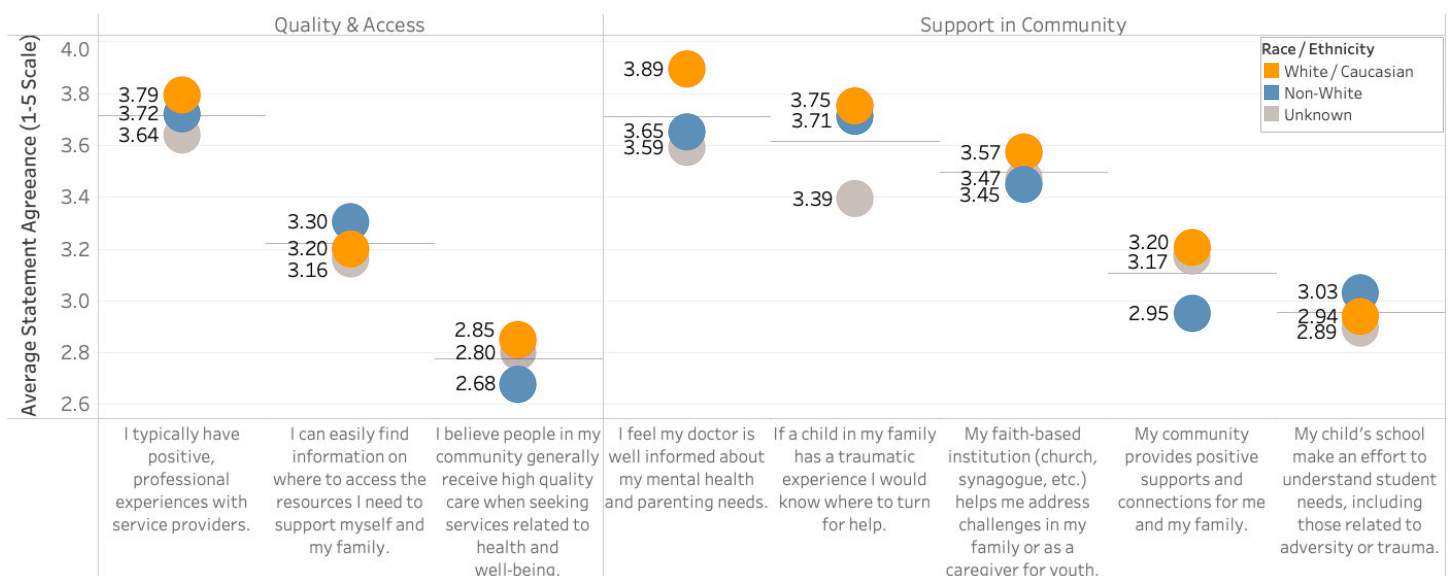
- ACEs professionals and service providers across the state highlighted Black residents and Native American residents as two groups that often do not receive culturally-competent approaches.
- Some families are more comfortable talking to providers with similar backgrounds to them, making the lack of diversity and representation in the mental health field a barrier to entry for non-White community members.

Among survey respondents, differences between White and Non-White respondents were most pronounced around high quality health & well-being care, positive supports and connections within the community, and doctors' familiarity with individual mental health and parenting needs.

"Therapy has a lot of hoops: insurance, bus rides, building a connection to a therapist. There are systems and resources, but it is hard to relate to the people in these systems. There is a lack of diversity."

