POST-CONFERENCE SUMMARY FOR DAY TWO, MARCH 13, 2015

Presentation Title: Building Capacity & Support for Two Generation Primary Care
Time: 8:45-9:45AM
Presenter: Colleen Kraft, Health Network at Cincinnati Children's Hospital

Summary:
Dr. Colleen Kraft from the Health Network at Cincinnati Children’s Hospital set three learning objectives for her presentation, which are (1) Consider new models of primary care that prevent toxic stress and build the health of parents and children; (2) Recognize new financing models that promote two generation primary care; and (3) Discuss ways maternal/child health professionals might advocate in translating science into healthier life courses. Dr. Kraft explained that ACEs result in death and disability, and some advances in developmental science have increased understanding of life course and epigenetics. What happens around you gets into your biology and drives development across the lifespan. ACEs start before birth. Maternal stress increases methylation of the fetal glucocorticoid receptor gene, decreasing brain expression of the GC receptor. Newborns have increased HPA Reactivity and salivary cortisol levels, which leads to toxic stress.

Dr. Kraft described her home healthcare pilot program that aimed to provide every mother with Medicaid a home visitor each month to provide support, education, and transportation. The goal of the program was to reduce the number of infants born at <37 weeks gestation and low birth weight (<2500 grams) by 30%. Specific outcomes included: Prenatal care: increased attendance of prenatal visits to 85% from 30%; Maternal smoking: decreased smoking during pregnancy to 14% from 24%; Premature births: decreased pre-mature births to 7.5% from almost 12%; and Weight: reduced percentage infants with less than 2500 grams to zero. She also described the reimbursement model. Payers are moving into bundled/capitated payments. Medicaid pays for medical management. Instead of nurses calling families, they developed teams of nurse case management with Community Health Workers. This business model incorporates team-based care and looks at population health.

Breakout Session #1, Group 1
Time: 10:00-10:45AM
Session Title: Health- Addressing the Impact of ACEs on Health & Wellbeing
Presenters: Marlita White, Chicago Department of Public Health; Steven Vincent, CentraCare Health

Summary:
Marlita White and Steven Vincent discussed the broad intersection between health and ACEs. Marlita began by explaining that the ACEs body of research has provided understandable scientific support that confirmed the intuitive belief that exposure to violence in early childhood was detrimental and long lasting. This information has informed her work with pregnant women who are incarcerated and in (clinical and non-clinical) planning efforts with communities and organizations. Steven then talked about two specific pieces of work that he has been doing: 1) working with a group of healthcare providers in the Minneapolis and St. Paul area to expand the awareness of ACEs information in mainline hospitals and clinics, and 2) working with a group of...
people from several different agencies and organization in the St. Cloud, MN, area to develop a community collaborative that will advance awareness of ACE information and use of that information across many sectors of the community. Subsequently, they identified the importance of spreading awareness and connecting with leaders in various fields to see how to best use ACEs information and ACE informed strategies to inform prevention and intervention efforts.

Afterwards, the participants discussed that there are multiple barriers related to infusing ACEs into the medical model. Currently, ACEs are not routinely addressed in primary-medical health care because physicians report that they do not have capacity (knowledge of strategies) or sufficient time in routine patient encounters to introduce ACEs. To address this problem, the group talked about increasing awareness of ACEs to medical students (and other clinical professions) during residency; via case studies dealing with ACEs. This would allow physicians (and others) to have an expectation of ACEs dialogue and would make room in their standard practice. Next, the group reviewed the challenges and opportunities in working with community institutions such as churches and schools: the group acknowledged that the identity of the messenger was important. The faith community prefers to hear from their congregational and lay leaders about ACEs instead from public health officials. This is the same for most areas of practice (i.e., police want to hear from police) so developing ACE ambassadors in all professions is important. While the public school system may not talk about ACEs directly, they are beginning to talk about the impact of the trauma on student’s health and academic performance. We have to find similar linkages in other professions. Drawing to a close, Marlita and Steven identified some goals that had emerged: work with the health systems to develop new, accessible models of ACE integration; engage the faith community as a healing partner to teach children and families to addressing their fears and concerns; and help physicians (and other health related professions) to recognize that they are not making it worst by just asking about ACEs, rather that, by initiating dialogue, they are supporting and producing healing.

Breakout Session #1, Group 2
Time: 10:00-10:45AM
Title: Approaches to Increasing Statewide Understanding of ACEs
Presenters: Ann Leinfelder Grove, SaintA; Becky Dale, Minnesota Communities Caring for Children/Prevent Child Abuse Minnesota; Kate B. Bailey, Minnesota Communities Caring for Children

Summary:
Ann Leinfelder Grove, Becky Dale and Kate Bailey opened the session by discussing their Trauma Innovation Lab, where they have been seeking to develop a place where different ideas on trauma informed care could come together and innovate. They have used this is lab as a tool to map where/ who/ what, and bring people together to talk about it. They observed that there is tension regarding ACEs between “evidence based” in universities and the grassroots practice. They posed the question: is there a way to resolve the tension? The group discussed how in shifting from requiring an evidence based approach to educating on the options- where the community could choose- they overwhelming chose evidence based practices. In addition, they emphasized the population/ community perspective about the implications of broadening more than evidence based approach: if our communities don’t trust our information, it won’t be successful. In Chicago, the city’s Public Health Department is using the evidence based approach with ACEs to communities.

