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 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)