-Youth Leader

Perceptions of Quality, Access, & Support by Race



FORCES PREVENTING CHANGE

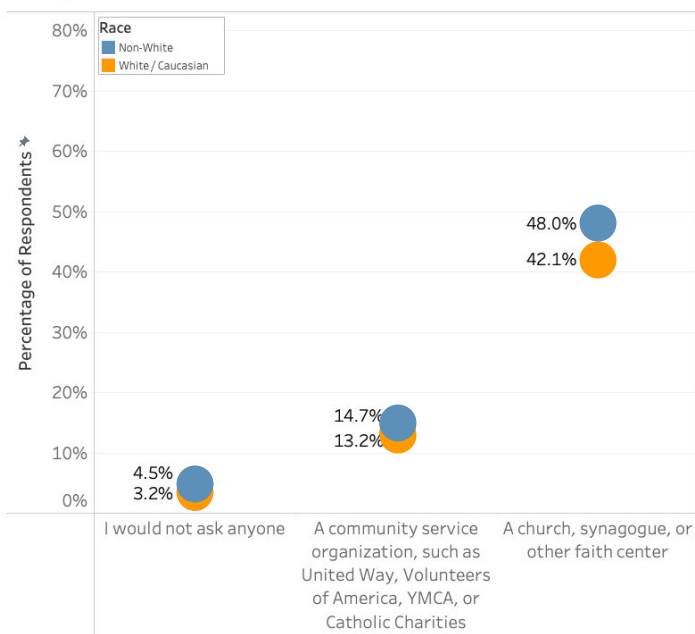
RESOURCE ACCESS, NAVIGATION, & DELIVERY

LOWER LIKELIHOOD TO TURN TO OTHERS FOR SUPPORT FOR NON-WHITE RESIDENTS

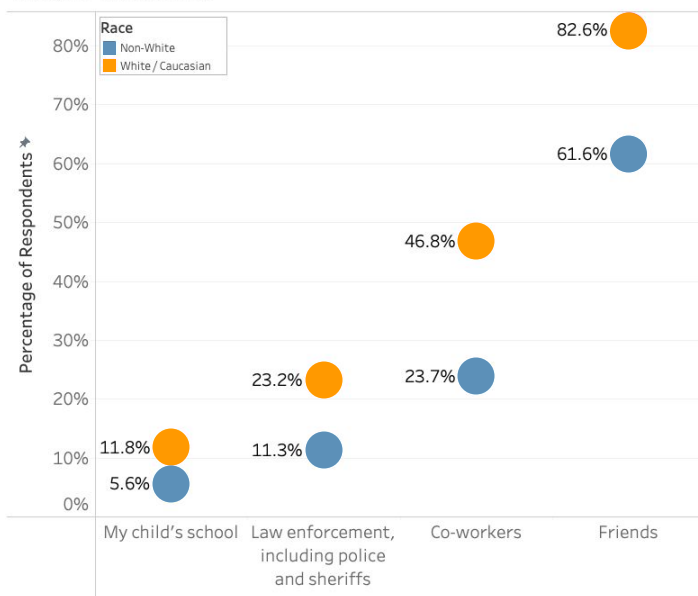
Not only do non-White Louisianans face unique barriers to receiving high quality services, they are also *less likely to turn to other groups for support* when compared to their White counterparts.

- The only two resources non-White respondents were more likely to turn to than White respondents were community service organizations and faith centers. Non-White respondents were also more likely to “not ask anyone” at all.
- The likelihood of turning to specific resources for support differs most significantly across the following:
 - Their child’s school
 - Law enforcement
 - Co-workers
 - Friends

Who Respondents Would Feel Comfortable Turning to for Support When Going through a Difficult Time



Who Respondents Would Feel Comfortable Turning to for Support When Going through a Difficult Time



“We’ve seen that Black and Native American families don’t always reach out for services. It is difficult to talk about issues going on with your kid, especially when trust has not been established.”

-Focus Group Participant

FORCES PREVENTING CHANGE

CHALLENGED SERVICE PROVIDERS AND SYSTEMS

WORKFORCE BURNOUT & TURNOVER

Service providers emphasized the *high rates of burnout and turnover in direct care roles* (social work, teaching, direct service, etc.).

- The demanding nature of direct service work often creates an emotional burden that workers are unable to cope with long-term, causing workers to switch to less stressful jobs.
- High turnover leads to inconsistency across care and a lack of trained or experienced providers, rendering services less effective and creating frustration amongst recipients of care.

