

## ACEs - Breaking Generational Cycles in Shasta County

**Overview.** Shasta County is working to break generational cycles of Adverse Childhood Experiences to improve physical and mental health outcomes through system changes and community collaboration.

**Challenge.** Rural Shasta County, in far northern California, struggles with some of the worst physical and mental health outcomes in the state when compared to all other counties. Child abuse rates in Shasta County are one and a half times the state rate; suicide is more than double the state rate; and injury and death associated with drug use in Shasta are more than double the state rate. Shasta County Health and Human Services Agency (HHSA) has a history of looking at root causes of health inequities and identifying upstream strategies to improve community health. Since the early 2000s, HHSA – Public Health Branch, has followed the research of Dr. Vincent Felitti and Dr. Robert Anda. Their original study, conducted through the Centers for Disease Control and Prevention (CDC), identified 10 Adverse Childhood Experiences (ACEs), in the categories of child abuse, neglect, and household dysfunction. ACEs cause toxic stress and brain and nervous system changes in developing children, increasing the likelihood of developing chronic diseases like cancer, mental health issues, drug addiction, homelessness and decreased work productivity.

In 2012, Shasta County conducted an ACEs survey that found 39.7% of adults surveyed had four or more ACEs, compared to only 16.7% at the state level. Shasta County demonstrated double, or in some cases triple, the rate of California overall for the ACEs surveyed. For example, the rate for family substance abuse is 57.7% in Shasta, compared to 26.2% in the state. Household mental illness is 43.8% locally while only 15.1% in California; and 17.1% of families in Shasta County include an incarcerated family member compared to 6.6% across California. Because of these alarming survey results, Shasta County HHSA - Public Health Branch identified county-wide strategic efforts to address ACEs with community partners across multiple disciplines.

**Solution.** In 2012, the Public Health Branch formed the Shasta Strengthening Families collaborative, that includes 30 health and social service organizations; representing government, non-profit, healthcare, and the education sectors, to reduce the prevalence of ACEs county-wide. These leaders catalyze system and organizational changes within their spheres of influence. HHSA - Public Health Branch and First 5 Shasta have partnered for three years on a comprehensive awareness campaign that includes print ads and TV public service announcements in collaboration with KIXE, the local public TV station, see attached. Additionally, with funding from Partnership HealthPlan of California, the local managed care organization, the Public Health Branch has partnered with four medical clinics, including two federally qualified health care systems, to support ACEs screening in their pediatric, family, substance abuse and behavioral health programs.

**Innovation.** As neuroscience research advances on the long-term impact of ACEs on the brain and nervous system development of children, Public Health has recognized their foundational impact on chronic disease outcomes, and social and mental health issues like success in the education system, workplace productivity, addiction, mental health, homelessness and incarceration rates. Shasta County has uniquely and intentionally embedded the science of ACEs into the infrastructure and systems across the HHSA, incorporating ACEs prevention strategies into public health, mental health and child welfare programs. Staff training and systems changes related to ACEs are also integrated into four non-HHSA county departments; Probation, the District Attorney's Office, Child Support Services and the Housing Department. Using Mental Health Services Act -

Prevention and Early Intervention Funds, the Public Health Branch supports the collective impact efforts of 30 local community based non-profits and health care partners to become trauma informed organizations, screen for ACEs, and build resilience through family-focused services and interventions.

Communities with high ACE scores often react differently and recover slower post traumatic community events. The Carr Fire of July 2018 traumatized the entire community, and thus the Public Health Branch mobilized to bring in a national expert, Laura Porter, and colleagues from Santa Barbara, Sonoma and Napa Counties to share lessons learned post natural disasters. This three-day event in December 2018 engaged 75 new community leaders, elected officials, and organizational champions who are identifying opportunities to help build resilience and promote hope post Carr across six spheres of influence; the education system, family services, health system, justice system, business community, faith community, and housing system. Additionally, the Public Health Branch formed a new unit called Social and Emotional Resilience, and hired and trained staff on Mindfulness and Stress Management techniques. The Public Health Branch is currently launching a community mental well-being initiative to address both childhood and community trauma.

**Results.** HHS - Public Health, in partnership with First 5 Shasta, hosted two large community Town Hall events on ACEs reaching 700 residents, and 31 showings of the movie *Resilience*, with discussions, reaching over 1600 community members and leaders. The Public Health Branch contracted with Dr. Anda and Laura Porter to provide an ACEs presentation to 50 invited elected officials and community leaders in April 2017. In May 2017, they returned to train 26 professionals representing 15 diverse organizations on the evidence-informed *ACE Interface* curriculum. To date, these master trainers have provided 123 presentations, reaching 2475 community members county-wide, and in May 2019 an additional 10 grass roots community members became trainers. Shasta County HHS - Public Health's thorough commitment to ACEs prevention has catalyzed community partners to take action to do the same, institutionalizing system changes. The impact of embedding the science of ACEs in work with adult clients in mental health, the women's shelter, medical facilities, and probation is becoming apparent as demonstrated in the attached Probation and Hill Country Clinic videos. ACEs prevention is included in the HHS Mental Health Services Act Plan, the Shasta County Community Health Improvement Plan, and the HHS and Public Health Branch Strategic Plans. ACEs screenings are embedded in clinic intake processes in medical settings and at the local women's shelter, and an ACEs focused referral guide for providers based on ACEs exposure was developed. The Shasta Strengthening Families collaborative has created a data dashboard, and is tracking 11 ACE-related indicators. Stories of patients and clients deciding to seek treatment for substance abuse, take parenting classes, and break generational cycles of abuse, neglect and addiction are emerging across the county, and will be highlighted on the website at [ShastaStrongFamilies.org](http://ShastaStrongFamilies.org). *Together we can Build Resilience and Promote Hope* in Shasta County.

**Replicability.** Counties wishing to replicate Shasta's efforts to address ACEs in their communities should focus on four key components: understanding and trainings on the science of ACEs, creating a similar community awareness campaign to promote empathy, building community partnerships and leadership support that are collaborative across disciplines, and embedding trauma-informed system changes in organizational infrastructure.

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