

## PaRK Launch Meeting – May 26, 2022

### Break Out Groups Summary Notes

#### How do you use ACEs in your work?

##### Screening

- Clinics ACEs are collected for children. Easier implementation for adults.
- Added ACEs questions into youth risk questionnaire. Also has the PCEs.
- ACEs used in practice. Several clinicians. Collect information but not official.
- Responsible for surveillance and data collection re students. Added ACEs questions to YRBS and waiting on data back from the CDC. Starting to have conversations about this data and then looking at what it means from our department.

##### Training/ Awareness

- Awareness of ACEs.
- In partnership with the KY Dept. for Public Health, the Division of Child Care has been receiving trainings on ACEs and more recently PACEs. A Trainers Academy has provided training across the state and childcare providers have been trained around PACEs. There has been grant funding through the Federal Covid Relief funds to address these issues.
- Sharing this information with alternative school staff and program areas
- Trauma-Informed Care trainings across the state
- Talk about ACEs with school staff and how this relates to the behaviors that kids are displaying
- Maternal and Child Services division through the Title V funding is also addressing the issue of ACEs, implementing a trauma informed training (which used to be called the Bullying and Suicide Prevention training).
- The Foundation for a Healthy Kentucky has been implementing local school and health department ACEs training, technical assistance, and interventions to address ACEs and promote resilience in children and youth since 2013.
- Not used but wants to align with the schools and how they use

##### Trauma-informed/ Resilience-oriented Programs

- KY 4-H program positive youth development
- Strengthening Families, now under the umbrella of Kentucky Family Thrive, has been addressing ACEs and PACEs in their training and Parent and Provider Cafes for some time now. They are also now using the federal grant funding mentioned. Additionally, they now have a Youth Thrive planning team, which is focusing on trauma informed care and ACEs specifically targeting youth.
- Foundation for a Healthy Kentucky is also partnering with Kentucky Voices for Health, Kentucky Family Thrive, and the Family Resource Youth Service Centers (FRYSCs) around PACEs.
- Laying groundwork with FRYSCs to get work started. Recognizing generational trauma.
- Trying to talk more with other branches and looking at impact of work moving forward. Using it limited now but would like to broaden this use in the future.

- Two grants that focus on training educators on TIC practices and reducing behavior issues in the classroom. Trying to support what we know about ACEs. Trying to be less punitive and more collaborative/supportive.
- Trying to help districts create and support their TIC plans.
- CMHC contract have ECMH Specialists. Child and Family Services Position focuses on ACEs

#### **Other**

- We see ACEs in the children and families that we serve. It's also important for Communities to be informed about ACEs and the impact on health disparities.
- Both our college students and professors
- ACEs is who we are and who we serve. We need to understand.

### **Has this made a difference in your work/the impact of your work?**

#### **Treatment Planning**

- Because of current capacity in terms of direct contact with people, it hasn't made as much of a difference yet, but as funding is being allocated the impact should increase.
- Knowing an ace score helps frame what families may be facing – help people understand
- Adanta Group: Any assessment we can get is beneficial because when you think about working with children, we usually have more limited information to serve them
- It is important for school officials to understand the impact of ACEs on students.

#### **SDOH/ Root Causes**

- It is critical to address the root causes of why Kentucky has such poor health indicators, high obesity rates, high tobacco use rates (vaping) among youth, and high ACEs. If we don't look into the root causes, it will be difficult to improve.
- We need to encourage people to talk about the social drivers of health more, to look at the root causes.

#### **Confirms role of trauma**

- Already know but gives them more of a background
- Doesn't make a big difference with the treatment provided because they already know about the trauma. But always good information.

#### **Reframe/ more positive/ strengths-based approach**

- Not getting stuck on the negative pieces but learn how we can become more resilient
- Definitely. Helped with listening skills. We support front line people doing the front line work. Trying to be a support versus being the voice.

#### **Not sure**

- KDE: Hard to say because we don't have the opportunity to see how the training and support plays out in the schools yet. Ideally we would love to connect this to changes in bx data. We aren't there yet though. What level are districts implementing this? Lots of coaching and support is needed. Hard to see impact at this point. We would like to think that the internal communication have improved. Several years ago we weren't even having these conversations.

