

RESILIENT SOLANO STRATEGIC PLAN

WORKING TO PREVENT
AND HEAL TRAUMA

February 2019



RESILIENT SOLANO STRATEGIC PLAN

WORKING TO PREVENT AND HEAL TRAUMA.

TABLE OF CONTENTS

INTRODUCTION	3
Resilient Solano Strategic Plan Overview	4
What are ACEs?	5
The Link Between ACEs and Health: Toxic Stress	6
What Is Resilience?	7
The Resilient Solano Framework	8
The Resilient Solano Framework Diagram	9
STAGE 1: PROMOTE UNDERSTANDING AND EDUCATION	10
STAGE 2: ACTIVATE AND TAKE ACTION	14
STAGE 3: KEEP THE MOMENTUM	19
NEXT STEPS	21
ACKNOWLEDGEMENTS	21
APPENDIX A: Partners in this plan	22
APPENDIX B: Additional ACEs Science and Research Findings	23
APPENDIX C: Outreach Presentation Feedback	25

A photograph of a crowded fair at dusk. In the background, a large Ferris wheel is illuminated. Several American flags are flying on tall poles. To the left, there are brightly lit booths, one with a checkered sign. To the right, a street sign for 'SOLANO COUNTY FAIR' is visible. The foreground is filled with a dense crowd of people.

INTRODUCTION

VISION STATEMENT

Solano County is a resilient community working together to prevent and heal trauma.

GOAL OF THE RESILIENT SOLANO STRATEGIC PLAN

Solano County residents, agencies, and the community are aware of the effects of Adverse Childhood Experiences (ACEs) and are taking steps to prevent and heal trauma.

RESILIENT SOLANO STRATEGIC PLAN OVERVIEW

In 2017, Solano Public Health collaborated with local healthcare organizations and community partners to complete a Community Health Needs Assessment (CHNA) and began strategic planning with a multi-sectoral collaborative, Healthy Solano, to address identified priority issue areas through collective action. This process led to the development of a Community Health Improvement Plan (CHIP) which highlights ‘Inequitable K-12 Education and Barriers to Educational Attainment’ as a priority issue and outlines specific strategies to ensure that Adverse Childhood Experiences (ACEs) are understood, prioritized and addressed in schools and the community. The CHIP is currently being implemented by partners of the Healthy Solano Collaborative, and includes four additional priority areas: Poverty, Affordable Housing, Homelessness, and Unemployment.

Concurrently, the Solano Kids Thrive Collective Impact effort, funded by First 5 Solano and managed by the Solano County Office of Education, initiated efforts to increase community awareness about ACEs and their effects by screening the film *Resilience: The Biology of Stress & The Science of Hope*, initiating community conversations, and launching a media campaign in partnership with Kaiser Permanente.

Solano Public Health, First 5 Solano, and Solano Kids Thrive have partnered to further this work by creating a Resilient Solano Strategic Plan. To draft the plan, Solano Kids Thrive utilized the expertise of ACEs Connection, a national organization recognized for providing support to communities desiring to promote trauma-informed, resilience-building practices, to conduct a series of community conversations to promote understanding of ACEs to community partners and solicit strategies for implementing trauma-informed practices for inclusion in the plan. A summary of feedback provided by attendees is included in Appendix C.

The Vision of the Resilient Solano Strategic Plan is that *Solano County is a resilient community working together to prevent and heal trauma*. The Goal of the Plan is that all Solano County residents, agencies, and communities (such as location based communities, or cross-sector coalitions) are aware of the effects of Adverse Childhood Experiences (ACEs) and are taking steps to prevent and heal trauma. Specific strategies to meet this goal are organized around three guiding sections:

1. *Promote Understanding and Education* offers strategies to create a common language for implementing and continuing this work throughout Solano.
2. *Activate and Take Action* offers strategies to prevent and heal trauma.
3. *Keep the Momentum* cites ways to regularly acknowledge those who champion trauma-informed work and resilience-building to further motivate and continue the work.

Solano Public Health and First 5 Solano intend to use this plan as a guide to systematically prevent and heal trauma experienced by families in our county. Participation in the plan development by individuals across sectors in the community has ensured that the plan provides diverse strategies to meet the needs of agencies and organizations looking to increase resilience in Solano.

WHAT ARE ACEs?

ACEs is an acronym for Adverse Childhood Experiences, which is the title of a 1998 study examining the relationship between childhood trauma and long-term health outcomes. One of the lead investigators, Dr. Vincent Felitti, had access to health outcomes data for patients at Kaiser Permanente San Diego, and he collaborated with Center for Disease Control researcher, Dr. Robert Anda, to survey the patient sample about their exposure to childhood trauma.¹

The research revealed that exposure to ten childhood traumas directly impacted patients' health outcomes. These ten traumatic experiences, which the researchers termed "Adverse Childhood Experiences," are:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Intimate partner violence
- Substance abuse
- Mental illness in the household
- Loss of parent through death, parental separation or divorce
- Incarceration of a household member.

While research and practice have long indicated that trauma has an effect on our health risk behaviors, and thereby impacting our social and behavioral outcomes, what the ACEs study revealed is that there is a clear, direct link between childhood trauma and adult onset of chronic disease. Not only is there a direct link between childhood trauma and health outcomes, these outcomes are dose-dependent; the more adverse childhood experiences that a person has been exposed to, the higher the risk of medical, mental and social problems as an adult.

People with an ACE score of four or more are:

- Two times as likely to have ischemic heart disease, cancers, and stroke
- Three times as likely to have emphysema or chronic bronchitis
- Four times as likely to experience clinical depression
- Twelve times as likely to have attempted suicide
- Seven times more likely to be alcoholic
- Ten times as likely to have used intravenous drugs.

Jane Stevens, founder of ACEsConnection.com notes, "We have seen that childhood adversity contributes to most of our major chronic health, mental health, economic health and social health issues."