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In seeking to identify some recommendations going forward, the group identified the following strategies to organize and support this work: recognize the challenges inherent in the work; do our own work first, recognize discomfort; be ok with no knowing what the path will be (be community directed, etc.); have a learning community; create intentional spaces, recognize strategic champions in the work, diverse representation and stakeholders; identify the collective impact process- such people who are impacted, state agencies, and etc; be diligent about shared power, shared voices, etc.; ensure that no one holds ownership of the work; by broadening to “trauma” instead of aces, it becomes much larger; use focus groups to develop language; and have the audience design their own language.

Breakout Session #1, Group 3
Time: 10:00-10:45AM
Title: Employment- Impact of ACEs on Employment & Employability
Presenter: Tom Wilson, Access Living

Summary:
Tom Wilson opened the session by discussing the challenges to finding employment for people with mental health issues and developmental disabilities. Given the very high unemployment rate in Illinois, he explained that it is impossible for his clients to find work. Tom asked the participants from Iowa about their experience with finding work for clients and wondered whether the low unemployment than in Iowa was some sort of advantage in working with clients. They explained that when looking at ACE data in Iowa about higher education and training, they aren’t necessarily different from the number of ACEs or amount of adversity. However, they explained what is different is the ability to maintain sustaining income; there is the issue of chronic unemployment or the ability to maintain a job and a fair amount of under-employment. So, the challenge is not just a job, but one that can sustain a family. Also, they focus not just getting “a job”, but providing clients with other supports such as childcare which is costly and hard to find.

In Washington, in terms of people who have been impacted by ACEs getting employed, they have had success with local communities mobilizing small businesses about civic responsibility for hiring people to reduce turnover and retraining costs. In Chicago, the same models would not work in with neighborhoods with high needs due lack of business. The group then discussed different job sectors that may present opportunities including: high tech, insurance, medical records processing, and healthcare fields. The group noted that there are not enough jobs to help with high-ACE neighborhoods. The participants observed that people often have willingness and technology skills, but no jobs. The group identified a few strategies for success: find business leaders who have people in family with barriers to employment and recruit them as a champion; and encourage businesses be willing to have a conversation on clothing and employability about job prospects.

Breakout Session #2, Group 1
Time: 10:45-11:30AM
Title: Community Capacity/ Violence Prevention- Building Safe & Supportive Communities
Presenters: Ryan Lugalia-Hollon, YMCA of Metropolitan Chicago; Vanessa Westley, Chicago Police Department
Summary:
Ryan Lugalia-Hollon and Vanessa Westley opened by asking what can be done to improve the relationship between youth and police. They then raised the question of, “what does that have to do with ACEs?” They explained that there exists trauma between police and communities, particularly young people with ACEs. In specific, there is a historical dynamic in that space: both young people and police officers have been socialized into. The history is a third item that is leading to those situations and positions. It creates a virtuous cycles out of systems of oppression. The focus instead should be on actual problem-solving and shifting of community safety outcomes. They emphasized that it is important to think about what is your community-level structure to respond to trauma response scenarios that arises between policy and youth.

They then had the participants act out or model responses to different potential scenarios: a block party where youth have witnessed shootings and families who have been impacted, have been injured or have had family members harmed; a sibling accidentally kills another sibling; suicide and potential for mental illness; and a group of young people using BB guns. In responding to these scenarios, issues to think about include: building the divide- find a person: come up with definition- community capacity; sharing and solving problems and utilize and create resources; defining the needs of the community is; and is there a willingness of people to share wherever and being able to recognizing strength of a community. Here are some examples of responses to different scenarios: 1) shooting in the park- involved everyone, be that support for the stakeholders in this situation; 2) shooting in the family- be their support, goal to prevent it from happening; 3) bullying in school- what are faith based needs and what else might the family need, look at the person doing the bullying, involve the school and key community members; and 4) police kills a young man- needed community collaborative, identify needs of the family, provide community wide trauma response, have restorative practices, bring media’s attention if needed.

Breakout Session #2, Group 2
Time: 10:45-11:30AM
Title: Criminal Justice- Reducing the Stress and Instability of Incarceration Across Generations
Presenters: Elena Quintana, Adler School of Professional Psychology; Xavier McElrath-Bey, Campaign for the Fair Sentencing of Youth, and Incarcerated Children’s Advocacy Network

Summary:
Elena Quintana and Xavier McElrath-Bey opened the session by emphasizing that ACEs are a major theme across public safety challenges, and we must address ACEs systemically then we can address the public safety issue. They discussed the circumstances that exist which contribute to their current conditions in the criminal justice system. They explained that the school system is exacerbating and creating trauma rather than addressing it. The greatest prediction of ending up in the adult system is life in the juvenile justice system. This system is built to force people into institutions. We need to move away from a biased system to a fostering human development one, using ACEs as the science to justify it.