## How will PCEs & the science of thriving, HOPE & flourishing impact your work?

### **More strengths-based/ positive action possible**

- ACEs you can't control or help but you can help with the positive experiences – more action can be taken.
- Adds strength based what is helpful. What we can approve.
- Knows little about it but wants to learn more. Always good to focus on the good things
- The impact can be significant. Through train the trainer work around PACEs, with more childcare providers and training to other adults who come into contact with children and youth, we can begin to counter ACEs.
- There is now an opportunity to make a difference.
- While it is hard to add another letter to the acronym, and we have already been focusing on the positive, which is what the protective factors, it is exciting to have more people come together to coordinate better.
- It's an important paradigm shift for us. A strength based lens.
- planning
- solving problems for children
- creating a well-regulated home for children
- focus on their skills/needs in order to build health and create resilient children
- adults can help create moments of hope

### **Raise Awareness**

- Making more teachers aware of them would be great
- in each encounter
- during intake and assessments
- when sharing referrals
- Adults will also need skill building as well

### **Not sure**

- Less familiar with this

## How can PaRK benefit you & your organization?

### **Raising awareness/ sharing resources**

- If we are very intentional about spreading the information and training to all the places where children encounter adults, childcare settings, schools, social services, etc. children and families will benefit.
- Additional resources
- Having the knowledge –
- Schools – trauma informed training doesn't always trickle down. What are the resources to help?
- We should be learning from each other and moving something forward.
- Training – provides sustainability

- Training & Resources (-early childhood mental health -- they can do assessments; child psychiatry outpatient time; Behavior and development pediatrics; Adolescent medicine; Other childhood mental health resources)
- Dissemination: platform for distribution of resources
- idea that a website can be created to store and gather resources
- success stories as well as failures can be stored on this platform, in a bias-free and safe atmosphere
- an opportunity to gather pre & post -conference materials
- opportunity for Advocacy for promoting a health Kentucky. (for e.g. PACE can be used in schools to give teachers a better sense of what they can do with challenging situations. Can also give adults an indication of what they are doing right and build on that.)
- Allows the opportunity for training: e.g childcare centers, trauma centers, youth focus groups, professional training, or orientations

### Implementation

- How to really push the resilience pieces more in our work
- How to focus on the adults as well as the children
- Will answer “What next?” . . . who do we partner with to help
- Adanta Group: I appreciate the initiatives coming from the department. These collective work groups help us do the work in our communities. We can continue the work that you all help start.
- We should be learning from each other and moving something forward.
- Training – provides sustainability
- Screening

### Consistency/ Alignment

- Coming together around this issue from different perspectives makes this the first time this is happening in Kentucky. We have many different organizations approaching the issue, trying to create impact (for example the Strengthening Families, KY Thrive, the Kentucky River Health Consortium, Bounce team, etc.), so it’s good to come together and have conversations around this.
- All using the same framework; discussing the same thing with students
- Learning more about PACEs and educating our community partners about, because we aren’t always on the same page.
- Children need the entire environment to play a part in healthy outcomes
- **Alignment** – allows for alignment across organizations;
- PaRK can be used as a **networking tool across organizations**. It can be a unifying concept across organizations perhaps through training or just a platform to share information and success stories.
- allows gathering on a daily/monthly/weekly basis

### Collaboration/ Networking/ Connection

- Networking around all the good things going on so we’re all aware of them, working collaboratively is something needed and good.
- Will answer “What next?” . . . who do we partner with to help
- A safe space to receive information, to bring information and bounce off ideas and what ifs and how comes. My hope is that we can build a sense of community so that we can grow and learn together.
- We should be learning from each other and moving something forward.
- Alignment -- -allows for alignment across organizations;
- allows gathering on a daily/monthly/weekly basis

**Advocacy/Policy**

- Advocate for resources
- Advocating for those systems
- opportunity for Advocacy for promoting a health Kentucky. (for e.g. PACE can be used in schools to give teachers a better sense of what they can do with challenging situations. Can also give adults an indication of what they are doing right and build on that.)
- The idea for a PACE in All Policy can be used as a framework

**Improved outcomes**

- Put into place and make accessible for our kids
- Positive experiences will empower the teachers. They will feel less helpless.
- KVH: Love the support being offered. The more support the professionals have, helps us support the frontline more. It is important that we have our own safety net and a place where we feel supported.
- Screening
- PACE can mitigate toxic adult health effects with resilience. Resilience reduces your toxic effects tremendously.
- Addressing stress by attending to adults in that life
- **Mental Health as preventive medicine (tertiary level)**
- can be used as a medium of preventive mental health
- can be used to provide resources for prevention, access to care, and general info on basic needs
- can be used as a medium for links to healthy food, housing, health & wellness forums  
information can be shared through alignments across organizations (see dissemination

**Unsure**

- Feel like it can be beneficial, but not sure yet
- KDE: Trying to think about that still. Maybe helping us (collectively) model within our own organizations what we are asking our communities and families to do. Not sure what that tangible looks like yet. Have to get our own house together first. Nice to hear from other organizations on how this work if being applied.