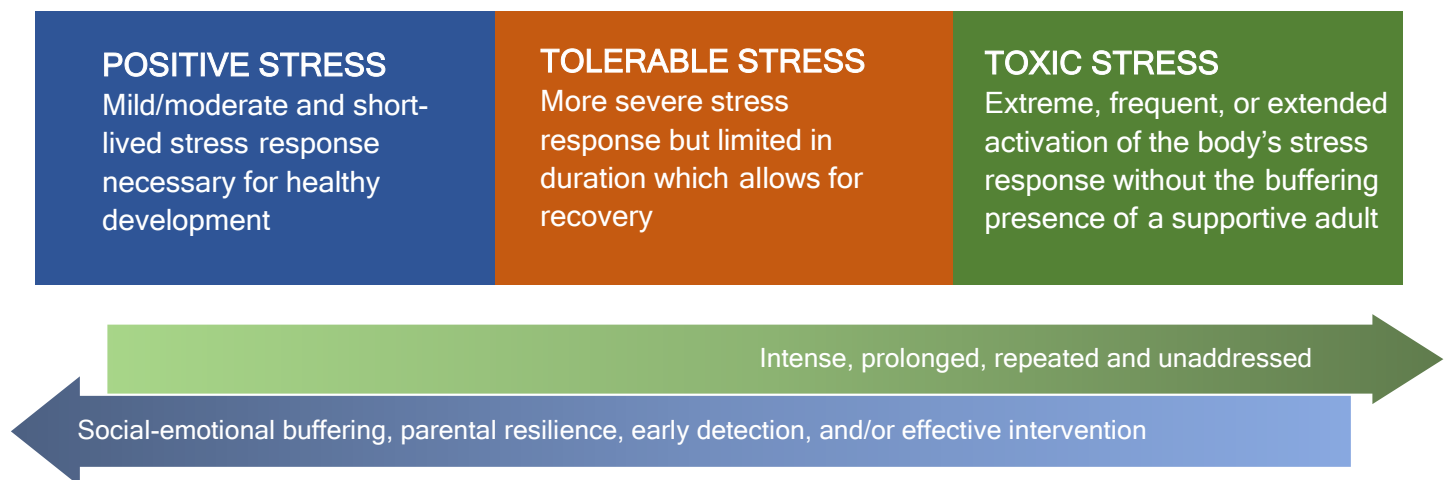
Additional research and data on ACEs can be found in Appendix B.

¹ Anda, R., Felitti, V., Bremner, J., Walker, J., Whitfield, C., Perry, B., . . . Giles, W. (2006). The enduring effects of abuse and related adverse experiences in childhood. A convergence of evidence from neurobiology and epidemiology. *Child: Care, Health and Development*, 32(2), 253-256. doi:10.1111/j.1365-2214.2006.00614_2.x

THE LINK BETWEEN ACEs AND HEALTH: TOXIC STRESS

Subsequent research has identified the mechanisms that lead to these poor health outcomes. The Harvard Center for the Developing Child uses the term “toxic stress” to describe how the body’s stress response system becomes activated in ways that are harmful for the developing body and brain of children.

Normal or positive stress is anxiety associated with everyday experiences like getting frustrated or getting shots at the doctors. Toxic stress is extreme or frequent stress which does not let up. Toxic stress increases exposure to adrenaline and cortisol, and increases blood pressure, cholesterol and glucose levels, all of which weaken the circulatory and immune systems. These direct physical processes are the foundation leading to many long-term chronic diseases.²



Normal stress is a part of a child’s healthy development. However, toxic stress is not. And, if left unaddressed, toxic stress can negatively affect a developing body and brain by disrupting learning, behavior, immunity, growth, and even the way genes are read and transcribed. Research has identified early interventions that focus on the child, the caretaker and the environment will help to strengthen resilience factors and can help to minimize a toxic stress response.³

² Center on the Developing Child at Harvard University. (n.d.). *Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper No. 3*. Retrieved from <http://www.developingchild.harvard.edu/>

³ Franke, H. (2014). Toxic Stress: Effects, Prevention and Treatment. *Children*, 1(3), 390-402. doi:10.3390/children1030390

WHAT IS RESILIENCE?

Resilience can be defined as the ability to successfully adapt to hardships, such as traumatic experiences. Building resilience refers to both activities that directly impact physical stress response, such as healthy sleep habits, and resources in the environment that mitigate stress, such as supportive individuals.

The implications for improved health outcomes are clear. Given the potential impact on health outcomes and overall community well-being, it is important that every community explore ways to build resilience for individuals, families and communities as a whole.

Communities around the country have started “ACEs initiatives” to identify strategies that can increase trauma-informed and resilience-building practices. Critical to the success of these plans, is to work across all sectors in the community: healthcare, social service agencies, businesses, community-based organizations, schools, and more—creating resilience-building opportunities for all children as well as for the adults that support them.



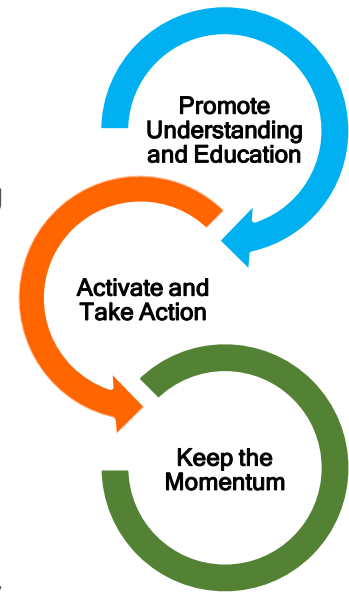
THE RESILIENT SOLANO FRAMEWORK

The Resilient Solano Framework is based on the ACEs Connection organizing model, Growing Resilient Communities, which captures the common stages characteristic of successful ACEs initiatives. This organizing model suggests first steps, and momentum building steps, that highlight how local ACEs initiatives can structure and organize themselves for success. The Resilient Solano framework model focuses on three stages to aid Solano County in becoming a Resilient community:

Stage 1: Promote Understanding and Education

Stage 2: Activate and Take Action

Stage 3: Keep the Momentum



This strategic plan includes strategies at each stage that are aimed at promoting action at many levels, including by individuals, agencies, and throughout the community. Additional strategies may be identified as Solano continues to implement and get feedback on the plan.

Strategies are not in any priority order and may be used independently or in combination as appropriate. Solano will be closer to its vision of being a resilient community as more community partners work together to implement more strategies to prevent and heal trauma.

Examples of how strategies in the framework be used at different levels of the community:

Individuals: Relationships are a critical protective factor and can play a significant role in helping children cope with challenges. The healthier the relationship a child has with at least one caring individual, the more likely he or she is able to recover from trauma and thrive.

Agencies: Agencies can adopt trauma-informed practices by committing to changing the practices, policies, and culture of an entire organization. This type of change requires staff at all levels and in all roles to modify their activities based on an understanding of the impact of trauma and the specific needs of trauma survivors.