“Some parents and families stop using services because of the high turnover.”

-Focus Group Participant

- The COVID-19 pandemic has caused a surge in demand for mental health services, while simultaneously creating a competitive workforce landscape in which flexibility to work remotely is sought after. Retention has become more difficult, and demand for service providers has surpassed resource supply.

SILOS & COMMUNICATION CHALLENGES

Ecosystem experts identified major *challenges to coordination and information-sharing* related to work addressing ACEs.

- ACEs work is interconnected with many different systems (Health, Education, Justice, Custodial Care, ect.); however, there is no coordinating body responsible for aligning all of the systems towards measurable goals.
- Impact is often minimized or duplicative because there is no easy way to access information on all of the services and initiatives occurring across the state in a particular focus area.
- Best practices do not have effective channels for sharing, leading to a loss in learning.
- Lack of information-sharing and coordination results in continued re-traumatization for children and families who are required to re-share the story of their experiences with multiple providers.

“I just want information to flow - period. There's not a real consistent way to get information across broad audiences. It's difficult to know what's happening within an agency. Emails flood inboxes and go ignored.”

-Ecosystem Expert

FORCES PREVENTING CHANGE

CHALLENGED SERVICE PROVIDERS AND SYSTEMS

IMPORTANCE OF SHARED RESPONSIBILITY ACROSS SYSTEMS

Individuals highlighted the importance of *spreading the responsibility of ACEs education, prevention, and intervention* across sectors other than just education and state agencies.

- This insight was reinforced in the survey data, which indicated high levels of belief (4.5 or above for all groups) in the importance of various system actors to try to prevent and provide support after traumatic experiences for children in their community.

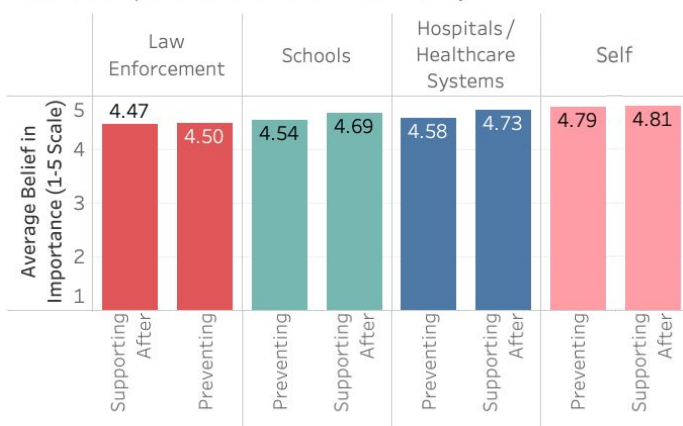
All law enforcement officers needs this training. All teachers need this training, All healthcare providers need this training. One agency cannot manage everyone's trauma.

-Ecosystem Expert

STATE AGENCY & SCHOOL CAPACITY

- When considering which systems actors would most benefit from receiving ACEs training, survey respondents' average ranking of the following five systems was:
 1. School system
 2. Juvenile justice system
 3. Healthcare system
 4. Faith based community
 5. Public spaces and resources
- While many recommend that schools take on more ACEs work, they cannot handle the work alone.
- Schools are overburdened and at capacity with their responsibilities for programming, crisis response, direct service, and administrative work.
- Educators already have lengthy training and administrative requirements, making ACEs training challenging to prioritize.

Belief in the Importance of Groups to Prevent vs. Support After Traumatic Experience for Children in Community



"People want to put all our eggs in one basket [by] putting ACEs training/responsibility on the schools. But schools are at capacity. We can't make this work the responsibility of the school systems. There is already so much stress and pressure on them."

-Ecosystem Expert

FORCES PREVENTING CHANGE

PUBLIC PERCEPTIONS

AUTHORITY

Respondents spoke about privacy concerns and a *general distrust of authority figures* across Louisiana, creating a barrier between community members and the resources available to them.

