

PARTNERSHIP FOR A RESILIENT KENTUCKY

(PaRK)

**MAY 26, 2022
1–3 P.M.**



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Please enter your name & your organization in the chat

If you want, add your organization to your zoom name:

- *Click the 3 buttons in the top right corner of your video square*
- *Click “rename”*
- *Add you organization after your name*



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AGENDA

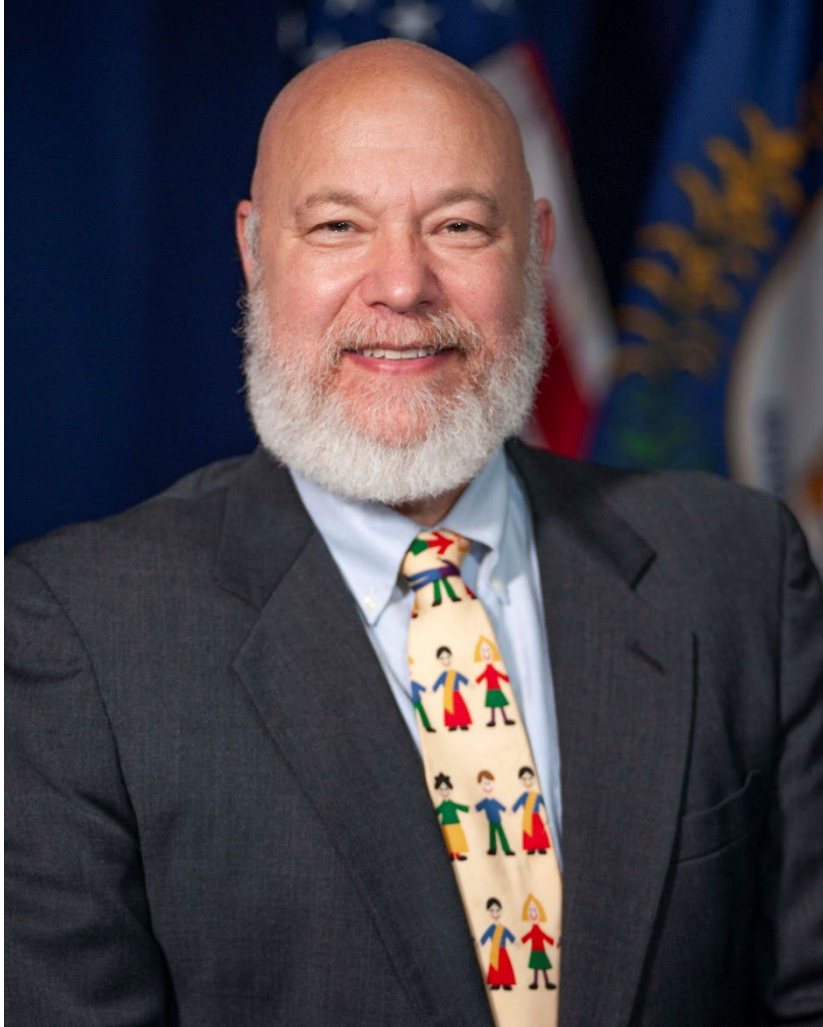
1. Welcome: CHFS Secretary Eric Friedlander
2. Overview of PaRK
3. From ACEs to PACEs Across the Lifespan
4. Break Out Discussion
5. Next Steps



