


**THE MAINE EVENT:
ADDRESSING AND
PREVENTING ACES
THROUGH ENHANCED
STATEWIDE CAPACITY**




**JUST A
LITTLE BIT
ABOUT MAINE ...**

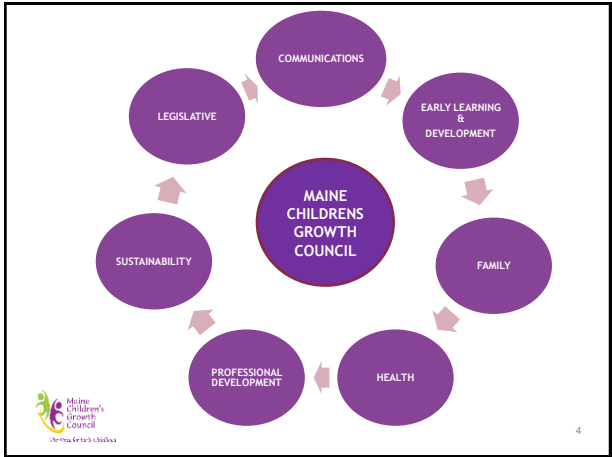
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MAINE CHILDREN'S GROWTH COUNCIL

- ◉ Established in Statute in 2007
 - Funded through Early Childhood Comprehensive Systems (ECCS) grant
- ◉ Created to develop, maintain and evaluate a plan for sustainable social and financial investment in healthy development of the State's young children and their families
- ◉ Accomplish this work through several Committees:
 - Communications, Early Learning & Development, Family, Health, Legislative & Policy, Professional Development, and Sustainability



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HEALTH ACCOUNTABILITY TEAM

- ◉ **Two-fold Focus:**
 - Adverse Childhood Experiences
 - Comprehensive prenatal-school door (0-5) screening
- ◉ **HAT Membership**
 - Early care and education
 - Medical/health care
 - Infant mental health
 - Alford Scholarship Fund
 - Child Abuse Prevention
 - Behavioral Health

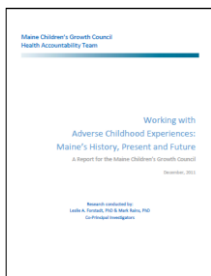


THE MAINE ACES STUDY



THE MAINE ACES STUDY

- ◉ **Maine's efforts re: ACEs date back to 1996 and are multidisciplinary**
- ◉ **Generated a number of recommendations**
 - Tool Kit
 - Community awareness and education
 - Support local initiatives



http://mainecgc.org/cmt_health.html



TAKE-IT-UP RECOMMENDATIONS

- ◉ **Educate** public about health and behavior outcomes of unresolved stress, e.g. in childhood
- ◉ **Screen** in multiple ways to support intervention before impairment and better trauma-informed service after impairment
- ◉ **Train and integrate** physical and behavioral health services for early, community intervention
- ◉ **Develop** collaborative networks to support services
- ◉ **Invest** in pilot-testing these innovations



“TAKE HOME” POINTS

- Adverse Childhood Experiences (ACEs) can lead to neurobiopsychosocial impairment, unhealthy coping strategies, and illness that extend into adulthood
- The odds of negative outcomes increase significantly as ACEs accumulate
 - It isn't how often or severe the ACE occurred - just that it happened prior to age 18
- The outcomes appear to depend how people remain 'bothered' or not and how they cope
- ACEs can be prevented

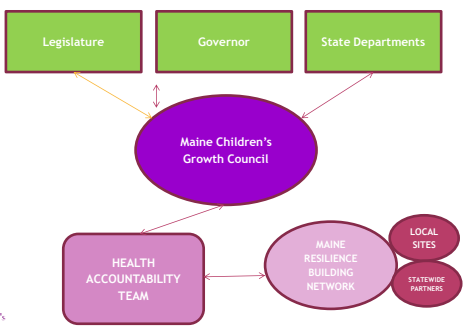


ACES CAN LAST A LIFETIME . . . BUT THEY DON'T HAVE TO

- Healing can occur
- The cycle can be broken
- Safe, stable, nurturing relationships heal parent and child.



MCGC ORGANIZATIONAL CHART



MAINE RESILIENCE BUILDING NETWORK (MRBN) (mer-bin)

THE BINGHAM PROGRAM
Maine Resilience Building Network

MRBN MISSION STATEMENT

To promote resilience in all people by increasing and improving our understanding of traumas and stressors such as Adverse Childhood Experiences (ACEs), as well as protective factors and why they matter.

We aim for a comprehensive, systematic approach to fostering education, awareness and action. We strive to assure that conversations are safe, productive and impactful.



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RESILIENCE

Resilience is the ability to work with adversity in such a way that one comes through it unharmed or even better for the experience. Resilience means facing life's difficulties with courage and patience - refusing to give up. It is the quality of character that allows a person or group of people rebound from misfortune, hardships and traumas.

Resilience is rooted in a tenacity of spirit—a determination to embrace all that makes life worth living even in the face of overwhelming odds.

Much of our resilience comes from community—from the relationships that allow us to lean on each other for support when we need it.

With permission: www.wisdomcommons.org



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WHY DOES IT MATTER? WHAT CAN WE DO?



Routinely seek a history of adverse childhood experiences from all patients or clients, by questionnaire or guided conversation.

Acknowledge their reality by asking:

- "How is this affecting your relationship with your baby/child?"
- "How has this affected you later in your life?"
- "What strategies have worked well for you in overcoming the ACEs that don't bother you anymore?"

