



**PUBLIC HEALTH ADVISORY COUNCIL**  
**ACES RETREAT**  
**September 25, 2014**

The Clark County Public Health Advisory Council's September retreat was focused on Adverse Childhood Experience impacts and application. Education included Neuroscience, Epigenetics, ACEs, and Resilience (NEAR) findings as an integrated platform for designing high-leverage action. After reviewing correlations between four resilience factors and improved health among parenting age adults and local ACE prevalence, participants generated six specific proposals for application of NEAR science in Clark County. These proposals represent four major interrelated strategies for Clark County:

- 1) Educate and Engage
- 2) Develop Professional Skills and Abilities
- 3) Assure Preventive Support for People Affected by ACEs
- 4) Create a Platform for Systematic & Continuous Learning about What Works for Whom in What Context

Embedded in these proposals is an awareness that we can learn more about the complex interplay of experience and life course outcomes, given that there is an explosion of new basic science findings to learn from. Taking time to learn, reflect and dialogue with others about the meaning of NEAR science will likely yield more action ideas and surface uncommon partners. Some of the committee's ideas are intentionally designed to become a platform for developing and testing more action ideas, as they emerge from the community over time.

In the course of the retreat, teams identified "what is radically right in Clark County" that serves as a foundation for next steps. While discussion of each action idea surfaced some unique strengths, participants identified foundational assets that are important for all four strategies. We can consider that, in addition to thinking about what we want to add to Clark County's systems, we also want to protect the strengths that are important for the depth and breadth of strategic action desired. These are:

- 1) Changes in Health Care provide opportunity to inform new ways with NEAR. We are already on the right track with Community Health Workers and Free Clinics.
- 2) Interest, commitment and some momentum have already started. People and organizations are already investing effort in NEAR informed changes to services and systems (e.g.: compassionate schools, Department of Community Services, WSUV, P4HN, Restorative Justice approach)
- 3) Infrastructure for spreading the word about NEAR, and recruiting new partners into the work is readily available and multi-sector (e.g.: Battle Ground Safe Communities, Boys' and Girls' Clubs, CHARG, Clark College, Council for the Homeless, Faith-Based Coffee, FBC, Federally Qualified Health

Centers, Friends of the Children, Healthy Living Collaborative, HCW, HNC, id Advisory, Law enforcement, Lulac, LCRG, neighborhood associations, Prevent!, Strengthening Communities, , SELF, schools, Work Source).

- 4) We have more data now than we ever have had before.

Ideas for action generated at the retreat are listed below. These are organized by the broad strategic goal(s) they are intended to support. These action ideas are interrelated – some of the ideas will help to achieve more than one strategic objective.

## **Educate and Engage**

1. Establish an ACEs Coalition and/or ACEs Workgroup that will provide training, beginning with local collaboratives, and examine systems and practices that serve people affected by ACEs and/or help to prevent high ACE Scores in the next generation.

### *Desired Outcomes:*

- a) Affordable, available experts to result in ACES-informed agencies, organization, and ultimately, community.
- b) Network ACEs awareness through established “webs”
- c) Create life course approach to implementing ACES into current systems and practices across community.

### *Existing Strengths and Resources:*

- a) Organizations, partnerships and collaboratives already exist: Lulac, LCRG, CHARG, Battle Ground Safe Communities, neighborhood associations, council for the Homeless, HLC, HCW, Strengthening Communities, HNC, FBC, id Advisory, Prevent!, SELF, schools, faith, Law enforcement, FQHCs, Boys and Girls’ clubs, health system, providers
- b) Low cost – incorporated into work already doing – new lens
- c) Entry points - easily identified: Prenatal care, incarceration, schools, trauma systems, absenteeism, high utilizers, elder, pediatric doctors, and family medicine
- d) Affordable Care Act already supporting
- e) CHW model starting
- f) Collective impact started
- g) Momentum started and building on work of compassionate schools, Department of Community
  - a. Services, WSUV, P4HN
- h) Interest and support (example: today)
- i) Age of electronic data collection; parenting awareness

### *Next Steps:*

- a) Identify where the trainers “live”
  - Train the trainers (\$\$ - grants? - How to train - Trainers create training approach)
- b) Identify three or four champion for inter-organizational and inter-collaborative conversations for pilot training and ACES “lens” formation to systems
- c) Collaboratives form workgroups
- d) Trainers provide technical assistance and coaching to champions as lens is applied to systems and practices.