Community: Community can be defined as a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or social settings. When individuals in the community have experienced trauma, leaders from diverse sectors such as state and local government, non-profit, parent and youth advocates, private business, and philanthropy can help by collaborating and building partnerships to change the outcomes for individuals in the community. Bridging across sectors in the community will increase chances of creating relationships and individuals accessing support within the community that they need to heal, which then can improve public health and well-being.



THE RESILIENT SOLANO FRAMEWORK

Stage 1: Promote Understanding and Education

Strategies include:

1. Media Campaigns
2. Communitywide Trainings
3. Utilize Toolkits
4. Utilize Websites to Share Information
5. Community Presentations and Conversations
6. Film Screenings
7. Identify Solano Champions

Stage 2: Activate and Take Action

Strategies include:

1. Identify and Capitalize on Existing Trauma-Informed Resilience Work in the County
2. Identify and Join Leadership Teams
3. Create Action Plans and Commitment Steps by Sector
4. Integrate Protective Factors
5. Peer to Peer Support Networks
6. Advocate for Policy Change
7. Universal Workforce Training
8. Incorporate Trauma-Informed Care in Contracts, Programs, & Services
9. Target Areas of Inequity
10. Consider Screening for ACEs

Stage 3: Keep the Momentum

Strategies include:

1. Acknowledge Solano County Champions
2. Gather and Incorporate Additional Feedback
3. Evaluate Progress
4. Hold Events that Celebrate the Progress of the County
5. Ensure Wellness of People Providing Trauma-Informed Services

Strategies may be used independently or in combination by individuals, agencies or communities

STAGE 1: PROMOTE UNDERSTANDING AND EDUCATION

This stage focuses on increasing community education to raise awareness of ACEs and their effects, as well as creating a common language for everyone in Solano County. Strategies to consider include:

Promote
Understanding
and Education

1 Media Campaigns

Communication and messaging throughout the community is essential. First 5 Solano coordinated an ACEs Media Campaign that has already demonstrated significant accomplishment, by launching a nine-month, multimodal media campaign to educate the community about ACEs, utilizing billboards, bus ads, and Pandora ads in in English and Spanish. The messaging developed for this campaign can be shared freely with organizations across Solano County, encouraging them to create informational materials using these messages which will soon become familiar to the wider community. **For more information about the ACEs Media Campaign, contact First 5 Solano.**



2 Communitywide Trainings

Staff from organizations that work with people who may have been exposed to ACEs need education and training in order to understand how their encounters with clients are impacted by trauma. Trauma-informed care can be defined as adjusting organizational practices in ways that help decrease exposure to toxic stress for community members seeking services, as well as care that boosts community members' ability to recover from adversity.

Providing communitywide trainings will help to:

- Increase understanding and awareness of the impact of trauma
- Develop trauma-informed responses
- Provide strategies for developing and implementing trauma-informed policies

The suggested training should be provided to a wide-range of audiences, such as school districts, faith-based organizations, first responders, and other community groups that provide direct services in the County and tailored to meet their needs.

One example of an effective training strategy was seven bay area counties who came together to understand, respond to and heal trauma with the help of the organization Trauma Transformed. San Francisco Department of Public Health developed the Trauma Informed System Initiative (TIS) organizational change model to support organizations in nurturing and sustaining trauma-informed practices. Trauma Transformed adopted the TIS 101 training model with the goal of disseminating the training throughout the broader seven-county region— Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara and Santa Cruz. In order to increase the training capacity for the region, Trauma Transformed rolled out a train-the-trainer model. Four master trainers from San Francisco County trained a cohort of ten lead trainers. These lead trainers then trained additional cohorts of trainers in their home counties.

3 Utilize Toolkits

Resource lists/Toolkits highlighting trauma-informed practice and resilience building strategies, can be a great source of information to find examples of how to change practice. For example, the Community Resilience Cookbook (<http://communityresiliencecookbook.org/>) highlights several communities that have implemented Resilience efforts and shares their stories and tools for others.

Other toolkits that share information on trauma informed practices and resilience include:

Building Community Resilience Toolkit, Volume 1
Strategies 2.0 <http://strategiesca.org/resources/>

Trauma Informed Care and Practices

National Center for Trauma Informed Care <http://www.samhsa.gov/nctic/>

National Child Traumatic Stress Network <https://www.nctsn.org/>

Developing a Trauma Informed Agency

Alameda County Trauma Informed Care

<https://alamedacountytraumainformedcare.org/trauma-informed-agencies/developing-a-trauma-informed-agency/>

A Trauma Sensitive Toolkit for Caregivers of Children

Spokane Regional Health District <https://srhd.org/1-2-3-care-toolkit>

4 Utilize Websites to Share Information

Websites can be used as a **local resource repository** that can share local information, provide updates to the community on local trainings and events, and be used as a communication tool. Currently solanocares.org/ACES provides general information on ACEs and links to local ACEs resources. In addition, the Resilient Solano Community Page at ACEs Connection <https://www.acesconnection.com/g/resilient-solano> can serve as a source for planning, resources, and creating a common calendar of events focused on ACEs, trauma-informed practices and resilience.

5 Community Presentations and Conversations

Initial outreach presentations have highlighted that many people in the county still have not learned much about ACEs, trauma-informed practice, and resilience. Solano can continue to use the presentation materials to continue to educate the community.

Videotaping the **community outreach presentation** in order to maintain a copy on the Solano Kids Thrive and Resilient Solano websites may be one way to continue to share the information. ACEs Connection can also be used as a resource for other presentations, videos and Webinars at:

<https://www.acesconnection.com/blog/presentations>.

6 Film Screenings

Continue screening events featuring the film *Resilience: The Biology of Stress & The Science of Hope*, as well as other relevant films. The film *Resilience* sheds light on how toxic stress can trigger hormones that negatively impact the development of brains and bodies of children, putting them at greater risk for disease, homelessness, prison time and early death. *Resilience* also chronicles the dawn of a movement that is determined to create action to combat ACEs and their effects. The target population for the film *Resilience* is adults such as parents, healthcare providers, education providers and other agencies across sectors.

Other films that could be screened to increase awareness and understanding of ACEs include:

- **Paper Tigers**--This film targets at-risk teens and offers valuable insight into the hearts and minds of teens pushing back against the specter of a hard childhood.
- **Broken Places**--The film *Broken Places* targets the adult population and explores why some children are severely impacted by early adversity while others are able to thrive. This film also gives a better understanding of the devastating impact of childhood adversity as well as the inspiring characteristics of resilience.

