

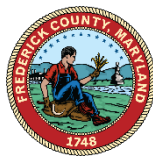
# BUILD HEALTHY BRAINS TO REDUCE THE IMPACT OF CHILDHOOD TOXIC STRESS ACROSS THE LIFE SPAN -- THE EVIDENCE OF ACES IN ADOLESCENCE

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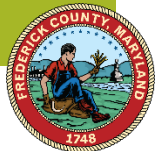
# Brains are built

- Genes and experience matter.
- Serve and return interactions with parents and caregivers are critical.
- Cognitive, emotional and social capacities are intertwined.
- Toxic stress weakens brain architecture.
- Adverse childhood experiences are events that lead to toxic stress in children.

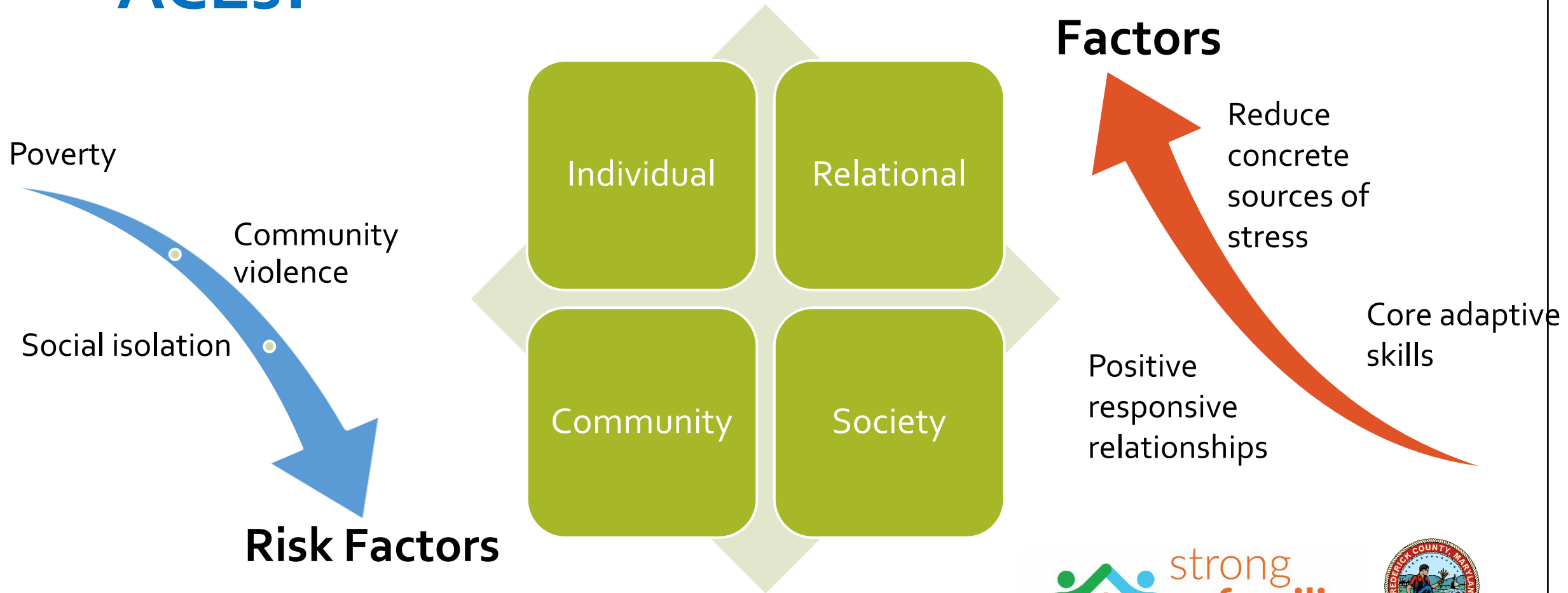


# ACEs Prevalence in Frederick County

- Population level data not available for children
- 2018 Youth Risk Behavior Survey for high schools included 4 ACEs questions – emotional abuse, incarceration, mental illness and depression, and substance use
- 50.5% of Frederick County high school students report 1 ACE
  - ACEs increase risky behaviors in teens
  - Protective factors like food security and 3 caring adults reduce risky behavior in teens – even for those with 2+ ACEs
- Disparities for type of ACE exist by race and ethnicity and gender
  - Black and Hispanic students
    - Asian students report much lower number of ACEs than any other population
- Next: 2021 YRBS – available in 2023
- 2022 YRBS available in 2024



# What can we do about Toxic Stress from ACEs?



# How can 3 years make a difference?



# 2022-2024 ACTION PLAN

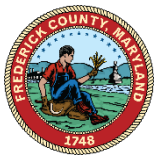
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Frederick County ACEs Workgroup



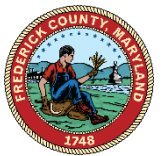
*Frederick County is a safe, stable and nurturing community where children and families are connected to resources that allow them to thrive and prosper, and environments are inclusive, welcoming and trauma informed.*

Frederick County ACEs Workgroup Vision Statement



# ACEs Workgroup Logic Model Outcomes

1. Adopt shared language and understanding among ACEs Workgroup members and participating organizations
2. Changes in policy, program and practice, within local systems to increase alignment with science of brain and child development
3. Increase in financial support for child and family services
4. Increase in evidence based trauma informed practices
5. Increase in screening
6. Increase in trauma competent practitioners of somatic and behavioral health
7. Increase skills and services that help children and families develop resiliency
8. Increase workforce skills and opportunities for families with children





## Awareness Goal

- All sectors of Frederick County will **recognize the impact of trauma** on health from preconception onward, and **provide or support services** for raising healthy children in safe, stable, nurturing environments.

**LOGIC MODEL OUTCOME:** Adopt shared language and understanding

1. Strong Families Public Education Campaign Materials
2. Trainings for ACEs Workgroup community
3. Promote use of local prevalence data
4. Raise awareness among stakeholders in the community



# Prevention Goal

All Frederick County residents have access to evidence-based or research-informed programs, resources, information and skills to raise healthy children in safe, stable and nurturing environments.

## LOGIC MODEL OUTCOMES:

- Increase skills and services for resiliency in children and families
- Change policy, program, and practice to align with brain and child development
- Increase in trauma competent practitioners
- Increase funding for child and family services

1. Support Family Connects
2. Survey and connect pediatric providers to ACEs and resiliency resources
3. Support IECC Child Care Market Analysis Initiative
4. Identify 1 universal program or system initiative to enhance youth resiliency.
5. Local ACEs prevalence data report



# Treatment & Intervention Goal

An equitable community-wide system of trauma-informed care provides accessible evidence-based treatments from trained, knowledgeable and culturally literate specialists in adequate supply.

## LOGIC MODEL OUTCOMES:

- Increase evidence based, trauma informed practice
  - Increase in trauma competent practitioners
  - Increase in screening
1. Survey and key informant interview to identify trauma competent practitioners and gaps
  2. Plan for training and technical support of practitioners and pediatric primary care providers
  3. Share list of local trauma-competent providers
  4. Explore screening models