Use existing, multidisciplinary community systems to help with current problems.

Develop systems for primary prevention.

Prevent occurrence of Adverse Childhood Experiences

- Prevent adoption of health risk behaviors in response to adverse childhood experiences
- Change health-risk behaviors and ameliorate the disease burden among adults with ACE



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MRBN GOALS

- Offer and provide education and awareness opportunities to any audience that is interested!
- Support ACEs Initiatives in all 16 counties
- Focus on prevention of ACEs through:
 - Promote prevention services in Maine focused on expectant families as well as those families with very young children.
 - Encourage greater utilization of the ACEs screening in physician offices, clinical encounters, early childhood screening services.
 - Support practitioners through the creation of networks statewide (continuous dialogue, learning and support opportunities).





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MRBN COLLECTIVE EFFORTS

- Engage in broader conversations
- Increase participation in the Collective Impact process
- Become a clearinghouse for ACEs information and tool kit resources
- Partner to create, share resources and materials
- Seek continued funding to support local sites and statewide collective initiatives
- Collect additional data

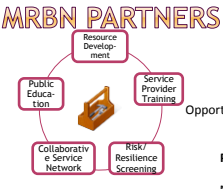



Dr. Vincent Felitti with MRBN, April 20, 2013

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MRBN PARTNERS



Parent Skill-Building
Community Caring Collaborative (Washington)
Children's Center (Kennebec)
Strengthening Maine Families

Resource/Community Education
Alfond Scholarship Foundation
MidCoast United Way
ME Assoc. for Infant Mental Health
Collaborative for Children, Youth and Families – Task Force (Androscoggin)
Helping Hands w/ Heart (Piscataquis)
Office of Substance Abuse
Dept of Education/School Health
Bangor Housing/WINGS – Brick Peace (Penobscot)
Office of Child and Family Services

ACEs Screening Implementation
City of Bangor Public Health (Penobscot)
Auburn Public Schools PreK
Maine Quality Counts

Resilience Resources
GEAR Parent Network
Univ. of Maine Cooperative Extension
Spurwink Center for Positive Youth Development

Provider Training
Southern Kennebec
Healthy Start
Opportunity Alliance (Cumberland)

Professional Training/ Medical Community
ME Chapter American Academy of Pediatrics
Maine Centers for Disease Control


Integrated Services Development
THRIVE
MaineGeneral (Kennebec/Somerset)
Tri-County Mental Health (Androscoggin)

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IN DIALOGUE: POTENTIAL PARTNERS

- Downeast Partners
- Community Counseling Center-Portland
- Franklin County
- Oxford County
- York County
- Healthy Peninsula
- Project AWARE
- Educare of Central Maine
- ME Assoc. of Psychiatric Physicians
- Linking Project
- Sweetser
- Catholic Charities
- Family Violence Project
- Maine Children's Home
- Mid-Maine Homeless Shelter



Some of MRBN Champions!



Dr. Vincent Felitti with MRBN, April 20, 2013

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COMMON MRBN INITIATIVE THEMES

- Many are built upon local multidimensional early childhood, community-based collaboratives, some of which are historical.
- Focus on communities through education, awareness and mobilization.
- Utilize existing services and resources.
- Create a broad reach - be flexible - be creative.
- Focus on young children and their families.
 - Preconception period - ideally!
- Preventive in scope and focus.
- Continue to attract new partners at the state and local levels!

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MRBN STATEWIDE INITIATIVES

- ⦿ Website and Tool Kit
- ⦿ Incorporate ACEs Screen/Conversation into the periodicity schedule for children and families from the prenatal period to the school door
- ⦿ Advocate for budget and policy decisions to be made with ACEs in consideration
- ⦿ Research on ACEs education, prevention and intervention in Maine to identify promising and/or research informed practices

PREVENT ACEs IN MAINE

Inform, engage the families and the public systems touching the lives of families and children, including but not limited to:

- Medical/Health Care Community
- Behavioral Health
- Early Care and Education
- Law Enforcement
- Public Education
- Child Welfare
- Workforce Development/Employers
- Clergy/Churches/Faith-Based Institutions
- Philanthropic Foundations
- Social and Community Programs and Services
- e.g., YMCAs, Domestic Violence, Community Action
- Juvenile Justice/Corrections System
- Substance Abuse/Treatment
- Municipalities/Local government
- Legislature, elected Leaders

PARTNERS IN PREVENTION

- Early and ongoing Prenatal Care
- Maine Families Home Visiting (Prenatal-Age 3, focus on at risk mothers)
- Early Head Start (Prenatal-Age 3)
- Public Health Nursing for prenatal, early infancy with medical or health conditions
- Head Start (Age 3-5)
- Child Development Services (CDS)
- Parent Education and Support Programs
 - Community organization and outreach, social media
 - Childbirth education classes
 - Community Cafés/Parent Networks/Groups

PREVENT ADOPTION OF AT-RISK BEHAVIORS

- Increase awareness of the prevalence of ACE
 - Focus on prevention
 - Recognize tremendous human and economic cost if not addressed
- Increase recognition of occurrence, families at risk
- Increase resources and strategies to coordinate the medical and mental health management of identified individuals
- Incorporate recognition of ACEs into public policy and funding initiatives at state and local levels



For More Information:
Sue Mackey Andrews
Chairperson, Health Accountability
Team; Maine Children's Growth Council
Facilitator, Maine Resilience Building
Network
(207) 564-8245
sdmandrews@aol.com



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