Sharing the *Resilience: The Biology of Stress & The Science of Hope* film and other suggested films with organizations and agencies in Solano County is an extremely effective engagement tool and has motivated agencies to consider organizational change. The films may also be used with the community as an engagement tool to promote conversation, as they utilize common language and identify simple action steps.

7 Identify Solano Champions

ACEs initiatives stall without a steady source of energy. ACEs efforts in Solano County have already identifying a number of champions to acknowledge or to further the message, but **more ACEs champions are always needed**. Champions can be identified by city, neighborhood, sector, or organization. Some counties thrive with one or two. A few champions identified within a county helps to accelerate the growth pace of ACEs initiatives.

STAGE 2: ACTIVATE AND TAKE ACTION

This stage focuses on those who are familiar with ACEs and are ready take action to prevent and heal trauma.

Strategies to consider include:



1 Identify and Capitalize on Existing Trauma Informed Resilience Work in the County

At outreach presentations in Solano County, **many participants shared trauma-informed practices they have initiated**. Some examples were explicitly trauma-informed, ACEs-aware strategies, such as the use of a therapeutic assessment tool that includes ACEs indicators at Child Haven, a children’s mental health agency. Other strategies that organizations have intuited their clientele need, but did not consider as trauma-informed until recognizing this connection through the presentation content, such as Comprehensive Perinatal Services Program (CPSP) offered through Medi-Cal prenatal care programs in the county.

Sharing this information among Solano County residents and professionals helps the community and community members recognize their existing strengths as a resilient community, as well as expands trauma informed practices throughout the County.

2 Identify and Join Leadership Teams

Continued momentum needs backbone support to nudge the initiative forward over time. Many ACEs initiatives have stalled after an initial energetic start. Strong, stable ACEs initiatives benefit from a steering committee to set goals, and most importantly, review progress regularly in order to avoid getting “stuck.”

The impacts of ACEs affect an entire community, it is vital to have representation in an ACEs initiative, across the life-span, with a cross-sectoral scope. Having a steering committee in place provides a starting point for ensuring that all sectors are at the table, providing input and support for sustainability. Current collaboratives, such as Solano Kids Thrive, or Healthy Solano may fulfill this role.

For individuals interested in becoming involved with Solano Kids Thrive or Healthy Solano or receiving more information about Solano Kids Thrive or Healthy Solano, refer to Appendix A.

3 Create Action Plans and Commitment Steps by Sectors

Different sectors, such as education, law enforcement, healthcare, government, and community-based providers, all have a role to play in addressing ACEs. Each sector may need to address ACEs using different strategies. It is important for each sector to have a relevant work plan to help increase knowledge of ACEs, utilization of trauma informed care, and the building of resilience within every aspect of the community.

For example, a brief work plan for the education sector would include goals, objectives and measures, such as increasing parents' awareness and knowledge about ACEs, having teachers know where to refer families for resources, training administrators in trauma informed care, and supporting resilience for children. Then specific school districts would be able to gauge where they are on a work plan specific to education and identify their next steps.

Should the sector wish to measure its impact, setting change targets can be a valuable way to ensure work plans are successfully accomplished. Change targets should be specific and achievable. For example, school districts might have a change target of ensuring 80% of parents are knowledgeable about ACEs. This can be measurable by an annual parent survey.

Having clear and specified work plans and change targets will help stay on track to achieving overall change in the community.

4 Integrate Protective Factors

The Center for the Study of Social Policy has **identified five protective factors that increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect.** The five protective factors are:

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social and emotional competence of children.

Further research on families shows that interventions using the protective factors can disrupt cycles of childhood trauma, prevent traumatic experiences for children, and help parents to heal their own trauma.

These protective factors can be integrated into many day-to-day practices at the individual, agency, or community levels.⁴

⁴ The Center for the Study of Social Policy Strengthening Families A Protective Factors Framework, (2018). Retrieved from <https://cssp.org/wp-content/uploads/2018/11/About-Strengthening-Families.pdf>

5 Peer to Peer Support Network

The goal of a **peer to peer support network** is to have individuals with the understanding or lived experience have peer support relationships with trauma survivors. Establishing a peer to peer support network will allow individuals, and/or families who have experienced ACEs to receive the emotional support they may need and also may allow the individual or family to benefit from:

- Sharing information and advice
- Increasing social network, friendship & reconnection
- Becoming empowered
- Finding hope and positive role models
- Achieving insight
- Learning coping skills
- Reducing symptoms.

Models of peer support networks include parent cafes, peer navigators, and youth peer mediation.

6 Advocate for Policy Change

Policy change at the county, city, and organizational levels can highlight that becoming trauma-informed and resilient are Solano County priorities.

Other ACEs initiatives in other communities have advocated for official resolutions or proclamations to be incorporated by city and county government, which serve to raise awareness while also signaling that ACEs awareness and resilience are priorities.

Examples of ACEs initiatives:

- California- <https://acestoohigh.com/2014/06/17/california-assembly-health-committee-approves-aces-resolution-by-16-0-vote/#more-3224>
- Utah- <https://acestoohigh.com/2017/04/02/utah-gov-gary-herbert-signs-resolution-to-encourage-state-policies-and-programs-based-on-aces-science/#more-6744>

7 Universal Workforce Training

Universal workforce training can help different sectors ensure all staff who interact with community members are aware of ACEs and understand its impacts, including those who may not traditionally be in a role to provide direct client services, such as administrative staff, custodial staff, and security staff. For example, the San Francisco Department of Public Health committed to training every employee, no matter their role in the department. Today, all 9,000 employees have been through at least an introductory training on ACEs, trauma and resilience.

Solano County H&SS is in the beginning stages of incorporating the *Resilience* film into onboarding practices to train every new and current employee about ACEs, trauma and resilience to ensure employees have the knowledge to better interact with the public and clients.

8 Incorporate Trauma Informed Care into Contracts, Programs, & Services

Trauma-informed care practices are put into place through contracts, programs and services to set the expectations of those who are providing services to families as part an understanding that the experience of traumatic events impacts all people involved, whether directly or indirectly. Contracts and programs should provide written plans and procedures for trauma-informed service systems and/or trauma-informed agencies and facilities.