Xavier then discussed his personal experience in getting into the criminal justice system. He was a 13 year old sentenced to 19 years in prison with 7 convictions, charged with a gang

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related murder. His probation officer didn’t care, advocated that Xavier should be changed as an adult pushed into the adult system. Prior to his gang murder charge, he was in the child welfare system and in a supportive environment, which demonstrated that a new environment lead to different choices, reinforced positive behavior. For Xavier, being a part of a gang was family love and support he was looking for. If parents and school are not helping the children, they will turn to gangs. He was the product of negative environment: poverty, abuse, neglect, mother with mental illness and abusive father. He joined gang at 11 years old for security, first criminal charge at 11 years old. In prison, he left the gang and obtained a degree. The prisons must change in terms of education and opportunities to grow in order to reduce reentry rates. Children and youth’s brains are plastic, they can change. The idea should be to restore people to their best possibilities. Afterward Xavier spoke, one of the participants, who worked for the Cook County Probation Department, discussed their efforts in working with communities, problem solving programs as alternatives to sentencing.

Some solutions identified by the group included: family interventions alternative to detention; employment support alternative to sentencing can help in lowering incarceration rates and improve efficacy; community centers as safe places/ zones where there is respect for community leaders; help change stereotype that people can change and having higher expectations; and plan for youth leaving justice system.

Breakout Session #2, Group 3
Time: 10:45-11:30AM
Title: Education-Fostering Supportive and Encouraging Academic Environment
Presenters: Miranda B. Johnson, Education Law & Policy Institute, and Civitas ChildLaw Clinic, Loyola University Chicago School of Law; Jenessy Rodriguez, Loyola University Chicago School of Law

Summary:
Miranda Johnson and Jenessy Rodriguez led a discussion exploring how stakeholders can more effectively integrate ACE-informed practices into the k-12 educational process. Jenessy began the session by providing an overview of the education policy brief that had been drafted for the session and focusing on two specific examples of ways in which schools had incorporated trauma-sensitive and ACE-informed approaches. Participants were then tasked with doing an individual “quick-write” to identify the key ways in which education should be changed to incorporate an understanding of the ACEs and their impact, the expected challenges to implementation, and each person’s individual commitment to carry forward the work of the conference to make an impact in the area of education. Based on the interests and background of the participants, the breakout session then divided into three subgroups: early childhood development, discipline/trauma-informed practices, and school/health community partnerships.

The early childhood development group discussed the possibility of adding new questions to the ACEs survey regarding children with disabilities and the need for such students to be a greater part of the discussion surrounding ACEs and education. They also discussed the need to differentiate between the needs of children experiencing ACEs in rural versus urban settings.

The discipline/trauma-informed practices group began by unpacking the suggestion to group these two areas. They discussed how the integration of trauma-informed practices into school
curricula could help to proactively address behaviors in school so as to avert the need for
discipline. They also acknowledged that many educators have no knowledge of ACEs and
emphasized the need for trauma-sensitive toolkit to be more accessible to K-12 educators. The
group shared strategies for addressing ACE-related issues in schools, such as teaching self-
regulation skills as a tool for classroom management and modifying existing systems of
classroom management to be responsive to student’s needs and trauma-informed. They also
discussed how social workers and mental health professionals in the schools could adopt a
“coaching mentality” so as to help teachers learn from their experiences in the classroom and
implement conscious discipline approaches. The group also discussed recognizing teachers’
needs and providing sufficient support for teachers who may be at risk for burnout, which can
include exhaustion, anxiety, depression, and feeling overwhelmed. The group discussed
recognizing and acknowledging that teachers should also have access to better mental health
resources and that assisting teachers with better access to mental health resources benefits
both students, parents, and other members of the administration. This group also talked about
how getting to know a student’s personal history early on is beneficial to the student-teacher
relationship but that trust barriers must be overcome.

The third group shared their experiences and interests in building school-based mental health
partnerships. The group addressed the need for a deeper connection between schools and the
health care system in talking about ACEs, and emphasized that the biggest problem is in the
area of behavioral health. They identified that building partnerships between schools and health
systems involves multiple partners from the community and that the coalition could include
hospitals, health providers, and colleges and universities. Such approaches should also
consider implementing a modulus system involving nearby schools. The group discussed the
need for social workers, board and communities to be knowledgeable about ACE-informed
practices and that the school nurse should be part of the planning of any school-based mental
health partnerships. While there is an initial start-up cost for these programs, the group
discussed the need to communicate that such investments will lead to a reduction in the use of
high-cost services.

**Presentation Title: Closing Remarks**
**Time: 11:45-12:30PM**
**Presenter: Bryan Samuels, Chapin Hall at the University of Chicago**

Summary:

- The Value of collective action, taking the next step
  - hard work
  - engaging new sets of skills
- Effective interventions x effective implementation x enabling contexts = change in policy
  and practice
- Health implications and associated cost are powerful to show, engage be of associated
costs
- It’s not just that ACEs cost you more, its that ACEs kill you faster
- Data+Explanation+evidence
- Motivate people to pay attention and give them something to do

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END OF DAY TWO