- In rural areas, it is difficult for individuals to find a neutral, anonymous service provider to speak to who they feel will keep their experiences private.
- While most participants engaged expressed that they had somewhere to turn to for support, their ability to seek support is still hindered due to limited trust in providers in their community.
- Across all community types (Rural, Suburban, Urban), survey respondents on average rated their trust with the people they interact with in their faith-based community higher than other systems, followed by the healthcare system. This is in contrast to their trust in people in the juvenile justice system and the school system, which were either neutral or low.

STIGMA

ACEs professionals and service providers across Louisiana identified *stigma as one of the greatest barriers to preventing and addressing ACEs*.

- Service providers highlighted rural areas, Native American residents, and Black residents as communities that experience higher rates of stigma around mental health.
- Many parents hold their own unaddressed childhood trauma, fostering a belief that mental health services are unnecessary because they themselves were able to push through personal experiences without professional aid.

“People have a stigma about mental health. They don’t want to go get treatment or take medication. When they are asked about trauma, many people make up answers so they don’t sound ‘crazy.’ They are worried truthful answers will mean they need to go get help.”

-Ecosystem Expert

Trust in Systems by Community Type



- Providers find that families and children who experience mental health stigma are hesitant to respond truthfully during ACEs screenings, creating a barrier to providing necessary support.
- Lack of access to the internet, resources, and other educational messaging leads to a view of mental health issues as shameful or problematic rather than as a legitimate illness.

UNTAPPED POTENTIAL OF ACEs EDUCATION & TRAINING

SCREENING EFFECTIVENESS

Participants noted the impact that ACEs screening requirements and standardization could have on the ability of service providers to identify and assist those living with ACEs. However, research in this area is inconclusive.

- Ecosystem experts expressed that they have seen benefits from screenings in Louisiana when implemented by pediatricians in trauma-informed care settings, providing health providers with a tool to inform relevant resource recommendations.
- In organizations that provide ACEs screening, many are challenged by the lack of a clearly understood or standardized process for taking action post-screening.
- Some researchers argue that conducting widespread screening without providing evidence based supports afterwards can result in additional harm.⁹
- Young people go through a number of assessments to understand their health and well-being, many of which do not include a formal ACEs screening. Rather than enacting widespread screenings, there is an opportunity to identify existing assessments where ACEs screenings could be added in for the highest impact.

Although participants noted the importance of ACEs screenings, studies have not confirmed the widespread benefit of ACEs screenings as a standalone assessment tool for children.

BARRIERS TO RECEIVING ACEs TRAINING

When asked what they believed to be the greatest barrier to more people receiving training about ACEs, survey respondents' open-response answers fell into a few core categories, captured below in order of frequency.

- Lack of awareness of ACEs and insufficient or ineffective communication about the value of ACEs education.
- Limited openness to education about the topic or overall low interest in ACEs.
- Insufficient funding or the individual financial cost to trainees.
- Availability of trainings and ability of potential trainees to access the trainings.
- Limited time or competing priorities.
- Stigma and shame around mental health and ACEs.
- Fatigue from trainings and trauma related topics.
- Insufficient number of trainers.

"The barrier is that people assume ACEs is just another method of therapy. They don't realize that it is beneficial to each of us to learn more and acknowledge more about our shared experiences."

-Survey Participant

UNTAPPED POTENTIAL OF ACEs EDUCATION & TRAINING

ACEs work is often driven by a core group of interested and dedicated individuals. ACEs trainers and professionals seek to expand this group, increase the understanding and usage of true evidence-based practices, and empower service providers and the general public with real world applications of ACEs trainings.

EVIDENCE BASED PRACTICES

Individuals who are familiar with the ACEs ecosystem *could not point to broadly enacted evidence-based practices.*

- As more individuals hear of and adopt phrases such as “evidence-based” and “trauma-informed,” many apply the terminology to their work without fully understanding the definitions or implications. This can lead to practices that are advertised as beneficial but not always rooted in science.

