SMALL GROUP ACTIVITY NOTES

1. **Review information above relative to ACE-related activities, best practices and identified gaps in ACE work. Discuss and record at least two other ACE activities, need priorities and barriers exist in your community prevention work.**

ADDITIONAL PRIORITIES & SUPPORTS NEEDED TO EXPAND ACES WORK – SMALL GROUP DISCUSSION				
Activity	**Socio-ecological model component**	**Program, practice or policy**	**Community Sector**	**Barriers/Needs identified to implement activity**
Diversion				
Building bridges between pediatrician practices and family resource centers – Sullivan/Upper Valley	Organizational, Health and Family Supports	Program/Practice	Health, Families	Stigma around substance misuse – need to address to break through barriers
ACES Education - Carroll County	Organizational, Police, Schools, Gov, Health, Families	Practice, Public Awareness	Family, Law, Gov, Health	How to go about using the ACEs education and create policy in varioys sectors to respond
Providing opportunities to youth to learn to emotionally regulate (Capital)				Educators and community needs to be better informed of how to interact/unroll activities that are done ACEs informed
Resilience/Healthy Coping		Program	Youth/Families	Recruitment of Trainers
TIC education	Schools	Practice	Schools	Education to ALL sectors
RCOs moving toward TIC	organization	programs	RCO	Every RCO in different stages/workforce issues, trainers
Somersworth ACERT	Community	Practice/Program	Multiple	
Ascent in Concord				
Out of school suspension alternatives				

2. **Identify ACE-related prevention efforts that you feel should be a priority in your community/network. What readiness steps are needed for implementation?**
   a. Need for Aces presentation template to inform community partners, can be adapted, simplified
      i. bare bones, consistent presentation format that can be personalized and shared with community partners

ii. an "outline" presentation
iii. foundation of knowledge on issues –bring partners together
iv. Awareness of resources
v. Template to introduce 'ACEs' and 'TIC' strategies/approaches
vi. Standardized ACEs brief to take along locally – conversation starter families more aware of
vii. Consistent template (10-15 minute) TIC presentation
viii. Educating other sectors on TIC/ACEs: schools, businesses, city offices, all hospital divisions, dentists, law enforcement, pediatricians, transportation, CMHCs

b. Increase Awareness – make people aware of earned income tax credit – volunteer preparers- NH211
    i. Volunteer income tax assistance network
    ii. Volunteer income assistance program
    iii. Financial literacy
    iv. Families more aware of Tax credit
    v. Free tax prep
c. Connect to Diverson
d. Handle with care program (in West Virginia) – light version of ACERT
    i. Handle with Care – like ACERT but not as comprehensive
e. Projected outcomes
    i. Projected outcomes conversation
    ii. Identify someone to oversee/evaluate
f. Barriers for Pediatricians
g. ACERT
    i. More ACERT teams
    ii. Each ACERT team referral is Trauma informed
h. Research framework of other programs that have been implemented
i. Develop flow for system in specific community

3. **Determine a "short list" of topics you are interested in learning more about in order to expand your ACEs work.**
    a. State level
        i. Connect from the ground up - invite the following to present to the CoP – state agency collaboration needs to happen, Understanding better state agencies and purpose
            1. DCYF
            2. Diverson
            3. Bureau of Student Wellness
            4. Children's behavioral health at DHHS
            5. Children's Action Alliance

b. State needs to stop creating more programs and start investing in programs/agencies in place that are successful
c. Evaluation – outcome measurement
    i. Outcome measurement/evaluation – more than every other year
    ii. How do we make programs evidence based
    iii. Free Resource – Communities that care Survey – questions have been validated (risk/protective factors – individual change level)
d. Free Resource – Communities that care Survey – questions have been validated (risk/protective factors – individual change level)
e. Trauma informed approaches
f. How do we implement positive coping mechanisms for those impacted by ACEs (Vaping has been a negative one)
g. Reciprocity easements for MH and MLADCs to NH
h. More training re: HOPE research
i. More networking/discussion with other individuals implementing TIC approaches
j. More Evidence-based information to present (and to many sectors), including cost/benefit, positive outcomes.

In Room Discussion Notes:

Barriers:

- Bridges pedis offices/family resources offices – stigma around SUD – more education needed
- Carroll County – lots of ACEs education in community, but what are next steps – writing policies etc, implementation/planning
- People providing opportunities for youth people are not trauma informed

Identify ACE-related prevention efforts that you feel should be a priority in your community/network. What readiness steps are needed for implementation?

- Want more ACERT teams in area, huge need for this, spread across towns, need to lay foundation of issues/education, discussion about projected outcomes, what to look for when program is implemented
- Framework of other programs implementing this, hit ground running
- Using flow chart – identifying how to make for your community
- Trauma informed referrals
- Take information back to communities to start conversation
- Template/adapted to start conversation
- Using common language, spread word in communities
- What is aces, what can communities do about it, will help to get buy-in
- Benefit for those experiencing trauma – benefit to all, whats benefit for everyone in the community, trauma looked at differently by everyone
- Awareness easy – application of trauma informed care across sectors – tools for skill building, help providers practice skills in safe environment