Providing trauma-specific services that are fully integrated into services will consist of a combination of these frames:

- Partnering across service systems
- Providing comprehensive training for staff
- Creating safe and supportive service environments
- Conducting thorough assessments
- Integrating systems to meet children and family needs
- Addressing cultural and linguistic needs
- Providing trauma-focused services.

9 Target Areas of Inequity

Unfortunately, as common with many indicators of well-being, **ACEs do not affect the population equally and certain populations experience them more frequently**. For example, children in high crime neighborhoods may experience ACEs related to violence at a higher rate than children living in low crime neighborhoods. In addition, some recent ACEs research has looked into the ways that institutional racism has similar effects to the initial ten ACEs identified.⁵

Targeting strategies toward populations who experience inequity in indicators of health and well-being can assist in ensuring resources go to those who are most in need in our community. However, if targeting a specific population or community, it is important to look at any unintentional consequences this may have and ensure it is not creating additional inequity.

By addressing the root causes of structural inequities in our society, these efforts can have an impact on lowering the rate of ACEs and increasing resilience.

10 Consider Screening for ACEs

There are **screening tools for ACEs**, as well as assessment tools which have ACEs and trauma screening integrated within the questions. Screening can assist with early identification and intervention, along with assisting in understand of individuals' behaviors. While screening for ACEs can be an important strategy, it should be

⁵ Bethell, C, Davis, M, Gombojav, N, Stumbo, S, Powers, K. (2017). A national and across state profile on adverse childhood experiences among children and possibilities to heal and thrive. Johns Hopkins Bloomberg School of Public Health, October 2017. Retrieved from www.cahmi.org/projects/Adverse-childhood-experiences-aces

considered among many strategies and may not be necessary or appropriate for all types of organizations or institutions.

Examples of screening and assessment tools are below:

- ACEs screening tool for children and adolescents
<https://centerforyouthwellness.org/cyw-aceq/>
- Parental ACEs screening tool
https://www.aap.org/en-us/Documents/resilience_ace_screening_parents.pdf
- Resilience Questionnaire
https://www.aap.org/en-us/layouts/15/WopiFrame.aspx?sourcedoc=/en-us/Documents/RESILIENCE_Questionnaire-1.docx&action=default
- Pediatric Intake Form
http://www.brightfutures.org/mentalhealth/pdf/professionals/ped_intake_form.pdf

While screening for ACEs may seem an obvious first action, it is important to consider the readiness of an organization or program to screen for ACEs. Some things that should be in place prior to implementing screening include:

- Understanding the target population and the goal (e.g. are you screening the parent for whether their child has ACEs or are you screening the parent for their ACEs?)
- Staff should be trained in trauma-informed practices
- Staff should be trained to administer the screening, as well as interpret and discuss the results, and appropriately refer families
- Screening should be truly integrated into practices and protocols, not just another form to fill out
- Trauma informed treatment practices should be offered and/or available through linkage for those identified with ACEs

In Solano, collecting data on ACEs may be used to inform decision-making about ACEs, trauma and resilience. When looked at in aggregate, the data could be useful in developing programs and activities appropriate for different population.

STAGE 3: KEEP THE MOMENTUM

This stage focuses on ways to continue the hard work and keep people from becoming discouraged. Strategies to consider include:



1 Acknowledge Solano County Champions

There are many approaches to acknowledging Solano **ACEs champions**, from featuring them on web and outreach materials, to providing certificates at a regional event.

2 Gather and Incorporate Additional Feedback

Gather and incorporate additional feedback for strengthening the Resilience Solano Strategic Plan. The Plan should be a living document which grows and changes over time as Solano becomes a more resilient community. Feedback forms can be developed and then accessed through trainings, presentations, and on websites.

3 Hold Events that Celebrate the Progress of the County

Hold at least **one event per year** that celebrates the progress of the County stakeholders that have made changes to organizational practice, expanded awareness to more and more community members, as well as policy change taken at the district, city, and county levels to institutionalize trauma informed and resilience practices as priorities.

4 Evaluate Progress

Each strategy of the Strategic Plan which is undertaken should include the development of an evaluation plan which can assist in determining the success of the strategy and opportunities for improvement. For example, evaluation by Stage could include:

Promoting Understanding and Education:

- The number of individuals who have been reached by the media campaign by each advertising outlet
- The number and location of film screenings
- The number of new members who join the Resilient Solano webpage group.

Activate and Take Action:

- The number of champions identified
- The number of agencies who have committed to workforce training and number of staff trained
- The number of sectors with Resilient work plans and progress on reaching change targets in those plans.

Keep the Momentum:

- Feedback received
- Progress on developing an evaluation plan.

5 Ensure Wellness of People Providing Trauma-Informed Services

Providing services to children and adults who have experienced trauma can be challenging for those who are providing support. Providers and people in support systems need to have support of their own to deal with the burden of both traumas they may have experienced in their lives, as well as the traumas they are hearing about. Burn-out for providers and support individuals is common and should be taken seriously by providing wellness activities and other outlets for dealing with ongoing stress.

NEXT STEPS

With ongoing Resilience film screening events, an ACEs and resilience media campaign, and community outreach presentations already underway, Solano County's Resilience Plan is off to a great start. Adopting the strategies listed above, which reflect both community input and best practices learned among existing ACEs initiatives nationwide, can establish a firm foundation for a Resilient Solano. If an individual, agency or community business or member is interested in becoming involved or would like information about ACEs work, contact any of the following partners for more information:

Healthy Solano Collaborative

Healthysolano@solanocounty.com

Solano Kids Thrive

Lisa Eckhoff, Director, Early Learning
Solano County Office of Education
707-399-4407

leckhoff@solanocoe.net

First 5 Solano

601 Texas Street, Suite 210
Fairfield CA 94533
707-784-1332

cfcsolano@solanocounty.com

ACKNOWLEDGEMENTS

We would like to acknowledge and thank all the participants for their ideas and contributions to this vision for Solano County. This strategic plan is the commitment to the next steps of crafting a countywide response to Adverse Childhood Experiences. Thank you for your dedication to ensuring that children and families throughout Solano County are healthy and thriving.

APPENDIX A: Partners in this plan

ACEs Connection

A career journalist focused on science writing, Jane Stevens read about *The Adverse Childhood Experiences Study*, co-authored by Robert Anda and Vincent Felitti, and decided to write a feature story on the study findings that made the content more accessible to non-academics. She created a website, ACEs Too High, to share the original story, link readers to resources, and to continue to write stories about how communities were applying the concepts of the ACEs study in order to change practices.