*“People are **talking** about trauma-informed care more. But we’re not necessarily actually **doing** it more.”*

-Ecosystem Expert

- There is a perception within the health ecosystem that “some therapy is better than none.” However, ecosystem experts referenced the potential outcome of exacerbating trauma when providing therapy if not properly trained.
- Participants noted increased rates of ecosystem buy-in when supporting research is referenced, indicating the potential for increased impact with the widespread adoption of evidence-based practices.

REAL WORLD APPLICATION

Though awareness of ACEs has generally increased in recent years, ecosystem experts acknowledged that *action rarely follows training.*

- Trainings and screenings are useful tools to help individuals understand their own ACE score and the impact of trauma, but clearly defined action steps to address that identified trauma are lacking.
- Trainings often end with questions from service providers about follow-up steps, however ACEs trainers do not feel they have the answers, leading to little implementation of solutions across providers.
- Trust Based Relational Intervention (TBRI) was identified as a model that provides tangible skills that can be used to act on the learned knowledge. Individuals familiar with addressing trauma encourage a collaborative method, using ACEs training to explain the “Why” and TBRI to explain the “How.”
- While providers increasingly incorporate questions about broader life challenges (e.g., childcare, transportation, etc.) into their work with clients, without actions to provide assistance, this can feel as if providers are simply “checking a box.”



Creating a Better Future



PRIORITIES FOR THE FUTURE

Following the first three phases of our discovery (interviews and focus groups with ACEs experts, service providers, and community members), we synthesized Louisiana's core challenges and opportunities around ACEs. Using this information, we identified the **seven highest priority initiatives for preventing and addressing ACEs according to community input.**