- e) Data collection – where are we making a difference?
- f) Analysis and improvement
- g) Expand-improve

2. Develop an Over-Arching Plan for Multi-Sector and Multi-Discipline Efforts.

*Elements to consider:*

- a) Focus area for research – connect with something already happening?
- b) Coalitions around youth, mental health, substance use
- c) Toolbox related to ACES
- d) A web page (Walla Walla – example: “Resilience Trumps ACES” - What can each organization do around resilience?)
- e) Time frame
- f) Stakeholders
- g) Committed people
- h) Project coordinator
- i) Principal investigator
- J) Collaborate institutions of higher learning (WSUV, OHSU, Clark College)
- k) HLC Summit
- l) What does community want?
- m) How does it tie into ACES? (work backwards)
- n) Policymakers/community leaders – bring together – start with BOH
- o) ACES coalition

3. Get the Word Out (advocacy – casting net – further funding/start-up seed level), especially to young adults.

*Ideas for how:*

- a) Social media
- b) Schools
- c) Shelters
- d) Programs where teens/youth gather
- e) Faith community
- f) Youth centers
- g) Link with “cool people” – role models – musicians (example: Beyonce) – football players (example: Russell Wilson)
- h) Rotary type groups (professional groups)
- i) Hospitals – CD for new parents
- j) PP Clinic – 3 days after delivery
- k) OB/FP clinics
- l) Waiting rooms DVD playing

*Existing Strengths and Resources:*

- a) Today – educating ourselves
- b) Willingness to work on this
- c) Compassionate Schools
- d) Friends of the Children
- e) SELF
- f) Clark College
- g) P4HN
- h) Neighborhood Associations
- i) CHARG
- j) Work Source
- k) Faith-Based Coffee
- l) Law enforcement – training (juvenile and judges)
- m) Data we have – study that’s been done
- n) Skills Center
- o) Professional Development Day
- p) Needed? Grant \$
- q) Or next? Grant \$
- r) And partner together/stakeholder

**Develop Professional Skills and Abilities**

- 4) Train All Clark County Law Enforcement on ACES and Brain Development

*Desired Outcomes:*

- a) Better relationships (law enforcement and citizens)
- b) More effective enforcement – improved public safety

*Factors to Consider:*

- c) Holistic approach to juvenile justice
- d) Building community support for youth
- e) Increased awareness /education re ACES for all community
- f) Law enforcement informs community response and engagement (more data)
- g) Juvenile Restorative Justice for all needed (more funding)
- h) Business support – financial and mentorship
- i) Collect ACE scores – community and professional change

*Next Steps:*

- a) Five-hour block of training

- b) Location
- c) Buy in from chiefs
- d) MOU to share

## **Assure Preventive Support for People Affected by ACEs**

5. Adapt Services to achieve a better fit between ACE effects and service/supports. Organize supports to “meeting people where they are mentally and physically.

### *Desired Outcomes:*

- a) Meet prior to crisis
- b) Decreasing higher levels of care
- c) Peer support and community building
- d) Family involvement/support

### *Existing Strengths & Resources:*

- a) CVAB/Val Ogden/FOC/Harm Reduction Center
- b) Health care changing
- c) Community collaboration
- d) Free Clinic/Battle Ground/New Heights
- e) Community Connect Events

### *Next Steps:*

- a) Open access
- b) What would bring people to center?
- c) Co-locating/virtual?
- d) Hot spotting – ID high utilizers
- e) Adding services to existing locations

### *Needed:*

- a) More capacity, access
- b) Resources

## **Create a Platform for Systematic & Continuous Learning about What Works for Whom, in What Context**

- 6) Promote and support systematic use of intervention strategies with solid evaluation focused on learning.

### *Desired Outcome:*

- a) Decrease ACES in community – generate measurable positive outcomes

\* An aside: at the neighborhood – community building events; neighborhood associations/churches/schools (how to include renters who do not feel connected)

*Desired Process Outcomes:*

- a) Continuously improve data to plan interventions:
- b) Can help to identify problems
- c) Opportunity to connect with organizations that are data sources
- d) Gives us benchmarks for measuring improvements
- e) Can help get very localized in neighborhoods
- f) Helps make best use of available resources

*Needed:*

- a) Coordinator/work group – data (convened by Public Health)
- b) Public Health
- c) Analyst
- d) Sheriff
- e) Schools (Pre-K, K-12, Higher Ed)
- f) 911
- g) Business

*Strategies:*

- a) Involve county commissioners – educate them about ACES
- b) Education on preventing ACES: how to build resilience
  - Building community
  - Parties at clinics/in neighborhoods – or at a park – “A Night Out for ACES Awareness” block party
- c) Neighborhood associations
- d) Physicians – screen for ACES – “Trauma-informed care” – making our systems welcoming
- e) Grand Rounds – PeaceHealth-Legacy
- f) HER – alerting providers to screen for ACES – or look for red flags
- g) WCC template – question
- h) Workforce/HR departments – restaurant industry – social bridging
- i) Community education programs – through school district – partner with Children’s Home Society – and Resource Center
- j) Testimonials – Success Stories
- k) Masters in teaching
- l) Early childhood education
- m) Community health advocates
- n) Business community
- o) Residency training
- p) Community Health Workers