



## **ACEs and Resilience in Wake County April 2017**

### **Summary of discussions from April 6-7, 2017 discussions following screenings of “Resilience”**

This summary includes common threads from small group discussions at the screenings and some key thoughts/needs to consider and explore further.

- **Universality:**
  - 1) no one is exempt
  - 2) intergenerational
  - 3) across income levels
  - 4) San Diego and AHA audience ACEs scores shows successful working people are impacted by ACEs
  - 5) impacts all communities—need a multi-tiered system of support
- **This is solvable. ACEs isn’t destiny but a tool.**
- **Call for connected action and resource sharing.**
- **Economic implications = a hook for legislators, policymakers and business.** (WASH State: \$1.4 billion saved)
- **How to implement usage of ACEs questionnaire?**
- **What next after you know the ACEs score?**
  - 1) What’s the protocol?
  - 2) Need clearinghouse/list of resources/referrals – create website or add into AHA site and/or tap into Wake County Network of Care <http://wake.nc.networkofcare.org/mh/>?
  - 3) Those who are using **ACEs questionnaire now in Wake, what do they do** once they know the score?
  - 4) Need resources readily available (eg phone stickers))
- **Singular focus doesn’t address the issue**—bring together medical community, teachers/education, trauma centers, preventative programs, mental health support, etc. Support mental health integrations is a more deliberate and connected way
- **One stable relationship with adult can have big impact** (mentors, after-school care, etc.)

- **What is a successful implementation model?**
  - 1) Learn from Washington state, Buncombe County NC, Fairfax VA, San Diego –others?
  - 2) Is [frameworksinstitute.org](http://frameworksinstitute.org) a resource on shifting/framing the conversation?
- **Film helps reduce stigma**
- **So many in treatment, so little \$ in prevention**
- **Questions missing from ACEs survey—do we incorporate them in Wake usage of survey?**
  - 1) Loss of a parent
  - 2) Bullying
- **“Bad kid” isn’t a bad kid—ask what’s happening, get to why the behavior is happening; change discipline approaches**
- **Early Childhood**
  - 1) 0-3 not a big focus in the film but lots of discussion about need for intervention at this age
  - 2) What have other communities done at this age group?
  - 3) Child care staff needs this info
  - 4) Child care health consultants needs this info
- **Schools**
  - 1) Miss Kendra curriculum resonates; WCPSS has something similar (need to investigate); learn what Miss Kendra program costs; incredible therapy; remarkable that kids don’t say anything because they think it’s **normal**
  - 2) school resource officers – educate and train
  - 3) educate teachers so they can recognize potential problems and refer to school counselors or others
  - 4) provide schools staff with resources when they see ACEs scores having impact
  - 5) how can local governments help the schools/school system?
  - 6) don’t take funding away from schools
  - 7) school websites or WCPSS website—are they a resource for information to identify and mitigate?
  - 8) can pediatricians and schools share info better and how?
  - 9) Funny Tummy at SafeChild uses pieces of Miss Kendra
  - 10) how to incorporate into WCPSS school day when there’s no time?
  - 11) how to advocate/engage Board of Education?
  - 12) what does Miss Kendra program cost?
- **Media & Education**
  - 1) Can be thoughtful leaders and ask questions in a different way
  - 2) Tool to help educate public
  - 3) Social media—how to use it for this?
  - 4) Libraries can be a resource for public

- **Medical Community**
  - 1) Great if all wellness and/or ped visits could ask ACEs but how with very short time offered for appointment/time with Dr?
  - 2) Show film to medical professional societies
  - 3) Medicines mask issues, Ritalin doesn't get at root cause
  - 4) Prevention—could BCBSNC implement ACEs in its preventive care?
  - 5) Incorporate at prenatal visits/education
  
- **Law Enforcement**
  - 1) Not a clear focus in film for law enforcement role
  - 2) Educate law enforcement – are they a level of intervention in terms of identifying issues?
  - 3) Project Phoenix in Cary
  - 4) Mandatory of court referral cases
  
- **Youth Serving Organizations (After-Care, Parks and Rec, YMCAs, Big Brothers, etc.)**
  - 1) Staff need to see the film/get educate and volunteers working with these orgs too
  - 2) Is there a role in conducting the ACEs questionnaire?
  - 3) A LOT of contact with kids aged 4-15 within municipalities and organizations—THOUSANDS of children
  - 4) Sometimes uncover home problems but don't have a place to refer them
  - 5) Can serve as the “difference”—mitigator and resilience builder—the positive and the stable for kids
  - 6) Challenge at Parks and Rec and similar orgs:
    - a. Not teachers but do teach
    - b. Not nutritionists but serve meals at summer camp and after school
    - c. Not social workers but provide de facto social service
    - d. Young staff often w/ minimal training in dealing with these kinds of issues
  
- **Business Community**
  - 1) What is role?
  - 2) Educate business leaders so they are aware
  - 3) Can they provide services or referrals? Follow up with employees who now know they have higher ACEs scores?
  - 4) SAS doing huge data project w/ county (jails, EMS, hospitals)—learn more about this and universal consent form
  
- **Local Government**
  - 1) need to include in their planning
  - 2) Partnering with local orgs
  - 3) Law enforcement connections within municipalities
  - 4) Connecting to social services

- **Faith Community**
  - 1) Share with faith leaders
  - 2) Can be important partner in awareness, education, sharing of resources, counseling/support
  - 3) Youth groups and adult groups
  
- **Additional Concerns/Barriers**
  - 1) Uninsured
  - 2) Illegal immigrants –home visits challenge
  - 3) Home visits are expensive
  - 4) Funding for this work
  - 5) Capacity for this work within organizations
  - 6) Paradigm shift to thinking about mental and physical health together and connecting resource providers—no quick fix
  - 7) Do we prioritize (or how do we) ACEs? (is sexual abuse a priority over violence in the home, for example)
  
- **Engage/Educate/Screenings for:**
  - 1) Legislators
  - 2) all county employees (can do at Justice Center and 10 different county locations)
  - 3) media
  - 4) policymakers w/in each municipality and county commissioners, School Board
  - 5) child care health consultants
  - 6) medical/professional societies
  - 7) Faith community
  - 8) Law enforcement

**Orgs/Contacts noted:**

- Triangle Family Services
- Catholic Charities
- Poe Center
- Wake County Smart Start
- Safe Child
- Grantors
- Duke peds (“main clinician in Durham talks about it all the time”)
- Foster system
- Project Enlightenment—lots of connections and bigger needs
- UHC-Delana Epps Robinson—working on social determinants of health-outside factors have effects on community—similar to ACEs but doesn’t utilize it
- Youth Risk Behavior Survey
- Be Active Kids
- HIPPY Project (Home Instruction for Parents and Preschool Youngsters)