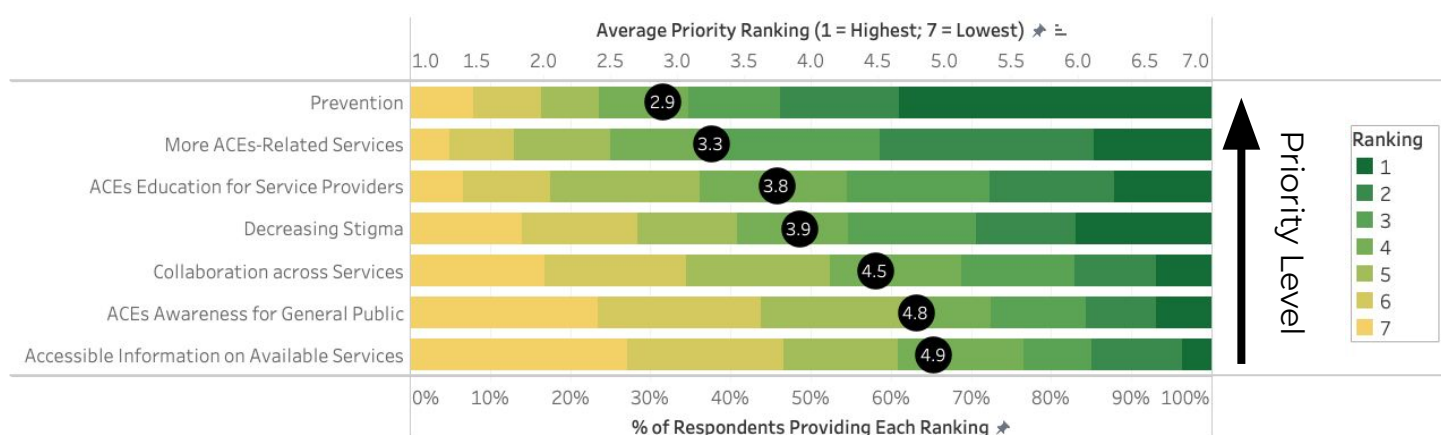
HIGHEST PRIORITY INITIATIVES FOR PREVENTING AND ADDRESSING ACEs

- **More ACEs-Related Services:** Increasing the number of service providers offering trauma informed or trauma focused services or treatments
- **ACEs Education for Service Providers:** Increasing ACEs or trauma-informed education across all family and child-serving providers
- **ACEs Awareness for General Public:** Campaign to increase messaging and education about ACEs to the general public
- **Accessible Information on Available Services:** Establishing an up-to-date database detailing available services by region
- **Collaboration across Services:** Improving collaboration between services for more holistic care
- **Decreasing Stigma:** Decreasing stigma around mental health & trauma
- **Prevention:** Improving environmental factors that can cause adversity for children (ex: poverty, discrimination, unstable housing)

RELATIVE PRIORITY OF INITIATIVES

Via the statewide survey, service providers and community members ranked the seven initiatives in order of priority, with lower numbers indicating a higher priority. Because each of the seven initiatives emerged as critical needs during the first three phases of our process, **even the lowest ranking initiative from our survey were priorities for the communities engaged** in this process. This was reflected in the open-ended responses to the survey's priority ranking exercise, in which many indicated that all seven were priorities.

Initiative Prioritization



PRIORITIES FOR THE FUTURE

Survey respondents demonstrated the **greatest support for prevention work and targeted ACEs education**, whether that is increasing the number of providers delivering trauma informed/focused services or increasing the number of family and child-facing providers who have a baseline understanding of ACEs. This is in contrast to ACEs education aimed at the general public, which was ranked 6th across the 7 priorities.

CORE CONSIDERATIONS ACROSS INITIATIVES

In addition to the seven initiatives, our discovery process illuminated the following core considerations that cut across each initiative:

- Parents and families as critically important to the success of this work
 - Meeting families where they are
 - Utilizing relationship-building to build trust with families
 - Decreasing stigma around mental health within families
 - Leveraging faith-based communities and healthcare providers as key partners
 - Identifying opportunities to leverage schools without adding to schools' capacity strain
 - Localized, community-oriented efforts as the front and center of future ACEs work
 - Ensuring interconnectedness and reduction of silos within and across agencies
 - Importance of representation of community members and those with lived experience in implementation
-

IMPLICATIONS FOR PLAN DEVELOPMENT

PRIORITY SETTING

This report highlights bright spots, challenges, and opportunities related to preventing and addressing childhood adversity in Louisiana. In order to create tangible and lasting impact from these findings, key decision-makers and community members across the state will need to align around a shared vision, core strategies, and an implementation approach for taking action.

Prioritized initiatives and key considerations can provide the foundation for the development of these strategies.

KEY SUCCESS FACTORS

Participants throughout the process highlighted three priorities for any statewide ACEs planning or implementation efforts:

- **Balancing Voices.** While it is imperative to have agency and government representation, statewide ACEs priority setting and implementation should also involve community members and interested groups from across different systems as key collaborators throughout the process.
- **Locally-Led Implementation.** Each community in Louisiana experiences a unique landscape for preventing and addressing ACEs. As such, implementation of a state-level action plan should engage local champions and leaders who are able to shape initiatives in line with their local context.
- **Need for Dedicated Funding and Long-Term Funding Plan.** Interested parties expressed concern around unfunded mandates related to ACEs. They emphasized that any statewide action plan should include a clear avenue for funding necessary activities and a funding plan for sustaining initiatives in the future.
- **Longevity across Administrations.** Recent momentum around ACEs work in Louisiana has been encouraging, especially with First Lady Donna Edwards' vocal support. Many noted the importance of creating a plan that will be championed by actors across political parties and administrations, so that funding and initiatives can continue without interruption when local or state officials leave office.

RECOMMENDED NEXT STEPS

In summary, in order to build a statewide action plan, we recommend key decision-makers across the state conduct an alignment process that results in a shared vision, a set of strategies, and an implementation approach that has buy-in across interested groups.

Following this alignment process, we recommend the planning body partner with local champions and entities to build out implementation plans for all regions in Louisiana.



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