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Secretary Eric Friedlander

Cabinet for Health & Family Services

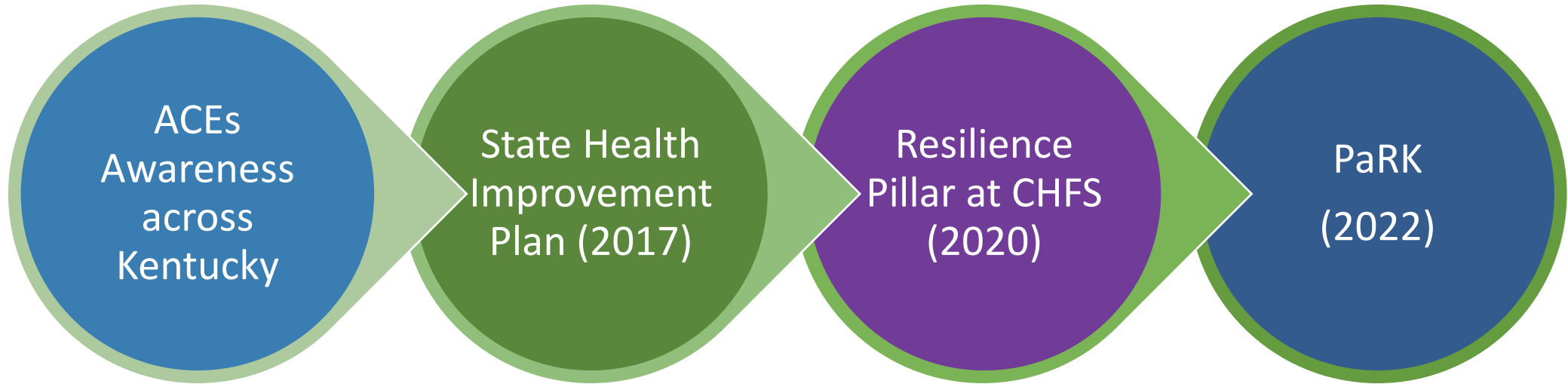


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Getting to PaRK



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PaRK Planning Team

Ivy Alexander, OCSHCN

Dr. Henrietta Bada, DPH

Brittany Barber, DBHDID

Dr. Allen Brenzel, DBHDID

Melissa Goins, FRYSC

Vivian Lasley-Bibbs, DPH

Kristen Martin, DPH

Amalia Mendoza, Foundation
for a Healthy Kentucky

Dr. Cynthia Mofunanya, DPH

Jackie Richardson, CHFS

Dr. Vestena Robbins, DBHDID

Miriam Silman, DBHDID

Jennifer Warren, DCBS

Dr. Connie White, DPH



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PaRK Purpose Statement

Partnership for a Resilient Kentucky (PaRK) is a network of organizations and individuals to promote positive childhood experiences and resilience across the lifespan and to address the impact of adversity and trauma on individuals, families and communities. PaRK will develop a sustainable path to disseminate and support integration of science and best practices across the commonwealth.