From there, Stevens started the website “ACEs Connection” as a way for individuals, organizations and communities to learn and share their in-process efforts to create trauma-informed, resilient communities. As a result, ACEs Too High and ACEs Connection reflect a breadth and depth of creative approaches to resilience building, as well as many lessons learned- all of which continue to inspire new efforts to apply knowledge of ACEs, trauma-informed practice, and resilience building strategies throughout communities.

Healthy Solano Collaborative

In 2017, Solano Public Health collaborated with local healthcare organizations and community partners to complete a Community Health Needs Assessment (CHNA), which led to formation of the Healthy Solano Collaborative to address identified priority issue areas through collective action. The Collaborative, consisting of over 200 members representing various sectors of the community, developed the Community Health Improvement Plan (CHIP) which highlights ‘Inequitable K-12 Education and Barriers to Educational Attainment’ as a priority issue and outlines specific strategies to ensure that Adverse Childhood Experiences (ACEs) are understood, prioritized and addressed in schools and the community. The Healthy Solano Collaborative is currently implementing strategies to address the 5 CHIP priority areas: Poverty, Affordable Housing, Homelessness, Inequitable K-12 Education and Barriers to Educational Attainment, and Unemployment.

Solano Kids Thrive

Solano Kids Thrive (SKT) is a county-wide collaborative, funded by First 5 Solano and implemented by Solano County Office of Education, with partners representing education, healthcare, non-profit, and government Solano County focusing on improving outcomes for young children in Solano. Overall, SKT’s goals are to promote safe communities, healthy families, and family self-sufficiency and school readiness. Beginning in 2018, SKT has dedicated much of its work toward creating awareness of ACEs in the community.

First 5 Solano

First 5 Solano Children and Families Commission is a leader that fosters and sustains effective programs and partnerships with the community to promote, support and improve lives of young children, their families and their communities. First 5 Solano committed to ensuring ACEs are addressed through community understanding and by increasing trauma-informed practices within Solano County agencies, which will in return promote resilience.

APPENDIX B: Additional ACEs Science and Research Findings

The initial study which identified the link between ACEs and long-term health outcomes was conducted over 20 years ago. Since that time, there have been numerous studies which have produced similar outcomes and furthered the complex body of knowledge around ACEs, resilience, and trauma-informed care.

Dr. Nadine Burke Harris, Pediatrician and California's first Surgeon General, ACEs expert, and author of *The Deepest Well*, explains the neurobiology behind the hormonal and immune systems' negatively impact caused by toxic stress, resulting in illnesses such as those highlighted in the original ACEs study for adults: ischemic heart disease, emphysema, some forms of cancer, as well as other illnesses. In addition, Dr. Harris' research found evidence that these health impacts are apparent and measurable in children, long before adulthood. The health impacts of toxic stress on children can include development of asthma and impaired growth rate, as well as other conditions

In addition to the links research has identified between ACEs, toxic stress, and long-term health impacts, it has been identified that children inherit their parents' genes that impact how they respond to stressors. The National Scientific Council on the Developing Child has identified that stress turns some genes "on" and others "off" at particular times and that researchers have been able to demonstrate that human newborns have similar stress response reactions as their parents—even without exposure to the same stressors.⁶ Simply put, the effects of ACEs can be passed genetically from generation to generation. This is known as epigenetics.

Together, the neurobiology and epigenetics begin to give a fully picture on the long-term health outcomes of ACEs.

Also, since the original study, research has identified two additional ACEs which have been linked to long-term health outcomes. These include

- Often treated or judged unfairly due to race/ethnicity
- Hard to get by on income somewhat or very often.

The Child and Adolescent Health Measurement Initiative (CAHMI) is dedicated to better understanding the prevalence of ACEs among children nationwide.⁷ Highlights from their most recent brief on ACEs include:

- In 2016, 34 million children, nearly half of all U.S. children ages 0-17, experienced at least one ACE, and more than 20 percent experienced two or more ACEs.
- Children were more likely to experience ACEs if they were residing in a low-income family and Black or Hispanic.

⁶ Monk, C., Spicer, J., & Champagne, F. A. (2012). Linking prenatal maternal adversity to developmental outcomes in infants: the role of epigenetic pathways. *Development and psychopathology*, 24(4), 1361-76.

⁷ Bethell, C, Davis, M, Gombojav, N, Stumbo, S, Powers, K. (2017). A national and across state profile on adverse childhood experiences among children and possibilities to heal and thrive. Johns Hopkins Bloomberg School of Public Health, October 2017. Retrieved from www.cahmi.org/projects/Adverse-childhood-experiences-aces

- Children with even one ACE had more social and emotional challenges as well were more likely to be disengaged with school
- Impacts of ACEs were reduced for children who had access to effective resilience strategies, especially access to healthy, positive relationships with caring adults.

According to CAHMI, California ranks at 5th in the nation for having the lowest percentage of children with ACEs scores of 2 or more. In California, 16.4% of children experienced two or more ACEs, compared to 21.7% of children nationwide.

We do not yet have local data on the prevalence of ACEs for Solano County, but we can look at how Solano County children are faring on the health, learning, and well-being indicators which research has identified as being impacted by toxic stress. For example, according to the 2016-17 California County Scorecard developed by Children Now, in Solano County:

- Only 57% of 3rd graders are reading near or above grade level
- Only 30% of 8th graders meet or exceed state standards in math
- 42% of 7th-graders are not at a healthy weight
- 15% of students were chronically absent from school.⁸

As research has shown children with high ACE scores more likely to have learning problems and childhood illnesses, children who are struggling with learning, health, or connection to community could potentially be related to their ACEs scores. Building resilience in the community could therefore potentially have an impact on improving educational outcomes and increasing health and well-being for young people of all ages.

The good news is that much research has been done not only to illustrate that resilience reduces the harmful effects of toxic stress, but that effective, evidence-based strategies for increasing resilience have been identified. These strategies can be applied by individuals, organizations, and communities to improve the health, mental health, and behavioral outcomes for community members.

