

Adverse childhood experiences (ACEs) Advisory Group
February 8, 2022
Meeting notes

Meeting objectives

As a result of participating in this meeting, **Advisory Group members** will:

- Be reminded of HPIO's Ohio ACEs Impact project and most recent policy brief
- Be aware of the topics HPIO will highlight in upcoming policy briefs

As a result of this meeting, **HPIO** will have guidance from the Advisory Group on:

- Strategies, programs and policies to highlight in the next ACEs brief

Discussion about ACEs data

HPIO showed that Ohio's rank on percent of children who had been exposed to two or more ACEs improved from 39th in 2018-2019 to 22nd in 2021. Also, Ohio's percentage decreased from 23.6% in 2020 to 21.2% in 2021.

This data is from the National Survey of Children's Health, which asks parents to answer questions about their children. The ACEs question was slightly modified in 2020, so there is not a direct comparison between the 2018-2019 and later data.

Discussion question: Is this data surprising? What do you think is driving the change we're seeing data in Ohio?

- It is surprising, especially since we're still in COVID. Maybe measurement was impacted by not having access to enough people to survey.
- What we're seeing in this data doesn't align with what we are seeing in the behavioral health system. We are seeing an exacerbation of symptoms, more extreme referrals, higher rates of overdose and suicide attempts across the state (particularly in the aftermath of COVID).
 - Also wonder if access to people and lower rates of reporting may contribute to what we're seeing in the data (saw this with child protection system)
- It could be because of COVID fatigue (people burned out about answering questions about trauma and stress)
 - Maybe the questions in the survey (based on the traditional ACEs) are not representative of the actual stress that people are experiencing. For example, environmental factors, community-based ACEs and economic/financial stressors may not have been included. It would be interesting to figure out which elements of ACEs really have long-term impacts on our health and wellness.
- Perhaps when people who are homeless or unemployed, other things (i.e., other ACEs) become less significant in their minds.
- This also doesn't match what we're seeing from an education perspective. Data is showing that different issues are coming up behaviorally (related to mental health).
- We need to track this long-term and figure out how ACEs are affecting the future. Will it lead to future concerns?

Topics for next ACEs brief

- *Enhancing skills to handle stress, manage emotions and tackle everyday challenges*
- *Connecting youth to caring adults and activities*

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Discussion question: What is resiliency?

- Often, the way you hear about it now is as the ability to bounce back and overcome a situation. However, especially for people that have undergone trauma, this seems like it puts the onus on them. We as an organization need to remove barriers to allow these people to be resilient.
 - “I’m so tired of being tough.”
- Suggest looking at the Begun Center for Violence Prevention (Case Western Reserve University) - they had a big Resiliency Ohio movement. Lots of peer support models worked off their definitions. Lots of money was invested in this model, and people would be familiar with it.

Discussion question: Which of the parent/caregiver and family skills training programs do you feel is most important for us to highlight and why?

- Triple P – All of the child residential programs have to implement a trauma-focused model, and it’s one of the models they can choose from (it’s on the OhioMHAS list).
- OhioMHAS Whole Child Matters grants have provided quite a bit of support for Incredible Years programs.
- Evidence-based programs can be really challenging. For example, upfront cost and capacity building required to implement them. Lots of times, the more evidence-based they are, the smaller your caseloads can be.
 - The varying levels of Triple P are good. It allows for a higher volume capacity (group-level) and more specialized (individualized) care models, and the training is very accessible.
 - From a feasibility perspective, this is a good one to lift up.
- In staffing of these programs, it would be helpful to have people with lived experience (Peer support and peer specialists help a lot)

Discussion question: What are some other examples of state- or local-level initiatives related to these strategies and this idea of building resilience? This could include legislation, state agency policies or programs, local government initiatives, funding proposals, etc.

- Ohio Guidestone is working with their various school district partners to think about how to use different types of funding that have been allocated to the districts (e.g., ARPA funds). They’ve worked on enhancing access to school-based treatment, but also implementing tier one and two strategies. Second step is one program they have used. They’ve been able to work together with the districts on things like necessary continuing education, etc.
- The Primed for Life program has been a big success in Franklin County. It has student and family components, and it focuses on life skills and education related to substance use prevention.
- ODH’s Sexual Assault and Domestic Violence Prevention Program has a local grant program. Many of those projects are implementing Dating Matters.

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Discussion question: What are some good local examples that we should interview and/or highlight in the brief?

- Milford Elementary School – There was an NYT article about their social/emotional learning curriculum and how they're teaching children resiliency in face of drug addiction.
- Connections program in NE Ohio (has now transitioned into care management with OhioRISE)
- Lakewood City schools – Has leveraged public and private funding to implement a continuum strategy (e.g., continuing education for staff, parenting pieces, multiple BH providers teaming together). It's a nice example of collaboration and partnership and leveraging funding. It hits what's happening at home, what's happening at school, etc.
- Staffing and funding considerations are very important. We can't propose these things in a vacuum. We need to think about the reality of staffing and funding and feasibility.
- Need to also think about breaking down siloes between these strategies. We should be talking about the intersection of these systems and programs.
- Look into how school districts are going to implement Erin's Law (sexual abuse prevention education). (E.g., What programs are going to be started?)