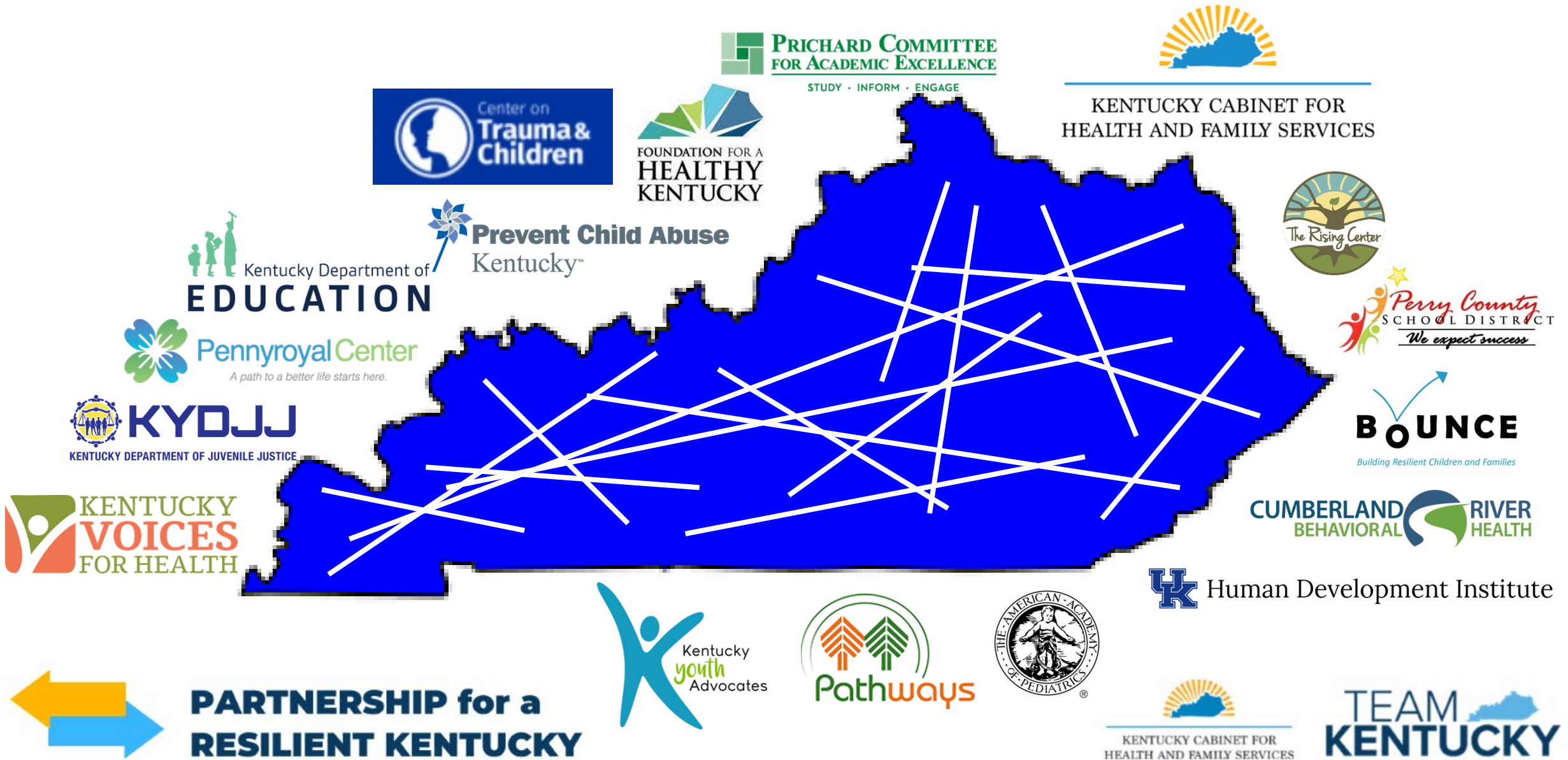


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PaRK is a Network of Shareholders



The reason we've asked you here today....

- How can we share best practices & innovations?*
- How can we promote consistent approaches across services?*
- How can we stay current with the literature?*
- How can we learn from one another?*

*A **network** of providers & organizations to **learn together, share innovations, collaborate & connect** to ensure evidence-informed best practice across Kentucky*



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Take the Poll!



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ACEs + PCEs → PACEs

HEALING CENTERED

Expanding on the trauma-informed lens, Dr. Shav...

Community resilience looks like...



JAMA Pediatrics | Original Investigation

Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample
Associations Across Adverse Childhood Experiences



PEARLS

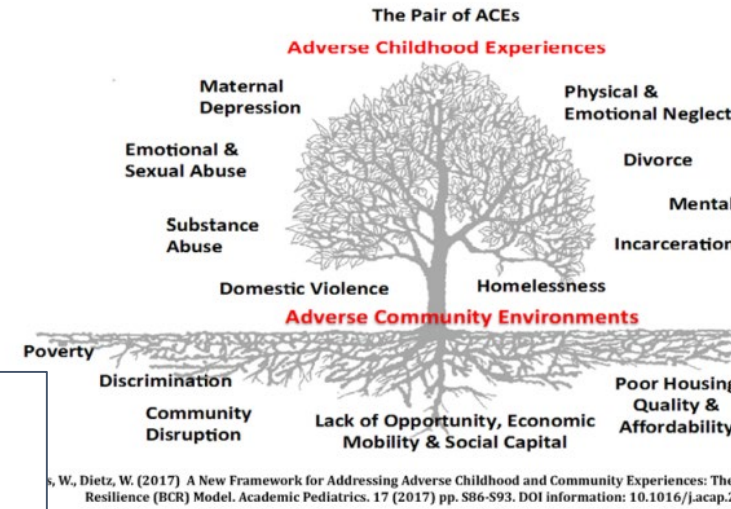
Pediatric ACEs and Related Life Events Screening