One of the largest reviews of research to identify evidence based, effective resilience strategies has been conducted in partnership between the University of California, San Francisco (UCSF), and the San Francisco based Center for Youth Wellness (CYW). In a review of over 16,000 academic journals on the functioning of healthy and unhealthy stress response systems, six areas of intervention that can help children reduce toxic stress have been identified. These areas include:

- Strong supportive relationships
- Mental health support
- Good sleep hygiene/routines
- Healthy nutrition
- Regular exercise
- Mindfulness practice

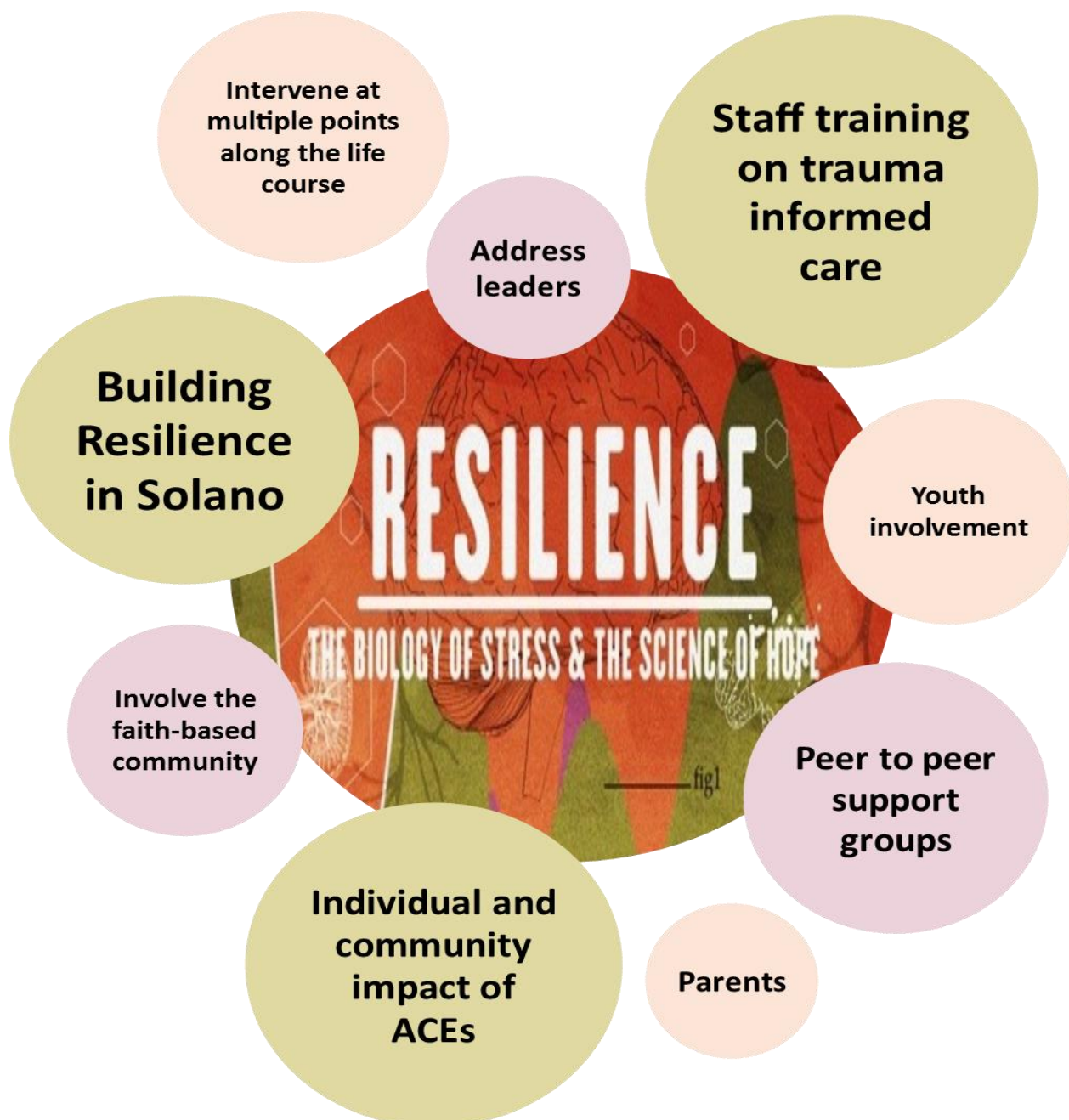
Each of these six areas is demonstrated in research to have a direct and significant impact on how the human body regulates stress hormones and other aspects of the neurobiology of toxic stress.

⁸ Children Now. 2016-17 County Scorecard. Retrieved from <http://pub.childrennow.org/2016/>

APPENDIX C: Outreach Presentation Feedback

In October and November 2018, 16 presentations on ACEs and Resilience were given at community collaboratives throughout Solano County, in which community feedback was given back at each presentation. Three questions were asked at each of the presentations focusing on the impact of ACEs and Resilience in work, what should be considered for the development of the strategic plan, and identifying important groups with whom we should share this message about ACEs and Resilience. Audience response to the questions expressed common themes drawn from the presentation material. Details on the feedback from the community has been organized by theme and is included under each question.

This diagram represents the impact of common themes expressed in each ACEs presentation in Solano County.



1. How have you seen ACEs and resilience impact your work?

Participants shared numerous examples of work already being done in the community to support ACEs education and trauma informed care (**15 mentions**). Examples included:

- Showed Resilience film to school district superintendents. (**2 mentions**)
- School district made policy change and added counselors/social workers at schools.
- Local rotary provides dinner to build community among students.
- Safe Quest shifted thinking from services to participant recovery.
- Trauma informed practices started at Suisun Elementary schools.
- Child Start is making sure families understand how ACEs impacts them by providing a conference and screening about resiliency. Child Start also works with the 5 protective factors framework and identified a 6th- attachment. They created learning activities to help parents build up this protective factor.
- Compassion fatigue training was offered and very helpful.
- Rio Vista CARE has a mentorship program with reflective listening. Kids get identified by teachers and receive support if needed by volunteers.
- Child Haven has developed new therapeutic assessment, to take a broader look at ACEs impact.
- Recognize that Comprehensive Perinatal Services Program (CPSP) work actually fits the research on what builds resilience- 5 protective factors are aligned with CPSP work.
- Kaiser is beginning to ask patients about their ACEs.
- To help reduce toxic stress, one group is working on sleep for their teens- shared healthy sleeping rituals.