CHILD

Research article

ACEs and counter-ACEs: How positive and negative childhood experiences influence adult health

AliceAnn Crandall ^a, Jacob R. Miller ^a, Aaron Cheung ^a, Lynne K. Novilla ^a, Rozalyn Glade ^a, M. Lelinneth B. Novilla ^a, Brianna M. Magnusson ^a, Barbara L. Leavitt ^b, Michael D. Barnes ^a, Carl L. Hanson ^a



4 is supportive

5 asks "Who is right?"

PACEs Connection
formerly ACEs Connection

HEAL trauma

BUILD resilience

PREVENT ACEs

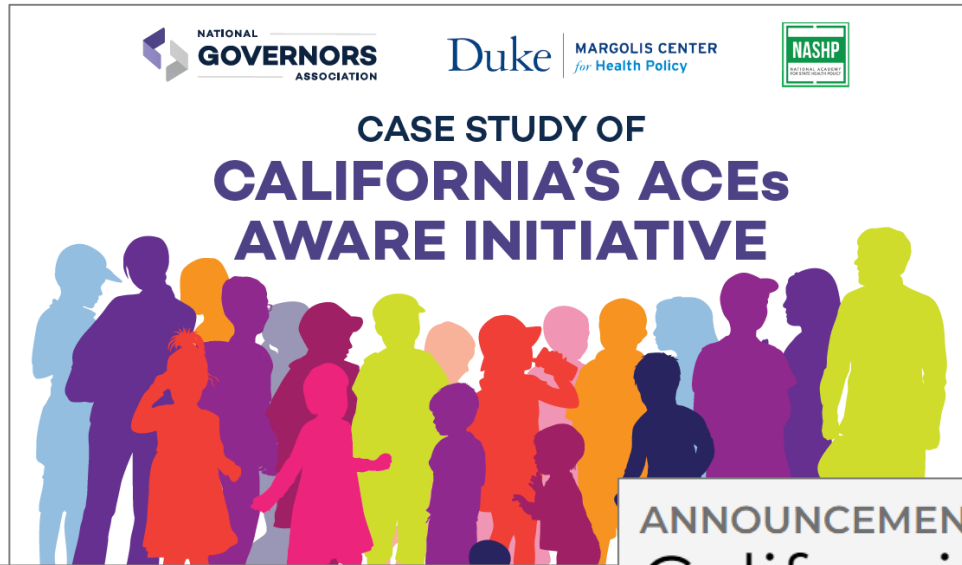


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California's Initiative



Screening for ACEs: A Pediatrician's Story

ANNOUNCEMENTS
California Screens More Than 500,000 Children and Adults for ACEs, Announces New Partnership with University of California

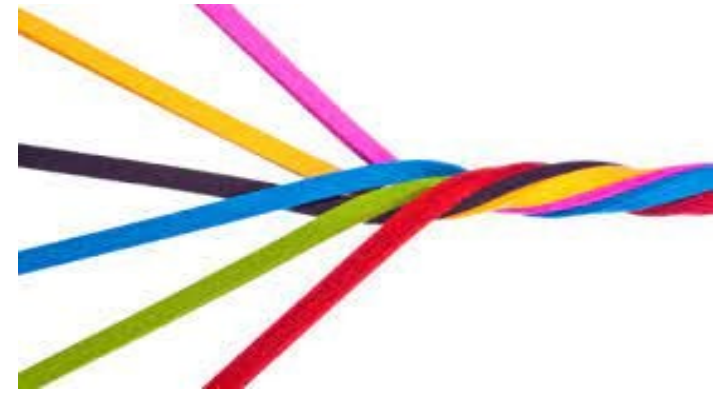


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Collaboration for Pediatric Mental Health



- HRSA funded
- Increase Mental Health Access for children
- Promote behavioral health integration into pediatric primary care
 - Take advantage of existing infrastructure (CHFS & Departments)
 - Network of pediatric mental health care teams to provide training, teleconsultation, technical assistance, and care coordination for pediatric primary care
- Increase PMH surveillance capacity
- Use quality data to inform prevention and treatment



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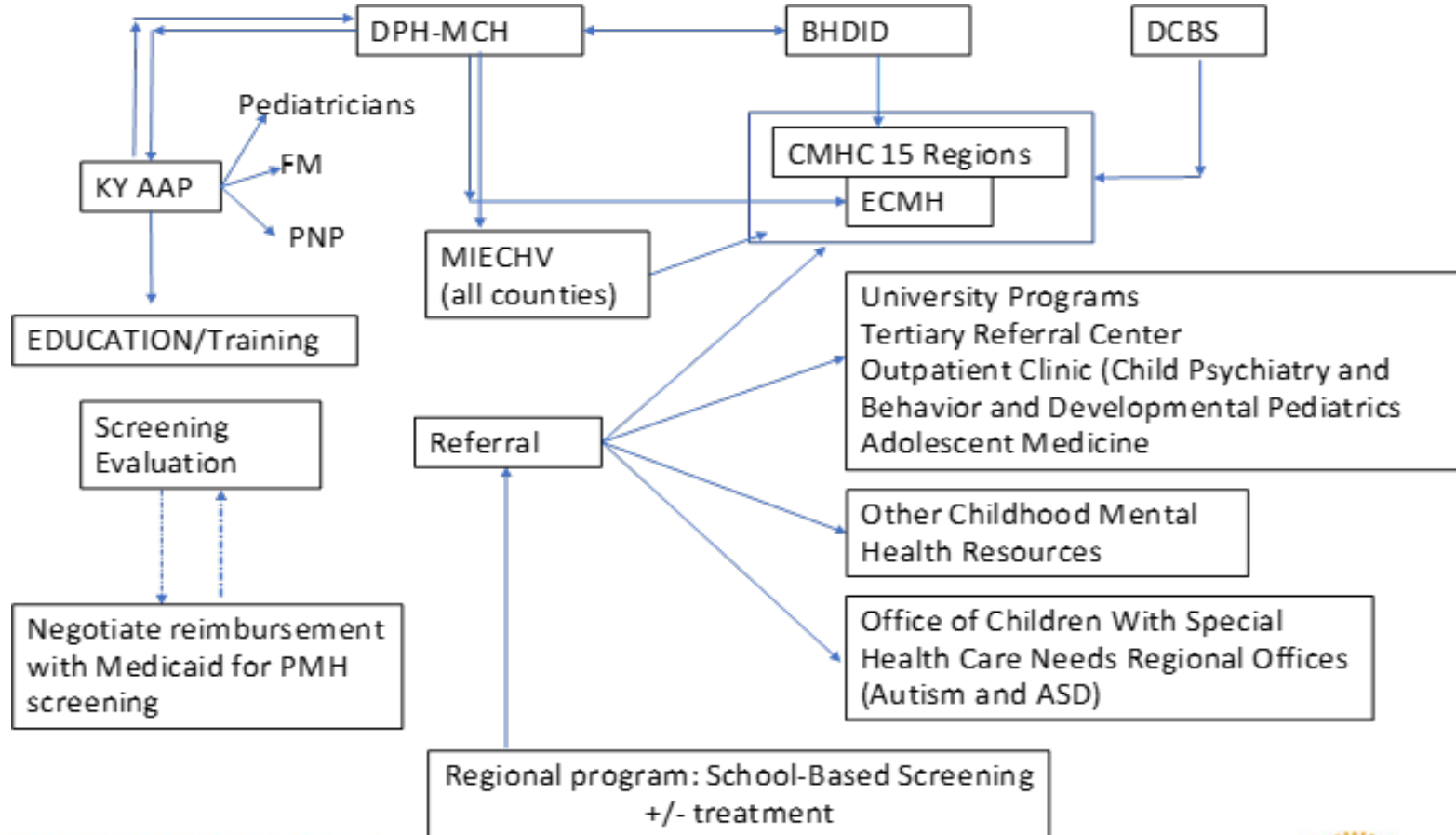