Many participants shared this helps them understand clients and other in the community, including difficult people or perpetrators, and why they might behave the way they do (**4 mentions**). Examples include:

- One participant described self-reflection that occurred after first hearing about ACEs- helped her recognize what her clients are going through.
- This work changed teachers' perspectives, they are more empathetic and understanding of challenging behaviors.
- Self-reflection-Recognizing that "perps" have high ACE scores too.
- When we deal with difficult people, we can shift our thinking to understand they may have unresolved issues of trauma.
- Participants shared concern about individuals recognizing and addressing their own ACEs by suggesting Caregivers, adults and providers need support and training to recognize, be self- aware and deal with our own ACEs. (**3 mentions**)

Participants shared examples of who and what ACEs can impact throughout the community (**5 mentions**). Examples included:

- For social workers, need knowledge that ACEs impact health. FRCs role is to strengthen families and build resilience, support parents, ACEs information is part of this.
- ACEs can impact education outcomes and gun violence in schools and in general. Childhood and community events impact ACEs as well.
- The homeless population has a high risk of having experienced ACEs.
- Immigrant families experience a lot of trauma.
- This information connects to life course theory: pregnancy is a stressor; then you add ACE scores of parents “stress on top of stress.” And plus, it’s intergenerational.

2. In thinking about ACEs and resilience, what should we consider as we begin to develop this strategic plan?

Strategies identified to consider:

- Drama therapy.
- Conversations in education field.
- Trauma informed care.
- Teaching mindfulness. (**2 mentions**)
- Trauma Informed practices built in to Universal Design for Learning (UDL) and Multi-Tiered System of Supports (MTSS).
- City’s community services: Pay to Play programs have 11 different sites- set up a forum to bring info to those families.
- Offer screenings to parents at Vacaville Performing Arts Theater Center.
- Prevention/early intervention.
- Have follow-up supports for youth that have experienced trauma.
- Engage the adults that lead the youth, to create needed programs.
- Leadership from each organization must take the info back to their front-line staff.
- Have a mentorship program to provide support to those with ACEs.
- Make sure to address leaders so that they people who make decisions are hearing this information directly.
- ACEs can be part of health education. Community clinics can help distribute education and materials on ACEs and resilience.
- Show Resilience film DVD throughout the community; at Resilience film screenings, interview attendees as they exit; capture feedback about impact.

- Add interviews of individuals to snippets of Resilient Solano, Solano Cares page.
- Building on protective factors language and teaching our families they have already used successful strategies, we help them add more.
- We teach our parents that, “You are your child’s first teachers.” We can include ACEs as part of that education we do- we are aiming to arm parents with the information they need for successful parenting.
- Teaching young people how to resolve conflicts early on.
- Bring it to the youth to share strategies; tailor presentations to the audience
- Youth ambassadors; youth peer to peer support. **(3 mentions)**
- After education, provide strategies for an agency afterward.
- Organizational infrastructure to ensure all provider staff know this information. Staff need to know how to identify or respond to ACEs in clients. **(3 mentions)**
- Bring ACEs into to schools (partnering with educators).
- Present information to parents.
- Give or participate in a training given by Strategies 2.0 around protective factors, in collaboration with Napa cohort.
- Need strategies for “take a pause” in the Employment Development Department context.
- Nadine Burke Harris’ The Deepest Well included six intervention strategies that were so easy to implement; ideas for how to give families concrete strategies.
- Comprehensive Perinatal Services Programs (CPSP) are well suited for this purpose, can help to alleviate stress. **(2 mentions)**

Resources, trainings or materials needed to inform or support all sectors and or parents in Solano County about ACEs:

- Have flyers and brochures on hand to distribute to clients. **(2 mentions)**
- Home based mental health resources.
- Provide a platform for input.
- Consider developing/implementing screening tool or assessment. **(2 mentions)**
- What’s needed is training for providers to be self-aware of ACEs as well as aware of ACEs among community members.
- Include guidance/resources for strategies to build resilience.
- Trauma informed practices.
- Share therapeutic assessment tools from Child Haven (or other tools identified).
- Messaging: communication tools. Handouts, workshops, speakers at groups and events.
- Staff also need to become skilled in being trauma-informed, have trauma informed training, for staff and supervisors as well. **(2 mentions)**
- Need specific strategies and resources for referral.

- Need to be able to measure results.

Other considerations:

- Important that we are modeling, people do what they see, not just what we say. **(2 mentions)**
- How do you introduce the conversation about “what has happened to you?”
- Would be helpful to get guidance through research and articles and stories about how others are addressing ACEs and are successful doing so.
- Specific strategies for the workplace and community settings, to prevent and heal trauma in those settings.
- Identify how to engage leaders and decision-makers.
- Other organizations can develop a model like “centering” pregnancy care in their work. **(2 mentions)**
- Consider notion of cultural competence, being cognizant of the context in which we are doing this work.
- Link impact of ACEs w/ equity and diversity. **(2 mentions)**
- How to reach service providers who are reluctant to teach about ACEs? In the past, this can be overcome by finding a way to have Medi-Cal reimburse the time spent. This has been done successfully with items like asking about domestic violence.
- Need ways of helping families access us outside of 8-5 hours.
- Provide childcare at events- lack of access to childcare is a barrier to service.
- Resilience plan should identify ways existing programs already are building resilience.
- Approach organizations and ask them how they are already using protective factors in their work.
- Consider other contributing factors to the trauma, such as homelessness and poverty
- More opportunities to share ideas and “Create wise actions.”
- A lot of opportunity to intervene at multiple points along the life course. **(2 mentions)**
- Avoid industry speak when talking about this subject, need connection to resources to build from awareness.
- We could better serve women especially black women of child-bearing age. We want more consistent participation by community members rather than just service providers.
- We don’t have enough social workers or mental health staff to do the follow up and follow through after training and awareness. The then-what. (weeds of implementation).

3. Are there other groups with whom we should be sharing this message?

Participants shared a list of people we should be sharing the ACEs message with (next to each group shows how many times the group was mentioned by the participants).

Faith Based Community - 10
Liaisons - 2
Youth - 4
Parents - 8
Caregivers - 3
Resource Centers - 4
Law Enforcement - 4
Military - 3
Libraries - 2
Hospitals - 2
Colleges - 2
School districts - 5
Rotary groups - 3
HSS Agencies - 6
Mental Health - 3
Coalitions - 3
Board of Supervisors - 1
Community Agencies/services - 16
Public service - 3
First point of contact - 1
Court system - 2
Mentorships - 2
Sports coaches - 3
ATOD Programs -1
Leaders/people making decision -1
Community - 1