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Kids' Interface and Network for Healthy Development

Infrastructure & Partners



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What's the Why?

“Key **positive childhood experiences** not only promote optimal development but also **prevent and mitigate** the effects of toxic stress.”

Sege (2021), Reasons for HOPE

“**The good news is resilience**—self-regulation of emotions, optimism and hope—can trump ACEs. (In fact, regardless of ACE status, children lacking resilience fare worse.) Children with ACEs who also have resilience had one-fifth the odds of having mental or emotional problems like ADHD or depression.”

Bethell (2016), The New Science of Thriving

This work is about “how we can navigate life, and it’s difficulties, connected and together, and in that, **we can actually flourish even amid adversity.**”

Bethell, (March, 2022) HOPE Summit



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Guiding Principles of HOPE

1. Positive and negative factors that impact child health exist in all domains of the social ecology. Thus, the **interplay among individual, relational, community, and societal factors must be addressed** in order to achieve optimal child health outcomes.
2. Child and parent health and well-being are inextricably linked. Thus, **positive experiences must promote child health, parent health, and a healthy parent–child relationship.**
3. Child health incorporates **physical, cognitive, social, and emotional** outcomes.

Sege & Harper Browne(2019)

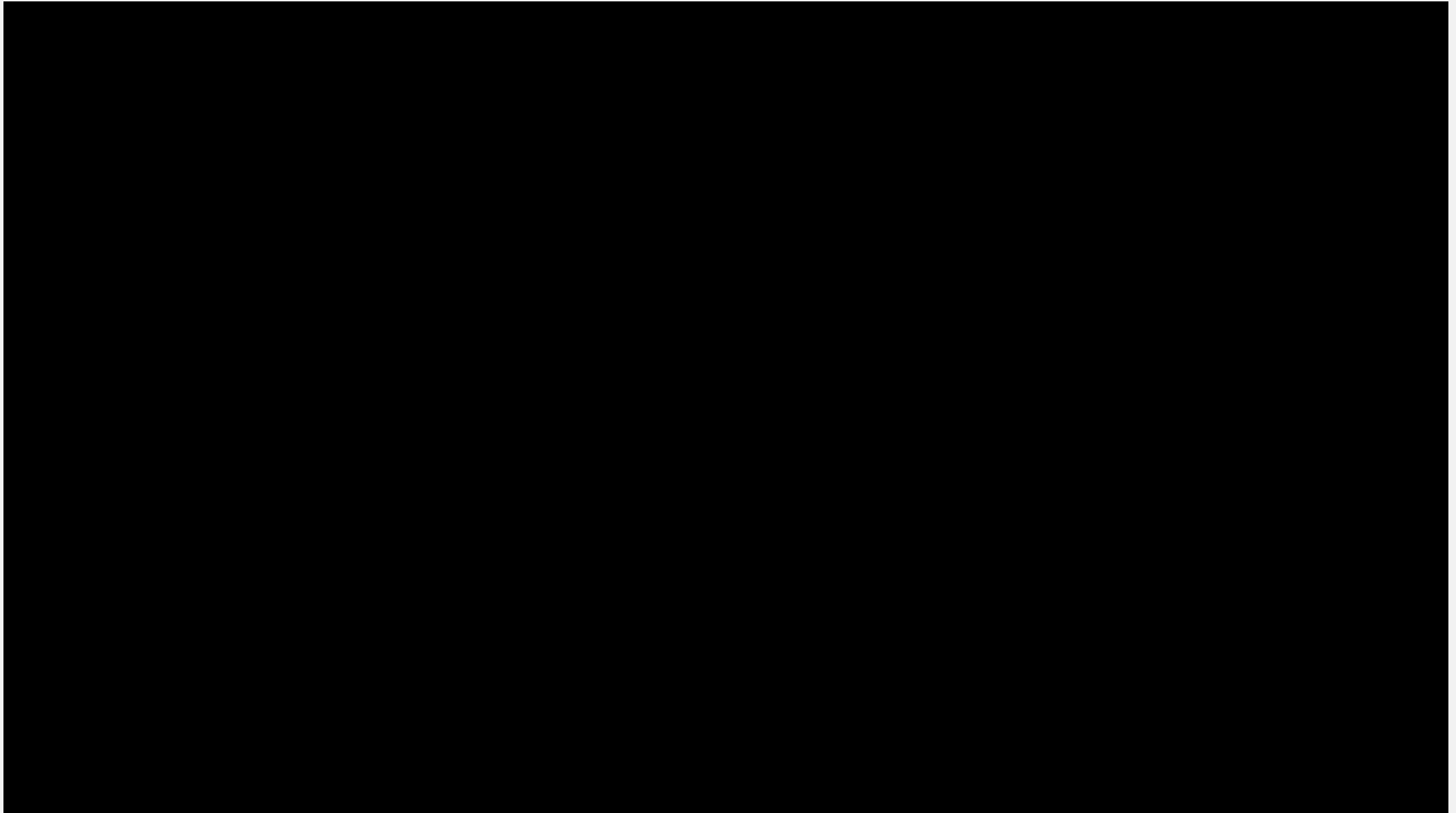


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Building Adult Capabilities



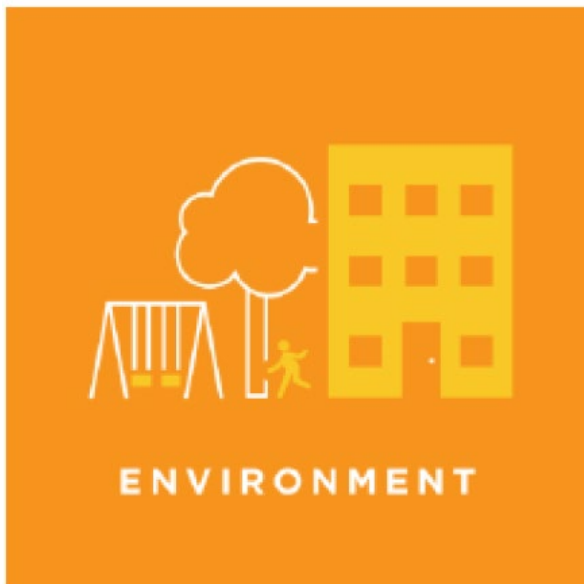
Positive Childhood Experiences

Family & Home	School & Community
<ol style="list-style-type: none">1. Felt able to talk with their families about their feelings2. Felt their families stood by them during difficult times3. Felt safe and protected by an adult in their home	<ol style="list-style-type: none">5. Felt a sense of belonging in high school6. Felt supported by friends7. Had at least two non-parent adults who took genuine interest in them8. Enjoyed participating in community traditions

Bethell, Jones, Gombojav, Linkenbach & Sege (2019)



4 Components of HOPE



Sege & Harper Browne(2019)



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Emerging Science

Original Articles and Reviews

Human Thriving

A Conceptual Debate and Literature Review

Daniel J. Brown,¹ Rachel Arnold,¹ David Fletcher,² and Martyn Sta

PERSPEC



ELSEVIER

Contents lists available at ScienceDirect

Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chi

Research article

Positive childhood experiences predict less psychopathology and stress in pregnant women with childhood adversity: A comparison of the benevolent childhood experiences (BCEs) scale

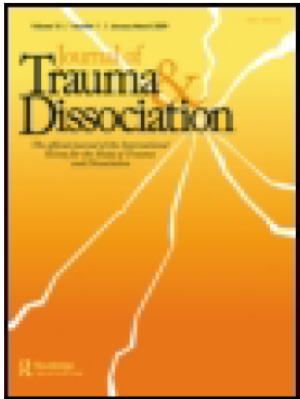
Angela J. Narayan^{a,b,*}, Luisa M. Rivera^c, Rosemary E. Bernstein^b, Wilfredo Rivera^b, and Alicia F. Lieberman^b

Research

JAMA Pediatrics | Original Investigation

Positive Childhood Experiences and Adult Mental and Relational Wellbeing in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels

Christina Bethell, PhD, MBA, MPH; Jennifer Jones, MSW; Narangerel Gombojav, MD, PhD; Jeff Linkenbach, EdD; Robert Sege, MD, PhD



ISSN: 1529-973

Reasons for HOPE

Robert D. Sege, MD, PhD



IJWH

ARTICLE

Poly-victimhood: Exploring Adversity

Beyond resilience to thriving: Optimizing child wellbeing

Evolving Measurement

7 Positive Childhood Experiences (PCEs)

Bethell, Jones, Gombojav, Linkenbach & Sege (2019)

6 Domains of Flourishing

VanderWeele (2017)

10 Benevolent Childhood Experiences

Narayan, Rivera, Bernstein, Harris & Lieberman (2018)

3 Item Index of Flourishing

Bethell, Gombojav & Whitaker (2019)



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Content *and* Process

Moments of HOPE

1. In each encounter
2. During intake and assessments
3. When sharing referrals or community resources
4. When creating or revising policies
5. In your internal organizational culture

Table 1. Particular Ways Relationship Might Manifest in Different Kinds of Health Care Encounters

Visit Type (Ordered Roughly From Least to More Relationship Oriented)	Examples of How Relationship Might Particularly Manifest
Telehealth	Easy access Full attention to patient via the screen, or allowing no visual if that's what the patient wants
Urgent care	Focusing carefully on a single problem and arranging helpful follow-up
Emergency department	Being conveniently accessible in person Getting a lot of technical services and consultation in 1 stop Arranging careful follow-up
Acute illness visit to usual source of care	Using longitudinal knowledge to contextualize and integrate care Using the visit to check in on other ongoing care
Procedural visit to usual source of care	Being sure the procedure still needs to be done and is congruent with the patient's values Doing a good job with the procedure and considering follow-up options
Subspecialist visit	Providing expertise in the disease of focus Considering the disease in the context of the patient's other illnesses, ongoing care, and life goals
Chronic disease management	Consider the illness context as well as the disease Identifying personal, interpersonal, or community strengths to help patient follow up on disease-management plans
Well-care visit	Identifying personal, interpersonal, or community strengths to help patient follow up on health-promotion plans
Mental health visit	Identify and connect to teachable moments Focus on confidentiality Taking a life course or developmental perspective
Integrative care of people with multiple complex medical and/or social needs	Looking for synergies in causes and treatments across problems Emphasizing contextual factors

Bergman, Bethell, Gombojav, Hassink & Stange (2020)



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What do you think?

- *How do you use ACEs in your work?*
- *Has this made a difference in your work and the impact of your work?*
- *How could you imagine paying attention to PCEs and the science of thriving will impact your work?*
- *How can PaRK benefit you and your organization?*



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KENTUCKY CABINET FOR
HEALTH AND FAMILY SERVICES

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- *Fall convening?*
- *Speaker?*
- *Sharing implementation & application activities?*
- *Who's missing?*
- *Communication between now & then?*
- *How best to stay current on the literature?*
- *Want to join the planning team?*





Thank You!

Ideas? Suggestions? Want to join the PaRK Planning Team?

Contact Miriam Silman: miriam.silman@ky.gov



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